

Scoping Review of Factors Influencing Moral Toughness in Emergency Nurses

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Abstract. Emergency nurses frequently encounter significant ethical challenges, necessitating high levels of moral resilience. This scoping review aimed to identify factors influencing the moral resilience of emergency nurses, thereby informing future interventions to strengthen their resilience. Guided by the JBI scoping review framework, a systematic search was conducted in Chinese and English databases from inception to April 2025. Studies meeting predefined inclusion criteria were screened, extracted, and analyzed for key findings relevant to moral resilience. Twelve studies met the inclusion criteria. Key influencing factors of emergency nurses' moral resilience include demographic variables (age, gender, work experience, income), as well as psychological elements such as job burnout and spiritual intelligence. The moral resilience of emergency nurses is influenced by various factors, yet there's a shortage of systematic approaches to nurture it. More extensive research is essential to understand the dynamics of moral resilience in Chinese emergency nursing, map causal links, and create focused interventions. This is key to enhancing resilience, job contentment, staff retention, and the overall quality and consistency of emergency nursing care.

Keywords: moral resilience, Emergency nurses, Influencing factors, Scoping review

1. Introduction

Due to advancements in emergency medicine and the rising complexity of acute and critical care nursing, emergency department nurses increasingly face ethically challenging, high-stress decisions. Limited resources, time pressures, and critical patient conditions often lead to ethical dilemmas, causing psychological distress when nurses can't act according to their ethical standards [1]. Prolonged ethical dilemmas among nurses can lead to negative emotions, undesirable behaviors, and physical and mental health issues, resulting in diminished professional identity, burnout, higher turnover rates, and ultimately, compromised patient care and nurse-patient relationships [2-4]. To alleviate the adverse impacts of moral dilemmas, moral resilience—a crucial protective factor against moral distress in nurses [5]—has emerged as a key concept in nursing ethics. It refers to nurses' convictions and capabilities to uphold their moral values in the face of ethical challenges in nursing practice [6]. Fostering and enhancing nurses' moral resilience in routine emergency nursing practice can aid in mitigating moral stress, promoting ethical conduct, reducing burnout, and maintaining the stability of the nursing workforce [5]. Domestic research on moral resilience of

emergency nurses is developing, focusing on descriptive analyses, lacking a comprehensive investigation of underlying mechanisms. This paper aims to integrate the conceptual framework, measurement tools, and influencing factors of moral resilience from international studies, providing a precise theoretical basis for a localized intervention program to support ethical practice in emergency care.

2. Data and methods

Determination of the research question: the influencing factors and current situation of moral toughness of emergency nurses

2.1. Research question design

Literature search steps:

(1) Define the search requirements: the search topic is the influence factors of moral toughness of emergency nurses at home and abroad, and the search years are all from the establishment of each database to April 2025. In order to ensure that the search is complete, there is no restriction on the type of literature and literature type.

(2) Selection of search tools: Computerized searches of domestic and international databases were conducted, including Cochrane Library, PubMed, Medline, Web Of Science, Embase, and CINAHL for English databases, and CNKI, WanFang Data, and Wipro for Chinese scientific and technical journals (VIP) for Chinese databases. Chinese databases include China Knowledge Network (CNKI), Wanfang Database (WanFang Data) and Weipu Chinese Journal Database (VIP).

(3) Determine the search path: adopt the subject word path and key word path as the search path.

(4) Formulate the search formula to retrieve the literature: Boolean operators AND and OR were used to formulate the search terms to (Nurse OR Emergency Nurse) AND (Moral Resilience OR Moral Dilemma OR Ethical Resilience OR Moral Trouble) in Chinese, and ((TS=(Nursing staff or nurse*)) AND TS=(Ethical Dilemmas or Ethical Dilemmas)) AND TS=(Quantitative Study)) as the English search formula, and literature was searched using a combination of subject terms and free words.

