ARAŞTIRMA RESEARCH

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Moral Distress Experience in Nursing: Perceptions of Nurses: Descriptive Study

Hemşirelikte Ahlaki Sıkıntı Deneyimi: Hemşirelerin Algısı: Tanımlayıcı Araştırma

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ABSTRACT The term moral distress, one of the problems encountered most frequently by nurses, describes the situations that arise from some constraints when a nurse feels that the correct action to take is different from what he or she is tasked with doing. This study aims at determining the situations that lead to moral distress and factors that affect them. This cross-sectional descriptive study was conducted through face-to-face interviews at two public hospitals and a university hospital e in the Aydın between January and March 2018. The research data were collected by using Personal Information Form and Moral Distress Scale for Nurses. Four hundred forty eight nurses working in the hospitals participated in this study. The total mean score obtained from the Moral Distress Scale was 36.74+14.32, and the highest mean score obtained from the sub-scales was taken from the time subdimension and the lowest score average from the possibilities sub-dimension. When the Moral Distress Scale mean scores are analyzed according to the demographic characteristics of the nurses; a statistical significance was found in the sub-dimensions in terms of age and hospital ($p<0.05$). In this study, the mean of moral distress of the nurses was found to be moderate. The age of the nurses and the institution where they work have a significant impact on their moral distress. It was concluded that nurses experienced the highest level of distress in the moral distress sub-dimensions in the time sub-dimension.

Keywords: Ethic; moral distress; nursing; perception; experience

ÖZET Hemşirelerin günümüzde sık karşılaştığı sorunların başında gelen ahlaki sıkıntı kavramı, birtakım engellenmeler neticesinde doğru eylemlerin bilinmesine karşın yerine getirilemediği durumları ifade etmektedir. Bu çalışma, hemşirelerin ahlaki sıkıntı yaşama durumlarını ve etkileyen etmenleri belirlemeyi amaçlamaktadır. Kesitsel tanımlayıcı nitelikteki bu araştırma, Ocak-Mart 2018 tarihleri arasında yüz yüze görüşme yöntemi kullanılarak, Aydın ilinde bulunan iki devlet hastanesi ve bir üniversite hastanesinde yürütülmüştür. Araştırma verileri; Kişisel Bilgi Formu ve Hemşirelikte Ahlaki Sıkıntı Ölçeği kullanılarak toplanmıştır. Bu çalışmaya, hastanede çalışan 448 hemşire katılmıştır. Ahlaki Sıkıntı Ölçeğinden elde edilen toplam puan ortalaması 36,74+14,32 olup, alt ölçeklere bakıldığında alınan en yüksek puan ortalaması zaman alt boyutundan, en düşük puan ortalaması ise olanaklar alt boyutundan alınmıştır. Hemşirelerin demografik özelliklerine göre Ahlaki Sıkıntı Ölçeği puan ortalamaları incelendiğinde, yaş ve çalışılan hastane açısından alt boyutlarda istatistiksel anlamlılık saptanmıştır ($p<0,05$). Bu çalışmada, hemşirelerin ahlaki sıkıntı puan ortalaması orta düzeyde bulunmuştur. Hemşirelerin yaşları ve çalıştıkları kurum, ahlaki sıkıntı yaşama durumlarını önemli derecede etkilemektedir. Hemşirelerin ahlaki sıkıntı alt boyutlarında, zaman alt boyutunda en yüksek düzeyde sıkıntı yaşadıkları sonucuna ulaşılmıştır.

Anahtar Kelimeler: Etik; ahlaki sıkıntı; etik; hemşirelik; algı; deneyim

As there are moral and ethical values in every field of society, these values are important and indispensable requirements in the field of health which maintain order and relationship between the health team and have an effect on ethical decision-making process of health professionals. In fact, moral-based ethical problems in health institutions cause "moral distress".[1]

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Jameton in 1984 described the most common concept of moral distress as "although a health professional knows the right thing to do, due to institutional constraints, it is nearly impossible for him to pursue the right course of action".[2] The American Association of Colleges of Nursing (AACN) described "moral distress as a suffering that nurses experience when they act in ways that are inconsistent with their deeply held personal and professional values although they know what the right action is to take".[3]

