



MORAL DISTRESS IN NURSING UNDERGRADUATES: A QUALITATIVE STUDY HEMŞİRELİK ÖĞRENCİLERİNDE AHLAKİ SIKINTI: NİTEL BİR ÇALIŞMA

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ABSTRACT

Objective: This study aimed to explore the moral distress experiences encountered by undergraduate nursing students.

Method: The study was conducted in phenomenological design which is one of the qualitative research methods to explore the experiences that lead to moral distress in nursing students. Data were analysed using thematic analysis.

Results: Three themes were identified: (I) Situations that cause moral distress in students, (II) Student feelings and emotions, (III) Student attitudes and behaviors. The students experienced moral distress when they witnessed the negative attitudes and conduct of healthcare professionals to patients and their relatives.

Conclusion: The results revealed that the nursing students frequently experienced moral distress in their theoretical and practical training.

Key Words: Ethics, Nursing Education, Nursing Students

ÖZ

Amaç: Bu çalışmada hemşirelik öğrencilerinin ahlaki sıkıntı deneyimlerini ortaya çıkarmak amaçlandı.

Yöntem: Çalışma, hemşirelik öğrencilerinde ahlaki sıkıntıya yol açan durumları ortaya çıkarmak amacıyla nitel araştırma yöntemlerinden biri olan fenomenolojik tasarımda yapıldı. Veriler tematik analiz kullanılarak analiz edildi.

Bulgular: Çalışmada öğrencilerde ahlaki sıkıntıya neden olan durumlar, öğrencilerin duyguları, öğrenci tutumları ve davranışları olmak üzere üç tema belirlendi. Öğrencilerin sağlık profesyonellerinin hastalara ve akrabalarına karşı olumsuz tutum ve davranışlarına şahit olduklarında ahlaki sıkıntı yaşadıkları belirlendi.

Sonuç: Çalışmanın bulguları hemşirelik öğrencilerinin teorik ve pratik eğitimlerinde sıklıkla ahlaki sıkıntı yaşadığını ortaya koymaktadır.

Anahtar Kelimeler: Etik, Hemşirelik Eğitimi, Hemşirelik Öğrencileri

INTRODUCTION

Nurses face many ethical problems and dilemmas during their working life. One problem that nurses experience as a result of ethical dilemmas is moral distress. Moral distress is a problem experienced by nurses when they know the appropriate action to take, but are forced to take action that is completely opposite to their personal and professional values [1-3]. Studies have shown that moral distress is a common serious problem. Moral distress is the third common kind of ethical problem seen in nursing today. It may cause physical and emotional stress in nurses, affect the quality, quantity, and cost of nursing care, and may even cause the thought of leaving the nursing profession [1,4,5]. Moral distress concerns nursing students as well as nurses [2]. In the clinical training process, nursing students may experience ethical conflicts and dilemmas that can lead to moral distress at varying levels [6-11]. And, as a result, they may suffer physical and psychological health problems [1,3,7]. By the end of the effective clinical training, the students will have been prepared for their profession through the development of all their cognitive, affective, and behavioral skills. Therefore, clinical training is indispensable for the nursing profession. Unlike the classroom environment where theoretical training is given, clinical training takes place in a complex social environment, and therefore, is a very complex process influenced by many factors. During their training, it is very important for nursing students to be aware of their individual values while adapting to their professional values and new roles [12].

Nursing care and the decisions taken may be negatively affected by inequalities and differences in health care practices, ethnicity, religious beliefs, individual student characteristics, values, and ethical care, along with the awareness or unawareness of patient rights. This situation can prepare the ground for the formation of moral distress. In this process, nursing students may encounter unprofessional attitudes and behavior towards patients or their relatives by healthcare professionals or lecturers, and these negative experiences may negatively affect their clinical learning processes [13,14].

Nurses/nursing students who constantly have to cope with situations resulting in moral distress may either continue to do the work reluctantly or quit the profession altogether. As a matter of fact, some studies on this subject have reported that nurses who thought of leaving their positions because of moral distress had experienced quite high levels of it [15,16]. Therefore, in order to reduce and prevent moral distress, it is important to identify the moral distress that students experience during their practical training and to develop strategies to help them cope with it.

