Pharmacophore

Pharmacophore
an International Journal
ISSN 2229-5402

EXPERIENCE OF NURSING LECTURERS OF MORAL DISTRESS FACTORS (SOURCES): A QUALITATIVE STUDY

Shiva Pejmankhah[1], Abbas Abbaszadeh[2], Abbas Ebadi[3], Sheyda Pezhmankhah[4], 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

ABSTRACT

Introduction: Moral distress represents one of the common ethical issues among teachers. These tensions can affect the lecturers' work life and the quality of teaching. The objective of the current study was assaying the experience of nursing lecturers of the sources of moral distress. Method: 13 nursing lecturers 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 factors and sources of moral distress in nursing lecturers consisted of: conflict of interests, lack of professional competence, program limitations and requirements, limitations of educational rules and regulations, uncivil behavior, weakness in accountability and responsiveness, and lack of individual coping capacities. Conclusion: Nursing lecturers experience a wide range of distress in their workplace. The educational managers are suggested to provide an appropriate functional environment and a transparent professional atmosphere by means of the development of professionalism with general participation of lecturers, students and staff.

Introduction

The development and growth of every university is hinged upon the appropriate support and productivity of human resources, including its academics and teachers. To put it otherwise, university teachers are among the most important components of the academic system of each country. Insofar as teachers, as human resources, are among the most important factors in the structure of higher education. They bring movement to the wheels of the university and keep it alive, prevent it from deteriorating, and ultimately enhance its social benefits. Then, their occupational inefficiency both in quantitative and qualitative terms has a direct impact on the performance of the higher education system and thus on the progress of each country [1-3].

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 their profession, which involve them in a process of thinking and exploration, and they struggle to solve these problems 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

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 [6]. One of these important issues in teaching is moral distress [7]. 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 were raised for the first time by Jameton [8].

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 [9]. 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. Moreover, the lecturer's distress leads to poor performance, absenteeism, burnout and fall of teaching quality and depression [10].

Inattention to the issue of moral distress of teachers undermines their professional sympathy, ethics and skills [11] and affects their quality of work life, tension control, job satisfaction, and individual quality of life [12].

It should be taken into consideration that all phenomena, particularly those phenomena that are concerned with human perception and behavior, cannot be studied in a completely objective way [13] and should be qualitatively researched. In support of this issue, Powell also stated that if the information regarding a particular phenomenon is so limited that even knowing the scope of unknowns as to it is itself problematic, we should adopt a qualitative approach. The issue of moral distresses of a complex and personal nature (subjective). Furthermore, in the cultural context of each society, the causes of moral distress can be different. To understand it and its factors it is better to use qualitative methods. Therefore, in this study, the experience of nursing teachers of the factors involved in the emergence of moral distress are investigated.

Method:

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, semi-structured and in-depth interviews were used. To this end, participants were asked: what factors in your workplace make you unable to do ethical work? If possible, would you please state your own experience of these conditions? What factors can help you to be more ethical in your work? 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 [14]. 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

Based on the participants' experiences seven classes of conflict of interest, lack of professional competence, program limitations and requirements, uncivil behaviors, weaknesses in accountability and responsiveness and lack of individual coping capacities were extracted (Table 2).

Table 2. Classes and Subclasses

Class	Subclass
Conflict of Interests	Lecturer vs. colleague conflict of interests
	Lecturer vs. student conflict of interests
	Lecturer vs. organization conflict of interests
Lack of professional competence	Lack of educational competence
	Lack of ethical competence
	Lack of cultural competence
	Lack of research competence
Limitations and requirements of educational program	Impossibility of time management
	Environmental limitations and requirements
	Limitations of educational rules
Uncivil behaviors	Destructive behaviors of ethical environment
	Destructive behaviors of communicative environment
	Destructive behaviors of educational environment
Weakness in accountability and responsiveness	Failure in accountability
	Failure in responsiveness
Lack of individual coping capabilities	Lack of knowledge
	Lack of motivation
	Lack of experience