2.2. Literature screening

2.2.1. Inclusion criteria

(1) Study object: emergency nurses with professional qualification certificate of nurses

(2) Research topic: to analyze the current situation of moral toughness of emergency nurses and the factors affecting it; to discuss interventions to improve moral toughness

(3) Control: comparison of moral toughness in different groups or conditions

(4) Outcome indicators: moral toughness was measured using the Rushton Moral Resilience Scale (RMRS), Moral Dilemma Scale Revised (MDS-R), Brazilian Nurses' Moral Dilemma Scale (MDSN-BR), Nurses' Burnout Scale, Chinese version of the Moral Dilemma Scale, the General Information Questionnaire, and Chinese version of the Nurses' Moral Dilemma Scale, etc. scores

2.2.2. Exclusion criteria

(1) The research subjects are non-working nurses (e.g. retired nurses, nursing students))

(2) Non-Chinese and English literature

- (3) Repeatedly published literature
- (4) Literature with incomplete data or unable to obtain the required data from the text.
- (5) Literature with a literature quality evaluation score of ≤ 3 points

2.3. Literature screening and data processing

Two researchers conducted a literature search, applying eligibility criteria and using a snowball screening method: keyword filtering, title/abstract screening, and full-text review. Disagreements were resolved with a third-party researcher. A standard form was used to extract key data from eligible studies, including authorship, sample size, research methods, objectives, ethical dilemma factors, and limitations. The entire procedure was meticulously executed in compliance with the Joanna Briggs Institute (JBI) Scoping Review Execution Process.

This revision aims to enhance clarity, conciseness, and readability while maintaining academic rigor. It also corrects any potential spelling and grammatical errors and ensures that the process described is transparent and methodologically sound.

3. Results

In the initial phase of the literature review, a total of 2379 documents were identified. After the removal of duplicates, 1690 documents were eliminated, narrowing down the pool to 689 documents. Subsequent screening based on titles and abstracts, which aimed to exclude irrelevant and non-Chinese or English language documents, resulted in the exclusion of an additional 677 documents. The final round of full-text review focused on eliminating articles with discrepancies in research objectives, unclear outcome indicators, and missing data, leading to the removal of 665 more documents. Ultimately, 12 studies were included in the analysis. Of these, 7 were from English-language literature and 5 from Chinese-language literature. The studies encompassed a total sample size of 2605 participants, with publications spanning from 2016 to 2024. Notably, 50% (6 articles) of the included literature was published in or after 2024.

Table 1. Summary of research literature related to the factors influencing the moral resilience of emergency nurses

Author. Country (time of publication)	Sample size	Research instrument	Influencing factors	Research limitations
Arwa Jazzaa Alruwaili et al. Saudi Arabia (2024)	130	General Information Questionnaire (GIQ), Brazilian Moral Dilemma Scale for Nurses (MDSN-BR), Rushton Moral Resilience Scale (RMRS)	Demographic factors, nursing positions	Small sample size; not a random sample; a cross-sectional study, unable to confirm causality; relies on self-assessment methodology that is highly subjective and susceptible to error

Table 1.(continued)