Today, the term "moral distress" occurs as a problem that has frequently become a current issue in health care settings and affects the quality, quantity, and the cost of the care and treatment.[4] Because the nursing profession involves some abstract concepts such as moral values, conscience, mercy, responsibility, mutual trust, ethical values, and religious beliefs, it is directly related to the moral distress.[1] Many factors including personal qualities such as nurses' age, gender, and professional experience and the features of the clinics where they work, and negative ethical climate of the practical application fields are effective in the formation of moral distress.[1,2,5-8]

Moral distress causes anger, feeling of frustration, and emotional suffering within the nurses and then lead to withdrawal from healthcare and thus the quality of healthcare is negatively affected.[9] AACN states that moral distress is a serious problem and draws attention to the fact that it is even a professional problem which causes nurses to experience both physical and emotional stress, affects the quality, quantity, and cost of nursing care negatively, and leads nurses to have the idea of quitting their jobs.[3] In this process, nurses encounter such situations as reluctance to go to work, low job dissatisfaction, burnout, giving low quality healthcare to patients which will lead to moral distress, changing clinics, and leaving job and profession.[10] Moreover, Silén et al. reported that when the patients were not provided safe and proper care, moral distress level of nurses increased and the institutional constraints had negative effects on providing this care.[10] Hamric et al. reported that 20% of the nurses considered quitting their jobs.[11] Gutierrez stated that the nurses experiencing moral distress did not want to take care of the patients, they had difficulties in communicating with the patients' relatives, and they were not satisfied with the care they provided.[12]

It is important to understand and evaluate appropriately the concept of moral distress, which is encountered frequently in healthcare settings and especially has negative effects on nursing profession and the quality of healthcare, define its stress sources and develop strategies to prevent these stress sources.[13]

The research aims at determining the distressing situations experienced by nurses and the factors that induce moral distress.

MATERIAL AND METHODS

STUDY DESIGN

The population of this cross-sectional descriptive study consisted of 1,052 nurses working in two state hospitals and one university hospital in a city located in the west of Turkey. While choosing the sampling, stratified random sampling was used and the number of sampling was calculated as 408 with 0.05 margin of error according to 99% confidence level. A total of 488 nurses, 220 (45.1%) of them from A hospital (university hospital), 161 (33.0%) nurses from B hospital (state hospital) and 107 (21.9%) from C hospital (state hospital), participated in the study. The research data were collected via face-to-face interviews between January 15 and March 31, 2018.

DATA COLLECTION TOOLS

Personal Information Form and Moral Distress Scale in Nursing developed by the researchers in line with the literature were used as data collection tools.

Personal Information Form contains 11 items about age, gender, professional experience, workplace, educational status, position in the service, marital status, number of children, health condition, taking an ethics course, and joining any training course, seminar, or conference on ethics.

Moral Distress Scale in Nursing was developed by Eizenberg et al. It was adapted to Turkish in 2017 and it was determined that it was valid and reliable at an acceptable level for Turkish society.[14] Yucel et al. found the scale's Cronbach's alpha value as 0.707.[15] It was found in our study that the Turkish

version of the scale's Cronbach's alpha internal consistency was 0.865. The scale consists of a total of 15 items including three sub-dimensions of relations (6 items), resources (5 items), and time (4 items). The items of the scale are rated on a 6-point Likert type scale ranging from "strongly disagree" to "strongly agree".

ETHICAL CONSIDERATIONS

Ethics committee approval was received from Ege University Scientific Research and Publication Ethics Committee (protocol no: 353-2017) and written consent was obtained from the institutions where the research was going to be conducted. After the participant nurses were informed about the research, their verbal consent was obtained. The research was conducted in accordance with the 2008 Principles of the Helsinki Declaration.

DATA ANALYSIS

The data obtained from the research were analysed by using Statistical Package for Social Sciences/21.0 for Windows. Percentage analysis was used for the data analysis. ANOVA test was used with two or more independent variables such as age, educational status, hospital they are working in, and year of experience. Independent t-test was used with two independent variables such as taking an ethics course and joining any training course, seminar, or conference on ethics.

