



## CONCEPT ANALYSIS ON MORAL SUFFERING

Mehrunnisa<sup>\*1</sup>, Bibi Amira<sup>2</sup>, Margus Bibi<sup>3</sup><sup>\*1</sup>MSN, Nursing Instructor, College of Nursing Benazir Bhutto Hospital RWP<sup>2</sup>MSN, Principal, Elizabeth Rani College of Nursing, Mardan<sup>3</sup>MSN, Principal, HBS college of Nursing Islamabad<sup>\*1</sup>meher123416@gmail.com; <sup>2</sup>ameerakhn@gmail.com; <sup>3</sup>margus.khan@gmail.comDOI: <https://doi.org/10.5281/zenodo.16900247>**Keywords**

Moral suffering, Moral distress, Nursing ethics, Concept analysis, Walker and Avant method

**Article History**

Received: 19 May, 2025

Accepted: 29 July, 2025

Published: 19 August, 2025

Copyright @Author

Corresponding Author: \*  
Mehrunnisa

**Abstract**

Moral suffering is a complex and underexplored phenomenon experienced by healthcare professionals, particularly nurses, when they are unable to act according to their moral judgment due to institutional, hierarchical, or situational constraints. This concept analysis, guided by Walker and Avant's methodology, aimed to clarify the meaning, attributes, antecedents, and consequences of moral suffering within nursing practice. Literature review revealed that moral suffering is characterized by negative feelings such as frustration, guilt, and helplessness, often accompanied by powerlessness, conflicting loyalties, and uncertainty. Antecedents include moral sensitivity, recognition of ethical dilemmas, and the presence of institutional barriers, while consequences extend to physical and psychological distress, reduced job satisfaction, and compromised patient care. Through model and contrary cases, the analysis illustrates how moral suffering emerges in clinical settings, particularly in contexts of futile medical interventions, end-of-life decisions, and hierarchical conflicts. Empirical referents such as adapted moral distress scales provide measurable insight into the phenomenon. Findings underscore the significance of recognizing and addressing moral suffering to safeguard nurse well-being, enhance patient advocacy, and improve organizational outcomes. This analysis contributes to theory development and highlights the urgent need for interventions and supportive strategies to reduce moral suffering in nursing practice.

**INTRODUCTION**

The term moral suffering is a complex phenomenon that affects all health care professionals includes nurses. It is not a single word but rather than a phrase that is often given different meaning to different individuals (Obrele & Hughes, 2001). Firstly the concept of moral suffering explained in nursing was presented in the United States by the philosopher Jameton, as the distress (anguish, affliction, suffering) that is; when the professional knows what is the right thing to do but institutional constraints prevent him/her from taking the morally correct course of action (Jameton, 1984).

Moral suffering happens in everyday in nursing practice, but it could not gain attention that it can effect on professional nursing care and patient outcome (Hamid, 2016). So, the concept analysis is necessary to clarify the defining attributes, antecedents, and consequences (Walker & Avant, 2005). It is particularly important for nurses when they meet with patients and help for their wellbeing. Every direction of nursing care should be morally defined. Concepts are dynamic and change continuously as new knowledge is generated and is often open to the interpretation of the analysts

(Walker & Avant, 2005). Therefore, concept analysis is helpful and related to the disciplines in emerging and evolving area of research.

The following analysis of moral suffering will be done by applying the Walker and Avant method. This method was chosen because it was easy to apply and clarify my concept in distinct manner. The important steps in this concept analysis is to identify and uses of concept, determining the defining attributes, antecedents and consequences, construct a model case and additional cases which elaborate all the aspects of concept and define the empirical referent of the concept.

### Aim of Concept Analysis

The aim of concept analysis of moral suffering is to clarify the meaning of concept. It is complex phenomenon that varies from individual to individual. The lack of awareness about the moral suffering effects on the nurses and patient outcomes. There is a great need to understand moral suffering that a nurse face during her daily nursing practices. The concept analysis was a thorough examination and description of words, which simplify the concept's core meaning. Creating a standardized language for concepts improve the communication of vital ideas for the nurses (Walker and Avant, 2005).

