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Moral Injury and the Limits of Individualised Explanation: The Policy–Institution–Ethical Constraint (PIEC) Model and Five Questions

Abstract

The concept of moral injury has gained increasing prominence in accounts of occupational distress among professionals working in public-sector and policy-facing roles. However, dominant framings within psychological and clinical literatures largely individualise moral injury, foregrounding personal transgression and emotional response while marginalising the structural role of social policy and institutional governance. As a result, moral injury is often treated as an outcome of individual experience rather than as a condition shaped by the organisation and governance of work.

This article argues that moral injury cannot be adequately understood without situating it within the policy environments and institutional arrangements that structure professional practice. Drawing on sociological perspectives on power, governance, and professional work, it identifies three recurring analytical absences in the literature: limited engagement with social policy, under-theorisation of institutional power and constraint, and neglect of the cumulative and iterative nature of ethical harm.

This article introduces the Policy–Institution–Ethical Constraint (PIEC) model, a conceptual framework that explains how policy environments are translated into institutional practices that constrain professional discretion and normalise ethical compromise. The model reconceptualise moral injury as an individual psychological experience and as a condition that is often structurally produced, while also recognising the role of stabilisation and iterative feedback processes across policy, institutional, and professional levels.

The article contributes to social policy scholarship by providing a framework for analysing how ethical harm is structurally produced and sustained, and by proposing a set of diagnostic questions to guide institutional and policy analysis. It concludes by considering the implications of this reframing for policy responses that currently prioritise individual resilience over structural redesign.

Keywords

Moral Injury, Policy, Institution, Ethics

Introduction

In recent years, the concept of moral injury has gained increasing prominence in academic and policy-facing discussions of distress among professionals working in public-sector and public-facing roles. A rapid expansion of scholarship is evident. Reviews in clinical and occupational literatures indicate a marked increase in publications on moral injury since approximately 2015, with applications extending beyond military contexts into healthcare (Griffin et al., 2019), education (Čartolovni et al., 2021), and public administration (Beadle et al., 2024).

Originally developed within military and clinical contexts to describe the psychological harm associated with participation in, or exposure to, actions that transgress deeply held moral beliefs, moral injury has since been applied to a widening range of occupational settings, including healthcare (Reis & Lesandrini, 2025), social care (Beadle et al., 2024), education (Oberg, 2025), and academia (Hannah et al., 2023). This expansion reflects a growing recognition that contemporary professional work often involves sustained ethical tension, value conflict, and moral compromise.

However, the rapid diffusion of moral injury as an explanatory concept has occurred largely within individualised and psychologised frameworks, including clinical–psychological models (Litz et al., 2009), syndromic formulations (Jinkerson, 2016), appraisal-based cognitive frameworks (Frankfurt & Frazier, 2016), and moral repair approaches (Griffin et al., 2019). Dominant accounts tend to locate moral injury in the emotional responses of individuals to morally challenging events, emphasising guilt, shame, and the need for therapeutic or resilience-based interventions. While such perspectives have been valuable in drawing attention to the ethical dimensions of occupational distress, they risk re-locating responsibility for ethical harm at the level of individual coping, thereby obscuring the broader structural and policy contexts within which moral injury is produced.

From a sociological and social policy perspective, the implications of this framing are significant. Social policy is understood here as the legislative, regulatory, funding, and governance frameworks through which professional work is organised and evaluated. Social policy environments are understood here as the institutional conditions, such as performance regimes, accountability systems, and audit practices, that arise from legislative, regulatory, and governance frameworks.

Contemporary public-sector and professional labour is increasingly shaped by policy environments characterised by performance metrics, audit regimes, marketisation, and intensified accountability (Shore & Wright, 2015; Davies, 2016). These policy logics do not merely form the background to ethical conflict but are translated into institutional practices that actively constrain professional discretion, reshape ethical priorities, and normalise forms of compromise that conflict with professional values and identities.

