



Table S1. Research strategies.

The database system	The search strategy
MEDLINE (PubMed)	<p>("stress, psychological"[MeSH Major Topic] OR "moral distress"[Text Word] OR "psychological stresses"[Text Word] OR "life stress*"[Text Word] OR "psychological stressor"[Text Word]) AND ("Health Personnel"[MeSH Major Topic] OR "medical personnel"[Text Word] OR "health care providers"[Text Word] OR "healthcare worker*"[Text Word] OR "health care professional*"[Text Word] OR ("Physicians"[MeSH Major Topic] OR "physician*"[Text Word]) OR ("nurse*"[Text Word] OR "Nurses"[MeSH Major Topic])) AND ("COVID-19"[MeSH Terms] OR "SARS-CoV-2"[MeSH Terms] OR ("COVID-19"[Text Word] OR "sars cov2"[Text Word]))</p>
ProQuest	<p>((("moral distress")) AND ((("health care professionals" OR "health care workers" OR "health personnel" OR "nurses" OR "medical staff" OR "nursing staff" OR "physicians")) AND ((("COVID-19" OR "SARS-CoV-2"))))</p>
Scopus	<p>TITLE-ABS-KEY ((("moral distress")) AND (("health care professionals" OR "health care workers" OR "health personnel" OR "nurses" OR "medical staff" OR "nursing staff" OR "physicians")) AND (("COVID-19" OR "SARS-CoV-2"))) AND (LIMIT-TO (LANGUAGE , "English"))</p>
ScienceDirect	<p>((("moral distress"))AND ((("health care professionals")) AND ((("COVID-19"))</p>

The Cochrane Library

MeSH descriptor: [Health Personnel] explode all trees;MeSH descriptor: [Psychological Distress] explode all
trees; MeSH descriptor: [COVID-19] explode all trees

Table 2. Scoping review results.

Author/ year/ title	Time of measurement	Country	Research aim	Research methods	Theoretical context	Subjects	Study Size/N	Measures	Data collection	Data analysis	Main results
1. Asadi, N., Salmani, F., Asgari, N., & Salmani, M. (2022) Alarm fatigue and moral distress in ICU nurses in COVID- 19 pandemic	April- May 2021	Iran	To determine the relationship of nurses' characteristics with moral distress, anxiety fatigue in Iran.	Quantitative study.	Hamric	Nurses. Mean age 35.1 ± 7.43 years. Women (96.4%), married (77.9%), bachelor's degree (75%), rotating shift work (81.4%), trained in the management of ventilation devices (70%). Average work experience in intensive care unit 6.91 ± 5.22 years.	140	Distress moral scale (MDS).	WhatsApp and personal contacts.	SPSS 25. Demographic data - frequency, percentage, mean and standard deviation ANOVA and independent t-test - for the relationship between nursing anxiety fatigue and moral distress. Logistic regression.	Anxiety fatigue scores were moderate. Moral distress was low. A significant relationship between moral distress, marital status, and type of exchange. A higher risk of anxiety fatigue was found for respondents with a Ph.D. No significant correlation was shown between anxiety fatigue and moral distress.
2.	8 - 28 May 2020 22 October	Canada		Qualitative research.	Jameton	Nurses, doctors, paramedics, health care specialists, researchers,	Survey 1=135 Survey 2=320 Survey 3=145	Semi-structured interviews.	-	Descriptive statistics. Qualitative data analysis. For identifying themes - Braun and Clarke 6-step system.	Themes Identified:

Alonso-Prieto, E., Longstaff, H., Black, A., & Virani, A. K.	2020–17 March 2021	To explore the experience of HCWs during the COVID-19 pandemic. Identify HCW interventions for reducing moral distress.	administrative staff, managers.	Concerns about not being able to serve patients. The fatigue and impact of the Covid-19 pandemic raised important ethical issues. This experience caused stress and anxiety. Increased or decreased empathy. Sleep disorders occurred. The main coping mechanisms for moral distress are self-care and support from colleagues, family members, and friends. In addition, it was noted that support mechanisms offered by organizations, such as promoting access to mental health and wellness
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resources, were underutilized.

