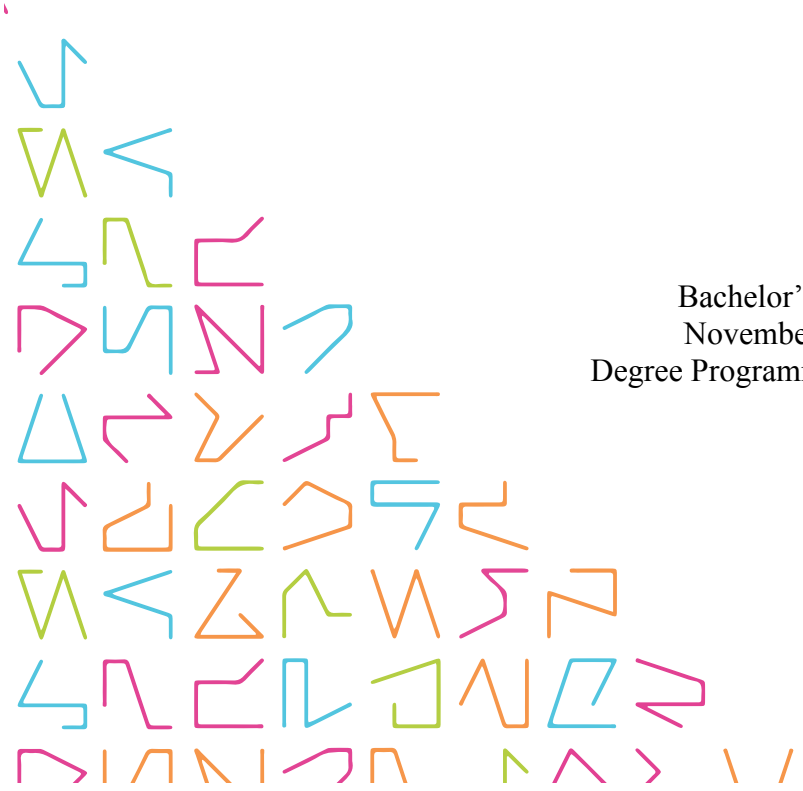
TAMPEREEN
AMMATTIKORKEAKOULU

ETHICAL DECISION-MAKING AND MORAL DISTRESS IN NURSING PRACTICE

A Literature Review

Jasmin Kulmala



Bachelor's thesis
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ABSTRACT

Tampereen ammattikorkeakoulu
Tampere University of Applied Sciences
Degree Programme in Nursing

KULMALA, JASMIN:
Ethical Decision-Making and Moral Distress in Nursing Practice
A Literature Review

Bachelor's thesis 39 pages, appendices 6 pages
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The objective of the bachelor's thesis was to explore the connection between moral distress and ethical decision-making in nursing practice and how the phenomenon can be reduced among nursing practitioners. The ultimate goal was to offer up-to-date information about ethical decision-making and moral distress for nurses to comprehend ethical issues and the connection with moral distress better.

The method of the bachelor's thesis was a literature review which was conducted by using systematic methods. All the articles were peer-reviewed and from academic journals. In the literature review process five articles were chosen for analysis. Four of the articles were using qualitative study methods and one was made in quantitative settings. The articles were further scrutinised by means of critical appraisal.

From the articles six main themes were found when exploring the connection between ethical decision-making and moral distress. For reducing moral distress, four themes were selected from the articles. Found themes are presented in matrixes and explained in text.

In conclusion the moral distress is an existing phenomenon in nursing practice. Moral distress arises in various ethical decision-making situations and causes mainly negative emotions among nursing personnel. For reducing moral distress there are many possibly functional methods that can be conducted by the health care administration level. Even though the literature review was conducted with nurses in the main role, the implications are usable in other professions in the health care area too.

Keywords: moral distress, ethical decision-making, nursing practice

TIIVISTELMÄ

Tampereen ammattikorkeakoulu
Tampere University of Applied Sciences
Degree Programme in Nursing

KULMALA, JASMIN:
Eettinen päätöksenteko ja moraalinen distressi hoitotyössä
Kirjallisuuskatsaus

Opinnäytetyö 39 sivua, liitteitä 6 sivua.
Marraskuu 2016

Opinnäytetyön tarkoituksena oli tutkia moraalisen distressin ja eettisen päätöksenteon välistä yhteyttä hoitotyössä sekä sitä, kuinka ilmiön esiintymistä voitaisiin vähentää sairaanhoitajien keskuudessa. Opinnäytetyön tavoitteena oli tarjota sairaanhoitajille ajankohtaista tietoa eettisestä päätöksenteosta ja moraalisesta distressistä, jotta he voivat paremmin ymmärtää eettisiä asioita ja niiden yhteyttä moraaliseen distressiin.

Opinnäytetyön menetelmä oli kirjallisuuskatsaus, jonka aineistonkeruussa sovellettiin systemaattisia menetelmiä. Kaikki artikkelit olivat vertaisarvioituja akateemisia julkaisuja. Kirjallisuuskatsauksesta valikoitui viisi artikkelia analysoitavaksi. Neljässä artikkelissa oli käytetty laadullista menetelmää ja yhdessä määrällistä menetelmää. Artikkelien luotettavuutta arvioitiin kriittisen arvion kautta.

Moraalisen distressin ja eettisen päätöksenteon yhteydestä löytyi artikkeleista kuusi pääteemaa. Moraalisen distressin vähentämiseksi valikoitui artikkeleista neljä teemaa. Löydetyt teemat esitettiin taulukoissa ja käsiteltiin tekstissä.

Johtopäätöksenä voidaan esittää, että moraalista distressiä esiintyy hoitotyössä. Moraalinen distressi ilmenee monenlaisissa eettisen päätöksenteon tilanteissa ja aiheuttaa pääasiallisesti negatiivisia tunteita hoitotyön ammattilaisissa. Moraalisen distressin vähentämiseksi on olemassa paljon toimivia keinoja, jotka voidaan toteuttaa hoitotyön johtoportaan toimesta. Vaikka kirjallisuuskatsauksen pääosassa olivatkin sairaanhoitajat, päätelmiä voidaan käyttää myös muiden hoitotyön ammattilaisten joukossa.

Avainsanat: moraalinen distressi, eettinen päätöksenteko, hoitotyö

CONTENTS

1 INTRODUCTION

Nursing professionals face many ethical situations daily (Holt & Convey 2012, 56). Challenges in ethical decision-making are increasing with more and more complex needs of patients (Ulrich et al. 2010, 2515). This bachelor's thesis discusses ethical decision-making and moral distress and how these are connected with each other in nursing practice. Situations that give rise to moral distress are not always acknowledged or dealt with effectively (Deady &McCarthy 2010, 209). That is the reason why the author wanted to do the Bachelor's thesis about this specific subject.

The word 'distress' is defined by Hargrove et al. (2011, 182) as negative response to exposure of stressor triggers. As such, moral distress can be understood as a specific psychological response to morally challenging situations (Fourie 2015, 97). As nurses do ethical decisions daily, this subject is very important for the nursing practice. For nurses, moral distress is a significant predictor of burnout (Jayasekara 2014, 2; Rushton et al. 2015, 417). Moral distress may cause a nurse to even leave the nursing profession (Jayasekara 2014, 2). For keeping nurses in their positions, there is a need of development in managing of moral distress. This bachelor's thesis represents some methods for reducing and preventing moral distress.

Ethical decision-making and especially moral distress are too little discussed in the Degree Proramme in Nursing at Tampere University of Applied Sciences. Additional information on the topic for both students and graduated nurses working in field is needed. This Bachelor's thesis can be used as a basis for educational material for the working life connection Tampere University of Applied Sciences.

