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Sources of Moral Distress Among Registered Nurses

Literature Review

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Abstract

The aim of this research was to identify the sources of moral distress among registered nurses, utilizing recent study on the subject. The purpose of the thesis was to provide information to help nurses cope with moral distress. Moreover, understanding the sources of moral distress may raise awareness and empower nurses as well as instigate management and organizational changes.

Literature review was the research method used in this study. Data for the research was collected from CINAHL, PubMed and Google Scholar. Selection of articles was conducted based on a predetermined inclusion and exclusion criteria. Selected articles were analysed and synthesized by thematic analysis.

Full texts of selected articles were thoroughly examined and data obtained were cate-gorized to create themes and sub-themes. The study identified four main themes after the data analysis of the selected articles: decision making regarding patient care, lack of healthcare resources, continuation of futile patient care and poor communication.

The results revealed that moral distress is present in different healthcare settings, and all the four themes defined in the results can be applied to other healthcare settings. And that coping strategies for moral distress can be developed based on the themes identified in this research.

Keywords (subjects) Moral distress, moral conflict, registered nurses

Miscellaneous

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1. Introduction

Nurses work next to patients and are tied with advocacy and ethical decision-making as primary responsibilities of their work. With the limited autonomy of nurses to apply their professional moral reasoning in the care of patients has led individual nurses experiencing greater moral distress, which has seen to be further linked with burnout and job fatigue. (Maiden, Georges & Conelly, 2011.)

Moral distress is one of the challenges in the nursing profession that nurses have faced in their careers for decades. Studies concerning moral distress have been done from way back in the early 1980's by Jameton in which this thesis was based on. (Jameton 1984)

Furthermore, moral distress is a negative feeling arising from a moral situation in which a nurse is not heard or cannot act on their opinions about what is right for the patient (Corley 2002, 638). Nurses who experienced moral distress have series of changes in their lives, in their personal dimension and with repercussions in their own performance at work. Nurses reported burnout because of moral distress and in some instances, led to nurses leaving the profession altogether. (Dalmolin, Lunardi, Lunardi, Barlem & Silveira 2014.)

According to Epstein and Delgado (2010), the presence of moral distress is a sign that ethical challenges are not being addressed adequately that is why the decision to focus on moral distress among registered nurses was imperative. Moreover, moral distress influences nurses, patients and the whole healthcare system and therefore the need for this research will highlight the underlining causes of moral distress and how moral distress exists in different healthcare settings.

The aim of this research was to identify the main sources of moral distress among registered nurses in different healthcare settings, utilizing recent studies on the subject. The purpose was to provide information to help develop coping strategies for nurses.

2. Moral distress in nursing

2.1. Nursing ethics and standards

According to the International Council of Nurses (2012, 1), promotion of health, prevention of illness, restoration of health and easing suffering are the four fundamental responsibilities of nurses. Nurses, main responsibility as professionals is to necessitate nursing care with delivering these fundamental responsibilities with respect and without restrictions on culture, race, gender or social status of these individuals, family and community. (International Council of Nurses, 2012, 2)

Nursing profession according to Fariba, Abbas, Nouzar & Mostafa (2014) is a high-level human contact were nurses face professional stress and morally challenging situations every day in which, moral distress continues to be a growing concern in different healthcare fields. Moreover, most patients recognize nurses as the most-trusted professionals and they rely on nurses and expect very high standards of care from them. It is only natural that nurses hold themselves to very high standards and degree of accountability. (Battie & Steelman 2014, 540.)

When individual beliefs and values go against work, it results in limitations. These can lead to an exhaustion of personal recourses along with dissatisfaction for the profession. These problems don´t only affect nurses, but also patients and the whole health care system. Nurse's feeling guilty and having lack of support from the clinical environment can lead to quitting the profession (Pauly, Varcoe & Storch, 2012.)

Moreover, when a person confronts a moral problem, it gives awareness to the ethical situation within realizing his or her responsibilities. To a health care professional to achieve skills to cope with morally challenging situations, the person needs training and theoretical knowledge (Sporrong, 2007.)

Nurses are accountable to the patient and their family, co-workers, workplace, the nursing profession and themselves for the decisions and actions they execute during the nursing practice. Furthermore, nurses are often faced with ethical dilemmas and they make ethical decisions daily. When a nurse is making an ethical decision, it can generate conflicts and doubts. Therefore, the nurse must think carefully, considering every element involved in the problem. Things that affect the nurses´ decision making are ethical, cultural, social, professional, legal and behavioural elements (Battie & Steelman 2014, 537).

2.2. Moral distress

Definition of Key concept

Moral distress was first defined by Andrew Jameton in 1984. According to Jameton (1984), moral distress can be defined as the negative feelings that arise when one knows the right course of action to take but is not able to act on it due to constraints or restrictions of time, authority or restrictions in the workplace environment (6.) In addition, Moral distress can be defined as a conflicting state between recognizing the right course of action considered to be morally correct and the inability to execute that course of action (Pendry 2007, 218). Fourie (2015) further elaborates the definition of moral distress by explaining it as a specific psychological response to morally challenging situations (92).