### Uses of Concept

The Merriam - Webster Online dictionary does not provide a concise definition of this concept. It is a phrase composed of two words. Moral is defined as being of or "relating to the principles of right or wrong in behavior; sanctioned by or operative on one's conscience or ethical judgment" (Moral, 2011). According to *American College Dictionary* "suffering is the feeling of pain or distress; the experience of pain, distress, injury, loss, or anything unpleasant". *The Oxford English Dictionary* describes suffering: the bearing or undergoing of pain, distress, or tribulation; a painful condition. Most of the time moral suffering starts when it is considered that action is wrong, but it could not be prevented or if action is right and unable to implement it in clinical situation. Andrew Jameton was considered the originator of this concept. Jameton was the professor of Ethics and Philosophy she mentioned in 1984 in his Nursing Ethics Textbook "the moral dilemma is often

recognized as moral suffering. Wilkinson (1987), building on Jameton, defines moral distress/suffering as "the psychological disequilibrium and negative feeling state experienced when a person makes a moral decision but does not follow the moral behavior indicated by that decision". *Oxford Medicine online*, (2018) defines moral suffering as "it can be as the anguish that caregivers experience in response to various forms of moral adversity, such as moral harms, wrongs or failures, or unrelieved moral stress, that in some way imperil integrity".

The literature review revealed that many other disciplines also face moral suffering. Although, majority of studies related to moral suffering conducted on nurses (Corley, 2002). In the study of psychologist discipline The Austin (2005), used the interdisciplinary qualitative approach to explore the moral suffering among psychologist, who worked in psychiatric health care unit. They describe as specific instances perceived as breakdowns in truthfulness from factors such as institutional pressure, team conflict, and interdisciplinary discord. It is closer to nursing in terms of education and clinical experiences, pharmacists and respiratory therapist also effected with moral suffering. (Crnjanski, Krajnovic, Stojkov-Rudinski, & Tadic, 2012). In this study explored moral suffering from a pharmacist perspective. Like nursing, pharmacy is a valuable and knowledge-based profession, in which ethics stands for an important aspect of daily work. The study showed pharmacists' also meet moral suffering challenges related to advancements in technology, medicine, and pharmaceutical development. Karen, (2006) and Timmer (2014) conducted studies involving respiratory therapists who also experienced the situations that require decisions on the right course of action, and found moral suffering related to the perception of unsafe staffing lead to career dissatisfaction and job turnover.

### Synthesis of the Literature

Nurses most of the times take ethical decisions during their duties but those are not always according to principal of ethics. In this situation moral suffering arise. (Badolamenti, Zaghini, Fida, Sili, & Biagioli, 2017). Based on these pioneer studies, moral suffering

was disseminated as the experience in which the nurse is aware of the morally correct action but, due to institutional obstacles or conflicts with other individuals, is unable to act according to his/ her knowledge or moral premises and may even perform morally inappropriate actions (Ramos et al., 2016). Thus moral suffering are those painful feelings and psychological distress that occurs when “a person is aware of a moral problem, acknowledges moral responsibility, and makes a moral judgment about the correct action; but, as result of real or perceived constraints, the person participates in perceived moral wrongdoing”(Badolamenti et al., 2017)Nurses face moral suffering moral action in different clinical situation including birth, illness, suffering and death of patient (Wilkinson, 1988).According to Kälvemark et al., (2004) “Nursing is a relational discipline and traditionally is considered as a moral practice involving caring and compassion (Watson, 2008). Due to this, sometimes, the personal intimate nature of caring, which implies respect for the patient’s body and for its integrity, can conflict with contemporary practices and policies. This discrepancy could be harmful for nurses and moral dilemmas can lead nurses to experience Moral suffering. The word moral suffering and moral distress interchangeably used in different literature. The moral suffering happening compromise the human being values, biopsychosocial , cognitive and behavior consequences that are expressed in their attitude (Silvino, Wakiuchi, Costa, Ribeiro, & Sales, 2016). Schluter et al (2008) review (1980 - February 2007) is of interest because it is critically noted the relationship between unresolved moral suffering, ethical climate, and nurse retention. This review shows that the causes of moral suffering are poor-quality care, futile care; unsuccessful advocacy and the provision of unrealistic hope to patients and families. It showed that moral suffering causes the physical and mental health of nursing staff, the quality of nursing care, job satisfaction and nurse turnover. All literature supports that moral suffering is a problem of interest for nurses and other health professionals around the world.

