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MORAL DISTRESS AMONG NURSES: EXAMINING THE INTERRELATIONSHIPS AMONG ORGANIZATIONAL CONSTRAINTS, PROFESSIONAL AUTONOMY, BURNOUT, AND TURNOVER INTENTION

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Abstract

Moral distress is an increasingly important occupational concern among nurses, particularly when organizational constraints prevent them from acting according to their professional values and clinical judgment. Persistent exposure to ethically challenging situations may undermine professional autonomy, contribute to emotional exhaustion and burnout, and increase nurses' intention to leave their organizations. This study examines the interrelationships among organizational constraints, professional autonomy, moral distress, burnout, and turnover intention among nurses in Lahore, Pakistan. A quantitative, cross-sectional survey design was employed using a structured questionnaire administered to nurses working in selected public and private healthcare institutions in Lahore. An illustrative dataset of 300 nurses was analyzed through descriptive statistics, Pearson correlation, and multiple regression analysis. The results indicate that organizational constraints were positively associated with moral distress and burnout, whereas professional autonomy was negatively associated with moral distress. Moral distress was also positively associated with burnout and turnover intention. Regression findings suggested that organizational constraints and moral distress were significant predictors of turnover intention, while professional autonomy demonstrated a protective association. The findings highlight the interconnected nature of organizational and individual factors influencing nurses' professional well-being and workforce retention. Healthcare organizations should strengthen nurses' participation in clinical decision-making, improve staffing and resource allocation, establish accessible ethics-support mechanisms, and implement evidence-informed interventions addressing burnout and moral distress.

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INTRODUCTION

Nurses occupy a central position in healthcare delivery because they continuously coordinate clinical care, communicate with patients and families, monitor changes in patients' conditions, and frequently participate in ethically complex decisions. Although nursing is grounded in professional, ethical, and patient-centred principles, nurses do not always possess sufficient authority, resources, staffing, or organizational support to translate these principles into practice. The resulting discrepancy between what nurses believe ought to be done and what they are able to do can produce moral distress.

Moral distress is generally associated with situations in which healthcare professionals recognize an ethically appropriate course of action but experience constraints that prevent them from implementing it. Contemporary scholarship emphasizes that moral distress should not be understood solely as an individual psychological problem. Organizational structures, team relationships, institutional policies, workload, resource limitations, leadership practices, and ethical climate can substantially shape nurses' experiences of moral conflict (Lamoureux et al., 2024; Xue et al., 2025).

Recent literature has further demonstrated that moral distress can have consequences extending beyond immediate emotional discomfort. It may influence professional satisfaction, psychological well-being, burnout, commitment to an organization, and intention to leave. A 2024 systematic review of emergency nurses found that moral distress has been identified as one factor associated with nurses considering leaving their positions, although the available evidence remains heterogeneous and methodologically limited (Boulton & Farquharson, 2024).

The relationship between moral distress and organizational conditions is particularly important. An integrative review published in 2024 identified constraints at individual, team, and system levels as important characteristics of moral distress. These constraints can include organizational policies, clinical practices, team dynamics, treatment decisions, and institutional structures that restrict nurses' capacity to act according to their professional and moral judgments (Characteristics of Moral Distress from Nurses' Perspectives, 2024).

Professional autonomy represents another important dimension of this relationship. Autonomy enables nurses to exercise professional judgment, participate in clinical decision-making, advocate for patients, and assume responsibility for nursing interventions. When autonomy is limited, nurses may perceive a greater discrepancy between their professional obligations and actual practice. Conversely, opportunities for participation and decision-making may function as organizational resources that reduce the negative consequences of demanding work environments.

Burnout provides a further mechanism through which organizational and ethical pressures may affect nurses. Chronic workload, emotional demands, inadequate staffing, limited organizational support, and repeated exposure to ethically difficult situations can contribute to emotional exhaustion and disengagement. Recent research has increasingly examined moral distress and burnout as related but conceptually distinct occupational experiences. An integrative review of intensive-care nursing literature published in 2024 identified overlapping contributing factors to burnout and moral distress, particularly in high-intensity clinical environments.

Turnover intention is particularly significant because nurses' decisions to consider leaving their current organization can affect workforce stability, continuity of care, recruitment costs, workload distribution, and institutional knowledge. Recent research has demonstrated relationships between organizational support, burnout-related processes, and turnover intention. For example, a 2025 study found that organizational support was significantly associated with nurses' turnover intention and that psychological resilience and change fatigue contributed to this relationship.