Moral distress starts with a stressor, a moral problem. It leads to cognitive or emotional processes that end with a stress reaction involving cognitive, emotional, physiological and behavioural responses to the situation. It is a widespread problem that influences different health care providers such as nurses, pharmacists, social workers, healthcare managers and physicians (Sporrong, 2007).

Jameton (1984) described in his writings three ethical problems that a nurse can experience in his working environment. These are moral uncertainty, moral dilemmas and moral distress. Moral uncertainty is a situation where a person is unsure of his moral principles and values or is unsure what a moral problem is. Moral dilemma is when two or many moral principles could apply to the situation, but different principles support the courses of action. Moral distress means a situation where a person knows what is right but feels it almost impossible to pursue (6.)

Implication for nursing

Moral distress is a growing phenomenon that has both short and long-term consequences. Even nurses with a longer work experience continue having situations involving moral distress in their work. This has led to the fact that nurses need the capacity to deal with moral distress (Schaefer & Vieira, 2015.)

Research has shown moral distress which has led some nurses to quit their jobs, or their profession (Green & Jeffers 2006, 5). The likelihood of burnout is high among nurses who have encounter moral distress which can lead nurses seeking a less stressful job or consider another profession besides nursing (Dalmolin, Lunardi, Lunardi, Barlem & Silveira. 2014.).

In addition, in American Association of Critical Care Nursing (2008) position paper on moral distress, indicated that moral distress caused dissatisfaction with the work environment and was one of the leading contributors to nurses leaving their work environment. Thus, affecting the nurse-patient relationship, and likewise affects the quality, quantity, and cost of nursing care. Most nurses experience moral distress, even though some may not recognize it when faced with the situation, meanwhile, others may experience moral distress differently (Rittenmeyer & Huffman 2009, 962; Epstein & Delgado 2010).

Furthermore, there is an assumption that nurses respond to moral distress in three different ways, which are: withdrawing from situations that are ethically challenging; raising concerns of situations that make them feel uncomfortable or change working environment. Leaving work and profession behind might not be a solution to breaking the circle of moral distress. This might increase the effect of moral distress, for example, leaving work can lead to financial problems. It is also a problem for healthcare leaders and for the working place itself (Pauly, Varcoe & Storch, 2012.)

A relationship with trust requires the nurse to be genuinely interested in the patient's situation. Nurses are expected to be aware of the emotions and sometimes nurses who are having insecurities, use different coping mechanisms or avoid answering the patient´s questions to hide the uncertainty. Health care providers are taught to be nice, social and pleasing but not so much how to be genuine with the relationships with patients (Heever, Poggenpoel & Myburgh 2015).

3. Aim, purpose and research question

The aim of this research was to identify the sources of moral distress among registered nurses in different healthcare settings, utilizing recent studies on the subject. The purpose was to provide information to help develop coping strategies for nurses. Moreover, understanding the sources of moral distress may raise awareness and empower nurses, as well as instigate management and organizational changes.

Research question:

What are the sources of moral distress among registered nurses?

4. Methodology

A literature review is a systematic research method that synthesises evidence from scientific studies comprehensively aiming at answering a clear target research question (Hannes, Claes, & The Belgian Campbell Group; 2007; 749). Literature review identifying a specific research question/s, the reviewer searches for and critically analyses evidence in published and unpublished sources that answer the research question(s). The focus of Literature review is to summarize and synthesize the arguments of other writers without adding new contributions (The University of North Carolina, 2018).

Literature review will be used because it combines both summary and synthesis. A summary is a chapter where all the important information of the source is summarized, and synthesis is when information is re-organized. Literature review articles might give a new way of seeing things of the old, covered material or be a combination of new and old. These both ways are important because they might lead the covered matter to a new progression. (The University of North Carolina, 2018).

Literature review requires systematic planning and reporting the different phases. The phases are identifying the research question to be answered, stating the purpose and the aims. Moreover, it requires selection with clear inclusion and exclusion criteria, and search terms or keywords used, and identifying the search database.

Furthermore, the electronic search was conducted, and the outcome of the search was reviewed by matching with inclusion and exclusion criteria. Then, extraction of the data from the relevant articles by systematically retrieving the information from each article included. Determining the quality of the retrieved data and summarizing it on a table, and then interpret the meaning of the evidence retrieved (Rew 2010, 65.)

Literature review was used to investigate data from other research articles related to moral distress, the focus was on qualitative research articles. Also, the fact that it is not easy to acquire the permit to interview research participants, influenced the use of literature review method.

4.1. Scientific article selection process

Articles search for this research was conducted from CINAHL and PubMed information database as well as manual search on scientific article database Google Scholar. The keywords used in the search were: moral distress, source and registered nurses as well as other synonyms for these keywords as shown in the table below.

