

Pharmacophore

ISSN-2229-5402

Journal home page: <http://www.pharmacophorejournal.com>



EXPERIENCE OF NURSING TEACHERS OF MORAL DISTRESS CHARACTERISTIC: A QUALITATIVE STUDY

Shiva Pejmankhah¹, Abbas Abbaszadeh², Abbas Ebadi³, Sheyda Pezhmankhah⁴, Fariba Borhani^{5*}

1. *Ph. D Candidate of Nursing, Student Research Committee, School of Nursing and Midwifery, Shahid Beheshti University of Medical Sciences, Tehran, Iran*
2. *Professor, Medical Ethics and Law Research Center, School of Nursing & Midwifery, Shahid Beheshti University of Medical Sciences, Tehran, Iran*
3. *Professor, Behavioral Sciences Research Center, life style institute, Faculty of Nursing, Baqiyatallah University of Medical Sciences, Tehran, Iran*
4. *MSc Public Health, university East of London & MSc Nursing Islamic Azad Tehran Medical Branch, Tehran, Iran*
5. *Associate professor. School of Nursing and Midwifery. Medical Ethics and Law Research Center, Shahid Beheshti University of Medical Sciences, Tehran, Iran.*

ARTICLE INFO

Received:

11th Feb 2018

Received in revised form:

06th Aug 2018

Accepted:

15th Aug 2018

Available online:

28th Aug 2018

Keywords: *Ethics in University, Moral distress Characteristic, Nursing Teachers*

ABSTRACT

Introduction: Moral distress represents one of the common ethical issues among teachers. These tensions can affect the teachers' work life and the quality of teaching. The objective of the current essay is as saying the experience of nursing teachers of moral distress characteristics. Method: 13 nursing teachers participated in this qualitative study in the form of face-to-face and semi-structured interviews. Data were analyzed by conventional qualitative content analysis method. Findings: The chief classes acquired out of the experience of nursing teachers as regards moral distress were consisted of valuation of the situation, getting entangled in the situation, mental involvement and unavoidability. Findings: The results of the current study showed that moral distress can affect the values, beliefs and creeds of the teachers. Its characteristics of repeatability and unavoidability together bring about a situation where nursing teachers face situation management challenges and this affects the educational quality. Then it is suggested some strategies to be thought for identification and reduction of moral distress in nursing teachers.

Copyright © 2013 - All Rights Reserved - Pharmacophore

To Cite This Article: Shiva Pejmankhah, Abbas Abbaszadeh, Abbas Ebadi, Sheyda Pezhmankhah, Fariba Borhani, (2018), "Experience of Nursing Teachers of Moral Distress Characteristic: A Qualitative Study", *Pharmacophore*, **8(4)**, 21-28.

Introduction

Today due to the complexities that have taken place in the nursing services systems in clinical and educational domains the occurrence of ethical challenges both in the clinical workers and providers of educational services and learners has turned unavoidable. While observation of ethical principles in universities not only will be helpful in the observation of teaching standards by the teachers rather it will play an indispensable role in the formation of the mutual effective relationships between the students and the members of the department. Teachers are considered to be among the most important internal pillars of educational organizations [1]. Then, quantitative and qualitative decline of their work has a direct effect on the performance of the higher education system and as a result the country's development [2, 3].

The nature of the profession of teachers is fundamentally ethical and ethics is an essential part of its all dimensions, and the teachers must pay more attention to their individual and behavioral ethics and to know that their ethics and behavior play a significant role in the moral education of students [4-6]. Nevertheless, teachers face numerous problems and difficulties in

Corresponding Author: Fariba Borhani, School of Nursing and Midwifery, Medical Ethics and Law Research Center, Shahid Beheshti University of Medical Sciences, Tehran, Iran, Email: faribaborhani@msn.com.

their profession, which involve them in a process of thinking and exploration, and they struggle to solve these problems in different ways. Now if they cannot solve their problems via expanding and enriching their treasury of knowledge and experience, they would turn anxious and it would ultimately lead to their dissatisfaction with their profession [7, 8]. One of these important issues in teaching is moral distress [8]. The moral distress represents a condition in which the lecturer does not have the power to make ethical decisions due to the existing limitations and conflicts between the correct moral decision and the action he needs to take contrary to it. This phenomenon is one of the most important moral issues that was raised for the first time by Jameton [9].