RESULTS

The average age of nurses participating in the study is 33.77±8.75, 84.4% of them are females, 58.8% of them are married, 55.5% of them have children and 54.1% of them have bachelor's degree, 45.1% of the nurses' work in a university hospital and 26.8% of them have been working for 4 years and below. The average number of years that nurses have worked is 12.31±9.09 years. While 58.6% of the nurses work in internal units, 92.6% of them work as a clinical nurse. 86.5% of the nurses have taken ethics course but 58.2% of them have not joined a course or a conference on ethics (Table 1).

The total mean score from the Moral Distress Scale was 36.74±14.32. Considering the sub-scales, the highest mean score was obtained from the time dimension (11.26±5.27) and the lowest mean score

TABLE 1: Nurses' demographic characteristics (n=488).

Characteristics	n	%
Age ($\bar{X}$=33.77±8.75)		
≤34	242	49.6
35-44	184	37.7
≥ 45	62	12.3
Gender		
Female	414	84.8
Male	74	15.2
Marital status		
Married	287	58.8
Single	178	36.5
Education		
Health vocational high school	67	13.7
Two-year degree	110	22.5
Undergraduate	264	54.1
Postgraduate	47	9.6
Workplace		
Hospital A	220	45.1
Hospital B	161	33.0
Hospital C	107	21.9
Working units		
Internal medicine	286	58.6
Surgical	202	41.4
Role		
Clinical nurse	452	92.6
Head nurse	36	7.4
Years of experience ($\bar{X}$=12.31+9.09)		
≤4	131	26.8
5-9	98	20.1
10-14	68	13.9
15-19	61	12.5
≥20	130	26.6
Having children		
Yes	271	55.5
No	217	44.5
Health problem		
Yes	111	22.7
No	377	77.3
Taking an ethics course		
Yes	422	86.5
No	66	13.5
Training course, seminar, or conference on ethics		
Yes	204	41.8
No	284	58.2

TABLE 2: Nurses' means of scores from moral distress scale and sub-scales.

Scale's sub dimensions	X̄±SD	Minimum-Maximum
Relationships	14.06±6.52	6-36
Resources	11.42±5.04	5-30
Time	11.26±5.27	4-24
Total scale	36.74±14.32	15-90

SD: Standard deviation.

was obtained from the resources dimension (11.42±5.04) (Table 2).

According to the demographic characteristics of the nurses, when the mean Moral Distress Scale scores were examined, it was found that there was a statistically significance in sub-dimensions with regard to age and the hospital as the workplace. Considering this, the nurses aged 35 and below recorded significantly higher mean scores from the time sub-dimension (p=0.004). When it was examined according to the hospital where they work, it was found that the nurses' mean scores from the sub-dimensions of "relationship" (p=0.002) and time (p=0.002) were significantly higher in hospital C (Table 3). There was not a statistically significant difference between the nurses' gender, marital status, education, the service they work in, their roles, years of experience , health problems, taking ethics course, and joining any seminars/conferences on ethics and the Moral Distress Scale's sub-dimensions (p>0.05).

DISCUSSION

Moral distress is one of the most important ethical problems that nurses frequently encounter in all settings where healthcare is provided. As a result of the moral distress scale which focuses on specific problems in workplace, it was found in this research that nurses experience moral distress at moderate levels. In line with our findings, Abbaszadeh et al. and Schaefer et al. reported a moderate level of moral distress within the nurses.[16,17] Lusignani et al. reported that nurses working in the internal medicine, surgical, and intensive care units experienced moderate levels of moral distress but the nurses working in the internal medicine unit experienced the highest level of moral distress.[18] Contrary to our findings, Soleimani et al. examined the Iranian nurses' relationships between spirituality and moral distress in their study and reported that the moral distress among the nurses was low.[2] Sarkoohijabalbarezi et al. and Dyo et al. determined that the moral distress intensity of paediatric nurses was low.[5,19] It is considered that the reported moral distress intensity level differences between this study and the other studies were due to the different scale used and different population in the study.