3.	<p>Kok, N., Van Gurp, J., van der Hoeven, J. G., Fuchs, M., Hoedemakers, C., & Zegers, M.</p> <p>(2023)</p> <p>Complex interplay between moral distress and other risk factors of burnout in ICU professionals: findings from a cross-sectional survey study</p>	<p>October to December 2019 and May to June 2020</p> <p>Netherlands</p>	<p>The relationship of moral distress and risk factors of intensive care workers with components of burnout—emotional exhaustion, depersonalization, and personal achievement.</p>	<p>Quantitative longitudinal study.</p>	<p>Jameton</p>	<p>Doctors and nurses of the intensive care unit.</p>	<p>251</p>	<p>Moral distress scale-revised (MDS-R).</p>	<p>-</p>	<p>T-test. Univariate regression analysis, multivariate regression analysis. Regression-based moderation analysis.</p>	<p>Moral distress is associated with emotional exhaustion, depersonalization, and increased emotional exhaustion. Supervisor support moderated the relationship between moral distress and emotional exhaustion.</p>
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4.	Smallwood, N., Pascoe, A., Karimi, L., & Willis, K. (2021) Moral distress and perceived community views are associated with mental health symptoms in frontline health workers during the COVID-19 pandemic	27th August and 23rd October 2020	Australia	To identify the level, prevalence and predictors of moral distress among healthcare workers in Australia during the Covid-19 pandemic.	Quantitative study.	Epstein	Nurses, doctors, allied health workers, other roles. The respondents mainly lived in Victoria (6685, 85.2%), with the rest in other Australian states. Nurses (3222), doctors (2436), and related healthcare professionals (1314). The rest held administrative (485) or other health protection duties (523, 6.7%).	7846	Abbreviated 2-item CD-RISC-2 scale to measure resilience.	The online survey.	Power calculation using RStudio. Data analysis - SPSS 26.0. Descriptive statistics. Regression model. A multivariate model.	Respondents noted moral distress related to lack of resources, wearing personal protective equipment, family exclusion, and fear of disappointing colleagues. The resulting data revealed many contributors to emotional and workplace moral distress. The results showed the correlation of moral distress with an increased risk of anxiety, depression, PTSD, and burnout.
5.	Donkers, M. A., Gilissen, V. J.,	April and June 2020	Netherlands	Levels of moral distress during the COVID-19 outbreak	Quantitative study.	Jameton	Intensive care unit nurses and support staff. Nurses (3,800) and 826 intensive care specialists (826).	345 nurses (70.7%); 40 intensivists (8.2%);	Moral Distress for Healthcare Professionals (MMD-HP).	Online survey.	SPSS v25.0.0.1. Descriptive statistics. Chi-square. Factor analysis. The number of factors was determined using the Kaiser	he level of moral distress was higher for nurses than for support staff. The level of

