● Review

EFFECTS OF MORAL DISTRESS ON NURSES: INTEGRATIVE LITERATURE REVIEW

Flavia Regina Ramos[1], Priscila Orlandi Barth[2], Ana Maria Masiel Schneider[3], Amanda Santos Cabral[4], Jéssica da Silva Reinaldo[4]

ABSTRACT: The present study aimed to identify the effects of moral distress on nurses. Integrative literature review with data collection from May to September 2013 and updated in July 2015 in database Biblioteca Virtual emSaúde, using the terms: Moral Distress, Moral Suffering, Nurse andNursing.The final sample was composed of eighty-five studies.The outcomes are presented in four categories. The first one (Feelings) includes dissatisfaction, frustration and anger; the second (Sickening) emerged from the experience of physical and emotional sickening; the third (Quality of care) concerns the actions that resulted in ineffective care and denial of patient advocacy; and the fourth (Coping Strategies)showed the types of coping such as:abandonment of the profession and denaturalization of the practices. The effects are present in the daily routine of the professionals, causing damage often irreversible and, abandonment of the employment.
DESCRIPTORS: Moral; Distress; Nurse; Care; Feelings.

CONSEQUÊNCIAS DO SOFRIMENTO MORAL EM ENFERMEIROS:REVISÃO INTEGRATIVA

RESUMO: O objetivo foi identificar as consequências de sofrimento moral em enfermeiros. Trata-se de uma revisão integrativa, com coleta dos dados realizada de maio a setembro de 2013 e atualizada em julho de 2015 na Biblioteca Virtual em Saúde, com os termos: *Moral Distress, Moral Suffering, Nurse e Nursing*. Oitenta e cinco estudos compuseram a amostra final. Os resultados são apresentados em quatro categorias. A primeira: Sentimentos composta pela presença de sentimentos como insatisfação, frustração, raiva; a segunda: Adoecimento emergiu da vivência de adoecimento físico e emocional; a terceira Qualidade do cuidado pela presença de ações que levavam ao cuidado ineficaz e negação da advocacia do paciente; e a quarta: Estratégias de enfrentamento, demonstrou as formas de enfrentamento utilizadas, como: abandono da profissão e a desnaturalização das práticas. Evidencia-se que as consequências estão presentes no cotidiano dos profissionais, e causam danos muitas vezes irreversíveis, inclinando para o abandono da profissão.
DESCRITORES: Moral; Sofrimento; Enfermeiro; Cuidado; Sentimentos.

CONSECUENCIAS DEL SUFRIMIENTO MORAL EN ENFERMEROS: REVISIÓN INTEGRATIVA

RESUMEN: Estudio cuyo objetivo fue identificar las consecuencas de sufrimiento moral en enfermeros. En esa revisión integrativa, los datos fueron obtenidos de mayo a septiembre de 2013, siendo actualizada en julio de 2015 en la Biblioteca Virtual en Salud, por medio de los términos: Moral Distress, Moral Suffering, Nurse y Nursing. La muestra final fue compuesta de ochenta y cinco estudios. Los resultados son presentados en cuatro categorías. La primera: Sentimientos, compuesta por sentimientos como insatisfacción, frustración, ira; y la segunda, Proceso de enfermarse, de donde surgieron: vivencia de la enfermedad física y emocional; la tercera, Cualidad del cuidado, por la presencia de acciones que llevaban al cuidado ineficaz y negación de la agocacía del paciente; y la cuarta: Estrategias de enfrentamiento, que demostró las formas de enfrentamiento utilizadas, como: abandono de la profesión y la desnaturalización de las prácticas. Se evidencía que las consecuencas están presentes en el cotidiano de los profesionales, y causan daños muchas veces irreversibles, podendo llevar al abandono de la profesión.
DESCRIPTORES: Moral; Sufrimiento; Enfermero; Cuidado; Sentimientos.

