

Relationship of Moral Distress to Military Nurses' Demographics

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Abstract: Moral distress is a psychological disequilibrium resulting from knowing the ethical action to take but not taking it due to an inhibiting medical power structure or institutional policy. The phenomenon of moral distress is particularly significant in the field of nursing specifically in military nursing services wherein a critical care setting such as battle field or soldier camps can be considered as highly dynamic patient care environment. The study's main thrust is to determine the level of moral distress and its relationship to the variables of rank, years of service and area of assignment. A descriptive-correlational study among 120 randomly-selected military nurses from military hospitals in Manila was conducted. Informed consent was secured, and a moral-distress scale questionnaire by Dr. Mary Corley was utilized after pilot testing. Gathered data was analyzed using the regression analysis. This study showed that Years of Experience, Rank and Area of Assignment concurrently and simultaneously affects the level of moral distress among military nurses in the Philippine setting as evidenced by the results acquired using Multiple Linear Regression. Years of Experience, Rank and Area of Assignment concurrently affects the level of moral distress among military nurses in the Philippine setting.

Keywords: Moral Distress, Military Nursing, Competency

INTRODUCTION

Moral distress in nursing practice has been identified and discussed since 1980's. Jameton (1984) defined moral distress as a psychological disequilibrium resulting from knowing the ethical action to take but not taking it due to an inhibiting medical power structure or institutional policy. Jameton (1984) modified his stance and further surmised that two forms of moral distress ought to be distinguished: Initial moral distress, which involves 'the feelings of frustration, anger, and anxiety people experience when faced with institutional obstacles and conflict with others about values; and Reactive moral distress, which is 'the distress that people feel when they do not act upon their initial distress' (more

Nurses are bound to make ethical decisions in the grounds of their work. They are frequently in a position wherein a decision is to be made with regard to situations of birth, illness, ageing and death

recently, this form of distress has been called moral residue, whereby it is hypothesized those who have experienced initial distress are then left with 'residue' or lingering distress). It is known to be prevalent among hospital nurses, critical care nurses, pediatric nurses and maternal and child nurses (Corley, 1995). They have the duty to accept deployment to different places locally and internationally. In fact, military forces of any country must be assured that their nurses maintain a high readiness capability and that they can perform at peak efficiency for long periods of time under certain conditions. Thus, any military force is concerned about the moral well-being of military nurses and anything, including moral distress, which can affect their ability to carry out their job effectively (Fry et al. 2002).

of vulnerable patients. Nurses, as patient advocates, also see to evaluate the results of their decisions to be able to determine if those actions bring better outcomes to their patients. Their conflicting

loyalties and responsibilities to patients, families, and to other members of the health care team further increase the likelihood that nurses will experience moral distress (Wilkinson, 1988).

Military Nurses are morally sensitive to the patient's vulnerability. They also experience external factors preventing them from doing what is best for the patient and feel that they have no control over specific situations (Lutzen et al. 2003). In this study, the researchers measured the level of moral distress thru the frequency and intensity and correlated the relationship of these to the variables used including rank, area of assignment and years of service under military nursing. Through these areas of interest, the impact of moral distress on military nurses was known. Moral distress is called as 'frequently ignored problem in health care environments' and this statement by American Association of Critical-care Nurses (AACN), can already spark the arising need of digging deeper into the depths of moral distress and how it can affect the performance of a nurse not only in the hospital setting but also in the military setup. This study focused on moral distress and its level on military nurses in the Philippine setting.

Various studies were conducted to determine the presence and level of moral distress in specific nursing areas namely intensive care unit, oncology unit, mental health unit, pediatric unit, operating room and medical surgical wards. However, there is only a limited number of investigations which focuses on moral distress among military nurses which prompted this study.

THEORETICAL FRAMEWORK

Mary Corley's model of sequential events associated with moral distress.