<p>Candel, M. J., van Dijk, N. M., Kling, H., Heijnen-Panis, R., ... & van Mook, W. N.</p> <p>(2021)</p> <p>Moral distress and ethical climate in intensive care medicine during COVID-19: a nationwide study</p>	<p>and in a cohort one year before the COVID-19 pandemic.</p>	<p>Age categories: 30-39 years (12.5%); 40-49 years (44.9%); 50-59 years (31.7%); 60-69 years (10.9%).</p>	<p>103 supporti ng staff (21.1%)</p>	<p>criterion and a scatter plot. Analysis of variance (ANOVA) with Games Howell post hoc tests. Pearson correlation coefficient. Bonferroni method. Qualitative analysis: a thematic analysis.</p>	<p>moral distress for intensivists did not differ from that of nurses and support staff. Causes of moral distress - lack of emotional support for patients. Positive indicators were observed for the relationship of ethical climate with mutual respect, ethical awareness, and supportive culture. "Culture that does not shy away from end-of-life decisions" and "Self-reflective and empowering leadership" showed low scores. The indicators of moral distress during the pandemic were lower for nurses</p>
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	d by care leaders' in older adult care: A qualitative study									call was made to orally inform them about the study. The information letter detailing the study and participation in an interview on the topic of moral distress was sent by email. The interviews lasted between 40 and 60 min and were recorded and transcribed.		reduce moral distress (5) support and resources reduce moral distress.
8.	Hines, S. E., Chin, K. H., Glick, D. R., & Wickwire, E. M. (2021) Trends in moral	March and July 2020	USA	To determine the moral injury and suffering experienced by healthcare workers during the first three	Quantitative longitudinal study..	Corley	Attending physician; Fellow physician; Resident physician; Other (nurse, practitioner or physican assistant, nurse, pharmacist, allied health, nonclinical	77 critical care staff (90% physicians)	MIES.	Online survey.	Descriptive statistics. Calculated means and standard deviations. Linear regression. Two separate hierarchical multiple regression analyses. A sequential model was developed from the beginning. Next, a similar model	For the first three months, the moral injury was stable, while the suffering decreased. The workplace was associated with reduced moral harm, whereas if

	injury, distress, and resilience factors among healthcare workers at the beginning of the COVID-19 pandemic			months of the pandemic.						was developed for the atmosphere was tense, or less supportive, then increased moral harm was observed. Moral distress was unaffected by baseline work or resilience factors. the data obtained show that workplace support enhancement and stress reduction can protect healthcare workers from adverse emotional outcomes. Three subgroups were identified: high exposure, betrayal only, and minimal exposure. Perceived stress increases the odds of falling into the high exposure and betrayal only.
9.	Zerach & Levi-Belz (2021) Moral injury and mental health outcomes among Israeli	February to March 2021	Israel	Investigate the association of healthcare worker exposure patterns with demographic factors, work and COVID-19	Quantitative study.	-	Frontline HCSWs: social workers and hospital staff	296	Moral injury event scale. Electronic survey.	Descriptive statistics for PHQ-9, GAD-7, K6, ITQ-PTSD and CPTSD, MISS-HP using IBM SPSS. Latent class analysis. Multivariate analysis of variance (MANOVA).

	health and social care workers during the COVID-19 pandemic: A latent class analysis approach						pandemic-related variables, psychological resilience factors, moral distress symptoms, and various mental health disorders.									categories. In both the high-exposure class and the betrayal class, respondents reported higher levels of depression, anxiety, post-traumatic stress disorder symptoms, and more moral injury compared to the “minimal exposure” class. Overall, the results show that both the “high exposure” and “betrayal only” classes reported lower levels of self-compassion and higher levels of self-criticism compared to the “minimal exposure” class.
10.	Fagerdahl, A. M., Torbjörnss	August to December 2020	Sweden	Explore the operating room team members’	Qualitative inductive.	Jameton	Surgeons, anesthesiologist, specialist nurses, and nurse assistants	12	Interviews.	The interviews took place on the Zoom platform. A	Interviews - content analysis based on Granheim and Lundmans. The text was read first to get an	The 3rd theme were identified: 1. A sense of security in the familiar and				