### Defining Attributes

Defining attributes are the characteristics of concept that appears repeatedly in the literature and are consistently present when concept occurs (walker and

Avant). There are some characteristics that present throughout the concept analysis and literature review. Four defining attributes are; negative feelings powerlessness, conflicting loyalties and uncertainty used to define the concept of moral suffering. Further jameton made distinction between two categories of suffering: first suffering that is companied by negative feelings includes frustration, anger, and guilt (Corley, 2002). The feeling of anger and frustration occurs when nurses do not tell the patient about treatment effects (Wilkinson, 1987). Later researches revealed that feelings of anxiety, depression, hopelessness (Elpern et al.2005), worthlessness (Silen et al., 2008), sadness, and helplessness (Calvin et al.,2007) also lead from the experience of moral suffering. Whereas reactive moral suffering can occur when initial moral suffering persists and could not resolve.

Reactive suffering as followed by powerlessness, conflicting loyalties, and uncertainty. Nurses feel powerlessness due to hierarchical structure of health care system(Oberle& Hughes, 2001; Wilkinson, 1987). There is imbalance of power between the doctor and nurses. Although there is great emphasis on nurse’s autonomy in health care system (Erlen, 2001). As during clinical hour one nurse shared their experience as doctor used their power to neglect the patient diagnosis. The doctor only treat the patients symptoms not make the diagnosis. On this situation she feels herself as powerless. Consequently, her fundamental role of patient advocacy violated (Corley, 2002). She is unable to influence decision making process of doctor and to make change in institution. Nurse’s feeling of helplessness increases the negative aspect of moral suffering followed by unable to decrease pain, and suffering (Elpern et al., 2005). Moral suffering arises when the best course of action for patient is known but cannot be undertaken due to conflict between the other health care team (Corley, 2002). These conflicting situation and hierarchical process stop the autonomous nursing practices and patient advocacy (Erlen,2001).That are also associated with negative feeling among nurses and leads to acts as a mediator between patient’s values, their families, and physician(Calvin et al.,2007). Nurses feel uncertain about end life situation such as take part in patient pain and prolong their life and suffering (Oberl& Hughes, 2001). ).As one nurse shared that she has working in intensive care unit. One patient is

on ventilator support from last 2 months, patient prognosis is very poor. Patient family is not affording to take further hospital expenditure for the patient. Nurse feels uncertainty because they cannot support their family but they increase their suffering.

### Antecedent of Moral Suffering

Prior to occurring of moral suffering, a nurse must show some degree of moral sensitivity. Moral sensitivity is the ability to identify the moral problem. Furthermore there must be a moral conflict between the other health care team members to take morally correct action (Corley, 2002). Nurses who experience moral suffering make moral decision but cannot act upon it (Jameton, 1984, Wilkinson, 1987). This also causes hindrances in the provision of quality care nursing when institutional constraints are present (Elpern et al., 2005). Medical futility occurs that leads to prolonging the life of patient without considering the survival rate and successful outcome. These conditions are often robotized and lead to experience the undue pain and suffering for patient. Nurses feel helplessness in hierarchy of health care system; they have fewer resources when asked to provide futile interventions (Karakachian & Colbert, 2017). It happens occasionally that nurses influence the institutional factor such as shortage of staff, economic constraints, policies that cause reduction in standard of care (Erlen, 2001). Powerlessness is also attributes and antecedents of the moral suffering.