Fateme Safari Ali et al. Moham madPouur (2024)	252	GIQ, Moral Dilemma Scale Revised (MDS-R), Quality Patient Care Scale (QUALPAC)	Demographic factors, shift work	Single and subjective data source; workload affects data quality; reporting bias exists; limited generalizability
Sara Lamoureux et al. (2024)	10	Moral Dilemma Scale for Psychiatric Nurses (MDS-P)	Emotional exhaustion, reduced job satisfaction, deteriorating ethical climate	Weakly representative sample with only a small collection of English language literature, specific settings, and limited countries; limited generalizability of results
Seyed Hossein Shahcheragh et al. Iran (2024)	200	GIQ, Badii Mental Intelligence Questionnaire, Nurse Fatigue Scale, Moral Dilemma Scale Revised (MDS-R)	Mental intelligence	Was a cross-sectional study and causality could not be confirmed
Mansoureh Karimollahi et al. Iran (2024)	262	GIQ, standardized moral dilemma questionnaire, compassion fatigue scale	Type of hospital, nurse characteristics, family income	Influence of subjective attitudes of study participants; weakly representative sample; single data collection instrument; risk of bias in data sources
Hedayat Jafari et al. Iran (2024)	172	GIQ, Coley moral dilemma questionnaire	Demographic factors, history of mental illness	Limited quality of data collection; influence of psychological factors; narrow scope of study; limited generalizability of results; inadequate coverage of specific populations
Hassan Babamohamadi et al. Iran (2021)	248	GIQ, moral dilemma scale	Demographic factors	A cross-sectional study, unable to confirm causality
Yao, Xiuyu et al. China (2018)	256	GIQ, Chinese version of the Nurses' Moral Dilemma Scale, Nurses' Burnout Scale	Demographic factors, scheduling situation, burnout	Only single-factor analysis, insufficient depth of analysis; lack of path exploration, unclear influence mechanism
Shen Ronghua et al. China (2019)	422	GIQ, Chinese version of moral dilemma scale	Demographic factors, mode of employment, presence of children	Was a cross-sectional study and could not confirm causality

Table 1.(continued)

Luo, Qinghua et al. China (2018)	243	GIQ, Moral Distress Scale (MDS), Level of Practice Independence Scale (DPBS)	Demographic factors, monthly income range, weekly working hours	Only nurses from non-tertiary hospitals were selected for the study, which was a weakly representative sample; it was a cross-sectional study, and causality could not be confirmed
Shen Yan et al. China (2016)	182	GIQ, Chinese version of the Nurses' Moral Distress Scale	Demographic factors, emergency nursing age, emergency position, nature of employment	Only nurses in the emergency departments of tertiary hospitals in Huzhou were selected for the study, which was a weakly representative sample; it was a cross-sectional study, and a causal relationship could not be confirmed
Pei, Li-Hui, et al. China (2021)	228	GIQ, Chinese version of the Nurses' Moral Dilemma Scale, Nurses' Burnout Scale	Demographic factors, years of working experience	Only nurses from a tertiary hospital in Zhengzhou were selected as the study population, which is a weakly representative sample; it is a cross-sectional study, which cannot confirm the causal relationship

4. Discussion

4.1. Research tools for moral toughness

Rushton Moral Resilience Scale (RMRS)

The Rushton Moral Resilience Scale in Nursing The Rushton Moral Resilience Scale (RMRS), which has been widely used to measure levels of moral resilience, was developed by Rushton [7] and his team in 2021 with interdisciplinary healthcare workers as the study population. The scale comprises four subscales: Response to Moral Adversity, Personal Integrity, Moral Efficacy, and Relational Integrity. It is structured with 17 items scored on a four-point Likert scale ranging from 1 (Disagree) to 4 (Agree). The total score is calculated by summing the responses to all items and dividing by 17, with higher mean scores indicating greater moral resilience. Scores range from 1, indicating very low moral resilience, to 4, indicating very high moral resilience. The RMRS demonstrates high internal consistency, with an overall Cronbach's alpha of 0.84 across the four subscales. The individual subscale reliabilities are as follows: Response to Moral Adversity (5 items, $\alpha = 0.78$), Personal Integrity (3 items, $\alpha = 0.50$), Moral Efficacy (4 items, $\alpha = 0.69$), and Relational Integrity (3 items, $\alpha = 0.78$). In the current study, the overall scale's Cronbach's alpha was 0.89, suggesting satisfactory internal consistency. The subscale reliabilities in this study were: Response to Ethical Dilemmas (5 items, $\alpha = 0.87$), Personal Integrity (3 items, $\alpha = 0.84$), Moral Efficacy (4 items, $\alpha = 0.86$), and Relational Integrity (3 items, $\alpha = 0.82$). In 2023, the Revised Moral Resilience Scale for Healthcare Professionals was further refined by Cynda H Rushton et al. [8] to enlarge the population and sample source of the study. population and sample source, the scale has improved the reliability of the moral toughness personal integrity subscale and further verified its validity compared with the previous version, which is the latest and reliable evaluation tool that can be adopted in the future research on moral toughness of emergency nurses, but there is no Chinese version.