Keywords	Results		
	CINAHL	PubMed	Manual search (Google Scholar)
"Moral distress" **AND** **"Registered nurse" or "nurse" or "Nursing"** **AND** **"Source" or "factor"**	252	98	5

Table 1. Keywords and their combinations.

After the articles search, articles to be used in this research were selected based on already predetermined inclusion and exclusion criteria as shown in table 2 below:

Inclusion criteria	Exclusion criteria
English language publications	Did not focus on moral distress
Peer-reviewed articles	Duplicate studies
Year of article publication between 2007-2018 and focus on moral distress	Lack full-text access

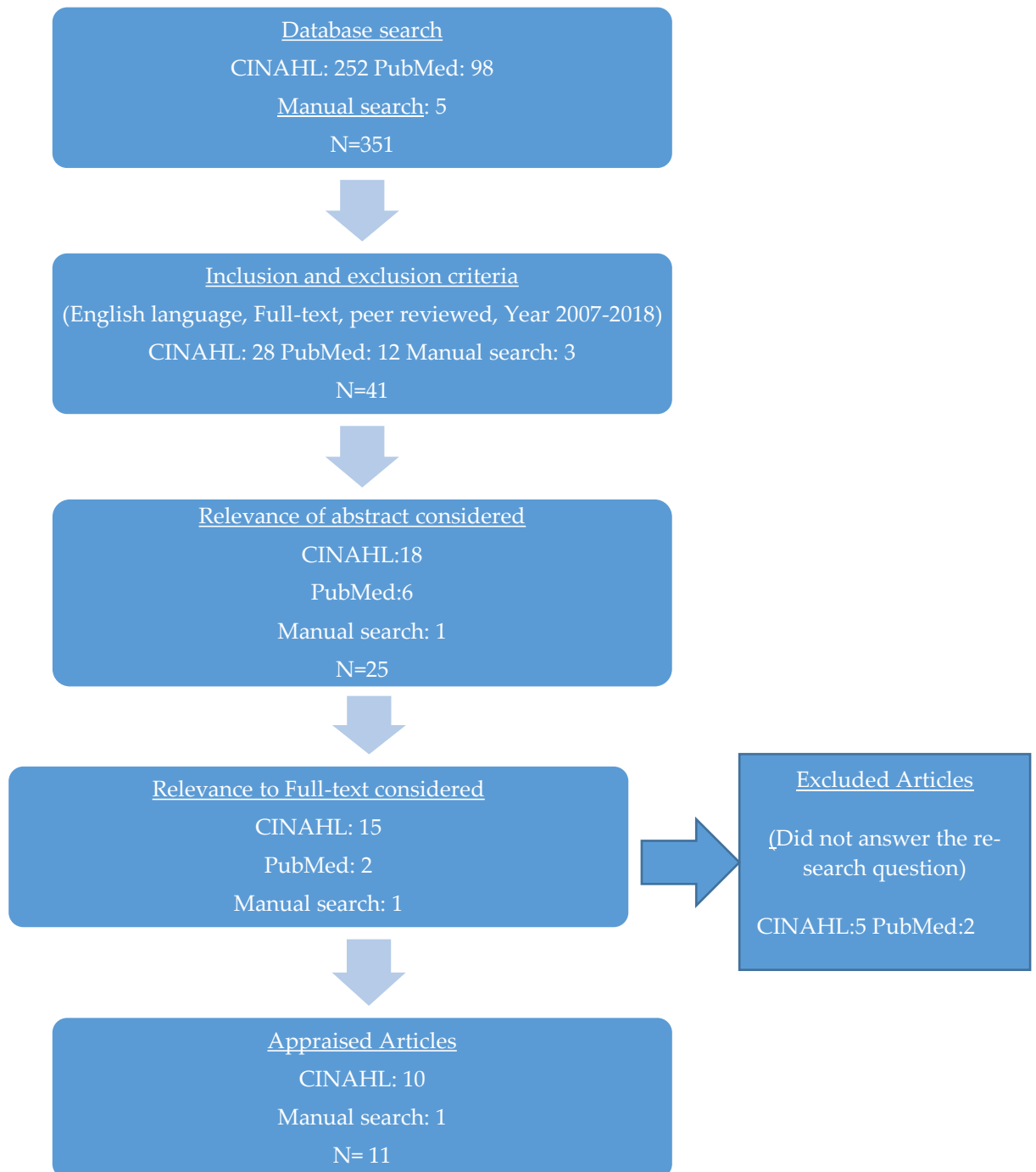| Scientific research articles	Did not answer the research question
Articles had an abstract and full-text access	
Articles are related to the research topic	
Articles answer the research question	

Table 2. Inclusion and exclusion criteria.

Figure 1: The selection process of articles

4.2. Analysis and synthesis of data

These 11 articles, that were chosen for this research were published from 2007 to 2018. The countries where these appraised articles were published are Canada (3), Cyprus (2), Iran (1), Ireland (1) United Kingdom (1) and USA (3). There were quantitative (2) and qualitative (9) used as the data collection method in the 11 appraised articles.