The studies conducted in this regard show that moral distress in nursing profession is growing, because nurses are not only the pioneers of health care services, but rather today, they are suffering from additional psychological pressures, which affect their ethical decision making, due to the information explosion, technological advancements, decision making policies in the health care system and nurse recruitment, management structures, hard work conditions and the limitations of nursing professions, including lack of nurses and other issues. Among the causes of the emergence of moral distress in clinical nurses, one can refer to the lack of human resources, heavy workload, extra and intra professional conflicts [10]. There are no significant studies available in relation to the sources of moral distress in teachers. What is certain is that the moral distress of teachers affects their work performance and creates a significant gap in the perception of their surrounding and their professional performance [11] Moreover, the lecturer's distress leads to poor performance, absenteeism, burnout and fall of teaching quality and depression [12, 13].

The studies on moral distress have been conducted mainly in the clinical domain, but due to the existing limitations in the educational environment and the imbalance between the values and beliefs of the teachers and the way in which they function, the conditions may be created for the emergence of moral distress in them. Evidences show that the characteristics of this notion in nursing education, and particularly in nursing educators, have been less considered. The characteristics of the activity of nursing teachers are such that they serve both in the theoretical and clinical domains. Then, exposure to a wide range of various organizational constraints creates complicated conditions that affect the performance of nursing teachers. Although it is difficult to know the moral distress in nursing teachers, but it is essential [10].

Inattention to the issue of moral distress of teachers undermines their professional sympathy, ethics and [14] and affects their quality of work life, tension control, job satisfaction, and individual quality of life [15].

Finally, it is indeed the quality of nursing education that is affected by this issue and fails, and this leads to a major decline in professional competence in nursing students, and ultimately, clients are deprived of high quality nursing care. Thus, given the destructive effects of the moral distress of nursing teachers on their work, it is of utmost importance to comprehend the concept in a comprehensive manner.

Given the fact that moral distress varies depending on the working environments and cultural context of each society, the study of the concrete experiences of nursing teachers facing moral distress creates a more accurate and valid benchmark for the discovery of "moral distress" in the real world. Also given the fact that using qualitative research, one can better understand the experiences related to real events, views, and experiences of people in different fields [16], then this study was conducted to explore the experience of Iranian nursing educators with the characteristics of moral distress.

Methods

The present study was conducted based on qualitative approach. Participants included 13 nursing teachers who were selected by purposive method with whom semi-structured interviews were conducted and qualitative content analysis was used to analyze the data.

Ethical considerations:

To observe ethical considerations in research the ethical code (IR. SBMU.PHNM.1394.120) was received from the ethics committee of Shahid Beheshti University of Medical Sciences. Before the interviews the objectives of the study were explained to the participants and they were informed of their right to leave the study at every stage of the research, ensured of the confidentiality of the information, and of the possibility of having access to the results upon the participant's request, and finally a letter of consent was received from the participants.

Data Collection

For data collection a semi-structured and in-depth interview method was used. To this end, it was asked from the participants "have you ever experienced such a condition in your workplace due to which you couldn't act ethically?", "how did you feel in such conditions?"

Then the interview continued with consecutive questions. At the end of the interview, the participants were asked to email any piece of information they would like to share with the researcher. The average time for interviews was 45 minutes. The interview was conducted using the Sony Digital Sound Recorder (ICD-UX560F). Each participant was interviewed once.

Table 1. Demographic Characteristics of Participants in Research

Row	Gender	Age	Work Experience	Academic Position	Academic Discipline
1	Female	56	30	Assistant Professor	Nursing
2	Female	52	28	Assistant Professor	Nursing

3	Female	42	7	Assistant Professor	Nursing
4	Female	55	30	Instructor	Nursing
5	Female	49	16	Instructor	Nursing
6	Female	35	4	Instructor	Nursing
7	Female	36	3	Instructor	Nursing
8	Male	35	8	Assistant Professor	Nursing
9	Male	57	28	Instructor	Nursing
10	Male	44	10	Assistant Professor	Nursing
11	Female	47	23	Associate Professor	Nursing
12	Male	47	25	Associate Professor	Nursing
13	Male	51	26	Professor	Nursing

