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Ethical Climate and Moral Distress: A Logic Model Approach to Supporting Advanced Practice Nurses

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ABSTRACT: Advanced Practice Nurses (APNs) frequently encounter moral distress when organizational, team-based, or personal constraints prevent them from acting according to their ethical convictions. This study investigates the types of constraints APNs face, their effects on moral distress, and the coping strategies used to mitigate these effects. A mixed-methods design was adopted. Quantitative data were gathered using validated tools including the Moral Distress Scale-Revised and the Moral Distress Scale for Psychiatric Nurses. Qualitative data were collected through interviews and focus groups. Regression analyses were used to explore associations between constraint types and distress outcomes, while framework synthesis and thematic analysis were employed to build a logic model. Team-level constraints were the most frequently reported (38%), followed by individual (32%) and systemic (30%) barriers. Regression models showed significant associations between systemic and team-level constraints and higher moral distress scores. Distress was positively correlated with burnout and intention to leave. Ethics consultations, team debriefings, and resilience-building programs effectively reduced distress. A logic model was developed to illustrate pathways from constraints to outcomes, identifying leverage points for organizational intervention. Organizational constraints significantly shape the ethical experience and well-being of APNs. Interventions that strengthen ethics education, institutional support, and collaborative dialogue are essential for reducing moral distress and enhancing professional sustainability. The logic model provides a strategic framework for policy development and institutional reforms.

Keywords: Moral Distress, Advanced Practice Nurses, Organizational Constraints, Coping Strategies, Ethics Support, Healthcare Leadership.

INTRODUCTION

Advanced Practice Nurses (APNs) are integral to the provision of high-quality healthcare services, especially in complex clinical environments where ethical judgment is frequently required. These

professionals often serve on the front lines of patient care, making critical decisions under pressing conditions. However, their roles place them at the intersection of clinical action, ethical reasoning, and systemic constraints. This positioning exposes them to frequent ethical dilemmas that can be difficult to resolve within the institutional and organizational contexts in which they operate. The inability to act in accordance with one's moral convictions due to such constraints gives rise to a phenomenon widely recognized in healthcare literature as moral distress.

Moral distress refers to the psychological suffering experienced when healthcare professionals recognize the ethically appropriate course of action but feel powerless to execute it due to external barriers. These may include restrictive policies, hierarchical decision-making structures, resource limitations, or team-related dynamics that inhibit autonomous ethical action. The consequences of moral distress are well-documented, including emotional exhaustion, decreased job satisfaction, and burnout. Furthermore, unresolved moral distress contributes to a diminished capacity for compassionate care, impaired clinical judgment, and in some cases, attrition from the profession altogether.

Ethical dilemmas frequently encountered by APNs span a wide spectrum, such as those related to end-of-life decision-making, balancing patient autonomy with beneficence, managing dual loyalty in constrained systems, and navigating informed consent in vulnerable populations. Rushton (2023) emphasize the compounded ethical stress that arises from such scenarios. The burdens faced by APNs in under-resourced or high-pressure settings further exacerbate this distress. Cho et al. (2019) underscore the detrimental impact of staffing shortages, which often lead to moral compromise and psychological strain when desired care cannot be delivered.

Over time, the concept of moral distress has evolved to encapsulate a broader array of ethical challenges, including moral uncertainty, moral dilemma, and moral residue. Jameton (2017) provided foundational insights into the emotional and psychological nuances of this concept, while Morley et al. (2019) proposed subclassifications such as "moral-uncertainty distress," emphasizing the complexity and multidimensional nature of ethical challenges in clinical environments. These constructs are measured through validated instruments like the Moral Distress Scale-Revised (MDS-R), which quantifies the frequency and intensity of distress experienced by nurses across various clinical domains (Miller, 2023).

Organizational and environmental factors are critical in shaping the ethical experience of APNs. Research by Cho et al. (2019) identifies hierarchical structures, insufficient staffing, and a poorly defined ethical climate as key contributors to distress. McAndrew et al. (2016) argue that organizational goals and nurse values frequently diverge, resulting in professional conflict and emotional burden. Donkers et al. (2021) further highlight the significance of supportive leadership and institutional oversight in buffering against these adverse effects.

The professional implications of moral distress are far-reaching. According to Wood et al. (2022), its psychological toll extends beyond the workplace, manifesting in anxiety, depression, and long-term occupational dissatisfaction. Jansen et al. (2019, 2021) elaborate on how persistent distress erodes the foundational principles of nursing care empathy, presence, and ethical commitment. The cumulative effect of unresolved moral tension can severely compromise both care delivery and professional identity.