Healthcare settings where the 11 selected articles were researched consisted of: Intensive care unit, Psychiatric unit, Neonatal unit, Oncology unit, Paediatric Oncology unit, Mental health unit and Critical care unit. In 7 of the selected articles, the sample consisted of only nurses. The remaining four articles consisted of nurses and other healthcare professionals.

According to The Open University (2018), data analysis can be done in two different ways. The first method is called framework analysis where the connections between the articles are chosen to study their interests. The other option is called thematic network analysis where the data is collected through analysing all the data in a more exploring way. First, the data is looked through and all the important material is chosen for the research. (The Open University 2018, 4.)

Then, the data is divided into descriptive topics through analysis to find connections between them. After this, the topics can be divided into significant themes which can be analysed further. (ibid., 15.) When data is being analysed, the data analysis must reach different acquirements to be reliable. It can be a long process which takes time. In this process is a risk of bias in the research. There can be bias if the data analysis is not made correctly which can lead to unreliable research. (ibid., 18)

Furthermore, the selected articles in this research were analysed using used thematic analysis method. According to Braun and Clarke (2006) Thematic analysis is a method for identifying, analysing and reporting themes from data (6). Moreover, thematic analysis is not a one-dimensional process of simply moving from one phase to the next but instead, it involves moving back and forth as much as is needed throughout the analysis process till a clear pattern is developed. (ibid., 16).

Thematic analysis allows the researcher to be more flexible on the choice of theoretical framework. With that said, the methods used must be clear and provide readers with a clear understanding of how conclusions were reached. (University of Auckland, 2006.)

In addition, this study followed the six steps of thematic analysis to ensure a rigorous and clear process of data analysis and synthesis developed by Braun and Clarke (2006, 16). The steps are as follows: familiarizing oneself with data,

generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing a report. (ibid.)
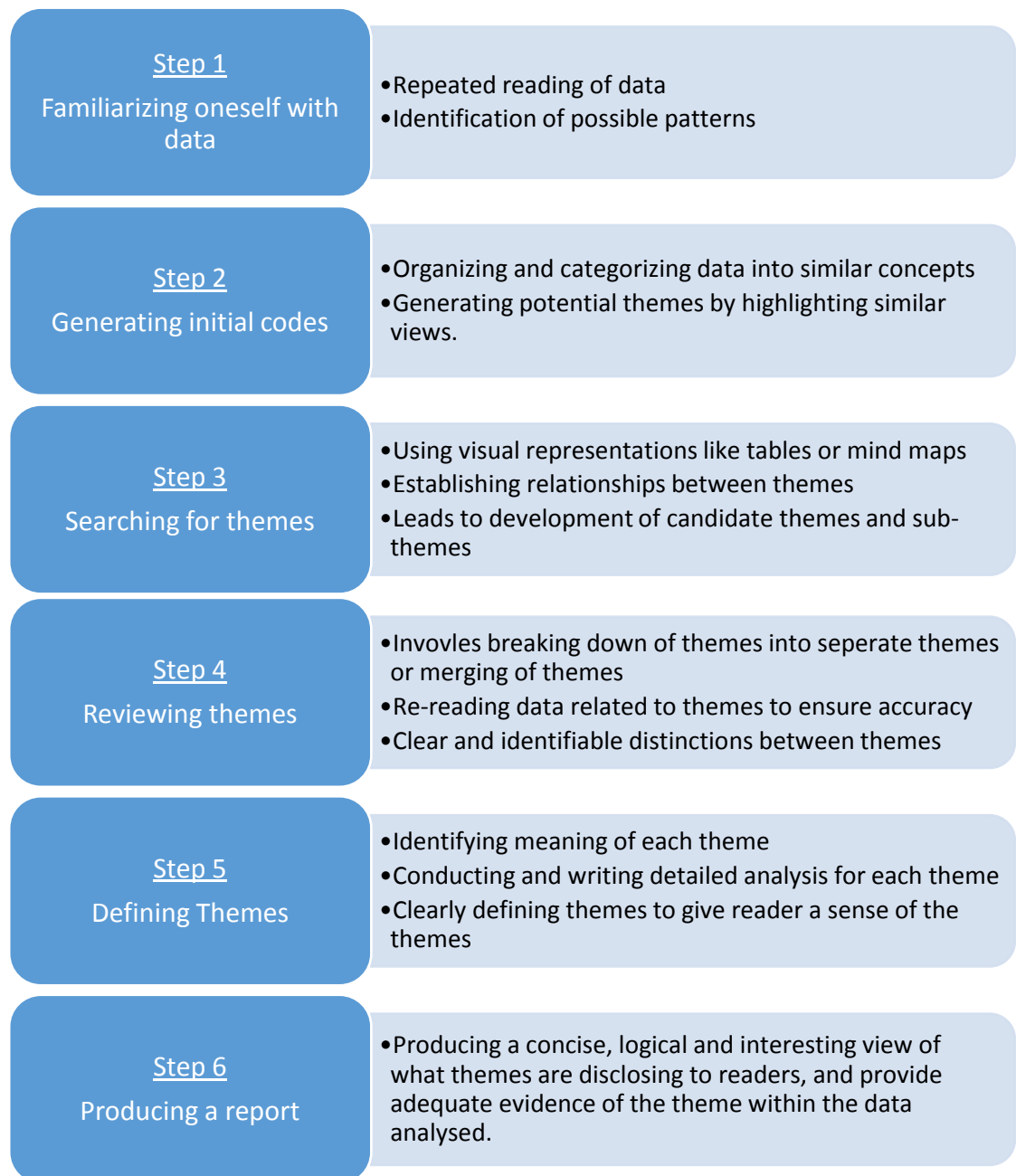
Step 1 Familiarizing oneself with data	•Repeated reading of data •Identification of possible patterns
Step 2 Generating initial codes	•Organizing and categorizing data into similar concepts •Generating potential themes by highlighting similar views.
Step 3 Searching for themes	•Using visual representations like tables or mind maps •Establishing relationships between themes •Leads to development of candidate themes and sub-themes
Step 4 Reviewing themes	•Invovles breaking down of themes into seperate themes or merging of themes •Re-reading data related to themes to ensure accuracy •Clear and identifiable distinctions between themes
Step 5 Defining Themes	•Identifying meaning of each theme •Conducting and writing detailed analysis for each theme •Clearly defining themes to give reader a sense of the themes
Step 6 Producing a report	•Producing a concise, logical and interesting view of what themes are disclosing to readers, and provide adequate evidence of the theme within the data analysed.