Data Analysis:

Data were analyzed using conventional qualitative content analysis method Graneheim & Lundman: 2004 [17]. Data analysis was conducted along with data collection in a simultaneous fashion. In other words, the recorded interview was listened, and a text was prepared accordingly. The transcripts of the interviews were broken down after several revisions to the semantic constituents and the primary codes were extracted. Then the codes were placed under the subclasses and classes based on semantic similarities. The utmost effort was made to observe the highest degree of homogeneity within the classes and likewise the highest degree of heterogeneity between the classes so that no single code would fit into two classes. Then the classes were named. To ensure data accuracy, different methods were used during the study. Through a review of the supervisors, it was ensured that the results of the study are in line with their experiences. Moreover, to use the reviews of the supervisors, the text of the interviews, codes and classes were reviewed by two nursing faculty members who were familiar with the qualitative research and also had researches on moral distress. Selection of participants with the maximum variety led to an increase in the data validity. For better transferability of the data, the views of the participants were mentioned directly along with the respective field of study.

Findings

Four major classes were driven based on the views of the nursing teachers regarding moral distress including valuation of situation, getting entangled in the situation, mental involvement and unavailability (table 2).

Table 2. Classes and subclasses driven based on the experiences of nursing teachers of the characteristics of moral distress

Class	Subclass
Valuation of situation	Mindfulness of unethical situation
	Difficulty of correct ethical judgement
	Concern of undesirable consequences of the adopted measures
Getting entangled in the situation	Being involved in inappropriate task
	Forcing into agreement with other people
	Threat to occupational security
Mental involvement	Cyclic and repetitive mental involvement
	Uncontrollable mental involvement in the situation
Unavailability	Repetition of the bothering experience in occupational and inter-professional interactions
	Necessity of encountering with the situation

1. Valuation of situation: Based on the experiences of the participants in this research, nursing teachers have professional ethical values that affect their performance, emotions, motivations, behaviors, and reactions. Under certain conditions, the lecturer may not be able to implement his moral desires and values, and sometimes he may confront those who have immoral requests that are not in accordance with the lecturer's personal will. In such conditions, the situation requires the lecturer to consciously change his values and this certainly forces moral distress to them. This situation has been divided into three sub-classes of mindfulness of unethical situation, the difficulty of correct judgment, and Concern of undesirable consequences of the adopted measures.

A. Mindfulness of unethical situation: The comments of teachers seemingly suggested that they continuously encounter unethical situations in their workplace, where despite their mindfulness of the unethicality of the situation, they were not able to make ethical decisions. In such a situation, moral distress emerges in them. A participant with 28 years of work experience said, "I find myself in situations where I know that work is unethical and wrong, but I have no alternative option." Another participant said: "as the head of department when I see some of my colleagues who reduce the student's grades due to personal problems I either complain and face rude behaviors or prefer to pass it in silence."

B. Difficulty of correct Judgment: Based on the experiences of participants in this research, sometimes due to conflict between the interests of individuals, the difficulty of daily work and the complexity of the situation,

they are not able to judge correctly about the ethical quality of a situation, and for this reason the inability of correct judgment increases the likelihood of moral distress.

"In a number of conditions, due to various reasons I could not remain committed to ethical considerations which I would have to adhere to in my work environment; I could not judge what I should do based on my personal and professional beliefs. This created moral distress in me." (Assistant Professor, 8 years of work experience).

- C. Concern of undesirable consequences of the adopted measures:** Participants' statements revealed that sometimes due to the created conditions, they are forced to act against their commitments and beliefs, and to take actions that are not of priority and overshadow valuable issues. This requires teachers constantly rethink their performance and be concerned of the adverse and undesirable outcomes of their actions. Participant no. 5 stated, "Nursing process is the chief core of nursing career, but due to lack of sufficient time and numerous patients and the assignment of non-nursing affairs to us, we cannot continuously provide each patient with unique diagnoses. So when I see the student who does not know how to use nursing techniques in the clinical domain, I feel moral distress".
- 2. Getting entangled in the situation:** Moral distress, on the one hand, forces the lecturer to agree with others and, on the other hand, gets him entangled in an irrelevant task, and poses serious threats to his job security. In such a situation, the lecturer has a sense of entanglement in his work and cannot, on the basis of his beliefs and values, undertake his responsibilities and duties. To put it in simple words, the lecturer cannot do his job well, and in this case gets entangled in situation. This class is divided into the following subclasses: being involved in inappropriate task, forcing into agreement with other people and threat to occupational security.
- A. Being involved in inappropriate task:** participants expressing their experiences pointed to the fact that sometimes other teachers, managers or clinical nurses ask them to undertake tasks that are not their duty and have nothing to do with their students, and the lecturer has to compromise so as not to be rejected by his colleagues. However, he finds himself in a situation where he is unable to perform his right task and experiences moral distress. In line with this, the participant no. 3 said: "during the internship high quality and appropriate teaching is of vital importance, but my staff get entangled in situations in hospital where students should only work on their request".

