

Moral Distress and Associated Factors Among Nurses Working at Government Hospitals in Dessie City Administration, Northeast Ethiopia

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Abstract

Background

Moral distress (MD) is a critical ethical problem affecting healthcare professionals, particularly clinical nurses. Nurses experiencing MD may suffer serious psychological and physical consequences, often avoiding aspects of patient care and reducing patient advocacy. Few studies have addressed this issue in African nations, including Ethiopia, highlighting the need for research on workplace strategies and coping mechanisms to reduce MD and improve care quality. This study assessed moral distress and associated factors among nurses working at Dessie City Administration governmental hospitals, Northeast Ethiopia, 2024.

Methods

An institution-based cross-sectional study was conducted from March 20–April 20, 2024, among 355 nurses selected via simple random sampling from governmental hospitals in Dessie City Administration. Data were collected using a structured, pretested questionnaire, entered into EpiData version 4.6, and analyzed using SPSS version 26. Bivariable analysis was performed first; variables with $p < 0.25$ were entered into multivariable logistic regression to control for confounders, with significance declared at $p < 0.05$ and 95% CI.

Results

All 355 nurses participated (100% response rate); 54.6% were female, and 51% were married. The overall prevalence of moral distress was 66.5%. Work experience of 11–15 years (AOR = 0.27, 95% CI: 0.092–0.802), perceived powerlessness (AOR = 8.09, 95% CI: 3.898–16.793), lack of confidence in decision-making (AOR = 12.92, 95% CI: 5.958–28.005), inadequate staffing (AOR = 11.96, 95% CI: 5.293–27.005), weak organizational support (AOR = 6.0, 95% CI: 2.739–13.150), and job dissatisfaction (AOR = 10.04, 95% CI: 4.700–21.428) were significantly associated with moral distress.

Conclusion

Moral distress among nurses in Dessie City Administration governmental hospitals was high. Powerlessness, lack of confidence in decision-making, inadequate staffing and weak organizational support were key associated factors.

1. Introduction

One of the ethical concerns in healthcare provision is moral distress (MD), which is described as knowing the morally right thing to do but feeling unable to act on that conviction because of internal and

external restraints(1–4). In the nursing profession, MD refers to carrying out nursing duties that go against the ethical values of nurses, thereby impeding the most moral act (5, 6). The many causes of moral anguish include lack of speech, transgression linked to professional rather than personal values, recurrent events, and three additional levels of root causes: patient and family expectations for excessively aggressive treatment, unit, and system factors (7–9).

Globally, moral anguish affects medical professions, especially nurses, who commonly experience moral discomfort when providing care for patients—particularly when acting quickly in their capacity as patient advocates (10). While almost all medical professionals have some MD experience, nurses appear to be more vulnerable because of their extensive bedside work and innate sense of direct patient responsibility (3, 11). One of the most significant issues nurses deal with during patient care, MD stems from constant exposure to critically ill patients and end-of-life situations, making ethics and the development of moral competence crucial for the future and present of nursing(12–14). Acting in ways that contradict moral convictions creates profound emotional conflict and anguish(3, 15).

If co-occurring unpleasant emotions such as anger, frustration, guilt, incapacity, and despair are not recognized and treated, patient care, safety, and satisfaction may be compromised(16, 17) (18). Nurses may unintentionally diminish support by failing to address a patient's suffering or ignoring specific requests, which negatively impacts health outcomes(12). Furthermore, MD reduces nurses' confidence and learning abilities while driving pessimism and reduced interest in the profession(19). It is associated with increased stress, workplace fatigue, job burnout, reduced job satisfaction, and impaired inter-professional relationships, which can lead to medical and psychological issues, staff turnover, retirement, or leaving the nursing profession altogether—thereby reducing available staff(15, 18–22). Addressing and reducing MD in nurses has thus become a top priority for healthcare systems, as it directly leads to improved quality of care(15, 18, 19, 22, 23).

Studies in the developed world show that the frequency and severity of MD are high; making it a serious, daily negative phenomenon experienced by clinical nurses that have attracted major attention from healthcare professionals(15, 24). Globally, reviews report a pooled estimated average MD score of 2.55 on a 0–10 scale (95% CI: 2.27–2.84). Nurses in developing countries of Asia and elsewhere experience higher levels of moral anguish than their counterparts in wealthy nations, expressing their distress through various physical and psychological responses (8, 22, 25–27). Locally in Ethiopia, moral distress among nurses is also high, with reported levels ranging from 70.16% at Jimma to 83.7% in Northwest Ethiopia and 86.8% in Central Ethiopia(6, 19, 28).

It has been noted that nurses working in various wards encounter varying degrees of moral distress; however, prior Ethiopian studies were restricted to specific subsets of nurses, such as oncology, intensive care units (ICU), newborn and pediatric ICUs, or undergraduate nursing students(2, 6, 15, 19, 22, 28). Overall, scant research exists regarding moral distress and related variables among nurses in African nations, particularly in Ethiopia, where only a small number of studies have been conducted (6, 19, 28). More research is needed to examine worksite tactics for helping nurses in these circumstances

and to create coping mechanisms for moral discomfort (6, 27, 29). Therefore, the purpose of this study is to determine the magnitude of moral distress among nurses working in governmental hospitals of Dessie city administration and to identify factors associated with it.