Clinical practices are a vital component of nursing programs providing students with the opportunity to integrate theoretical knowledge into practice and play an important role in presenting students with situation-specific ethical behavior and in the solution of ethical dilemmas that lead to the formation of moral distress.

Makale Bilgisi/Article Info

Yükleme tarihi/Submitted: 31.01.2022, **Revizyon isteği/Revision requested:** 23.04.2022, **Son düzenleme tarihi/Last revision received:** 24.04.2022, **Kabul/Accepted:** 26.04.2022

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Nursing education in Turkey comprises four years of study or 4600 hours of theoretical and clinical training, the duration of the theoretical training representing at least one-third and the duration of the clinical training at least one half of the minimum duration of the training [17,18].

Some universities have nursing internship programs. Students practice for one semester in their senior year in order to improve their clinical skills and competencies. In this process, they actively participate in patient care and may encounter many ethical problems. We believe that identifying and examining these problems during clinical training will improve critical thinking. However, few studies in Turkey have examined the problems that bring about the moral distress experienced by nursing students during clinical practice or have evaluated these problems within an ethical framework [6,13,19]. Subsequently, this study needed to be carried out in order to determine the moral distress experienced by nursing students. This study aimed to explore the moral distress experiences encountered by undergraduate nursing students.

METHOD

Research Design

The study was conducted in phenomenological design which is one of the qualitative research methods. This method was preferred because it allows to explore the moral distress experiences of nursing students. Phenomenology approach generally aims to answer certain questions about how people make sense of their experience [20].

Participants and Research Context

The study was conducted at a university in Turkey. For the study, all nursing students in the final-year class were recruited; therefore, no sampling was done, and the study included 126 senior nursing students. All the participants had their ethics lesson in their third year, practiced clinical practice and participate actively in patient care for one semester. A total of 126 students participated in the study; 25 of them were male and 101 were female. Their age ranged from 21 to 25 years.

Data Collection

A data collection form was administered to 126 students who voluntarily agreed to participate in the study. The data collection was carried out from 01 May to 01 June 2019 through visits to student classes and to the hospitals where they did their practical training. The data collection form was administered in an appropriate setting where the students could express themselves comfortably and they were given sufficient time to describe the moral distress they had experienced.

A data collection form was prepared to determine the descriptive characteristics of the students and open-ended structured questions involving the situations which had caused them to experience moral distress. The following research questions were used:

Have you encountered any situation causing moral distress during the clinical training? Please describe the situations you encountered.

How did you feel about this situation that you experienced? Please explain.

How did you cope with the negative situations that you encountered in your clinical practice?

Have you ever thought about dropping out of school due to such situations in your clinical practice?

Data Analysis

Data were analyzed using thematic analysis, utilizing the six phases outlined by Braun and Clarke. Students' answers were reviewed by two members of the research team independent of each other. The stages of analysis included, 1) reading carefully several times and familiarization with the data, 2) assigned code and the same meanings grouped and generated initial codes, 3) searched themes and subthemes, 4) reviewing themes, 5) defined and named themes and 6) produced a report [21].

Trustworthiness

To establish the trustworthiness of the study, the methods and the analyses used were described in detail. The researchers evaluated the data independently of one another to assure the credibility of the study. For reliability, peer debriefing was used, and an expert who was specialized in the relevant field. To enhance transferability, descriptions of the setting have been presented, as well as descriptions of the participants. Quotes from the participants were used to explain each theme to ensure confirmability.

Ethical Considerations

Approval for the study was obtained from the Düzce University Faculty of Medicine Ethics Committee for Invasive / Non-Invasive Clinical Studies (2019/121). Permission from the institutions in which the study was carried out was also granted. All participants were given information about the purpose of the study and informed that their participation was voluntary, the questionnaires were anonymous, and the data management would be confidential.

