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Research Paper

Moral Distress Among Nurses Working in COV-ID-19 Wards: A Cross-sectional Study

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ABSTRACT

Background and Objectives: COVID-19 is an emerging disease, which has confronted nurses with new moral distress. This study aimed to determine the moral distress and its related factors among nurses working in the COVID-19 wards of Ardabil City, Iran.

Methods: This cross-sectional descriptive study evaluated 159 nurses working in the COVID-19 wards of Imam Khomeini Hospital, the only hospitalization center for patients with COVID-19 in Ardabil, in 2021. The instruments included a personal-occupational information form and Corley's moral distress scale (MDS). Data analysis was performed by descriptive and inferential statistics using SPSS software, version 22.

Results: The mean frequency and intensity of the nurses' moral distress were estimated at 52.28±5.24 and 51.54±5.86, respectively, which indicated a moderate level of moral distress in both dimensions. The results indicated a significant relationship between the intensity and frequency of moral distress and the type of nurses' employment ($P<0.05$). Moreover, a significant relationship was observed between the nurses' position and the frequency ($P=0.04$), as well as between the nurses' work experience and the intensity of moral distress ($P=0.02$).

Conclusion: It seems that providing the necessary training on how to deal with moral distress in new waves of the disease and using the experiences of experienced nurses in this field is essential, given the moderate level of moral distress observed among nurses working in COVID-19 wards.

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Introduction

Morality is an inseparable part of human life, which explains the right from the wrong or the good behaviors from bad ones [1]. Ethics is necessary for occupations in addition to personal life, which is even more necessary in the nursing profession due to the spiritual behaviors associated with nurses' responsibility to save patients' lives [2]. The importance of doing moral work becomes even more pronounced as nurses operate within a system, which is constantly changing and evolving. Further, society demands the high-quality services of nurses based on the existing conditions [3].

Moral behavior is an important feature of nurses, which has a significant effect on the treatment process [4]. Caring for patients in various physical, mental, psychological, and spiritual aspects is always associated with moral considerations. Nursing is inherently considered a moral profession since it emphasizes the care of others [5]. Nowadays, paying attention to legal and ethical issues in nursing is more important due to the advancement of technology, as well as medical and pharmaceutical equipment [6]. Nurses are forced to face different aspects of ethics since they usually present at the patients' beds and communicate closely with them, leading to moral decisions and judgments [7]. Therefore, they face an unpleasant experience called moral distress [8].

Initially described by Andrew Jameton in 1984, moral distress is defined as knowing what to do in an ethical situation, but not being allowed to do it. He reported that moral distress causes anger, frustration, anxiety, headache, sadness, grief, and depression, as well as conflict between doing the right thing and organizational rules [9]. Corley considered moral distress as a major problem in nursing [10]. Moral distress is an emotional and mental disorder in which a person makes a mistake while being aware of the correct decision and possessing the necessary ability to judge and make decisions, yet is hindered by real and organizational moral limitations [11, 12]. Nurses are exposed to moral distress due to factors, such as shortage of time and lack of specific organizational rules, which disrupt their decision-making process and psychological balance [13]. Various studies have addressed the level of moral distress in nurses. Abbaszadeh et al. indicated that nurses in different wards experience moderate moral distress [14]. However, Altaker et al. demonstrated that high levels of moral distress were observed among nurses working in the intensive care units [15]. Moreover, Jalali et al. reported high moral distress among nurses in the emergency department [16].

Based on the studies, the type of work environment is effective in the occurrence of nurses' moral distress [17]. The emergency department due to the direct contact with the patients and staff, high workload, and lack of the necessary facilities [13, 18], as well as the intensive care unit, which exposes nurses to high levels of patient mortality, is considered a stressful situation [19]. During the coronavirus disease 2019 (COVID-19) pandemic, issues such as increased stress, the need for faster care, the use of personal protective equipment, restrictions on patient family visits due to infection risk, and many other factors exacerbated the situation in addition to previous stressors [20]. Moreover, working in unfamiliar environments, participating in unknown processes, workforce shortages, a higher number of patients in need of urgent care at the same time, fear of infection, new waves of the disease, its deadly nature, and the potential for disability posed challenges for nurses in their decision-making between doing what is morally right and doing what is cost-effective [20, 21].