2 THEORETICAL STARTING POINTS

To clarify the key concepts of this bachelor's thesis the author has described them as theoretical starting points. These four concepts describe the general background and the significance of this bachelor's thesis. The author has included figure 1 to demonstrate the connections between these four concepts.

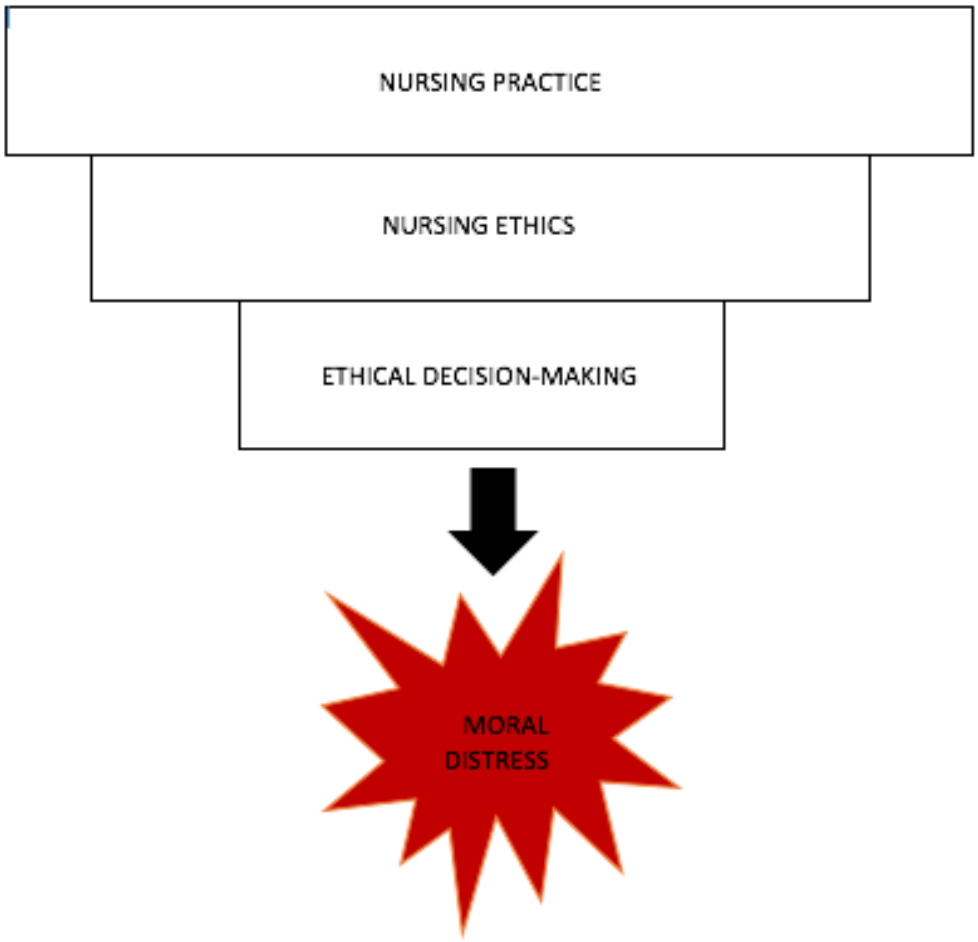

Figure 1. Figure of Key Concepts

2.1 Nursing practice

Florence Nightingale, the founder of modern nursing, stated (1860, 6) that "I use the word nursing for want of a better." Nursing has been understood as a calling, vocation, profession, and most recently, a practice (Liaschenko & Peter 2004, 488). According to Parse (1999, 1383) nursing practice focuses on the nurse as expert in guiding people on what is best for their health.

Nurses have four fundamental responsibilities: to promote health, to prevent illness, to restore health and to alleviate suffering (International Council of Nurses 2012, 1). These responsibilities include providing health promotion, medical administration, co-ordinating patient care, performing physical exams and many other essential duties (American Nurses Association 2016). The general nursing process includes assessment, diagnosis, planning, implementation and evaluation (Parse 1999, 1383).

The need for nursing practice is universal (International Council of Nurses 2012, 1). It is changing with the society but all times it requires specialised knowledge, skills and independent decision making (National Council of State Boards of Nursing 2016). Advancements in medical technology and research make nursing practice more complex all the time as today's patients' needs have grown in profusion (Ulrich et al. 2010, 2516).

2.2 Nursing ethics

In nursing practice, nurses face many ethical situations daily (Holt & Convey 2012, 56). Nursing ethics, it is a respect for human rights. Human rights include cultural rights, the right to live, the right to choice and to be treated with respect. Nursing is respectful to every individual and does not change because of social, racial, economical or sexual status of a human being. (International Council of Nurses 2012, 1.)

Ethics is a fundamental part of nursing practice (Silva et al. 2014, 241) and an essential feature of good nursing (Holt & Convey 2012, 51). The way in which nursing ethics is understood changes over time (Liaschenko & Peter 2004, 494). To practice ethically, nurses need moral awareness and confidence to decide what is right and wrong. Not

only knowing the right thing to do, practicing ethically needs also being prepared to put this into action. (Holt & Convey 2012, 51, 56.)

Nursing ethics includes many values as respectfulness, responsiveness, trustworthiness, compassion and honesty (International Council of Nurses 2012, 2). To be ethical, the nurse must understand what capacity and limitations he or she has (Silva et al. 2014, 241). Nurses carry personal responsibility for nursing practice and maintaining professional competence (International Council of Nurses 2012, 2).

Ethical challenges in nursing practice are increasing with more and more complex needs of patients (Ulrich et al. 2010, 2515). When acting through ethical challenges, nurses become competent in moral knowledge (Varcoe et al. 2004, 319). To establish ethical practice, nurses need to act as moral agents (Holt & Convey 2012, 51). Being a moral agent can at times involve nurses to navigate between their own values and the values of the organisation they work in (Varcoe et al. 2004, 319).

2.3 Ethical decision-making

Nurses are making decisions all the time. The decision-making processes are guided by nursing ethics. (Silva et al. 2014, 239–241.) Ethical decision-making process involves nurse's education and their own learned potential inhibitors, such as personal and professional experiences, beliefs and culture (Greipp 1992, 735). In addition, different values, motivations and expectations have an effect to nurses' decision-making processes (Grundstein-Amaro 1992, 129). Nurses are supported in decision-making by a set framework of mission statements and codes of nursing ethics (Walker & Breitsameter 2015, 329). Nurses use these directions for ethical decision-making but often adjust them to the current circumstances (Caughron et al. 2011, 364; Walker & Breitsameter 2015, 329).

A nurse should be professionally capable to analyse different situations and make the right choices that consider all possible alternative solutions before making ethical decisions (Silva et al. 2014, 242). When nurses make decisions, they should be capable to give reasons for their actions. Nurses need to have confidence in making judgements about what is right and what is wrong. In ethical decision-making nurses are demanded

to have moral perception, sensitivity, imagination and courage. (Holt & Convey 2012, 56.) Grundstein-Amaro (1992) suggests that in ethical decision-making nurses place the highest value on the perspective of caring. This means that nurses act in high sensitivity and responsiveness to the patients' wishes when making a decision. (Grundstein-Amaro 1992, 129.)

Park (2012) has developed an integrated model for ethical decision making in nursing based on 20 currently available models. The model consists six steps: (1) identifying an ethical issue; (2) collecting additional information to identify the issue and develop solutions; (3) developing alternatives for analysis and comparison; (4) choosing the best possible alternatives and justification; (5) developing diverse, practical ways to implement ethical decisions and actions; and (6) evaluating effects and developing of strategies to prevent a similar occurrence. (Park 2012, 139.) According to Caughron et al. (2011, 364) considering a variety of issues and integrating different facts is related to higher quality of ethical decision making.