This article argues that moral injury, as currently conceptualised, is an incomplete explanatory framework unless situated within an analysis of social policy and institutional governance. It advances the Policy–Institution–Ethical Constraint (PIEC) model to reconceptualise moral injury not only as an individual psychological experience, but as a condition that is often structurally produced through the interaction of policy environments, institutional practices, and constrained professional agency. This argument does not suggest

that all moral injury is structurally produced, nor that individual processes of moral repair are unimportant. Rather, it demonstrates that structural conditions are frequently under-analysed in dominant accounts and are essential to understanding the production and persistence of moral harm in contemporary professional work. The article outlines the emergence of moral injury and reviews its dominant framings, identifies key conceptual absences and their consequences, and introduces the PIEC model as a framework for analysing how policy, governance, and power relations shape ethical agency in professional contexts.

Moral Injury: Emergence and Dominant Framings

The concept of moral injury emerged from efforts to account for forms of harm experienced by military personnel that could not be adequately explained by post-traumatic stress disorder (PTSD). Early and influential formulations are most commonly associated with the work of Shay (1994, 2002), whose clinical practice with United States Vietnam War veterans led him to identify injury arising from betrayal of what is morally right by legitimate authority in high-stakes situations. Shay (1994, 2002) conceptualised moral injury as a rupture of moral trust, emphasising shame, guilt, anger, and loss of meaning rather than fear-based trauma responses. This framing foregrounded ethical transgression and institutional betrayal as central mechanisms of harm, distinguishing moral injury from prevailing trauma models. Building on this foundation, Litz et al. (2009) advanced a more formal psychological account, defining moral injury as the enduring psychological, social, and spiritual impact of perpetrating, failing to prevent, or witnessing acts that violate deeply held moral beliefs and expectations. Their work was instrumental in differentiating moral injury from PTSD, clarifying its mechanisms, and establishing a framework suitable for empirical investigation and clinical intervention. Alongside these clinical developments, Sherman (2015) provided a philosophical contribution grounded in Aristotelian ethics, situating moral injury within questions of character, moral responsibility, remorse, and moral repair. Her work extended the concept beyond pathology, highlighting the ethical injuries generated by constrained choice, professional obligation, and leadership under conditions of moral complexity. A further influential strand emerged from theological scholarship, particularly the work of Brock and Lettini (2012), who framed moral injury as a form of spiritual and communal harm. Emphasising meaning-making, reconciliation, and collective responsibility, their contribution was central to extending moral injury beyond military populations to healthcare, humanitarian, and public-sector professions. Collectively, these foundational contributions established moral injury as a multidimensional construct encompassing psychological, moral, relational, and spiritual dimensions. At the same time, they embedded a dominant emphasis on individual experience and repair that has shaped subsequent applications of the concept, often leaving the role of social policy, institutional governance, and structural constraint under-examined.

It can be seen from these formulations that they emphasised the impact of participating in, witnessing, or failing to prevent acts that violate deeply held moral beliefs, particularly in situations involving authority, betrayal, and life-or-death decision-making. Moral injury was thus positioned as a distinct form of harm rooted in ethical transgression rather than fear-based trauma, drawing attention to emotions such as guilt, shame, and moral disorientation.

As the concept gained traction, it was increasingly taken up within clinical psychology and psychiatry, where it became closely associated with diagnostic and therapeutic concerns (Currier et al., 2015). Within this literature, moral injury is typically framed as an internal moral conflict experienced by individuals following exposure to morally challenging events

(Jinkerson, 2016). The focus is placed on subjective appraisal (Frankfurt & Frazier, 2016), emotional response (Bryan et al., 2018), and processes of recovery (Griffin et al., 2019), with proposed interventions centring on counselling (Currier et al., 2020), moral repair (Denborough, 2021), and resilience-building (Nash et al., 2013). While definitions vary, moral injury is generally treated as a condition arising from discrete or identifiable incidents that disrupt an individual's moral framework.

The expansion into other professions has highlighted resource constraints, heightened accountability, and complex ethical demands (Austin et al., 2021; Dean et al., 2019). In these applications, moral injury is used to describe the psychological toll of working in systems that impede the ability to act in accordance with professional values, particularly where workers experience pressure to prioritise organisational or policy demands over perceived ethical obligations (Čartolovni et al., 2021).

