Responses of ICU nurses to moral distress: A qualitative Study

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Abstract

Aims: Moral distress elicits some responses from nurses. Identifying these responses can lead into developing effective strategies which assist nurses with facing them. The present study tries to elicit responses of ICU nurses to moral distress.

Methodology: This is a qualitative research with an content analysis approach. The required data was gathered through deep and unstructural interviews. 13 individual interviews and two group interviews were conducted with clinical nurses working in ICUs of different cities in Iran. Samples were taken purposefully and data analysis was carried out by analyzing the qualitative content.

Results: Analyzing the content, 3 central themes, 5 subthemes, and 28 categories were obtained. The main themes included "psychosomatic reactions", "spiritual reactions", and "coping methods" of nurses in response to moral distress in ICUs.

Conclusion: The obtained results of this study asserted that facing moral distress, ICU nurses produce various reactions and adopt alternative coping methods, some of which are positive and some are not. Applying positive coping methods and preventing harmful outcomes, nursing administrators can help ICU nurses to reduce moral distress.

Key words: Response; Nurses; Moral distress; ICU; Content Analysis

Introduction

Nurses of intensive care units (ICU) are permanently in contact with moral distress [1]. Factors such as technological progress, medical knowledge and nursing, resource allocation, increase in costs and elderly population, paying attention to individual rights, specialization of professions, occurred changes in inter and intra-departmental relations, and also the occurred shift in nurses’ role may lead into moral stress which nurses have to deal with in their daily affairs [2, 3, 4, 5, 6 and 7]. Most usual cases of nurses’ moral stress, not regarding the shortage of specialists and organizational policies [8], include treating near to death patients aggressively, conducting unnecessary tests, cheating in examinations, giving inadequate and incomplete treats by colleagues, unfair distribution of power among colleagues, lack of organizational support [9], pain and suffering caused by invasive diagnostic and therapeutic treatments, curing patients to fulfill organizational requirements, prolonging death period without consent of patients and their families, and budget deficits [8].

Moral distress includes the conditions in which the individuals know the right way to do the job; however, organizational barriers make it impossible for them to do it well [10, 11, 12 and 13]. Moral distress is able to affect the individuals’ physical, mental, and spiritual aspects and also their social relations [14]. Jameton and Wilkinson classify moral distress into Initial Distress and Reflexive Distress [8]. They consider Initial Distress different from Reflexive Distress [9]. Initial Distress would be caused when individuals, in spite of knowing how, are not able to do the job well because of organizational barriers [15]. Such distress is accompanied by anger, helplessness, frustration and anxiety [8, 9]. Reflexive moral distress would be caused when individuals are not able to respond to their initial distress [15]. This type of distress comes along with feeling of powerlessness, guilt, self-blame, low self-esteem and also physiological responses such as crying, suffering from insomnia, having nightmares, and losing appetite [8, 9].

Initial and reflexive moral distress result in physical and psychological consequences which can negatively influence the professional duties of nurses [16]. Moral distress causes feelings of frustration and guilt, anger [17], job dissatisfaction, stress, quitting job [18, 19], sadness, anxiety, shame, low self-esteem, exhaustion, insecurity, fear, and depression in nurses and impact their performance [16, 20]. Moral distress can also lead into nurses’ burnout and make them quit...
their jobs. In 2006, 43% of American nurses resigned from their posts because of moral distress. Physical and psychological consequences of moral distress can disrupt nurses' daily life. Most people deal with moral distress when they face it [15]. Some nurses adopt effective methods, such as believing in their capability of controlling and affecting their environment, to cope with moral distress. While others, adopt negative attitudes such as abdicating their responsibility and avoiding the situation [8, 14].

Considering the effects and consequences of moral distress, a qualitative research was essential to be carried out to determine responses of ICU nurses to moral distress. The findings of the present study can be regarded as the basis for related quantitative research. Being aware of nurses' responses to moral distress, educators would be able to teach university students how to respond to moral distress at nursery faculties. Authorities and managers would be capable of obtaining solutions to trigger positive responses in nurses and reduce such side effects through training them continuously. They, as a result, would be able to improve nurses' performance.