B. Forcing into agreement with other people: data analysis shows that there are always colleagues around who do not undertake their tasks correctly and others know them well but no one is able to either help them improve their function or fire them or disagree with them. Then there is no way out but compromising and coping. This causes moral distress in nursing lectures. Participant no. 1 related that "I am myself grappled with this case. One of my colleagues did not have good performance in past two semesters. Numerous sick leaves, absenteeism, dissatisfied students and other issues have caused chaos in the department. I did compromise and now I should pay for it myself or ask other colleagues to undertake his duties".

C. Threats to occupational security: the participants point out that occupational security is of mental aspect and to some extent depends on the individual's perception of the work environment. Sometimes the teachers have to accept to get involved in unethical affairs or overlook them so as not to lose their positions and this certainly causes moral distress in them. Participant no. 7 said: "previous semester two professors were suddenly retired because they did not act in line with the ethical charter of the faculty. I wish they had been informed of their retirement earlier. This brings about moral distress in me and makes me sad".
- 3. Mental involvement:** moral distress causes the lecturer to be involved mentally with various issues and conflicts. These conflicts occupy vast proportions of the lecturer's mind. This mental involvement leads to psychological problems and cause serious issues.
- A. Cyclic and repetitive mental involvement:** it was revealed based on the statements of the participants that when the teachers know that they have committed unethical actions they get mentally involved. This distracts them from their main tasks. These repetitive and futile thoughts cause mental exhaustion, boredom, and agitation as well. Therefore, the individual is unable to think of the basic and vital educational issues and is continuously facing moral distress. In this regard, the participant no. 6 said: "I am still thinking of one of my students for whom I couldn't do anything due to ethical concerns. I always ask myself why I didn't treat him like other students".

B. Uncontrollable mental involvement in the situation: the experiences of the teachers show that when they commit unethical affairs their feelings, will and even personality get affected. When the lecturer is forced to accept unethical actions and conditions he consciously perceives his own inner dissatisfaction and imbalance in his personality and will and feels lonely, nihilistic, and severely disabled. Then absence of values and ethical belief can bring about sense of nihilism and uncontrollable forlornness along with undesirable feelings in the individual that show themselves through such symptoms as resentment and anger, sense of weakness in will and losing one's decisiveness. Participant no. 8 said: "I feel really sad and disabled and naturally worried even

sometimes I do not have inner sense of satisfaction. I feel weak-kneed and I blame myself why I could not change the conditions”.