Despite this broadening of scope, dominant framings of moral injury have remained largely individualised. Even when organisational factors are acknowledged, they are typically treated as background stressors rather than as constitutive elements of moral injury itself. Ethical conflict is frequently understood as something encountered by individuals within otherwise neutral systems, rather than as a predictable outcome of institutional arrangements shaped by social policy (Ackroyd & Thompson, 1999; Davies, 2003; Powers & Faden, 2006; Tronto, 2013). As a result, moral injury continues to be conceptualised primarily in terms of individual experience, emotional processing, and coping capacity. While the concept has been valuable in foregrounding the moral dimensions of occupational distress, this orientation has significant implications for how moral injury is understood and addressed.

By privileging psychological harm and therapeutic response, the literature tends to frame moral injury as an exceptional or unfortunate consequence of difficult work, rather than as a structurally produced condition. The emphasis on discrete events further limits analytical attention to the cumulative and chronic nature of moral harm in contemporary professional settings, where compromise may be routine rather than episodic. The focus on individual experience, clinical response, and event-based transgression therefore leaves limited room for examining how social policy environments, institutional governance, and power relations shape ethical agency in professional work. Here, power relations are understood as the capacity of institutions to structure the range of possible action (Foucault, 1977; Lukes, 2005). Ethics refers to socially and professionally codified principles, while morals refer to personal beliefs about right and wrong; moral injury arises where institutional conditions constrain the ability to act in accordance with those beliefs.

What Moral Injury Ignores

While the concept of moral injury has been effective in drawing attention to the ethical dimensions of occupational distress, its dominant formulations leave several critical dimensions under-theorised. In particular, moral injury literature tends to marginalise the role of social policy, institutional power, and the cumulative nature of ethical harm, while some studies, particularly in the medical and healthcare professions, acknowledge systemic and organisational influences (see Dean et al., 2019; Čartolovni et al., 2021), these factors are typically treated as contextual rather than constitutive elements of moral injury. These omissions are not merely analytical gaps; they shape how moral injury is understood, measured, and addressed within policy and organisational contexts.

The Absence of Social Policy

One of the most significant limitations of moral injury as an explanatory concept is its limited engagement with social policy. Moral injury is rarely situated within the policy environments that structure contemporary professional work, despite the fact that policy decisions fundamentally shape the conditions under which ethical choices are made. Performance frameworks, funding models, regulatory regimes, and accountability mechanisms are typically treated as contextual background rather than as active contributors to moral harm. This absence is analytically consequential. Social policies do not simply regulate behaviour; they encode normative assumptions about value, responsibility, efficiency, and success. When such assumptions are translated into organisational imperatives - such as throughput targets, audit requirements, or market-oriented performance indicators; they can systematically prioritise certain forms of action while rendering others professionally risky or institutionally invisible. Ethical conflict, in this context, is not incidental but structurally produced.

By failing to account for these dynamics, moral injury literature risks presenting ethical distress as an inevitable feature of demanding work rather than as an outcome of specific policy choices. This, in turn, limits the scope of critique and redirects attention away from policy design and towards individual adaptation.

The Under-Theorisation of Power and Constraint

A second limitation lies in the insufficient theorisation of power and constraint. Moral injury is frequently framed as arising from individual moral transgression or failure, even when individuals operate within tightly constrained institutional settings. Such framings implicitly assume a degree of moral agency and choice that may not exist in practice. In many public-sector and professional contexts, workers are required to navigate conflicting demands imposed by organisational hierarchies, regulatory bodies, and policy mandates. Decisions are often shaped by asymmetrical power relations, where refusal, resistance, or ethical dissent carries professional risk (Micklewright & Allen, 2025). Under these conditions, moral compromise may be less a matter of choice than of impression management institutional survival (see: Goffman, 1959; Jackall, 1988)

By focusing on internal moral conflict while neglecting external constraint, moral injury accounts can obscure how ethical harm is produced through coercive or disciplinary systems of governance. This omission has the effect of individualising responsibility for distress while leaving institutional power largely unexamined.