4.2. Influencing factors of moral toughness of emergency nurses

4.2.1. Influencing factors of general situation

4.2.1.1. Age

Among the included literature, nine studies showed that the influence of age on the moral toughness of emergency nurses is a complex, multidimensional topic, and the results of the studies are not entirely consistent, but present some important trends and correlations. Foreign literature points to a decrease in moral dilemmas and an increase in moral toughness among emergency department nurses with increasing age [9]. Extensive clinical experience and life experience are usually important strengths of moral toughness for older nurses in terms of cognition, decision-making, value solidity, and emotion regulation. Younger nurses' high learning ability may be an advantage, although they face more challenges during the adjustment period, while middle-aged nurses may instead experience fluctuations in moral toughness under the dual pressures of family and career. Furthermore, although age is an important factor influencing moral toughness among emergency nurses, its role is mediated through mediating variables such as experience accumulation, burnout risk, and generational differences, and is highly dependent on the strengths and weaknesses of the organizational environment. Further understanding of the unique challenges and strengths faced by nurses of different ages, providing targeted support, and fostering a positive work environment are key to improving the moral resilience of the entire acute care nursing team.

4.2.1.2. Gender

Overseas studies have shown a significant correlation between the gender of emergency department nurses and moral distress. The mean score of moral distress of male nurses is higher than that of female nurses [10], which suggests that females are more morally resilient than males, which may be related to the fact that females are better at emotional care and males are better at rational decision-making.

4.2.1.3. Years of working experience

As the working years of emergency nurses increase, they have a clearer understanding of their own and patients' clinical conditions, and continue to accumulate experience to improve their coping skills. According to foreign studies [9], moral toughness is significantly positively correlated with years of working experience, but Shen Zhiying [11] indicated that nurses with more years of working experience experience more frequent ethical dilemmas, which leads to lower moral toughness. These nurses have accumulated rich clinical knowledge and experience, have a solid grasp of the treatment, care, and transfer of diseases, and have the ability to recognize unreasonable treatment and care measures in the clinic, but at the same time, they are prone to conflict with their own perceptions, leading to internal distress.

4.2.1.4. Cultural level

Shen Diem [12] believes that highly educated nurses assume more responsibility in the process of clinical practice and have a higher sense of responsibility for patients related. Nurses with high education can systematically learn ethical frameworks such as utilitarianism and deontology, and are able to analyze complex dilemmas from multiple perspectives, whereas low-education emergency

nurses rely more on operational norms than on ethical principles, and are prone to lose their heads in the face of new dilemmas without clear guidelines.

4.2.1.5. Only child

Based on the existing literature, exploring the impact of whether emergency nurses are only children on their moral resilience is a relatively emerging research direction. Min-Yeh Hsieh pointed out [13] that only-child nurses are more likely to encounter moral dilemmas and thus have lower moral resilience, which may be due to the fact that on the one hand, only-child nurses face unique pressures due to the lack of sibling's emotional support network, and on the other hand, it is related to some of only-child's personality characteristics, such as strong dependence and poor independence [14]. Therefore, hospitals and healthcare teams can focus on how to optimize the overall support system for emergency nurses and develop their core coping skills.