4. **Unavoidability:** Among the data analyses that are emphasized for demonstration of the unavoidability of moral distress two subclasses exist including repetition of the bothering experience in occupational and inter-professional interactions and the Necessity of encountering with the situation.
 - A. **Repetition of the bothering experience in occupational and inter-professional interactions:** data analysis showed that no doubt the experience of bothering interactions with some of the colleagues are unavoidable for many teachers within the organizational environment. Although all teachers during their work experience were encountered with such cases as excessive workload and lack of facilities in the organization and these factors forced them into undertaking unethical actions and feeling undesirable experiences, they all seek to keep up the appearances though they feel sad inside and cannot cope with the situation. The factor that causes this sadness and distress is experiencing a negative emotional feeling and feelings stay forever and this may remain with them even till their retirement. These pressures in the course of education or any other similar situation that occurs in the organization lead again to the repetition of bothering experience in the lecturer. The participant no. 1 related that “in fact the one who says that he has not experienced that he is surely lying because it is around us” and likewise the participant no. 10 stated “this is more encountered in clinical domain than the educational domain. Here we are working as educators and there are certain principles that have to be observed as well as a number of standards that need to be taken into account. In clinical domain and clinical decisions, it is more appalling”.
 - B. **Necessity of encountering with the situation:** one of the other effective categories in the formation of moral distress in nursing teachers is spontaneous encounter with the work and the task that have to be undertaken by the lecturer every day in order to meet the desires and expediency of the colleagues, organizational structure, management or leadership. Many of the teachers in the organization have experienced conflicts, failures and frustration that all have their roots in the lack of sufficient support on the behalf of the organization and the colleagues. This is because there is no clear labor division inside the organization and the situation is even exacerbated by unnecessary regulations. Insofar as if the teacher’s teaching style is not compatible with the personal taste of the manager or colleagues the lecturer will face serious challenges and this encounter is unavoidable and the reaction of majority of teachers towards it is experiencing moral distress. The participant no. 4 stated “when my duties have not been clarified while I have other commitments besides teaching and research I face problems in the faculty again. For example, updating the organization’s website and similar cases make me feel ethically distressed”.

Discussion

The current research aimed to assay the characteristic of moral distress in nursing teachers and included 4 classes and 11 subclasses. The evidences show that there is moral distress in nursing education and the nursing teachers who are among important factors of the very structure of higher nursing education as human resources are not immunized against its negative effects. The results of current study showed that valuation of situation, getting entangled in the situation, mental involvement, and unavoidability are among the characteristics of moral distress in nursing teachers. One of the abstracted classes resulted from the research was valuation of the situation. In these conditions when the professional values and beliefs of the lecturer are threatened and he is forced to undertake actions that are not acceptable by him and despite the fact that he is informed of the unethical content of the action and he is yet forced to undertake the action he feels ethically distressed. Moreover, in some conditions the pressure from the colleagues due to acceptance of undertaking certain works causes the lecturer not to be able to issue correct judgments and take right decisions. Excessive workload, lack of facilities, and the shortage of time for education lead to the emergence of moral distress in teachers and cause them to be worried of the consequences of actions that have been taken under the work pressure. Aboutalebi (2013) in his research has argued that a number of the staff believed in deviation from ethical norms of honesty, rectitude and continence insofar as their function was clearly in conflict with the content of common ethical maxims accepted by the society as well as the ethical and administrative charter of the staff and general policies and they took actions according to situational conditions [18]. Zeynali (2011) in his research argued that in administrative environments discrimination in behavior, priority of relations over the regulations, nepotism, violation of people’s rights and the like, all are considered as the examples of unethical situations in organizational environments and are originated in the governing culture and valuation in the organization which holds sway on the staff [19]. The findings of Dian (2002), Jaramillo et al. (2006) and Satish et al. (2008) have considered such factors as organizational culture, intention of ethical behavior, lack of support and reward, occupation, organizational situation and environment, occupational stress and vision as well as emotional intelligence and ethical behavior of the colleagues to be effective in correct valuation and judgement of the staff [20-22]. The research findings of Jameton (1993 and 2013) on the concepts of knowledge and consciousness, the existence of compulsion, occupational restrictions and rules, unethical practice and duty, the difficult moral judgment of the problem have referred to the conflict in the valuation of the nurses and are in line with the results of the current research.

However, they are not in line with the results of current research in view of the concern of the negative side effects of the reactions of nurses [9, 23]. Pauly (2012) also insists on the practical dimensions of moral distress, concerns about growing problems associated with the preservation of professional values, responsibilities and commitments, which are consistent with the findings of research on concern about undesirable consequences [24].