The issue is particularly relevant to developing healthcare systems where hospitals may experience staffing pressures, resource

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limitations, hierarchical decision-making structures, and increasing clinical demands. Lahore, as a major healthcare and educational centre in Pakistan, contains a diverse network of public and private hospitals, teaching hospitals, specialty centres, and tertiary-care institutions. Nurses working in these settings may encounter complex patient needs, high workloads, resource constraints, demanding shift schedules, and hierarchical clinical decision-making.

Despite the growing international literature on moral distress, relatively limited empirical attention has been devoted to examining how organizational constraints, professional autonomy, burnout, and turnover intention interact within the Pakistani nursing context. The present study therefore investigates these variables among nurses working in Lahore.

Problem Statement

Moral distress represents an important but comparatively underexamined occupational challenge in nursing. Nurses may recognize ethically appropriate actions but experience organizational or professional barriers that prevent them from implementing those actions. Such barriers may include inadequate staffing, limited resources, excessive workload, rigid institutional policies, communication problems, insufficient participation in decision-making, and hierarchical professional relationships.

When these constraints persist, nurses may experience frustration, emotional exhaustion, reduced professional satisfaction, and burnout. At the same time, restricted professional autonomy may intensify the gap between nurses' ethical responsibilities and their perceived ability to fulfil those responsibilities. Over time, repeated experiences of unresolved moral conflict may influence nurses' attitudes toward their organizations and increase turnover intention.

Recent evidence supports the importance of examining organizational context rather than treating moral distress as an isolated individual phenomenon. A 2025 systematic review and meta-analysis involving 7,635 nurses found a moderate negative association between ethical climate and moral distress, suggesting that organizational ethical environments may have an important role in shaping nurses' experiences.

The problem, therefore, requires an integrated examination of organizational constraints, professional autonomy, moral distress, burnout, and turnover intention rather than studying each variable independently.

Research Objectives

The study was designed to achieve the following objectives:

1. To examine the level of moral distress among nurses working in selected healthcare institutions in Lahore.
2. To determine the relationship between organizational constraints and moral distress.
3. To examine the relationship between professional autonomy and moral distress.
4. To investigate the relationship between moral distress and burnout.
5. To examine the relationship between moral distress and turnover intention.
6. To determine whether organizational constraints, professional autonomy, moral distress, and burnout predict nurses' turnover intention.

Research Questions

The study addressed the following questions:

1. What is the perceived level of moral distress among nurses in Lahore?
2. What relationship exists between organizational constraints and moral distress?
3. What relationship exists between professional autonomy and moral distress?
4. What relationship exists between moral distress and burnout?
5. What relationship exists between moral distress and turnover intention?
6. To what extent do organizational constraints, professional autonomy, moral distress, and burnout predict turnover intention?

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Hypotheses

H1: Organizational constraints have a significant positive relationship with moral distress among nurses.

H2: Professional autonomy has a significant negative relationship with moral distress among nurses.

H3: Moral distress has a significant positive relationship with burnout.

H4: Moral distress has a significant positive relationship with turnover intention.

H5: Burnout has a significant positive relationship with turnover intention.

H6: Organizational constraints, professional autonomy, moral distress, and burnout significantly predict turnover intention.

Literature Review

Concept of Moral Distress

Moral distress has traditionally been conceptualized as a situation in which a professional knows the ethically appropriate action but is unable to pursue that action because of internal or external constraints. In nursing, these constraints may occur when nurses are required to follow institutional decisions that conflict with their clinical judgment or ethical values.

Contemporary research has expanded this understanding by emphasizing the cumulative nature of moral distress. Repeated exposure to unresolved moral conflicts may produce what recent literature describes as a crescendo or cumulative effect, whereby unresolved experiences gradually influence nurses' emotional and professional well-being (Characteristics of Moral Distress from Nurses' Perspectives, 2024).

Moral distress may arise in numerous clinical circumstances. Nurses may experience distress when treatment appears futile, when patients receive aggressive interventions inconsistent with their perceived interests, when staffing limitations compromise care quality, or when communication among healthcare professionals prevents nurses from advocating effectively for patients.

