

Moral Distress among Nursing Students during Clinical Training

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Abstract: A moral dilemma is different from the classical ethical dilemma in which the individual sees a problem but is confused about choosing an action among different choices of actions with different downsides but are ethically appropriate. A moral dilemma is when one is sure of the right action to take but is unable to take it. Nursing students are exposed and are vulnerable to moral distress during their clinical training. Very few studies have been done regarding moral distress among students. The objective of this study is to identify moral distress levels in senior and sophomore nursing students and to explore if there is a correlation between academic year and moral distress levels in the form of a descriptive correlational study. The majority of the nursing students had experienced moral distress during their clinical training. Although the levels of moral distress experienced by the nursing students were at varying degrees from mild to the worst possible level of moral distress, the statistical tests showed no significant difference in their moral distress level; also, the year level of the students has no significant correlation to their moral distress. Students withhold their actions during morally distressing situations because of varied reasons that include not having enough confidence to believing that students don't have any right in speaking up in such situations to being afraid of clinical preceptor or clinical instructor and being concerned over grades.

Keywords: Moral distress. Nursing students, sophomore, senior, ethical dilemma.

1. INTRODUCTION

Moral distress is described as knowing the morally right thing to do, but institutional, procedural or social constraints make doing the right thing nearly impossible, which threatens the core values and moral integrity¹. From our search of literatures, we noticed that there is a lack of literature in describing moral distress among student nurses who are also at risk of developing it when they encounter moral dilemmas during patient care experiences in their clinical practice.² Moreover, at a conceptual and theoretical level, there remains a knowledge gap that prevents action from being taken on moral distress at the educational, political, organizational, and practical levels³.

Moral dilemma is different from the ethical dilemma in which the individual sees a problem but is confused on choosing an action among different choices of actions with different downsides but are ethically appropriate according to different ethical concepts. While in Moral dilemmas, one is certain of the right action to take but is unable to carry it out⁴. Student nurses are not the primary care providers but they engage in some aspects of care that may involve stressors⁵. One major

problem that causes moral distress among student nurses is their inability to apply and individualize principles of ethics with real patients. Students deal with situation, following hospital rituals that may cause moral distress if these rituals were not for the patient's best interest but the staff's⁶. Comrie (2011)⁷ correlated student nurses' inability to eliminate moral distress to having limited exposure to clinical practice, lack of confidence, inadequate professional judgment and limited ethical knowledge and training. A research revealed that self-confidence in particularly is greater in early years in nursing programs, and it decreases more with each passing year in nursing school. Another result backed up this argument and noted that the self-confidence levels of senior student nurses were relatively low^{8,9,10}. On the contrary, Pagduragan (2011)¹¹ pointed that confidence increases with experience. Repeated clinical practice increases confidence, which causes skill development, which in turn promotes more confidence. Ethical education is better accompanied with clinical practice because this assists in reinforcing the gained knowledge through experience and developing moral reasoning¹². Another study mentioned that senior student nurses had higher moral judgment than freshmen student nurses, and this implied that clinical practice helps nourishing moral development as well¹³. Benner (1984)¹⁴ theory suggested that nurses develop cognitively as they gain more clinical experience. The purpose of this study was to identify moral distress levels in senior and sophomore nursing students and further looked if there is a correlation between academic year and moral distress levels. The research findings can be one of the basis in evaluating the efficiency of the teaching-learning activities provided by the university in developing the ethics and moral values of the nursing students.

2. METHODS

Design: This is a descriptive correlational study. The researchers determined and described the moral distress level of the sophomore and senior nursing students, and further determined the correlation between year level of education and the moral distress level. Sample size was 124 students who were selected using the stratified sampling and simple random sampling techniques.

Instrument: Moral distress level of the nursing students was determined using the Moral Distress Thermometer (MDT). The MDT is a single item tool with an 11-point scale from 0–10. Zero being none or no Moral Distress has occurred, and 10 being the worst possible level. A question discussing the reason that caused the participants to withhold from performing the ethically correct action during the wrong situation that they witnessed, questions to gather demographic profile that included age, academic year/ level of nursing education were added in the questionnaire. Psychometric testing done on the MDT showed acceptable reliability and support for concurrent validity¹⁵.

Ethical Consideration: Review and approval were obtained from the Institutional review Board (IRB) of the University prior to the data gathering, and administrative clearance was sought from the office of the Dean of the College of Nursing, PNU where the study was conducted. Permission to use the MDT in this study was also granted by the author, Lucia Wocial (personal communication, February 23, 2018). Informed consent from the participants was obtained. The researchers explained to the participants the nature and purpose of the study. Confidentiality of the information obtained and privacy of the participants were respected and ensured.