2. METHOD AND MATERIALS

2.1. Study Design, Area and population

An institution-based cross-sectional study design was applied among nurses working at governmental hospitals of Dessie City Administration located in the Amhara Region, North East Ethiopia. The city is located 401 kilometers from Addis Ababa which is the capital city of Ethiopia and covering a total area of 28 square kilometers. According to reports from the mayor's office; patients from all districts and zones in eastern Amhara and Afar can currently giving preventive, curative, and rehabilitative care with two governmental hospitals (30). The study was conducted from March 20 to April 20, 2024 G.C. The source populations were all nurses working at governmental hospitals in Dessie city administration and the study populations were nurses working at governmental hospitals in Dessie city administration who were available during the data collection period. Nurses who were permanent employees were included in this study. Nurses, who were on annual leave, maternal leave, sick leave and contract workers were excluded from this study.

2.2. Operational definitions

Moral distress

Nurses who scored the mean or above from the 21 items moral distress scale revised (MDS-R) questionnaire(6).

No moral distress

Nurses who scored less than the mean from the 21 items moral distress scale revised (MDS-R) questionnaire(6).

2.3. Sample size determination and sampling procedure

Sample size was determined by using single population proportion formula by considering the proportion nurses suffering moral distress from previous Ethiopian study which was 70.16%(19). The final sample size after considering nonresponse rate was 355. Samples were allocated to each hospital proportionally and study Participants from each hospital was selected using simple random sampling (Fig. 1).

2.4. Data collection tools and procedures

Data was collected by using self-administered structured and pretested questionnaires prepared in English language. The data was collected by recruiting two BSc trained health professionals and two

supervisors were assigned to each site. The first part focused on socio-demographic and occupational information, the second part assessed moral distress using Revised Moral Distress Scale (MDS-R). The MDS-R is made up of 21 items having a 5-point Likert scale, with 0 representing never, 1 representing rarely, 2 representing occasionally, 3 representing frequently, and 4 representing always/very frequently. The third part composed of Internal factors (lack of self-confidence, fear, perceived powerlessness), External factors (inadequate number of staffs, poor communication, organizational support), and Clinical factors (incompetent coworkers, inappropriate care)(19).

2.5. Quality control

The questionnaire was tested on 5% of the nurses at Woldia Comprehensive Specialized Hospital fifteen days before the final study. Cronbach's alpha test was computed to ensure the reliability of the tool and it was found 0.75. The primary investigator and supervisors were checked the collected data for consistency and completeness. The supervisors monitored the data collection process daily and addressed issues promptly.

2.6. Data processing and analysis

After data collection, the data was checked and entered into a computer using Epi data version 4.6 and exported to SPSS version 26 for analysis. Descriptive statistics including frequencies and Percentages were calculated for all variables. Initially bi-variable logistic regression analysis was carried out to see the association between the outcome and each explanatory variable, and then variables with P-value < 0.25 were selected for multi-variable logistic regression analysis. Multicollinearity among variables was evaluated using VIF(all found below 10) and model fitness was checked using hosmer and lomeshow test which was 0.81. Variables having P-values < 0.05 in multi-variable logistic regression analysis was used to declare statistical significance. Findings were presented using text, tables, graphs and charts.

3. RESULT

3.1. Socio-demographic characteristics of nurses

In this study, a total of 355 nurses participated, with a 100% response rate, of whom 194 (54.6%) were female, 129 (36.3%) were aged 30 years and below, while only 39 (11%) were aged above 50 years, and 181 (51%) were married. The majority of participants, 236 (66.5%), were BSc holders, and only 42 (11.8%) were diploma holders. With regard to their experience, 135 (38%) had 6–10 years of work experience, and only 72 (20.3%) had more than 15 years of experience. A relatively higher number of nurses, 145 (40.8%), had an average monthly income of 7,500–10,000 ETB, and only 71 (20%) had above 10,000 ETB (Table 1).

Table 1
*Socio-Demographic Characteristics of Nurses Working at
 Governmental Hospitals in Dessie City Administration 2024*
 (n = 355)

Variables	Categories	Frequency	
		n	%
Sex	Male	161	45.4
	Female	194	54.6
Age	< 30 years	129	36.3
	31–40 years	124	34.9
	41–50 years	63	17.7
	> 50 years	39	11.0
Marital status	Single	166	46.8
	Married	181	51.0
	Separated	8	2.3
Educational status	Diploma	42	11.8
	BSC	236	66.5
	MSC and above	77	21.7
Religion	Orthodox	159	44.8
	Muslim	182	51.3
	Protestant	14	3.9
Experience	<= 5 years	93	26.2
	6–10 years	135	38.0
	11–15 years	55	15.5
	> 15 years	72	20.3
Monthly income	< 5000 ETB	31	8.7
	5000–7500 ETB	108	30.4
	7500–10,000 ETB	145	40.8
	> 10,000 ETB	71	20.0
Working unit	OPD	89	25.1
	IPD	149	42.0

Variables	Categories	Frequency	
		n	%
	Emergency	117	33.0

3.2. Internal factors

Form the total of 355 participants majority 239(67.3%) were feel fear in decision making, 247(69.6%) perceived powerlessness in decision making and 180 (50.7%) were satisfied with their job (Table 2).

Table 2
Internal factors of Nurses Working at Governmental Hospitals in Dessie City
Administration 2024 (n = 355).

Variables	Response	Frequency	
		n	%
Did you feel fear in decision making?	No	116	32.7
	Yes	239	67.3
Did you perceived powerlessness in decision making?	No	108	30.4
	Yes	247	69.6
Did you face lack of confidence in decision making?	No	114	32.1
	Yes	241	67.9
Job satisfaction	Satisfied	180	50.7
	Unsatisfied	175	49.3

3.3. External factors

Concerning external factors 239(67.3%) of nurses were reported as there is Inadequate staffing, 187(52.7%) perceived that there is poor team communication among staffs and 233(65.6%) perceived that there is weak Organization support to nurses in their clinical activities (Table 3).