	on, E., Gustavsso n, M., & Älgå, A. (2022)			experience s during the COVID-19 pandemic.				tape recording was made between 23 and 50 minutes.	overview and an idea of the whole text. In the next step, meaning units were extracted that correlated with the purpose of the study. Each unit of meaning was coded and analyzed for similarities and differences and organized into sub-themes. Based on the sub-themes, the main themes were identified.	anxiety in the unknown; 2. To be those who are left behind (Feelings of abandonment and backwardness, feelings of gravity); 3. The possibility of recovery in a seemingly eternal situation (The seemingly everlasting challenge The needily for support and relaxing to well-being).			
	Moral distress among operating room personnel during the COVID-19 pandemic: a qualitative study												
11.	Gherman, M. A., Arhiri, L., Holman, A. C., & Soponaru, C. (2022)	February 2022.	Romania	To evaluate a conceptual model describing the effects of PMIE or SMT events on nursing burnout, job satisfaction , and	Experimental study.	-	Women - 85.3%, men -14.7%. At the age of 21 to 57 years. Seniority M = 12.7 years. Education: high school - 91.3%, bachelor's degree - 5%, master's degree - 3.7%. Department: palliative care - 13%, oncology - 12.7%,	614	Informed consent, socio-demographic information. Moral Injury Event Scale, three manipulation check items, two items to assess the autonomy-disruptive component of	Online survey Google Forms.	in	Path analysis, a subset of structural equation modeling. Sets of regression equations, diagonally weighted least squares estimation, Pearson correlations, independent samples t-tests, and general linear models.	PMIE interfered more with autonomy compared to SMT. This was associated with more controlled work motivation, less moral learning, more burnout, less job satisfaction, and adaptive
	The Moral Impact of the COVID-19												

	Pandemic on Nurses' Burnout, Work Satisfaction and Adaptive Work Performance: The Role of Autobiographical Memories of Potentially Morally Injurious Events and Basic Psychological Needs			adaptive performance.			internal medicine - 10.5%, surgery - 8.5%, emergency departments - 8.5%, neurology, 7% psychiatry - 6.7%, intensive care departments - 6.4%, infectious diseases - 6%, pneumology - 3.9%, obstetrics-gynecology - 2.8%, hematology - 2.6%, gastroenterology - 1%, radiology and 0.2% in dentistry.		their memories, two items assessing the personal importance and centrality of memories to the self, one item to assess moral learning, the Work Extrinsic and Intrinsic Motivation Scale, adapted life satisfaction scale, emotional exhaustion subscale of the Maslach burnout inventory, adaptive performance scale, and attention test.		performance. Whereas, a significant correlation was observed between burnout, moral learning, job satisfaction and PMIE and SMT recall and adaptive performance, respectively.	
12.	Hegarty, S., Lamb, D., Stevelink, S. A., Bhundia, R., Raine, R.,	17 November 2021 and 14 of December 2021	England	Explore the lived experience and perspectives of clinical frontline NHS staff	Qualitative research.	-	HCW	30	Interviews.	On-line survey.	Reflexive thematic analysis throughout this study, involving a process of theme generation which involves immersion in the data through reading, reflecting,	HCWs described being routinely exposed to ethical conflicts, created by exacerbations of pre-existing systemic issues

	Doherty, M. J., & Wessely, S.			who responded to COVID-19.						imagining, wondering, questioning, writing, retreating and returning to interpretations of the data.	including inadequate staffing and resourcing. HCWs experienced a range of mental health symptoms primarily related to perceptions of institutional betrayal as well as feeling unable to fulfil their duty of care towards patients.
	(2022)										The Impact of the Covid-19 Pandemic on Moral Distress: Unsuitable Working Conditions. Respondents indicated that an inappropriate work environment prepared the ground for moral distress during the pandemic
	'It hurts your heart': frontline healthcare worker experiences of moral injury during the COVID-19 pandemic										
	Kiziltepe & Kurtgoz										
	(2022)			Explore the experiences of emergency physicians related to moral distress during the Covid-19 pandemic.						Data were analyzed using thematic analysis according to Braun and Clark's six-step process. All interviews were recorded and transcribed, and the transcripts were checked according to the original sound to familiarize with the data.	
13.	Understanding physicians' moral distress in the Covid 19 pandemic	August to December 2021	Turkiye	Qualitative research.	Jameton	Physicians working in the emergency department. Ages ranged from 25 to 38. Experience in physicians ranged from one to thirteen years. Length of experience in the emergency department ranged from 1–12 years.	25	In-depth semi-structured interviews.	Study was carried out in a research and training hospital's emergency department		

period due to long/variable working hours, restrictions on personal rights, insufficient numbers of healthcare personnel, and non-compliance. Failure to properly manage the pandemic: Transferring patients to the emergency room for Covid-19 diagnostic tests increased the workload in emergency situations. Lack of planning, admission of patients to emergency departments without urgent indications, and constantly changing and unclear protocols for the Covid-19 process.