3. RESULTS

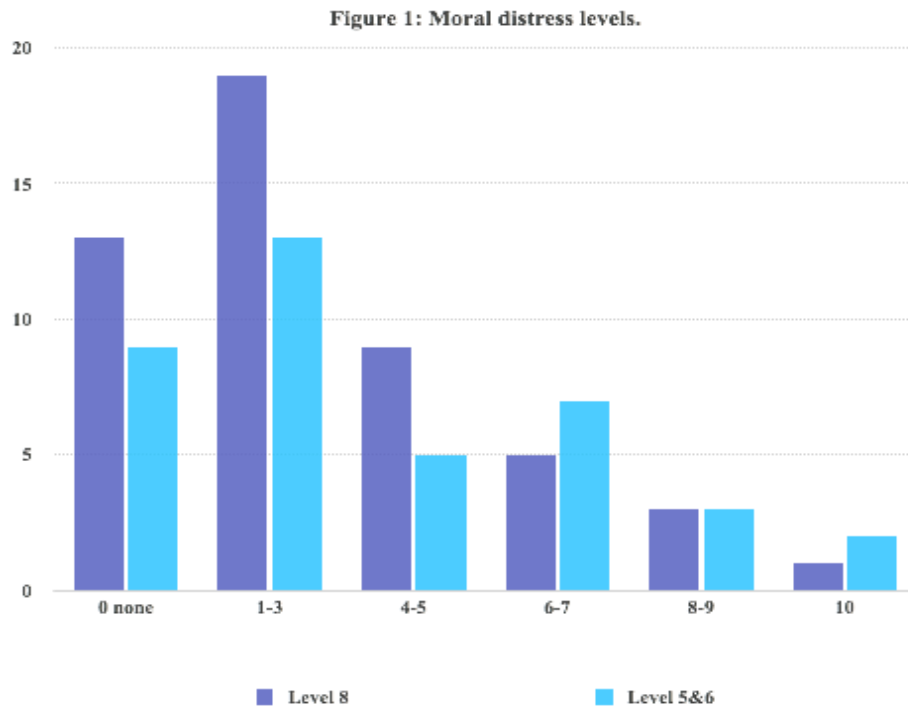
From a sample of 124 female nursing students, 81% were between 18-22 years old, the rest were 23-26 years old, 42 % (52) were senior while 58% (72) were sophomore students.

Moral distress levels

The study showed that 29.4 % (15 of 52) of the senior nursing students experienced no moral distress (scale 0), while 37.25% (19) experienced mild moral distress (scale 1-3), 17.6% (9) experienced uncomfortable moral distressed (scale 4-5), 9.8% (5) had distressing moral distress (scale 6-7), 5.8% (3) of the senior students had intense moral distress (8-9) and 1.9% (1) experienced the worst possible moral distress (scale 10).

On the other hand, there were 23.07% (17) of sophomore students who did not experience moral distress (scale 0) during their clinical experience, 33.3% (24) had mild moral distress (scale 1-3), 12.8% (9) had uncomfortable moral distress (scale 4-5), 17.9% (13) experienced distressing moral distress (scale 6-7), 7.6% (5) had intense moral distress (scale 8-9), and 5.12% (4) of the sophomore students experienced the worst possible moral distress (scale 10).

Overall, majority of the nursing students experienced moral distress at varying levels. There were 4% of the nursing students from both senior and sophomore who experienced the worst possible moral distress. There were 6.4% who had intense moral distress, 14.5 % experienced distressing moral distress, 14.5 % had uncomfortable moral distress, 34.6% had mild moral distress, and only 25.8% did not experience any moral distress during their clinical training.



Reasons of Withholding Action

Among the senior nursing students, the leading causes of withholding their action are fear from their assigned preceptor and lack of confidence in self for being a student, followed by their confusion over matters, and lack of supervision from their preceptors. Other reasons include fear from their clinical instructor, the clinical instructor was not around, pressure from the instructor, the preceptor’s refusal to listen, hospital rituals, fear from disturbing the patient, and fear in general. The senior nursing students also mentioned being concerned over their grades, having no one to tell, no desire to intervene due to previous failed attempt, shyness, nervousness and fear from being wrong. The topmost reasons of the sophomore for not acting on behalf of the patient include fear in general, fear of the clinical instructor, and being afraid from the reaction and its possible effect on training in that hospital. These are followed by lack of knowledge, being concerned over their grades, and their belief that students do not have the right to talk. Other reasons mentioned include fear from responsibility, lack of time, getting fired from preceptor, preceptor’s refusal to listen, pressure form clinical instructor, and having no one to tell.

