**Moral distress in nursing: A concept analysis**

Asra Nassehi1, Mohammad Ali Cheraghi2, Akram Sadat Hosseini3, Shahzad Pashaeypoor4\*

1) Asra Nassehi. Department of Medical-Surgical Nursing, Faculty of Nursing and Midwifery, Tehran University of Medical Sciences Tehran, Iran. Mobile Number: 09133407407 Email: Nassehi88@yahoo.com

2) Mohammad Ali Cheraghi, Professor, School of Nursing and Midwifery, Tehran University of Medical Sciences, Tehran, Iran. Mobile Number: 09122060739 Email:cheraghiali2000@yahoo.com

3) Akram Sadat Hosseini, Assistant Professor, School of Nursing and Midwifery, Tehran University of Medical Sciences, Tehran, Iran. Mobile Number: 09122094828 Email: ashoseini@tums.ac.ir

4) Shahzad Pashaeypoor\*: Assistant Professor, School of Nursing and Midwifery, Tehran University of Medical Sciences, Tehran, Iran. Mobile Number: 09124913843 Email: sh-pashaeipour@sina.tums.ac.ir

**Abstract**

Although moral distress has been studied in different fields of nursing, because the ambiguity of this concept, sometimes it has been replaced with concepts. So, considering the context-related nature of this concept, the aim of study was to conceptualize moral distress with focus on its distinguishing features from other similar concepts.

In the present study, Wilson’s approach was used for development of the concept of moral distress.

Resultes was determined that moral judgment and moral competence are two important features of moral distress which have an important role in distinguishing this concept from other similar concepts such as moral conflict and moral dilemma. By clarifying the concept of moral distress, nursing authorities could lay better plans for decreasing the negative effects of moral distress on nurses and patients, increase the quality of care for patients and also increase job satisfaction among nurses.

**Introduction**

Some of the developments in modern world, such as development of technology use, changes in pattern of diseases, creation of new fields like organ transplant, modern fertility methods and etc., have made ethical approach an undeniable necessity in medicine-related professions, including nursing (1). Nurses’ continuous activity, high worke load, and Complexity in providing care for patients are some of the factors that would cause more exposure to ethical dilemmas at workplace among nurses more than other healthcare providers; it requires moral decision making by nurses regarding specific topics. Organizational barriers such as lack of support from the authorities, lack of sufficient time, organizational policies and rules and medical authority have made it impossible to do the right thing which would lead to moral distress among nurses (2).

Various definitions have been proposed for moral distress; the term “moral distress” was first introduced by Jameton, (1984) and then in 1987 Wilxon explained it (3-6); his study was the basis for further studies in the field of moral distress (7).

According to Jameton, moral distress is caused when the individual is aware of the right thing to do but consider its execution impossible due to the existing organizational barriers. Wilxon has defined moral distress as the mental imbalance and experienced negative emotions when the individual makes an ethical decision but is not able to act in regard with their own decision (4-9).

Atash zadeh et al have expressed moral distress the same as moral stress and have defined as a situation that a nurse can not meet the needs of the patients and their families due to some limitations which would lead to moral conflicts and eventually moral distress among nurses (10). While Pauly et al (2009), Pereira et al. (2011) stated that moral distress differs from moral stress and They can not be replaced either. However, nurses experience stress everyday but moral distress is a concept which is mostly caused by the ethics-related aspects of tension (11, 12). Goethals (2010) also believed Moral distress occurs when the nurse is aware of the right ethical action but is not capable of executing it due to organizational barriers; while stress is the non-specific response of the body against any request and its purpose is to create physiologic balance and compatibility (13).

Results of the review article showed Different definitions exist for the concept of moral distress which are mostly derived from the main definition by Jameton and mostly include common terms of mental, emotional and physical; despite numerous common term in the definition of moral distress, there are still different viewpoints and also ambiguities exist about this concept and many researchers disagree about the methods of conceptualization of moral distress. The researchers believe that, considering the ambiguities and confusions in understanding this concept, further studies for clarification and conceptualization of moral distress seems important and necessary (14). In addition to, haroming and mil emphasized on The importance of cultural context in formation of moral distress has been emphasized and determining moral distress requires clarification of the concept and its causing factors in different cultural backgrounds (15).