### Consequences of Moral Suffering

Moral suffering has been shown to affects physical, psychological, personal and relationship and job matters. Physical symptoms associated are; palpitation, diarrhea, headaches, fatigue and loss of sleep (Badolamenti et al., 2017). Psychological conditions later develop with anxiety, depression, stress, and personality disorders. Loss of self-worth also linked with moral suffering (Wilkinson, 1987). Moral suffering negatively affects the relationship with co-workers and patients. It can also lead to job dissatisfaction. Moral suffering is also linked to job turnover; absenteeism, low workplace morale, and compromised patient care (Elpern et al., 2005). As one of my co-worker said "I want to quit my job due to moral suffering; as in Covid-19 situation due to institutional policies because, only Nurses are bound

to sit in flue clinic to take history and do all the stuff for patients which are expected to be done by the doctor". In this situation she feels helplessness in hierarchy system of health care. She did not satisfy with her job.

### Model Case

Model case is an example of the concept that has all defining attributes (Walker & Avant, 2005). Miss Tina 32 years old married nurse working in medical center Islamabad. She is working here from last 17 years. During her job period, she has faced moral suffering many times. Once she was on evening duty in male medical ward. A patient admitted in ward with severs leg pain; complain of numbness and cold feeling in that extremity. After receiving the patient, she checked vital signs and assessed pain of patient on pain scale. Patient pain was 8 out of ten. She informed the doctor about patient pain and asked to visit the patient. Admitting doctor asked the nurse over phone call to give the painkiller injection Toradol intravenously to the patient as he has seen the patient in Outpatient department, patient has only leg pain nothing else. Nurse gave the injection as recommended but patient's pain did not settle after half hour. The nurse came to the patient and thoroughly examined him. On examination; patient extremity was severely cold, no pulses palpable and feeling of numbness. She again asked to the doctor to come and examine the patient, because according to her assessment patient was developing severe ischemia in limb. But doctor refused and asked he already seen the patient and wait for next medical specialist to see the patient. The nurse was suffering morally in this situation. Initially she got angry and felt frustrated as she continuously communicated with the doctor about patient. Meanwhile she felt guilt about herself to see the patient in pain. While she was waiting for the medical specialist, she was experiencing the feeling of hopelessness, helplessness, and loss of self-worth. She could not do anything for her patient to relieve his pain. During that whole scenario she developed conflict with the physician about his diagnosis and decision about patient. She felt uncertainty about the arrival of medical specialist. She waits for medical specialist for three hours and her patient are still in suffering of pain. Finally, the medical specialist saw the patient. He made diagnosis of severe limb

ischemia and asked urgent referral of the patient under vascular surgeon for further management. Nurse has still developed negative feeling and depressed about their patient limb.

#### **Additional Cases**

It is an additional method to come across the defining attributes in the concept analysis. In this case review, not all defining attributes are present in the concept of interest. Contrary and related cases are example of more cases.

#### **Contrary Case**

Miss Noreen 28-year-old nurse, working as a Registered nurse in government sector hospital. She is assigned in general male ward. During her duty, a patient came from home at 10 am and asked the nurse to check his blood pressure and blood sugar levels. Then he again went back to home without information documented on file. Patient is known case of uncontrolled diabetes mellitus and hypertension. Nurse suggests the patient to make discharge papers from doctor and then go home. Patient became aggressive on the nurse and said you are not responsible to make me discharge. Patient went to the doctor room and complained about the duty nurse that she did not check my blood pressure and not provided medicine to me. In this situation the duty nurse present on duty but patient does not want to stay in hospital ward. Initially she becomes quite due to patient behavior with her. Then Nurse also informed to the doctor about patient behavior and willing about going to home. Doctor came in ward and saw the patient. He counseled the patient to stay in the hospital for monitoring and management of their disease process. She performed her duty without having any effects on and provides standard nursing care to the patients.