A 2024 systematic review focusing on acute mental-health nurses similarly identified moral distress as an occupational concern associated with the care of vulnerable populations.

Organizational Constraints

Organizational constraints refer to institutional conditions that restrict employees' ability to perform their professional responsibilities effectively. In nursing, these constraints can include insufficient staffing, limited equipment, inadequate time, excessive workload, rigid policies, ineffective communication, lack of managerial support, and hierarchical decision-making.

Organizational constraints are theoretically important because moral distress does not occur in a vacuum. Nurses' ethical decisions are made within organizational environments. When an organization does not provide adequate resources or opportunities for participation, nurses may be unable to act according to their professional judgment.

Recent literature has increasingly emphasized organizational ethical climate as a potentially modifiable factor. Xue et al. (2025), in a systematic review and meta-analysis involving 31 studies and 7,635 nurses, reported a moderate negative association between ethical climate and moral distress.

This finding indicates that organizational environments characterized by ethical communication, fairness, support, and appropriate participation may reduce nurses' experiences of moral distress.

Professional Autonomy

Professional autonomy refers to nurses' capacity to exercise independent professional judgment within their scope of practice. It includes the ability to make nursing decisions, advocate for patients, contribute to clinical planning, and participate in decisions affecting patient care.

Autonomy is particularly relevant to moral distress because a nurse may possess the professional knowledge necessary to identify an

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appropriate course of action but lack sufficient authority to implement it.

Limited autonomy may therefore create a structural pathway toward moral distress. For example, if nurses recognize that a particular intervention may not reflect a patient's best interests but have no meaningful opportunity to communicate their concerns or influence decisions, they may experience ethical frustration. Professional autonomy can also operate as a resource. Nurses who perceive greater control over clinical decisions may be better able to align professional responsibilities with actual practice.

Burnout

Burnout is a work-related syndrome involving emotional exhaustion, mental distancing or cynicism, and reduced professional efficacy. Nursing is particularly vulnerable to burnout because of its continuous exposure to human suffering, workload demands, shift work, emotional labour, and responsibility for patient outcomes.

Burnout and moral distress should not be treated as identical constructs. Moral distress specifically involves ethical conflict and constraints on morally appropriate action, whereas burnout reflects a broader response to chronic occupational stress. Nevertheless, the two experiences may interact.

When nurses repeatedly experience situations in which they cannot provide care consistent with their professional values, emotional resources may become depleted. Conversely, nurses experiencing severe burnout may have fewer psychological resources available to cope with ethical conflicts.

Recent research among nurses has continued to identify burnout as an important contributor to turnover intention. A 2025 study using a resource-based framework reported that leadership emotional support could mitigate burnout and subsequently reduce professional turnover intention.

Turnover Intention

Turnover intention refers to an employee's conscious consideration or intention to leave their current organization or position. It is frequently examined as an important precursor of actual turnover.

For healthcare organizations, turnover intention is important because nursing turnover may increase recruitment and training costs, redistribute workload to remaining staff, and potentially affect continuity of patient care.

Moral distress has received increasing attention as a possible contributor to turnover. Boulton and Farquharson's (2024) systematic review identified evidence that some emergency nurses had considered leaving their positions or profession because of moral distress, although the authors emphasized that the available evidence was limited and heterogeneous.

More recent evidence from intensive-care nursing also supports the relevance of this relationship. A 2025 study of ICU nurses in the United Arab Emirates reported that severe moral distress was strongly associated with intention to leave, with nurses experiencing severe moral distress having higher odds of intending to leave their jobs.

