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Moral distress in nursing students

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ABSTRACT

Nurses and nursing students often face ethical challenges during clinical practice. When they are unable to act in accordance with what they believe is right, they may feel that their personal and professional values are threatened and experience moral distress. Moral distress is an important topic in discussions about the future of the nursing profession because it hinders student nurses from achieving the objectives of nursing profession education. Additionally, it can lead to psychological complications and create a negative perception of the nursing profession. This literature review aims to explore the causes, consequences, and potential solutions related to MD among nursing students. A systematic review of recent national and international literature was conducted. Key findings reveal that moral distress is commonly triggered by value conflicts, lack of support, feelings of powerlessness, exposure to unethical practices, and the theory-practice gap. These factors may lead to psychological effects such as anxiety, burnout, and guilt, and may weaken students' professional commitment. The study contributes to the literature by highlighting the importance of integrating ethical support systems into nursing education and providing recommendations for future research and educational practices. Addressing moral distress is essential for nurturing resilient and ethically competent future nurses.

Keywords: Ethics, moral distress, nurse, nurse education, nursing students

INTRODUCTION

Nursing is a health profession that provides health services to individuals, families, and society. It aims to improve health and prevent diseases, and it fulfills the responsibility of care in case of illness, disability, and death [American Association of Colleges of Nursing (AACN), 2008]. In order for the nursing profession to fulfill these comprehensive and holistic functions, nursing profession education should include multidimensional learning experiences. Consequently, nursing education programs incorporate theoretical and practical courses related to the social sciences and humanities, as well as fundamental nursing courses, and clinical applications where students can transform their theoretical knowledge into professional skills (Kocaman & Okumuş, 1982). The Nursing National Core Education Program (NNCEP 2022) underscored the necessity for nursing education to be aligned with a biopsychosocial and cultural approach, and stipulated that education programs should impart competencies for the management of diverse scenarios that may arise during professional practice (Nursing Education Association, 2022). The Institute of Medicine (IOM) has underscored the necessity for nursing educational programs to incorporate competencies focused on patient-centeredness, collaborative practice, teamwork, evidence-based practices, quality improvement, safety, and informatics [Institute of Medicine (IOM), 2003].

The enhancement of the quality of nursing education is a prerequisite for the advancement of the nursing profession and the quality of care provided. However, studies on the quality of nursing education have identified challenges such as concerns about the theoretical and clinical content of the nursing curriculum, the quality and quantity of educators, and the incompatibility between theory and practice (Akram et al., 2018; Atasoy & Sütütemiz, 2014; Fındık, 2006; Jonsén et al., 2013; Karaöz, 2003; Serçekuş & Başkale, 2016). Another salient issue pertains to the incorporation of professional ethics and values education in the nursing curriculum. The teaching of the ethical foundations and professional values of nursing constitutes the cornerstone of the nursing curriculum, spanning both theoretical and practical domains (Astorino, 2006; Karami et al., 2017; Weis & Schank, 2009). These professional values and ethical norms, which are intended to be instilled in nursing education, function as a fundamental framework for evaluating the learning outcomes of nursing students (American Association of Colleges of, 1998; Gallegos & Sortedahl, 2015). These values and ethical norms are instrumental in shaping the nurse's relationship with the individual, the family, society, interactions with other health professionals, and the practice of the profession (Weis & Schank, 2009).

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Despite the existence of certain discrepancies at the international level with respect to the professional values that nursing students should acquire [American Association of Colleges of Nursing (AACN), 2008; Lin et al., 2016; University of California, n.d.; Yale School Of Nursing, N.D.], there is a prevailing consensus regarding the necessity of preserving a value-based nursing education that fosters the moral and character development of students [American Association of Colleges of Nursing (AACN), 2008; Fahrenwald et al., 2005; Shaw & Degazon, 2008]. However, nursing students frequently lack opportunities to uphold the ethical principles and professional values they acquire during their education. In nursing education, where theoretical and practical education are integrated, students may encounter circumstances that jeopardize their professional values in both theoretical and practical education (Escolar-Chua, 2018; Mazzotta et al., 2022). In such circumstances, students may encounter situations that challenge their ability to act in accordance with their professional values, or observe the absence of such actions by others (Gandossi et al., 2023; Renno et al., 2018). This phenomenon, termed "moral distress (MD)" involves the experience of distress or discomfort in the face of ethical dilemmas or situations that are perceived as challenging to resolve in accordance with one's moral principles (Wilkinson, 1987).