Table 3
External Factors of Nurses Working at Governmental in Dessie City Administration, 2024
(n = 355).

Variables	Response	Frequency	
		n	%
Is there Inadequate staffing?	No	116	32.7
	Yes	239	67.3
Did you perceive there is poor team communication?	No	168	47.3
	Yes	187	52.7
Did you perceive that there is weak Organization support?	No	122	34.4
	Yes	233	65.6

3.4. Clinical variables

More than half 200(56.3%) reported that they were provided inadequate pain relief, 170(48.8%) of them were working with incompetent co-works, 123 (34.6%) were give inadequate informed consent, and 129(36.3%) were give False hope for patients (Fig. 2).

3.5. Moral distress among nurses

Moral distress among nurses was assessed using the MDS-R moral distress assessment tool, a five-point Likert scale ranging from 0 (never) to 4 (very frequently). The minimum score was 10, the maximum score was 66, and the mean score was 37.5 (SD = 11), out of a possible minimum score of zero and a maximum score of 84. The overall proportion of moral distress among nurses was 66.5% (236) (Fig. 3).

3.6. Factors associated with moral distress among nurses

Bivariable analysis was computed for all variables; p-values < 0.25 in the bivariable logistic regression analysis were used as the cut-off point for multivariable logistic regression analysis. Seven variables failed to pass for multivariable analysis, while the other 15 variables were eligible for multivariable analysis.

Nurses who had 11–15 years of work experience were 73% less likely to have moral distress compared to nurses with 5 years of experience or below (AOR = 0.27, 95% CI: 0.092–0.802, P = 0.018). In contrast, nurses who perceived powerlessness in decision-making and who faced a lack of confidence in decision-making were 8 and 13 times more likely to have moral distress compared to their counterparts, respectively (AOR = 8.09, 95% CI: 3.898–16.793, P = 0.000; and AOR = 12.92, 95% CI: 5.958–28.005, P = 0.000). The odds of having moral distress among nurses who believed there was inadequate staffing and those who perceived weak organizational support were 12 and 6 times that of their counterparts, respectively (AOR = 11.96, 95% CI: 5.293–27.005, P = 0.000; and AOR = 6.0, 95% CI: 2.739–13.150, P =

0.000). Additionally, the odds of having moral distress among nurses who were not satisfied with their job were tenfold that of nurses who were satisfied with their job (AOR = 10.04, 95% CI: 4.700–21.428, P = 0.000) (Table 4).

Table 4

Multivariable Logistic Regression Analysis of Factors Determining moral distress among Nurses Working at Governmental Hospitals in Dessie City Administration, 2024 (n = 355).

Variables	Category	Moral distress among nurses		COR (95% CI)	AOR (95% CI)	P-value
		no	yes			
Work experience	<= 5 years	34	59	1	1	
	6–10 years	35	100	1.646 (.930–2.915)	2.021(.831–4.911)	0.121
	11–15 years	27	28	.598 (.304–1.175)	.271 (.092–.802)	0.018
	> 15 years	23	49	1.228 (.640–2.354)	1.870(.721–4.852)	0.198
Educational status	diploma	11	31	1	1	
	BSC	65	171	.933 (.443–1.966)	1.63(.592–4.485)	0.344
	MSC and above	43	34	.281 (.123–.638)	.57(.179–1.787)	0.331
Powerlessness in decision making?	no	67	41	1	1	
	yes	52	195	6.128 (3.737–10.049)	8.09 (3.898–16.793)	0.000**
lack of confidence in decision making	no	67	47	1	1	
	yes	52	189	5.181 (3.197–8.398)	12.9(5.958–28.005)	0.000**
Inadequate staffing?	no	64	52	1	1	
	yes	55	184	4.12(2.563–6.614)	11.96 (5.293–27.005)	0.000*
weak	no	57	65	1	1	
Organization support	yes	62	171	2.419 (1.528–3.828)	6.0(2.739–13.150)	
Job satisfaction	satisfied	92	83	1	1	
	unsatisfied	27	153	6.28 (3.789–10.412)	10.04(4.700–21.428)	0.000**
• OPD= Outpatient Department IPD= Inpatient Department, COR= Crude Odds Ratio, AOR= Adjusted Odds Ratio, CI= Confidence Interval						
• P-value 0.01–0.05 =*, p-value 0.002–0.009 = **, p-value ≤ 0.001 = ***						

4. DISCUSSION

The current study revealed that 66.5% (95% CI, 61.77–71.5) of nurses working at hospitals in Dessie city administration had moral distress in their professional practice. This figure is consistent with the study findings from studies conducted in US (65%), and Jimma university medical center, Ethiopia (70.6%) (28). But higher than the studies conducted in the USA (50%) (31), and Canada (58%) (32). These differences could be due to differences in socioeconomic status as these countries are developed by far which enables nurses to focus on their professional duties. Again it could be due to difference in work environment and nurses to patient ratio which ranges from 1:6 to 1:12 in Ethiopia (33) and it was limited to 1:4 in health facilities at Canada and USA (34). When the ratio is adequately balanced, nurses can provide more focused and attentive care, resulting in improved patient outcomes less likely to experience moral distress. Conversely, when the ratio is too high, nurses may be overwhelmed with their workload, leading to potential negative consequences for patient outcomes and prone to moral distress (35).