The Neglect of Cumulative Ethical Harm

A further limitation of dominant moral injury framings is their emphasis on discrete or exceptional events. Moral injury is often associated with identifiable moments of ethical transgression or betrayal (French et al., 2022; Hodgson & Carey, 2017), reinforcing an episodic understanding of moral harm. While such events are undoubtedly significant, this focus overlooks the cumulative and chronic nature of ethical injury in many professional settings. In policy-driven organisations, ethical compromise may occur in silence and incrementally, through repeated exposure to practices that conflict with professional values but are normalised within institutional routines. Over time, these small acts of compromise

can accumulate, producing a sustained erosion of ethical integrity and professional identity. Such cumulative forms of ethical harm have been documented in contexts where individuals are required to bear witness to institutional practices that conflict with deeply held values but remain beyond challenge or redress (Allen, 2026). Therefore, resulting harm is not tied to a single incident but emerges through prolonged engagement with structurally contradictory demands. The sense of harm may then be greater because it is harder to establish and locate it for treatment.

The absence of a cumulative perspective limits the explanatory reach of moral injury and constrains policy responses. Interventions focused on recovery from isolated events or enhancing individual resilience are poorly suited to addressing harm that is produced gradually through everyday institutional practices.

Consequences of conceptual absences

These omissions contribute to a depoliticised understanding of moral injury. By foregrounding individual experience while marginalising policy, power, and institutional design, moral injury becomes framed as a problem of coping rather than of governance. This framing aligns closely with policy responses that emphasise wellbeing initiatives, resilience training, and therapeutic support, while leaving the structural organisation of work largely intact. Such responses risk reproducing and expanding the conditions under which moral injury arises. By treating moral harm as an individual pathology rather than as a predictable outcome of policy-mediated constraint, organisations and policymakers may inadvertently reinforce systems that continue to generate and intensify moral conflict.

An adequate account of moral injury must therefore address how policy environments shape the ethical conditions of professional work, how institutions translate these conditions into everyday practices, and how such practices constrain the ability of individuals to act in accordance with their moral commitments over time. Addressing these questions requires an analytical framework capable of linking macro-level policy design, meso-level institutional governance, and the lived experience of professional practice. The following section introduces the Policy–Institution–Ethical Constraint (PIEC) model as a conceptual extension designed to address these interrelated dimensions.

Extending Moral Injury: The Policy–Institution–Ethical Constraint (PIEC) Model

The limitations identified in dominant framings of moral injury indicate the need for an analytical approach that situates ethical harm within the structural conditions of professional work. Rather than rejecting the concept of moral injury, this article proposes a modest conceptual extension that reconnects moral injury to social policy and institutional governance. The Policy–Institution–Ethical Constraint (PIEC) model is offered as a simple framework for understanding how moral injury may arise through policy-mediated processes that systematically constrain ethical agency over time. The PIEC model conceptualises moral injury not as an outcome of individual moral failure or isolated ethical transgression, but as the cumulative result of structurally imposed ethical constraint. It traces how social policy environments shape institutional practices, which in turn delimit the scope of professional discretion and normalise forms of ethical compromise. In doing so, the model shifts analytical attention away from individual pathology and towards the design and governance of work.

INSERT FIGURE 1 HERE

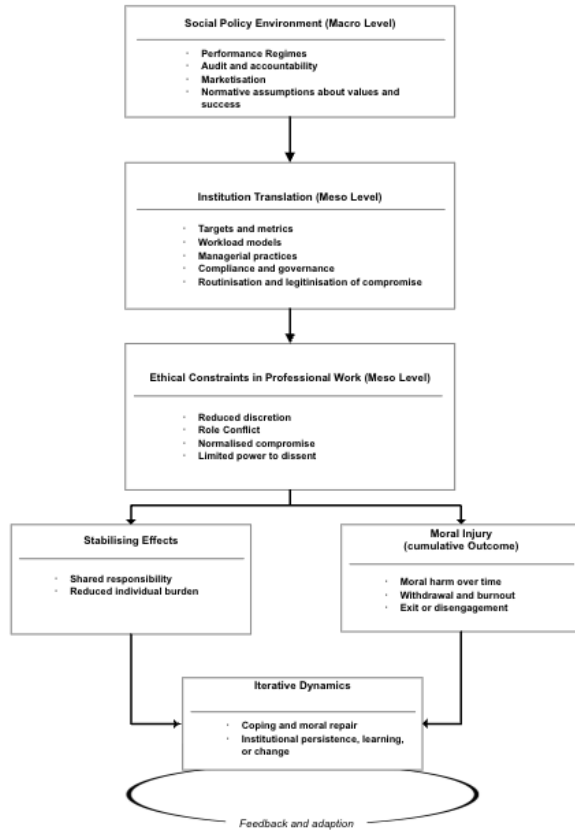


Figure 1. The Policy–Institution–Ethical Constraint (PIEC) Model of Moral Injury. Arrows indicate directional influence; looping arrows indicate iterative dynamics across levels