Table 1. Reasons of nursing students for not taking action

Reasons	Sophomore	Seniors
Lack of confidence in self for being a student	2 (4.1%)	4 (8.3%)
Fear from assigned preceptor	1 (2.08%)	4 (8.4)
Fear from clinical instructor	3 (6.25 %)	1 (2.08%)
In general fear	3 (6.25 %)	1 (2.08%)
Being concerned over grades	2 (4.16%)	1(2.08%)
Being afraid from the reaction and its possible effect on training in that hospital	3 (6.25 %)	--
Having no one to tell	1 (2.08%)	1 (2.08%)
Believing that the student doesn’t have a right to talk	2 (4.16%)	--

Pressure from clinical instructor	1 (2.08%)	1 (2.08%)
Lack of knowledge	2 (4.16%)	--
Preceptor refusal to listen	1 (2.08%)	1(2.08%)
No supervision from preceptors	--	2 (4.16%)
Confusion over matters	--	2 (4.16%)
Fear from disturbing the patient	--	1 (2.08%)
No desire to interfere because of a previous failed attempt	--	1 (2.08%)
Lack of time	1 (2.08%)	--
Fear from responsibility	1 (2.08%)	--
Getting fired from preceptor	1 (2.08%)	--
Hospital rituals	--	1 (2.08%)
The clinical instructor isn't around	--	1 (2.08%)
Shyness	--	1 (2.08%)
Nervousness and fear from being wrong	--	1 (2.08%)

Comparing moral distress levels

At 0.05 level of significance, p value of .23, t statistic of 0.7, and critical value of 1.65, the null hypothesis is not rejected. The p value is less than the alpha, as well as the t value is less than the critical value, hence the result is not significant. The t-test result showed that there is no significant difference in the moral distress between the sophomore and senior nursing students experienced during the clinical trainings.

Table 2.

	Mean	t stat value	t critical value	P value	alpha	decision
Sophomore distress level	2.7	0.7	1.65	.23	.05	Not significant
Senior distress level	3.1					

Correlation of Moral Distress to Academic Year

The correlation coefficient between academic year and moral distress level (r) is: $r = -0.0616$ which implies a weak negative relationship. The weak negative correlation between the academic year and moral distress level of the nursing students mean that as the year level increases, the moral distress level decreases although at a very minimal degree.

4. DISCUSSION

Moral distress among nursing students

Though still students, they are already exposed and vulnerable to real health care institutions where they are expected to practice as nurses with their preceptors or instructors. Their clinical training allows them to observe and apply in real life situation among their patients what have been learned in the classroom. In the work settings, nurses are regularly confronted with actual ethical challenges that may arise to be troublesome also for student nurses¹⁶. The lessons they have, including ethics in nursing or health care practice, are deemed effective to a certain extent when students experience or recognize a dilemma in the workplace. The sophomore and senior nursing students, having experienced moral distress at varying levels, appear to have definite level of competence in terms of their ethics and moral judgment. One can only feel distressed when you know and believe that there is divergence or indiscretion in a certain situation or action and yet are unable to act accordingly. However, the result has shown a very high level where 75% of the nursing students experienced varying levels of moral distress, and this seem to be distressing. This means that majority of the students are unable to act consequently and become disturbed and distressed from the experience. It implies that the nursing students need not only be provided with the theories and concepts of ethics and morals in nursing or health care but essentially be provided with skills in decision-making, assertiveness, confidence, and communication to be able to act accordingly, and eventually be free from moral distress.

This implication is corroborated by the substantive findings that emerged in the systematic review on moral distress among nursing students done by Sasso, Bagnasco, Bianchi, and Bressan (2016)¹⁷ which revealed that educators in nursing schools ought to consider including in their undertaking to establish mechanisms and structures that support nursing

students vulnerable to moral distress in particular clinical contexts such as intensive care, care of older people, oncology, and psychiatry. Curtis (2014)¹⁸, in her study also affirmed that there is a need to provide students with significant support by helping them to acknowledge, control, and cope with moral distress, in addition to managing the complexities and challenges of everyday nursing practice. This will further cultivate their relational and coping skills in the challenging work settings.

Educators should seriously look into this aspect of addressing moral distress among the nursing students in order to prevent further damaging effects of the experience to the students. The review done by Sasso, et al (2016)¹⁹ on moral distress among undergraduate nursing students revealed that moral unease can lead to physical symptoms, such as sleep disturbance, headache, agitation, and gastrointestinal problems; and psychological symptoms, such as feelings of anguish, frustration, anxiety, or guilt, burnout and emotional breakdown.

This study showed no difference in the level of distress experienced by the students but there is a weak correlation between academic year and the moral distress level found. Auvinen et al., (2004)²⁰ study stated that senior nursing students have higher moral judgment thus go through less moral distress than younger students. Pagduragan (2011)²¹ also said that confidence increases with experience and the younger the students are the less confident in the ability they have. Comrie (2011)²² as well, correlated moral distress in lacking confidence and limited knowledge and experience. In this study, it was also mentioned by the students as reasons that stopped them from doing the morally correct action or voicing their opinions during these situations.