Methods
In order to explain the ICU nurses' responses to moral distress, content analysis with a qualitative approach was applied. Purposive sampling was utilized in this study. Going to ICU of a hospital, the researcher primarily began the study by interviewing one of the participants. Then he continued conducting interviews with other ICU nurses. All interviews were conducted by one of the researchers. 26 nurses from ICUs of different parts of Iran were interviewed individually (thirteen participants) and in groups (two groups of six and seven participants). The participants of the present study included nurses working in ICUs, having a BS and upper graduate degrees and at least one year of working experience. After obtaining informed consent form from participants, deep and unstructured interviews began (retrospective interviews). To gather the required data, the method of semi-structured individual interviews and focus group (group based) interviews were conducted. All the interviews were taped and their scripts were written down immediately after each interview. The interviews’ questions basically asked about ICU nurses’ responses to moral distress. Each interview started with an open question and based on each interviewee’s response, a follow-up question was posed for more elicitation. The following questions are examples of discussed questions:
- What do you do when you face moral distress?
- How does moral distress affect you?

Individual interviews took between 20 to 54 minutes and group interviews lasted 50 to 116 minutes. At the end of each interview, the participants were asked to mention whatever they felt was left behind. After appreciating their involvement, the probability of conducting future interviews was discussed with them. Each interview led to a better understanding of the phenomenon being studied by researchers. Although all the interviews were conducted by one of the researchers, all researchers took part in analyzing and investigating them. In fact, after each interview, all the researchers discussed it as an external observer, determined its strengths and weaknesses and reviewed whatever which was vital to be considered in subsequent interviews. The collected data of interviews was analyzed by the help of a qualitative approach. Content analysis is a suitable way to obtain reliable and valid results from text data to create knowledge and new insights and also to deliver facts and practical guide for performance [21, 22]. In this study conventional content analysis was used. In this method of analyzing data, the researcher avoids pre-determined categories and permits each category and its name to rise from the collected data. Therefore, the researcher thoroughly investigates to achieve a new understanding or insight. In order to develop a general sense, data analysis initially begins with immersing in data. Then, the texts would be read for codes to be drawn. This process continues from drawing codes to naming
them. The drawn codes would then be classified according to their similarities and differences. Eventually, for each code some evidences would be quoted from the text [23, 24]. Interviews were digitally recorded and were typed, reviewed, coded, and analyzed word by word. Data analysis was carried out simultaneously and continually along with the process of data collection. For primary coding, participants’ words and indicative codes (researchers’ understandings) were used. Subsequent interviews were conducted afterwards. Meaning constituents were drawn from participants’ speech in form of primitive or open codes. The mentioned codes were reviewed for several times and were merged into a group or category according to similarity of the topics they introduced. After drawing separate codes, continual reviewing, and merging similar codes, classification process was accomplished. This was the second-level coding process. In the following stage, categories were compared with each other and similar ones were merged and made a broader category. The themes were introduced as a result.

To increase the accuracy and acceptability of the achieved results, combination of several interviewing methods was used. Also, follow-up interviews with the interviewees were conducted, while the researchers concurrently analyzed the interviews. In order to prove the validity of the researchers’ understandings, at least two interview sessions were held with each participant to gather the required data. Also daily notes were taken during the data collection process (recording participants’ verbal and physical manners while expressing their ideas and describing their experiences). Moreover, more appointments or phone calls were made with the participants. Additionally, to increase the reliability of the collected data about the accuracy of interpretations and coding process, some of the colleagues, who were familiar with the process of analyzing qualitative research, were consulted with. All the stages and data drawing method were carefully recorded.

The drawn codes from data analysis were constantly reviewed and amended up to final stages of the research project. The original drawn codes were trimmed during the analysis process and constant comparison of data and eventually categories, sub-themes and themes were determined.