1. **Conflict of Interests:** Sometimes teachers find themselves in conditions where they should take decisions as trusted individuals. Sometimes these decisions may be in conflict with their own individual interests, and this causes them to face paradoxes and conflicts in decision-making and undergo through moral distress in these situations.
    A. Teacher vs. colleague conflict of interests: Participants' experiences showed that sometimes some nursing teachers had unhealthy competition with each other over teaching issues and since some courses were easier to undertake and there were major differences between theoretical and practical courses, they would bring their disputes to the class and involve the students in their individual competitions too. One of my colleagues in his classes used to sabotage other teachers and would say "I teach better. Why do you take course with this or that person? By such comments he did poison the atmosphere in order to praise himself via speaking ill of others" (assistant professor, 8 years of work experience).
    B. Teacher vs. student conflict of interests: the experiences of nursing teachers show that if they do not have sufficient time to use effective teaching methods for training their students the latter will get used to memorizing the contents and to uninformed habitual work. The teachers confessed that they failed to better nurture and cultivate student talents and to make use of the student's feedback and criticism, and thus they experienced Moral distress. "Due to the organizational limitations I do not take into account the interest of the student, and because I have to finish the course till the end of the semester, I do not have enough time to teach the whole materials which are beneficial for the students." (Instructor with 4 years of work experience).
    C. Teacher vs. organization conflict of interests - Organizations: the experiences of participants showed that one of the mortal damages of the organizational administrative system is the prevalence of nepotism and assigning the responsibilities to those who are not competent enough to undertake them. The lack of meritocracy in the

selection of managers leads to extra-organizational relationships that in turn paves the ground for profit-seeking individuals who only pursue their own personal interests. Thus, the manager who has earned his chair without having the necessary merits does nothing but the elimination of deserving persons. Consequently, in this organization, opportunistic employees, when they realize this, begin to create a dogmatic atmosphere that less welcome the new ideas, rather it reduces constructive criticism, in order to get the promotion that they do not deserve it. This kind of organization creates moral distress in the teachers. "There are teachers who have working plans; but unfortunately, the executive environment is not accepting these plans and proposals for some reason" (Participant number 2).

2. **Lack of professional competence:** In four subclasses, it refers to lack of educational competence, lack of moral competence, lack of cultural competence, and lack of educational competence of the lecturer.

   A. Lack of educational competence: Nursing teachers argue that the lack of necessary ability in colleagues leads to learning deficiency in students, and the teachers who lacked the sufficient knowledge and skills or had poor knowledge play a significant role in their moral distress. Lack of occupational commitment, lack of motivation in colleagues and lack of accountability and responsiveness in teachers on the one hand, and ineffective measures in education and learning such as inadequate mastery of the subject, lack of assessment of academic achievement of students and lack of power to convey the content, on the other hand, leads to the emergence of moral distress in them. In this regard, one of the participants stated that "for example, there are some colleagues who do not teach internal surgery well, and when the student takes part in my course on special cares and I see his lack of knowledge I feel distressed fast" (instructor of 8 years of experience).

   B. Lack of ethical competence: the experiences of participants showed that inflexibility, lack of accountability, lack of responsiveness, and lack of commitment to work in other teachers lead to their Moral distress. "We have a colleague who does not to observe the codes of professional ethics. Students often complained. He does not respect his peers and steals their discussions, slides, and content" (Participant Number 4).

   C. Lack of cultural competence: the experience of the people who have taken part in the current study indicated that inattention to students' cultural beliefs, values, and differences by other teachers, directors or colleagues is another factor that causes moral distress in them. "We have students with different cultures that may not be compatible with our culture, so student needs a considerable amount of time to learn another culture. We have to be attentive to this vision and should not be aggressive in our dealings with the student".

   D. Lack of research competence: lack of knowledge of the importance of research, the principles, methods, and written standards of research refer all to the lack of research competence in teachers. Lack of awareness of the priorities and needs of the organization and choosing irrelevant or unnecessary research projects regarding nursing and doing research just for the sake of fulfilling compulsory obligations have led to the emergence of moral distress in nursing teachers. "Some colleagues do not even know the common terminology of research, and this normally makes us distressed" (assistant professor, 7 years of work experience), "When you are witnessed to outright plagiarism in the form of using other people's ideas without reference and data forging in research, and you cannot do anything as to it this brings about an unpleasant feeling in me "(Associate Professor).