Although moral distress has been evaluated in different fields of nursing, due to its ambiguity, it has sometimes mixed up with other concepts such as moral conflicts and moral stress. On the other hand, different reasons such as relative instability and dependence of the concept of moral distress on the field of study, have made this concept ambiguous (16). Therefore, considering the cultural context of Iran and the fact that no studies were found in Iran about conceptualization of moral distress among nurses and also no similar studies have been conducted to distinguish between this concept and other similar concepts, the present study was conducted to conceptualize moral distress with focus on its distinguishing features from other similar concepts and reviewing the conducted studies in Iran.

**Methods**

In the present study, considering the impotence of cultural context of the moral distress, Wilson’s approach was used for development of the concept of moral distress. It explains an 11-stage process which is as follows: 1) isolating questions of concept, 2) finding right answers, 3) case examples, 4) Model case, 5) Contrary case, 6) related case, 7) Borderline case, 8) social context, 9) underlying anxiety, 10) practical result, and 11) results in language (1).

**Step1: Isolating questions of concept**

After reviewing related literature to the concept of moral distress, and considering the opinions of articles and experts about points that would need further clarification and explanation, some questions were extracted: 1) How has the concept of moral distress been defined? 2) what are the related words for describing moral distress? 3) what is the common description of moral distress? 4) what are the sources of moral distress? and 5) what are the effects of moral distress in nurses?

Questions related to the concept are about the description and completely depend on the researcher’s point of view. So, in the present study the first three questions are about the meaning and the latter two are fact questions because they could be answered using the available knowledge (1).

**Step2: finding right answers**

To evaluate all of the published Iranian articles, Medlib, Iran Medex, MagIran and SID databases were searched using Farsi equivalence of distress, stress, and moral distress keywords from 2001 to 2016. To evaluate international published articles, Medline, Google Scholar, CINAHL, ProQuest, Scopus, Ovid and Pubmed databases were searched from 1984 to 2016 using MeSh keywords such as moral distress, moral residue, conscience, stress of, stress, moral stress and ethical distress.

One of the inclusion criteria for the articles was being published in Farsi or English; editorials, letters to editor, and case reports were excluded from eth study.

**2.1 Answer to the first questions: How has the concept of moral distress been defined?**

The concept of moral distress was first introduced by Jameton, a nursing philosopher in 1984 (5). In his book, nursing ethics that was published in 1984 he mentioned that what is commonly known as moral dilemma is mostly moral distress. The definition by Jameton was the basis for moral distress studies for almost two decades. He believed that moral distress is a negative term which the individual would encounter when they know the right way for performing something but, due to a series of organizational limits, its execution would become impossible for them (4-9).

To achieve better understanding of moral distress, some researchers have described and explained this concept using different models and measuring tools (18). Wilkinson represented the first model for moral distress after performing 24 interviews with nurses. He defined moral distress as the experienced mental imbalance and negative emotion when the individual makes an ethical decision but is not able to act in line with their decision (11).

In an effort for improving the understanding of the concept of moral distress, Corley designed the first measurement tool for this concept using the results from studies about nurses’ ethical problems and also the content analysis of interviews with nurses from three hospitals (19).

Also literature review showed that most of the conducted studies have defined moral distress as an experiment or a series of experiments which would be determined using mental, emotional and physical terms and have rarely described its ethical part (20, 21). However some other studies, by stating mental, emotional and physical symptoms, have paid more attention to its ethical part (14, 22-26).