The occurrence of moral distress is predictable in nurses following the spread of the disease, which causes the placement of nurses at the forefront of the struggle and endangers their lives [22, 23]. Serious moral and emotional stress is caused by the unprecedented experience of the COVID-19 pandemic [24], as well as the ongoing and difficult work of nurses during epidemics [25] and the need to respect patient rights while attempting to balance all conditions [26]. Moreover, nurses caring for patients with COVID-19 face problems, such as unknown work environment, exposure to the disease, lack of experience in dealing with new diseases, and increased public and media attention, all of which can expose nurses to moral dilemmas [27], adversely affect the quality of care and interfere with the patient treatment. Therefore, it seems necessary to be aware of the level of moral distress in nurses in these wards. In this regard, this study aimed to determine the level of moral distress and its related factors in the nurses working in the COVID-19 wards of Ardabil, Iran.

Methods

In this cross-sectional study, all the nurses working in the COVID-19 wards of Imam Khomeini Hospital in Ardabil, including those in the emergency department, inpatient units, dialysis, intensive care units, and the nursing office in 2021, who met the inclusion criteria were included in the study based on a census method

(n=159). The inclusion criteria included having at least a bachelor's degree in nursing, having worked in the COVID-19 wards for at least one month, and the absence of life crises, such as divorce or the death of loved ones during the past six months.

Data collection tools included a form for personal-occupational characteristics, including age, gender, marital status, level of education, duration of nursing work, type of ward, job position, shift work and type of employment, as well as the Corley's moral distress scale (MDS). This questionnaire has 21 items, which measure the frequency and intensity of moral distress on a five-point Likert, with options scored from 0 to 5 in each section. The scores range from 0 (not at all) to 5 (very high) in the intensity section, and from 0 (never) to 5 (frequent) in the frequency section. Scores 0-70, 70-140 and 140-210 indicate mild, moderate, and severe moral distress, respectively. Numerous studies used this questionnaire. Borhani et al. calculated the validity and reliability of this tool in Iran. Ten experienced people in the field of ethics examined its validity, and its content validity index was determined to be 88%. Moreover, its reliability was calculated at 93% using Cronbach's α coefficient [28], which indicated its appropriate reliability.

The study was approved by the Ethics Committee of Biomedical Research at Ardabil University of Medical Sciences (ARUMS). The researchers obtained written informed consent from each participant, which was one of the criteria for their inclusion in the study. The consent form outlined that participation is voluntary, that participant anonymity will be protected, and that participants may withdraw from the study at any time without repercussions. All methods were carried out according to relevant guidelines and regulations. The participants were provided with the questionnaires after explaining the objectives of the study. Data collection was conducted through self-reporting. In this study, the questionnaires were distributed among the nurses working in the COVID-19 wards (223 people), of whom 71.3% (159 people) completed the forms.

The collected data were analyzed by descriptive (frequency, Mean±SD) and inferential (Pearson correlation coefficient, independent t-test, and one-way analysis of variance) statistics using SPSS version 22. A two-sided $P<0.05$ was considered statistically significant.

Results

The mean age of the respondents was 31±5.7 years; 83.6% were women and more than half (56%) were married, with a mean work experience of 8.35±5.6 years (Table 1).

Based on the results, 157 out of 159 nurses had moderate moral distress in terms of frequency, and all the nurses reported moderate levels of moral distress in terms of intensity. The mean frequency and intensity scores of

Table 1. Frequency of demographic characteristics of participants

Variables	Categories	No. (%)
Gender	Male	26(16.4)
	Female	133(83.6)
Marital status	Single	70(44)
	Married	89(56)
Nursing roles	Nurse	144(90.5)
	Head nurse	6(3.8)
	Supervisor	9(5.7)
Work shift	Fixed morning	17(10.7)
	Fixed evening	2(1.2)
	Fixed night	0(0)
	Shifts in circulation	140(88.1)
Employment status	Permanent	77(48.42)
	Under-a-contract / contractual	42(26.41)
	Conscription law's conscripts	16(10.07)
	Temporary	24(15.1)