[1]Nurse. PhD in Nursing Philosophy. Professor at Universidade Federal de Santa Catarina. Florianópolis,SC, Brazil.
[2]Nurse. PhD student in Nursing.Universidade Federal de Santa Catarina. Florianópolis, SC, Brazil.
[3]Nurse.Specialist in Adult Intensive Care. Universidade Federal de Santa Catarina. Florianópolis, SC, Brazil.
[4]Nursing student.Universidade Federal de Santa Catarina. Florianópolis, SC, Brazil.

Corresponding author:
Amanda Santos Cabral
Universidade Federal de Santa Catarina
R. Anoraldo Borba, 135 - 88160-000 - Biguaçu, SC, Brasil
E-mail: amandasantoscabrall@gmail.com

● INTRODUCTION

Moral distress has been conceptualized and described by researchers over the past decades, and especially in Brazil, over the last five years. There is consensus that moral distress is related to a feeling of helplessness or inability to perform the action perceived as ethically appropriate, due to internal or external constraints on the decision, action and behavior of nurses. It manifests itself through feelings that cause emotional and physical disturbances experienced by these workers when they are aware of the ethical action that should be taken, but refrain from performing the referred action because of fear, institutional barriers, or situations that go beyond their sphere of competence, with a negative impact on their values and ideals [1-3].

It is necessary to address the issues related to nurses' responsibilities and duties. These professionals are supposed to provide care without causing damage arising from imprudence, negligence or lack of foresight, given that nursing comprises a set of technical and scientific knowledge based on ethical and legal principles [4].

The facts associated to moral distress can be experienced by workers in their daily routines, e.g. in questionable professional practices: therapeutic obstinacy, unequal distribution of resources, excessive workload, and when their views are not considered in decision making. Workers who face these difficulties and dissatisfaction may have feelings of frustration and helplessness over time [5].

The experience of moral distress can also be related to the organizational and institutional policies adopted by the hospitals where these professionals perform their activities. Decisions are often difficult to be made in hospital settings, particularly medical decisions related to pain and suffering of patients and the hierarchical structure of power [6].

There are few studies on the effects of moral distress because this subject has deserved attention only recently. However, it is known that the moral stress experienced by health professionals in their daily routines has effects both on their personal (emotional and physical signs, which can result in illness), and professional (with dissatisfaction and abandonment of the employment) lives [7]. This impact is variable, and is reported as initial and reactive distress, and later as "moral residue" or "persistent distress" [2].

Therefore, the present study aimed to identify the effects of moral distress on nurses based on the national and international scientific literature.

● METHOD

Integrative literature review aimed to the analysis of studies of a given area (8), conducted in six steps:

1) Elaboration of the guiding question: How are the effects of moral distress in nurses addressed in the national and international literature?

2) Inclusion and Exclusion Criteria: Studies containing the key terms moral distress, moral suffering, nursing and nurse in the abstract or title and full-text articles published in Portuguese, English and Spanish available online up to the first half of 2015 were included. The exclusion criteria wereduplicated studies in the databases, review articles, international publications such as manuals and governmental documents, thesis and dissertations. Data collection was performed from May to September 2013, and data updating was performed in July 2015 at Biblioteca Virtual emSaúde (BVS), using all its 14 databases (Literatura Latino-Americana e do Caribe emCiências da Saúde, Scielo, Medline, Cochrane, among others) through Boolean operators: Moral Distress AND Nurse, Moral Distress AND Nursing, Moral Distress AND Moral Suffering, Moral Suffering AND Nurse, Moral Suffering AND Nursing.

Figure 1 shows the number of articles found for each keyword search performed.