#### **Related Case**

Miss. Samina working in Intensive care unit from last three years. She thinks she is really caring about patient. She performs her duty very devotedly. During her job carrier she faced moral suffering often. As she discusses that during her evening duty, a patient came from emergency room in serious condition with the

diagnosis of chronic obstructive pulmonary disease. She prepared bed and ventilator for patient before arrival of patient in intensive care unit. She received the patient and provides comfortable position. She attached cardiac monitor to the patient. As shown on monitor oxygen saturation is continuously decreased to now 75% with oxygen support. His condition was becoming critical and he required ventilator support. Unfortunately, doctor tried three times and could not pass endo-tracheal tube. Due to his failure, doctor shouted on nurse without any reason and error. After that he called a doctor from anesthetist's department for passing the tube. Nurse continuously help with doctor for endo-tracheal intubation to save the life of patient. She feels severe frustration, guilt and anger because; doctor used his positioning according to hierarchy of health care system. He shouted on a person on duty without any mistake or reason to disclose their incompetence. She feels helplessness in that situation because patient is in severe serious condition. Meanwhile she was crying and feels depress due to doctor behavior. She wanted to quit the duty and was not able to provide standard care to the patient.

#### **Related Concept:**

Moral suffering must consider and find alternatives from situation that cause challenges in daily routine work of nurses. Medical futility is the cause and it increases the moral suffering among nurses. Medical futility defined as the choice of treatment for the patient, but it cannot cure the patient and prolong the suffering of patient (online palliative care dictionary). As advancement in medical technology many interventions used to increase the suffering of dying patient. This situation causes discrepancies in fealty among physician/nurse family and nurse relationship. Nurses are responsible to provide best care to the patient so that no moral dilemma arises. Moral dilemma is a situation in which a person is torn between right and wrong. A moral dilemma involves a conflict with the very core of a person's principles and values. The choice the person makes may leave them feeling burdened, guilty, relieved, or questioning their values. A moral dilemma often forces the individual to decide which option he or she can live with, but any outcomes are extremely

unpleasant no matter what (Rebecca Ray and Kristy Little hale 2019).

### Empirical Referents

Ascertaining the empirical referents for the defining attributes is the last step of concept analysis (walker and Avant, 2005). It means that one can recognize and measure the defining characteristics and attributes of the concept in real world. The defining attributes are negative feelings, powerlessness, conflicting situation, and uncertainty. There could be three choices to analyze the moral suffering; the quantifying moral suffering scale to measure a perception of moral suffering, assessing and monitoring of symptoms of moral suffering and conducting focused group discussion to gather the subjective data for insight of moral suffering of individual. Moral suffering scale is adopted from moral distress scale. Moral suffering scale is used in inpatient nurses in Brazil.(Silvino et al., 2016). The moral distress is a subjective phenomenon and it is not constant. Qualitative methodology Focused group discussion is done from graduate nurses of district Layah of Punjab .The key finding of this study was; nurses faced ethical issue at daily routine work that contribute to moral suffering (Hamid, 2016).

### Implication for Theory, Research and Practice

When describe the uses of concept of the walker and Avant (2005) adds further implication of theory, practice, and research. The concept analysis refines ambiguous term, operational definition of concept, provide direction for instrument development. It also enhances the understanding and knowledge of nursing discipline.

### Theory and Research

The study of moral suffering exists from 1984 when jameton observed and inducted interview with the nurses. It has a strong theoretical base and researches conducted on nurses and other discipline.

The deliberation for future research is to explore the intervention to overcome moral suffering among nurses. Based on intervention that is occurrence of moral suffering among all clinical situations.

### Practice

After conducting the concept analysis on moral suffering and finding the defining attributes of moral suffering that affects the nurses, patient, and organizational outcome. It is necessary to recognize moral suffering in one own self in their clinical setting . In conducting concept analysis of moral suffering, clarifying the defining attributes, antecedents, consequences, and empirical referent of the concept provides further contribution to the inference of future theory, research, and practice.