Reading the PIEC Model

Figure 1 illustrates a dynamic process rather than a linear sequence. Vertical flow represents structural conditioning from policy to practice; looping arrows indicate iterative dynamics over time. The model also shows two possible trajectories: stabilisation or the cumulative development of moral injury. Each level is described in detail below.

Social Policy Environment at the macro level

The PIEC model locates the origins of moral injury within social policy environments. Contemporary public-sector and policy-facing professions are increasingly governed by policy frameworks that emphasise efficiency, accountability, and measurable outcomes. These frameworks include performance regimes, audit systems, funding models, and market-oriented reforms that redefine the purposes and priorities of professional work. Such policy environments are not ethically neutral. Social policy frameworks embed normative assumptions about what constitutes value, success, and responsibility, frequently privileging quantifiable outputs over relational, ethical, or care-oriented dimensions of practice, a pattern

noted in critical corporate social responsibility and governance literatures (e.g. Davies, 2016; Shore & Wright, 2015). Such assumptions shape the parameters within which institutions operate, influencing organisational priorities, professional expectations, and the trade-offs that structure everyday practice.

Within the PIEC model, these policy environments are understood as the initiating conditions in an ongoing process rather than a single causal step. Their effects unfold through institutional and professional interactions that may be reinforced, moderated, or partially stabilised over time.

Institutional Translation

The second level of the PIEC model concerns the translation of social policy into institutional practices. Policy imperatives are operationalised through organisational structures, managerial processes, and governance mechanisms such as targets, workload models, compliance systems, and performance management frameworks. It is at this level that abstract policy goals are converted into everyday organisational demands. Institutional translation plays a critical mediating role. It determines how policy logics are enacted, how competing priorities are resolved, and how responsibility is allocated within organisations.

Importantly, this translation often intensifies ethical tension by embedding policy demands into routine practices, making ethical compromise a normalised and institutionally legitimised feature of professional work rather than an exception. However, the model also recognises that institutional translation is not static. Organisations adapt, reinterpret, and sometimes partially buffer policy demands. These processes can either amplify ethical constraint or, in some cases, contribute to temporary stabilisation of professional practice by creating local accommodations, informal workarounds, or discretionary spaces.

Ethical Constraint in Professional Work

At the level of professional practice, the effects of policy and institutional translation are experienced as ethical constraint. Professionals may encounter reduced discretion, conflicting role expectations, and limited capacity to exercise judgement in accordance with professional values. Ethical concerns are frequently subordinated to compliance, throughput, or performance indicators, reshaping understandings of what constitutes legitimate or acceptable practice.

Within the PIEC model, ethical constraint is understood as a structural condition rather than a personal failing. It arises from the interaction of social policy frameworks and institutional governance, shaping individual behaviour while limiting the capacity to act differently. Employees may recognise the ethical implications of their actions while lacking the institutional power or organisational support to do otherwise.

The model also recognises that professionals do not respond passively to constraint. Individuals and groups may adapt, rationalise, resist, or develop coping strategies that allow work to continue. These responses form part of an iterative dynamic in which professional adaptation and institutional practices mutually influence one another. Such adaptations may reduce immediate distress or restore a sense of functional stability, but they may also normalise ethically conflicted practices and thereby sustain the conditions that produce constraint.

Stabilisation or Moral Injury as Cumulative Outcome

The PIEC model conceptualises moral injury as one possible cumulative outcome of sustained ethical constraint rather than an inevitable endpoint. Over time, repeated exposure to conditions that require ongoing compromise of professional values may lead to the erosion of ethical confidence, professional identity, and moral agency. A range of emotional responses, including guilt, shame, and alienation, may develop over time as ethically conflicted practices become normalised rather than remaining exceptional.