2.4 Moral distress

The concept of moral distress was first introduced in 1993 (Musto & Schreiber 2012, 137). Moral distress is a specific psychological response to morally challenging situations (Fourie 2015, 97). Kelly (1998, 1141) suggested that moral distress is a consequence of the effort to preserve moral integrity. Nurses judge their actions against their moral beliefs and their standards of what a good nurse would do. Moral distress arouses questioning of professional knowledge and nursing identity. (Kelly 1998, 1134.) Deady and McCarthy (2010) introduce that moral distress can be distributed as initial and reactive distress. Features of initial distress include anxiety, anger and frustration. Reactive distress can appear as feeling of powerlessness, guilt, self-criticism and lowered self-esteem. (Deady & McCarthy 2010, 217–218.)

According to Corley, Elswick, Gorman and Clor (2001, 254) nurses suffer highest levels of moral distress when number of staff is so low that care is insufficient. Ulrich et al. (2010, 2516) agrees that nurses get twice as often stressed with staffing difficulties than with any other issue. In contrast, Woods, Rodgers, Towers and La Grow (2015) argue that the main sources for moral distress are situations when optimal care suffers due

reducing costs, patient care suffers because of the lack of provider continuity and when working with incompetent colleagues. Moral distress occurs also in situations where a nurse disagrees with physician orders and needs to carry out unnecessary tests and treatments and at worst the nurse feels that the dying process is unnecessarily prolonged. (Woods et al. 2015, 126.) The futile care has also been found to be the reason for the highest levels of moral distress (Wilson, Goettemoeller, Bevan & McCord 2013, 1464). Molloy, Evans and Coughlin (2015, 57) suggest that nurses often suffer from moral distress when supporting stressed families of critically ill infants. Musto and Schreiber (2012) found that on nurses' opinion, the worst situation is when nurses experienced moral distress and their experience was dismissed. That made nurses feel frustrated and powerlessness to create change. (Musto & Schreiber 2012, 142.)

Moral distress is a significant predictor of burnout (Jayasekara 2014, 2; Rushton et al. 2015, 417). Nurses who experience moral distress are more likely to leave the institution to find a less stressful job or even leave the nursing profession (Jayasekara 2014, 2). Corley et al. (2001, 254) found that fifteen percent of the nurses (n=214) had resigned a position in the past because of moral distress. Hamaideh (2014, 40) claims that high levels of moral distress could be explained by nurse's lack of knowledge and sufficient skills to deal with morally challenging situations. Pye (2013, 259) suggests that the level of experience can have a positive impact on nurse's coping skills with moral distress.

3 PURPOSE AND OBJECTIVE

The purpose of the bachelor's thesis is to conduct a literature review describing the ethical decision-making in nursing practice and the moral distress caused by ethical decision-making from the nurses' point of view.

The objective is to benefit all the nurses who work in field and therefore make ethical decisions daily. The beneficence can be occurred if the gained information from the literature review is used as a teaching material by the working life connection. The ultimate goal is to offer up-to-date information about ethical decision-making and moral distress for nurses to comprehend ethical issues and the connection with moral distress better.

There are two research questions:

1) What kind of connection exists between moral distress and ethical decision-making?
2) What can be done to reduce moral distress caused by ethical decision making in nursing practice?

4 METHODOLOGY

The method of this bachelor's thesis is literature review. Literature review is an objective, organized synthesis of evidence on a topic (Polit & Beck 2012, 120–121). For conducting a literature review the author used the task flow for literature review process made by Polit & Beck (2012, 96). As Polit & Beck (2012, 96) suggest, high-quality literature review is systematic so in this literature review the systematic methods are used. In this chapter there are presented the steps of this literature review process.

4.1 Selection Criteria

Choosing the key words for the literature search was based on theoretical starting points of the bachelor's thesis presented earlier. The main keywords were "ethical decision making", "ethics", "decision making", "moral distress", "nursing" and "nursing practice". Also keyword "stress" was used because the author noticed that not all articles used the exact word "distress" when discussing moral distress. All of these mentioned key words were used in different combinations. As Polit & Beck (2012, 99) suggest, a truncation symbol was used as "nurs*" and "ethic*".

The author used three different electrical databases and made a hand search into an academic journal Nursing Ethics. The used databases were Cumulative Index to Nursing and Allied Health Literature (CINAHL), Academic Search Premier (EBSCOhost) and PubMed. Boolean operator AND was only used since the author found no need to limit the data search too much with NOT. OR was no used since the author wanted to search articles which include all the main themes of the bachelor's thesis.

In CINAHL the CINAHL Headings –option was used as "decision making, ethical" for retrieving all references indexed to that term as suggested by Polit & Beck (2012, 101). From PubMed the author checked individually that the articles were peer-reviewed because there was not that option available in the search panel. Hand search for Nursing Ethics was made because the searching article by article the table of content can reveal relevant studies that might be missed by electronic searching (Polit & Beck 2012, 729). Altogether it is important to maintain creative and diligent approach to the data collec-

tion and focus on most relevant and important themes as they arise (Polit & Beck 2012, 96).

In table 1 there are presented the inclusion and exclusion criteria for data collection. The author chose to search articles in only English, because English is universal language and all the major articles are translated in English. The author included only peer-reviewed articles to enhance trustworthiness of the bachelor's thesis. Also articles which were not published in an academic journal were excluded. Because of the time limit of the bachelor's thesis process the author chose to include only articles that were available in full text –version. Articles chosen in literature review had to be relevant to nursing practice and especially to ethical decision making and moral distress. Articles that considered nursing students were excluded because the author wanted the literature which is clearly connected in those who practice nursing in daily basis. Literature reviews and other secondary sources were excluded because Polit & Beck (2012, 95) suggest that is essential to use only primary sources of information. Time limit was chosen to be 2005-2015 for finding only current information about moral distress and ethical decision-making.

Table 1. Inclusion and exclusion criteria

Inclusion criteria	Exclusion criteria
Published language, only English	Secondary sources (literature reviews etc.)
Peer-reviewed article published in academic journal	Article's irrelevancy to nursing practice or nursing point of view
Relevancy to nursing	Article's irrelevancy to ethical decision-making and/or moral distress
The availability of full text	Time limit (2010-2015)

4.2 Data Collection

In data collection five articles were chosen for the more careful reviewing. The articles chosen were made in Ireland, United States of America, United Kingdom and two were made in Canada. Articles were made in 2010 (two of them), 2012, 2013 and 2015. Four

of them were qualitative studies and one was a quantitative study. Two of the studies had researched psychiatric nurses, one study was made with neonatal nurses and one study had nurses and doctors in paediatric oncology. The study with a qualitative method had studied nurses from many different specialisations so they weren't precisely mentioned. In appendices (appendix 1) there is a methodological matrix which presents all the articles in order of publication year. The methodological matrix is adapted for the use of this thesis by methodological matrix presented by Polit and Beck (2012, 109). All the search word combinations, search limitations and number of results are presented in detail in figure 2.