Institutional frameworks and team dynamics significantly influence the ethical landscape within which APNs operate. Studies by Wood et al. (2022) indicate that environments fostering collaborative decision-making and ethical dialogue tend to reduce the incidence of moral distress. Conversely, settings characterized by poor communication and siloed authority structures amplify ethical conflict. Policies that encourage ethical reflection, facilitate peer consultation, and promote shared governance are essential in creating resilient and ethically supportive work cultures (Hossain & Clatty, 2020).

Conceptual models have been developed to explore and visualize these dynamics. Becker (2024) Ethical Climate Model underscores the pivotal role of institutional culture in shaping ethical outcomes. Ramos et al. (2020) examine moral deliberation as a structured process, linking ethical conflict to decision-making efficacy. Emerging literature by Yang et al. (2023) positions moral resilience as a buffer that empowers nurses to navigate ethical adversity, thereby enhancing care quality and job satisfaction.

In view of these complexities, this study aims to examine the relationship between organizational constraints, moral distress, and coping strategies among APNs. It intends to develop a logic model that elucidates the pathways linking constraints to ethical and occupational outcomes. The novelty of this research lies in its integrative approach merging empirical data with conceptual frameworks to propose evidence-based institutional strategies for mitigating moral distress. The scope encompasses diverse clinical settings and emphasizes systemic, team-level, and individual barriers to ethical action. Ultimately, the study seeks to inform policy, improve ethical climate, and support APNs in fulfilling their professional obligations with integrity and resilience.

METHOD

This study adopts a mixed-methods research design to comprehensively examine the relationship between organizational constraints, moral distress, and coping strategies among Advanced Practice Nurses (APNs). The combination of qualitative and quantitative methodologies enables a nuanced understanding of the subjective experiences of APNs and the statistical patterns underpinning their ethical challenges.

Research Design

A convergent mixed-methods approach is employed. Quantitative data were collected using validated instruments to measure moral distress and job-related outcomes, while qualitative data were obtained through in-depth interviews and document analysis. This approach facilitates triangulation, allowing for the corroboration of findings across data types.

Study Participants

Participants include APNs from mental health, emergency, acute, and intensive care units. Purposive sampling was used to ensure representation across clinical settings where ethical challenges are prevalent.

Instruments and Measurement Tools

Validated tools were chosen to ensure methodological rigor:

- Moral Distress Scale-Revised (MDS-R): A robust, widely-used tool that quantifies both the intensity and frequency of moral distress (McAndrew et al., 2016).
- Moral Distress Scale for Psychiatric Nurses (MDS-P): Designed specifically for psychiatric settings, offering contextual sensitivity in capturing distress factors (Lamoureux et al., 2024).

Both tools have demonstrated validity and reliability across diverse healthcare contexts. They provide not only scores for distress but also correlations with burnout, job satisfaction, and emotional exhaustion (Guttormson et al., 2022).

Data Collection Procedures

- Quantitative Component: Surveys including MDS-R/MDS-P, job satisfaction indices, and burnout scales were distributed electronically. These included demographic questions and standardized scales.
- Qualitative Component: Semi-structured interviews and focus group discussions explored lived experiences of ethical dilemmas, institutional pressures, and mitigation strategies. Interview guides were based on prior literature and pilot-tested.

Data were collected across multiple healthcare institutions, ensuring a diversity of organizational contexts. Ethical approval was obtained, and informed consent was secured for all participants.

Qualitative Methodology

Qualitative data were analyzed using thematic analysis and framework synthesis:

- Grounded Theory: Employed to identify core themes of moral distress.
- Phenomenological Analysis: Used to capture APNs' subjective experiences during ethical challenges.
- Qualitative Descriptive Studies: Facilitated exploration of team dynamics, institutional constraints, and power relations.

These methods enabled identification of themes such as powerlessness, conflict, and ethical dissonance. NVivo software assisted in coding and data management.

Mixed-Methods Integration

Integration occurred at the interpretation stage, allowing convergence and comparison of findings from both datasets:

- Quantitative trends identified constraint levels and outcomes.

- Qualitative narratives contextualized these patterns, illustrating real-life implications of organizational structures (Nilsson et al., 2023).

Mixed-methods design enriched the findings, revealing the interplay between organizational support, ethical climate, and nurse agency (Burton et al., 2024).