Moral distress has many reasons but when the effects of sub-dimensions of "time", "resources", and "relationships" were evaluated in our study, it was determined that moral distress mostly resulted from the sub-dimension of time. DeCola et al. in their study state that 92% of the nurses have time constraints which prevent them from spending time with their patients.[20] Gutierrez states that nurses experience moral distress due to time constraints.[12] Pijl-Zieber et al. in their study which was carried out with nurses caring the patients with dementia reported that the most common reason for moral distress was "time constraints". It is considered that this result is related to the number of patients per nurse.[21]

Moreover, a significant difference was not found between moral distress and educational level. When the sub-dimensions of time and relationships were examined, the mean scores of the nurses from vocational health high school were found to be quite higher. Similar to the findings of this study, Dyo et al. and Shoorideh et al. could not find a relationship between the nurses' educational levels and the moral distress.[5,8] Kayar and Erdem who examined the effect of moral distress in nurses on work commitment behaviour in their study in Turkey could not find a significant difference between the frequency of moral distress and nurses' educational levels (X^2=0.698, p=0.874).[1] Contrary to our findings, Soleimani et al. and Hamaideh et al. revealed in their studies that the nurses with higher levels of education experienced moral distress at higher levels.[2,6] One of the reasons why there was not an inverse relationship between education and moral distress in this study is that the nurses with different educational degrees could have received training on moral distress and thus, they might have given more consistent responses.

TABLE 3: Comparison of nurses' demographic characteristics and moral distress scale sub-dimension scores.

Demographic characteristics	n	Relationships $\bar{X}$±SD	Resources $\bar{X}$±SD	Time $\bar{X}$±SD
Age groups				
34≥	242	14.11+5.84	11.64+4.83	11.96+5.23
35-44	184	14.35+7.28	11.30+5.20	11.01+5.30
45≤	62	12.91+6.59	10.88+5.35	9.58+5.24
F		1.151	0.626	5.513
p value		0.317	0.535	0.004
Education				
Undergraduate	264	13.74+6.17	11.51+5.29	11.38+5.21
Two-year degree	110	13.99+7.36	10.66+4.84	10.86+5.70
Post-graduate	47	14.85+6.17	12.21+5.01	10.74+4.46
Health vocational high school	67	14.83+6.63	11.70+4.22	12.10+5.57
F		0.758	1.320	0.953
p value		0.518	0.267	0.415
Workplace				
Hospital A	220	13.36+5.49	11.22+4.60	11.59+4.97
Hospital B	161	13.68+7.76	11.06+5.55	10.17+5.41
Hospital C	107	16.02+6.08	12.34+5.02	12.42+5.56
F		6.525	2.386	6.465
p value		0.002	0.093	0.002
Years of experience				
≤4	131	14.03+5.93	11.51+4.84	11.72+5.29
5-9	98	13.87+5.67	11.43+4.90	11.75+5.06
10-14	68	14.51+6.33	11.25+5.06	11.97+5.91
15-19	61	14.11+7.04	11.22+4.87	11.24+5.24
≥20	130	13.94+7.53	11.48+5.45	10.22+5.13
F		0.113	0.057	2.013
p value		0.978	0.994	0.092
Taking an ethics course				
Yes	422	14.12+6.34	11.56+5.05	11.40+5.20
No	66	13.63+7.60	10.48+4.89	10.69+5.96
t value		0.492	1.620	1.000
p value		0.624	0.106	0.318
Training course, seminar, or conference on ethics				
Yes	204	14.44+7.16	11.83+5.62	11.25+5.33
No	284	13.77+6.01	11.11+4.55	11.33+5.31
t value		1.122	1.493	-0.160
p value		0.262	0.136	0.873

SD: Standard deviation; F: One way ANOVA test; t: Independent t-test.