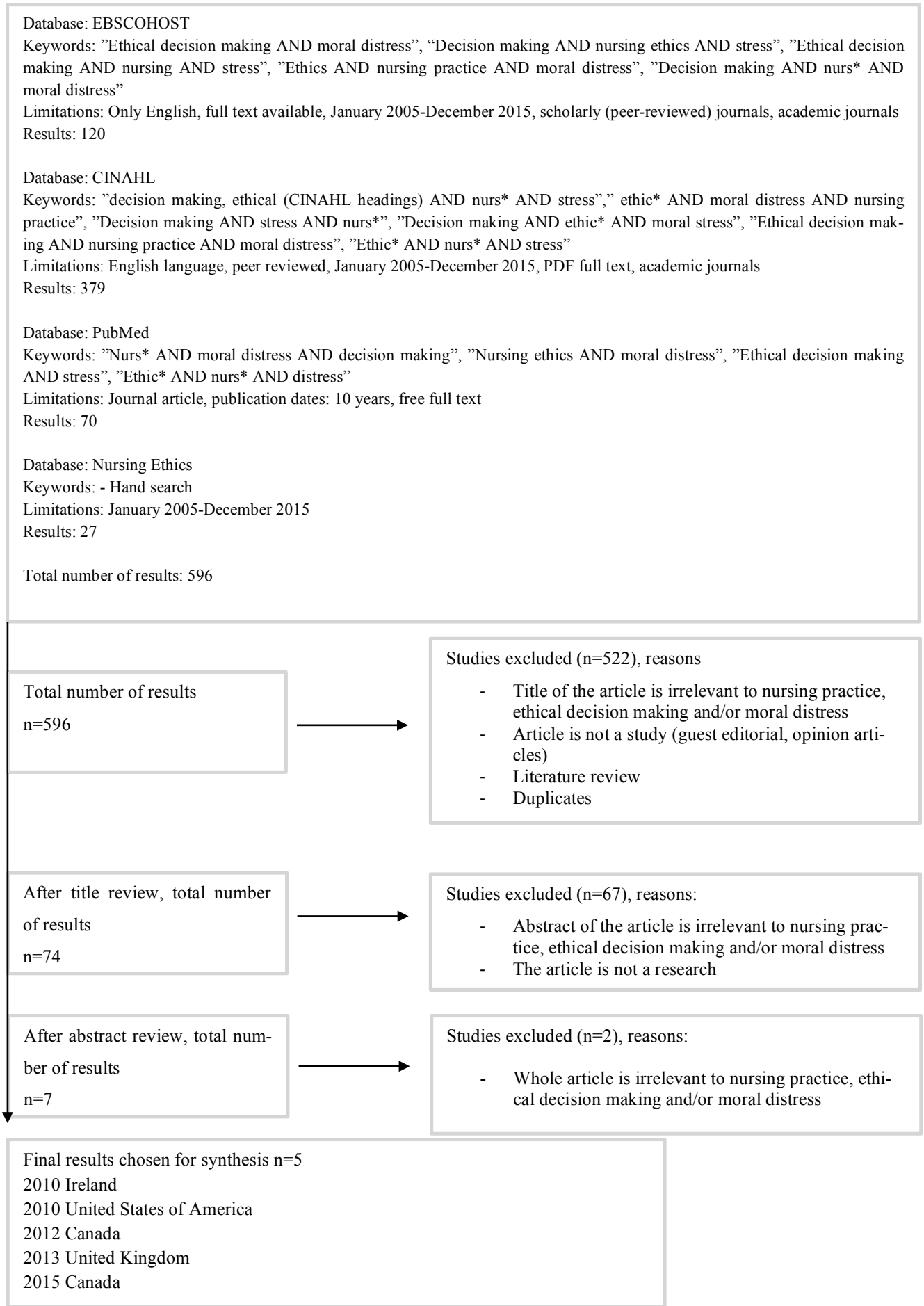

Figure 2. Literature retrieval process

4.3 Critical Appraisal

A research critique is a careful appraisal of the strengths and weaknesses of a study. The aim is to objectively identify areas of adequacy and inadequacy. (Polit & Beck 2012, 111.) The critical appraisal of chosen articles was made using the Polit & Beck's Guide to an Overall Critique of a Qualitative Research Report (2012, 115–117) and Guide to an Overall Critique of a Quantitative Research Report (2012, 112–114). In qualitative appraisal (appendix 2) were four articles and in the quantitative appraisal (appendix 3) one study. Polit & Beck (2012, 114–118) themselves have mentioned that these tools are not made for a systematic review but they can be used to critically appraise nursing studies. Furthermore, this bachelor's thesis is not a systematic review though it uses systematic methods. For the purpose of this study, the critical appraisal process was not used as a method of screening the articles, but rather to establish the quality of the body of evidence.

4.4 Data analysis

Data analysis, it is systematic organisation and synthesis of research data (Polit & Beck 2012, 725). When analysing the data, the author focused on answering to the two research questions. From these two questions the author found information about the decision-making situations where moral distress arises and the best practices to reduce the moral distress in nursing profession. As suggested by Polit and Beck (2012, 557), all the data was read multiple times to really gain understanding and meaning of the data. As in this thesis there was used both qualitative and quantitative data, the author decided to present the findings in both ways: in matrixes and in text form.

In literature review the focus of data analysis is on identifying important themes (Polit & Beck 2012,119). When reading the data, the author picked themes from the articles. These themes are used as original themes from the articles or slightly modified or combined with some other themes in goal of clear structure of the findings. All data was coded as numbers and then analysed under the found themes. As the author followed the instructions by Polit & Beck (2012, 559), the author reread all the data in situations when some themes were found incomplete. As it is not possible to analyse all the themes presented in articles, reviewer has to decide which have the greatest relevance

for the study (Polit & Beck 2012, 119). The author decided to focus on major themes which were found from two or more articles and excluded some themes which were mentioned only once.

The author has followed the methodology presented by Polit and Beck (2012, 119–120) by organizing the studies into findings matrixes. To help to maintain the focus on these two different questions, the author made two findings matrixes which are found next page. The first findings matrix (table 2) discusses with the connection of the decision-making and moral distress. It presents the decision-making situations which arises the moral distress among the nursing professionals. The second findings matrix (table 3) presents suggested methods to prevent and reduce moral distress in nursing practice.

Table 2. Findings Matrix 1

"What kind of connection exists between moral distress and ethical decision-making?"

Author(s), year	Deady & McCarthy, 2010	Ulrich, Taylor, Socken, O'Donnell, Farrar, Danis & Grady, 2010	Musto & Schreiber, 2012	Pye, 2013	Molloy, Evans & Coughlin, 2015
Not getting involved in decision-making	X			X	X
Disagreeing with the decision made by someone else	X	X	X	X	X
When decision made risks the well-being of a patient	X	X	X	X	X
Forced to live with consequences of decisions made by others	X			X	X
Uncertainty in decision-making		X	X		X
Surrogate decision-making		X			X

Table 3. Findings Matrix 2

"What can be done to reduce moral distress caused by ethical decision-making in nursing practice?"

Author(s), year	Deady & McCarthy, 2010	Ulrich, Taylor, Socken, O'Donnell, Farrar, Danis & Grady, 2010	Musto & Schreiber, 2012	Pye, 2013	Molloy, Evans & Coughlin, 2015
Education on decision-making process and ethical dilemmas	X			X	X
Multiprofessional collaboration and shared decision-making	X		X	X	X
Open discussion about decision-making	X	X	X	X	X
Standardizing policies relating ethical issues in health care	X	X	X	X	

5 FINDINGS

Study findings are categorized in two sections in purpose of presenting answers separately to both research questions. Under these sections the themes are mentioned in order of their frequency in findings. If some themes were found as frequently, they are mentioned in the text in order from the results matrixes (table 2, table 3).

