Journal of Clinical and Nursing Research, 2026, Volume 10, Issue 8
https://www.bbwpublisher.com/journal/JCNR
Online ISSN: 2208-3693
Print ISSN: 2208-3685

A Review of the Scope of Factors Influencing Ethical Injury Among Clinical Nurses

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Abstract: *Objective*: To conduct a scoping review of factors associated with ethical trauma among clinical nurses, providing a reference for alleviating such trauma. *Methods*: Guided by the methodology of a scoping review, a systematic search was conducted in PubMed, Web of Science, the Cochrane Library, CINAHL, China National Knowledge Infrastructure (CNKI), Wanfang Database, VIP Database, and the China Biomedical Literature Database. The search period spanned from the inception of each database to June 20, 2026. Two researchers independently screened, synthesized, and extracted data from the search results. *Results*: A total of 12 studies were included. Factors influencing MI among clinical nurses include four aspects: individual physical and psychological characteristics, experiences of occupational stress, the organizational ethical environment, and external social support. *Conclusion*: MI is a negative psychological stress experience frequently encountered by clinical nurses, which severely affects their physical and mental health and is influenced by multiple factors. At present, research on moral injury (MI) among clinical nurses in China is still in its early stages. There is an urgent need to develop assessment tools tailored to China's national conditions and to conduct multicenter, large-sample, and longitudinal studies to explore the current status and influencing factors of MI among clinical nurses in China, thereby providing a theoretical basis for the development of intervention measures.

Keywords: Clinical nurses; Moral injury; Influencing factors; Systematic review

Online publication: Aug 31, 2026

1. Introduction

The National Nursing Development Plan (2021–2025) states that improving the quality of nursing services, enhancing nurses' motivation, and strengthening the nursing workforce are core development tasks for the nursing industry [1]. Improving nurses' physical and mental health is one of the key ways to fully mobilize their motivation. Research indicates that nurses' physical and mental health status is closely linked to the quality of clinical care and patient safety outcomes [2]. However, the current level of physical and mental health among clinical nurses in China remains low, making it a critical issue that requires urgent attention in

the field of nursing management [3]. Therefore, it is necessary to implement targeted improvements to their mental health. In the course of their work, clinical nurses often face moral injury, such as decision-making difficulties, negative emotions, and a decline in professional identity, which severely impacts their physical and mental health, reduces their motivation, and affects patient safety and the quality of care [4,5]. Moral injury (MI) refers to the negative psychological, physiological, spiritual, and social impacts experienced when an individual encounters an event that conflicts with their inner moral standards or values [6]. Research indicates that moral injury represents a latent crisis among clinical healthcare professionals, potentially leading to persistent negative emotional, psychological, behavioral, and spiritual impacts [7]. This can result in adverse consequences for nurses across various domains, causing severe psychological distress and functional impairment [8]. Therefore, in-depth research into the mechanisms and influencing factors of moral injury among clinical nurses holds significant practical importance for improving nurses' mental health and enhancing the quality of nursing care. A scoping review is an evidence synthesis method grounded in the principles of evidence-based practice. It systematically organizes research progress and types of evidence within a specific field, summarizes core research findings, and identifies gaps in existing research [9]. This study follows the reporting framework for scoping reviews [10] to collate and analyze relevant literature on the risk factors for moral trauma among clinical nurses. The aim is to systematically review these risk factors and provide a foundation for future research on interventions for moral trauma among nursing staff.

2. Materials and methods

2.1. Defining the research questions

Through a literature review and research team discussions, the research questions for this study were identified:

(1) What are the main symptoms of ethical trauma among clinical nurses in existing studies?

(2) What are the risk factors for ethical trauma among nurses?