However, the model also identifies the possibility of stabilisation. Stabilisation refers to a condition in which individuals or organisations achieve a functional equilibrium that allows work to continue despite underlying ethical tension. This may occur through coping strategies, informal adjustments to practice, reframing of professional expectations, or institutional routines that render compromise less visible or less consciously experienced. Stabilisation does not imply resolution of ethical conflict; rather, it denotes a temporary or contingent accommodation that prevents immediate escalation into moral injury.

Crucially, stabilisation and moral injury are not fixed states but positions within an ongoing process. Iterative dynamics operate across all levels of the model. Institutional responses, professional adaptations, and policy adjustments can reinforce, mitigate, or transform conditions of constraint over time. In some cases, stabilisation may delay or reduce the likelihood of moral injury; in others, it may prolong exposure to ethically conflicted environments, allowing cumulative harm to develop more gradually.

This dynamic perspective helps to explain variation in how moral injury emerges across individuals and settings, and why similar policy environments may produce different trajectories of ethical experience. It also highlights the limitations of interventions focused solely on individual resilience or recovery, which are poorly equipped to address harm generated through routine and legitimised organisational processes.

Iterative Dynamics

A central feature of the PIEC model is the presence of iterative dynamics operating across all levels of the framework. The relationships between policy environments, institutional translation, and professional practice are not linear or one-directional but recursive and adaptive over time. Professionals respond to conditions of ethical constraint through coping, accommodation, resistance, or reinterpretation of their roles, while institutions adjust procedures, targets, or governance practices in response to operational pressures, reputational concerns, or workforce behaviour. These responses can partially stabilise practice, delay the emergence of moral injury, or alternatively reinforce and normalise ethically conflicted routines. Iteration therefore describes the ongoing feedback and adaption processes through which policy logics, organisational practices, and professional responses can interact and evolve. Moral injury, in this sense, is not simply the result of exposure to constraint, but may develop through repeated cycles in which constraint is reproduced, adapted to, and embedded within everyday work. Recognising these iterative dynamics helps to explain why ethically problematic conditions may persist even when they are widely recognised, and why interventions that address only one level of the system often have limited or temporary effects.

Analytical Value of the PIEC Model

The value of the PIEC model lies in its capacity to render visible the structural production of moral injury without reducing complex experiences to deterministic outcomes. It provides a heuristic tool for examining how ethical harm is generated through the interaction of policy, institutional governance, and professional practice. By situating moral injury within these interconnected levels, the model offers a sociologically grounded extension that complements, rather than replaces, existing accounts. Crucially, the PIEC model redirects analytical and policy attention towards the design of work and the governance of ethical agency. It invites questions about how social policies shape institutional priorities, how organisations translate policy into practice, and how professionals are positioned within systems of ethical constraint that may inhibit their individual morality. In doing so, it creates space for policy interventions that move beyond individualised wellbeing responses and towards structural redesign.

PIEC Five Questions

To make explicit how the PIEC model can be used to interrogate the structural production of moral injury, Table 1 sets out five diagnostic questions aligned to its core dimensions. These questions are not intended as an individual reflective tool, but as a framework for examining how policy environments, institutional governance, and power relations shape ethical agency in professional work. Here, power relations refer to the ways authority, regulation, and resource control structure the range of possible action within organisations, while institutional governance refers to the formal and informal systems through which conduct is directed and monitored, including oversight bodies, compliance regimes, ethics frameworks, and integrity or regulatory commissions.

Table 1: The PIEC Model Five Diagnostic Questions

PIEC Dimension	Diagnostic Question	Institutional evidence and sites of constraint
Social policy environment	What policy imperatives are shaping the ethical conditions of this work?	Policy documents, performance metrics, workload models, audit reports, complaints or incident data, and records of governance or oversight processes
Institutional translation	How are these policy imperatives translated into institutional practices, targets, or routines?	
Ethical constraint	Where, and for whom, is ethical discretion constrained, and what risks attach to refusal or dissent?	
Cumulative ethical harm	What forms of ethical compromise have become normalised over time?	
Responsibility allocation	How is responsibility for ethical harm currently allocated, individualised, or displaced?	