**2.2 Answer to the second question: what are the related words for describing moral distress?**

A number of related terms to the concept of moral distress were found during literature review:

**Primary distress and reactive distress**: Jameton has distinguished between primary distress and reactive distress and considered them related to moral distress. He stated that primary distress is the feeling of frustration, fury and anxiety in individuals who have encountered organizational barriers and value conflicts with others while reactive distress is the state that would occur if primary distress would not be responded and is associated with reactions such as crying, depression, nightmares, heart palpitation, diarrhea and headaches (20).

**Moral residual:** This model has emphasized on the relation between moral distress and moral residual and mentioned that higher levels of moral residual would cause a more severe reaction which is a residual and persistent feeling from moral discomfort after resolution of moral distress (27).

**Moral stress and conscience:** During literature review, five studies were found that have used “moral stress” and “conscience” for expressing the experienced level of anxiety and concern in nurses at ethical challenging situations. The studies are as follow:

“Crib” has replaced moral distress with moral stress for two reasons: first for expressing the pressure that nurses would tolerate everyday due to ethical challenges while performing their professional roles and second, to distinguish between daily routine tensions and more critical moral crisis caused by ethical issues (12).

In another studies, moral distress has been replaced with moral stress because the researchers believed that the term “stress” was more related to the physiological symptoms that nurses would experience while being at ethically challenging situations (25, 26). Also conscience has been defined as a method for knowing that would help nurses distinguishing good from bad and right from wrong (22). Rushton et al stated Conscience is considered as individual’s inner sense in the face of ethical conflicts (28).

Due to the similarities between moral distress and some other terms, some researchers have replaced moral distress with these terms which do not seem rational and it is necessary to distinguish moral distress from these terms in the conceptualization of moral distress.

**2.3 Answer to the third question: what is the common description of moral distress?**

One of the common characteristics that has been mentioned by many researchers in their studies is moral judgment (5); for example, Jameton has used this term to distinguish between the meaning of moral conflicts and moral distress (2). Another characteristic is moral competency which contains different aspects such as moral sensitivity, moral responsibility, moral virtues and moral courage. Many researchers in their definitions have considered a wide range of moral competency as the basis for experiencing moral distress (14, 21, 25, 28, 29).

**2.4 Answer to the fourth questions: what are the sources of moral distress?**

As it was revealed in literature review, some of the factors that would lead to experiencing moral distress in nurses are: clinical situations that might lead to patient’s injury such as aggressive treatments, performing unnecessary tests, insufficient control of patient’s pain, difficult conditions and places with resource constraints such as increased number of teams or healthcare groups, organizational policies, lack of instructions, increased workload, and also moral distress caused by organizational conditions which are related to imbalance between power and independence such as lack of professional independence in nursing, power imbalance, poor teamwork, lack of official recognition of nursing profession, and professional and inter-professional conflicts (14, 20, 30-32).

**2.5 Answer to the fifth question: what are the effects of moral distress in nurses?**

During literature review, it was revealed that some researchers have mentioned its positive effects while others have mentioned its negative effects. Some of the negative effects of moral distress are insufficient care, ignoring the patient, hurting the desires of the patients and their families, and increased duration of hospitalization (11, 14, 21, 23, 27, 29, 31). The positive effect of this concept is personal and professional growth of the nurses that would occur following increased self-awareness, better adjustment, stronger moral determination and increased moral commitments (14, 21, 22, 24).

Also some researchers have mentioned compassionate care and nurses’ empowerment as the positive effects of moral distress (22, 33). Hanna has stated that experiencing moral distress would lead to sensitivity toward moral error which is the necessary condition for doing the right thing (22).

Literature review showed that moral distress has positive and negative outcomes and its negative effects have more been discussed. Poor quality and insecure care is one of the negative effects of moral distress for patients and for nurses, burnout and occupational dissatisfaction are mentioned as its negative effects (33).

