

THE RELATIONSHIP BETWEEN MORAL DISTRESS AND CAREER INTENTIONS AMONG FIRST-YEAR UNDERGRADUATE NURSING STUDENTS

Farah Naeem<sup>\*1</sup>, Shaista Nawaz<sup>2</sup>, Uzma Shaheen<sup>3</sup>, Dr. Muhammad Anwar<sup>4</sup>, Dr. Shah Hussain<sup>5</sup>

<sup>\*1</sup>MSN, Senior Lecturer, Shifa College of Nursing, Shifa Tameer-E-Millat University, Islamabad.

<sup>2</sup>Nursing Manager, Social Security Hospital, Islamabad

<sup>3</sup>MSN Scholar, Program Coordinator, Professional College of Nursing and Allied Health Sciences, Islamabad.

<sup>4</sup>PHD, MSN, Principal/ Assistant Professor, Medtec College of Nursing, KPK.

<sup>5</sup>PHD, MSN, Principal, Assistant Professor, Zalan College of Nursing, Swat

<sup>\*1</sup>farah\_naeem.scn@stmu.edu.pk

DOI: <https://doi.org/10.5281/zenodo.15694689>

Keywords

Moral distress, career intention, nursing students, undergraduate, psychological well-being, ethical challenges.

Article History

Received on 11 May 2025

Accepted on 11 June 2025

Published on 19 June 2025

Copyright @Author

Corresponding Author: \*

Farah Naeem

Abstract

**Background:** Moral distress occurs when the consciences force people to behave in a way that goes contrary to their moral judgments, which brings about emotional and professional conflict. Such stressors can affect the psychological condition of some nursing students in their early academic progress and ultimate career plans. Knowing this connection is important in devising helpful teaching plans.

**Aim:** This study aimed to examine the relationship between moral distress and career intentions among first-year undergraduate nursing students in Rawalpindi, Pakistan.

**Methods:** A cross-sectional quantitative design was employed. A total of 217 students in the four colleges of nursing in Rawalpindi formed the sample size to undertake the study using Raosoft calculator to determine the sample size against 500 members of the total population. The information was gathered by the application of standardized measures (a moral distress scale (0-100 range) and a career intention scale (0-60 range)). Descriptive statistics and Pearson correlation through SPSS was done.

**Results:** They were mainly female (75.6%) with an age range between 20-21 years (47.5%). The mean measure of moral distress was 58.73 (SD = 13.45) that has shows a medium level of moral distress. The average score of career intention was 36.41 (SD = 7.88), indicating a moderate level of will to stay in the nursing career. A low negative relationship of a moderate level was established between career intentions and moral distress ( $r = -0.416, p < 0.001$ ).

**Conclusion:** The moral distress that is felt among first year nursing students has a negative influence on the intentions of pursuing the career. It is advised to mitigate moral distress and maintain professional retention with the help of the early intervention process, ethics education, and emotional support.

## INTRODUCTION

Moral distress is a mental condition felt when people are aware of what is ethically the right move that should be undertaken, but are held back by institutional forces or perceived inability or external situations (Morley et al., 2022). Moral distress in nursing education is common and may occur very early in the student's training whenever they are exposed to ethically confusing moments in their clinical encounter (Buchbinder et al., 2024). Career intention is on the other hand understood to be a pre-determined commitment or willingness of a student to endure more into pursuing a career in nursing after graduating (Ayson, 2024). These terms must be properly understood because they overlap considerably in the critical educational years, especially in the initial year of training, during which values, identity and the perception towards the profession are still in the genesis stage (Mount et al., 2022).

Moral distress among nursing students is becoming more and more frequent across the globe. Research has indicated that the loss of a client during the first year of study in the undergraduate nurse program is especially susceptible since they are not sufficiently equipped with clinical experience and lack self-confidence and coping mechanisms (Lundell Rudberg et al., 2022). As one study carried out in Canada suggests, close to 60 % of nursing students indicated that they had undergone some kind of moral distress at some point in their first clinical placement. The same trends were recorded in Australia, the United Kingdom, and some Asian regions, implying that moral distress is an international issue in nursing education (Janatolmakan et al., 2021). This emotional stress can lead to the students enjoying the choice they make in nursing careers, thus affecting their future career plans (Alimoradi et al., 2023).

Moral distress among first-year nursing students is usually a result of witnessing poor quality of care of patients, evidence of disrespect to patients or the inability to obtain the support of the clinical mentor (Heng & Shorey, 2023). The students can become helpless or fear being penalized when they speak up, and this results in not only emotional distress but also ethical and cognitive conflict between training and practical reality. It has the capacity to deteriorate their original passion of the profession and make them

emotionally or academically detach themselves from nursing education as early as in the first year (Rebecca, 2025).