RESULTS

The participants included 126 senior nursing students (101 female, 25 male). The mean age of the participants was 22.1 years. Results showed that 57.1% of the participants had faced moral distress in their practical training. Based on the content analysis, three main themes were extracted from the data. The three main themes included: "Situations that cause moral distress in students", "Student feelings and emotions", and "Student attitudes and behaviors" (Table 1).

Situations that Cause Moral Distress in Nursing Students

This category included the following categories: "Situations related to healthcare professionals", "Situations related to patients and their relatives", and "The role of the nursing student".

Situations related to healthcare professionals

Some situations in which the students experienced moral distress included: neglect of duty, medical errors, non-professional communication between health professionals, and negative attitudes and behaviors towards the patients and students.

Neglect of duty - medical error

The students sometimes faced moral distress when they witnessed their own errors and sometimes when they witnessed the errors of the healthcare professionals and the neglect of their duties. However, most of the students stated examples of witnessing errors of the healthcare professionals rather than their own errors.

One student said: *"Treatment with perlinganit was started for a patient with high blood pressure. Blood pressure measurements had to be taken every 15 minutes and recorded in the file. The patient's blood pressure was not written in the file at the time and one of the nurses wrote the patient's blood pressure values from her head, saying 'There's no problem with their blood pressure.'" (P3)*

Negative attitudes and behaviors towards the patients, students, and their colleagues

Witnessing negative attitudes and behaviors of healthcare professionals towards patients, students, and their colleagues and negative situations regarding respect for the patient and patient care, and not being able to react caused moral distress in the students. The students often witnessed unfair treatment among patients, such as privileged treatment given to relatives of doctors or nurses (e.g., being given a private room in the ward or getting checked on more frequently). When the ward was crowded, they witnessed the discharge of patients who were not fully recovered. They witnessed unethical attitudes and behaviors and violations of ethical principles such as privacy and respect for autonomy. Therefore, they suffered moral distress.

Table 1. Themes, categories, and subcategories in this study

Theme	Category	Subcategories
Situations that cause moral distress in students	Situations related to the healthcare professionals	Neglect of duty- medical error
		Negative attitudes and behaviors towards the patients and students
	Situations related to patients and their relatives	Non-professional communication between health professionals
		Negative attitudes and behaviors of patients and their relatives (violence, treatment compliance problems)
Communication problems		
The role of the nursing student	The role of the nursing student	Cultural conflict
		Difference between theoretical training and clinical practice
		Unauthorized duties. Assigned tasks beyond the scope of their responsibilities and authority
Student feelings and emotions	Toward the healthcare workers and the profession	Lack of knowledge (of student duties, authority and responsibilities, and how to act)
		Anger
		Disappointment
		Confusion
	Toward themselves and their training	Distrust
		Shame
		Anxiety, Concern, Fear
		Guilt
		Frustration
		Worthlessness
		Feeling excluded
		Uneasiness
		Despair
Coolness toward the job and desire to drop out of the profession		
Toward the patients	Feeling inadequate, feeling weak	
	Lowered self-confidence	
	Uncertainty	
	An uneasy conscience	
Student attitudes and behaviors	Questioning colleagues, the profession, and self Cautioning nurses Sharing situations with a nurse / educator Taking control / taking responsibility for everything on themselves Avoiding caring for patients Approaching patients with empathy Decreased motivation Unwillingness to practice Remaining silent Ignoring the situation Accepting the situation	Pity
		Sadness
		Concern
		Compassion

Regarding unfair treatment, one student stated: *“Patients who give birth in the delivery room are treated according to their socio-economic status. For example, an illiterate patient of low socio-economic standing came in. When talking to the patient, the nurse was shouting and speaking in an annoyed manner. After the woman of high socio-economic level gave birth, taking care for the mother-baby bonding, they gave the baby to the mother, she kissed the baby, and they took it back. This was very difficult for me. If they wanted to, they could treat all patients in the same way.” (P11)*

Another problem frequently voiced by the students involved ethical issues regarding patient autonomy and giving patients information.