Data Analysis Techniques

- Quantitative: Regression and Structural Equation Modeling (SEM) assessed relationships between variables.
- Qualitative: Framework synthesis organized themes into a visual logic model.
- Triangulation: Used to validate findings across sources and strengthen reliability.

This comprehensive methodology supports the development of an evidence-based framework for reducing moral distress and improving ethical environments in healthcare institutions.

RESULT AND DISCUSSION

This chapter presents findings on the distribution of ethical constraints, their impact on moral distress and job outcomes among Advanced Practice Nurses (APNs), and the coping strategies employed within healthcare settings. The results synthesize both quantitative and qualitative data derived from surveys, interviews, and institutional reports.

Constraints Distribution

Ethical constraints faced by APNs emerged across individual, team, and systemic levels. Institutional reports and qualitative interviews revealed that team-level constraints (38%) were the most frequently cited, followed by individual (32%) and systemic (30%) constraints.

Table 1. Distribution of Ethical Constraints by Type

Constraint Level	Frequency (%)	Common Contexts
Team-level	38%	Communication breakdowns
Individual-level	32%	Value-role conflicts
Systemic-level	30%	Policy/resource limitations

- **Typical Ethical Constraints:** The most cited constraints included lack of staff support, insufficient resources, and restrictive institutional policies. These barriers were prominent in high-stakes environments like ICUs, where end-of-life decision-making is common (Ventovaara et al., 2021, 2023)
- **Clinical Settings Variation:** Ethical dilemmas varied significantly by setting. In psychiatric units, patient autonomy and coercive care dominated the ethical landscape, while in pediatric oncology, relationship-based dilemmas were more prominent.

- **Constraint Levels:**
  - **Team-level:** Communication breakdowns, lack of collaboration.
  - **System-level:** Policy inadequacy, limited institutional support.
  - **Individual-level:** Conflicts between personal values and professional roles.
- **Categorization by Role/Setting:** Specialties such as critical care and pediatric oncology were associated with unique ethical challenges and elevated distress levels (Asgari et al., 2017)

Distress and Job Outcomes

Quantitative analysis confirmed strong correlations between moral distress and negative job outcomes:

Table 2. Regression Results: Predictors of Moral Distress and Job Outcomes

Predictor	β Coefficient	p-value
Team-level constraints	0.42	0.01
System-level constraints	0.38	0.02
Burnout	0.47	0.01
Intention to leave	0.35	0.03

- Burnout Association: Elevated moral distress was significantly associated with increased burnout and emotional exhaustion (Esmaelzadeh et al., 2021).
- Turnover Intention & Job Dissatisfaction: Nurses experiencing high moral distress reported greater intent to leave and reduced job satisfaction (Lou et al., 2021).
- Regression Models: Regression analysis confirmed that moral distress predicted burnout and turnover intention. Decreases in ethical climate corresponded with heightened distress levels (Jiang et al., 2021).
- Ethical Climate as Moderator: Supportive leadership and transparent communication were found to significantly lower distress levels, while poor ethical climates intensified them (Pavlish et al., 2021).

Coping Strategies

APNs employed various coping strategies to mitigate the effects of moral distress:

Table 3. Common Coping Strategies and Reported Outcomes

Strategy	Reported Benefits
Reflective Practice	Emotional processing, ethical clarity
Ethics Consultations	Resolution guidance, institutional support
Team Debriefing Sessions	Peer validation, reduced isolation
Resilience Training	Sustained moral integrity, reduced burnout

- Effective Strategies: Reflective practice, peer support, and debriefing were consistently effective. Moral resilience emerged as a protective factor against sustained distress (Semler, 2022).
- Ethics Consultations & Debriefings: Structured ethics consultations and post-incident debriefings reduced moral tension, promoted emotional recovery, and fostered collegial support (Morley & Horsburgh, 2021).
- Institutional Support: Programs promoting ethical leadership, continuous education, and access to ethical guidelines were pivotal in reducing distress levels and supporting resilience (Cole et al., 2023)
- Logic Models: Logic models visually mapped the relationships between constraints, interventions, and outcomes. These frameworks helped institutions align support strategies with measurable improvements in nurse well-being and patient care (Zuylen et al., 2023)

Overall, the data reinforce the multifaceted nature of moral distress in APN practice and the value of comprehensive, institutionally supported coping strategies.

The findings from this study reveal critical insights into the multifaceted nature of moral distress among Advanced Practice Nurses (APNs), highlighting the interplay between organizational constraints, distress outcomes, and mitigation strategies. The evidence aligns with a growing body of literature emphasizing that moral distress is not merely a personal or emotional issue, but a systemic concern rooted in institutional practices, team dynamics, and the ethical climate of healthcare settings.