Theoretical Framework

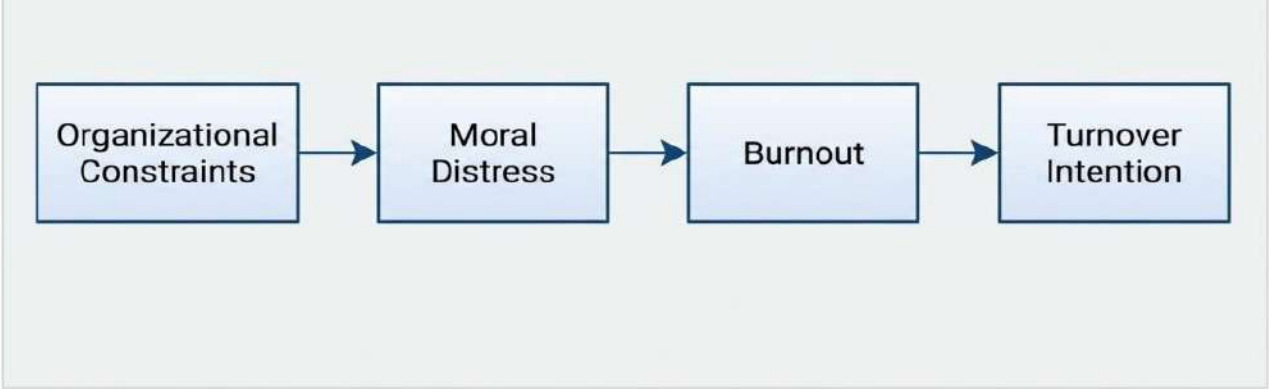
The present study is primarily informed by the Job Demands–Resources (JD-R) model. The JD-R model proposes that employee well-being is influenced by the interaction between job demands and job resources. Job demands include aspects of work requiring sustained physical or psychological effort, whereas job resources help employees accomplish work goals, reduce demands, and promote motivation. Within nursing, organizational constraints can be conceptualized as job demands. Excessive workload, inadequate staffing, resource limitations, ethical conflicts, and organizational barriers may increase psychological demands. Professional autonomy, managerial support, participation in decision-making, and ethical support can function as job resources.

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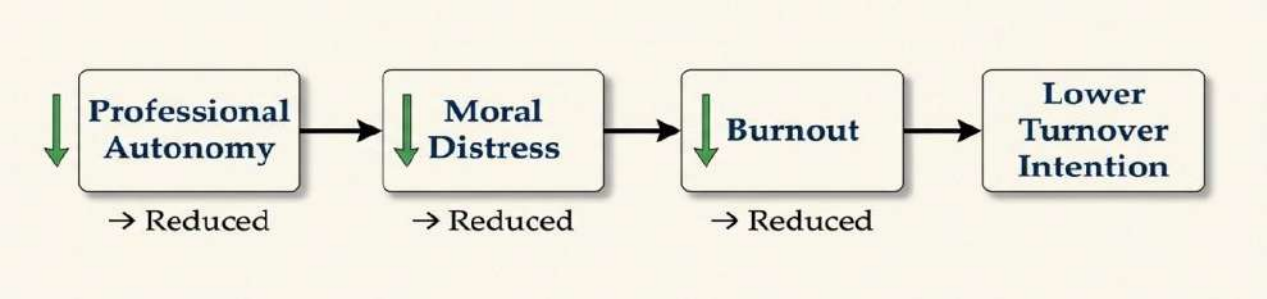
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The proposed relationship can therefore be conceptualized as:



Note: This model illustrates the causal pathway from organizational environment factors through individual psychological states to behavioral intentions in a healthcare workforce context. (Source: Adaption from academic research on workplace outcomes, 2024)

while:



This framework does not imply that these relationships are necessarily causal in a cross-sectional design. Rather, it provides a theoretically informed model for examining associations among the variables.