3. **Limitations and requirements of the educational program:** the experiences of participants have shown that the impossibility of time management, the limitations and requirements of the environment increase their moral distress.

   A. **The impossibility of time management:** Delayed works were also one of the distress generating factors that was highlighted by many participants who often referred to the large number of students, on the one hand, and shortcomings in the curriculum, including unmanageable course content and new subjects inclusion, and the concentration of curricula and the lack of sufficient time for presenting the necessary information, despite their efforts made for time managing, learning is not still done on time. The participant no. 6 states in this regard that "the time allocated in curriculum is not standard, and there is no continuity between theoretical and clinical materials due to time limitation".

   B. **Environmental limitations and requirements:** Among other factors affecting the moral distress of participants was the lack of equipment and facilities. They did say that in some cases, they are even deprived of primary facilities such as glove, peripheral venous catheter and the like, for doing their job, and this makes it difficult for them to play their role. When they could not duly carry out their tasks at workplace due to the lack of required equipment, they should inevitably delay these works and this did make them ethically distressed. The number of faculty members and educational space have not increased proportional to the increase in students, which has forced teachers to undertake teaching more students in a limited educational space. These factors prepare the ground for moral distress in the teachers. In this regard, the participant no. 8 stated: "our library resources are not up to date".

   C. **Limitations posed by educational rules and regulations:** Participants stated that some of the rules and regulations notified by the higher authorities as well as the necessity of observation of inflexible rules and regulations tile the path for the emergence of moral distress. This is because at times the lecturer himself

understands the conditions better and needs to decide on the conditions, but the existing regulations prevents situational decision making. An assistant professor with 16 years of work experience said, "a student who had been absent in apprenticeship could have been eliminated from the program but according to the new regulations, we should have given him zero mark instead of elimination and I had to observe the notified regulations against my will".

4. **Uncivil behavior:** According to the experiences of the participants, their encounter with uncivil behaviors of others create moral distress in them. These behaviors are classified under three categories of behaviors destructive for ethical environment, behaviors destructive for communicative environment, and behaviors destructive for learning environment.

    A. **Behaviors destructive for ethical environment:** Given the fact that nursing teachers take part in clinical programs and their exposure to humiliating behaviors, high expectations of doctors or other members of health team of them and their students create moral distress for them. Because in such conditions, these behaviors and expectations may obstruct teaching duties and influence the correct way of clinical teaching. "The department expects all the work to be done by the student when he enters the department; if I accept as a teacher, my training will only be functional, while my goal is a combination of learnings, not just functional," (assistant professor, 28 years of work experience).

    B. **Destructive communicative behaviors:** Some unreasonable demands of students such as expecting passing the course with any quality of work, aggression, disrespectful behaviors of students and other teachers as well as the behaviors, which obstruct appropriate communication with others, create moral distress in nursing teachers. One of the participants with 23 years of work experience said, "I had a colleague who did not pay any attention to me for no reason. I could not interact with him as much as I could. I was always thinking that what I should do to correct my relations with my colleagues".

    C. **Behaviors destructive for learning environment:** Nursing teachers who took part in this study stated that the students' disinterest in nursing discipline and the lack of motivation in teachers for teaching would create conditions that make effective teaching in line with the basic objectives of nursing profession impossible. Because the goal of nursing profession is to provide quality care to the clients, which is possible through the training of nurses with professional competence. However, any shortcoming in nursing education makes the fulfilment of this goal impossible. Therefore, the ineffective teaching of nursing students and the factors that influence the teaching and learning process can lead to moral distress in nursing teachers. "Students want all the material in ready-made form and they are not after useful content" (instructor with 16 years of work experience).

5. **Weakness in accountability and responsiveness:** Participants stated that working with people who are not committed toward their duties and responsibilities creates moral distress in them.

    A. Failure in accountability: According to participants, nursing teachers are responsible to create motivation, a good learning environment, and to control and supervise students in their scientific development. Assistant professor with 30 years of work experience argued, "There are colleagues who are not accountable before the acquisition of skills and capabilities by the student".