### Conclusion

Moral suffering is quite common and complex phenomenon but most of the time it is neglected in nursing profession. Almost professions experience this phenomenon but nurses confront this suffering mostly than other professions (Pauly et al., 2010).The concept of moral suffering is very difficult to ascertain for an individual, most of the time individual did not recognize it what they are experiencing. In nursing perspective most of the nurses perceive it is a part of job and they cannot do anything in that situation. Moral suffering is an experience of painful feeling and experience. The critical attributes are negative feelings, helplessness, conflicting loyalties, and uncertainty. There must be happening of moral conflict and moral sensitivity prior occurrence of concept. It cans severe effects on the physical and mental health of nurses. Nurse's role of patient advocacy is affected when nurses are unable to act due to hierarchical system of health care. They feel helplessness, anger got frustrated and loss of self-worth. There is an adapted scale from moral distress used in study to measure the moral suffering among nursing. It is particularly important concept that is useful and applicple for theory, research, and practice and to understand the concept .it could be happened everywhere in every situation. There is great need to further research which focuses on the interventions for moral suffering to reduce the untoward effects of moral suffering. Corley (2002), Interventions needed to find, manage, and resolve situations that cause moral suffering. Be aware of happening of moral suffering in any situation. Moral suffering can lead to effects on nurses, patient and organization outcomes. It is very important because someone knows about own moral values and ethics,

than they give importance and respect to others moral values.

“If you don’t have integrity, you have nothing. You cannot buy it. You can have all the money in the world, but if you are not a moral and ethical person, you really have nothing.”

(Henry Kravis)

### References

Austin, W. (2005). To stay or to go, to speak or stay silent, to act or not to act: Moral distress as experienced by psychologists. *Ethics & Behavior*, 15(3), 197-212.

Barlem, E., & Ramos, F. (2015). Constructing a theoretical model of moral distress. *Nurse Ethics*, 22(5), 608-615. Retrieved from <http://nej.sagepub.com/content/early/2014/10/31/0969733014551595> [ Links ]

Corley, M. C., Elswick, R.K., Gorman, M., & Clor, T. (2001). Development and evaluation of a moral distress scale. *Journal of Advanced Nursing*, 33(2), 250-256.

Corley, M. C. (2002). Nurse moral distress: A proposed theory and research agenda. *Nursing Ethics*, 9(6), 636-650.

Crnjanski, T., Krajnovic, D., Stojkov-Rudinski, S., & Tadic, I. (2012). Ethical dilemmas and moral distress in pharmacy: A qualitative study. *Healthmed*, 6(7), 2485-2493.

Hamric A, Davis W., & Childress, M.D. (2006). Moral distress in health care professionals. *Pharos*, 69(1):16-23

Jameton A. (1984) *Nursing practice: the ethical issues*. Englewood Cliffs, *Nursing Journal* Prentice-Hall, 321

Karen, S. (2006). Assessing moral distress in respiratory care practitioners. *Critical Care Medicine*, 34(12), 2967-2973.

Lazzarin M, Biondi A, & Di M, S. (2012). Moral distress in nurses in oncology and hematology units. *Nursing Ethics*, 19(2): 183-195. 5.

Moral. (n.d.). In Merriam-Webster online dictionary (11th Ed.). Retrieved on 12/5/2020

from <http://www.merriam-webster.com/dictionary/moral>

Oberle, K., & Hughes, D. (2001). Doctors' and nurses' perceptions of ethical problems in end-of-life decisions. *Journal of Advanced Nursing*, 33(6), 707-715.

Schluter, J., et al., (2008) Nurses' Moral Sensitivity and Hospital Ethical Climate: A Literature Review. *Nursing Ethics*, 15(3): p. 304-321.

Timmer, M. D. (2014). Assessment of moral distress in respiratory therapists. *Respiratory Care*, 59(10), 33.

Walker, L. O., & Avant, K. C. (2010). Strategies for theory construction in nursing. (5th ed.). *Nursing Journal*, Prentice Hall.

Wilkinson, J. M. (1987). Moral distress in nursing practice: Experience and effect. *Nursing Forum*, 23(1), 16-29.

Wocial, L. D., & Weaver, M. T. (2013). Development and psychometric testing of a new tool for detecting moral distress: The Moral Distress Thermometer. *Journal of Advanced Nursing*, 69(1), 167-174.