Research strategy was determined:

2.2. Determination of the search strategy

A computerized search was conducted in databases including PubMed, Embase, Web of Science, the Cochrane Library, CINAHL, China National Knowledge Infrastructure (CNKI), Wanfang, and VIP to identify relevant studies on the risk factors for moral injury among clinical nurses. The search period spanned from the inception of each database to June 25, 2026. The search combined subject headings and free-text terms. English search terms were: "nursing, nurse*, nursing staff / nurse*, nursing major / nursing profession"; "moral injury, moral distress, moral suffering, moral harm / moral injury." Chinese search terms were: "nursing / nurse / nursing staff / nursing major"; "moral injury / moral distress / moral suffering / moral harm."

2.3. Inclusion and exclusion criteria

2.3.1. Inclusion criteria

(1) Study participants include nurses, nursing students, or nursing administrators;

(2) Outcome measures are risk factors related to "moral injury/moral distress/moral suffering/moral harm";

(3) Study types are original research, including quantitative, qualitative, or mixed-methods studies.

2.3.2. Exclusion criteria

(1) Articles not in Chinese or English;
(2) Full-text articles unavailable;
(3) Reviews, systematic reviews, conference papers, research proposals, etc.;
(4) Studies using instruments to assess moral trauma that have not been validated for reliability and validity.

2.4. Literature screening, data extraction, and analysis

The author and two other researchers trained in evidence-based practice conducted an initial screening based on the inclusion and exclusion criteria; final inclusion was determined after reading the full texts. Data were extracted according to the study objectives and presented in tabular form. Extracted information included publication year, country, sample size, study participants, study type, research instruments, study results, influencing factors, and limitations, which were then summarized and analyzed.

3. Results

3.1. Results of literature screening

The initial search yielded 2,073 articles. After removing duplicates, 1,141 remained. After reviewing titles and abstracts to exclude irrelevant articles, 244 remained. After reading the full texts, 232 were excluded, resulting in the final inclusion of 12 articles.

3.2. Basic characteristics of the included studies

Of the 12 included studies, 11 were in English [11–21]; 1 was in Chinese [22]. They were published between 2022 and 2026, with studies published in 2025 or later accounting for 66.67% (8 articles). Among these, 2 were from Iran [14,18]; 2 from China [20,22]; 1 from the United States [15]; 1 from Croatia [12]; 1 from the Philippines [13]; 1 from an Arab country [16]; 1 from Greece [17]; 1 from Japan [19]; 1 from Italy [21]; and 1 from Germany [11]. The study types included 10 quantitative studies and 2 qualitative studies [11–22]. Sample sizes ranged from 12 to 1,118 participants. The basic characteristics of the included studies are shown in **Table 1**.

Table 1. Basic characteristics of the included studies

Included in the literature	Year of publi cation	Country	Sample size (n)	Study popu lation	Research type	Research tools	Research findings	Factors affec ting	Limitations
Stanojević [12]	2022	Croatia	162	Oncology Nurse	Quanti tative Research	MISS-HP	Moral Dilemmas	A	The sample size was small, and other relevant factors were not examined.
Berdida D [13]	2023	The Philippines	412	nurse	Quantit ative Research	MISS-HP	Moral Dilemmas, Moral Resilience, Moral Courage	A	Unable to establish a causal relationship; biases exist in the sampling and self-assessment methods

Liang T [14]	2023	Iran	334	nurse	Quantitative Research	MISS-HP	Gender, Hospital Level, History of Mental Illness	A. C	The questionnaire is subject to self-reporting bias, has a limited geographic sample, and cannot establish a causal relationship.
Weissinger G M [15]	2024	United States	121	ICU nurse	Quantitative Research	MISS-HP	Burnout, Organizational Betrayal, and Post-Traumatic Stress	B. C	Included only currently practicing nurses; the sample source was limited; causal relationships cannot be inferred
Albaqawi H M [16]	2025	Arab	511	nurse	Quantitative Research	MISS-HP	Compassion Fatigue, Moral Dilemmas	A. B	Self-report scales and single-SEM designs are prone to bias and have limited generalizability.
Galanis P [17]	2025	Greece	1118	nurse	Quantitative Research	MISS-HP	Moral Resilience	A	Convenience sampling is subject to selection bias, and the study participants were limited to female nurses.
Ahmadi M H [18]	2025	Iran	297	nurse	Quantitative Research	Moral Harm Incident Scale	Empathy Satisfaction, Empathy Fatigue, PTSD	B	The study was limited to female nurses.
Futing Cao [22]	2025	China	345	Newly Hired Nurses	Quantitative Research	MISS-HP	Educational Level, Whether an Only Child, Adaptability in the Workplace, Level of Family Support, and Trait-Level Emotions	A. C.D	The study population was limited to newly hired nurses; the generalizability of the fin dings is limited.