On the other hand, the proportion of moral distress among nurses with the current study was lower than studies conducted in Northwest Amhara Regional State Referral Hospitals 83.7% (19), and Central Ethiopia 86.8% (6). A systematic review and meta-analysis showed that nurses working in developing countries experienced higher level of moral distress compared to their counterparts in developed countries systematic review (22). These differences could be due to differences in study time, study settings, sampling technique, sample size, and work environment. The current study was conducted on one general and one comprehensive hospital found in Dessie city administration among 355 nurses using simple random sampling, but the study conducted Northwest Amhara Regional State was among comprehensive specialized and Referral Hospitals by using systematic random sampling which is less accurate than simple random sampling and leading to repeated pattern as a result the magnitude will rise with selection bias (6, 19). Likewise the study from Central Ethiopia was done among 210 nurses which might have impact on generalizability (6).

Regarding factors associated with MD; Nurses who have work experience of 11–15 years were 73% less likely to have moral distress when compared to those nurses who have work experience of 5 years and below. This is supported by a study conducted in USA, Sweden and Northwest Amhara (13, 19, 31, 36). It might be due to that nurses at this level of experience were familiar with different working environments in the hospital with plenty of experience which enables them to decide critically on the basis of knowledge and skill they built over time, on the other hand those with less experience may become panic with emergence of unusual situations and failed to decide professional decisions easily.

Moral distress was significantly higher among participants who had perceived powerlessness. Studies conducted in the United States, United Kingdom, United Arab Emirates, and North West Amara, Gondar (32, 37, 38) supports the findings of this study. This could be because nurses frequently intervene in ways that go against their moral principles and professional ideals, as well as deny their knowledge and

expertise. This leads to moral distress that seems to be connected to their professional ideals, which lowers their self-efficacy(21).

This study found that nurses who lack confidence are more likely than those who do not to experience moral distress. This result is consistent with research conducted in India(39, 40). This could be because people who lack confidence would perform poorly under pressure and show negative behaviors when faced with failures, unpleasant situations, and psychosocial risk factors like a heavy workload, a lack of support, the death of patients and the grief of their families, working in extremely stressful wards, and patients with cancer and chronic illnesses. Moral distress thus rises(41).

According to this study, nurses who work in understaffed conditions are more prone to feel morally distressed than those who work under staffing that is adequate. Similarly other researchs conducted in Uganda, Iran, and North West Amara, Gondar (21, 34, 35)(38, 42, 43). This may be because nurses who work in understaffed conditions have a heavy caseload that requires them to work excessive hours in order to deliver care efficiently and promptly, leaving them unable to treat patients comprehensively or to the required standard of care. This causes doctors to feel as though they are violating their moral obligation to protect patients from harm, which causes moral distress. It also leads to a rise in medical errors, a drop in patient safety, a high level of emotional tiredness, and a loss in productivity(44, 45).

Perceived inadequate organizational support was a significant variable in this study that was significantly connected with MD. This result is in line with research conducted in Jordan and India(46–48). Inadequate organizational resources, such as staff turnover and early retirement, ineffective managerial techniques, a lack of equipment and human support, and negative attitudes toward the nursing profession can all result in mental and emotional exhaustion and mental distress in nurses(49, 50).

The other variable which was associated with moral distress significantly was job satisfaction, the odds of having moral distress among nurses who were not satisfied with their job was tenfold that of those nurses who were satisfied, this evidence supported by finding from USA as job satisfaction significantly associated with moral distress(51). This consistency could be nurses performance and achievement greatly influenced by their level of satisfaction with their job(52).

5. CONCLUSION

This study revealed that moral distress among nurses working in governmental hospitals of Dessie city Administration found high. In multivariable logistic regression analysis; work experience, having powerlessness in decision making, lack of confidence in decision making, inadequate staffing, weak organizational support and having job satisfaction, were variables which were significantly associated with moral distress.

Abbreviations

AOR	Adjusted Odds Ratio
BSc	Bachelor Science
COR	Crude Odds Ratio
ICU	Intensive Care Unit
MD	Moral Distress
MDS-R	Moral Distress Scale Revised
MSc	Master of Science
OPD	Out-Patient Department
SPSS	Statistical Package for Social Science
USA	United States of America
WHO	World Health Organization

Declarations

Ethical approval

Ethical Clearance was taken from the Ethical Review Committee (ERC) of Wollo University College of medicine and health science with Ref. No CMHS1645//13/16. Permission was gained from each Hospital. And written Consent was taken from respondents before data collection. The data collected from participants was kept confidential and the research was conducted in accordance with the declaration of Helsinki

Consent for publication

Not applicable

Availability of data and materials

The datasets generated and/or analyzed during the current study are not publicly available by considering vulnerability for data fabrication issues, but are available from the corresponding author on reasonable request.

Competing Interest

The authors declare no competing interest.

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Author Contributions

Jemal Mohammed Bahru: Conceptualization, Methodology, Data curation, Formal Analysis.

Mohammed Mechal Adem: Project administration

Honelet Debebe Dagne: Writing original draft, Resources, Investigation

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Biography

Jemal Mohammed is a highly skilled lecturer, caregiver, and researcher who is working in the nursing department at Wollo University. Ethiopian surgical nurses received his BSc from Wollo University and MSc from Gondar University. Accomplished nurse with a strong focus on patient-centered care. Prepared to use evidence-based skills to improve patient care in a changing healthcare environment, and engaged in research activities, including publications.