5.1 Research question one

The first research question was ”What kind of connection exists between moral distress and ethical decision-making?” In findings, there were two themes that were found in every five articles; 1) disagreeing with the decision made by someone else and 2) when the decision made risks the well-being of a patient. Other themes found were; 3) not getting involved in decision-making, 4) forced to live with the consequences of decisions made by others, 5) uncertainty in decision-making and 6) surrogate decision-making. Other themes were found in three articles and the last one in two articles.

5.1.1 Disagreeing with the decision made by someone else

In Deady’s and McCarthy’s (2010) study among psychiatric nurses some participants stated that disagreements relating to clinical decision-making within multiprofessional team lead to moral distress. The moral distress was high in situations when participants had difficulties to share their professional views with doctors on clinical decisions they disagreed with. Participated nurses believed that their observations and patient evaluations were not given such significance in decision-making despite the fact that nurses spend more time with patients than doctors do. (Deady & McCarthy 2010, 213.) Musto & Schreiber (2012) were also studying moral distress in psychiatric nursing. The theme disagreement also came up as in situations when nurses disagreed with colleagues working methods, though mutual decision about how to work with certain adolescent had made and colleagues did not follow the the care plan. These colleagues’ contradictory actions were a cause of experiencing moral distress. (Musto & Screiber 2012, 141.)

Ulrich et al. (2010, 2514) agree that unethical practices of health care professional are one of the most stressful ethical issues in patient care.

A study from Molloy, Evans & Coughlin (2015) about neonatal nursing introduced that nurses disagree with both physicians and parents when discussing the resuscitation of premature infants. Nurses felt frustrated when everybody involved in the decision-making were not on the same page or when nurses thought that the decision made is not the patient's best interest. (Molloy et al. 2015, 58.) Pye's (2013) study agreed and showed that nurses often disagree with the decisions made by patients' parents also in paediatric oncology. For example, a situation that parents wanted to treat the child and the nurses felt that they should not treat made nurses morally distressed. Also nurses disagreed with consultants' decisions on offering all treatment options for parents of child that cannot be healed anymore. One nurse stated that "...sometimes you feel they just want to play God". (Pye 2013, 255–256.) For a nurse, following a family's wishes on continuing aggressive treatment that is deemed futile when being in disagreement, is a significant contributor of moral distress in nurses (Molloy et al. 2015, 58).

5.1.2 When the decision made risks the well-being of a patient

In this bachelor's thesis the theme about risking the well-being of a patient consists causing more harm than good, issues relating to patient safety, breaches of confidentiality and right to privacy and end-of-life decision-making. In the study by Ulrich et al. (2010) 39,8% of the participants felt that end-of-life decision-making creates high or moderate stress. Over fourth (26.2%) of the nurses encountered that frequently or daily. Breaches of confidentiality or right to privacy were felt highly or moderately stressful with 35,4% of participants and 23,2% of participants were having it frequently or daily. Ulrich et al. 2010, 2513.) These concerns were especially with vulnerable populations such as elderly people or people with cognitive deficiencies (Ulrich et al. 2010, 2516).

In Deady's and McCarthy's study (2010, 214) some participants experienced moral distress when they felt that clinical decisions were imposing inappropriate restrictions on a patient. Musto & Schreiber (2012) found that nurses felt moral distress after situations or incidents which endangered the patient's physical, emotional or environmental safety in adolescent psychiatry. Participant nurses thought that keeping adolescents safe was

their primary responsibility. In the study participants told that there are policies that they thought were harming patients or that they in contradiction with their personal values and beliefs. One of the participants felt that conflicts with personal values and agency policy were causing moral distress and that also ultimately results in harm to the patient. (Musto & Schreiber 2012, 139–140.) Nurses had to decide to either follow the policies or their personal values.

Molloy et al. (2015) found that nurses were afraid that decisions cause patients more harm than good. In resuscitation nurses were aware that it is impossible to know the long-term outcomes and the future quality of a life of the infants and the families. They were afraid that the decision to resuscitate will cause future health problems or disabilities. Also one of the participants questioned whether it is morally right to allow an infant to continue suffering and not make the decision to stop treatments. (Molloy et al. 2015, 55–56.) Futile, aggressive treatment with no beneficence and harming patients with unnecessary pain and suffering are significant contributors to moral distress for nurses (Molloy et al. 2015, 59). Pye (2013) agrees with the concept of doing more harm than good. In her study, one nurse stated that when a patient is dying but does not have a resuscitation status and a nurse has to resuscitate despite the fact of causing unnecessary suffering for the patient. "…the last thing you want to do is have a patient who has the right to die peacefully and then have to jump on them". (Pye 2013, 253.) Generally, nurses experience moral distress when they experience the standard of care being offered below their own personal and professional criteria for best practice (Deady & McCarthy 2010, 215).

5.1.3 Not getting involved in decision-making

Nurses not getting involved in the decision-making process was found from three articles. Deady and McCarthy (2010) found that nurses feel that they have less influence in clinical decision-making than doctors and other professionals. Participants felt that their observations were not given equal significance though they spend more time with patients than doctors do. Nurses felt that inability of nurses to influence the decision-making in mental health services was a contributory factor for patient not getting the best possible treatment and that lead nurses morally distressed. (Deady & Mccarthy 2010, 213–215.)

Isolating nurses from clinical decision-making is an issue in health care system that also doctors are aware. In Pye's study (2013) from paediatric oncology participated doctors admitted that they did not involve nurses fully in the decision-making process. Nurse participants acknowledged that issue and felt frustrated for being left out. One doctor told that doctors do not pay enough credence to nurses' opinions and stated that "…If you don't listen to the nurses, you will make cock ups and that is absolutely true.". (Pye 2013, 255–257.) Also Molloy et al. (2015) found that nurses often have passive role in decision-making in neonatal care. In resuscitation of premature infants, nurses have often a sense of helplessness because they have a lack of influence in decision-making. Decision-making only between parents and doctors caused moral distress to neonatal nurses. (Molloy et al. 2015, 58–59.)

5.1.4 Forced to live with consequences of decisions made by others

'Forced to live with the consequences of decisions made by others' was a theme found from three articles. In health care it can be very common that nurses have to deal with negative consequences of decision-makings. Molloy et al. (2015) suggest that nurses are often left dealing with the aftermath of decisions that they have not influenced on. A distressing dilemma appears when nurses are responsible of also implementing these decisions. (Molloy et al. 2015, 59.) Deady & McCarthy (2010) found that participated nurses believed that doctors and other health care professionals despite nurses have the option of stepping away from the immediate consequences of their decisions. That made the participants feel vulnerable and abandoned from the team. (Deady & McCarthy 2010, 218.) In Pye's study (2013) some doctor participants admitted that they avoided difficult situations and left nurses to "clean the mess". Doctors sometimes purposefully walk away from conflicts to reduce their own exposure to moral distress. This leaves all the moral distress on nurses' shoulders. (Pye 2013, 257–259.) In Molloy's et al. study (2015, 56) one nurse stated "...it just gets shattered, and we're left picking up the pieces". One doctor in Pye's findings (2013, 257) noted that it is easier for doctors to make a decision and just disappear after that to leave nurses to carry them through.

5.1.5 Uncertainty in decision-making

'Uncertainty in decision-making' as a theme was found in three articles. Molloy et al. (2015) found that many nurses struggle with uncertainty in decision-making of resuscitation and treatment withdrawal of premature infants. Not being able to see the future and not knowing the long-term outcomes and future health conditions or possible disabilities causes uncertainty in decision-making for nurses. (Molloy et al. 2015, 55.) Uncertainty in decision-making was a key contributor to moral distress for participated neonatal nurses. Nurses felt that lack of universally accepted guidelines to resuscitation of premature infants inflicts feelings of uncertainty. (Molloy et al. 2015, 57.)