Corley (2002) defined moral distress as "the psychological disequilibrium and suffering that results from the inability or perceived inability to perform an action that is believed to be morally right due to institutional constraints". In order for moral distress to be in question, three conditions must occur; first, a situation must be identified as being of a morally problematic nature. Second, the individual must determine the most effective strategy for the current situation based on their personal conception of morality. Third, the realization of the strategy they have determined must be hindered due to internal and/or external constraints (McCarthy & Monteverde, 2018). While the extant literature on moral distress has historically focused on healthcare professionals, particularly nurses, recent studies have begun to explore the impact of moral distress on nursing students (Bordignon et al., 2018; Dehkordi et al., 2024; Escolar-Chua, 2018). In a study conducted with nursing students in Norway by Maeland et al. (2021), student nurses reported experiencing moral distress when there were discrepancies between the care behaviors taught in theoretical education and clinical practice, when they observed that nurses were not involved in decision-making processes, when they were not taken into consideration by nurses, and when they witnessed that the financial concerns of the institution override the benefit of patients (Maeland et al., 2021). A similar conclusion was reached in a study conducted in Brazil, which determined that nursing students experienced MD when nursing educators exhibited authoritarian attitudes in the evaluation processes, when educators were indifferent to the problems experienced by students, when they experienced value conflicts with health professionals, and when they witnessed that the institution had difficulty in accessing resources to provide appropriate treatment and care (Renno et al., 2018).

The experience of MD among students is influenced by various factors in both the theoretical education process and the clinical practice process (Heng & Shorey, 2023; Kovancı & Atlı Özbaş, 2022; Krautscheid et al., 2017; Reader, 2015). These factors encompass differences in students' beliefs and values (Bordignon et al., 2019; Chen et al., 2021; Maeland et al., 2021; Monteverde, 2019), their experiences related to the course (Heng & Shorey, 2023), and their experiences and skills related to nursing practices and ethical problems (Bordignon et al., 2019; Defilippis et al., 2023; Escolar Chua & Magpantay, 2019; Maeland et al., 2021; Range & Rotherham, 2010). The factors affecting the MD experienced by nursing students can be categorized under two headings: factors related to practice and the educational process.

FACTORS RELATED TO NURSING EDUCATION

Nursing students experience moral distress due to various difficulties encountered during the educational process. The most significant factors contributing to MD include authoritarian teaching methods (Bordignon et al., 2019; Escolar Chua & Magpantay, 2019; Wojtowicz et al., 2014), inadequate competence levels or a lack of competence among nursing educators (Maeland et al., 2021; Wojtowicz et al., 2014), and a discrepancy between the care practices taught in the theoretical education and clinical practice (Bordignon et al., 2019; Dehkordi et al., 2024; Kovancı & Atlı Özbaş, 2022; Wojtowicz et al., 2014). The avoidance of conflicts by nursing educators to circumvent difficulties with senior clinical staff (Reader, 2015; Wojtowicz et al., 2014; Yılmaz & Kızıltepe, 2022), the students' inability to access support from nursing educators in challenging scenarios (Escolar Chua & Magpantay, 2019; Gandossi et al., 2023; Maeland et al., 2021; Wojtowicz et al., 2014), the discrepancy between nurses' practical experience and nursing educators' pedagogical approaches (Bordignon et al., 2019; Kovancı & Atlı Özbaş, 2022), and unethical learning environments (Bordignon et al., 2019; Dehkordi et al., 2024; Reader, 2015) further complicate the process. Threatening and intimidating behaviors exhibited by nurse educators during course evaluations, as well as instances where students are humiliated during clinical practice (Bordignon et al., 2019; Dehkordi et al., 2024; Reader, 2015; Yılmaz & Kızıltepe, 2022), contribute significantly to moral distress by undermining students' self-worth, creating a hostile learning environment, and hindering their ability to engage confidently in clinical decision-making. Additionally, there is a reported lack of confidence on the part of educators in students' clinical competence and skills (Dehkordi et al., 2024; Monrouxe et al., 2014; Reader, 2015; Wojtowicz et al., 2014). These factors have been shown to result in students experiencing moral distress and decreased motivation for clinical practice (**Table 1**).

Table 1. Factors causing nurses to experience md in the educational environment

Inadequate and/or incompetent nursing instructors
Witnessing unethical behaviours of nursing instructors
Inappropriate communication behaviours of nursing instructors
Thinking that learning environments are unethical
Differences between theoretical education and practice
Thinking that there is no system that evaluates students fairly