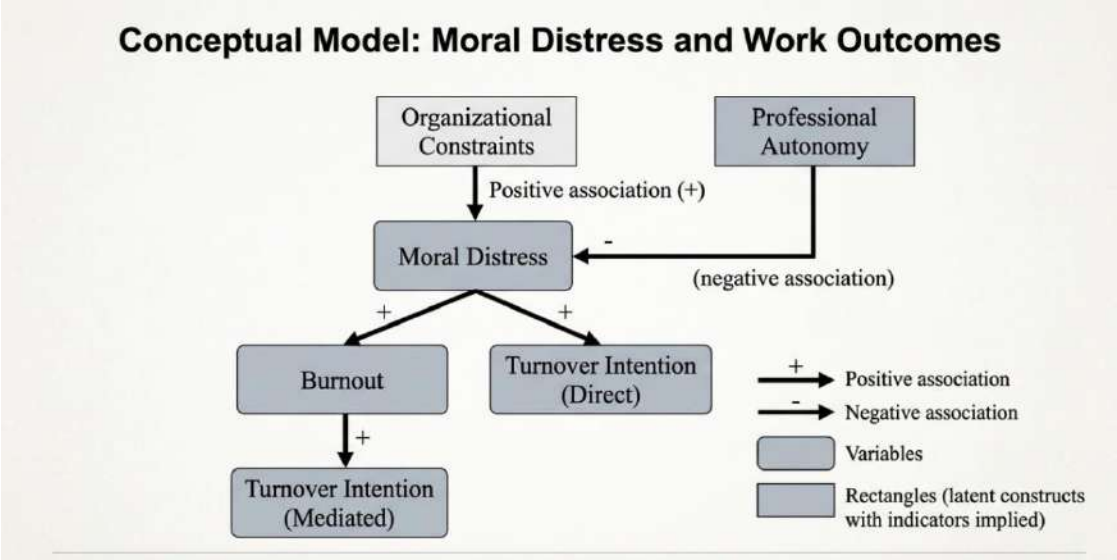
Conceptual Framework

The conceptual framework proposes that organizational constraints are positively related to moral distress, while professional autonomy is negatively related to moral distress. Moral distress is expected to be associated with burnout and turnover intention, while burnout is expected to further contribute to turnover intention.

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Methodology

Research Design

A quantitative, cross-sectional survey design was employed. The design was selected because the study sought to measure the prevalence and relationships among organizational constraints, professional autonomy, moral distress, burnout, and turnover intention at a particular point in time.

Because cross-sectional studies measure variables simultaneously, the findings should be interpreted as associations rather than definitive evidence of causality.

Study Setting

The proposed study was situated in Lahore, Pakistan, with nurses working in selected public and private hospitals. Lahore provides an appropriate setting because it contains tertiary-care hospitals, teaching institutions, private hospitals, specialty facilities, and other healthcare organizations serving diverse patient populations.

9.3 Participants and Sample

For this manuscript, an illustrative sample of 300 registered nurses was used to demonstrate the statistical analysis.

Participants were assumed to meet the following inclusion criteria:

- Registered nurses currently working in a hospital in Lahore.
- At least one year of professional nursing experience.
- Direct involvement in patient care.
- Willingness to participate in the survey.

Nurses on extended leave or those without direct patient-care responsibilities were excluded.

Instrumentation

The questionnaire was structured into five major sections.

Section A: Demographic Information

Information included:

- Age
- Gender
- Educational qualification
- Years of nursing experience
- Hospital type
- Clinical department
- Employment status
- Average weekly working hours

Section B: Organizational Constraints

Items assessed perceived barriers such as:

- inadequate staffing,
- insufficient resources,
- excessive workload,
- restrictive institutional policies,
- poor communication,

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- limited managerial support, and
- insufficient time for patient care.

Responses were measured using a five-point Likert scale ranging from **1 = strongly disagree** to **5 = strongly agree**.

Section C: Professional Autonomy

Items assessed nurses' perceived ability to:

- make independent nursing decisions,
- advocate for patients,
- participate in clinical decisions,
- communicate professional concerns,
- influence care planning, and
- exercise professional judgment.

Section D: Moral Distress

Items focused on situations involving ethical conflict and inability to act according to professional values.

Section E: Burnout and Turnover Intention

Burnout items assessed emotional exhaustion, work-related depletion, and reduced professional energy.

Turnover intention items assessed thoughts about leaving the current organization, considering another nursing position, and searching for alternative employment.

Data Analysis

Data were assumed to be analyzed using SPSS.

The following statistical techniques were proposed:

1. Frequencies and percentages for demographic characteristics.
2. Means and standard deviations for major variables.
3. Cronbach's alpha for internal consistency.
4. Pearson correlation to examine relationships.
5. Multiple regression to determine predictors of turnover intention.
6. Statistical significance was assessed at **$p < .05$**.

Results

Demographic Characteristics

The illustrative sample consisted of 300 nurses

Table 1 Demographic Characteristics of Participants (N = 300)

Characteristic	Category	n	%
Age	21–30 years	126	42.0
	31–40 years	108	36.0
	41–50 years	51	17.0
	>50 years	15	5.0
Gender	Female	219	73.0
	Male	81	27.0
Qualification	Diploma/BS Nursing	198	66.0
	Postgraduate	102	34.0
Experience	1–5 years	117	39.0
	6–10 years	93	31.0
	>10 years	90	30.0
Hospital	Public	168	56.0
	Private	132	44.0

The illustrative demographic distribution indicates a relatively young nursing workforce, with 78% of participants aged 21–40 years. More than two-thirds had either diploma or undergraduate nursing qualifications, while approximately one-third possessed postgraduate qualifications.