    B. Failure in responsiveness: Data analysis showed that lack of responsiveness and accountability in managers could play a major role in creating moral distress in nursing teachers. One of the participants stated, "When I go to the head of department and inform him of the students' problems, he either changes the subject or he says he cannot do anything about it."

6. **Lack of individual coping capabilities:** The concepts of lack of knowledge, unmitigatedness, and inexperiencedness have been pointed out by the participants as the source of moral distress in nursing teachers.

    A. Lack of knowledge: Participants pointed out that lack of awareness of the goals and rules of the work environment, inadequate training in relation to organizational culture, lack of job knowledge, and lack of knowledge as regards the personal contradictions in individuals, colleagues and senior executives lead to moral distress in the teachers. Participant no. 5 stated, "In my opinion, the lecturer must seek to acquire a comprehensive understanding of himself and his desires, the goals, rules and regulations of his work environment, and the way which he pursues in his work and life, so that he could fight moral distress best".

    B. Unmitigatedness: Unmitigatedness implies that although the teachers are seemingly working in the organization, they do not believe in the goals of the organization, and their attachment to the organization is reduced insofar as they consider leaving the organization in the form of early retirement. This can have undesirable effects on both the individual and the organization. "When I cannot use my ideas for students' progress I feel unmotivated" (participant no. 3).

    C. Inexperiencedness: Participants pointed out that besides having an academic degree and individual characteristics; every individual during the course of his or her career acquires the experience and knowledge that equips him/her with different abilities that enable him to play his role best. When the lecturer has little experience for managing the situation, this can create moral distress in him. In this regard, one of the

participants stated: "earlier in my career when I was less experienced, I did not know by which educational media I can raise my quality of education."

Discussion

The current study focusing on the sources of moral distress for nursing teachers included 6 classes. The evidence shows that there is a moral distress in nursing, and nursing teachers who are as human resources one of the most important factors in the structure of higher education in nursing, are not protected against its harmful effects.

The present study demonstrated that there is a significant relationship between the moral distress and conflicts of interest. The findings of the study conducted by Ghaffar (2009) insist on the conflict between the individual and his colleagues' interests; communicative problems; differences in perceptions and attitudes; organizational environment as well as such issues as individual differences, power structures of some individuals who tend to expand their power, and the weaker group who tries to change this situation, all of which are in line with the findings of the research [15]. Haavi Morreim (2017) argued that conflict of interest shows itself in the forms of judgment, decisions, and actions in contradiction with the professional norms leads to the violation of individual responsibilities and duties, which finally lead to moral distress in the individual [16]. This is in line with the findings of the current research. In relation to the lecturer vs. student conflict of interests, Bauer (2010) believes that teachers give extra marks to students and determine simpler homework, so as not to be reproached; they promote inappropriate behaviors such as conflicts of interest that according to the findings of the present research tile the path for moral distress in teachers [17]. The findings of this study are in line with Chennat (2014) and Hendrikse (2013) according to whom the lack of time and extra responsibilities of the teachers obstruct the realization of profound learning for students, and by creating a conflict of interests, sets the scene for the moral distress in teachers [18, 19]. Concerning the conflict of interests between the lecturer and the organization, the findings of the current study along with the study conducted by Ganske (2010) indicate that due to the conflict of interest, most nursing teachers experience moral distress in the academic environment [7]. Berger (2014) also points out that moral distress of the professors at the nursing school occurs due to conflict of interests and this is in line with the findings of our study. It is clear that in many professional occupations in Iran it is not possible to avoid conflicts of interest and this is also the case with university teachers, which is a major threat to the confidence of the faculty members and the authority of the university, and prepares the ground for moral distress [11].