Why Students Fail to Act During the Dilemma

It is unexpected that the top reason for the seniors for not being able to act during the dilemma is that they lack the self-confidence as students, when they are likely to have gained more confidence as they progress in their academics²³. Obviously, the senior nursing students have more experience than the sophomore, thus, are expected to be more confident and more knowledgeable supposedly. This finding just affirmed that indeed the lack of self-confidence may also be attributed, from among many factors, to the concern that educators lack attention on the awareness or mechanism of acknowledging and addressing moral dilemma and distress among nursing students. This area maybe further explored though, through another research study. Wojtowicz (2014)²⁴ and his team suggest that the nurses who supervise students during their clinical training can play an important role in facilitating on how students advance their competence that will equip them manage situations that would otherwise escalate to moral dilemmas. Range and Rotherham (2010)²⁵, suggested a beneficial scheme that could be instigated in the academic setting which is to engage students in discussion and debriefing groups dedicated on values and learning experiences, to promote individual reflection and strengthen their confidence.

The preceptors and instructors are expected to enable the nursing students during their clinical training with the knowledge, skills, and attitude needed for the care and management of patients, as well as looking into the well-being and holistic development of the nursing students. It is pathetic that both sophomore and senior nursing students have revealed fear from the preceptors and instructors, pressure from the preceptors, the instructor being away, no supervision from the instructor, and refusal of the preceptor to listen as reasons for not acting accordingly during the crises, and these were also experience by other students from other studies²⁶. It has to be recognized however, that nursing preceptors and instructors, despite their education and experience, are also besieged with moral distress, and this situation may have exacerbated the student's difficulties²⁷. Nursing students either have unconsciously caught from their preceptors and instructors the same predicament when confronted with moral dilemma, and/or the supervision strategies are rigid that lead to the fear of the students toward them.

Fear in general, belief that students do not have the right to talk, lack of knowledge, being afraid from the reaction and its possible effect on training in that hospital, fear from responsibility, and lack of time among the reasons of the sophomores are trivial that can be addressed easily if realized and known by their educators. It becomes significant when these concerns are inadequately tackled and students repeatedly experience the same and eventually become discouraged and disturbed. Repeated incidents of moral distress leads to the loss of desire and concern among students²⁸. Emphasis on nursing students as being part of the health care team gives them the sense of belongingness and the responsibility to initiate their actions during their clinical training. Nursing students across all semesters usually felt very little responsibility for patient care and outcomes, which came from not feeling like being a part of the health care team.

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Looking into all the reasons mentioned by the nursing students including concerns over their grades, nervousness from being wrong, fear from disturbing patients, previously failed action, confusion over matters, and hospital rituals are supposedly manageable, however are found to be not recognized and addressed effectively. A gap identified in the review done by Sasso, et al (2016)²⁹ is the lack of an instrument to recognize and assess the presence of moral distress in students. The first step to be able to help the nursing students deal with their moral distress is to be able to spot the risks and its presence. Educators should learn how to sense the antecedents of moral distress and not only focus on the theoretical inputs about ethics and moral practice in health care, which are patient-centered. It is equally pertinent for the educators to equip the nursing students how to communicate their fears, dilemma, and the situations that confront them in the clinical areas. Strategies to develop the judgment, decision-making, confidence, and sense of responsibility of the nursing students to face ethical and moral challenges during their clinical training as well as in their future professional practice should be well-thought-out.

5. CONCLUSION

Nursing students are not exempt from moral distress and its burden during their clinical training. Reasons of withholding actions among the nursing students during ethical and moral dilemma can be classified into internal and external factors. The preceptors and instructors are considered contributory to the moral dilemma of the nursing students leading to moral distress. Conversely, nursing educators also have the responsibility in detecting the signs of moral distress among students, and play a major role in its control and management.

Moral distress experienced during the clinical training by the nursing students can be prevented when both the internal and external factors to the nursing students' inaction during moral dilemma are addressed properly by the academe. Nursing education seem to lack the mechanism and strategies to detect moral distress among their nursing students, and provide inadequate teaching-learning activities to develop the competence of students to deal with ethical and moral issues in the clinical area.

6. RECOMMENDATION

Holistic development of the nursing students is the responsibility of the educators. Strategies to develop the ability of the nursing students to prevent and control moral distress should be seriously considered in the nursing curriculum. Simulated activities on ethical dilemma for nursing students to allow them to become familiar with real life situations and develop their competence in dealing with these situations may also be considered, hence prevent or reduce the occurrence of moral distress among students.

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