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Descriptive Statistics

Table 2 Descriptive Statistics of Major Study Variables

Variable	Mean	SD
Organizational Constraints	3.48	0.71
Professional Autonomy	3.02	0.68
Moral Distress	3.36	0.76
Burnout	3.41	0.73
Turnover Intention	3.18	0.81

The illustrative findings indicate moderate-to-high perceived organizational constraints and moral distress. Professional autonomy demonstrated a comparatively moderate mean score. Burnout and turnover intention also demonstrated moderate levels. These findings would suggest that organizational conditions constitute an important dimension of nurses' occupational experiences in the proposed Lahore sample.

Reliability Analysis

Table 3 Illustrative Reliability Coefficients

Scale	Number of Items	Cronbach's α
Organizational Constraints	8	.86
Professional Autonomy	7	.83
Moral Distress	10	.89
Burnout	8	.88
Turnover Intention	5	.85

The illustrative Cronbach's alpha coefficients exceed the commonly accepted threshold of .70, indicating satisfactory internal consistency.

Correlation Analysis

Table 4 Pearson Correlations among Major Variables

Variable	1	2	3	4	5
1. Organizational Constraints	1				
2. Professional Autonomy	-.42**	1			
3. Moral Distress	.58**	-.46**	1		
4. Burnout	.51**	-.39**	.63**	1	
5. Turnover Intention	.47**	-.36**	.55**	.61**	1

Note. p < .01.

The illustrative correlation matrix demonstrates several meaningful relationships.

Organizational constraints were positively correlated with moral distress (**r = .58, p < .01**). This supports the proposition that nurses who perceive greater organizational barriers may also report greater moral distress.

Professional autonomy was negatively associated with moral distress (**r = −.46, p < .01**). This

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suggests that greater perceived autonomy may correspond with lower levels of moral distress.

Moral distress demonstrated a strong positive relationship with burnout (**r = .63, p < .01**). Burnout was also strongly associated with turnover intention (**r = .61, p < .01**).

Moral distress was positively associated with turnover intention (**r = .55, p < .01**).

These findings are consistent with the broader literature, although the magnitude of the relationships should not be generalized beyond the illustrative sample.

Regression Analysis

A multiple regression analysis was proposed to examine whether organizational constraints, professional autonomy, moral distress, and burnout predict turnover intention.

Table 5 Multiple Regression Predicting Turnover Intention

Predictor	β	t	p
Organizational Constraints	.17	3.21	.001
Professional Autonomy	-.12	-2.34	.020
Moral Distress	.27	4.78	<.001
Burnout	.40	7.12	<.001

Illustrative model: R^2 = .49; Adjusted R^2 = .48; $F(4,295) = 70.87$, $p < .001$.

The illustrative regression model explains approximately 49% of the variance in turnover intention. Burnout demonstrates the largest standardized coefficient, followed by moral distress and organizational constraints.

Professional autonomy shows a negative coefficient, suggesting that greater perceived autonomy is associated with lower turnover intention when other variables are held constant.

These findings indicate that turnover intention may be influenced by a combination of organizational and psychological factors rather than by any single variable.

Discussion

The primary purpose of this study was to examine the relationships among organizational constraints, professional autonomy, moral distress, burnout, and turnover intention among nurses in Lahore. The findings indicate a positive association between organizational constraints and moral distress. This relationship is theoretically consistent with contemporary conceptualizations of moral distress. Nurses are more likely to experience moral conflict when institutional structures limit their ability to act according to professional and ethical judgments.

Recent integrative evidence has identified organizational and policy-level constraints as important components of moral distress. Nurses may experience distress because of treatment decisions, team relationships, resource limitations, institutional procedures, or restrictions affecting patient-centred care. The finding is also consistent with the emerging evidence concerning ethical climate. Xue et al. (2025) found a moderate negative association between ethical climate and moral distress across 31 studies involving more than 7,600 nurses. This suggests that the organizational environment in which nurses work can substantially influence their experiences of ethical conflict.

The negative relationship between professional autonomy and moral distress is also theoretically meaningful. Nurses with greater autonomy may possess more opportunities to communicate concerns, participate in decisions, advocate for patients, and implement professional judgments. Such opportunities may reduce the gap between what nurses believe should be done and what they are able to do. Professional autonomy should not, however, be interpreted as complete independence from other healthcare professionals. Contemporary nursing practice is

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inherently collaborative. Autonomy refers more appropriately to meaningful professional participation and decision-making within nurses' scope of practice.