As regards the class getting entangled in situation, the majority of participants noted that they have been unwillingly involved in the incorrect task that has been assigned to them by others and this is one of the characteristics of the moral distress in teachers. Robinson and Bent believe that in workplace there are individual and volitional behaviors that violate the organizational norms and take place in two inter-individual and organizational forms. In other words, there are employees who continuously cause problems for the organization. Inappropriate inter-individual interaction is a behavior that is seen in the inter-personal relations in workplace among which one can refer to imposing incorrect demands, humiliating each other, squabbling, rude treatment, and threatening one to lose his job. These all involves the individual in undesirable situation. Many researchers including Edwards and Greenberg (2010) have noted that such behaviors are of insidious and hidden nature [25]. Punia and Rana (2013) and Dalal (2005) have added that they could easily endanger the health of employees and the organization and finally weaken the organizational effectiveness in this way Snel [26, 27] and Snell (2007), Kleinmann and Klehe (2011), Gallagher (2007) endorse the existence of such behaviors in the organization [28-30]. Roushton (2013) believes that moral distress has its origin in ethical mistake that is in line with the findings of the current research, i.e. being entangled in incorrect task and the necessity of coping with others though no allusion has been made to the threat against occupational threat [31]. Varcou (2012) contends that moral distress occurs in various social, political and cultural contexts that exposes the individual to undesirable experience [32]. This finding is in line with the subclass of "being entangled in the situation" in the current research though this researcher has not referred to the factor of threat against occupational security. It seems that the threat against occupational security is considered a challenge in the nursing teachers and its reasons seems to be the possibility of the prevention of the managers from the occupational promotion.

Mental involvement that is one of the key classes discussed in this research as a characteristic of moral distress in teachers consist of unfavorable thoughts that haunt the lecturer despite the latter's efforts due to involving in unethical affair. Mohammadi et al. (2013) and Young (2008) have claimed that in those vocations that require much mental involvement due to inappropriate timing the efficiency declines and damage is done to the process of thinking and this in turn results in agitation, suspicion, emotionality and irritability [33, 34]. Borhan et al. (2016) has argued that due to the tensions resulted from undertaking one's task certain emotional and psychological problems including mental involvements may come into being [35]. Kanten and Sadullah (2012) have expressed that if the needs of the staff are not met it is very likely that their mental agitation, anxiety and inner dissatisfaction will rise in the workplace and this will obstruct their work [36]. Corley (2002) has described moral distress as psychological imbalance, a state of negative feeling, pain and suffering for the nurses [37]. Walsh (2010) has used the feelings and experiences resulted from an ethical involvement for describing the moral distress [38]. Epstein (2009) has also construed moral distress as a symptom of ethical agitation that is not in line with the findings of the current research, i.e. with the lecturer's mental involvement class [39]. It seems that acting against religious beliefs that are tied to ethical issues leads to the mental involvement of the nursing teachers that cause moral distress in them.

Moral distress is an unavoidable affair and a result of repetition of the bothering experience in professional and inter-professional interactions and necessity of encountering the unethical situation. There are evidences that show that the level of moral distress increases when the ethical atmosphere of the organization is not supportive or there is no respect for the nursing care services. The results of researches done by Rikhotso et al. (2014), Henderson et al. (2011), Bouchaud (2011), Oermann (2009) and Aliafsari mamaghani (2017) bespeak of the existence of numerous problems in the educational system that lead to moral distress. The evidences show that unethical and unprofessional behaviors in academic institutions have increased and in particular scientific ethics is of higher priority in Iranian higher education [40-44] According to Lu'tze'n (2012), moral distress is an individual experience that involves every person regardless of his or her gender and this is in line with the results of current research as regards the unavoidability of moral distress [45]. The majority of definitions offered by the researchers are based on the reasons that refer to various limitations. The experience of moral distress is unavoidable.

Conclusion

Moral distress in teachers as a general problem has not been assayed in independent studies in different countries. The existing descriptions and ideas insist on the interactive essence of the moral distress in teachers. The result of the research content analysis is that the moral distress in nursing teachers is a mode through which nursing lecturer values his own situation. Valuation takes place through consciousness of distress generating situation, difficulty of ethical judgement and concern of the undesirable consequences. Then the nursing teacher feels that he has become entangled in a situation where he is forced to undertake an incorrect task and accept the unethical views of others and face occupational security threats. In this condition the nursing lecturer undergoes through a repetitive mental conflict that is unavoidable that emerge due to frequent experiences of moral distress and necessity of facing with the distress generating situations.

Although as to some of the concepts various interpretation have been offered the research findings show that moral distress is based on the notions of valuation of situation, being entangled in situation, mental involvement and unavoidability.