Regarding this issue, the students stated: *“...Patients are not informed about the treatment they receive. When they want to get information, they face negative attitudes...” (P48)*

“A woman who gave birth in the maternity ward presented to the maternity clinic a week later due to a bad odor. The doctor examined her and found that a tampon had been forgotten in the vagina. When the woman asked the doctor if there was anything wrong, the doctor replied, ‘No, there is nothing,’ and sent the patient away without explanation.”(P43)

In addition, nurses were seen as reluctant to care for patients, and expressing it in body language and verbally in a hurtful way with an

attitude insensitive to the needs and wishes of the patients, resulting in inadequate patient care.

Regarding this subject, one student said: *"I felt very bad when I put myself in the patient's place. They don't care what the patients say ..."*(P7)

In addition, the students experienced moral distress from witnessing non-professional interactions and a lack of professional relationships among the nurses as well as from nurses gossiping about their colleagues and patients and inappropriate conversations among themselves.

Situations related to patients and their relatives

The students sometimes faced moral distress from situations involving negative attitudes and behaviors of patients and their relatives, such as violence, problems with treatment compliance, and communication problems. The fact that patients and their relatives often refused to take responsibility and, on the contrary, exhibited accusatory behavior towards the health professionals caused moral distress in the students.

Regarding this subject, one student said: *"An elderly patient was brought to the emergency room for treatment. Patients' relatives wanted to take home. Because they thought he was getting old and close to dying. The patient's physician did not approve this situation. The family waited a long time for getting back him to home"* (P19)

Another issue that students frequently encountered with patients and their relatives was cultural conflict. The students stated that they had witnessed such differences between patients and healthcare workers. The healthcare professionals did not know how to behave and did not respect the patient's value judgments, culture, or beliefs. This showed that the students experienced anxiety about not being able to do their job in the event of a cultural conflict. Students doing internships in obstetrics clinics in particular provided examples on this subject, stating that they generally had concerns about not being able to do their jobs because the female patients and their relatives did not want to receive care from male nurses. They stated that they had often received such reactions from Syrian patients and their relatives.

For example, one student said: *"What kind of bigotry I witnessed in the emergency room against one patient who wanted a female nurse for an injection! –What century are these nurses in?"* (P41)

Situations related to the role of the nursing student

One subject frequently expressed and exemplified by the students involved the dilemma and problems created by the difference between what they learned in theory and what they saw in clinical practice. Although the students were taught to be ethically correct in their theoretical education, they encountered attitudes and behaviors contrary to this situation in clinical practice, and, despite knowing the ethically correct way, they suffered moral distress because they could not apply it. The students often stated that *"Hospitals are not like what we learned at school."*

On this subject, one student stated: *"I witnessed a pregnant woman who was on the delivery table in the delivery room being given rude commands and orders. What I saw there was very different from what we learned in class. A pregnant woman should be spoken to in a comforting manner – but here I saw that the anxiety of the pregnant woman had increased. For me, this behavior was immoral."*(P8)

In addition, the students did not fully understand their duties, authority, responsibilities, and roles, and they did not have sufficient information on how to treat patients. The students actually experienced confusion in clinical practice. They did not feel like they were a part of the clinic and because of this, experienced problems. Similarly, the healthcare professionals did not know the limits of student duties, authority, and responsibilities. Sometimes they forgot that the students were in the clinic to learn and assign duties to them that exceeded their authority. The students would then experience dilemmas over whether or not to do these tasks.

On this subject, one student stated: *"I had just started an internship at the maternity clinic. It was my first day in the delivery room. The nurses left the responsibility of the clinic to me and all went out together. There was no nurse from whom I could get help in case of an emergency. In general, I tried to avoid saying anything as I was an intern and I did not have any qualification there."*(P36)

Student Feelings and Emotions

Witnessing negative attitudes and behaviors of healthcare professionals often caused moral distress in the students. This led to negative feelings such as distrust, resentment, and anger towards their profession and colleagues. In addition, this situation may have caused them to have doubts about the profession or to want to quit it altogether.