Taken together, these questions shift analysis away from individual moral failure and towards the structural conditions under which moral harm is produced through processes of ethical constraint. Used alongside the PIEC model, they provide a diagnostic tool for examining how policy design, institutional governance, and power relations shape ethical agency in professional work. This argument does not deny that responses to moral injury are often deeply individual, involving processes of reflection, meaning-making, or moral repair that may be shaped by personal, cultural, or religious frameworks. Rather, the model highlights how such individual processes frequently occur in environments that continue to reproduce the conditions under which moral injury arises. In this sense, the relationship between individual response and institutional context is iterative: professionals adapt, cope, or reconcile, while policy and organisational arrangements may remain unchanged, sustaining the cycle of ethical constraint and moral harm.

The third column is deliberately oriented towards the collection of institutional evidence rather than individual reflection, including policy documents, performance metrics, workload models, audit reports, complaints or incident data, and records of governance or oversight processes. Such material enables examination of how ethical constraint is produced and sustained within routine practices. Used in this way, the Five Questions allow organisations to document where ethical constraint arises, how moral harm accumulates over time, and which policy or governance arrangements sustain these conditions. They also prompt analysis of why such constraints emerge in particular settings, including how organisational definitions of value, success, and performance shape priorities and decision-making, often reflecting wider governance logics associated with marketisation and performance measurement. This evidentiary function provides a basis for organisational learning and a resource for informing future social policy development and structural redesign, rather than treating moral injury as an individualised or episodic problem.

Implications for Social Policy

Reframing moral injury as an outcome of policy-mediated ethical constraint has important implications for how occupational distress is understood and addressed within social policy. Dominant policy responses to professional distress tend to emphasise individual wellbeing, resilience, and access to therapeutic and psychological support. While such interventions may provide short-term relief, the PIEC model suggests that they are insufficient when ethical harm is produced through the routine organisation, management and governance of work.

As a result, policy interventions risk addressing the symptoms of moral harm while leaving its structural causes intact. By locating distress primarily within individuals, such responses deflect attention from the policy environments and governance arrangements that generate sustained ethical constraint. This orientation limits the capacity of social policy to recognise moral injury as a collective and institutional problem and narrows the range of available responses to those that prioritise adaptation by individual professionals over structural redesign. In some cases, this reflects institutional assumptions that existing policy frameworks are sufficient or that moral tension is an unavoidable by-product of efficiency, performance, or market-oriented reforms. In other cases, policy and governance arrangements may normalise or obscure the sources of moral harm through managerial, compliance, or reputational frameworks that emphasise performance and accountability while leaving underlying constraints on professional judgement unexamined. Such dynamics further reinforce the tendency to treat moral injury as an individualised or episodic problem rather

than a structurally produced condition.

Limits of Individualised Policy Responses

As the Five Questions illustrate, responses that locate moral injury at the level of individual coping fail to address the policy and institutional conditions through which ethical harm is produced and sustained.

Policies that locate moral injury at the level of individual experience implicitly frame ethical harm as a problem of coping or adjustment. Wellbeing programmes, resilience training, and employee assistance initiatives operate on the assumption that professionals require support to manage the emotional consequences of difficult work. From the perspective of the PIEC model, such approaches risk misdiagnosing the source of harm. When ethical compromise is structurally embedded in policy and institutional design, individual-level interventions may alleviate symptoms without addressing causes. Moreover, individualised responses can inadvertently reinforce harmful policy environments by shifting responsibility away from institutions and policymakers. Professionals may be encouraged to adapt to ethically conflicted conditions rather than to question or resist them. This dynamic aligns with broader trends in social policy that prioritise behavioural and psychological solutions over structural reform, particularly in contexts of austerity and performance governance.