Ohnishi K [19]	2026	Japan	12	Psychiatric Nurse	Qualitative Research	Interview Outline	Restrictions on patient mobility, disregard for patient dignity, problematic patient involvement, healthcare professionals with unethical attitudes, unethical hospital management systems, and an unethical atmosphere	C	Screening was not conducted using standardized assessment scales; the data relied on participants' retrospective accounts, which may be subject to memory bias.
Xu Y [20]	2026	China	361	Palliative Care Nurse	Quantitative Research	MISS-HP	Gender, Marital Status, Educational Level, Experience with Ethical Dilemmas, Perceived Organizational Support, Emotional Labor	A.B.C	It is not possible to determine the causal relationships among the variables; data collection relied on self-reported questionnaires, which may introduce reporting bias; participants were drawn only from a limited geographic area, resulting in limited generalizability.
Ardenghi S [21]	2026	Italy	155	nurse	Quantitative Research	MIES	Empowering Leadership	A.C	The small sample size, drawn primarily from northern Italy, limits the generalizability of the study's findings to the national nursing population; it also limits the ability to draw causal inferences.
Heitzmann C [11]	2025	Germany	19	Mental Health Nurse	Qualitative Research	Interview Outline	Moral Beliefs, Moral Stressors, and Psychological Moral Interference Events (PMIEs)	A	Lack of comparative analysis with other mental health professionals, such as psychiatrists and social workers

Note: MISS-HP (Morality Injury Symptom Scale—Healthcare Professionals Edition); MIES (Morality Injury Event Scale); A (Individual Psychophysical Traits); B (Occupational Stress Experiences); C (Organizational Ethical Environment); D (External Social Support)

3.3. Factors influencing ethical trauma among clinical nurses

Based on the findings of the included studies, the existing influencing factors can be summarized into four categories: individual physical and psychological characteristics, occupational stress experiences, the organizational ethical environment, and external social support.

3.3.1. Individual physical and psychological characteristics

Among the included studies, nine mentioned the influence of individual physical and psychological characteristics [11–14,16,17,20–22]. This theme pertains to nurses' inherent attributes and intrinsic psychological and ethical traits, which serve as foundational factors influencing an individual's professional state. It encompasses two major categories: demographic characteristics and ethical-psychological traits. Demographic characteristics include gender, history of mental illness, educational attainment, whether the individual is an only child, and marital status; ethical-psychological traits include moral dilemma, moral resilience, moral courage, moral beliefs, sources of moral stress, events causing psychological and ethical distress, and trait meta-emotions.

3.3.2. Experiences of occupational stress

Among the included studies, four papers addressed the impact of occupational trauma factors [15,16,18,20]. This theme focuses on the various occupational emotional and traumatic stress experiences encountered by clinical nurses in their work; it represents a core influencing factor derived from the unique nature of the healthcare profession and specifically includes post-traumatic stress, compassion fatigue, compassion satisfaction, and emotional labor.

3.3.3. Organizational ethical environment

Among the included studies, six papers addressed the impact of the organizational ethical environment [14,15,19–22]. This theme pertains to external environmental factors within the hospital workplace where healthcare professionals are situated, covering multiple dimensions such as organizational management, workplace atmosphere, ethical dilemmas, and organizational support. Specific aspects include hospital level, occupational burnout, organizational betrayal, workplace adaptability, restrictions on patient activities, disregard for patient dignity, problematic involvement, healthcare professionals with unethical attitudes, unethical hospital management systems, unethical atmosphere, exposure to ethical dilemmas, perceived organizational support, and empowering leadership.