On this subject, one student stated: *I was feeling increasingly cool towards the nursing profession. I was surprised at first when I experienced an incident for the first time in an unfamiliar environment. I was upset when I thought about the sacredness and responsibility of our profession. This sadness turned into anger towards those who caused it. At first, I did not even want to work in the ward. I became more upset and angry and this caused my morale to deteriorate during the internship period. I was having second thoughts about working in this profession."* (P41)

The students experienced negative emotions such as shame, guilt, anxiety, worry, and frustration when they faced a situation that brought on moral distress. Because they were students, they felt powerless and helpless, and sometimes even if they knew what was right, they were not able to act on it. They expressed this situation with the statement: *"My conscience made me feel uneasy"*. One student said: *"It disturbed my conscience - their insensitivity disturbed me"* (P126) and another said: *"I couldn't make a sound. There was no one with me. I felt powerless and I got angry. As a human being, I was very sorry, and I expressed myself to the nurses who caused it. I was surprised that nurses react like this."* (P43)

About feeling guilty, one student said: *"The procedure was completely wrong, although it was monitored and could be written in the file at the exact time as it came from the monitor. I could not express my opinion to the nurse because I was a student, I felt like a partner in crime."* (P3)

Another student added: *"I felt bad as if I had done something bad to the patient as if it was because of me."* (P17)

The students especially talked about the differences between theory and practice and expressed the frustration this situation caused them: *"There was a lot of anger and sadness - because the theories that I learned were different among the nurses and were carried out differently by them, and this was frustrating for me."*(P40)

Concerning the patients

Although in some cases the students felt anger towards the patients and their relatives, they generally expressed feelings of pity, sorrow, and concern for them. The students approached patients with compassion and stated that they felt sorry for the careless and insensitive behavior of the healthcare providers towards the patients. The students generally approached the patients with empathy and felt concerned about the disruption of the treatment process.

On this subject, one student stated: *"I thought it was wrong. I thought, if the patients heard this, they would be upset - they would break away from the ward and the nurses, and would not participate in the treatment."*(P53)

Student Attitudes and Behaviors towards Moral Distress

The moral distress they experienced caused the students to question their profession, their colleagues, and themselves, morally and professionally. The reaction to moral distress varied according to the person. While some shared an incident with a nurse or educator and even cautioned the nurse, some chose to remain silent and ignored or

accepted the situation, even though they knew it was wrong. The attitudes and behaviors of the students on this issue were shaped according to the opportunities given to the students and the approaches of the educators and nurses during the practice. The students often stated that they could not react and remained silent because they were students. The students could not do this because they did not want to be excluded, they did not want to stand out, and they were anxious about their evaluation grades/marks. Examples of students' attitudes and behaviors are as follows:

"I fulfilled my own responsibilities in the ward without any problems. I did not engage in dialogue unless it was necessary, but I think that I was noticed enough to have my score lowered due to a conversation I had." (P24)

"I have never been able to intervene in situations. I had to accept the situation. A nurse that follows the requirements of the profession as described to us in the profile is hard to observe in the hospitals. It is very sad that the people we take as models are this way." (P36)

"First of all, everyone should conduct a moral self-assessment. For me, this contributes to solving the problems in my professional life more appropriately and sincerely as best I can and prevents encountering this situation in the future." (P9)

We observed that some students were negatively affected by the moral distress they had experienced, while others were more bound to the profession. The students stated that they tried to approach the patients with empathy and that in the future they did not want to be like the negative examples they observed.

For example:

"There was nothing I could do. I just said to myself, 'In the future, I will never be such a person.'" (P11)

"I felt better after seeing that the mother was relieved after the baby was delivered. I promised myself that if I become a maternity nurse, I will not act like this." (P8)

Some students blamed themselves for the mistakes that were made, and even tried to correct the faults in the work left by the nurses and tried to take responsibility for everything by acting as an overseer.

One student stated:

"After the nurses were gone, I would stay next to the woman and ease her anxiety and fill in her lack of information. I shared this situation with my teachers. Nurses generally do not care about the patients. I will not be like them when I become a nurse in the future. This situation can only be corrected by conscientious people like us." (P33)

DISCUSSION

The findings of the study revealed that the nursing students had experienced moral distress. Therefore, this study has helped to fill the gap in the literature regarding moral distress among nursing students. In the study, a total of three themes were observed. The situations that caused moral distress in students, student feelings and emotions, and their attitudes and behaviors are discussed according to the literature.