References

1. McAndrew NS, Leske J, Schroeter K. Moral distress in critical care nursing: the state of the science. *Nurs Ethics*. 2018;25(5):552–70.
2. Rathert C, May DR, Chung HS. Nurse moral distress: A survey identifying predictors and potential interventions. *Int J Nurs Stud*. 2016;53:39–49.
3. Whitehead PB, Herbertson RK, Hamric AB, Epstein EG, Fisher JM. Moral distress among healthcare professionals: Report of an institution-wide survey. *J Nurs Scholarsh*. 2015;47(2):117–25.
4. Morley G, Ives J, Bradbury-Jones C, Irvine F. What is ‘moral distress’? A narrative synthesis of the literature. *Nurs Ethics*. 2019;26(3):646–62.
5. Sedaghati A, Assaroudi A, Akrami R, Rad M. Moral distress and its influential factors in the nurses of the nursing homes in khorasan provinces in 2019: A descriptive-correlational study. *Iran J Nurs Midwifery Res*. 2020;25(4):319–24.
6. Getahun MS, Gurara AM, Bekele NT, Kumbi MM, Zeleke MD, Leta MD et al. Moral Distress and Associated Factors Among Nurses Working in Central Ethiopia: a cross-sectional study. 2023.
7. Epstein EG, Whitehead PB, Prompahakul C, Thacker LR, Hamric AB. Enhancing understanding of moral distress: the measure of moral distress for health care professionals. *AJOB Empir Bioeth*. 2019;10(2):113–24.

8. Lamiani G, Borghi L, Argentero P. When healthcare professionals cannot do the right thing: A systematic review of moral distress and its correlates. *J Health Psychol.* 2017;22(1):51–67.
9. Borhani F, Abbaszadeh A, Mohamadi E, Ghasemi E, Hoseinabad-Farahani MJ. Moral sensitivity and moral distress in Iranian critical care nurses. *Nurs Ethics.* 2017;24(4):474–82.
10. Clark P, Crawford TN, Hulse B, Polivka BJ. Resilience, moral distress, and workplace engagement in emergency department nurses. *West J Nurs Res.* 2021;43(5):442–51.
11. Austin CL, Saylor R, Finley PJ. Moral distress in physicians and nurses: Impact on professional quality of life and turnover. *Psychological Trauma: Theory, Research, Practice, and Policy.* 2017;9(4):399.
12. Moshtagh M, Mohsenpour M. Moral distress situations in nursing care. *Clin Ethics.* 2019;14(3):141–5.
13. Nordin A, Engström Å, Fredholm A, Persenius M, Andersson M. Measuring moral distress in Swedish intensive care: Psychometric and descriptive results. *Intensive Crit Care Nurs.* 2023;76:103376.
14. Prompahakul C, Keim-Malpass J, LeBaron V, Yan G, Epstein EG. Moral distress among nurses: A mixed-methods study. *Nurs Ethics.* 2021;28(7–8):1165–82.
15. Salari N, Shohaimi S, Khaledi-Paveh B, Kazeminia M, Bazrafshan M-R, Mohammadi M. The severity of moral distress in nurses: a systematic review and meta-analysis. *Philos Ethics Humanit Med.* 2022;17(1):13.
16. Davis AJ, Fowler M, Fantus S, Fins JJ, Joy M, Kruse K, et al. Healthcare professional narratives on moral distress: disciplinary perspectives. *Moral distress in the health professions.* Springer; 2018. pp. 21–57.
17. Janatolmakan M, Dabiry A, Rezaeian S, khatony A. Frequency, severity, rate, and causes of moral distress among nursing students: a cross-sectional study. *Educ Res Int.* 2021;2021:1–7.
18. McCarthy J, Gastmans C. Moral distress: a review of the argument-based nursing ethics literature. *Nurs Ethics.* 2015;22(1):131–52.
19. Berhie AY, Tezera ZB, Azagew AW. Moral distress and its associated factors among nurses in northwest amhara regional state referral hospitals, Northwest Ethiopia. *Psychol Res Behav Manage.* 2020:161–7.
20. Rokhafrooz D, Hatami A, Hemmatipour A, Abdolahi-Shahvali E, Kamboo MS. Assessing nurses' moral distress and patients' satisfaction with the observance of the patients' rights charter. *J Nurs Midwifery Sci.* 2017;4(4):147–53.
21. Fumis RRL, Junqueira Amarante GA, de Fátima Nascimento A, Vieira Junior JM. Moral distress and its contribution to the development of burnout syndrome among critical care providers. *Ann Intensiv Care.* 2017;7:1–8.
22. Alimoradi Z, Jafari E, Lin C-Y, Rajabi R, Marznaki ZH, Soodmand M, et al. Estimation of moral distress among nurses: A systematic review and meta-analysis. *Nurs Ethics.* 2023;30(3):334–57.

