

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

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Potential competing interests: No potential competing interests to declare.

Title

The title of the article is clear and informative. It indicates the study's focus on moral injury among physicians in China, which is a relevant and important area of research, particularly in the context of the COVID-19 pandemic.

Abstract

Strengths:

The abstract is well-structured, covering the background, methods, results, and conclusions.

It provides a clear background of moral injury and its increased relevance during the COVID-19 pandemic.

The methods briefly mention the survey's scale and the sample size, which is useful for the initial evaluation of the study's scope.

The results section in the abstract provides specific data on the prevalence of moral injury and its significant predictors, which is informative for readers.

Areas for Improvement:

The methods could include more detail on the selection process for participants to ensure representativeness of the sample.

It would be beneficial to mention the study's limitations in the abstract to provide a balanced view.

Background

Strengths:

It offers a comprehensive review of the literature regarding moral injury and its significance in healthcare.

It successfully connects the concept of moral injury to the medical context, particularly during the COVID-19 pandemic.

The background section sets up the rationale for the study well, emphasizing the gap in research regarding moral injury among Chinese healthcare professionals.

Areas for Improvement:

The background could benefit from a more detailed discussion on cultural differences in the perception and impact of moral injury.

Methods

Strengths:

The ethical approval for the study is mentioned, which is crucial for research integrity.

The inclusion and exclusion criteria are clearly defined.

The use of WeChat for data collection is appropriate, considering the popularity of the platform in China.

Areas for Improvement:

Snowball sampling might introduce selection bias, which should be acknowledged as a limitation.

The geographic concentration of the sample could affect the generalizability of the results.

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The study addresses an important and timely topic of moral injury among physicians in China, especially in light of the challenges posed by the COVID-19 pandemic. Understanding the prevalence and predictors of moral injury can help inform interventions to support physician well-being.

The sample size of 421 physicians is fairly robust, and the researchers used appropriate inclusion/exclusion criteria and outlined their sampling and data cleaning methods.

The use of validated scales like the Moral Injury Symptom Scale-Health Professional (MISS-HP) and Moral Injury Events Scale (MIES) strengthens the study. The researchers report acceptable reliability of the scales in their sample.

The data analysis plan is clearly described, and appropriate statistical methods are used, including descriptive statistics, bivariate analyses, and multiple linear regression to identify predictors of moral injury symptoms.

Several important predictors emerged, such as exposure to potentially morally injurious events, level of professionalism, job satisfaction, witnessing patient suffering/death, lack of organizational support, and frequent overtime work. These provide useful insights for points of intervention.

Weaknesses/Limitations:

The cross-sectional design precludes making any causal inferences about the direction of relationships between variables. A longitudinal design would be needed to examine moral injury over time.

The convenience sample from one academic center in Northeast China limits the generalizability of the findings to physicians across China or in other countries. A more representative sample would increase external validity.

The authors mention that they used a translated and adapted version of the MIES and a self-developed medical professionalism scale. More information on the translation process, cultural adaptation, and psychometric properties of these measures in the Chinese context would strengthen the study.

Potential confounding variables that were not accounted for in the regression model could influence moral injury symptoms, such as personal coping styles, social support outside of work, pre-existing mental health issues, etc.

The discussion could expand more on the practical implications of the findings for healthcare organizations and how to

feasibly implement recommendations to mitigate moral injury.