Figure 2. The process of Thematic Analysis

5. Results

Following the analysis and synthesis of data derived from the selected articles for this research, four main themes were determined to answer the research question. These themes were: Decision making regarding patient care, lack of healthcare resources, continuation of futile patient care and poor communication. After selecting the main themes, sub-themes were identified, which are mentioned below in Table 3.

Research question	Themes	Sub-themes
Sources of moral distress among registered nurses.	Decision making regarding patient care	-disagreement in the care plan -when views are not valued -not being involved in decision making
	Lack of healthcare resources	-restraint of resources -time constraint -inadequate staffing
	Continuation of futile care	-Disregard to the quality of life -Unnecessary tests and treatment -prolonging inevitability of death
	Poor communication	-patients making big decisions with little information -restricting patients autonomy

Table 3. Main themes and corresponding sub-themes from selected articles.

5.1. Decision making regarding patient care

Deady and McMcarthy (2010, 213) in their study on moral distress among psychiatric nurses, revealed nurses experienced a high level of moral distress when they had difficulty bringing their professional opinions on decision making concerning patients care. Moral distress was especially present when nurses believed their opinions were not valued by colleagues. (ibid., 213.) Furthermore, nurses spend the most time with patients during treatments, so when nurses' observations such as patient deteriorating condition are not taking into consideration during decision making amongst the interdisciplinary team, it may eventually lead to moral distress. (ibid, 214.)

Johnson-Coyle, Opgenorth, Bellows, Dhaliwal, Richardson-Care and Bagshaw (2016, 31), studies showed that high level of moral distress experienced by nurses who continued to take part in a hopeless care of a patient that was supported on a ventilator, without anyone to pass a decision to unplug the support. This was a disagreement in the care plan and not involving nurses in decision making, lead to moral distress on the part of the nurses who were next to the patient minute by minute. (ibid.)

Furthermore Pye (2013) revealed that the decision making concerning patient care was mostly done by the doctors and it was very easy for them to make and then later disappear leaving the nurses behind to execute their orders and

by so doing, the nurses were caught between the families and the decision-making processes that had already taken place without their input lead to distressing the nurses. (Pye 2013, 256.)

Molloy, Evans and Coughlin (2015, 58) reported about nurses working with neonatal children and had morally distressing situations concerning decision-making about infant´s resuscitation. Nurses felt that when deciding if an infant should be resuscitated or not, the professionals didn´t agree on the situation or their thoughts didn´t meet with each other's when making the decision (Molloy, Evans & Coughlin 2015, 58). Nurses reported feeling moral distress when in resuscitation situation and they were afraid that resuscitating a terminally ill infant cause more suffering for the child, and that would be better not to resuscitate. (ibid., 59.)

5.2. Lack of healthcare resources

The findings of Deady & McCarthy (2010, 215) revealed that nurses' experienced moral distress due to the standard of care provided to their patients in totality, which was inadequate. Although, there was evidence of the efficacy of alternative care provided by the nurses, as the patients and families did not have the means to make a choice in their treatment or services they could access. The nurse's experienced moral distress because the patient did not get a good quality service, which was because of lack of resources. (Deady & McCarthy 2010, 215.)

In McAndrew, Leske and Garcia (2011, 227) study, it was noticed that the support nurses got from other colleagues and management influenced nurses working in the critical care environment. Leadership was seen to influence all aspects of nurse working environment which had connections of nurses feeling moral distress by influencing nurses job satisfaction and led to a nursed turnover. (McAndrew, Leske & Garcia 2011, 227.)