Table 2. Frequency and intensity of moral distress among participants

Moral distress	No. (%)			Mean±SD
	Low	Moderate	High	
Frequency	1(0.62)	157(98.74)	1(0.62)	52.28±5.24
Intensity	0	159(100)	0	51.54±4.86

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moral distress in the studied nurses were 52.28±5.24 and 51.54±4.86, respectively, which indicated a moderate level in both dimensions of moral distress (Table 2).

As shown in Table 3, among the 21 items related to the MDS of nurses working in COVID-19 wards, the item "I hesitate to tell the patient or the patient's family about his condition and treatment" had the highest mean (4.74±0.75), while the item "I care about patients' feelings and emotions" had the lowest mean (1.32±1.11) indicating severe moral distress among the nurses. Moreover, the items "Too much work reduces the quality of my work" and "I have experienced conflict with my colleagues" had Mean±SD of 4.81±0.55 and 1.35±1.06, respectively, reflecting the highest and lowest frequency among the items of moral distress.

Based on the results, a significant relationship was observed between the type of employment and the intensity and frequency of moral distress (P<0.05). Further, there was a significant relationship between the job position and the frequency of moral distress (P=0.04). Nurses who worked under the temporary employment status experienced more moral distress than other nurses (Table 4).

The relationship between the intensity and frequency of moral distress and the age and work experience of the nurses was evaluated. The results of the Pearson's correlation coefficient showed a statistically significant relationship between the nurses' work experience and the intensity of moral distress (r=-0.17, P=0.02) (Table 5).

Discussion

The results of this study, conducted to determine the level of moral distress and its related factors among nurses in the COVID-19 wards of Ardabil, indicated a moderate level of moral distress. Various studies performed in this field have reported different results. Bayat et al., Ahmadi et al. and Hthelee et al. showed a moderate level of moral distress among nurses [29-31], which is in line with the present study. However, some other studies have reported low or high levels of moral distress among nurses. Mosalanezhad et al. indicated a low level of moral distress among the participants [32]. Arafat et al.'s study reported a low level of moral distress among nurses working in COVID-19 wards [33]. Moreover, the studies by Svantesson et al. and Maunder et al. in Sweden and Toronto reported a high level of moral distress among nurses working in COVID-19 wards [34, 35]. Factors, including cultural differences, a lack of personnel and hospital facilities, the workplace environment, economic situations, organizational rules and regulations, and nurses' lack of knowledge on how to deal with

Table 3. The highest and lowest intensity and frequency of moral distress among participants based on different items

Items	Mean±SD	
	Intensity	Frequency
I hesitate to tell the patient or the patient's family about her condition and treatment.	4.74±0.75	4.69±0.78
I care about the feelings and emotions of my patients.	1.32±1.11	4.56±0.83
Too much work reduces the quality of my work.	4.53±0.87	4.81±0.55
I have experienced conflict with my colleagues.	1.36±1.05	1.35±1.06

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Table 4. Relationship between demographic characteristics and nurses' moral distress

Variables		Intensity Mean±SD	P	Frequency Mean±SD	P
Gender	Male	53.65±7.15	0.1	53.53±6	0.18
	Female	51.12±5.25		52.04±5.06	
Marital status	Single	51.37±7.32	0.76	51.57±6.03	0.14
	Married	51.67±4.44		52.58±4.47	
Nursing role	Nurse	51.75±6.01	0.22	52.58±5.29	0.04
	Head nurse	47.66±3.88		47.5±3.39	
	Supervisor	50.66±3.46		50.77±3.63	
Work shift	Fixed morning	50.52±4.9	0.71	50.7±4.71	0.23
	Fixed evening	53±2.82		56.5±2.12	
	Fixed night	0		0	
	Shifts in circulation	51.64±6.01		52.42±5.29	
Employment status	Permanent	50.08±5.02	0.005	51.53±5.09	0.04
	Under-a-contract/contractual	51.21±4.9		53.04±4.66	
	Conscription law's conscripts	52.23±7.95		50.3±6.45	
	Temporary	55±7.18		54.22±5.38	

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the issue of moral distress could be considered reasons for the differences in the results.