To carry out the present study complying with ethical considerations, Committee of Ethics of Shahid Beheshti University of Medical Sciences was asked for the permission. After introducing himself and describing research purposes to participants, the researcher requested them to complete the prepared demographic questionnaire in addition to the consent form. Before attending the interview sessions, the researcher asked for participants’ permission to record and make notes of their speech. They also were assured their personal information will remain confidential and the audio file will be deleted after completion of the project. In each phase of the study, participants were free to leave if they wished.

**Results**

Twenty six participants took part in the present study. They were 24 to 46 years old with the average of 13.5 years of service and 10.2 years of working in the ICU. These participants were B.S and M.S nursing graduates.

Initially, 518 codes were drawn and after reducing, omitting, and merging some of them in different stages of the study, 218 ones were left. Eventually, 28 categories, five sub-themes and three themes were obtained. Table 1 presents the genuine responses of ICU nurses. The mentioned categories included “psychosomatic reactions”, “spiritual reactions”, and “coping methods”.

1. Psychosomatic Reactions: one of the achieved themes from analyzing data in this study was psychosomatic reactions. These reactions include physical reactions with categories of pain, digestive and sleeping disorders, fatigue, and energy reduction.

1-1. Pain: Most participants of this study had experienced physical symptoms of moral distress such as headache, muscle contraction and backache. Nurses stated that according to their frequent investigations, these problems were not physical but the consequence of moral distress. One participant declared that:
"When I think I cannot be efficient enough for patients, I feel terrible and sometimes feel pain in my hands and feet… or even my heart (Nurse with 7 years of experience).

1-2: Digestive Disorders: participants believed that the existing controversy between nurses’ values and those of organizations results in moral distress and causes them lots of problems. Some nurses stated that they experienced digestive problems such as loss of appetite, diarrhea, constipation, nausea, heartburn, and stomach pain after being morally distressed. One of the participants said:

"We face a lot of problems in the ICU. Sometimes, we cannot act as proper as we expect and cannot help it. We are human beings. In some cases, we can do nothing but suffer. Believe it or not, it is a long time that I experience heartburn and I feel pain" (Nurse with 3 years of experience).

1-3: Sleeping Disorders: sleeping is one of the basic needs of human being and disturbing it leads to physical and mental complications. Sleeping disorders were of other problems experienced by nurses. They experienced sleeping problems such as nightmares, insomnia, lack of sleep, inability to go to sleep, and having problem to sleep continuously. Here are some of the participants’ statements:

“I have too many nightmares at night. Sometimes, they really seem real that make me wake up sweating.” (Nurse with 9 years of experience)

“In the past, I had a restful sleep but since I witnessed the death of one of the patients because of a mistake and it was not even properly reported, I have faced problems. I cannot easily go to sleep and when I sleep, I suddenly wake up after two hours and cannot fall asleep any more” (Nurse with 5 years of experience).

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1-4 Fatigue and energy reduction: fatigue and energy reduction appears in form of physical and mental fatigue and can cause decrease in quality and quantity of performance. Chronic fatigue, physical fatigue, premature fatigue, feeling of deterioration and exhaustion were among discussed symptoms experienced by participants in response to moral distress. For an instance, one of the participants stated that: Most of my colleagues complain of chronic fatigue. They look tired even when they start their shifts. It seems that they have not relaxed at all. In this unit, you consume a lot of energy... and the blame is on moral distress.” (Nurse with 12 years of experience)

2. Spiritual Reactions: the second theme achieved from the qualitative data was spiritual reactions which include spiritual attitude disturbance as its sub-theme in addition with five categories. The categories include the following sub-themes: losing the meaning and concept of life, feeling of worthlessness, feeling of losing faith, disorders in doing religious practices, and having a negative attitude toward life. Nurses expressed that moral distress makes them feel that life is meaningless and human being is worthless. It made them to lose their belief in God. They asserted that because of adopting negative attitudes toward religious beliefs, they sometimes quit their religious practices and do not say their prayers. One of the participants said:

“When I feel I must do what I feel is right but I can’t, I feel worthless... I think life is worthless... I think praying is also worthless." (Nurse with 6 years of experience)

3. coping Methods: these are the third derived theme from analyzing data in this which include three sub-themes: "Emotional coping methods", “Mental coping methods”, and "Behavioral coping methods".