Figure 2 shows the total number of articles found and the process of selection to obtain the final sample of 85 articles that were coded from A1 to A85. The articles not included in the sample for not
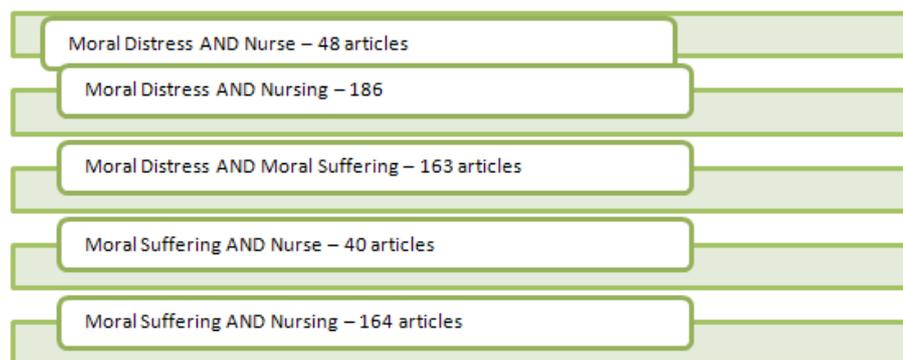
Moral Distress AND Nurse – 48 articles

Moral Distress AND Nursing – 186

Moral Distress AND Moral Suffering – 163 articles

Moral Suffering AND Nurse – 40 articles

Moral Suffering AND Nursing – 164 articles

Figure 1 – Number of articles obtained for keyword search. Florianópolis, 2015

Total number of articles = 601 → Total number of duplicated articles = 22 → Total number of articles that do not meet the objetive of the study = 494 → Sample (full-text articles read)= 85

Figure 2 – Composition of the search sample. Florianópolis, 2015

meeting the objective of the study (494) addressed moral stress, but focused on the causes of the phenomenon, rather than its consequences, which are the object of this study.

3) Extraction of the main information from the studies with Microsoft Excel table: title, authors, year, journal, methodological approach and main results. The table with more concise information and the references of the analyzed studies are shown in numerical order, which will be cited in the results of this manuscript.

4) Assessment of the selected studies by descriptive statistical analysis of data using SPSS software and qualitative analysis, based on Bardin's content analysis.

The use of SPSS in simple statistical descriptive analysis aimed to classify the manuscripts according to journal, year and database.

Qualitative analysis was based on Bardin's content analysis o(9) with the aid of Atlas.ti software developed in 3 steps.In the first step, of pre-analysis, an hermeneutic unit (HU) was elaborated with Atlas.ti software, which included all the articles used, which formed theanalysis corpus. Then, in-depth reading of the full-text studies was made.In the second step, the material was explored with codes, selection of quotations (extracts from the manuscripts), and formation of the families (similar codes or pre-categories). The third step resulted from the construction of networks (categories), when the main families (subcategories) were combined to form the 4 large networks (categories): Feelings, Sickening, Quality of Care and Coping Strategies.

5) Interpretation of the results:the initial concepts of moral distress were used, according to which moral distress is manifested in the inconsistency between nurses' attitudes and beliefs, resulting in actions contrary to their knowledge and moral principles [10-11].

6) Report the review:data synthesis performed, in compliance with all ethical aspects related to authorship and citation of the references of the publications selected.