Corley views nursing as a moral endeavor, and her theory of moral distress proposes a sequence of events when a nurse either is unable or feels unable to advocate for a patient. Moral distress is set in an external (work environment) and an internal (individual's response) contexts. Moral concepts relevant to the theory can be seen from the individual's perspective and that of the organization. The theory acknowledges institutional constraints as a major component and suggests that the context for justifying ethical choices should not exclude the context within which decisions are made. In this

study, the context includes the military nurses' area of assignment, years of experience and rank. The theory is based on two premises: (a) nursing is a moral profession and (b) nurses are moral agents. When a nurse cannot enact moral agency, he or she becomes vulnerable to moral distress. Corley proposes there are moral concepts that impact the development of moral competency that is necessary for moral action. The concepts of commitment, sensitivity, autonomy, sense-making, judgment, conflict, and certainty are interrelated with moral competency and moral distress. The development of moral competency will depend on how the nurse has incorporated the other concepts into his or her value system and lead to a decision to act (adherence to moral values) or to moral distress if the nurse chooses not to act or if he or she feels she or he cannot act due to institutional constraints.

METHODOLOGY

Research Design

Correlational research describes what exists at the moment (conditions, practices, processes, structures etc.) and, is therefore, classified as a type of descriptive method. Correlational research comprised collecting data to determine whether, and to what extent, a relationship exists between two or more quantifiable variables. It uses numerical data to explore relationships between two or more variables. The degree of relationship is expressed in terms of a coefficient of correlation. If the relationship exists between variables, it implies that scores on one variable are associated with or vary with the scores on another variable. In this study, the level of moral distress and the variables namely years of service, area of assignment, and rank provides insight into the nature of the variables themselves as well as an understanding of their relationships.

The exploration of relationship between variables provides insight into the nature of the variables themselves as well as an understanding of their relationships. If the relationships are substantial and consistent, they enable a researcher to make predictions about the variables. Correlational research is aimed at determining the nature, degree, and direction of relationships between variables or using these relationships to make predictions. Correlational studies typically investigate a number of variables expected to be related to a major, complex variable. Those variables which are not found to be related to this major, complex variables

are omitted from further analysis. The variables that were used in the study include rank, area of assignment and years of service.

Subjects and Setting

This study was conducted at three Philippine Army Camps in Metro Manila wherein military nurses are being housed at.

Respondents involved on active duty military nurses are those who at least have 1 year military service and were deployed to various areas of the country specifically Luzon, Visayas, and Mindanao for the purpose of rendering care to military personnel during war or peacetime. It was limited to the umbrellas of military services which are the police and navy. Considering the 95% desired reliability of the results of the study with a maximum error of 0.05, the number of respondents who participated in the study was 120. The total number of military nurses was 160. The 1st study site has a total population of 50, the 2nd has 70 and the 3rd has a total of 40 military nurses. The formula the researchers used to compute for the sample size is G Power and is lifted from the Table of Sample Size from Philippine Social Survey Council. The researchers used purposive sampling. Respondents must be a Registered Nurse who serves the military for at least a year (1) and have been deployed in the field and is residing in Metro, Manila.

Research Instruments and Tool

Data collection technique was through the use of survey, with a validated questionnaire that is suited for the respondents. A tool was adapted from Corley's Moral distress scale, which was developed for general health care providers. The researchers modified the tool to fit the nature of profession of military nurses; each question implies a specific situation that is assumed to be present in the field of military nursing, a 21-item questionnaire was produced. The content was then validated by experts in the military nursing field.

Moral Distress Scale-Revised (MDS-R)

The MDS-R has a unique scoring scheme, designed to give a measure of current level of moral distress. Conceptually, items that have never been experienced or are not seen as distressing do not contribute to an individual's level of moral distress. As noted, the Likert scales for each item

have been adjusted to 0-4 from Corley's original 1-7 scoring range. To generate a composite score, the frequency score and intensity (named "level of disturbance") score for each item should be multiplied; note that these results in eliminating items never experienced or are not distressing from the composite score. In addition, items rarely experienced or minimally distressing have low scores and items experienced frequently and as most distressing have higher scores. Each item product of frequency and intensity will range from 0 to 16. To obtain a composite score of moral distress, these individual item products should be added together. Using this scoring scheme allows all items marked as never experienced or not distressing to be eliminated from the score, giving a more accurate reflection of actual moral distress. The resulting score based on 21 items will have a range of 0 – 336. Higher scores will indicate high level of moral distress.