Policy Design and Ethical Agency

Social policies shape not only what professionals do, but what they are permitted to value and prioritise in their work. Policies that emphasise quantifiable outcomes, efficiency, and compliance can narrow the scope of legitimate ethical judgement, constraining the ability of professionals to act in accordance with their values. Recognising moral injury as a policy-mediated phenomenon invites greater scrutiny of how ethical considerations are incorporated into policy design. This does not imply the elimination of accountability or performance measurement, but rather a rebalancing of policy frameworks to acknowledge the ethical dimensions of professional practice. Policy instruments such as PIEC and Five Questions allow for discretion, reflexivity, and professional judgement to reduce the conditions under which moral injury emerges.

Institutional Governance and Responsibility

At the institutional level, the PIEC model highlights the role of organisational governance in translating policy into practice. Institutions are not passive recipients of policy directives; they interpret, implement, and prioritise policy demands in ways that shape everyday work. Social policy responses to moral injury should therefore attend to how institutions operationalise policy, including the design of workload models, performance management systems, and internal accountability mechanisms. Importantly, this reframing shifts responsibility for addressing moral injury away from individuals and towards organisational and policy actors. It raises questions about institutional responsibility for ethical harm and the extent to which governance arrangements enable or constrain ethical practice. Such questions are rarely addressed within existing policy discussions of occupational wellbeing but are central to any structural response to moral injury.

Rethinking Policy Evaluation

Finally, the PIEC model and the Five Questions suggests the need to reconsider how social policies are evaluated. Conventional policy evaluation frameworks tend to prioritise efficiency, effectiveness, and measurable outcomes, often overlooking unintended moral consequences, a tendency widely noted in analyses of audit cultures and governance by metrics (e.g. Shore & Wright, 2015). Incorporating ethical impact into policy evaluation could provide a means of identifying and mitigating policy-induced ethical harm before it becomes normalised within institutions. While this article does not propose specific policy instruments outside of PIEC and the Five Questions, it highlights the importance of recognising ethical harm as a legitimate policy concern. Doing so would require moving beyond individualised metrics of wellbeing and towards an understanding of how policy environments shape moral agency, professional identity, and the sustainability of ethical work.

Conclusion

This article has argued that moral injury, as it is currently conceptualised within dominant psychological and clinical literatures, provides an incomplete account of ethical harm in contemporary professional work. While the concept has been valuable in foregrounding the moral dimensions of occupational distress, its prevailing framings individualise ethical conflict and marginalise the role of social policy, institutional governance, and power. As a result, moral injury risks functioning as a depoliticised explanation for harms that are structurally produced.

By identifying dimensions that remain comparatively underdeveloped in much of the moral injury literature, namely policy design, institutional constraint, and the cumulative nature of moral harm, this article has offered a sociological critique of the concept's analytical limits. In response, it has proposed the Policy–Institution–Ethical Constraint (PIEC) model as a modest conceptual extension that reconnects moral injury to the structural conditions of professional work. The PIEC model reframes moral injury as an outcome of policy-mediated ethical constraint rather than individual moral failure, shifting attention towards the organisation and governance of work.

The contribution of this article lies not in replacing existing accounts of moral injury, but in situating them within a broader social policy framework. By rendering visible the role of policy environments and institutional translation, the PIEC model and the Five Questions provides a heuristic tool for examining how ethical harm is produced, normalised, and sustained within professional settings. This reframing also clarifies why policy responses that prioritise individual resilience and wellbeing are insufficient when ethical conflict is embedded in routine organisational practice.

Future research

Future research could use the PIEC model and the Five Questions to guide empirical investigation across different policy contexts and professional settings, examining how policy environments shape ethical agency and how cumulative ethical harm develops over time. Such studies could explore how policy imperatives are translated into institutional practices and how ethical constraint is experienced and negotiated in everyday work.

For social policy, this analysis highlights the need to move beyond individualised accounts of distress and to examine moral injury as a collective and institutional phenomenon. Empirical

applications of the PIEC framework could inform the redesign of policy and governance arrangements by making visible the conditions under which ethical harm is generated and sustained.

Future research might also examine how existing governance and reporting frameworks, including ESG and corporate responsibility approaches, address or overlook the moral consequences of organisational practices for employees, particularly the structural conditions that constrain ethical agency within organisations. In doing so, such work could contribute to a broader rethinking of how organisations and policymakers recognise, measure, and respond to ethically harmful conditions of work.

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