While there was not a statistically significant difference in the analysis carried out between the sub-dimensions of "relationships and resources" in the Moral Distress Scale with regard to nurses' age groups ($p>0.05$), a significant difference was found between the time dimension ($p=0.004$). The significant difference between moral distress intensity and age in the sub-dimension of time could be explained with the fact that as the nurses' age increased, their experiences increased, too. In parallel with our findings, Maluwa et al. in their study support that the less experienced nurses are not able to use the effective coping mechanisms about the subject of moral distress.[7] Moreover, the institutional constraints and lack

of solution encountered during the ethical problem solving process cause experienced nurses to become less sensitive and thus being less stressed.[22] Contrary to our findings, Kayar and Erdem concluded that novice nurses (1-5 years) and experienced nurses with 16 years and above work experience had lower levels of moral distress than those nurses with work experience between 6-10 years and 11-15 years.[1]

When the moral distress of the nurses working in three different hospitals were compared with regard to the institutions in the study, a statistically significant difference was found between the sub-dimensions of "relationships" and "time" ($p<0.05$). It was concluded that the nurses working in Hospital C had higher moral distress mean scores. In parallel with our findings, Eizenberg et al. compared hospitals and public health clinics in their study and determined that the mean scores of nurses working in hospitals from the sub-dimensions of relationships and time were higher at a statistically significant level ($p<0.05$).[14] Kayar and Erdem reported that the nurses working in university hospitals felt more uncomfortable with moral distress when compared to those working in ministry of health hospitals and private hospitals.[1] It is considered that this finding is related to the moral climate of the institutions.

In addition, a significant difference was not found between the sub-dimensions of Moral Distress Scale and marital status, the units they work in, work position, years of experience, health problems, taking ethics course, and joining any course/conference on ethics ($p>0.05$). According to Lusignani et al., the nurses who work in internal medicine unit and who are less experienced had higher scores of moral distress.[18] This result suggests that the sensitivity developed by the increasing experience and problem-solving skills causes the nurses to experience less moral distress. It was determined in our study that there was not an important difference between female and male nurses. Shoorideh et al. could not find a relationship between moral distress of nurses and gender in Iran.[8] Soleimani et al. and O'Connell et al. reported that female nurses' moral distress scores were statistically higher than the male nurses.[2,23] Dyo and et al. stated that male nurses experienced higher levels of moral distress at significant levels when compared to female nurse.[5] Because only 15.2% of the population consist of male nurses in our study, it is considered that it will have an effect on the reliability of the result. Thus, there is need for more new studies involving more male nurses in order to understand the role of gender in moral distress.

CONCLUSION

The mean moral distress score of the participant nurses was found at a moderate level in this study. Moreover, the moral distress experienced by them was found to be considerably affected by their age and the institutions where they work. Therefore, it can be concluded that age and workplace have a significant effect on the moral distress of nurses. It was concluded that considering the nurses' moral distress sub-dimensions, they experienced the highest level of distress in the sub-dimension of time. Our findings are compatible with the other studies and thus revealing a common concern.

RECOMMENDATION

Considering the fact that moral distress plays an important role in nurse retention and has a relationship with the quality of care, discussing moral distress must be a priority. The results obtained from these studies must be shared with nurses during the in-service training and it is suggested that nurses' awareness is raised. There is genuine need for further studies having the similar number of male and female population with the intention of revealing gender-related factors in determining the moral distress between the nurses.

Limitations

There is need for further studies having more male nurses in order to understand the role of gender in moral distress.

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Conflict of Interest

No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.

Authorship Contributions

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Authorship Contributions

All authors contributed equally while this study preparing.