Ulrich et al. (2010, 2517) found that nurses sometimes are not aware of the options when they are faced with ethical dilemma and that nurses are often inadequately prepared to address them. Musto & Schreiber (2012) adds that nurses suffer from moral distress when they have doubts with their nursing practice and questioning about their decisions. These doubts appear when nurses start thinking how they should or could have acted in problematic situations. (Musto & Screiber 2012, 140.)

5.1.6 Surrogate decision-making

The theme 'surrogate decision-making' was found from two articles. In this thesis, the theme 'surrogate decision-making' includes the lack of informed consent as a subtheme. Ulrich et al. (2010) found that surrogate decision-making and concerns about informed consent were one of the most frequently occurring ethical and patient care issues in nursing practice. The majority of participants (61,3%) reported that they encountered stress about patient autonomy and informed consent frequently or daily. Surrogate decision-making was experienced frequently or daily by 32,5 percent of participants. (Ulrich et al. 2010, 2513-2514).

Molloy et al. (2015) found that the lack of informed consent appears when the decision of withdraw or withhold treatment of premature infants are placed into the parents' hands. Many nurses questioned parents' ability to truly understand the situation because parents' are in high stress for worrying for their child. Also the urgency in decision-making was a significant factor that caused a lack of informed consent. One nurse stated that "It's this sort of dump of information and now let's make a choice, and if you could

make a choice quickly, we'd appreciate it. ". (Molloy et al. 2015, 55.) The inability of obtaining truly informed consent causes high risk for nurses on experiencing moral distress. Nurses' will to help parents' with unstable emotional state was a contributor for moral distress. Participants felt that they need a guarantee that parents truly understand the severity of possible consequences of the decision. Also nurses had a fear that parents do not make the best possible decision for the infant and nevertheless they have to support parents with their decision. Nurses felt this highly conflicting as their role is patient advocacy, especially in situations where patient itself is unable to make the decision. (Molloy et al. 2015, 58.)

5.2 Research question two

The second research question was "What can be done to reduce moral distress caused by ethical decision making in nursing practice?" Every five articles had suggestions for reducing moral distress experienced by nurses. Found themes were; 1) open discussion about decision-making, 2) multiprofessional collaboration and shared decision-making, 3) standardizing policies relating ethical issues in health care and 4) education on decision-making process and ethical dilemmas. All themes were found from four different articles expect the theme education on decision-making process and ethical dilemmas which was found from three articles.

5.2.1 Open discussion about ethical decision-making

'Open discussion about ethical decision-making' was found from every five articles. Deady & McCarthy (2010) found that participated nurses were stressed with lack of post incident discussions by the team. That made participants feel that moral issues were left unresolved. (Deady & McCarthy 2010, 213.) Their findings indicate that situations which increase moral distress were not always acknowledged or dealt with effectively. Open and transparent discussion can have a positive impact on the quality of the decision-making. (Deady & McCarthy 2010, 218.) Ulrich et al. (2010, 2517) agrees that that more dialogue is needed to help health care professionals to reduce moral distress and to feel comfortable in discussing ethical issues. Musto and Schreiber (2012, 142)

claim that often the dialogue does not solve the problem but it is more about understanding the situation which created the feelings of moral distress.

Molloy et al. (2015) suggest that health care professionals should be encouraged to use more effective communication strategies in emotionally challenging situations. As a tool for that, they suggest ethics rounds because they enable open discussion and can possibly prevent ethical conflicts within the multiprofessional team. They found that also debriefing sessions can relieve moral distress as they allow every member of the team to discuss ethical issues in a non-judgemental atmosphere. (Molloy et al. 2015, 60). Also Pye (2013) suggest that health care staff should be given a forum to discuss ethical issues. That and giving specific coping strategies can reduce moral distress experienced by nurses and other health care professionals. (Pye, 2013, 258.)

5.2.2 Multiprofessional collaboration and shared decision-making

'Multiprofessional collaboration and shared decision-making' was found in four articles. Deady and McCarthy (2010) found that there are difficulties with current multidisciplinary practices when morally challenging situations arise. For reducing moral distress caused by ethical decision-making, they suggest multidisciplinary programs that allow interdisciplinary discussions of common moral concerns in practice and agreement on protocols that achieve mutual goals. (Deady & McCarthy 2010, 219.) Musto and Schreiber (2012, 144) suggest that even organizations and agencies should work together to create also intersystem collaboration. Also findings by Molloy's et al. (2015) suggest that greater emphasis is needed on interdisciplinary collaboration and education. Their suggestions offer an option that collaboration should start in education process of nursing students and medical students. Students should together study identification and resolution of moral issues. (Molloy et al. 2015, 60.) Identifying and understanding the role of teamwork and multiprofessional collaboration in a goal of shared decision-making may lead to both nurses and doctors feeling less isolated by the team and more valued by each other (Pye 2013, 258–259).

5.2.3 Standardizing policies relating ethical issues in health care

Ulrich et al. (2010, 2517) suggest that there is a need for national and international strategies for addressing ethical issues in nursing practice. Pye (2013) recommends standardizing policies that relate to managing ethical issues. Every institution should have alignments in morally challenging situations and common care pathways that follow accepted recommendations. (Pye 2013, 258.) Ulrich et al. (2010) also suggest supporting ethics in institutions with ethics committees. In them it is possible to discourse the range of ethical problems that nurses encounter in patient work and how it impacts their feelings of moral distress. (Ulrich et al. 2010, 2518.) Deady and McCarthy (2010) claim that decision-making frameworks have developed in ad hoc manner and these frameworks vary a lot in every health care team. That is why the need of common protocols for ethical decision-making is acute to prevent nurses' fears of acting alone in morally challenging situations. (Deady & McCarthy 2010, 219.) Musto and Schreiber (2012, 144) agree that organisations should together develop common policies for addressing ethical issues and that can be a key for reducing moral distress in nursing.

5.2.4 Education on decision-making process and ethical dilemmas

Molloy et al. (2015) introduce that education about ethical issues and moral concerns for nurses is needed both before and after graduation. Also other health care professionals should be included in education programs to help every team member to understand everyone's role in ethical decision-making process. (Molloy et al. 2015, 60.) Deady and McCarthy (2010) recommend educational programs for all health care professionals too. Programs should include discussion of moral issues and mutual agreements on protocols for addressing moral concerns. (Deady & McCarthy 2010, 219.) Pye (2013) suggests that every work place should have their own in-house education program for nurses. Education should be focused on ethical decision-making process in morally challenging situations and include also problem solving techniques and communication skills training. (Pye 2013, 257–258.) Molloy et al. (2015) agrees and introduces that workshops for staff members can help in identifying and coping with moral distress. These workshops would also include providing coping mechanisms and tools for morally challenging situations and additionally training in case-based scenarios to practice these situations. (Molloy et al. 2015, 60.)

6 DISCUSSION

6.1 Discussion on findings

The results suggest that nurses get moral distress from many decision-making situations. Most common situation is when nurse disagrees with the decision made by some else such as doctor or patient family and when decision risks patient's physical or psychological well-being. Not getting involved in decision-making was experienced by nurses and also doctors. Nurses were often left alone to live with consequences of these decisions they were not involved. That causes that all the moral distress accumulates to nurses' shoulders and decreases doctors' exposure to moral distress. Often nurses are uncertain and unprepared to decision-making which can lead to questioning of professional competence. Surrogate decision-making was the final cause of moral distress, because nurses feel that patients are not often capable in making decisions for their own good. This can be connected to nurses' disagreement to decisions and nurses' worries of patients' well-being being harmed.