FACTORS ASSOCIATED WITH THE CLINICAL PRACTICE PROCESS

The extant literature suggests that the MD experienced by nursing students in the clinical setting is influenced by numerous factors, including institutional policy, legal procedures, the practices of health professionals with regard

to treatment and care, and the characteristics of the clinical setting (Bordignon et al, 2019). Nursing students are taught to prioritize patient-centered care, which encompasses understanding patients' needs and respecting their values, beliefs, lifestyles, and decisions. They are also taught to adhere to professional ethical values and serve as patient advocates during educational processes (Bordignon et al., 2019; Maeland et al., 2021). However, in the clinical setting, students are often exposed to healthcare professionals who engage in practices that contravene ethical principles, thereby challenging their established perceptions of these values. This phenomenon, characterized by the observation of ethical violations pertaining to patients' autonomy, dignity, privacy, and safety, has been documented in the literature (Bordignon et al., 2019; Defilippis et al., 2023; Dehkordi et al., 2024; Heng & Shorey, 2023; Kovancı & Atlı Özbaş, 2022). These observations have been associated with a decline in students' morale, often referred to as "MD." This phenomenon encompasses a disregard for patient autonomy, the performance of treatments solely to satisfy family expectations or to adhere to medical directives (Defilippis et al., 2023; Gandossi et al., 2023; Maeland et al., 2021; Wojtowicz et al., 2014), the observation of students engaging in substandard care practices primarily for the purpose of skill development, (Bordignon et al., 2019; Kovancı & Atlı Özbaş, 2022) and the failure to provide patients with the requisite care (Escolar Chua & Magpantay, 2019; Gandossi et al., 2023; Kovancı & Atlı Özbaş, 2022; Maeland et al., 2021; Wojtowicz et al., 2014). These circumstances are particularly salient sources of moral distress experienced by student nurses during their clinical practice.

In health service delivery institutions, there is a prevalence of institutional factors that impede optimal patient care and engender moral distress among nursing students These factors include prioritizing financial concerns over the quality of care (Reader, 2015), difficulty in accessing the resources required for treatment and care (Bordignon et al., 2019; Escolar Chua & Magpantay, 2019; Kovancı & Atlı Özbaş, 2022; Krautscheid et al., 2017; Maeland et al., 2021), failure to ensure continuity of care (Bordignon et al., 2019; Defilippis et al., 2023; Escolar-Chua, 2018; Wojtowicz et al., 2014), and performing practices that do not benefit patients or that are unnecessary and futile (Bordignon et al., 2019; Defilippis et al., 2023; Escolar-Chua, 2018; Gandossi et al., 2023; Renno et al., 2018; Wojtowicz et al., 2014). It has been observed that nurses do not engage in the decision-making process (Escolar Chua & Magpantay, 2019; Gandossi et al., 2023; Maeland et al., 2021; Wojtowicz et al., 2014). Additionally, there is an absence of effective communication within the team (Defilippis et al., 2023; Escolar Chua & Magpantay, 2019; Gandossi et al., 2023; Maeland et al., 2021), students' practices are not being sufficiently considered by nurses and other health professionals (Bordignon et al., 2019; Dehkordi et al., 2024; Escolar Chua & Magpantay, 2019; Heng & Shorey, 2023; Krautscheid et al., 2017), and there is a deficiency in confidence in clinical practice and skills (Bordignon et al., 2018; Dehkordi et al., 2024; Escolar Chua & Magpantay, 2019; Wojtowicz et al., 2014). These factors contribute to the experience of moral distress among student nurses.

Inadequate communication between healthcare professionals and patients (Escolar Chua & Magpantay, 2019; Gandossi et al., 2023; Maeland et al., 2021; Reader, 2015; Wojtowicz et al., 2014), insufficient skills among healthcare professionals (Bordignon et al., 2019; Defilippis et al., 2023; Escolar-Chua, 2018; Escolar Chua & Magpantay, 2019), conflicts among healthcare team members, negative attitudes and behaviors of colleagues, and the inability of schools and instructors to take action (Heng & Shorey, 2023; Krautscheid et al., 2017; Wojtowicz et al., 2014) lead nursing students to feel isolated during clinical practice, thereby intensifying their experiences of MD. This situation undermines students' sense of competence in clinical settings and weakens their professional confidence (**Table 2**).

Table 2. Factors causing nurses to experience MD in the clinical environment

Differences between theoretical education and practice
Witnessing ethical violations
Witnessing futile treatment
Failure to provide/witnessing failure to provide quality of care
Observing that professional autonomy is not provided
Witnessing conflicts in the medical team
Witnessing that the care and treatment of the patient is disrupted due to poor communication
Observing that health workers do not have the necessary competences

MD: Moral distress

EVALUATION OF MORAL DISTRESS AMONG NURSING STUDENTS

The first and only scale developed to assess moral distress in nursing students is the Moral Distress Scale for nursing students (MDS-NS), published by Bordignon et al. (2020). This scale consists of 6 sub-dimensions and 41 items, addressing aspects such as commitment to the ethical dimension of care, inappropriate institutional conditions, authoritarian teaching practices, instructor incompetence, disrespect for the ethical dimension of professional education, and professional choice. Developed as a 7-point Likert-Type Scale (0: Never-6: Very intense), the tool evaluates moral distress in two columns: frequency (0: Never-6: Very frequent) and intensity. To calculate the overall moral distress score, frequency and intensity scores are multiplied, yielding a score ranging from 0 to 36 for each item. The total score obtainable from the scale ranges between 0 and 246. Without a specific cutoff point, the scale interprets higher scores in each sub-dimension as an increase in moral distress related to that particular aspect.