**Defining the concept of moral distress**

Moral distress has two conceptual aspects of distress and ethics that would occur following negative emotions such as feeling of frustration and guilt, anger, shame, decreased self-esteem, burnout, and insecurity and fear. It occurs when a nurse has moral competency and is able to have correct appropriate moral judgment when encountering an ethically challenging situation but is not able to perform an appropriate act in line with the ethical judgment due to different factors such as clinical situations, organizational conditions, difficult working conditions, and resource constraints; this would cause undesirable outcomes for the nurse and the patient. Some of the undesirable outcomes for the patients are insufficient care, not receiving attention, damaging the needs of the patients and their families and lingered hospitalization duration; for nurses the negative outcomes include burnout and occupational dissatisfaction.

**3-7) case examples:** In Wilson’s concept analysis method, sample studies would be used to determine the essential and necessary characteristics of the concept (34).

**Model case:** Model case or example, is a pure example of the studied concept and should have all of its specific characteristics (35).

Model case: Ms. X is an experienced nurse of CCU. During one working shift, she is taking care of the patients along with one of her new colleagues who lack the necessary scientific and practical competency; the new nurse makes a mistake. Ms. X does not want her new colleague to be in trouble so she would overlook her mistake, but she would feel guilty inside.

**contrary case:** It does not contain any of the concept’s main characteristics and its definition would reveal the things that the analyzed concept is not. This difference is so obvious that most of the people would certainly agree that this is case is not the intended concept (36).

Moral comfort: It means not having a guilty conscience; reaching inner peace occurs after correct ethical decision making and acting upon it (21). Moral comfort is the opposite of moral distress (37).

Mr. M, a 40-year old patient with GCS:3 has been hospitalized at the ICU. The physician has given up on him and his blood pressure has been maintained high using Dopamine drip. Patient’s companion asks the nurse about the patient’s condition. The nurse tells the truth and reaches inner peach and satisfaction.

**Borderline case:** Borderline cases contain some of the concept’s characteristics and not all of them. Determining Borderline cases would help clarifying characteristics which are essential prerequisites for model cases and would decrease the ambiguities between the cases’ boundaries (36).

Ethical dilemmas

Ms. A is a nurse working at surgical department. A patient has been hospitalized at the surgical department 10 days ago for taking biopsy from a breast mass and undergone surgery. Biopsy’s results would be ready. After seeing the results, the physician would diagnose breast cancer for the patient. At this time, the patient refers to Ms. A and asks about the results of her biopsy. At this situation the nurse does not know what the right thing to do is and whether she should discuss the diagnosis with the patient or not; she is not capable of making a moral judgment.

**Related case:** It lacks the defined characteristics of the concept but is similar to the analyzed concept in meanings and this similarity would cause confusion and mistake in the definition of the concept (38).

Moral stress: Patient’s companion asks the nurse desperately with crying to be along with the patient in the ICU and that he/she could not leave the patient alone. The nurse explains that it is not possible but he/she would not accept and eventually insults the nurse which causes stress for the nurse.

**Step 8: Social context**

Moral distress would occur among nurses, patients, health systems (21) and also other health staff including physicians (39), pharmacists (40), and psychologists (18).

In an effort to perform their professional commitments, both for the society and the patients, while struggling to attend the needs and requests of these two groups, might confront moral distress situation (18). One of the reasons for moral distress among physicians is the conflict between their professional commitment as a physician to patients and their professional commitment to the society (39). One of the reasons for occurrence of moral distress among pharmacists is advancement of technology in pharmaceutical industry and their adjustment with this technology for responding to the requests of the customers (40). Therefore, there are differences in the reasons for occurrence and the expression of moral distress between different professions (39, 40). It seems that the reason for moral distress in nursing is different because nurses would encounter moral distress when they would not be able to have appropriate performance based on their moral judgment, due to the mentioned reasons, and moral judgment is an important factor that, after literature review, has only been found in nursing studies; but in physicians and psychologists, they usually encounter a dilemma between their professional commitment to patients and to the society and they have problem at the decision making and moral judgment stage. But, as it was mentioned earlier, nurses are capable of making the moral judgment but a series of constraints would prohibit them from acting upon it. For pharmacists the reason is responding customers’ needs based on the advanced technologies, which requires more investigation (40).