3-1. Emotional coping Methods: this sub-theme consists of 11 categories: anxiety, fear, grief, cry, anger, bad temper, bad mood (Short responses to family members’ questions), feeling guilty, frustration, hopelessness, and humiliation. Dealing with moral distress, nurses adopted various coping methods. They said that they sometimes suffer from anxiety, fear, grief, cry, anger and so on. The following statements indicate nurses’ emotional state dealing with moral distress.

"Sometimes, I feel really irritated that I start crying. When I go home, I am not in the mood to talk to anybody ...." (Nurse with 11 years of experience)

“I wish these stresses were only present at work, but most of them are not. They make us feel apatheticed. They have a high influence on us... sometimes I shout at my child ... I am angry at home and quarrel with my husband for no reason. All these go back to moral distress at work.” (Nurse with 16 years of experience)

3-2. Mental coping Methods: they include four categories of depression, stress, feeling of weakness, and indifference. In addition to emotional coping method, nurses adopted mental coping methods. They asserted that, facing moral distress, they sometimes felt depressed, anxious, weak and even indifferent. A nurse with thirteen years of experience declared that:

“When I started my job, I got annoyed when I really wanted to do what I felt was correct but I could not ... when I complained about it, I found out I had to accept some terrible consequences ... so I started to ignore everything. Nothing is important to me now and whatever happens to the patient is ok with me”.

3-3. Behavioral coping Methods: they are the third sub-theme of coping methods that nurses adopt dealing with moral distress. They include the following categories: limiting social relations, quarrelling with family, being anxious and nervous, and taking sedatives. Since different people, based on their characteristics and various factors, react differently and adopt unique methods facing moral distress, nurses participating in this study also mentioned diverse methods. Some of them expressed that coping moral distress makes them isolationist. Others talked about having quarrels with their families and some mentioned taking sedatives as their only solution to feel calm. The following statement represents such experiences:

"Since I felt distressed, I have resorted to tranquillizers ... I take excessive amounts of them” (Nurse with 11 years of experience).
Discussion