4.2.1.6. Income level

Income level is the material guarantee for individual's basic survival and development needs, which profoundly affects their sense of professional identity and value realization. Emergency nurses are in the high-risk, high-load and need to deal with emergencies at any time in the clinical front line, their work intensity and pressure is significantly higher than that of ordinary departments, however, if the matching salary return system fails to reasonably reflect the value of their profession and pay, it is very easy to trigger a sense of imbalance, leading to transgressive behavior. It has been clearly shown [15,16] that the income wage level is a significant influence factor of moral toughness of nurses in the emergency department, and the lower the monthly income of nurses, the lower the level of moral toughness they have. When nurses face long-term economic pressure and perceive a significant mismatch between labor payment and material rewards, their sense of professional value and intrinsic drive will be continuously weakened. On the one hand, economic anxiety distracts nurses from focusing on moral decision-making and ethical thinking; on the other hand, doubts about professional values triggered by income dilemmas reduce their willingness to adhere to principles and seek the best solutions when encountering ethical challenges, making it difficult to stimulate and maintain the deep-seated intrinsic motivation needed to overcome dilemmas. Nursing managers need to build a scientific, fair and competitive performance pay system that reasonably reflects the special values and risks of emergency nursing, and explore the establishment of special incentives and risk allowances, so as to provide a solid material foundation and value recognition guarantee for emergency nurses to hold fast to their beliefs and activate and maintain their moral resilience when facing complex ethical challenges.

4.2.2. Other influencing factors

4.2.2.1. Burnout

Burnout refers to the reaction of an individual who suffers from long-term emotional and interpersonal tensions in the occupational field of human service objects [17]. Emergency nurses, due to long-term exposure to high-intensity, high-stress and full of uncertainty in the work environment, their physical strength and energy continue to be consumed, which is more likely to lead to physical and mental fatigue, triggering burnout. The study of Yao Xiuyu et al. [17] showed that moral resilience is associated with burnout, and that the emergency department, as the first line of hospital treatment, has a high degree of emotional exhaustion, depersonalization tendency, and

sustained low personal accomplishment making it difficult for nurses to effectively deal with frequent ethical challenges, establish friendly relationships with patients and families with empathic connection, and ultimately step by step, erode their intrinsic confidence and persistence in overcoming ethical dilemmas events. Ability to overcome ethical dilemmas. Nursing managers should make efforts to improve the working atmosphere, rationalize shift scheduling, optimize the allocation of human resources to reduce the workload, and systematically carry out communication and training for stress management and resilience enhancement, so as to effectively alleviate the burnout of emergency nurses, thus laying a solid foundation for the cultivation and maintenance of their moral resilience.

4.2.2.2. Spiritual intelligence

Spiritual intelligence is a comprehensive ability of to moral resilience nurses promote humanistic care and by understanding, integrating and applying the cognitive and affective capacities of the spiritual dimension in clinical setting theto enhance insight into patients and the professionIt is the highest level of human intelligence and includes the beliefs and convictions of individuals, profound questions about where humans have come from, where they are going, and what is the primary purpose of their livescultures, and . can influence the lives of individuals, communities, and [18]. Spiritual intelligence enables individuals to seek meaning, purpose and transcendent values in their life experiences and to integrate them into their daily practices to guide their actions and gain more positive inner strength. Nurses in the emergency department are at the forefront of life-saving care, facing life, death, and illness, and their work implies profound existential challenges. Therefore, a lack of awareness and ability to connect specific life-saving work with deeper life values can easily lead to nurses falling into mechanical operations and emotional detachment. Studies have shown [18] that higher spiritual intelligence allows nurses to have stronger self-efficacy beliefs and moral resilience in the face of moral dilemmas. Therefore, nursing managers need to pay attention to the cultivation of spiritual intelligence of emergency nurses, encourage value-based team communication and other ways to guide nurses to explore and strengthen the deeper meaning of their work, and provide an inexhaustible spiritual source and value support for moral resilience.