Career intentions are dynamic and they are influenced by both learning in school, as well as learning in experience. Clinical exposure is supposed to improve the formation of professional identity, however, in case it is accompanied by negative ethical experiences, it can diminish the motivation of students to stay in the field. Studies have shown that untreated moral distress leads to burnout, loss of empathy and in serious cases, the will to quit the job (Park & Hong, 2022). This may result in long-term effects of career trajectory and professional identity in the case of first-year students, who are still developing their determining sense of belonging in the nursing profession (DiBenigno, 2022).

The significance of introducing the issue of moral distress as early as possible in nursing education is hard to overestimate. First year can be decisive in the understanding of students of the profession, ethical orientation and future objectives (Schiff et al., 2021).

The organizations that ignore or do not address the reasons behind moral distress run the risk of becoming part of a de-motivating death cycle. The inclusion of the ethics education, reflection, and psychological support in the curriculum can become protective factors toward career abandonment or apathy (Žalėnienė & Pereira, 2021).

In addition, faculty and clinical teachers are do or die and a student who is immobilized with moral distress needs one of these to break the logjam. When ethical issues, brought up by student issues, are neglected, or ignored, it conveys the notion that these experiences are normal and not worth any attention (Gibson, 2022). This cripple's confidence in the profession and discourages moral courage. On the other hand, when educators acknowledge the issues of the students and mentor them, they strengthen the professional growth and investment in the discipline. Therefore, responsiveness as a leadership component is critical in structuring the career inclinations of the students (Heggestad et al., 2022)

The connection between moral distress and career intentions in first-year nursing students is a promising field of scientific study. At a time of rising shortages of the global nursing workforce, retention and talent

development of the next generation of nurses become strategic priorities. Learning and managing the actual causes of moral distress will help educators and policymakers to promote resiliency, ethical performance, and increased dedication to the nursing profession at the very first learning phases of the students.

**Methodology**

This paper was carried out to investigate the connection between moral distress and career intentions among first-year undergraduate nursing students. The study was a quantitative, cross-sectional survey study conducted in different nursing colleges within Nether Rawalpindi, Pakistan. Study design was selected to enable an evaluation of patterns and correlations present between the two primary variables in a bounded population at one stage of time. All undergraduate first-year nursing students at the selected nursing colleges formed the target population. The overall population was estimated as 500 students. With a confidence level of 95 percent, a margin of error of 5 percent, and a response distribution of 50 percent, the sample size was calculated based on the Raosoft sample size calculator. The sample size of 217 participants was estimated as the minimum recommended based on these parameters. To remedy this, a simple random method of sampling was used so as to guarantee equitable representation of the population within the various colleges.

**Data Collection Process:**

The administration of the study was conducted with a structured and self-administered questionnaire

comprising three sections: demographic data, validated moral distress scale and career intention scale. The moral distress scale was used to determine how frequent and intense the ethically challenging situations were that the students found themselves in, and the career intention scale was used to determine how committed and willing to pursue nursing as a long term career the students were.

Data collection took four weeks. Each participating institution gave its permission beforehand and they signed informed consent before being administered. The study was conducted in anonymity and confidentiality of responses.

**Data Analysis Process:**

Data were analyzed using SPSS version 27. Demographic data were summarized using descriptive statistics such as frequencies and percentages. Pearson correlation coefficient inferential statistics were used to analyze the correlation between moral distress and career intentions. Statistical significance was set at p-value < 0.05.

**Results and Analysis**

**Demographic Characteristics**

Most participants were female (75.6%), whereas males accounted for 24.4 % of the sample. The majority were aged 20 21 years (47.5%), 18 19 years (41%) and 22 years or older (11.5%). A marginally larger percentage of learners attended private schools (54.8%) than compared to government institutions (45.2%). These demographics indicate that the nursing student population in Rawalpindi is predominantly young and mainly female [Table 1].

**Table 1. Demographic Characteristics of Participants (N = 217)**

Variable	Category	Frequency (n)	Percentage (%)
Gender	Male	53	24.4%
	Female	164	75.6%
Age Group (in years)	18-19	89	41.0%
	20-21	103	47.5%
	22 and above	25	11.5%
Type of Institution	Public	98	45.2%
	Private	119	54.8%
Clinical Exposure	Yes	162	74.7%
	No	55	25.3%

Figure 1: Gender distribution of Participants

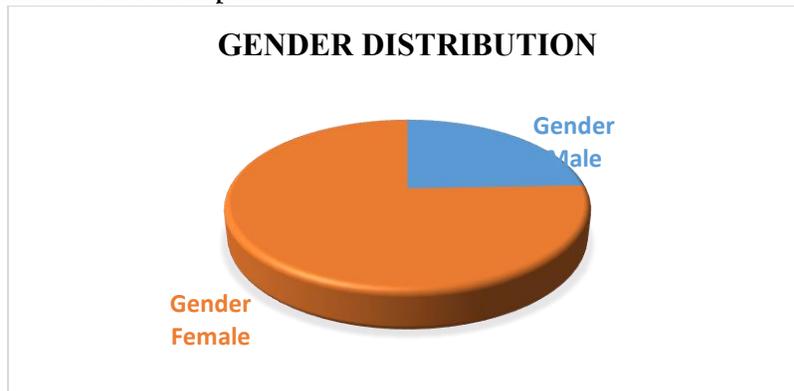


Figure 1 shows that the majority of participants were female, comprising 75.6% of the sample, while males accounted for 24.4%. This indicates a predominantly female representation among first-year nursing students.