Worldview in this research is, if the phenomena are investigated and observed from the viewpoint of those who experience them, it would be possible to discover their covert aspects and the result would be providing knowledge. The findings of the present study about responses of ICU nurses to moral distress proved not only the vast experiences of nurses about moral distress but also the variety of their responses to it. Moral distress happens when a nurse knows what the moral behavior is but, according to organizational factors, is not able to exhibit it [25, 26]. However, stress is the nonspecific response of the body to any stimulus and nonspecific responses aim to provide physiological balance and adaptation [25]. In better words, moral distress appears in case of taking moral decisions, while stress is not related to such situations and is discussed as a common factor [26]. Since human and his environment mutually affect one another, the presence of environmental stimulations, if tolerable for human, is harmless to life and results in responses which are vital for human’s development and maintaining balance with environment [27]. In this study, based on nurses’ responses to moral distress, it was proved that the present barriers increase such environmental stimulations and cause nurses elicit a variety of responses. These responses are sometimes in form of reactions (non-coping methods) and some are in form of coping methods. A review of the previous studies asserted that these methods can be categorized as “active coping solutions” and “non-active avoidance methods” [28]. The determined themes in the current research, which demonstrated the ICU nurses’ responses, were “psychosomatic reaction”, “spiritual reactions”, and “coping methods”. However, the qualitative study carried out by Budger [29] proved that ICU nurses adopt various behavioral, cognitive, and emotional methods against the moral distress caused by caring for elderly people. The differences among the theme discussed in Budger’s study and the present one can be the result of cultural differences between the research communities and also his lack of attention to the spiritual aspect of nurses’ coping methods. "Psychosomatic Reactions” include physical disorders caused by emotional or psychological factors [30, 31 and 32]. These reactions also embrace mental or emotional disorders caused or aggravated by physical illnesses. Psychosomatic disorders can lead to hospitalization, prolongation of illness, staying in the hospital for a longer time, lack of proper response to therapies, augmentation of treatment costs, and difficulty in making accurate diagnosis [32]. "Nurses’ psychosomatic reactions” include the sub-theme of physical reactions with the following categories: "pain ", " digestive disorders ", " sleep disorders ", and" fatigue and energy reduction". Frequent body aches, headache, cramp, back pain were pains of which the participants of this study frequently complained. In the studies carried out by Holi [33], Wilkinson [34], Correlli [8], Fry et al. [35], and Maluva [36] nurses complained of various body pains caused by moral distress as well. "Digestive disorders” were the second sub-theme of the physical reactions which were mentioned by nurses through complaining of losing appetite, diarrhea, constipation, nausea, heartburn and stomachache. These problems indicate that distress and the inability to positively coping with it can lead to health complications. The findings of the present research are consistent with those of Wilkinson [34], Correlli [8], Fry et al [35], and Maluva studies [36]. Insufficient sleeping can influence individuals’ quality of life and their performance [37]. The participation reported their sleeping disorders as nightmares, insomnia, lack of sleep, inability to go to sleep, and disorder in sleeping continuously. The findings were also consistent with the results of the study of Fry et al. [35]; however, they discussed their derived sub-theme as “physical problems”. Among sleeping disorders, insomnia and feeling sleepy during the day were of the most common complaints [38 and 39]. since sleep deprivation has fatal consequences [40] and being awake for a long time accompanied with mental disorders lead into psychological
behaviors [41] and because such disorders are added to physical problems, it is essential for nursery authorities to consider scientific planning to eliminate or minimize them. Fatigue is tiredness of body or soul which is caused by stress, too much work, taking medicine, and mental or physical illnesses. In better words, fatigue is a state in which body strength is reduced and people lose their motivation to do their daily affairs [42]. Fatigue and energy reduction are discussed as tiredness of soul and body which can decrease the quality and quantity of individual's performance [43]. In the present research, chronic fatigue, physical fatigue, premature fatigue, feeling of deterioration and exhaustion were among discussed symptoms experienced by the participants. Tang et al. achieved the same results in their study and proved that moral distress can be associated with feelings of deterioration [43]. In the studies of Wilkinson [34] and Maluva [36] feeling of being deteriorated because of moral distress was reported by nurses.

The next discussed theme in this study was “Spiritual Reactions”. Losing the meaning and concept of life, feeling of worthlessness, losing faith, disorders in doing religious practices, and having a negative attitude toward life were experienced by nurses dealing with moral distress. Positive spiritual reactions and patients’ reactions to their illness are investigated by many studies; however, there are a few number of articles which studies these reactions in nurses [44 and 52]. Among the reviewed performed studies, only one research deals with nurses’ responses to moral distress. Statements made by nurses in this study are consistent with those of Alfren et al. [18]. Since the study of Alfren et al. is a quantitative one, they did not achieve the same theme.

“coping Methods” was the last theme discussed in this study. According to Lazarus and Folkman, coping methods are psychological and behavioral efforts which are made to satisfy internal and external needs and their controversies. They believe such psychological efforts are made to overcome, tolerate, or reduce both internal and external needs and so put pressure on individuals [53]. Based on their theory, to control and cope with stress, people apply two methods: emotion-oriented problem-oriented coping and emotion-oriented problem-oriented coping. The purpose of emotion-oriented problem-oriented coping is to make the individual feel better by reducing the emotional impacts of stress. Such guidelines are practical for moderating the situation or reducing emotional reactions; however, they are not always adaptive. Problem-oriented coping aims to help the individual effectively control the situation by the use of skills such as problem solving or posing changes in the environment. Noohi et al. assert that there is a negative relationship between stress level and problem-oriented coping; however, the relationship between stress level and emotion-oriented struggle is significantly high [54].