4.2.2.3. Work experience

The work experience of emergency nurses, specifically covering the nursing positions they assume, the actual scheduling situation, etc., is a foundational environmental variable that shapes their moral resilience and profoundly affects their coping efficacy in the face of moral dilemmas. The study [15] shows that there is a significant difference in the level of moral toughness possessed by different tiers of nursing job titles (nurse, nurse practitioner, nurse in charge, associate nurse practitioner and above), with the higher the job title, the higher the level of moral toughness in their work. This is due to the fact that nurses in high positions have a higher level of corresponding professionalism, theoretical knowledge level and professional skills, a deeper perception of thinking about the specific work of the emergency department, and the ability to transform moral stress into organizational sharing. The study states [17] that scheduling situation is associated with the level of moral toughness of emergency nurses. Frequent circadian shifts and overtime shift patterns can persistently drain nurses' emotional and energetic reserves by interfering with physiological rhythms and social life, thereby subjecting emergency nurses to more clinical events capable of lowering their level of moral resilience. Therefore, it is urgent for nursing managers to optimize the employment structure as the core strategy of moral resilience construction: they need to

scientifically plan career development channels, clarify the rights and responsibilities of different positions and development expectations, and enhance the attractiveness of the profession and sense of value; they also need to systematically innovate the scheduling system, and implement a more humane and predictable flexible scheduling model to maximize the protection of nurses' rest and recovery time. By building a stable, supportive and sustainable employment environment, we can effectively buffer external pressures and lay a solid organizational foundation for emergency nurses to accumulate and maintain the internal resilience and professional confidence needed to cope with ethical dilemmas.

4.3. Ethical considerations

All ethical guidelines were strictly adhered to and the confidentiality of the participants' data was guaranteed.

4.4. Research limitations

A review of the current literature, both domestic and international, reveals that studies predominantly focus on emergency nurses in specific regions or institutions, leading to samples with limited representativeness and small sizes that lack generalizability. Methodologically, research on factors influencing the moral resilience of emergency nurses is predominantly cross-sectional, consisting mainly of observational studies that capture moral resilience at a single point in time. Given that moral resilience is a dynamic and evolving capability, the inferred relationships among its various determinants may be subject to temporal influences and variability.

Regarding research instruments, there is a dearth of standardized measures for moral resilience, and no Chinese-language version of a moral resilience scale currently exists. For future intervention studies, it is imperative to elucidate the specific causal mechanisms underlying moral resilience, taking into account the unique characteristics of emergency medicine. This requires in-depth research to develop and validate an assessment tool for healthcare workers' moral resilience, thereby establishing a theoretical foundation and methodological framework for the design of intervention strategies.

5. Conclusion

Develop and validate a Chinese version of the moral toughness assessment tool for emergency nurses in China, and design and evaluate the effectiveness of multilevel interventions. Explore in depth the differences in the factors influencing moral toughness in different cultural contexts. Conduct high-quality longitudinal studies to understand how moral toughness dynamically changes over time and its long-term effects.

References

- [1] Liu, Zhuqin, Yao, Jinlan, Zhuang, Yiyu. Research progress on the correlation between nurses' moral dilemmas and interprofessional teamwork [J]. Evidence-Based Nursing, 2020, 6(12): 1303-1308.
- [2] YANG Linling, LIU Junrong. Progress in the study of ethical dilemmas of emergency department nurses [J]. Nursing Research, 2022, 36(1): 77-81.
- [3] PEI Lihui, CHAI Yuxia, JIA Yanan, CHEN Qian. A study on the current situation and correlation between moral dilemma and burnout among emergency department nurses in a tertiary hospital in Zhengzhou City [J]. China Clinical Nursing, 2021, 13(1): 6-9+14.

