Review of: "Prevalence and Predictors of Moral Injury in Chinese Physicians"

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My name is Alemshet Yirga Berhie (reviewer)

Comments on "Prevalence and Predictors of Moral Injury in Chinese Physicians"

First, I want to appreciate authors who undertake research on the prevalence and predictors of moral injury in Chinese physicians. They deserve recognition for their dedication to advancing knowledge in this critical area and for their commitment to improving the quality of care and supporting the well-being of healthcare providers in China.

1. **Topic section**

- In this research topic, "Prevalence and Predictors of Moral Injury in Chinese Physicians," I observed one gap, which is the lack of cultural specificity and contextual understanding in assessing moral injury among this population.
- Because moral injury is a complex construct that can be influenced by cultural norms, values, and societal expectations, applying a Western-centric framework or measurement tool to assess moral injury in Chinese physicians may not capture the unique cultural factors that contribute to moral distress and moral injury in this population.
- The existing research may overlook the role of institutional factors, such as healthcare policies, organizational culture, and work environment, in shaping physicians' experiences of moral injury. These external factors can significantly impact physicians' moral decision-making processes and their ability to cope with moral challenges in their professional practice. By focusing solely on individual-level predictors of moral injury, the research may fail to provide a comprehensive understanding of the systemic issues that contribute to moral distress and moral injury among Chinese physicians.
- My suggestion is that authors better incorporate a culturally sensitive and holistic approach to studying moral injury in Chinese physicians. This can enhance the validity and applicability of the findings, ultimately leading to more effective interventions and support systems for healthcare providers facing moral challenges in their professional roles.

1. **Introduction section**

- Authors should better consider in the introduction section the potential impact of moral injury on the mental health and well-being of Chinese physicians.
- Because research has shown that moral injury can lead to a range of psychological symptoms, such as depression, anxiety, post-traumatic stress disorder (PTSD), and burnout, understanding the mental health consequences of moral

injury among Chinese physicians is essential for developing targeted interventions and support services to address their unique needs and promote resilience in the face of moral challenges.

- Another important consideration is the potential implications of moral injury on patient care and healthcare outcomes in China. Moral injury can impact physicians' ability to provide high-quality care, maintain trust with patients, and make ethically sound decisions. By investigating how moral injury affects the quality of care delivery and patient outcomes in the Chinese healthcare system, researchers can highlight the importance of addressing moral distress among physicians as a critical component of ensuring patient safety and promoting ethical practice in healthcare settings.

1. **Methods section**

I observed a gap in this method of research is the reliance on convenience sampling and snowball sampling. These methods may introduce selection bias as they rely on the availability and willingness of participants to be surveyed. This could limit the generalizability of the findings to the broader population of physicians in mainland China. This geographical limitation could impact the external validity of the study's results.

1. **Outcome measure and statistical analysis section**

- The adaptation of the Moral Injury Symptom Scale-Health Professional (MISS-HP), developed and validated among USA healthcare professionals, for use in Chinese medical personnel. While the scale was translated into Chinese and item 10 was modified to assess professional beliefs instead of religious beliefs, cultural differences between the USA and China may impact the interpretation and relevance of the scale items. The assumption that moral injury symptoms and their severity manifest similarly across different cultural contexts may not hold true, potentially affecting the validity of the results. Additionally, the modification of item 10 to assess professional beliefs instead of religious beliefs may not fully capture the nuances of moral injury experienced by Chinese physicians, as professional beliefs and spiritual faith may have distinct implications in different cultural settings. This could introduce bias in the assessment of moral injury symptoms and limit the comparability of the findings with studies conducted in other cultural contexts.

- In the **statistical analysis section,** is the assumption of normality in the distribution of continuous variables without considering the potential impact of outliers or non-normal distributions on the results. While the use of histograms, normal curves, Q–Q plots, and P-P plots is a common method to assess normality, these diagnostic tools may not always accurately represent the underlying distribution of the data, especially in small sample sizes or when dealing with skewed or non-normal data. Outliers or skewness in the data could affect the validity of parametric tests such as t-tests and ANOVA, leading to incorrect conclusions about the mean differences in the MISS-HP score by participants' characteristics.

- Additionally, the calculation of the prevalence of moral injury among physicians may be influenced by the assumption of normality in the data, potentially biasing the estimation of the prevalence rate.

- Authors who better to focus on consideration of alternative non-parametric methods or robust statistical techniques to account for non-normal data distributions could provide more reliable and accurate results in the analysis of moral injury symptoms among physicians.

- **Conclusion:** This research paper is deserving of publication, and I have accepted it for publication.