Data Collection Procedure

The researchers conducted the data gathering by visiting Armed Forces of the Philippines under Philippine Army Camps with military nurses as the respondents. Researchers submitted a letter of permission to conduct a study; administrators of the said camps agreed on conducting the study provided that they will be the one to distribute the questionnaires. Before handling the questionnaires to the admins, a full disclosure of the nature of the study was presented so as to give them the purpose and background of the study, then a written consent form was given with all the terms, conditions, and ethical considerations in place, researchers explained that signing and approval of the respondents is important before proceeding with the questionnaire; also it was explained that respondents have the right to refuse to write their names for anonymity. Two (2) weeks later, survey questionnaires were returned and were then analyzed, and interpreted; respondents will then be updated, through email or text message, of the results and interpretation of the study.

Data Analysis

The product of the frequency and intensity of the moral distress scale was computed in order to come up with the level of moral distress. A multiple linear regression analysis was utilized in order to identify the relationship of the moral distress to the variables indicated with 95% reliability and 5%

error. . Dummy coding was done to prevent bias for the area of assignment. Multivariate regression allowed the researchers to simultaneously examine the three (3) independent variables on the dependent variable, through this statistical treatment, researchers were able to identify the overall relationship of the independent variables and their individual significance to the dependent variable.

Ethical Considerations

The study was conducted to benefit the practice for caring during military nurses and other health care providers in war or peacetime. The study was reviewed by the Ethics Review Board for approval in order to make sure that the study will be responsibly conducted by the researchers in the light of moral and legal obligations.

The researchers assumed the fundamental responsibility of ensuring the understanding of the respondents of the nature of the study, its purpose, methods used, its duration and the implications of their participation. Therefore, an informed consent was provided by the researchers containing all the above- mentioned. Respondents of the study are granted the right to self-determination and were able to decide whether or not to participate in the study without fear and reprisal, no force of participation was imposed in any form.

The data gathered are the researcher’s responsibility and were protected accordingly. To observe anonymity, respondents were given the option whether or not to write their name in the questionnaire. In order to provide confidentiality, the researchers assured the respondents that the information gathered was viewed and used for research purposes only, people who are not involved in the study had no access to the information and data gathered. Dignity and welfare of the participants of the study was responsibly upheld by the researchers, providing the respondents their right to privacy. High scientific standards were maintained in the collection and analysis of data; impartial assessment and dissemination of findings were handled with utmost care regardless of the position or rank of the respondent; the principle of justice is applied, giving the respondents their right to fair treatment. Researchers’ relationship and commitment to the agencies and the respondents is cleared and balanced; this is comprised of a commitment to morality and to the law and to the maintenance of

standard commensurate with professional integrity. The researchers abide by the rules and regulations under the institution or camp that the study was held.

To address any possible psychological harm to the participants or any research-related risks, a licensed and experienced psychiatric nurse was present to conduct debriefing. The debriefing included a structured verbal conversation wherein an array of topics and concerns is addressed and discussed. During the debriefing, the participants will then be informed about the process and possible outcome of the research study. If the participants have any misconceptions about the research study, the researchers took reasonable steps to correct the misconceptions during the debriefing process.

RESULTS

Demographics of moral distress as to years of experience, rank, and area of assignment

variable	f	Percentage
Years of Experience		
1-5 yrs	25	20.83%
6-10 yrs	37	31.66%
11-15 yrs	20	16.66%
16-20 yrs	33	26.66%
21-25 yrs	5	4.19%
Rank		
2Lt	24	20.00%
1Lt	30	25.00%
Captain	32	26.70%
Major	5	4.20%
1st class Col.	22	18%
Lt. Col.	7	5.80%
Area of Assignment		
Luzon	34	28.30%
Visayas	42	35.00%
Mindanao	44	36.70%

Mean scores of moral distress as to:

variable	f	MD mean Score
Years of Experience		
1-5 yrs	25	271.36
6-10 yrs	37	249.81
11-15 yrs	20	207.4

16-20 yrs	33	154.06
21-25 yrs	5	72.8
Rank		
2Lt	24	270.21
1Lt	30	264.4
Captain	32	217.78
Major	5	197.6
1st class Col.	22	110.73
Lt. Col.	7	133
variable	f	MD mean Score
Area of Assignment		
Luzon	34	206.61
Visayas	42	202.21
Mindanao	44	231.84