For reducing moral distress, results recommend open discussion about ethical decision-making. This can be created with suggested enhanced multiprofessional collaboration. Shared decision-making is a future goal where all the team members are getting involved in decision-making process and felt more valued by each other. Also the organisations should work together and get all policies and guidelines standardized for helping every professional in ethical decision-making. Organisations should also provide education to all health care professionals and also encourage staff to talk about ethical issues in workplaces. Results recommend that nursing and medical students start collaboration in their education process.

Though all results were found from different nursing specialisation areas, they are in line with each other. Results suggest that moral distress is a significant part of nursing practice and that procedures for preventing and reducing moral distress are in need of improvement.

The author wants to mention that though all the used five articles in the literature review were about ethical issues, the presentation of ethical considerations and protection of

participants' rights were not presented transparently and broadly. In addition, all the articles chosen for reviewing were conducted in Western Countries. For these reasons it is not certain that the phenomenon is universally recognized or if the implications are fitting in all organisations. Also the study by Ulrich et al. (2010) was funded which can have an effect to also this thesis' credibility.

6.2 Ethical considerations and limitations of the study

For ensuring the trustworthiness all the literature used in this thesis was from primary sources that were peer-reviewed and published in academic journals. The literature review was conducted as systematically as possible to avoid bias. According to Polit and Beck (2012, 176) bias can threaten the study's ability to reveal the truth. The quality of the study is important for the author and bias should be avoided completely. The quality of used articles is evaluated with critical appraisal of the studies. The author has carefully documented the literature retrieval process to ensure that the literature review is reproducible as Polit and Beck have suggested (2012, 105).

To avoid the research misconduct is important to appreciate the author's work and not using material without mentioning the author (Polit & Beck 2012, 169). The author had used paraphrasing when using other authors' material and always appreciated the researchers' work by mentioning authors in text. For avoiding misunderstanding, the author read all the data carefully by multiple times. Nevertheless, the author has no previous experience conducting a thesis and not English background, so there is possibility that the study validity has suffered. Reliability and validity can be ensured by conducting the thesis as accurate and consistent as possible (Polit & Beck 2012, 175.) Also the fact that in this thesis there is only one author can have caused some personal bias. Author also used only English material and data which were in a 'full text available' version. Those choices may have excluded usable sources from this thesis. The author had a set time limit for conducting a thesis and that may have an effect for quality of the literature review process.

The study beneficence is an important consideration. The beneficence means minimising the harm and maximising the benefits of the study (Polit & Beck 2012, 169). This thesis increases the knowledge of the nursing personnel and can benefit the whole

health care area. Polit and Beck mention the objectivity as an important component in nursing studies (2012, 191). The author declares that there is no conflict of interest and that the author had no subjective goals while conducting the literature review.

The author decided to use only Polit's and Beck's opus as a guide for conducting a thesis. Author chose that book because of the clear guidelines for a first-timer and for ensuring that the literature review is done by following one reliable guidelines.

7 CONCLUSION

7.1 Conclusions and implications

The study began with a hypothesis that ethical decision-making and moral distress have a connection in nursing practice. The other hypothesis was that moral distress can be reduced and possibly prevented with some actions. There appears to be strong evidence that ethical decision-making and moral distress are strongly connected in nurses every-day practice. Also moral distress can be reduced and prevented with many actions within nursing professionals.

This bachelor's thesis increases the knowledge of nurses about the ethical decision-making situations that give rise to moral distress. Recognising these situations can increase the understanding and help nurses to relieve the symptoms of moral distress. Nursing administration can utilise these findings and make changes in organisational level to create better functioning multiprofessional teams in hospitals. This can lead to increased ethical competence of health care workers and with that to improved patient care. This bachelor's thesis encourages to discuss about ethical issues and moral distress and creates more open environment for concerns in health care. Future nurses can be prepared for ethical decision-making better as they have knowledge about the related factors and possible side phenomenons. Tampere University of Applied Sciences can use the material of this bachelor's thesis in education of student nurses.

This Bachelor's thesis proves the beneficence of it with high generalisability. Even though the literature review was conducted with nurses in the main role, the implications are usable in other professions too especially in the health care field. On of the main themes, multiprofessional collaboration, concerns every health care professional, not only nursing.

7.2 Suggestions

In literature review the author excluded the studies about nursing students' ethical competence and moral distress. That is an issue which could be studied later as a literature

review of it's own. As a future study subject, the author suggests the research about why doctors leave nurses outside the decision-making process and how doctors feel when leaving nurses to live with the consequences of decisions that doctors have made. Also doctors' and nurses' thoughts about shared decision-making should be studied later. As a study topic the author suggests the teaching process how to prepare future nurses for ethical decision-making and how to teach and give to nurses the resources to alleviate the feelings of moral distress.

The author suggests for the health care workplaces to start procedures for alleviating moral distress. All health care professionals need continuous education in ethical decision-making and support in their ethics practice. For ethical decision-making there is a need for common standards and guidelines to alleviate the uncertainty in decision-making processes. Every workplace should create permissible environment for open discussion about ethical issues. From everyday practice the nursing administration can get great ideas for implementing new policies. In education the author suggests greater emphasis in multiprofessional collaboration in a way that nursing students and medical students study together from the very beginning. In nursing education, the ethical decision-making should be given more emphasis as the ethics in general as well.

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APPENDICES

Appendix 1. Methodological Matrix

Title of the article	Authors	Country of the study	Published journal, year	Study method	Participants
A Study of the Situations, Features, and Coping Mechanisms Experienced by Irish Psychiatric Nurses Experiencing Moral Distress	Deady, R. & McCarthy, J.	Ireland	Perspectives in Psychiatric Care 46 (3), 209–220. 2010	Qualitative	n=8, psychiatric nurses
Everyday ethics: ethical issues and stress in nursing practice	Ulrich, CM., Taylor, C., Soeken, K., O'Donnell, P., Farrar, A., Danis, M. & Grady, C.	United States of America	Journal of Advanced Nursing 66 (11), 2510–2519. 2010	Quantitative	n=422, nurses from many different specialisation areas
Doing the Best I Can Do: Moral Distress in Adolescent Mental Health Nursing	Musto, L. & Schreiber, RS.	Canada	Issues in Mental Health Nursing 33 (3), 137–144. 2012	Qualitative	n=12, nurses, adolescent psychiatry
Exploring Moral Distress in Pediatric Oncology; A Sample of Registered Practitioners	Pye, K.	United Kingdom	Issues in Comprehensive Pediatric Nursing 36 (4), 248–261. 2013	Qualitative	n=8, 4 nurses, 4 doctors, paediatric oncology
Moral distress in the resuscitation of extremely premature infants	Molloy, J., Evans, M. & Coughlin, K.	Canada	Nursing Ethics 22 (1), 52–63. 2015	Qualitative	n=15, neonatal nurses

Appendix 2. Qualitative Critical Appraisal 1 (3)