Evaluating the relationship between the demographic characteristics and the level of moral distress of the nurses showed that there was a significant relationship between the type of employment and moral distress. Based on the results, moral distress was higher among temporary employees compared to other nurses. This may be due to the temporary nature of their work during the COVID-19 pandemic and their uncertain future. Furthermore, the results showed a statistically significant difference between the level of moral distress based on the position of nurses working in the COVID-19 wards. Nurses experienced more moral distress compared to the head nurses and supervisors, which is consistent with the results of the study by Wenwen et al. [36]. Increased direct exposure of nurses to patients with COVID-19 and the fear of contracting the disease through contact with them may justify this issue.

In the present study, a negative correlation was observed between the nursing work experience and the intensity of nurses' moral distress, indicating that the severity of moral distress decreased with an increase in the years of nursing duty, which is in line with the results of Sadeghi et al. [13]. It seems that as nurses gain more work experience, they can find solutions for adapting to stressful conditions. Based on the results, no significant difference was observed between the mean scores of the

Table 5. Relationship between the frequency and intensity of moral distress and age and work experience

Variables	Mean±SD	Frequency	Intensity
Age (y)	31.72±5.75	r=-0.06 P=0.39	r=-0.13 P=0.08
Years of nursing experience	8.35±5.62	r=-0.11 P=0.16	r=-0.17 P=0.02

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intensity and frequency of moral distress and the marital status of the nurses, which is consistent with the findings of Sadeghi et al. and Mosalanezhad et al. [13, 32]. Moreover, no significant relationship was found between shift work and the intensity and frequency of moral distress, which is in line with the results of Altaker et al. [15].

Conclusion

All evaluated nurses had some degree of moral distress. The frequency and intensity of moral distress were found to be higher among temporary nurses compared to nursing managers and nurses in other employment situations. Special attention should be paid to the mental state of the nurses involved with COVID-19 patients, as moral distress in nurses can affect the quality and safety of patient care. Using the experiences of the nurses, who are mostly present at the patients' bedsides and involved in the direct care of patients with various diseases, can be useful in reducing the moral distress of nurses in COVID-19 wards. Additionally, employing non-contract nurses in COVID-19 wards can be effective in reducing moral distress.

Limitations

One limitation of this study was the use of the self-report method for completing the questionnaire, as individual characteristics such as job status and psychological well-being can affect responses to the questions. Therefore, it is recommended that another qualitative study should be performed on nurses involved in the care of patients with COVID-19 to obtain more accurate results.

Ethical Considerations

Compliance with ethical guidelines

The study was approved by the Ethics Committee in Biomedical Research at Ardabil University of Medical Sciences (ARUMS) (Code: IR.ARUMS.REC.1399.462). The researchers obtained written informed consent from each participant, which was one of the criteria for their inclusion in the study.

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Authors' contributions

Study design: Masoumeh Aghamohammadi; Data collection and analysis: Mina Pooresmail; Writing and final approval: All authors.

Conflict of interest

The authors declared no conflicts of interest.

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References

[1] Abbaszadeh A, Torabi M, Borhani F, Shamsaei F. [The place of ethics education in nursing in Iran (Persian)]. Journal of Bioethics. 2015; 5(17):117-46. [Link]

[2] Dehghani A, Radbeh F, Parviniannasab AM, Khaki S, Shamsizadeh M, Beyramijam M. [Enactment of professional ethics standards compliance in patients and nurses prospective (Persian)]. J Holist Nurs Midwifery. 2015; 25(4):64-72. [Link]

[3] Khodaveisi M, Hassani P. Moral distress in Iranian nurses' experiences. Adv Nurs Midwifery. 2012; 22(77):17-25. [Link]