The lack of professional competence in the conducted research was the class that played a significant role in the emergence of Moral distress. Educational scholars have expressed a variety of views on the notion of professional competence of teachers, which has emerged from the middle of the 20th century. For example, Huberman and Boomhan (2005) pointed to the constituents of teaching methods and evaluation, which are not in line with the research findings [20]. Villegas (2007) has also considered the role of lecturer's professional skills in changing the educational system, and in this regard, has pointed to the constituents of new teaching methods, educational technology and evaluation, which are not in line with the research findings [21]. Huntly (2008) has classified the professional competence of the teachers in three areas of professional knowledge, professional practice, and professional commitment, which are not in line with the research findings [22]. Wu & Lin (2011) believe that the professional competence of the teachers includes industrio-professional competence, competence for planning development, the competence for teaching preparation, the competence for practical teaching, the competence of teaching assessment, the competence for teaching management, the competence for giving consult to the learners, the competence for promotion of public relations and the intra-individual relations, competence for project cooperation, which is partly in line with research findings [23]. In Ciancialow's study entitled "Comparing the viewpoints of female and male students on the merits of a good professor", the author concluded that for female students, a good teacher should hold appropriate moral and behavioral characteristics, while from the viewpoint of male students, a good teacher should be of appropriate educational and research competence, which is in line with some of the results of the present study on the competence of the teachers [24]. In another study that has been conducted by Clarmin, it has been suggested that students believe that a qualified teacher is the one who has ethical competence as well as respect for ethical and behavioral principles, while faculty members have given priority to educational competencies over against ethical considerations and this is in line with some of the results of the present study as regards the lecturer's competence [25]. In the study conducted by Richardson, which is focused on the competencies of a good professor according to students' point of view, it has been suggested that the students have mentioned these competencies in the following four areas: ethics, education, research, and behavior. This is in line with some of the results of the present study on the teacher's competence. In Richardson's research, which studies professors 'merits from students' point of view, students have shown that the students are well qualified in four areas: ethics, education, research, and behavior [26]. Some of the results of the present study on the competence of the teacher of equality have it. In the present study, nursing teachers have heavy workload and play numerous roles. This is why they are facing various expectations for the roles they undertake. They are expected to be excellent and competent educators, and at the same time carry out valuable research and participate in the management of administrative affairs of the faculty. On the other hand, they are expected to contribute to the health of their community as part of the health sciences community as a whole [27]. For this reason, they feel the burden of responsibility on their shoulders, and at times they see these expectations beyond their power, which sometimes causes

conflicts between the expectations of the roles they undertake, and thus, the teachers who own such competencies face conflicts that pave the path for moral distress in the teachers.

The limitations and requirements of the class plan were abstracted from the research. According to the researchers and supporters of the curriculum, the compilation of the requirements of the curriculum consists of six key points: identifying the real needs of the community and the student, anticipation of flexibility in the curriculum and national standards, educational approach shift from teaching to learning, participation of faculty members and students in the curriculum process, reducing centralization in the curriculum, and establishing an internal link between the higher education curriculum and the curriculum of the previous educational levels none of which are aligned with the findings of the research. Concerning the impossibility of time management, the study conducted by Spurlock (2008) argued, nursing teachers have a number of complicated roles that they should perform at a limited time. To this reason, they are always in a race with time to play their roles, and the pressure of the existing time causes them to experience occupational tension that is in line with the research findings [28].

Due to environmental limitations and requirements, such as the lack of facilities, distressed and worn-out educational centers, and shortage of faculty members, the teachers have to cope with these shortcomings, which increase the workload for them. The results of the conducted studies show that the inadequacy of the facilities and the lack of nursing faculty members is a global problem that is in line with the research findings [29-32].

As to the limitations of educational rules and regulations that was a class acquired through the research, Moradmand (2010) and Ahghar (2007) argued that the existence of inflexible and formal rules can hinder us from finding new solutions for student problems. It is very likely that the course that is offered by some of the problematic regulations for doing jobs hinders the teachers' individual inventions and this result is in line with the findings of the current research [33, 34].

After the issue of lack of nurse was dealt with in Iranian society and the need for change in nursing education became clearer, the admission limits were lifted and the number of nursing students was increased significantly, and this increased the moral distress of the teachers. Due to the increase in population and the increasing demand for health services, the admission of nursing students has increased too, while the number of nursing teachers has not risen to such an extent. This imposes a lot of work pressure on nursing teachers and, given the countless roles they are undertaking, the excessive workload causes them to fail to play their roles. Working in such a tense condition can create many problems for them [29, 35, 36]. Byrne & Martin (2014) noted in their study that the reasons for the shortage in nursing faculty members consist of the decline in the number of students who are interested in this profession, the lack of educational facilities, and the reduction of clinical centers for the training of nurses. They continue to argue that these cases make it difficult for nursing teachers to play their roles [37].