Situations arising from society and management: management pressure, inadequate management requirements, unfair treatment, not being respected and valued, not valued, lack of management support for health care professionals, pressure and violence against health care professionals from the public, lack of timely and correct information from the management side. Effects of moral distress on doctors: (physical, emotional, spiritual, psychological),

14.	<p>Koonce, M., & Hyrkas, K. (2023)</p> <p>Moral distress and spiritual/religious orientation : Moral</p>	<p>July to October 2020</p> <p>USA</p>	<p>Gain understanding of nurse meaning-making of morally distressing situations, with particular attention to ethical norms,</p>	<p>Qualitative research.</p>	<p>Morley</p>	<p>Pulmonary nurses</p>	<p>care</p>	<p>9</p>	<p>Semi-structured interviews.</p>	<p>The study took place on the pulmonary care unit in a Level I academic secular hospital in the Northeastern United States.</p> <p>Colaizzi's descriptive phenomenological method. Qualitative data analysis was assisted by MAXQDA software.</p>	<p>fatigue, lack of enjoyment of life, the feeling of worthlessness, desire to leave the profession (resignation), the feeling of regret and guilt, sadness, burnout, decrease in job satisfaction, mistrust of management, the feeling of dilemmas, ignorance, doubting the profession and oneself.</p> <p>Tensions were found between: (a) nurse's own values; (b) duty to institutional norms and duty to nurse's personal code of ethics; (c) perceptions of institutional support in response to</p>
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	agency, norms and resilience			moral agency and resiliency, and nurse religious/s piritual orientation .							nurse moral distress. Religion was described as a remote source of nurse moral values, among other sources.	
15.	Maffoni, M., Fiabane, E., Setti, I., Martelli, S., Pistarini, C., & Sommovigo, V. (2022) Moral Distress among Frontline Physicians and Nurses in the Early Phase of COVID-19 Pandemic in Italy	April and May 2021	Italy	Explore how changing professional job duties during an emergency is associated with psychophysical exhaustion among healthcare professionals.	Quantitative study	Jameton	Doctors and nurses. Nurses - 50.00%, representatives of the medical profession - 50.00%. Structural unit: in medical departments (21.60%), emergency departments (18.00), surgical departments (9.80%), infectious disease departments (9.00%), anesthesiology and intensive care service (8.60 %), COVID-19 wards (4.70%) and intensive care units (3.10%). Average age 45.26 years. The average duration of work is 17.81 years.	272	Stress of Conscience Questionnaire (SCQ).	Online Google Sheets.	- Statistics of the Sample, Factor Analysis, Correlation Analyses, Independent t-Test Analyses and Analyses of Variance, ANOVAs and Kruskal-Wallis H tests, Mediation Analysis, Moderated Mediation Analysis.	Physicians who had to perform work duties outside of their usual duties were more likely to experience moral distress, resulting in psychophysical exhaustion.

16.	Lemmo, D., Vitale, R., Girardi, C., Salsano, R., & Auriemma, E. (2022) Moral Distress Events and Emotional Trajectories in Nursing Narratives during the COVID-19 Pandemic	March and April 2021	Italy	Explore the experience of moral distress in a sample of Italian nurses who worked with COVID-19 patients during the pandemic.	Qualitative research	Jameton	Nurses	42	Ad-hoc narrative interview.	Telephone interview 20 min.	The coding of the items was done based on the theory-based approach offered by the moral distress model.	The results obtained in the study indicated the following causes of experiencing moral distress: powerlessness, anger, sadness, helplessness and guilt.
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