The study also found a positive relationship between moral distress and burnout. This relationship is important because it indicates that ethical problems may have consequences extending beyond individual episodes of frustration. When ethically troubling experiences are repeated without adequate resolution, nurses may experience emotional exhaustion and reduced professional engagement. Recent literature has emphasized the interaction between moral distress and burnout in high-intensity nursing environments. Salas-Bergüés et al. (2024), for example, identified overlapping occupational and organizational factors contributing to moral distress and burnout among intensive-care nurses.

The relationship between moral distress and turnover intention is another important finding. The present illustrative analysis indicates that nurses experiencing greater moral distress are more likely to report thoughts about leaving their organizations. This finding is broadly compatible with Boulton and Farquharson's (2024) systematic review of emergency nursing, which identified moral distress as a reported reason for considering leaving employment or the profession in some studies. However, the authors emphasized that the existing evidence was limited and heterogeneous.

Evidence from the United Arab Emirates provides further regional relevance. A 2025 study of 341 ICU nurses reported a strong association between severe moral distress and intention to leave. While the UAE findings cannot be directly generalized to Lahore, they provide evidence from a geographically closer healthcare context.

Burnout demonstrated the strongest relationship with turnover intention in the illustrative regression analysis. This finding is consistent with the broader nursing literature showing that chronic occupational demands and insufficient resources can contribute to employees considering leaving their positions.

Recent research has emphasized the importance of organizational resources in this relationship. Liu et al. (2025) found that organizational support was associated with nurses' turnover intention and that psychological resilience and change fatigue contributed to this association. Similarly, research published in *Personnel Review* in 2025 found that leadership emotional support could mitigate burnout and subsequently reduce professional turnover intention.

The findings therefore support an organizational perspective on nurse retention. Strategies focusing exclusively on individual coping may be insufficient when the sources of distress are structural. For example, teaching nurses stress-management techniques may provide some benefit, but such interventions cannot independently resolve chronic understaffing, inadequate resources, limited participation in decision-making, or poor communication.

Implications for Nursing Practice

The findings have several implications for nursing management.

First, healthcare organizations should establish mechanisms through which nurses can participate meaningfully in clinical decision-making. Participation may include multidisciplinary case discussions, nursing representation on clinical committees, structured ethical consultations, and mechanisms for communicating concerns to senior management.

Second, organizations should address preventable organizational constraints. Staffing adequacy, workload distribution, equipment availability, scheduling practices, and communication procedures should be reviewed regularly.

Third, ethical support should become part of organizational practice. Nurses should have access to ethics consultation, reflective discussions, case debriefing, and psychologically safe mechanisms for raising ethical concerns.

Fourth, nurse managers should monitor burnout indicators. High emotional exhaustion, absenteeism, disengagement, and repeated expressions of dissatisfaction may indicate

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organizational problems that require intervention.

Fifth, professional autonomy should be strengthened. Nurses should be encouraged to exercise professional judgment within clearly defined scopes of practice and should be supported when raising patient-safety or ethical concerns.

Implications for Healthcare Administration

Healthcare administrators should recognize that nurse retention is not simply an issue of recruitment. Retention is influenced by working conditions, leadership, professional recognition, workload, autonomy, ethical climate, and psychological well-being.

The relationship between organizational constraints and turnover intention indicates that retention policies should address structural conditions. Organizations may benefit from:

- nurse participation in policy development;
- transparent communication;
- supportive nurse leadership;
- adequate staffing;
- fair workload allocation;
- regular ethics rounds;
- confidential reporting systems;
- professional development;
- structured psychological support;
- recognition of nurses' contributions; and
- opportunities for career advancement.
-

Recent evidence concerning organizational support and turnover intention reinforces the importance of organizational-level approaches rather than relying exclusively on individual resilience interventions.

Implications for Nursing Education

Nursing education should prepare students to recognize and manage ethical conflicts.