● **RESULTS**

The results will be primarily shown in descriptive form, including a general overview of the analyzed studies. Chart 1 shows the frequency of studies for each journal, and publications related to nursing and ethical issues such as Nursing Ethics (24 studies), Journal Advance Nurse (five studies), Nurse Inquirity (three studies) were emphasized.
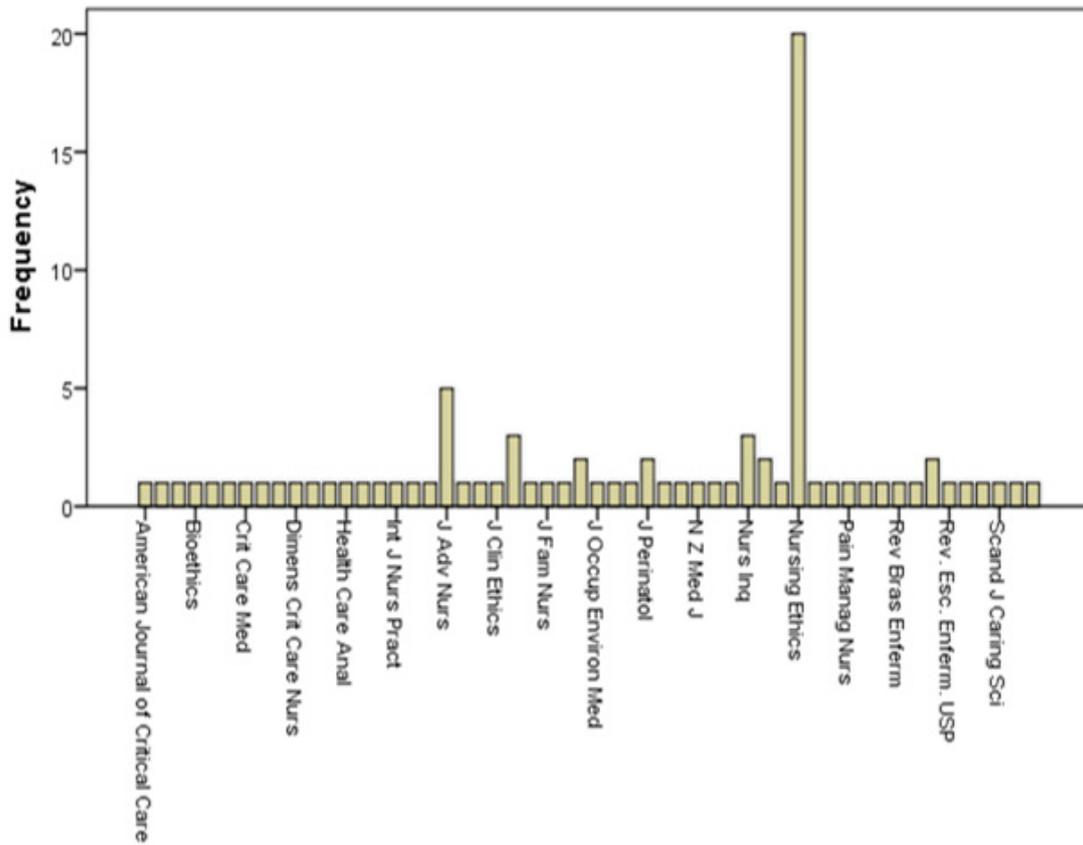
Chart 1 – Presentation of the studies according to the journal. Florianópolis, 2015

Chart 2 shows the identification of indexed databases, with emphasis to Medline, with 79 of the 85 indexed studies.

Regarding the year of publication of the studies, most studies were published from the 2000's, with emphasis to 2012 (11 studies), 2009 (eight studies), 2007 (eight studies), 2006 (14 studies). Other studies were published between 1998 and 2015.

The four categories generated by qualitative analysis were Feelings, Sickening, Quality of Care and Coping Strategies.
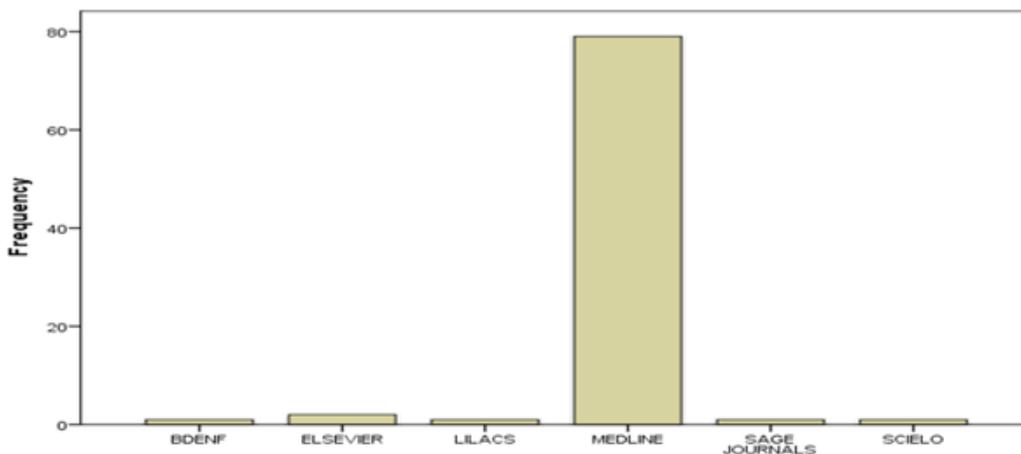