3.3.4. External social support

Among the included studies, only one addressed the impact of social support factors [22]. This theme pertains to the social protective resources available to clinical nurses, which can effectively buffer occupational stress and negative psychological emotions. In the current included literature, this indicator is relatively narrow in scope, with the primary influencing factor being the level of care provided by family members. This clearly demonstrates that emotional support from family, as a crucial external pillar, plays a significant role in

regulating healthcare professionals' occupational psychological state and alleviating negative occupational experiences.

4. Discussion

4.1. Analysis of factors influencing ethical trauma among clinical nurses

4.1.1. Individual physical and psychological characteristics

Individual physical and psychological characteristics are the primary factors influencing ethical trauma among clinical nurses; a nurse's inherent attributes and intrinsic psychological and ethical traits collectively shape their ethical status. Among the literature included in this review, moral distress and moral resilience were mentioned most frequently; these are the foundational factors influencing moral trauma in nurses. Moral distress refers to the immediate psychological conflict experienced by nurses in clinical practice when objective constraints prevent them from adhering to their own moral standards; it serves as a precursor to moral trauma [23]. Research by Geuenich P et al. confirmed that workload is a key cause of moral distress; sustained exposure to moral dilemmas continuously depletes nurses' psychological resources, leading to the onset of moral trauma [24]. Moral resilience, serving as a protective resource against moral distress, specifically refers to an individual's comprehensive psychological and ethical capacity to maintain and restore their moral integrity when facing moral adversity. When core moral values are severely violated, and an individual's sense of identity and self-worth is compromised, or even permanently damaged, moral injury is triggered [25]. Typical manifestations include feelings of shame, guilt, or post-traumatic stress symptoms, which may lead to occupational burnout, increased stress, and intentions to leave the profession [26]. This suggests that nursing managers should address the root causes by identifying the specific reasons for an individual's moral resilience and moral distress, and provide targeted support based on the specific circumstances, such as conducting specialized training on moral resilience and organizing mindfulness-based stress reduction and emotional management group activities to help nurses balance positive and negative emotions and reduce the internalization of moral distress.

In addition, demographic and psychological aspects of individual factors also influence moral injury. Women experience higher levels of MI in clinical settings, which may be related to their personal roles, moral sensitivity, dual caregiving burdens, and lack of professional autonomy [14]; individuals with a history of mental illness are more prone to various mental health issues, including but not limited to depression, anxiety, and stress-related disorders, and therefore have higher MI scores [27]; Nurses with higher levels of education exhibit more severe symptoms of moral injury [22]. This may be because higher education institutions prioritize theoretical and research training, resulting in weaker practical skills among highly educated nurses. As a result, they struggle to leverage their strengths in clinical settings, leading to a lack of professional identity, which in turn makes them more prone to negative emotions and moral injury; Nurses who are not only children score higher on moral trauma symptoms [22]. This may be because, growing up, they develop a stronger sense of competition and sensitivity to responsibility, coupled with low self-acceptance, making them more prone to negative psychological states such as anxiety and inferiority. Consequently, they are more likely to experience moral harm when faced with ethical conflicts; Trait meta-emotion is a predictor of moral trauma; the lower the level of meta-emotion, the higher the level of moral trauma [22]. Trait meta-emotion refers to an individual's intrinsic psychological ability to perceive, identify, regulate, and repair their own emotions. This emotional regulation mechanism maintains a dynamic balance between positive and

negative emotions and serves as a vital psychological resource for safeguarding an individual's physical and mental health [28]. Nurses with high trait meta-emotion possess strong emotional repair and self-awareness abilities, enabling them to respond rationally to clinical ethical dilemmas. Through enhanced self-awareness, they can mitigate negative emotions and effectively reduce the risk of moral trauma [22]. Therefore, hospital administrators can provide personalized guidance and training based on nurses' individual traits, such as optimizing the standardized training system and increasing clinical mentoring by nurses with master's or doctoral degrees; offering group psychological counseling courses focused on enhancing self-acceptance among nurses who are not only children; and implementing flexible scheduling, childcare leave, and breastfeeding accommodations to alleviate the dual pressures of work and family care for female nurses.