The class of uncivil behaviors refers to behaviors that are not in line with the atmosphere of the classroom and the interactive learning environment and, on the other hand, is unnatural in terms of culture, intensity, repetition, and duration. Uncivil behaviors disturbs the process of teaching and learning, and bring about moral distress in the teachers and transfers this problem to the workplace. The results of the studies undertaken by Luparell point to some disrespectful behaviors toward the student that lead to uncivil and challenging behaviors including: humiliation of students with sarcastic words, intimidation of or insulting to them, cold treatment of the student or keeping oneself away the student, inflexibility, excessive toughness, lack of free discussion, and lack of the involvement of students in the teaching process, all which were in line with the findings of the current research. The results of studies conducted by Luparell (2004), Masoumpoor et al. (2017), and Clarke and Springer (2007) show that there are destructive communicative behaviors that disconnect individuals, and are revealed in the form of humiliation, lack of support and distrust. One can feasibly claim that this is in line with the research findings [38-40].

As to the behaviors destructive for the ethical environment that are concerned with the lack of compliance with a set of social principles and accepted norms, discussions have been offered in the studies by Clarke et al. (2009), Tippit et al. (2009) and Clarke and Springer (2007) [40-42]. The results of the conducted studies shows that learning space has a significant effect on the performance of students. In this regard, the studies of Masoumpoor et al. (2017), Weitzel (2008) and Altmiller (2012) have referred to uncivil behavior that destruct the teaching and learning environment. The research findings indicate that there is uncivil behavior in the studied nursing faculties, that is revealed in the form of implicit or explicit and in some cases even violent disrespectful speech or obscene behavior which undermines the norms of mutual respect among members of the organization, and lead to the destruction of the ethical, communicative and learning atmosphere, and finally bring about moral distress in the teachers [43-45].

Another one of the abstracted classes of the research is the lack of accountability and responsiveness. Ghorbani (2014) stated in his study that professional accountability is of high importance insofar as in addition to answering the question "If the work that has been done is presented in desirable form or not?", we should answer an even more important question "if the work that has been done was really necessary or not?" In fact, accountability is concerned with processes and performance, while responsiveness is related to outcomes and is somewhat more dynamic [46]. The participants stated that co-operation with irresponsible and non-responsive colleagues causes them to experience moral distress in the workplace. Skrla (2004) stated that if educational managers in the workplace provide higher ethical standards, the teachers will show responsiveness and high social responsibility in return. On the other hand, if teachers are discouraged by the ethical atmosphere of the learning environment, lesser sense of responsiveness and social responsibility in them [47]. Therefore, the perception of moral contradictions leads to unethical attitudes and behaviors among the teachers, and responsiveness which has been acknowledged as one of the consequences of ethics in previous studies, is questioned [48]. According to the research findings, unfortunately

in the Nursing School sense of responsibility has given its place to irresponsibility. Escaping from the responsibility and evicting yourself from the difficult situation that we are responsible for its existence is due to the lack of responsiveness in the organization, which is the basis of Moral distress.

The last class, which was explained based on the participants' descriptions, was the lack of individual coping capabilities. According to the research findings, Abdi (2014) stated that the lecturer should be aware of the processes of thinking as well as the ability to manage their cognitive processes and knowledge, such as knowledge of one's epistemic framework, organization and planning, use of problem-solving strategies and self-assessment and self-correction [49]. The research findings suggest that some of the teachers fail to express their feelings of anger, fear and dissatisfaction. Moreover, lack of knowledge of the rules and regulations of the college, lack of familiarity with organizational culture, lack of professional knowledge, self-control, following the codes of traditionalism in the organization, have reduced their coping ability against conditions.