The theme of "coping methods" in this study consists of three sub-themes "emotional coping methods", "mental coping methods", and "behavioral coping methods". The participants mentioned cry, anger, bad temper, frustration, hopelessness, and humiliation facing moral distress. These coping methods embraced emotional coping methods. Pangronfart and Tyson accordingly write that when nurses work a lot and face controversies between their home and workplace, they cry to problem-oriented coping. In most cases, according to the inability to solve problems and in order to express their emotions, people apply various methods to which participants of the present study also referred. The obtained results of this study are consistent with the studies carried out by Wilkinson [34], Maluva [36], Gotizer [56], and Gunter and Thomas [57]. Facing problems, some people apply mental coping methods such as depression, stress, feeling weak and indifferent. Such methods can end in stable mental disorders which are even resistant to treatments [32]. These findings are consistent with those of Gunter and Thomas’s [57]. Using behavioral coping methods against moral distress was stated by the participants. They were limiting social relations, having quarrels at home, being anxious, and taking sedatives. In the study of Pooder [58], nurses adopted short-term methods (short-term...
breaks, colleague substitution to take care of the patient) and long-term methods (leaving their workplace, changing the department, reducing their working hours from full-time to part-time). Staying away from the society and straining relations with people are of the findings of the present study and consistent with those of Goitzer’s [56]. In this research, none of the nurses mentioned problem solving methods. While, in the study of Shrooder, Plut et al. [59], nurses applied problem-solving coping method (facing problems and solving them), social coping (seeking social protection to solve the problem), and avoidance coping (distracting thoughts from the problem).

Moral distress not only influences nurses’ job satisfaction, staying in the profession, mental and physical health, mental self-image and spirituality of nurses [18], but also affects their families [36] and reduces the quality of treatments they provide patients with [36, 56, and 60]. Therefore, it is crucial for nurses to develop the required ability to positively cope with moral distress and to solve problems. Nurses employing problem solving methods are better able to face and deal with moral distress [61]. They are more satisfied with their jobs [62, 63]. Research proved a negative relationship between adopting positive coping methods, problem solving methods, and being socially protected with absent hours of nurses from their work [59]. Incapability of employing these methods damages public health, influences mental health, reduces control over job, and decreases job protection [28]. Studies assert that nurses, who employ avoidance methods such as thought distraction and distress avoidance, experience physical problems and would be absent from their jobs [59].

Individuals’ personalities [63], co-workers’ support, organizational resources and experience level of nurses [64] play a fundamental role in the process of dealing with moral distress. In order to take advantage of positive coping methods and prevent consequences of moral distress, it is vital to train nurses how to deal with moral distress and its subsequent controversies and also present positive coping methods to them.

Since there is an inverse relationship between social support and active adaptation with burnout [65]. Nursery authorities’ awareness of the findings of the present study and their support for nurses can assist nurses with employing positive and active coping methods more efficiently and also with the reduction of nurses’ burnout.

Conclusion
In accordance with the findings of the present study, the ICU nurses apply active and inactive (reaction) methods to cope with mental distress. Nursery educators can train nursery students in situations which lead into moral distress and teach them how to take best decisions and experience less moral stress by adopting problem solving methods. The results of this research can lead into more qualitative and quantitative studies about the impact of positive coping methods on nurses, patients, and organizations. By the help of this study’s findings, clinical nurses can recognize positive responses to moral distress and try to improve their capabilities. The findings can also assist professional nursery authorities to improve nurses’ abilities of employing positive and active coping methods to cope with moral distress, by recognizing nurses’ reactions and coping methods of dealing with moral distress and through considering more specific planning.

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References