4.1.2. Experiences of occupational stress

Occupational stress is a major precursor and contributing factor to moral harm. Nurses are constantly exposed to the high-pressure environment of clinical work. Faced with continuous stimulation from various occupational stressors, they are prone to negative emotions such as anxiety, exhaustion, and compassion fatigue. They often struggle to cope appropriately with feelings of guilt and helplessness, making them more likely to internalize ethical setbacks, which in turn triggers moral distress and ultimately leads to moral trauma [29]. Among the influencing factors most frequently cited in the literature are post-traumatic stress disorder (PTSD) and compassion fatigue. Specifically, post-traumatic stress reactions are one of the most direct manifestations of moral trauma. A systematic review noted that the traumatic events involving patient deaths that nurses frequently experience are often caused by the following situations: sudden and unexpected death, or death despite resuscitation efforts; treating emergency patients with severe trauma and massive hemorrhage, suicide or self-harm, or serious injuries from traffic accidents; and participating in resuscitation efforts following the accidental deaths of children or young adults, where the intense shock of losing a life is more likely to leave psychological scars; witnessing the slow passing of critically ill patients and those with terminal cancer during long-term care [30]. When nurses repeatedly experience various forms of trauma, their psychological defenses are compromised, exacerbating moral injury. Compassion fatigue manifests as nurses' sustained exposure to patients' suffering and distress, requiring them to invest emotional care over extended periods, which leads to a decline in empathy and emotional exhaustion, a phenomenon consistent with the sense of disillusionment between ideals and reality inherent in moral injury [31]. Furthermore, compassion satisfaction is regarded as a protective factor [18]; high levels of compassion satisfaction can effectively counteract the negative effects of occupational stress and enhance nurses' sense of professional accomplishment and meaning. Emotional labor, as another key factor, highlights the need for nurses to constantly manage their emotions and suppress their expressions at work. When this continuous self-regulation conflicts with their inner moral emotions, it can easily trigger moral trauma [32]. Therefore, nursing administrators can organize specialized training programs for nurses on emotional management and empathy regulation, establish buffer mechanisms for clinical traumatic events, and provide timely psychological intervention after nurses experience traumatic scenarios to prevent the development of post-traumatic stress reactions and strengthen psychological defenses.

4.1.3. Organizational ethical environment

The organizational ethical environment refers to the external structural factors within the hospital workplace

in which healthcare professionals operate. Its impact on clinical nurses' moral trauma is systemic, pervasive, and directional. Specifically, factors such as hospital level, occupational burnout, and workplace adaptation reflect organizational management effectiveness and the fit between the individual and the environment. Nurses of the same rank working in higher-level hospitals exhibit higher levels of moral injury (MI), likely because they are frequently exposed to more high-stakes ethical incidents, which directly impact their mental health [14]. Meanwhile, factors such as organizational betrayal, restrictions on patient activities, disregard for patient dignity, problematic involvement, and unethical attitudes among healthcare staff indicate the presence of overt or covert ethical misconduct within the organization. These negative experiences can severely undermine nurses' trust in organizational values, placing them in a dilemma between "following the rules" and "upholding ethics". The sense of organizational betrayal is primarily directed at healthcare leaders; nurses feel that they are putting their personal health and safety at risk, while healthcare institutions fail to fulfill their duty of care. Such institutional behaviors may exacerbate or prolong symptoms of traumatic stress and moral injury [15]. Unethical hospital management systems and an unethical organizational climate often lead nurses to experience internalized emotions (such as disgust or disappointment) and externalized emotions (such as anger or indignation), thereby exacerbating moral trauma [19]. These studies highlight the urgent need to implement ethical reforms, enhance nursing autonomy, and establish support systems to alleviate moral harm. In contrast, a sense of organizational support and empowering leadership serve as protective factors. When nurses perceive understanding, respect, and empowerment from management, their sense of organizational belonging and professional mission significantly increases, effectively warding off the negative impacts of ethical dilemmas. Among these, empowering leadership is a key work resource that can alleviate stress and enhance autonomy, a sense of efficacy, and well-being, thereby reducing MI [21]. Therefore, appropriate interventions can be implemented for management based on specific health systems and leadership capabilities to alleviate moral injury among clinical nurses and enhance their professional well-being.