23. Petersen J, Melzer M. Predictors and consequences of moral distress in home-care nursing: A cross-sectional survey. *Nurs Ethics*. 2023;30(7–8):1199–216.
24. Xu, Tian. 1 2 YJ, Hui Chen 2, María F Jiménez-Herrera 1. Instruments for Detecting Moral Distress in Clinical Nurses: A Systematic Review. *pubmed*. 2021.
25. Rainer J, Schneider JK, Lorenz RA. Ethical dilemmas in nursing: An integrative review. *J Clin Nurs*. 2018;27(19–20):3446–61.
26. Sonia Joseph HKT, Shahzad S, Abbass E. Ruqaya Nagrejo Moral distress among nurses in developing countries of Asia: A Systematic review. *pubmed*. 2022.
27. Robaee N, Atashzadeh-Shoorideh F, Ashktorab T, Baghestani A, Barkhordari-Sharifabad M. Perceived organizational support and moral distress among nurses. *BMC Nurs*. 2018;17:1–7.
28. Beyaffers HA, Woldetsadik MT, Gizaw AB. Predictors of moral distress among nurses working in Jimma university medical center, south west Ethiopia. *Front Nurs*. 2020;7(4):369–77.
29. Oh Y, Gastmans C. Moral distress experienced by nurses: a quantitative literature review. *Nurs Ethics*. 2015;22(1):15–31.
30. office Dcm. administrative and astronomical information of Dessie city administration. 2012.
31. De Brasi EL, Giannetta N, Ercolani S, Gandini ELM, Moranda D, Villa G, et al. Nurses' moral distress in end-of-life care: a qualitative study. *Nurs Ethics*. 2021;28(5):614–27.
32. Mason VM, Leslie G, Clark K, Lyons P, Walke E, Butler C, et al. Compassion fatigue, moral distress, and work engagement in surgical intensive care unit trauma nurses: a pilot study. *Dimens Crit Care Nurs*. 2014;33(4):215–25.
33. nurse to patient ratio ethiopia.
34. nurse to patient ratio USA and Canada. <https://www.google.com/search?q=nurse+to+patient+ratio+in+USA&client=firefox-b->.
35. impact of. nurse to patient ratio on moral distress among nurses.
36. Lusignani M, Giannì ML, Re LG, Buffon ML. Moral distress among nurses in medical, surgical and intensive-care units. *J Nurs Adm Manag*. 2017;25(6):477–85.
37. Young A, Froggatt K, Brearley SG. Powerlessness' or 'doing the right thing'—Moral distress among nursing home staff caring for residents at the end of life: An interpretive descriptive study. *Palliat Med*. 2017;31(9):853–60.
38. Ganz FD, Raanan O, Khalaila R, Bennaroch K, Scherman S, Bruttin M, et al. Moral distress and structural empowerment among a national sample of Israeli intensive care nurses. *J Adv Nurs*. 2013;69(2):415–24.
39. Johnson AR, Jayappa R, James M, Kulnu A, Kovayil R, Joseph B. Do low self-esteem and high stress lead to burnout among health-care workers? Evidence from a tertiary hospital in Bangalore, India. *Saf health work*. 2020;11(3):347–52.
40. SHEINI JP, BARAZ PS, Beiranvand S. Relationship between self-esteem and burnout in nurses. 2014.

41. Heidari T, Shafipour V, Shamshiri S, Mousavinasab S-N, Jannati Y. The relationship between anger, moral distress, and self-esteem in nurses. *J Holist Nurs Midwifery*. 2022;32(4):243–53.
42. Harrowing JN, Mill J. Moral distress among Ugandan nurses providing HIV care: a critical ethnography. *Int J Nurs Stud*. 2010;47(6):723–31.
43. Vaziri MH, Merghati-Khoei E, Tabatabaei S. Moral distress among Iranian nurses. *Iran J psychiatry*. 2015;10(1):32.
44. Prompahakul C, Epstein EG. Moral distress experienced by non-Western nurses: An integrative review. *Nurs Ethics*. 2020;27(3):778–95.
45. LeBaron V, Beck SL, Black F, Palat G. Nurse moral distress and cancer pain management: An ethnography of oncology nurses in India. *Cancer Nurs*. 2014;37(5):331–44.
46. Haghighinezhad G, Atashzadeh-Shoorideh F, Ashktorab T, Mohtashami J, Barkhordari-Sharifabad M. Relationship between perceived organizational justice and moral distress in intensive care unit nurses. *Nurs Ethics*. 2019;26(2):460–70.
47. Khrais H, Higazee MZA, Khalil M, Wahab SDA. Impact of organizational support on nursing job stressors: a comparative study. *Health Sci J*. 2018;12(4):1–6.
48. Higazee MZA, Rayan A, Khalil M. Relationship between job stressors and organizational support among Jordanian nurses. *Am J Nurs Res*. 2016;4(3):51–5.
49. Ghavidel F, Fallahi-Khoshknab M, Molavynejad S, Zarea K. The role of organizational factors in nurse burnout: Experiences from Iranian nurses working in psychiatric wards. *J family Med Prim care*. 2019;8(12):3893–9.
50. Thulth AS, Sayej S. Selected Organizational Factors Affecting Performance of Professional Nurses in North West Bank Governmental Hospitals. *J Educ Pract*. 2015;6(7):100–10.
51. Hiler CA, Hickman RL Jr, Reimer AP, Wilson K. Predictors of moral distress in a US sample of critical care nurses. *Am J Crit Care*. 2018;27(1):59–66.
52. Asgari S, Shafipour V, Taraghi Z, Yazdani-Charati J. Relationship between moral distress and ethical climate with job satisfaction in nurses. *Nurs Ethics*. 2019;26(2):346–56.