In addition, nurses experienced moral distress when they provided inadequate care due to pressures from hospital administrators or insurers to reduce costs. (Ameri, Kavousi & Safavibayatneed 2013, 9). Similarly, Papathanassoglou, Karanikola, Kalafati, Giannakopoulou, Lemonidou & Albarran (2012, 48) reported that one component linked to increased moral distress was delivery of less than optimal care on account of resource constraint.

Furthermore, Henrich, Dodek, Gladstone, Alden, Keenan, Reynolds and Rodney (2017, 52) noticed that nurses experienced moral distress in their working environment which had negative effects on patients care. Nurses reported about meetings with family where time had been extended resulting less time used for other patients care. This was because of time constraint in the working environment (Henrich et al. 2017, 52-53)

5.3. Continuation of futile patient care

Hiler, Hickman, Reiner and Wilson (2018, 62) noticed that nurses have higher levels of moral distress frequency when the care they provided was futile. With the highest level of frequency of moral distress occurring when the patient's family chose to continue life support were accepted although the nurses knew that such care was not in the best interest of the patient. (Hiler, Hickman, Reiner & Wilson 2018, 62; Johnson-Coyle 2016, 31) In addition, nurses complying with the wishes of family members of the patient to continue aggressive and painful treatment which they deemed futile and disagreed with was a substantial contributor of moral distress (Molloy et al. 2015, 58).

In Ameri et. al (2015) study, nurses experienced moral distress when executing orders from physicians, for which the nurse considered to be unnecessary tests and treatments (Ameri et al. 2015, 8). In addition, moral distress was intensified when a nurse worked with other healthcare providers who were not very competent in providing the care required by a patient need. A prime example is providing care that does not relieve the patient's suffering as the physician in charge did not increase pain medication dose because of fear of death of patients, which leaves patients in more agony. This disregard for the quality of life of patients causes moral distress to nurses. (ibid, 8.)

Christoudoulou-Fella, Middleton, Papathanassoglou and Karanikola (2017) in their research noticed that moral distress factors were a growing concern in the mental health field. It had influenced on patient's quality of care which

had appeared for example as patient safety issues. (Christoudoulou-Fella et al. 2017, 13.) Papathanassoglou et al. (2012, 44) founded that among intensive care nurses, moral distress resulted in futile care of patients which had result-ed from working with unskilled colleagues or due to cost restraints.

5.4. Poor communication

Communication within a team is very important because situations build up out of control between colleagues of the team as they inform different things to families not together. There is not enough time to go to together and sup-port each other leading to communication breakdown, then the team falls apart leading to moral distress. (Pye, 2013, 256.)

Christoudoulou-Fella et al. (2017) in their research talked about the im-portance of dealing with mental disturbances that occur in mental health working environment. These disturbances influenced the workers' own pro-fessional performance and cause communication issues and errors, which affected professional relations, patient´s care and working together with other professionals. This lead to morally distressing problems. (Christoudoulou-Fella et al. 2017, 13)

Furthermore, registered nurses by standards are expected to as proficient in communication skills as they are in clinical skills. It was often reported that communication was poor for example between the registered nurses and frontline nurse managers which lowered nurses' satisfaction of their working

environment and affected to their collaboration. This is correlated with moral distress. (Ulrich, Lavandero, Woods & Early 2014, 70.)

In the study of Ameri, Safavibayatneed and Kavousi (2015, 8) nurses experience highest moral distress score frequency in which patients were not given adequate information before signing the informed consent forms. This misinformation is due to poor communication. (ibid.) Moreover, Johnson-Coyle et al. (2016) presented that nurses witnesses false-hope given to patient and family, which is a miscommunication problem. (Ameri 2015, 32)

6. Discussion

6.1. Discussion of the main results

Moral distress has affected health care providers in different health care settings for a long period of time which has been seen for example as nurses' suffering. There is a lot of literature concerning coping mechanism to moral distress, but through lack of clear conceptual definition has made it harder on taking an action for the morally distressing problems among registered nurses.

Decision making is one of the source of moral distress, which should not be undermined when it comes to patient care. It is important nurses should be

able to recognize this factor, which is in line with Johnson-Coyle et al. (2016), Molloy et al. (2015) that noticed disagreement in the care plan and not involving nurses in decision making. Also, Deady and McCarthy (2010) showed that other nurses opinions were not valued by other colleagues during decision making and, in some cases, decision making was mostly done by the doctors (Pye, 2013).

When resources are lacking in healthcare to provide patient's need, the parameter is an identification of moral distress. This aspect has been recognized also in the study of Deady & McCarthy (2010) that revealed nurses' experiences moral distress due to the standard of care provided to their patients to be inadequate. Although there was evidence of the efficacy of alternative care provided by the nurses as the patients and families did not have a choice for their treatment or services received, nurses were bound to experience moral distress. The lack of resources, therefore, caused moral distress to the nurses providing patient care.