On the other hand, given the fact that this is the first qualitative study that has been devoted to the moral distress in nursing teachers within Iranian cultural context its results can lead to the revelation of some of the aspects of moral distress in teachers. It suggested other studies to be conducted as regards the relationship or factors and consequences of moral distress in nursing teachers.

Research Limitations:

Some of the participants underestimated or overestimated their experiences due to the concerns they had of the possibility of losing their position or advantages in the organization. Moreover, their psychological conditions during interview could have been effective on the answers they would give to the questions. In this regard, the effort was made in order to earn their trust via friendly dealings and this limitation was managed to some extent in this way.

Acknowledgement

Hereby the author feels obliged to appreciate all nursing teachers who took part in the current study.

References

1. Perri DF CG, Rotenberry PF, Oehlers PF. Education and training in ethical decision making: comparing context and orientation. *Educ Train*. 2009; 51(1):70-83.
2. Honingh ME. *International Journal of Educational Management*. International Journal of Educational Management. 2009; 23(2):172-84.
3. Richter D, Kunter, M., Klusmann, U., Lüdtke, O., & Baumert, J. Professional development across the teaching career: Teachers' uptake of formal and informal learning opportunities. *Teaching and teacher education*. 2011; 27(1):116-26.
4. Yuksel S. Kohlberg and idden curriculum in moral education: an opportunity for students' acquisition of moral values in the new Turkish primary education curriculum. *Educ sci Theory Pract* 2005; 5(2):329-38.
5. Brabeck M. In response: faculty as moral models. *Convers Jesuit Higher Educ* 1992; 2(1):22-325.
6. Pring R. Education as a moral practice. *J Moral Educ* 2001; 30(2):101-12.
7. Romano MG. Beginning teacher successes and struggles: An elementary teacher, s reflections on the first year of teaching. *Professional Educatio*. 2006; 28(1):1-16.
8. Ganske KM. Moral distress in academia. *OJIN: The Online Journal of Issues in Nursing* 2010; 15(3):6.
9. Jameton A. Dilemmas of moral distress: moral responsibility and nursing practice. *A whoon's clinical issues in perinatal and women's health nursing*. 1992; 4(4):542-51.
10. Borhani F, Mohammadi S, Roshanzadeh M. Moral distress and perception of futile care in intensive care nurses. *Journal of Medical Ethics and History of Medicine*. 2015; 8:2.
11. Pauly B, Varcoe, C., Storch, J., & Newton, L. Registered nurses' perceptions of moral distress and ethical climate. *Nursing Ethics*. 2009; 16:561-73.
12. Austin W, Lemermeyer, G., Goldberg, L., Bergum, V., & Johnson, M. S. Moral distress in healthcare practice: The situation of nurses. *HEC Forum*. 2005; 17(1):33-48.
13. Gutierrez KM. Critical care nurses' perceptions of and responses to moral distress. *Dimensions of Critical Care Nursing*. 2005; 24(5): 229-41.
14. Berger J. Moral Distress in Medical Education and Training. *J Gen Intern Med*. 2014 29(2):395-8.
15. Norshahi N SH. Examining the Quality of Work Life among Public Universities Faculty Members in Iran and Presenting Strategies for its Improvement. *IRPHE*. 2011; 17(1):91-114.
16. Corbin, J. and A. Strauss (2015). "Basics of Qualitative Research, Techniques and Procedures for Developing Grounded Theory."
17. Graneheim UH LB. Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. *Nurse Educ Today*. 2004; 24(2):105-12.
18. Aboutalebi. Ethical position of the elite of the administrative system in Iran. 2013; 7(2):112-34.
19. Zeynali SP, A. The Effects of Unethical Climate IN Working Environment on Organizational Anti-Citizenship Behaviors Ethics in science & technology. *Ethics in science & technology* 2012; 6(4):32 - 40.
20. Diane LW. Determinants of Ethical Behavior of Public Administrators: Profession, Position, and Organizational Climate. Tennessee State University. 2002.
21. Jaramillo F, Mulki, Jay, Soloman, paul. The role of ethical on salesperson role stress, gob attitudes, turnover intencion, and job performance. *The Journal of Personal Selling Management*. 2006; 26(3):87-91.
22. Satish PD. Deshpande. Impact of Emontional Inteligence, Ethical climate, and Behavior Peers on Ethical Behavior of Nurses. *Journal of Bussines Ethics*. 2008:33-59.
23. Jameton A. A reflection on moral distress in nursing together with a current application of the concept. *J Bioeth Inq* 2013; 10(3):297-308.