Figures

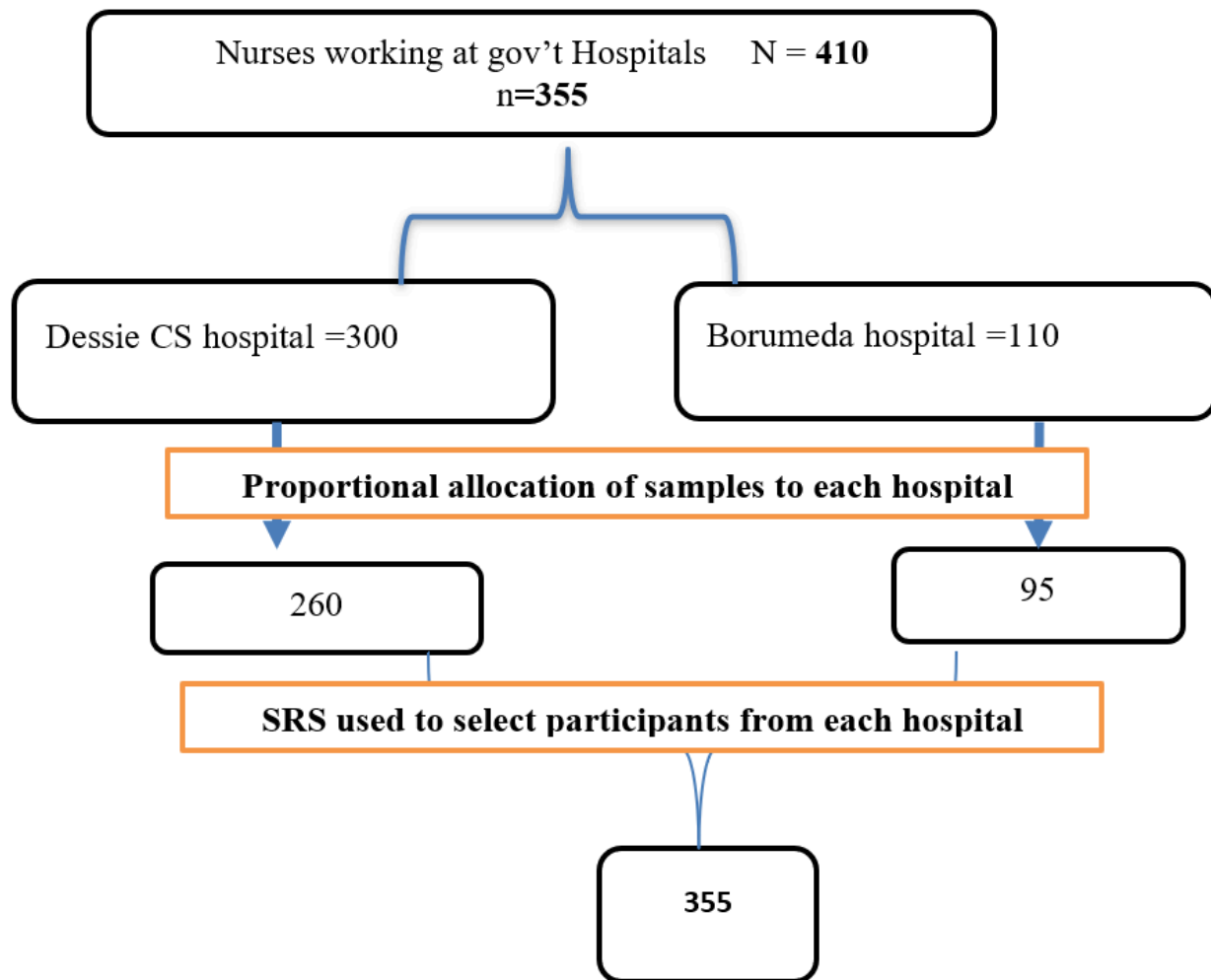


Figure 1

Schematic presentation of sampling technique

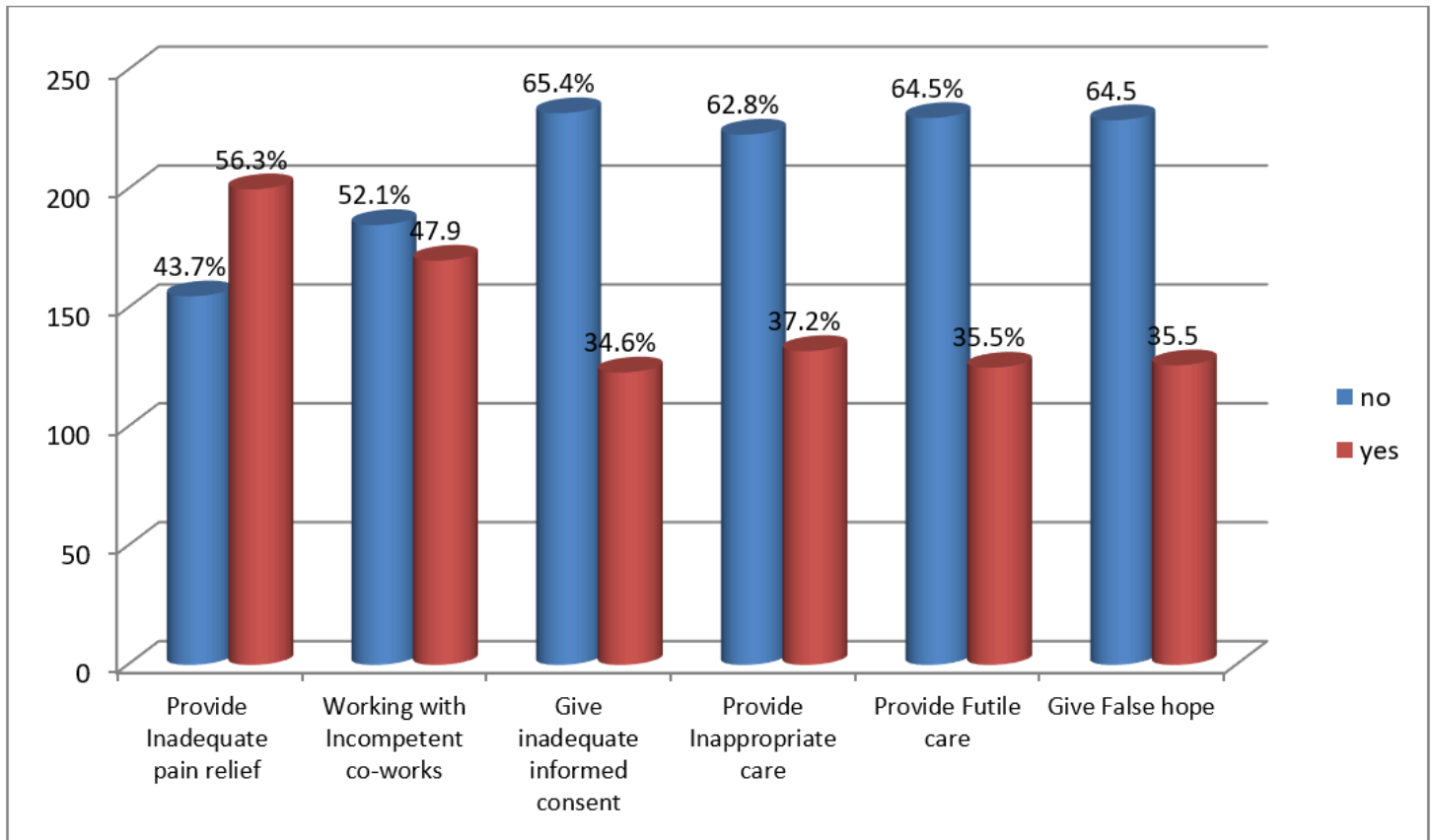


Figure 2
clinical factors of moral distress among