[4] Mahmoodian H, Sara H. [Compliance with the code of nursing ethics to deal HIV/AIDS patients among nurses work in internal and surgical wards of the hospitals in Shiraz in 2015 (Persian)]. Iran J Med Ethics Hist Med. 2018; 11:100-17. [Link]

[5] Beikmoradi A, Rabiee S, Khatiban M, Cheraghi , MA. [Nurses distress in intensive care unit: a survey in teaching hospitals (Persian)]. Iran J Med Ethics Hist Med. 2012; 5(2):58-69. [Link]

[6] Schluter J, Winch S, Holzhauser K, Henderson A. Nurses' moral sensitivity and hospital ethical climate: A literature review. Nurs Ethics. 2008; 15(3):304-21. [DOI:10.1177/0969733007088357] [PMID]

[7] Moradzadeh A, Namdar Joyami E. [Corona nurses' lived experience of moral distress while performing organizational duties (Persian)]. Q J Nurs Manag. 2020; 9(3):59-73. [Link]

[8] 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. [DOI:10.4037/ajcc2005.14.6.523] [PMID]

[9] Jameton A. Nursing practice: The ethical issues. Englewood: Prentice-Hall; 1984. [Link]

[10] Corley MC. Moral distress of critical care nurses. Am J Crit Care. 1995; 4:280–5. [DOI:10.4037/ajcc1995.4.4.280]

[11] Naboureh A, Imanipour M, Salehi T, Tabesh H. [The relationship between moral distress and self-efficacy among nurses in critical care and emergency units in hospitals affiliated to Ahvaz Jundishapur university of medical sciences in 2015 (Persian)]. J Rafsanjan Univ Med Sci. 2015; 14 (6):443-54. [Link]

[12] 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. [Link]

[13] Sadeghi M, Ebrahimi H, Aghayan S. [Evaluation of the moral distress and related factors in clinical nurses of Shahroud city (Persian)]. Iran J Psychiatr Nurs. 2015; 3(3):20-8. [Link]

[14] Abbaszadeh A, Nakhaei N, Borhani F, Roshanzadeh M. [The relationship between moral distress and retention in nurses in Birjand teaching hospitals (Persian)]. Iran J Med Ethics Hist Med. 2013; 6(2):57-66. [Link]

[15] Altaker KW, Howie-Esquivel J, Cataldo JK. Relationships among palliative care, ethical climate, empowerment, and moral distress in intensive care unit nurses. Am J Crit Care. 2018; 27(4):295-302. [DOI:10.4037/ajcc2018252] [PMID]

[16] Jalali K, Tabari-Khomeiran R, Asgari F, Sedghi-Sabet M, Kazemnejad E. Moral distress and related factors among emergency department nurses. Eurasian J Emerg Med. 2019; 18(1):23-7. [DOI:10.4274/eajem.galenos.2018.78941]

[17] Humphries A, Woods M. A study of nurses' ethical climate perceptions: compromising in an uncompromising environment. Nurs Ethics. 2016; 23(3):265-76. [DOI:10.1177/0969733014564101] [PMID]

[18] Joolaee S, Jalili H, Rafiee F, Haggani H. [The relationship between nurses' perception of moral distress and ethical environment in Tehran University of Medical Sciences (Persian)]. Iran J Med Ethics Hist Med. 2011; 4(4):56-66. [Link]

[19] Mealer M, Moss M. Moral distress in ICU nurses. Intensive Care Med. 2016; 42(10):1615-7. [DOI:10.1007/s00134-016-4441-1] [PMID]

[20] Hossain F, Clatty A. Self-care strategies in response to nurses' moral injury during COVID-19 pandemic. Nurs Ethics. 2021; 28(1):23-32. [DOI:10.1177/0969733020961825] [PMID]

[21] Donkers MA, Gilissen VJHS, Candel MJJM, van Dijk NM, Kling H, Heijnen-Panis R, et al. Moral distress and ethical climate in intensive care medicine during COVID-19: A nationwide study. BMC Med Ethics. 2021; 22(1):73. [DOI:10.1186/s12910-021-00641-3] [PMID]