Situations that Cause Moral Distress in Students

It was determined that students may face moral distress in different stages during their professional training. It is important to describe how various factors contribute to moral distress in nursing students during their clinical experience and professional training. Moral distress may affect their educational qualification [1,22,23].

The students who participated in our study experienced some moral distress related to healthcare professionals, patients and their relatives, and their roles as nurses. The findings of our article run parallel to those of other studies [23-25]. It was clear that some of the students were not familiar with the concept of moral distress. Some students also cited their communication problems with the nurses and unethical attitudes and behaviors as sources of moral distress. However, students

mostly experienced moral distress because of unethical attitudes and behaviors and being unable to do anything about them. Nurses are expected to behave professionally and ethically. They are obligated to comply with ethical principles such as respect for privacy and autonomy, compassion, non-maleficence, and confidentiality. Especially the witnessing of unethical and unprofessional behavior of health providers caused moral distress for the students. The findings of our study concur with those of the studies of Escolar-Chua and Magpantay (2019), Bordignon et al.(2019), Renno et al. (2018), and Lomis et al. (2009) [3,25-27].

Neglect of duty and medical errors are common reasons for moral distress. The students who participated in our study stated that they experienced moral distress due to medical errors and neglect of duties. Similarly, students who participated in the study of Camp and Sadler (2019) stated that they felt moral distress in the case of medical errors [12]. The students considered the trainers and nurses to be role models during their education, but their negative attitudes and behaviors cause moral distress in the students. Similar to the findings of Camp and Sadler (2019) and Lomis et al. (2009), the students in our sample were bothered by negative attitudes and behaviors [12,27]. Lomis et al. (2009) found that medical students experienced moral distress in situations involving problems within a team, access to care, allocation of resources, and negative role models [27].

Students may face moral distress in situations related to patients and their relatives. Communication problems were seen as the most common cause of moral distress in the study of Escolar-Chua (2018) and also in our study [2]. Another factor that causes moral distress in students is the negative attitude/behavior of patients and their relatives (e.g., violence, problems with treatment compliance). These findings are similar to those of Escolar-Chua and Magpantay [25]. Another factor is cultural conflict. When the students encountered a situation involving cultural conflict, they experienced moral distress. The same was true for students who participated in Camp and Sadler's study [12].

There is a disconnect between nursing education and clinical practice. Current nursing training programs do not sufficiently teach students how to identify their feelings of moral distress, much less, how to cope with them [1,10]. In our study, students frequently emphasized that they experienced moral distress because of this issue. The students stated that the practices were not the same as in theory, that what was taught was not reflected in the application, and that they were given responsibilities beyond the scope of their duties and authority. These results are similar to those in the study of Escolar-Chua and Magpantay (2019) [25].

Student Feelings and Emotions

Moral distress has negative physical, psychological, and sociological effects on nurses [2,4,10,15,16,23]. Similarly, nursing students are affected in different ways by the moral distress they experience.

Students experience moral distress when they witness the negative attitudes and behaviors of healthcare professionals and cannot change a situation that they see as wrong. This causes negative emotions such as despair, anxiety, shame, and disillusionment in students. Students who participated in the research of Camp and Sadler (2019) also expressed these negative feelings [12]. The students often described anger or frustration with patients, their relatives, or health professionals. Students feel inadequate, helpless, and less self-confident as a result of the moral distress they face.

Student Attitudes and Behaviors

In our study, we observed that moral distress affected the students in different ways and that each student reacted differently to this situation. In the case of moral distress, some students expressed the trouble they experienced by acting in response, while others chose to remain silent.

The student nurses felt hesitant to explain their opinions and thoughts due to anxiety and fear of exclusion or being criticized by their trainers

or the nurses. One participant in the study of Escolar-Chua and Magpantay (2019) stated: “so I kept quiet, but my heart was heavy.” [25].