Chart 2 – Indexation of studies. Florianópolis, 2015

● **DISCUSSION**

Regarding the category Feelings as effects of moral distress, several types of feelings are reported such as dissatisfaction, frustration, anger, helplessness, devaluation, guilt, distress, uncertainty and inability. They are mostly observed in hospital settings where professionals face difficult and stressing situations, with sick patients, unwholesome work and suffering. The nursing professionals who work in these environments have different levels of stress, physical and mental strain, related do pain, distress and the heavy burden of responsibility[A15,A18,A21,A23-A26,A34-A36,A38-A39,A42,A45,A48-A49,A60,A62,A65,A75-A77,A79,A80-A81].

In the category Sickening, aspects similar to the Burnout Syndrome can be observed, such asphysical and emotional sickening and the Burnout syndrome itself, characterized by the occurrence of professional exhaustion, depersonalization, professional incompetence, associated with feelings of frustration, helplessness, emotional exhaustion, reduced personal accomplishment and depersonalization[A6,A20,A27,A49,A62]. Also, emotional distress, loss of self-esteem, depression, irritability, fatigue, loneliness, anxiety and estrangement, physical, moral and psychological consequences, loss of integrity; dissatisfaction andabandonment of the employment[A18,A21,A23,A25-A27,A34-A36,A38-A39,A42,A45,A48-A49,A60,A65,A76-A77,A79-A81].

Regarding the category Quality of Care, it was found that change in this category is caused by the experience of moral distress by nurses in situations related to ineffective care[A27,A44,A51,A59,A74], turnover[A15], depersonalization[A10,A28], neglect[A31,A37,A85], denial of nurse's role as patient advocate[A20,A44], conformism[A13], disregard for patient autonomy[A20,A22], lack of respect[A74], inaction[A13], moral integrity of professionals is affected[A12,A34], denial of self[A13], denial of the other[A13], ability to care for oneself[A13], ability to care for others[A13].

Coping Strategies were identified as effects of the experience of abandonment of employment/work, Strengthening of interpersonal relations and denaturalization of practices are tools used by nurses to deal and cope with moral distress[A1-A2,A11,A14,A16,A21,A23,A27,A42,A46,A47,A53,A61,A63A-64,A66-A67,A78].

Thus, the results obtained by this review indicate the need for spaces for dialogue where strategies to solve these situations can be sought, to prevent that nurses experience these effects of the process of moral distress.

Distress begins when the relationship man X work organization is troubled, i.e., when professionals use the most of their intellectual, psycho-affective, learning and adaptation abilities, without success. Thus, work dissatisfaction creates daily stress in the work environment[12]. Moral distress may impact the lives of the professionals, both in their personal (expressed by emotional and physical changes) and professional dimensions, with impact on job performance[5].

The feelings mentioned in the studies affect both the professional and personal lives of the individuals and are also described in the hierarchical power relations, conflicting interpersonal relationships, relationships with managers, supervisors and other workers, and which are sometimes unpleasant, and even insufferable[12]. One common feeling reported by nurses in their interpersonal relationships is that of being depreciated by their peers, supervisors, family members and patients. The nurse feels "invisible" in the workplace[A24,A40,A48,A74].