Conclusion

The moral distress of teachers as a global problem has not been sufficiently discussed by authors worldwide. Various factors can pave the path for moral distress in nursing teachers that vary depending on the work conditions in different societies. The current essay was devoted to the study of factors that generate moral distress in nursing teachers in Iran. The research findings indicate that when the nursing lecturer suffers from such conditions as conflict of interests, lack of professional competence in oneself or in colleagues that undermines team harmony, professional limitations and requirements, threats posed by organizational atmosphere including observation of uncivil behaviors, observation of cases of violation of accountability and responsiveness and lack of individual coping capabilities, he feels Moral distress. The strategies adopted by educational managers for reducing these factors can be effective in moral distress in teachers. It is suggested that other studies to be conducted regarding the qualities 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

References

1. Richter, D., Kunter, M., Klusmann, U., Lüdtke, O., & Baumert, J. (2011). Professional development across the teaching career: Teachers' uptake of formal and informal learning opportunities. Teaching and teacher education, 27(1), 116-126.
2. Honingh, M. E. (2009). "International Journal of Educational Management." International Journal of Educational Management 23(2): 172-184.
3. Perri DF, Callanan GA, Rotenberry PF, Oehlers PF. Education and training in ethical decision making: comparing context and orientation. Educ Train. 2009; 51(1):70-83.
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 MA. In response: faculty as moral models. Convers Jesuit Higher Educ 1992; 2(1): 22-3.25.
6. Romano, M. G., P (2006). "Beginning teacher successes and struggles: An elementary teacher, s reflections on the first year of teaching." Professional Educato 28(1): 1-16.
7. Ganske, K. M. (2010). "Moral distress in academia." OJIN: The Online Journal of Issues in Nursing 15(3): 6.
8. Jameton, A. (1992). "Dilemmas of moral distress: moral responsibility and nursing practice." AWHONN's clinical issues in perinatal and women's health nursing 4(4): 542-551.
9. Caremarks, M. (2004). "Moral distress."AACN.11 (1):63-76.
10. Ribeiro, K., et al. (2014). "Reflection about the moral suffering of the Teacher Nurese at Work." Journal of Nursing UFPE / Revista de Enfermagem UFPE 8(3): 765-770.
11. Berger JT, J Gen Intern Med. 2014 Feb; 29(2):395-8. doi: 10.1007/s11606-013-2665-0. Epub 2013 Oct 22.
12. Norshahi N, Samiei H. 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.
13. Corbin, J. and A. Strauss (2015). "Basics of Qualitative Research, Techniques and Procedures for Developing Grounded Theory."

14. Graneheim, U. H. & Lundman, B. 2004. Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. Nurse education today, 24, 105-112.

15. Ghaffar, 2009 Conflict in Schools: Its Causes & Management Strategies, ournal of Managerial Sciences, Volume 3, Number 2.

16. Haavi Morreim. Moral Distress and Conflict of Interest. Am J Bioeth 2016 Dec; 16(12):27-29.

17. Bauer HH. The new generations: students who don't study. [Cited 2010 June 7]. Available from: http://www.bus.lsu.edu/accounting/faculty/lcrumbley/study.htm.

18. Chennat, Sailaja. (2014). Internship in Pre-Service Teacher Education Program: A Global Perspective. International Journal of research in Applied Natural and Social Sciences. 2(11), 79-94.

19. Hendrikse, Jacoueline Valerie. (2013). Teacher Education by Means of Internship: A Case Study. Master Dissertation, University of South Africa.

20. Huberman, F & Boomhan, T (2005). Applying TQM, philospphy to the teaching and learning process, Monash university, Malaysia.

21. Villegas_reimers. (2007) "teacher professional development": an international review of the literature. unesco; international institute for educational planning.

22. Huntly, Helen (2008) "Teachers' Work: Beginning Teachers' Conceptions of Competence", The Australian Educational Researcher; 35(1).

23. Wu, M. j & Lin, S. C. (2011). Teachers' Professional Growth: Study on Professional (Pedagogical) Competency Development of Teachers in Junior Colleges/Universities of Technology. TheJournal of American Academy of Business, 16(2), 197.

24. Ciancialow H. The Comparative Students of College in the Teacher Characteristics. Journal of Psychology. 2007; 69(6):32-33.

25. Clarmin B. Students Opinion of Master Desirable Characteristics. Journal of Social Psychology. 2008; 25(71):29-43.

26. Richardson K. The Standpoint Collegian around Master Characteristics. The Journal of Curriculum. 2008; 26(12):39-40.

27. Borhani F, Alhani F, Mohammadi E, Abbaszadeh A. Professional Ethical Competence in nursing: the role of nursing instructors. J Med Ethics Hist Med. 2010; 8(3):3.