**Step 9: underlying anxiety**

Moral distress would lead to emotions such as frustration and guilt (41), anger (21), shame, decreased self-esteem, burnout, insecurity, fear, disappointment and depression in nurses (42). So, it seems that this concept would cause a negative feeling in nurses.

**Step 10: practical results**

The first tool for measuring moral distress is MDS that was first designed by Corley in 2001 for the nurses working at ICUs and its reliability and validity have been approved in various studies from different countries (19). Hanna (2004) has designed a tool for measurement of the level, severity, type and duration of the experiment of moral distress (22). Sporrong et al (2006) designed another tool for measurement of daily moral distress at different health environments which contained two factors of the level of moral distress and tolerance or acceptance of moral dilemmas; it was used for evaluating the relation between moral distress, moral competency and stress-tolerating ability among health specialists. This tool was completed by 259 staff working at clinical departments and three pharmacies and its validity and reliability were approved. One of its strengths is its focus on daily moral dilemmas and also its usability at other clinical environments; but it requires more retest (2). In 2012, Hamric designed a revised moral distress measurement tool for nurses working at non-specialized departments and also other health professions (30). Another tool, which was named moral distress thermometer, was designed by Wocial and Weaver (2013) for other clinical environments and its characteristic was being analogue and easy and fast in application (43).

**Step 11: Results in language**

Moral distress is consisted of two terms of ethics and distress; Webster dictionary has defined ethics as the basis for correct actions or distinguishing right from wrong and defined distress as the cause of suffering, pain and anxiety, sorrow, mental damage or concern. Distress is the stress with negative effects that would put physical, mental and emotional pressure on the individual (33).

Some of the terms that might be used in place of moral distress are moral stress, moral conflicts and moral dilemmas. One of the terms that might be used instead of moral distress is moral stress which seems different from moral distress because stress is a general concept which could be experienced in two forms of positive (Eustress) and negative (Distress) while distress only has negative effects (44).

Moral conflict would be used for situations where a series of principles like moral principles, values or even ethical duties would be in conflict with each other and would cause the individual to encounter conflict for making decisions and moral judgment (45). This is different from moral distress because in distress values and ethical principles would not be challenged and the only problem is challenged ethical behaviors meaning that the nurse knows what the ethical behavior is but he/she is not able to perform it.

**Discussion**

Considering the results of conceptualization in defining moral distress, it was revealed that its moral aspect requires more attention rather than its distress aspect, because the reason for occurrence of moral distress is individual’s inability to perform the appropriate behavior based on their moral judgment at a morally challenging situation and eventually the mentioned factors might lead to physical, mental and emotional symptoms. However most of researchers have described and explained the distress aspect and its physical, mental and emotional symptoms and the ethical aspect has less been attended. For example, Jameton and Corley have described moral distress with anger, frustration, fury, and even a feeling of anxiety and discomfort such as embarrassment, shame, guilt, fear and anxiety, sorrow and depression. They have also mentioned that this concept is associated with emotional symptoms such as disappointment and worthlessness and physical symptoms such as heart palpitation, diarrhea, headache and insomnia (19, 20). Some other researchers have described the ethical aspect of moral distress more than its distress aspect, which is in line with the results of the present study. These researchers have stated that this concept is a range of experiences in nurses that would make moral judgment in a morally challenging situation but would not be able to perform the appropriate ethical behavior upon their judgment. They have mostly used terms such as moral judgment, moral reasoning, moral competency, moral values and moral sensitivity in their definitions of moral distress (14, 22-26).