[22] Mo Y, Deng L, Zhang L, Lang Q, Liao C, Wang N, et al. Work stress among Chinese nurses to support Wuhan in fighting against COVID-19 epidemic. J Nurs Manag. 2020; 28(5):1002-9. [DOI:10.1111/jonm.13014] [PMID]

[23] Galbraith N, Boyda D, McFeeters D, Hassan T. The mental health of doctors during the COVID-19 pandemic. BJPsych Bull. 2021; 45(2):93-7. [DOI:10.1192/bjb.2020.44] [PMID]

[24] Cacchione PZ. Moral distress in the midst of the COVID-19 pandemic. Clin Nurs Res. 2020; 29(4):215-6. [DOI:10.1177/1054773820920385] [PMID]

[25] Turale S, Meechamnan C, Kunaviktikul W. Challenging times: Ethics, nursing and the COVID-19 pandemic. Int Nurs Rev. 2020; 67(2):164-7. [DOI:10.1111/inr.12598] [PMID]

[26] McKenna H. Covid-19: Ethical issues for nurses. Int J Nurs Stud. 2020; 110:103673. [DOI:10.1016/j.ijnurstu.2020.103673] [PMID]

[27] Jia Y, Chen O, Xiao Z, Xiao J, Bian J, Jia H. Nurses' ethical challenges caring for people with COVID-19: A qualitative study. Nurs Ethics. 2021; 28(1):33-45. [DOI:10.1177/0969733020944453] [PMID]

[28] Borhani F, Mohammadi S, Roshanzadeh M. [Moral distress and its relationship with professional stress in nurses (Persian)]. Iran J Med Ethics Hist Med. 2014; 6(6):10-19. [Link]

[29] Bayat M, Shahriari M, Keshvari M. The relationship between moral distress in nurses and ethical climate in selected hospitals of the Iranian social security organization. J Med Ethics Hist Med. 2019; 12:8. [DOI:10.18502/jmehm.v12i8.1339] [PMID]

[30] Ahmadi SR, Vafadar-Moradi E, Mahmoudi M, Sadrzadeh SM, Khadem-Rezaiyan M, Nakhaei A, et al. Evaluation of the level of moral distress in nurses and physicians involved with patients with new Coronavirus (COVID-19). Int J Med Invest. 2021; 10(2):176-85. [Link]

[31] Hthelee LHH, Sadooghiasl A, Kermanshahi SM. Moral distress and moral courage among Iraqi nurses during the COVID-19 pandemic: A cross-sectional study. J Med Ethics Hist Med. 2023; 16:19. [DOI:10.18502/jmehm.v16i19.14618] [PMID]

[32] Mosalanezhad L, Abiri S, Kalani N. Moral distress level in nurses and physicians caring for patients with COVID-19: A cross-sectional descriptive study in 2020. Educ Ethics Nurs. 2020; 9(3):1-8. [Link]

[33] Arafat R, Tahir T, Harisa A. Moral distress among nurses in caring COVID-19 patients. Clin Ethics. 2032; 18(1):62-6. [DOI:10.1177/14777509211057251] [PMID]

[34] Svantesson M, Durnell L, Hammarström E, Jarl G, Sandman L. Moral and exhausting distress working in the frontline of COVID-19: A Swedish survey during the first wave in four healthcare settings. BMJ Open. 2022; 12(7):e055726. [DOI:10.1136/bmjopen-2021-055726] [PMID]

[35] Maunder RG, Heeney ND, Greenberg RA, Jeffs LP, Wiesenfeld LA, Johnstone J, et al. The relationship between moral distress, burnout, and considering leaving a hospital job during the COVID-19 pandemic: A longitudinal survey. BMC Nurs. 2023; 22(1):243. [DOI:10.1186/s12912-023-01407-5] [PMID]

[36] Wenwen Z, Xiaoyan W, Yufang Z, Lifeng C, Congcong S. Moral distress and its influencing factors: A cross-sectional study in China. Nurs Ethics. 2018; 25(4):470-80. [DOI:10.1177/0969733016658792] [PMID]

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