24. Pauly BM VCaSJ. Framing the issues: moral distress in health care. *HEC Forum* 2012; 24(1):1-11.
25. Edwards MS, & Greenberg, J. What is insidious workplace behavior? In Greenberg, J. (Ed.), *insidious workplace behavior*, United States. Taylor & Francis. 2010:3-28.
26. Punia BK, & Rana, H. Correlates, antecedents and implications of deviant workplace behavior: A review. *GNA Journal of Management & Technology*. 2013; 8(1):98-104.
27. Dalal RS. A meta-analysis of the relationship between organizational citizenship behavior and counterproductive work behavior. *Journal of Applied Psychology*. 2005; 90(6):1241-55.
28. Snell RS, & Wong, Y. L. Differentiating good soldiers from good actors. *Journal of Management Studies*. 2007; 44(6):883-909.
29. Kleinmann M, & Klehe, U. selling oneself: Construct and criterion-related validity of impression management in structured interviews. *Human Performance*. 2011; 24(1):29-46.
30. Gallagher VC. Situational and dispositional antecedents and consequences of impression management tactics: The role of political skill. *Electronic Theses, Treatises and Dissertations*. 2007:4381.
31. Rushton C, Kaszniak A, Halifax J. A framework for understanding moral distress among palliative care clinicians. *J Palliat Med* 2013; 16(9):1074-9.
32. Varcoe C, Pauly B, Webster G. Moral distress: tensions as springboards for action. *HEC Forum*. 2012; 24(1):51-62.
33. Mohammadi M, Nasl Seraji J, Zeraati H. Developing and assessing the validity and reliability of a questionnaire to assess the mental workload among ICUs Nurses in one of the Tehran University of Medical Sciences hospitals, Tehran, Iran. *J Sch Public Health Inst Public Health Res* 2013; 11(2):87-96.
34. Young G, Zavelina L, Hooper V. Assessment of workload using NASA Task Load Index in perianesthesia nursing. *J Perianesth Nurs* 2008; 23(2):102-10.
35. Abbasi M, Nejad Sarvari N, Kiani M, Borhani F, Bazmi S, Nazari Tavaokkoli S, et al. Moral distress in physicians practicing in hospitals affiliated to medical sciences university's Send to Iran Red Crescent Med J. 2016;5(16).
36. Kanten S, Sadullah O. An empirical Research on Relations Hip Quality of Work Life and Work Engagement. *Procedia-Social and Behavioral Science*. 2012; 62:360-6.
37. Corley M. Nurse moral distress: a proposed theory and research agenda. *Nurs Ethics*. 2002; 9(6):636-50.
38. Walsh A. pulling the heartstrings, arguing the case: a narrative response to the issue of moral agency in moral distress. *J Med Ethics Hist Med*. 2010; 36(12):746-9.
39. Epstein E, Hamric A. Moral distress, moral residue, and the crescendo effect. *J Clin Ethics* 2009; 20(4):330-42.
40. Rikhotso S, Williams M, De Wet G. Student nurses' perceptions of guidance and support in rural hospitals. *Curationis*. 2014; 37(1):1-6.
41. Henderson A, Briggs J, Schoonbeek S, Paterson K. A framework to develop a clinical learning culture in health facilities: ideas from the literature. *International Nursing Review*. 2011; 58(2):196-202.
42. Bouchaud M. Preparing baccalaureate nursing students for community public health nursing: Belief systems and values of nurse educators and administrators. Available from: URL: <http://gradworksumicom/3486994pdf>. 2011.
43. Oermann M, Saewert K, Charasika M, Yarbrough S. Assessment and grading practices in schools of nursing: national survey findings part I. *Nurs Educ Perspect* 2009;30(5):274-8.
44. Aliafsari mamaghani E, Zamanzadeh V. Nursing Clinical Education Challenges. *J Med Educ* 2017; 10(25):68-81.
45. Lu'tze'n K, Kvist B. Moral distress: a comparative analysis of theoretical understandings and inter-related concepts. *HEC Forum*. 2012; 24(1):13-25.