*lowest possible score: 0, highest possible score: 336

Relationship of Years of Experience, Rank and Area of Assignment to Moral Distress

Variables	B	Sig.
Years	-5.093	.001*
Rank	-22.386	.000*
Area	10.603	.142

*p-value < level of significance 0.05

Overall Model Fit

F	Sig.	Multiple R
38.306	.000*	.705 ^a

*p-value < level of significance 0.05

^aMultiple linear regression

BODY/ FINDINGS

Years of Experience

25 respondents (21%) were comprised of the military nurses under service for 1-5 years, 37 (31%) of the respondents were already in the service for 6-10 years, 20 (17%) for 11-15 years, 33 (27%) for 16-20 years and 5 (4%) of respondents were under 21-25 years. Highest level of moral distress can be seen at the 1st 5 years in military nursing and the lowest level is evident at the 21st to 25th year of service. As the number of years of experience increases, the level of moral distress decreases. With regard to this, as military nurses' years of service increases, they experience less moral distress (Corley et al, 2005). Nurses lacking experience in addressing ethically

challenging situation may be at higher risk of experiencing moral distress (Meaney, 2002).

Years of service revealed a 0.001 probability value for its beta coefficient which is less than the significant p-value of 0.05, thus we reject Ho, and therefore we conclude that there is a significant relationship between the years of service and the Moral Distress among Military nurses. Also, the b coefficient associated with Years of service is negative (-5.093), indicating an inverse relationship, thus, there is lower level of Moral Distress among Military nurses with longer years in service. Perceptions of moral distress may develop from cumulative life experiences and prior experiences in similar or identical situations. (Burston & Tuckett, 2012). Thus, nurses lacking experience in addressing morally challenging situations may be at higher risk of experiencing moral distress as mentioned in the study of Meaney (2002). The longer someone is in service the lower the chances of experiencing moral distress, as in parallel with the study of Wilkinson (1987). This is evident with the results of this study that revealed a significant relationship between years of experience and moral distress.

Rank

24 (20%) of the 120 respondents are comprised of 2nd lieutenant, 30 (25%) are 1st lieutenants, 32 (26.7%) are captain officers, 5 (4.2%) are Majors, 22 (18.3%) are 1st class officers and 7 (5.8%) are lieutenant colonels. The ranks are arranged from lowest to highest respectively. The highest number of respondents when it comes to the rank came from the captains of military nursing. Captains are generally considered to be the highest rank a soldier can achieve while remaining in the field and can be further promoted after completion of years of duty in the field. After promotion of rank, the exposure to field work would be significantly decreased compared to novice years in military nursing (NATO, 2007). Highest level of moral distress was seen from the 2nd lieutenants which is the lowest rank and the lowest level of moral distress is observed at the 1st class colonel. The occurrence of moral distress is aggravated by institutional or agency rules, legal constraints or a more powerful person who does not allow nurses to carry out actions. Some people, especially the one in the lower position compared to the command officer, may feel powerless to change the situation (Fry et al. 2002).

According to Corley (1995), the concepts of commitment, sensitivity, autonomy, sense-making, judgment, conflict, and certainty are interrelated with moral distress, all of which are present in military nursing. Military nurses are most of the time faced with the choice of either overstepping the boundary or acting, (Torjuul & Sorlie, 2006) or also awaiting for the decisions made by the higher commander. Bureaucracy is strictly implemented in military nursing; acting without consent from higher ranking officer would mean insubordination. According to the study of Meaney (2002) & Pendry (2007), Responsibility with no authority is a contributing factor in developing moral distress which is likely to be exhibited by military nurses with lower rank, which in then may contrive to a nurse's feeling of powerlessness to act in some situations (Wilkinson, 1987). It has been presented in other studies that there is a significant relationship between the ranking and moral distress in military nurses, which is revealed in the study with a p value of 0.000 and negative b coefficient (-22,386) which indicates an inverse proportion, with a higher rank, the lower is the level of moral distress. Thus, rejecting Ho. hence, there is a significant relationship between moral distress and the rank of military nurses.