The way in which the work is organized and services are delivered generate feelings of dissatisfaction and helplessness[6]. According to the findings, the reasons for dissatisfaction at work are turnover, absenteeism, lack of support in decision making, ethical conflicts, management and perception of patient pain. Loneliness and isolation may intensify the feeling of helplessness[A11,A15,A19,A21-A23,A28,A32,A37,A40,A46,A66,A68-A69,A76,A79,A81].

Professionals who work in precarious, without the necessary infrastructure,are more prone to feelings of helplessness, dissatisfaction, anger, frustration that culminate in the adoption of ineffective actions and cause professional devaluation[12]. The studies report the above mentioned feelings and their association with professional devaluation[A14-A15,A19,A21-A24,A28,A32,A33-A34,A37,A40,A42,A46,A49,A56,A60,A66,A68-A69,A74-A76,A79-A82].

Devaluation can also occur in the following situations: lack of training, purposeless activities, bad and authoritative leadership, lack of communication and conflicting relationships[12]. Professionals

must be recognized by their work and users must perceive the actions taken by these professionals as purposeful. However, ethical/moral conflicts between multidisciplinary professionals may prevent this to occur, resulting in feelings of depreciation and dissatisfaction[13].

Feelings of frustration and moral sickening are present in situations of improvisation when the resources necessary to deliver humanized and integral care are unavailable. The lack of organization in the work environment concerning insufficient material resources, unfit professionals, are also stressful factors that generate feelings of worry, insecurity, helplessness, despair, guilt, among others [A8,A23,A28,A66,A80,A82].

On the other hand, nurses are responsible for leading organization processes in health units or centers, and hence be well-trained and prepared to perform activities that involve active listening, observation, negotiation, critical judgment and sensitivity[14]. Consequently, nurses should be ready to face and experience difficult situations in the workplace, developing appropriate strategies to cope with these situations, blocking those feelings that lead to moral distress.

Emotional sickening caused by moral distress is emphasized in this study and, consistently with the literature findings, is experienced by feelings of guilt, resentment, anger, humiliation, shame, sadness, distress, anxiety, fear, insecurity, depression, differences of opinion and dissatisfaction with work[5]. The feelings triggered by moral distress were found to be directly associated to the daily routines of the nurses.

Physical sickening was widely reported by the authors as an effect of moral distress, manifested by symptoms such as fatigue, insomnia, muscle pains, headaches in these professional[A18,A21,A35,A38,A65,A75-A76]. It is known that nursing involves a significant level of physical demands because the professionals stand up for long periods, use both hands repeatedly, walk around all-day and perform activities that involve physical exertion. Musculoskeletal disorders have become a serious problem and a major issue in occupational health[15].

Nursing workers have high prevalence of musculoskeletal pain, particularly in the low back and neck-shoulder regions, which is influenced by the following factors: pace of work, time pressure and understaffing. The latter isrelated to work organization[16].

Turnover hasalso been identified in the literature to assess quality of care, and is related to satisfaction at work. Dissatisfied professionals leave the work and provide poorer care to the users [A6,A11,A15,A21,A23,A27,A28]. Thus, dissatisfaction can be perceived here as a factor that triggers an effect of moral distress: it generates poor quality of care and, finally, abandonment of the employment and turnover[17].

Therefore, physical sickening involves several dimensions, including the way in which work is organized, the number of professionals and appropriate infrastructure, and interaction between nurses and users. So, in addition to physical sickening, quality of care is also an obvious effect of moral distress, since the care provided is not effective because the healthcare team is unable to perform a given action[18].

Of course, nurses, nursing technicians and nursing assistants, medical and nursing students and support services may sometimes not be able to provide the care required by patients, and more often than not professionals asked to care for patients do not feel prepared for this task[5]. It is necessary to rethink the training and continuing education of health professionals, given the wide range of healthcare functions and activities, and professionals must be attentive to the development of the competencies and skills required in their specific areas.