REFERENCES

1. Kayar Z, Erdem R. Hemşirelerde ahlaki sıkıntının işe adanma davranışı üzerine etkisi. [The effects of moral distress on work engagement behavïor in nurses]. Mehmet Akif Ersoy Üniversitesi Sos Bilim Enstitüsü Dergisi. 2017;9(22):77-103. [Crossref]
2. Soleimani MA, Sharif SP, Yaghoobzadeh A, Sheikhi MR, Panarello B, Win MTM. Spiritual well-being and moral distress among Iranian nurses. Nurs Ethics. 2019;26(4):1101-13. [Crossref] [PubMed]
3. American Association of Colleges of Nursing. Moral Distress. AACN. Published 2008. Accessed June 23, 2018. [Link]
4. Oh Y, Gastmans C. Moral distress experienced by nurses: a quantitative literature review. Nurs Ethics. 2015;22(1):15-31. [Crossref] [PubMed]
5. Dyo M, Kalowes P, Devries J. Moral distress and intention to leave: a comparison of adult and paediatric nurses by hospital setting. Intensive Crit Care Nurs. 2016;36:42-8. [Crossref] [PubMed]
6. Hamaideh SH. Moral distress and its correlates among mental health nurses in Jordan. Int J Ment Health Nurs. 2014;23(1):33-41. [Crossref] [PubMed]
7. Maluwa VM, Andre J, Ndebele P, Chilemba E. Moral distress in nursing practice in Malawi. Nurs Ethics. 2012;19(2):196-207. [Crossref] [PubMed]
8. Shoorideh FA, Ashktorab T, Yaghmaei F, Alavi Majd H. Relationship between ICU nurses' moral distress with burnout and anticipated turnover. Nurs Ethics. 2015;22(1):64-76. [Crossref] [PubMed]
9. Elpern EH, Covert B, Kleinpell R. Moral distress of staff nurses in a medical intensive care unit. Am J Crit Care. 2005;14(6):523-30. [Crossref] [PubMed]
10. Silén M, Svantesson M, Kjellström S, Sidenvall B, Christensson L. Moral distress and ethical climate in a Swedish nursing context: perceptions and instrument usability. J Clin Nurs. 2011;20(23-24):3483-93. [Crossref] [PubMed]
11. Hamric AB, Borchers CT, Epstein EG. Development and testing of an instrument to measure moral distress in healthcare professionals. AJOB Prim Res. 2012;3(2):1-9. [Crossref]
12. Gutierrez KM. Critical care nurses' perceptions of and responses to moral distress. Dimens Crit Care Nurs. 2005;24(5):229-41. [Crossref] [PubMed]
13. Karagozoglu S, Yildirim G, Ozden D, Çınar Z. Moral distress in Turkish intensive care nurses. Nurs Ethics. 2017;24(2):209-24. [Crossref] [PubMed]
14. Eizenberg MM, Desivilya HS, Hirschfeld MJ. Moral distress questionnaire for clinical nurses: instrument development. J Adv Nurs. 2009;65(4):885-92. [Crossref] [PubMed]
15. Yucel SC, Ergin E, Orgun F, Gokçen M, Eser I. Validity and reliability study of the Moral Distress Questionnaire in Turkish for nurses. Rev Lat Am Enfermagem. 2020;28:e3319. [Crossref] [PubMed] [PMC]
16. Abbaszadeh A, Borhani F, Sharif F, Toghrai FA. The relationship between nurse's moral distress and end of life decision making in ICU. Med Ethics J. 2013;7(22):117-33. [Link]
17. Schaefer R, Zoboli ELCP, Vieira M. Moral distress in nurses: a description of the risks for professionals. Texto Context - Enferm. 2018;27(4):1-10. [Crossref]
18. Lusignani M, Giannì ML, Re LG, Buffon ML. Moral distress among nurses in medical, surgical and intensive-care units. J Nurs Manag. 2017;25(6):477-85. [Crossref] [PubMed]
19. Sarkoohijabalbarezi Z, Ghodousi A, Davaridolatabadi E. The relationship between professional autonomy and moral distress among nurses working in children's units and pediatric intensive care wards. Int J Nurs Sci. 2017;31;4(2):117-21. [Crossref] [PubMed] [PMC]
20. DeCola PR, Riggins P. Nurses in the workplace: expectations and needs. Int Nurs Rev. 2010;57(3):335-42. [Crossref] [PubMed]
21. Pijl Zieber EM, Awosoga O, Spenceley S, Hagen B, Hall B, Lapins J. Caring in the wake of the rising tide: moral distress in residential nursing care of people living with dementia. Dementia (London). 2018;17(3):315-36. [Crossref] [PubMed]
22. Epstein EG, Hamric AB. Moral distress, moral residue, and the crescendo effect. J Clin Ethics. 2009;20(4):330-42. [PubMed]
23. O'Connell CB. Gender and the experience of moral distress in critical care nurses. Nurs Ethics. 2015;22(1):32-42. [Crossref] [PubMed]