- [4] WU Xiuqiang, YANG Zhen, XIE Zhiqin, DU Susanna Yu, YANG Lina, CHEN Shihan. A summary of the best evidence for moral dilemma interventions for nurses [J]. *Journal of Nursing*, 2023, 30(1): 47-52.
- [5] ZHANG Lixin, ZHONG Yiyu. Progress in the study of moral resilience among nurses [J]. *Journal of Nursing*, 2022, 37(15): 16-19.
- [6] ZHENG Shuo, WU Yaxuan, WANG Xinyuan, CAO Yabing, SONG Jielu, ZHANG Weiqing. Research Progress and Implications of Moral Resilience of Nurses in Foreign Countries [J]. *Medicine and Philosophy*, 2022, 43(8): 51-54.
- [7] HEINZE K E, HANSON G, HOLTZ H, et, al. Measuring Health Care Interprofessionals' Moral Resilience: validation of the Rushton Moral Resilience Scale [J]. *J Clin Nurs*, 2021, 24(6): 865-872.
- [8] RUSHTON C H, HANSON G C, BOYCE D, et, al. Reliability and validity of the revised Rushton Moral Resilience Scale for healthcare workers [J/OL]. *Journal of Advanced Nursing*, 2024, 80(3): 1177-1187. DOL: 10.1111/jan.15873.
- [9] BABAMOHAMADI H, BAKUEI KATRIMI S, PAKNAZAR F. Moral distress and its contributing factors among emergency department nurses: a cross-sectional study in Iran. [J/OL]. *International emergency nursing*, 2021, 56: 100982. DOI: 10.1016/j.ienj.2021.100982.
- [10] LAMOUREUX S, MITCHELL A E, FORSTER E M. Moral distress among acute mental health nurses: a systematic review. [J/OL]. *Nursing ethics*, 2024, 31(7): 1178-1195. doi: 10.1177/09697330241238337.
- [11] Shen ZY, Zhong ZQ, Ding SQ, et al. Analysis of the current situation of nurses' ethical dilemma and its influencing factors in Changsha City's Grade 3A general hospital [J]. *China Nursing Management*, 2017, 17(1): 50-55.
- [12] SHEN Yan, BIAN Binfang, SHI Jianping, SHEN Fengmei. A survey on the current status of ethical dilemmas of emergency department nurses [J]. *Journal of Nursing Management*, 2016, 16(10): 720-722.
- [13] Xie Minye, Ren Xiaobi, Zhao Lingling, Zhang Min, Jiang Junxiu, Dai Yixi. A study of the impact of nurses' social support on moral dilemmas [J]. *Journal of Nursing Management*, 2014, 14(11): 773-775.
- [14] LIU Yaping, GAO Xue. Research progress on personality traits of nurses with only children [J]. *Nursing Research*, 2008, (12): 1039-1040.
- [15] SHEN Ronghua, FENG Junyan, LIU Yan, et al. A survey on the current situation of moral dilemmas of nurses in the emergency departments of six tertiary hospitals in Hebei Province and the analysis of their influencing factors [J]. *China Hospital*, 2019, 23(11): 32-34. DOI: 10.19660/j.issn.1671-0592.2019.11.11.
- [16] KARIMOLLAHI M, MAZAHARI E, KHANGAH H A, et al. Correlation between moral distress and compassion fatigue in the emergency department nurses: a cross-sectional study from Ardabil Province, Iran. [J /Correlation between moral distress and compassion fatigue in the emergency department nurses: A cross-sectional study from Ardabil Province, Iran.] *Journal of education and health promotion*, 2024, 13: 356. DOI: 10.4103/jehp.jehp_1088_23.
- [17] YAO Xiuyu, LU Juanjuan, YANG Yiyao, CEN Jinjin. Analysis of the correlation between moral dilemma and burnout among emergency department nurses in a tertiary general hospital in Beijing [J]. *China Nursing Management*, 2018, 18(11): 1511-1515.
- [18] SHAHCHERAGH S H, FEKRI N, RAD M. The Relationship between Spiritual Intelligence and Fatigue and Moral Distress in Emergency Nurses: a Cross-Sectional Study. [J/OL]. *Iranian journal of nursing and midwifery research*, 2024, 29(6): 737-742. DOI: 10.4103/ijnmr.ijnmr_157_23.