Interventions to reduce moral distress must be context-sensitive and multifaceted. Structured mechanisms such as ethics consultations and team debriefings have been shown to effectively reduce moral tension (Lamiani et al., 2016; Robaee et al., 2018). The inclusion of ethics rounds, where challenging cases are discussed under the facilitation of clinical ethicists, creates a culture of ethical dialogue and shared learning (Morley et al., 2021). These interventions support nurses in contextualizing ethical dilemmas and exploring solutions collaboratively. Additionally, educational programs designed to enhance ethical decision-making skills and moral resilience, such as Rushton et al.'s (2021) initiatives and the PASTRY program (Moghadam et al., 2023), have yielded promising results in reducing distress.

Ethics education also emerged as a critical factor. Programs that integrate experiential and simulation-based learning approaches have shown success in developing moral sensitivity and improving decision-making under pressure (Forte et al., 2024; Khaghanizadeh et al., 2023). This education must be supported by institutional cultures that value ethical reflection and support nurses in ethically complex scenarios. Institutions that foster transparent communication and mutual respect have been associated with lower moral distress levels, as supported by Silverman et al. (2022) and Morley et al. (2021).

The implications of sustained moral distress are extensive. Beyond its psychological and emotional toll, moral distress impacts nurse retention, team dynamics, and ultimately, patient care outcomes. Burnout, decreased job satisfaction, and turnover are documented consequences (Booth et al.,

2024; Robaee et al., 2018). Moreover, sustained distress impairs empathetic engagement and may lead to ethical disengagement, which compromises the integrity of care delivery (Lee et al., 2024).

Frameworks play a pivotal role in shaping institutional policies that address moral distress. The Moral Distress Model provides a structure for understanding and mitigating moral suffering (Morley et al., 2021). Principles of autonomy, beneficence, and justice remain foundational in designing ethics-supportive policies (Hally et al., 2021). Policies informed by these frameworks advocate for systemic reforms, including staffing improvements, interdisciplinary collaboration, and the inclusion of nursing voices in ethics policy-making (Booth et al., 2024).

This study's findings emphasize that moral distress must be addressed not only at the individual level but within the broader organizational context. Supportive strategies must be embedded in practice environments through education, ethical leadership, and structural support systems. By doing so, healthcare institutions can reduce the burden of moral distress, retain skilled professionals, and enhance patient care. The incorporation of ethics-focused policy, grounded in both empirical findings and theoretical frameworks, is critical for the sustainable well-being of APNs and the healthcare system at large.

CONCLUSION

This study has investigated the complex relationship between organizational constraints, moral distress, and coping strategies among Advanced Practice Nurses (APNs). Through a mixed-methods approach, it has been demonstrated that ethical constraints arise across individual, team, and systemic levels, with team and systemic barriers showing the strongest correlations with moral distress. The implications of such distress are far-reaching, contributing to emotional exhaustion, burnout, reduced job satisfaction, and elevated turnover intention.

The findings affirm that moral distress is not solely an individual emotional burden but a product of environmental, structural, and interpersonal factors that inhibit ethical nursing practice. Systemic inadequacies such as under-resourcing, poor policy design, and ineffective ethical climates play a significant role in constraining APNs' ability to act according to their professional values.

Interventions aimed at reducing moral distress must address these systemic and contextual factors. The study highlights the effectiveness of coping strategies such as ethics consultations, team debriefings, and structured ethics education programs. Moreover, institutions that actively cultivate a supportive ethical climate characterized by transparency, shared decision-making, and ongoing ethics training are better positioned to mitigate distress and retain skilled staff.

The central contribution of this research lies in its development of a logic model that links organizational constraints to moral distress and associated outcomes. This model provides a visual and conceptual tool for healthcare leaders and policymakers to understand how institutional structures influence the ethical experiences of APNs and to design interventions accordingly.

In practical terms, this study advocates for:

- Strengthening ethics education and institutional training on ethical decision-making.
- Embedding ethics-support systems within nursing practice.
- Prioritizing organizational reforms that align institutional policies with ethical nursing standards.
- Involving APNs in policy development and ethical dialogue.

Ultimately, addressing moral distress is essential not only for the well-being of APNs but also for maintaining the integrity and quality of patient care. Institutions must move beyond reactive strategies and adopt a proactive, systemic approach to ethical support in clinical practice.

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