4.1.4. External social support

Social support refers to the various forms of support and assistance individuals receive from their social relationships, with sources including family members, friends, colleagues, mentors, and other social contacts [33]. Effective social support serves as an accessible social protective resource that can effectively buffer occupational stress and negative psychological emotions, thereby maintaining an individual's psychosocial well-being. However, among the included studies in the existing literature, only one focused on this factor, and the measure used was relatively narrow, primarily reflecting the level of care provided by family members. This finding clearly demonstrates the crucial role that emotional support from family, as the most fundamental and direct form of external support, plays in regulating the occupational psychological state of healthcare workers and alleviating negative occupational experiences [34]. When clinical nurses encounter stressful events such as patient deaths, medical disputes, or resource shortages, the inability to promptly receive adequate family care and support, coupled with a lack of effective channels for emotional release, can easily lead to the continuous accumulation of negative emotions, ultimately triggering moral trauma. Based on this, nursing managers should guide nurses to proactively engage in effective communication with family members, share both the rewards and challenges of their professional journey with them, enhance family members' understanding of the nursing profession, and help them fully appreciate the professional

value of their roles. Future research needs to broaden its scope to explore in depth how diverse social support networks work synergistically in the prevention and intervention of moral trauma among nurses, thereby establishing a more comprehensive external protection system.

4.1.5. Limitations of existing research on ethical trauma among clinical nurses

Based on the research findings, existing studies have certain limitations. In terms of research design, the distribution of study types is uneven, with quantitative studies predominating, while qualitative and mixed-methods studies are relatively scarce. This makes it difficult to fully explore the genuine inner feelings of research participants and hinders a comprehensive explanation of the underlying mechanisms of interaction among variables. In terms of sample size, existing studies often rely on small samples or restricted populations, resulting in conclusions with limited generalizability and limited extrapolation potential, making it difficult to apply the findings to a broader population. Furthermore, current research primarily focuses on active clinical nurses; future studies could broaden the scope of investigation to compare the characteristics of moral trauma among nursing personnel at different stages of their careers. In terms of research methods, existing studies predominantly employ cross-sectional designs; however, moral trauma is a dynamic process, and data collection at a single point in time cannot fully capture its developmental trajectory. Future longitudinal studies could be conducted to continuously observe the dynamic changes in moral trauma among nursing staff in different departments at various stages of their professional development, thereby providing a theoretical basis for the formulation of subsequent managerial interventions.

5. Conclusion

This study summarizes the relevant factors influencing moral trauma among clinical nurses, including four aspects: individual psychological and physical characteristics, experiences of occupational stress, the organizational ethical environment, and external social support. Among these, social support, individual psychological and physical characteristics, and the organizational ethical environment are the most frequently mentioned in existing research. Since this study included only literature in Chinese and English, its evidential strength is limited. Currently, research on moral trauma among clinical nurses in China is scarce and still in its early stages. Future researchers may continue to explore the current status and influencing factors of moral trauma among clinical nurses in China to provide a theoretical basis for the development of intervention measures, thereby alleviating nurses' moral trauma and enhancing their professional well-being.

Disclosure statement

The author declares no conflict of interest.

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