In addition, Henrich et al. (2017) revealed that there was lack of time to meet up with patient care. This also on its own showed lack of healthcare resources, which was a source of moral distress. It is the place of the management to provide resources required to meet up with clients' desire.

The results revealed that moral distress is present in different healthcare settings and even though the specific situations that lead to moral distress may be different in different healthcare settings, all the themes (Decision making regarding patient care, lack of healthcare resources, continuation of futile patient care and poor communication) defined in the results can be applied to different healthcare settings. When comparing these findings, it is noticeable that these thesis findings had many similarities with others.

Moreover, it was noticeable that different morally distressing situations were pointed out by having similar symptoms of moral distress no matter where they worked. This was found after the analysis of the collected data was done which made this research important and different from other studies

6.2. Ethical principles

When writing a research, ethics is always taken into consideration, so that it can be ethically acceptable and reliable, and this makes the results to be credible (Finnish Advisory Board on Research integrity 2012, 30). The research was a literature review method, in which all information was evidence-based and there was no new contribution added to the literature. This gave credits to the authors whose information have been used in this study.

For a research to be ethically acceptable, it has specific criteria that it must follow to be a responsible research. Other publishers work must be treated with

respect and give them credit by making the citations correctly, where the information was found. The methods used in the research must be based on to scientific knowledge (Finnish Advisory Board on Research Integrity, 2012). While in this research case, the study went through Urkund which detects plagiarism.

Bias in a research can occur in different phases, such as in planning, data collection, publication and analysis phases of the research. Bias can be tried to be prevented with proper study design and data analysis. When the possibilities of bias are understood in making the phase of a research, it allows and helps to critical thinking and can influence the study´s conclusion. (Pannucci & Wilkins, 2011) In this thesis, the data search was done by each author and analysis of each article was also done individually and then all of us put up a table using different colours to identify different themes and subthemes. By so doing, it helps to minimize bias.

6.3. Validity and reliability

The information time frame used in this study ranged between 2006-2018, had full-text access, were peer reviewed, in this research, CINAHL (Ebsco) database search has been used to retrieve articles. The source is a free access to students in JAMK. And all the articles taken from this database are rightly referenced and the credit should be given to the authors.

Moreover, PubMed is a database information source made available from the internet and also google scholar which was used for the manual search is a scientific database. The articles are all correctly used and referenced following the JAMK reference guide. Thus, as the ethical principle is followed as defined, it gives credibility to the current research about the source of moral distress among registered nurses.

All articles that were selected were scientific research articles. In addition to using the inclusion and exclusion criteria cited in chapter 6.2. above, makes the work to be reliable and valid. The articles were selected and analysed by all three members of this thesis group, which makes the selection and analysis process also reliable.

6.4. Limitations

The study focuses on the sources of moral distress, and especially to registered nurses. Of which is also affecting every sector of the healthcare. Meanwhile, the results of the research could be used in other healthcare professionals since moral distress is not only limited to nurses. Thereby providing more information which is not only limited to nurses but with a useful tool in their career and other interdisciplinary teams in sustainability. The opinion of limiting the research on registered nurses without including other participates in the healthcare setting could show a limitation which is not all-inclusive.

In addition, the research material used for the study was based on the limited sources of information because the articles were search from free databases and excluding pay to access databases. For the fact that they were free and mostly in English without including other languages might have limited this study. The reason the authors did not go beyond the databased used is that there was no funding for the research.

But notwithstanding, the findings of the study will provide information to nurses and other healthcare professionals to be aware of moral distress. Moreover, the findings could equally be used by management, consultants and advocates to formulate ways to help reduce the effect moral distress on nurses and as a result, improve patient care.

6.5. Conclusion and Recommendations

Moral distress has existed in registered nurses work a long period of time which has had different consequences. The way it has spread in different health care fields was proven by different studies that were used in the study. By gaining an understanding on the sources that cause moral distress, it could help others to have a better understanding of the phenomenon as well as know that it is not only nurses fault why this phenomenon exists and be pre-pared for it.

This study gathered together information and gave more understanding to the sources of moral distress. It raised awareness and thoughts about moral dis-

tress and the severity of the problems that moral distress causes to registered nurses and their work. The phenomenon doesn't only influence nurses but the whole health care system. Educating nurses by promoting and developing their capacities of dealing with moral distress and environmental structures should be developed to support finding solutions to moral distress. (Karani-kola et al. 2014)

Understanding that moral distress is not only the nurses fault but consists of different factors when summed up together. This study recommended finding solutions for moral distress by acting towards educating nurses about moral distress as well as ethical consideration and decision making in situations that might occur in nurses working environment, what would be the right action to take and who could be a person or a people to get support and guidance from. (Christodoulou-Fella et al. 2017)

Finally, identifying the sources of moral distress may raise awareness and empower nurses as well as instigate management and organizational changes to be studied more in future. Also, the coping mechanism could be studied more to have more impact on registered nurses work and give them more information about, what kind of solutions can be found in these situations. Moreover, it would be interesting also to study more in future, how much institutional things and management influences nurses having moral distress. Furthermore, developing coping strategies based on the themes defined in

this thesis will go a long way to significantly reducing moral distress among nurses.