Area of Assignment

34 (28%) of the total respondents were deployed in Luzon, 42 (35%) were deployed in Visayas and 44 (37%) were deployed in Mindanao. Majority of the respondents comes from Mindanao. Parts of south-western Mindanao island group, particularly the provinces of Maguindanao, Basilan, Lanao del Sur, Sulu, and Tawi-Tawi (part of the Autonomous Region of Muslim Mindanao (ARMM)), are home to a sizeable Muslim population, making the island group, along with Palawan, the only area of the Philippines with a significant Muslim presence. Due to widespread poverty and religious differences, the island has seen a communist insurgency as well as armed Moro separatist movements (Calderon, 2013). The communist insurgency or the New People's Army (NPA) is the armed wing of the Communist Party of the Philippines. The NPA is designated as a Foreign Terrorist Organization by the U.S. State Department and as a terrorist group by the EU Common Foreign and Security Policy (Romero, 2015). The high risk on safety brought about by the terrorism of the NPA had predisposed the Philippine

Army to increase the number of designated military nurses in the Mindanao Area. highest level of moral distress can be seen in Mindanao Area and the least is at Visayas Area. According to Calderon (2013), due to widespread poverty and religious differences, the island has seen a communist insurgency as well as armed Moro separatist movements. The presence of terrorist in the Mindanao area exhibits a dangerous environment and atypical setting which increases the likelihood of moral distress

The statistical result of area of assignment revealed no significant relationship with moral distress, though through the review of other literatures, some studies mentioned that the influence of the environment is a factor in the nurse's ability to resolve or incur moral distress, which was discussed in the study of Penticuff & Walden (2000). Also, according to another study by Bianchi (1990), military nurses are being deployed from an urban setting to rural and secluded area that could be a cause of experiencing moral distress due to the demand to practice under difficult environmental situations. This is also supported by the study of Austin, Bergum & Goldberg (2003), which states the lack of control over the important aspects of the environment, can cause situations leading to moral distress. However, study of Garel et. al.(2007) acquired low levels of moral distress in relation to work environment, also in parallel with the result of this study which revealed a p- value of .143, thus accepting Ho. therefore, having no significant relationship with moral distress. According to Burston & Tuckett (2012), low levels of moral distress may be explained by the self-selection of staff that willingly chooses to work in a specialized area, these staff may then have prepared beforehand, in that way environmental deviations are expected hence the low moral distress.

Years of experience, Rank, Area of Assignment to Moral Distress

The overall regression model shows a strong correlation between the overall relationships of the independent variables (Years of experience, Rank and Area of Assignment) and the dependent variable (Level of Moral Distress).

Moral Distress is particularly significant in the field of military nursing services. Nurses in the military have the need to be responsive at a moment's notice to take action in critical settings and

other related military crisis. They have the duty to accept deployment to different places locally and internationally. Military forces of any country must be assured that its nurses maintain a high readiness capability and that they can perform at peak efficiency for long periods of time under certain conditions. The results obtained from the study revealed the high correlation between moral distress and the variables of rank, years of service and area of assignment. The duty to accept area designation even in unfamiliar places, the position or rank, and the number of years of service, when combined together results in the presence of moral distress in military nurses in the Philippine setting. This also is parallel with the study of Fry, et al. (2002) on military nursing experience of moral distress. Various conditions characterize nursing care in crisis military deployments in modern times and this include the unique setting or environment, rank or position that is interconnected with institutional policy and the ability to make decisions or military triaging based on experience characterized by years of service.

CONCLUSION

This study concludes that Years of experience, Rank and Area of Assignment concurrently affects the level of moral distress among military nurses in the Philippine setting as evidenced by the results acquired using Multiple Linear Regression.

RECOMMENDATIONS:

On the basis of the findings and conclusions from the study, the following recommendations are set for considerations:

1. Institutional constraints should be reviewed or revised accordingly in order to minimize the occurrence of moral distress brought by about powerlessness or lesser autonomy in relation to current military position.
2. Further training on personal and professional growth should be conducted that would help novice military nurses cope earlier or be oriented on what to expect in the military nursing field that may generate moral distress.
3. Since the occurrence of moral distress in military nurses is evident, the researchers hope that

the findings of the study will serve as a vital foundation for the development of interventions and effective implementation in order to alleviate the consequences brought about by moral distress.

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