Some researchers have not distinguished moral distress from moral stress in their definitions and have even used moral stress instead of moral distress (8, 9, 12). While replacing moral distress with moral stress, according to the mentioned differences, is in contrast with the results of the present study and using the term distress for the outcomes of ethical challenges seems more rational because stress is a general term that might be experienced in two forms of positive and negative. When it has positive effects it is called eustress; at this situation, the individual is under pressure but the pressure would give them energy and motivation for achieving their goals. But distress is a stress with negative effects and would put physical, mental and emotional pressure on the individual. Considering that in the concept of moral distress the nurse is under the impact of negative effects of stress, which is distress, therefore using the term moral stress instead of moral distress does not seem right.

In the results of the present study, two important characteristics, which are the prerequisites and basic conditions for experiencing moral distress by the nurses, were achieved. One of these characteristics is moral competency and only nurses with moral competency would experience moral distress; this result is in line with some studies that have considered moral competency as the basis for experiencing moral distress. These researchers, in their definitions of moral distress, believed that nurses’ awareness of the principles and ethical issues and knowledge about ethics are the perquisites for experiencing moral distress (21, 23, 25, 28, 29).

Moral judgment is another important characteristic of this concept which has been attended in the present study. This characteristic has distinguished moral distress from other concepts such as moral conflicts and moral dilemma and has an important role in clarifying and explaining this concept, because in the concept of moral distress, the individual has competency for moral judgment but some constraints would prohibit them from acting in accordance with their judgment. In this regard Rushton et al mentioned that moral distress is the respond to a situation in which nurses would make a moral judgment with awareness of moral issues and responsibilities but limitations would hinder its implementation (28). However in moral conflict and moral dilemma the individual is not capable of making moral judgment; therefore paying attention to this characteristic in the definition and explanation of moral distress could be helpful in distinguishing this concept from other concepts. Jameton has also mentioned this characteristic in his study for distinguishing between moral distress and moral dilemma (20). Therefore, in the analysis of the present study, by determining two characteristics of moral competency and moral judgment, the concept of moral distress could be distinguished from other similar concepts such as moral conflict and moral dilemma; but Russell did not achieve a similar result in their study which aimed to analyze moral distress among nurses (16).

The present study has mentioned factors that would hinder the implementation of moral behavior in line with the moral judgment and determining these factors and limitations would have an important role in management of nurses’ moral distress. Some of these factors are clinical situations, organizational conditions, difficult working conditions and resource constraints; some studies have evaluated the factors and limitations that would hinder the implementation of moral behaviors in nurses (14, 20, 30, 32).

The mentioned constraints and barriers would lead to negative outcomes for the nurses and the patients. Some of the negative outcomes for the patients are poor-quality insecure care and lingered duration of hospitalization while the negative outcomes for nurses are burnout and occupational dissatisfaction. Some researchers including jameton (2013), Hamric (2012) and Peter and Liaschenko (2013) have also mentioned these outcomes (29, 31, 33). Also some researchers have stated that moral distress have some positive effects too and might lead to personal and professional development of nurses (14, 22, 24). However, the negative effects of moral distress would overcome its positive effects and would lead to occupational burnout and leaving their job. So to improve the quality of provided care for the patients, we should find strategies for decreasing moral distress.

**Conclusions**

While each researcher has paid more attention to one aspect of moral distress, it was revealed in the present study that for defining moral distress, its moral aspect as the underlying factor for occurrence of moral distress among nurses should be more considered. Furthermore, due to the ambiguity of the aspects of moral distress, in some cases, this concept has been replaced by other concepts; after clarifying the definition of different aspects of this concept in the present study, by expressing special characteristics of the moral distress definition, it was revealed that replacing moral distress with other concepts is not right. According to the definition by the present study, moral distress has two main characteristics of moral competency and moral judgment in nurses that would clarify and explain this concept; so that this concept would be easily distinguished from other concepts. Also by clarifying the definition of moral distress in the present study and determining the limitations that would cause negative outcomes for the nurses and the patients, nursing authorities could make better plans for decreasing the negative effects of moral distress on nurses and patients and would increase the quality of provided care for the patients and occupational satisfaction for the nurses.

**Conflicts of interest:**

The authors declare no conflict of interest. There are no financial interests related to the materials of this study.

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