Other aspects addressed in the category quality of care were neglect by the healthcare team (nursing and medical teams), as well as depersonalization, denial of the nurse's role as patient advocate, inaction and disregard for patient's autonomy[A10,A13,A20,A22,A28]. It should be stressed that caring is the core of nursing. Nurses are responsible for providing appropriate, resolutive, ethical and holistic care to patients, and when theyfeel moral distress, they cannot perform the necessary and resolutive actions.

Changes in the healthcare system are being introduced, and nurses have now the opportunity to get involved in this process, standing for the protection of patients' rights[18]. Nurses's feelings should be respected because they directly interfere with the care delivered. Strategies should be created

to help these professionals cope with these situations and be prepared to deal with the conflicting experiences of their daily routines[19].

Poorer quality of care impacts the daily routines of nursing professionals, preventing the delivery of a holistic, integral and resolutive care, leading sometimes to abandonment of the nursing profession. These issues should be addressed and discussed in depth by nurses and all the other healthcare professionals.

Abandonment of the profession was the main coping strategy reported in eight studies[A6,A21,A23,A27,A42,A61,A66,A68]. This wish is usually related to psychosocial stress that causes the nurse to give up the profession as a mechanism of defense and self-preservation. Dissatisfaction with work has been reported as one of the reasons for abandonment of the profession[20].

Interpersonal relationships are also important coping strategies. They provide a special tool for the nursing practice.Therefore, nurses should develop social skills to prevent the occurrence of conflicting relationships[A2,A21,A78]. It is known that rewarding interpersonal relationships generate personal fulfillment[21].

By strengthening interpersonal relationships with patients, family members and the team, nurses are able to deal in a positive manner with the factors that cause stress and/or conflicts, thereby reducing the chances of occurrence of moral distress.

Prevention and coping strategies are essential in the construction of decision-making tools that may support the nursing profession. So, it is suggested the creation of ethical, critical and holistic environments in healthcare institutions where nurses express their views, on what they consider best practices in patient care, valuing their knowledge and their work in the healthcare team, and encouraging practices of respect and collaboration in the multidisciplinary team, to improve their activities[5].

● **FINAL CONSIDERATIONS**

As shown in the present study, only recently the effects of moral distress have deserved attention of the literature, because most articles available online did not address the subject. On the other hand, the subject is clearly gaining prominence and emphasis in the national and international nursing scene, identifying gaps and suggesting coping strategies.

Our findings identified several factors that trigger moral distress associated to work organization, work conditions, professional skills, professional valuation, among others. These factors should be explored and in depth discussed, so that appropriate strategies are elaborated for coping and preventing the development of this situation in work environments.

The feelings considered as effects of moral distress, as well as sickening, sometimes trigger this phenomenon, creating a vicious circle of suffering. They may lead to drastic changes in the daily routine of nurses, impacting the quality of care and resulting in abandonment of the profession.

The studies shown here report the effects of moral distress as something intrinsic to the daily activities of nurses, interfering with the quality of the care delivered to patients. Thus, it is necessary to discuss and develop coping strategies in the work environment, with the creation of spaces to discuss decision making processes that help deconstruct environments susceptible to the development of moral distress among nurses.

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● **ANNEX – Overview table of the analyzed studies in numerical order**