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Appendix 1. Summary of the Selected Articles

Appendices					
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Number	Author, Year, Country	Title	Aim and purpose	Participants	Research Method	Results

Number	Author, Year, Country	Title	Aim and purpose	Participants	Research Method	Results
1	Ameri M., Kavousi A. & Safavibayatneed Z.; 2012 Iran	Moral distress of oncology nurses and morally distressing situations in oncology units	To evaluate intensity and frequency of moral distress	148 nurses who work in the oncology unit	Questioner, which included demographics and Moral Distress Scale - Revised (MDS-R)	Most of the nurses had from moderate to high score on the tests and had experienced moral distress
2	Molloy, J., Evans M. & Coughlin K.; 2014; Canada	Moral distress in the resuscitation of extremely premature infants	Understand of moral distress experienced by neonatal registered nurses when involved within the decision-making process	A total of 15 registered nurses	Interview transcripts, Inductive content analysis	Most nurses' perceived lack of power and influence in the neonatal resuscitation decision-making process
3	Christodoulou-Fella M., Middleton N., Papathanassoglou E. & Karanikola M.; 2017 Cyprus	Exploration of the Association between Nurses´Moral Distress and Secondary Traumatic Stress Syndrome: Implications for Patient Safety in Mental Health Services	investigate the situations and the severity of morally distress	206 participants	Self reported questionaire scale	Analysis revealed that the modified Moral Distress Scale was positively associated with secondary Traumatic Stress Scale
4	Deady R. & McCarthy J., 2009 Ireland	A study of situations, Features, and Coping Mechanisms Ecperienced by Irish Psychiatric nurses Experiencing moral distress	Investigates moral distress of Irish psychiatric nurses	Nine registered psychiatric nurses	A semi-instructed interview which followed a consent form	The precense of moral distress in acute care settings
5	Henrich N., Dodek P., Gladstone E., Alden L., Keenan S., Reynolds S. & Rodney P.; 2017 Canada	Consequences of Moral Distress in the Intensive Care Unit: A Qualitative Study	Sudying the consequences of moral distress in intensive care units in Canada	56 health professionals	A quantitative survey, focus groups	Consequences of experiencing moral distress in ICU includes coping mechanisms and impcat of quitting work in the unit

6	Hiler C., Hickman R., Reimer A.& Wilson K.; 2018 America	Predictors of Moral Distress in a US Sample of Critical Care Nurses	Study moral distress among practice environment and patient safety	461 health care providers	Demographiq questionaire, Moral Distress Scale-Revised and Practice Environment Scale	Moral distress had associations with negative perceptions of the practice environment and patient safety
7	Johnson-Coyle L., Opgenorth D., Bellows M., Dhaliwal J., Richardson-Carr S. & Bagshaw S.; 2016, Canada	Moral distress and burnout among cardiovascular surgery intensive care unit healthcare professionals: A prospective cross-sectional survey	Study factors of moral distress and burnout among cardiovascular ICU workers	169 health care providers	Prospective cross-selectional survey	Moral distress and burnout are common in cardio-vascular ICU
8	McAndrew N., Leske J. & Garcia A.; 2011 America	Influence of Moral Distress on the Professional Practice Environment During Prognostic Conflict in Critical Care	Learn about intensitivity and and effects of moral distress in critical care nurses work	78 nurses participated	Moral Distress Scale, Likert-Scale format questionaire	Moral distress dilemmas the occur frequently are not situations that causes the greatest level of moral distress for nurses
9	Papathanassoglou, E., Karanikola, M., Kalafati, M., Giannakopoulou, M., Lemonidou, C., & Albarran, J.; 2012 Cyprus	Professional Autonomy, Collaboration With Physicians, and Moral Distress Among European Intensive Care Nurses	Studies moral distress among critical care nurses and their collaboration between nurse-physician relationship	1197 responded but 225 participants were selected	Self administered questionaire and validated scales for health care providers	Lower autonomy had associations with moral distress amond European intensive care nurses
10	Pye, K., 2013 United-Kingdom	Exploring Moral Distress in Pediatric Oncology: A Sample of Registered Practitioners	Concentrates on doctors and nurses perspective on working in English regional oncology unit	Four nurses and four doctors	Open-ended semi-structured questions, interview Protocol analysis	Moral distress occurs in the oncology wards and triggers emotional responses to difficult situations
11	Ulrich, BT., Lavandero, R., Woods, D. & Early S.; 2014 America	Critical Care Nurse Work Environments 2013: A Status Report	Asses current state of critical care working environments	8444 AACN members and constituents	Critical Care Nurse Work Environment Survey	Critical care nurse work environments need attention and care requiring true collaboration