28. Spurlock Jr D. Work stress, hardiness, and burnout among nursing faculty: Capella University; 2008.

29. Gerolamo AM, Roemer GF. Workload and the nurse faculty shortage: Implications for policy and research. Nursing Outlook. 2011; 59(5):259-65.

30. Cohen MZ, Hickey JV, Upchurch SL. Faculty workload calculation. Nursing Outlook. 2009; 57(1):50-9.

31. Foroud A. The views of students and faculty members of nursing and midwifery about clinical Education problems. Iran J Med Educ 2002; 2(0): 24-5.

32. Joibari L, Sanago A. An Effective Instructor: A deep look at students and instructors' experiences and perspectives. Strides Dev Med Educ 2009; 6(2): 119-28.

33. Ahghar G. Investigation in the role of organizational climate of school on professional stress of consultants in secondry curriculum of Tehran. Counseling research and develppment. 2007; 6(23):25-40.

34. Moradmand R, The Relationship Between Teacher's Perception of Organizational Structure and Their Job Stress in High Schools in Isfahan, Quarterly Journal of Educational Leadership & Administration, forth year, Number 2, Summer 2010

35. McDermid F, Peters K, Jackson D, Daly J. Factors contributing to the shortage of nurse faculty: A review of the literature. Nurse Education Today. 2012; 32(5):565-9.

36. Smith JA, Zsohar H. Essentials of neophyte mentorship in relation to the faculty shortage. The Journal of Nursing Education. 2007; 46(4):184-6.

37. Byrne DM, Martin BN. A Solution to the Shortage of Nursing Faculty: Awareness and Understanding of the Leadership Style of the Nursing Department Head. Nurse educator. 2014; 39(3):107-12.

38. Luparell S. Faculty encounters with uncivil nursing students: An overview. Journal of Professional Nursing. 2004; 20(1):59 -67.

39. Masoumpoor A, Borhani F, Abbaszadeh A, Rassouli M. Nursing students' perceptions of teachers' uncivil behaviors: a qualitative research. J Med Ethics Hist Med. 2017; 5(10):10.

40. Clark, C.M., Springer, P.J., 2007a.Student and faculty perceptions of uncivil behavior. Nursing Education, 28.

41. Clark, C. M, Farnworth, J, Landrum, R. E, 2009b. Development and description of the incivility in nursing education (INE) survey. The journal of Theory Construction ond Testing, 1, 7-15.

42. Tippitt, M, Ard, N, Kline, J, Tilgman, J, Chamberlaine, B, Meagher, G, (2009). Creating environments that foster academic integrity. Nursing Education Perspectives, (30); 239-244.

43. Masoumpoor A, Borhani F, Abbaszadeh A, Rassouli M. Nursing instructors' perception of students' uncivil behaviors: A qualitative study. Nurs Ethics. 2017; 24(4):483-92.

44. Weitzel, M. L. Mccahon, C.P, 2008. Stressors and Supports for Baccalaureate nursing student completing an accelerated program. J. Prof.Nurs, 24, pp 85- 89.
45. Altmiller, G. 2012. Student perception of incivility in nursing education: Implication for educators. Nursing Education Perspectives, 1, pp 15-20.
46. A. Ghorbani, R. Etemadi, N. Jafari, Study the responsibility of nurses (professional ethics and human), the recovery rate of patients, MCS 2014, 1(1): 57-62.
47. Skrla L, Scheurich JJ, Garcia J, Nolly G. (2004). Equity audits: a practical leadership tool for developing equitable and exellent schools. Educational Administration Quarterly; 40(1): 133-161.
48. Hasani M, Heidari GH. (2014). Modeling of Islamic Ethics Structure on Social and Individual Responsilibility: Test of Mediating the Role of Culture. Human resource management journal.
49. Abdi H, Seied ebrahim Mirshah Jafari, Ahmad Reza Nasr, Nazam addin Ghasami, The Relationship between Meta-Cognitive Awareness of Faculty Members and Higher Order Thinking Instruction to Students, Iranian Journal of Medical Education 2014, 14(5): 383-371.