Code of the article	Title	Author(s)	Year	Journal	Database
A1	Screening situations for risk of ethical conflicts: a pilot study	Pavlish CL, Hellyer JH, Brown-Saltzman K, Miers AG, Squire K	2015	Am J Crit Care	MEDLINE
A2	Moral distress in the resuscitation of extremely premature infants	Molloy J, Evans M, Coughlin K	2015	Nurs Ethics	MEDLINE
A3	Nurse middle manager ethical dilemmas and moral distress	Ganz FD, Wagner N, Toren O	2015	Nurs Ethics	MEDLINE
A4	A culture of avoidance: voices from inside ethically difficult clinical situations	Pavlish C, Brown-Saltzman K, Fine A, Jakel P	2015	Clin J OncolNurs	MEDLINE
A5	Compassion Fatigue, Moral Distress, and Work Engagement in Surgical Intensive Care Unit Trauma Nurses A Pilot Study	Mason VM, Leslie G, Clark K, Lyons P, Walke E, Butler C, et al	2014	DimensCrit Care Nurs	MEDLINE
A6	Moral distress and its correlates among mentalhealth nurses in Jordan	Hamaideh SH	2014	Int J Ment Health Nurs	MEDLINE
A7	The nature of ethical conflicts and the meaning of moral community in oncology practice.	Pavlish C, Brown-Saltzman K, Jakel P, Fine A	2014	OncolNurs Forum	MEDLINE
A8	Assessing and addressing moral distress and ethical climate, part 1	Sauerland J, Marotta K, Peinemann MA, Berndt A, Robichaux C	2014	DimensCrit Care Nurs	MEDLINE
A9	Reflection about the moral suffering of the teacher nurse at work	Ribeiro KRB, Barros WCTS, Oliveira LPBA, Melo CR, Ramos FRS, Pires DEP	2014	Rev enferm UFPE on line	MEDLINE
A10	Intensive care nurses' perception of futilityJob satisfaction and burnout dimensions	Özden D, Karagözoğlu Ş, Yildirim G	2013	Nurs Ethics	MEDLINE
A11	Determinants of moral distress in daily nursing practice: A cross sectionalcorrelational questionnaire survey	de Veer AJ, Francke AL, Struijs A, Willems DL	2013	Int J Nurs Stud	ELSEVIER
A12	Moral distress: challenges for an autonomous nursing professional practice	Barlem EL, Lunardi VL, Tomaschewski JG, Lunardi GL, Lunardi Filho WD, Schwonke CR	2013	Rev Esc Enferm USP	MEDLINE
A13	Moral distress in everyday nursing: hidden traces of power and resistance	Barlem EL, Lunardi VL, Lunardi GL, Tomaschewski-Barlem JG, Silveira RS	2013	Rev. Latino-Am. Enfermagem	MEDLINE
A14	Moral distress in nursing personnel	Barlem EL, Lunardi VL, Lunardi GL,Tomaschewski-Barlem JG, da Silveira RS, Dalmolin GL	2013	Rev. Latino-Am. Enfermagem	MEDLINE
A15	Moral distress in nursing: contributing factors, outcomes and interventions.	Burston AS, Tuckett AG	2013	Nurs Ethics	MEDLINE
A16	Moral distress: levels, coping and preferred interventions in critical care and transitional	Wilson MA, Goettemoeller DM, Bevan NA, McCord JM.	2013	J ClinNurs	MEDLINE

A17	Exploring moral distress in potential sibling stem cell donors	Begley A, Piggott S	2012	Nurs Ethics	MEDLINE
A18	Consequences of clinical situations that cause critical care nurses to experience moral distress	Wiegand DL, Funk M	2012	Nurs Ethics	MEDLINE
A19	Nurses' perceptions of and responses to morally distressing situations	Varcoe C, Pauly B, Storch J, Newton L, Makaroff K	2012	Nurs Ethics	MEDLINE
A20	The experience of moral distress in nursing: the nurses' perception	Barlem EL,Lunardi VL, Lunardi GL, Dalmolin GL, Tomaschewski JG	2012	Rev Esc Enferm USP	SCIELO
A21	Implicações do sofrimento moral paraos(as) enfermeiros(as) e aproximações com o Burnout	Dalmolin GL, Lunardi, VL, Barlem ELD, Silveira RS	2012	Texto Contexto Enferm	LILACS
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A23	How professional nurses working in hospital environments experience moral distress: a systematic review	Huffman DM, Rittenmeyer L	2012	Crit Care Nurs Clin North Am	MEDLINE
A24	Moral distress in nursing practice in Malawi	Maluwa VM, Andre J, Ndebele P, Chilemba E	2012	Nurs Ethics	MEDLINE
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