In another study, a medical student stated that “as a medical student, I just did what I was told and didn’t ask questions.” Another said, “As a medical student, I did what I was told and didn’t ask any questions” [12]. Similar statements were expressed in our study. In several other studies, as in our study, students used similar sentences to state that they chose to remain silent in order to preserve their learning opportunities [3,7,22,26,28]. At the same time, this situation caused them moral distress. In addition, it was observed from their answers that the students were morally sensitive, but because they were students, they could not perform the actions they knew to be correct and fair, and they were forced to remain silent. Based on the studies and our findings, it was observed that nursing students feel a moral obligation to unethical behavior [24,29]. According to these results, it can be said that the students do not show enough moral courage to intervene, speak and criticize the situations they encounter. Moral courage requires behaving in accordance with professional values when faced with an unethical situation. For many different reasons, students can choose to be silent in the face of these situations [30,31]. This result showed that that nursing students suffer moral distress due to poor moral courage [17,29].

Nursing education is theoretical and practical education. In this process, students observe their educators and the nurses in the clinic and take them as role models. In this process, some students develop positive attitudes, while others develop negative ones. In some situations in which the students felt moral distress, they considered it a positive and perhaps a moral learning experience when it was managed in a professional manner [12]. Likewise, in our study and others, students learned a positive lesson from the moral distress they experienced and the negative attitudes they faced and often used the expression “I will not be like this when I am a nurse” [3,10,24,28].

However, some students are negatively affected by the moral distress they have experienced. Although some students do not approve of the behavior they see from the nurses in the clinic, they have been seen to do the same and to develop negative attitudes. Some students stated that they thought of leaving the profession and school because of the moral distress they experienced. Other studies have also pointed out that nursing students may ask to leave school when faced with moral distress [3,10,25]. Hence, student nurses must recognize these situations and learn how to deal with them, as negative experiences and environments can be significant deterrents to their remaining in the nursing profession [8,12,24,32].

Camp and Sadler (2019) stated that students were generally empathetically moved by the situation of their patients [12]. In our study, the students had similar responses. Students learn positive or negative lessons from moral distress. They question themselves, their profession, and their colleagues and develop an attitude towards these incidents. In this regard, it is important for the trainers and nurses to be positive role models for the students and to contribute to their positive attitude towards the future.

Limitations

The findings of the present study were limited to nursing students at one university in Turkey. Further studies encompassing different cultures and including larger sample sizes are needed.

Implications and Further Research

This study presents important implications for the nursing literature as it demonstrates that it is essential to recognize the moral distress experienced by nursing students and to prepare them to cope with situations that they may often encounter in their working life. Further research is recommended that includes examples of moral distress experienced by nursing students.

CONCLUSION

The respondents' opinions have contributed to filling the gap in the literature regarding the moral distress experiences of nursing students. Understanding the foundation of student moral distress could assist in efforts to minimize its negative effects on the nursing profession. Moral distress can affect the performance of nursing students, damage their moral integrity, affect the quality of care they provide to patients and their families and lead to the thought of leaving school. Understanding nursing students' experiences of moral distress are critical for the development of coping methods and in order to ensure high-quality academic training.

Training may enhance moral sensitivity and thereby reduce moral distress. Their training has a positive effect on the attitudes of undergraduate nursing students towards nursing care. During training, nursing students should be given support to minimize moral distress. Careful and consistent teaching of professional ethics may alleviate the moral distress of nursing students. In order to contribute to the solution of the problem, a positive academic environment must be created throughout their educational experience, sufficient support must be provided for coping with the moral distress they may encounter in their professional life, and relevant concepts must be added to the nursing curriculum.

Ethical Approval: 2019/121, Düzce University Faculty of Medicine Ethics Committee for Invasive / Non-Invasive Clinical Studies

Conflict of Interest: The authors have no conflicts of interest to declare.

Funding: None.

Acknowledgements: The authors sincerely thank all the nursing students who participated in this study.

Author Contribution: Concept: \$Y,SKK; **Desing:** \$Y,SKK; **Data collecting:** \$Y,SKK; **Statistical analysis:** \$Y,SKK; **Literature review:** \$Y,SKK; **Writing:** \$Y,SKK; **Critical review:** \$Y,SKK

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