In 2022, Mazzotta et al. conducted a cultural validity and reliability study of the scale in Italian. During this process, two items were removed because they were deemed to reflect the student's thoughts after experiencing moral distress. Additionally, the item "working with professionals who are not adequately prepared to provide necessary patient care," originally in the "commitment to the ethical dimension of patient care" sub-dimension, was reclassified by Bordignon et al. (2019) under the "inappropriate institutional conditions" sub-dimension. In Turkiye, Kovancı and Atlı Özbaş (2022) carried out the Turkish validity and reliability study of the scale. Their analysis identified a three-factor structure that explained 47.64% of the total variance, differing from the original scale structure. The MDS-NS, with its 41 items and three-factor structure, has been evaluated as a valid and reliable tool for measuring the moral distress levels of nursing students (Kovancı & Atlı Özbaş, 2022).

MANAGING MORAL DISTRESS IN STUDENT NURSES

Despite the integral role of ethics courses in the nursing curriculum at the undergraduate level, where knowledge and skills are developed to help nurses manage the moral situations they will encounter while practicing their profession, nursing education programs do not adequately prepare student nurses to face and manage ethical dilemmas and moral distress (Yılmaz & Kızıltepe, 2022). While professional ethical codes and values serve as crucial guidelines for both student nurses and practicing nurses, it is not always feasible to resolve the ethical dilemmas that arise in both educational and clinical settings. However, in the case of student nurses, addressing the differences between theoretical and clinical practice, examining the problems experienced with instructors, grade anxiety related to the course, and increasing knowledge and skills that serve to cope with ethical problems are possible interventions (Matchett & Stanley, 2014; Robichaux et al., 2022). Robichaux et al. (2022) state that supporting and promoting the mental and emotional health of nursing students and preparing nurses at all levels as moral actors is a critical task of the profession and especially of nursing education (Robichaux et al., 2022). Nurse leaders, educators, and clinicians must collaborate to safeguard the mental health of students by creating evidence-based interventions to bolster the emotional well-being of nursing students (Paidipati et al., 2023).

A paucity of evidence-based studies exists in the literature regarding the prevention or reduction of moral distress in student nurses. However, the creation of discussion and information-sharing groups focusing on students' values and learning experiences in the academic environment (Range & Rotherham, 2010), as well as the utilization of real cases (Curtis, 2014), is believed to facilitate student comprehension of how they can learn from their own experiences and avoid self-blame when they fail to achieve their ideals, thereby serving to reduce MD (Sasso et al., 2016). Interventions to address moral distress in student nurses can be listed as follows;

- In studies conducted with nursing students, informing students after difficult situations, discussing and questioning them about the values and principles they have learned, and supporting them with practices that will increase their moral sensitivity and courage to deal with various ethical conflicts they encounter (Bordignon et al., 2019; Dehkordi et al., 2024; Escolar-Chua, 2018; Heng & Shorey, 2023),
- Conducting studies to evaluate how nursing students cope with morally distressing situations and how this affects their decision to stay in the profession (Escolar Chua & Magpantay, 2019; Sasso et al., 2016),
- Exploring student nurses' experiences of moral distress in geographically and clinically diverse settings to gain a more comprehensive understanding of factors contributing to moral distress among student nurses from different cultural and clinical backgrounds (Escolar-Chua, 2018; Heng & Shorey, 2023; Loyd et al., 2023),
- The increase of cooperation and interaction between health institutions and nursing schools (Heng & Shorey, 2023; Loyd et al., 2023),
- The creation of a positive academic environment throughout the educational experience and the inclusion of concepts related to moral distress in the nursing curriculum (Escolar-Chua, 2018; Sasso et al., 2016; Yılmaz & Kızıltepe, 2022).

CONCLUSION

As a result, MD is a very important and worthy of attention in terms of preventing student nurses from reaching the goal of vocational education, causing psychological problems, and resulting in a negative perception of the profession. MD is associated with educational practices and characteristics of the educational environment, as well as experiences in the clinical practice environment and individual characteristics of the nursing student. It is imperative for nursing educators to be cognizant of MD and implement effective measures to avert its occurrence in the teaching environment. These measures should encompass the preparation and empowerment of students to counteract MD sources that may arise in the clinical setting.

ETHICAL DECLARATIONS

Referee Evaluation Process

Externally peer-reviewed.

Conflict of Interest Statement

The authors have no conflicts of interest to declare.

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Author Contributions

All of the authors declare that they have all participated in the design, execution, and analysis of the paper, and that they have approved the final version.

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