Author(s) of the article, year	**Deady & McCarthy, 2010**	**Musto & Schreiber, 2012**	**Pye, 2013**	**Molloy, Evans & Coughlin, 2015**
Title	Very descriptive, includes the key issues and the focus group.	Descriptive, focus group and the key phenomenon mentioned.	Descriptive, includes the studied group and phenomenon.	Quite descriptive, focus group not mentioned.
Abstract	Summarizes the main features, should be including more about the results.	A short, descriptive abstract which mainly focuses on results.	Introduces the aim, method, results and also the implications for nursing practice.	Very descriptive, includes all important features of the study.
Introduction Statement of the problem	Not easily identified, reason for the study mentioned (lack of studies of the subject).	Not easily identified, mentioned the lack of earlier studies in this specific area.	Not easy to identify, lack of earlier studies of this area,	Not easy to identify.
Research questions	Research questions are not explicitly stated, only objectives of the study.	Research questions mentioned at methodology, clearly stated.	Research questions not mentioned, only the goals of the study.	One research question mentioned in the text. Should be more visible in the text.
Literature review	Clear, sound basis for the study including valid knowledge from previous studies.	Existing knowledge about the key phenomenon of the study well presented.	Literature review clear and sufficient, findings categorized under themes.	Not explicit literature review, previous knowledge presented in introduction.
Conceptual underpinnings	Not mentioned key concepts, only moral distress clarified in the literature review.	Key concepts not mentioned except the moral distress.	Key concepts mentioned in abstract only. All of them are not clarified later.	Key concepts mentioned in abstract, explained concisely in introduction.
Method Protection of participants' rights	Not mentioned.	"All measures were taken to protect participants' rights", not explained how.	Not mentioned.	Not mentioned.
Research design and research tradition	A qualitative descriptive methodology was used.	A qualitative design with grounded theory.	A qualitative design with hypothetical vignette.	Qualitative. Secondary, supplementary analysis.
Sample and setting	Sample quite briefly described. Sampling has been selective so there is possibility of bias.	Sample well described. Sample quite well saturated.	Sampling explained well tough not the sample itself.	Sample briefly described. Sampling has been purposefully selected.

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Author(s) of the article, year	**Deady & McCarthy, 2010**	**Musto & Schreiber, 2012**	**Pye, 2013**	**Molloy, Evans & Coughlin, 2015**
Data collection	A semi-structured interview was used by means of open-ended questions.	Semi-structured interviews with open-ended questions.	Semi-structured open-ended questioning.	In original study semi-structured interviews were used.
Procedures	Recording procedures explained clearly. 3 open-ended questions stated clearly in the text.	Recording and interviewing procedures well mentioned.	Transcription process well explained.	Procedures of original study well explained, but lacking in secondary one.
Enhancement of trustworthiness	Both authors and an external professional did independent analysis and comparison of the data.	Ethical approval for study. Maintaining rigour explained. Critical reflection of results.	Phenomenology closely explained. Thematic analysis presented.	Authors used reflective memoing, an audit trail to enhance trustworthiness.
Results Data analysis	Data analysed using suggestions of a guide book. (Pope & May 2000)	Grounded theory was used, process well explained.	Thematic analysis using Riley's (1996) method.	Convectional content analysis was used.
Findings	Main themes and findings clearly stated, original data also quoted.	Findings well presented and categorized in to four categories. Original data was also quoted.	Only 3 main findings presented in the text though there were 10 themes found in the study. These 3 well presented.	5 found themes well presented. Original data quoted.
Theoretical integration	Themes are forming an integrated whole. No figures, models etc. were used.	Themes are clearly connected to each other. A figure was used to describe the theory.	Thematic analysis described in a table. Connection between main themes not so clear.	All 5 themes clearly connected to the studied phenomenon. No figures, models etc. were used.
Discussion Interpretation of the findings	The findings are interpreted quite well and compared widely with previous findings.	The findings are opened up very well but not so much compared with previous findings.	Findings not so much compared with previous findings. Findings interpreted well.	The findings interpreted well and compared properly with previous findings.
Implications /recommendations	Reasonable implications for nursing practice and recommendations for further inquiry are clearly presented.	Implications for nursing practice should be opened up more. Not mentioned recommendations to further studies	Recommendations for nursing practice well stated. Recommendations for future research presented.	Reasonable implications for practice well presented as recommendations for further inquiry.

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Author(s) of the article, year	**Deady & McCarthy, 2010**	**Musto & Schreiber, 2012**	**Pye, 2013**	**Molloy, Evans & Coughlin, 2015**
Global issues Presentation	The structure of the study could be better. Text is clear and most of the parts of the study are easily found.	Structure is good thought some parts of the study is hard to find. Text is easy to read.	Study is well written. Key points summarized and text is easy to read.	Structure very good, especially the abstract. Proper literature review is lacking.
Researcher credibility	Authors' professional backgrounds (philosophy & psychiatric nursing) enhance confidence in the findings and their interpretation.	Both authors have background in nursing and nursing science.	Author is a Master of Science. The lack of nursing experience can reduce the confidence in findings.	Authors' professions are not mentioned in the article. Not knowing the professions can increase doubt.
Summary assessment	Study findings appear to be trustworthy, use of quoting the original data let's the reader to make own conclusions. Implications can be put in action in the nursing practice. Authors admit the possibility of bias. Small sample (n=8) and specialised focus group (psychiatry) can have an effect to generalizability.	Findings seem trustworthy. Authors' will to gain the true understanding is visible in text. As a qualitative study, small sample size (n=12) and homogenous focus group (all psychiatric nurses) may effect to generalizability. Nevertheless, the implications can be put into practice in overall.	Generalizable recommendations for nursing practice. Participants included both nurses and doctors which increases the trustworthiness even though sample size was small (n=8). Implications are good for overall health care practice. Findings seem trustworthy and they are well presented.	Secondary analysis of other study decreases the trustworthy, because original study has studied in different point of view. Subject (resuscitation of extremely premature infants) is very emotional but results are presented professionally. Implications are possible to use in every field.

Author(s) of the article, year	**Ulrich, Taylor, Soeken, O'Donnell, Farrar, Danis & Grady, 2010**
Title	Title should be more descriptive, does not mention key variables and study population.
Abstract	Comprehensive, clear summary of the key features of the study.
Introduction Statement of the problem	Not easily identified, some statements for subject introduced.
Hypotheses or research questions	Research questions or hypotheses not stated in the text.
Literature review	Descriptive summary which discusses with earlier studies.
Conceptual/ theoretical framework	Key concepts/key words mentioned only in abstract, not opened up in the text itself.
Method Protection of human rights	Procedure of informed consent mentioned and how the confidentiality was secured. Study was ethically approved.
Research design	A quantitative, cross-sectional descriptive study.
Population and sample	Participant demographics described in sufficient detail.
Data collection and measurement	Data collection procedure well explained. Also measures presented one by one.
Procedures	Response rate 52%, questionnaire procedure reported in detail. N=422, big sample and strict standards for qualification creates credibility and trust for absence of bias.
Results Data analysis	Use of descriptive statistics including frequencies, means, standard deviations and medians. Missing values less than 3% which explained to be negligible. Author contributions presented.
Findings	Clear statistical tables that are effectively opened up. Bivariate analysis used in identifying relations between items.
Discussion Interpretation of the findings	Findings clearly presented and compared with previous findings. Background, findings and implications concluded in an additional abstract. Findings have generalizability.
Implications/recommendations	Implications for practice and policy are abreacted in 3 sentences. Implications are reasonable but could be more detailed.
Global issues Presentation	Study is well-structured and all tables are clear and understandable. Discussion should be more detailed and opened up and some parts of the text is hard to read because of the percentages and other numbers inside the text.
Researcher credibility	The study was funded and supported by National Institutes of Health, authors clearly stated that they stand behind the study themselves and mention their urge to critical feedback. 3 of 7 authors have background in nursing.

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Author(s) of the article, year	**Ulrich, Taylor, Soeken, O'Donnell, Farrar, Danis & Grady, 2010**
Summary assessment	The moral distress as a phenomenon may be hard to study with quantitative settings. Still this study represents trustworthy data with high participant rate (n=422) and heterogeneous sample from different nursing disciplines. Study implications can be used in various health care work places. Study findings well presented and summarized.