nurses working at hospitals of Dessie city administration

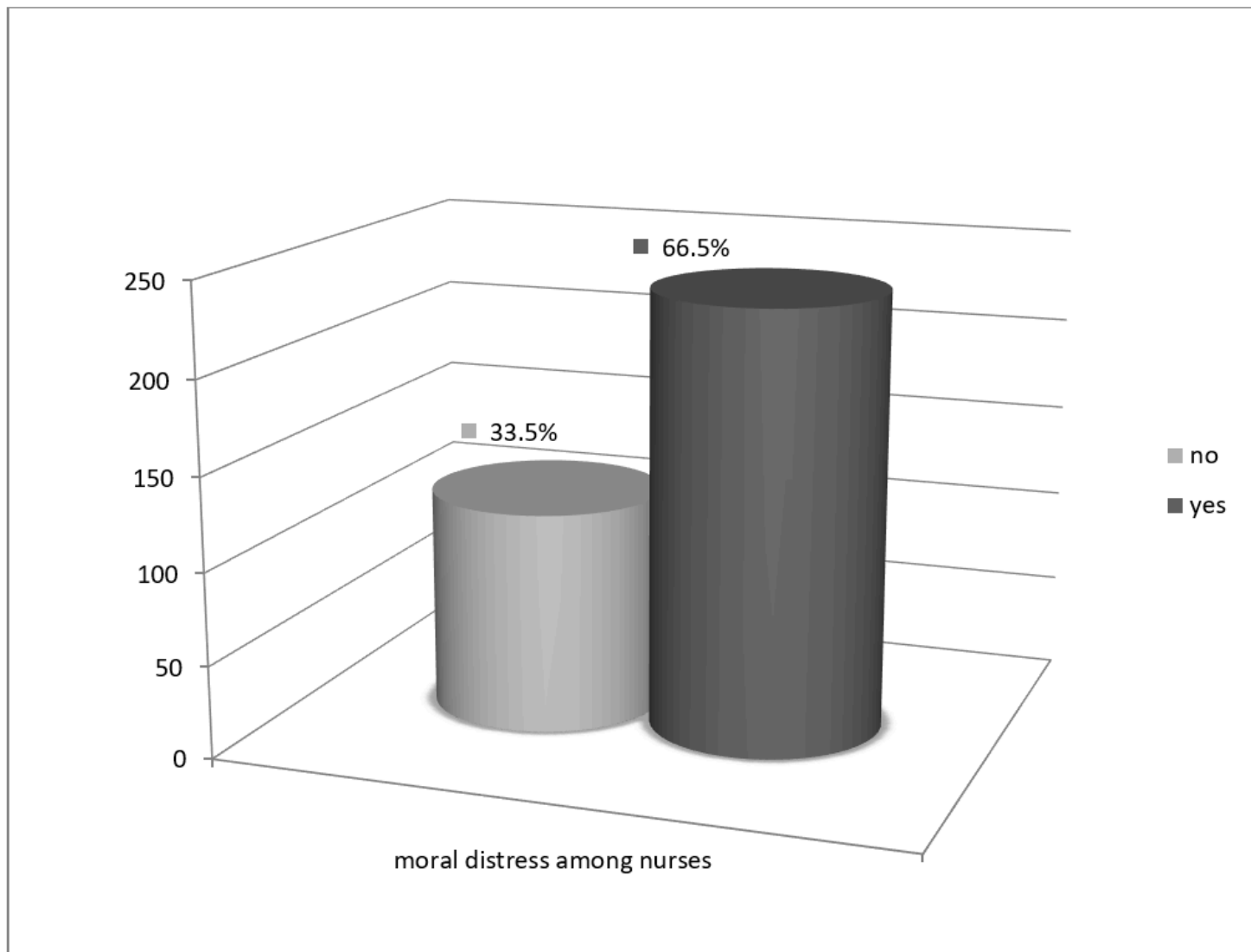


Figure 3

Moral distress Among Nurses Working at Hospitals of Dessie City Administration, 2024.