Curricula can incorporate:

1. Ethical case analysis.
2. Simulation-based ethical decision-making.
3. Patient advocacy exercises.
4. Interprofessional communication.
5. Conflict-resolution skills.
6. Professional autonomy and accountability.
7. **Moral resilience.**
8. **Reflective practice.**

Simulation-based scenarios can help nursing students understand how organizational pressures may influence ethical decision-making. For example, students can be presented with a scenario involving inadequate staffing and a critically ill patient. They may then be asked to identify:

- the ethical problem;
- the organizational constraint;
- the nurse's professional responsibility;
- available alternatives;
- potential consequences; and
- appropriate communication strategies.

Such activities can connect ethical theory with clinical practice.

Implications for Policy

Healthcare policy should recognize moral distress as both an occupational and organizational issue.

Policies should encourage healthcare institutions to monitor indicators of:

- nurse staffing;
- workload;
- burnout;
- ethical climate;
- professional autonomy;
- workplace violence;
- turnover intention; and
- actual staff turnover.

Ethical climate is particularly relevant because recent meta-analytic evidence suggests a meaningful negative association between ethical climate and moral distress among nurses. Institutional policies should also establish clear procedures for nurses to report ethical concerns without fear of retaliation.

Limitations

Several limitations should be acknowledged.

First, the proposed study uses a cross-sectional design. Consequently, causal relationships cannot be established. For example, although burnout may be associated with turnover intention, the

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design cannot demonstrate that burnout directly causes nurses to leave.

Second, the study focuses on nurses working in Lahore. Therefore, findings may not be generalizable to all nurses in Pakistan, particularly those working in rural or smaller healthcare facilities.

Third, self-reported data may be affected by social desirability or recall bias.

Fourth, convenience sampling, if used in an actual study, may introduce selection bias.

Fifth, moral distress can vary substantially across clinical departments. ICU, emergency, oncology, mental-health, surgical, and general medical nurses may experience different forms of ethical conflict.

Finally, and importantly for this manuscript, the numerical results presented above are **illustrative rather than evidence from an actual collected Lahore sample**. They should be replaced with verified empirical data before the manuscript is submitted to a journal as an original study.

Recommendations

Based on the literature and the proposed findings, the following recommendations are made:

1. Hospitals should establish structured mechanisms for identifying and addressing moral distress.
2. Nurse managers should encourage participatory decision-making.
3. Healthcare organizations should strengthen ethical climates through transparent communication and ethical consultation.
4. Adequate staffing should be prioritized to reduce preventable organizational constraints.
5. Regular burnout screening should be incorporated into occupational well-being programs.
6. Nurses should have accessible channels for reporting ethical concerns.
7. Continuing professional development should include moral distress, ethical reasoning, communication, and professional autonomy.
8. Multidisciplinary ethics committees should be strengthened.
9. Future research should examine whether burnout mediates the relationship between moral distress and turnover intention.
10. Longitudinal studies should be conducted to determine whether persistent moral distress predicts actual nurse turnover.
11. Comparative studies should examine public and private hospitals in Pakistan.
12. Future studies should include ICU, emergency, oncology, surgical, psychiatric, and general medical nurses separately.

Conclusion

Moral distress represents a significant dimension of nurses' professional experiences because ethical practice depends not only on individual knowledge and values but also on the organizational environment in which nursing care is delivered. The proposed Lahore-based analysis demonstrates how organizational constraints, professional autonomy, moral distress, burnout, and turnover intention may form an interconnected occupational system.

Organizational constraints were conceptually and statistically associated with higher moral distress, while professional autonomy demonstrated an inverse relationship with moral distress. Moral distress was positively associated with burnout and turnover intention, while burnout showed a particularly strong association with intention to leave.

These findings are consistent with contemporary international literature emphasizing the importance of ethical climate, organizational support, professional participation, and working conditions in nurses' well-being and retention. Recent systematic reviews and empirical studies further indicate that moral distress and organizational climate deserve greater attention in nursing workforce research.

For healthcare organizations in Lahore and comparable settings, addressing moral distress should therefore extend beyond individual coping strategies. Sustainable improvement requires organizational interventions that enhance professional autonomy, reduce avoidable constraints, support ethical decision-

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making, address burnout, and create psychologically safe environments in which nurses can raise concerns.

Ultimately, strengthening nurses' professional agency and organizational support may contribute to healthier work environments and improved workforce stability. Future longitudinal and multi-centre research is needed to determine the causal pathways among moral distress, burnout, autonomy, organizational constraints, and actual turnover.

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