**Moral Distress and Career Intentions**

The mean score for moral distress among students was 58.73 (SD = 13.45), indicating a moderate level of distress. Scores ranged from 32 to 89 on a 0–100 scale. Career intentions had a mean score of 36.41 (SD = 7.88), reflecting moderately strong intent to remain in the profession. These findings suggest that while students are generally committed to nursing, their experience of distress may impact long-term career decisions [Table 2].

Table 2. Distribution of Moral Distress and Career Intentions

Variable	Mean Score (SD)	Min Score	Max Score	Interpretation
Moral Distress (Total Score)	58.73 (13.45)	32	89	Moderate level of distress
Career Intentions (Total Score)	36.41 (7.88)	18	50	Moderately strong career intent

**Correlation Between Moral Distress and Career Intentions**

A Pearson correlation of -0.416 ( $p < 0.001$ ) was found between moral distress and career intentions,

indicating a moderate negative relationship. This statistically significant result suggests that as moral distress increases, students’ intention to continue in the nursing profession decreases [Table 3].

Table 3. Correlation Between Moral Distress and Career Intentions

Variables	Pearson Correlation (r)	p-value	Interpretation
Moral Distress vs. Career Intentions	-0.416	< 0.001	Moderate negative correlation (statistically significant)

**Discussion**

This paper focused on the relation between moral distress and career intentions during first year in case with undergraduate nursing students in Rawalpindi. The results showed an average moral distress of 58.73 and moderate strength of intention to pursue the career of nursing, with the mean career intention

score recorded as 36.41. Notably, a moderate negative correlation ( $r = -0.416, p < 0.001$ ) between moral distress and career intentions emerged, indicating that the higher the moral distress is, the less the intention to maintain work in nursing. This finding is an addition to the existing body of evidence that moral

distress is an imperative factor contributing towards career choices among nursing students.

These results correspond with the study conducted by Caldicott (2023), in which it was evidenced that the greater the moral distress in nursing students, the higher the likelihood of their developing scepticism towards the scope of working in the nursing field in the long term. With regard to this, Loyd et al. (2023), made it clear that moral distress, when unresolved, may result in emotional fatigue and despondency, especially in junior health care practitioners. This implies that being introduced to the profession and being exposed to morally involving circumstances at an early stage, without strategies on how to cope or any institutional help, can, in the long run, wear out the zeal that the students have towards the profession. Nevertheless, there is also some literature which provides some opposite evidence. Another study done by Kim et al. (2023) in the country of South Korea came to the conclusion that there did not appear to be any significant correlation between moral distress and career intentions among the senior nursing students. Such a gap might be explained by a difference in cultural norms, system of education, and the degree of clinical exposure. In contrast to senior students, first-year students might be more vulnerable to inner moral struggles because of the lack of experience and emotional preparation and, thus, the distressful influence on the career perspective of first-year students.

The fact that the proportion of female students in this study is higher than in the global nursing population (75.6 in comparison to 50 to 60, respectively) is explainable by the same fact as prior studies assume that gender can be a contributing factor to the way moral distress is experienced and expressed. As an example, Lee & Jung (2023) stated that female nursing students have a higher probability of experiencing distress due to internalizing emotional conflicts than men. Although gender was not considered a variable of analysis directly in the given correlation, it might have impacted on the entire mean scores due to the female predominance in the sample and it should be investigated in the follow-up research.

Moreover, the moderately high career intention score would be an indication that even after being subjected to moral distress, the students still have a spirit that

keeps them committed to the profession. The same results were found in the study by Tzeng et al. (2024), who discovered that supportive faculty and favorable interactions of peers may mitigate the adverse consequences of moral distress and strengthen professional identity in students. It emphasizes the necessity to promote a robust learning experience that will help reduce the emotional cost of clinical rotations as early experiences.

Mao et al. (2022), stressed that a new student nurse, when he/she is exposed to the clinical environment may experience a so-called reality shock and thus where the original enthusiasm may be lost. The current study confirms this idea since the fact of medium distress could be explained by the imbalance between the theoretical training and the actual challenges to solve ethical dilemmas (Coyle, Weinreb, Davila, & Cuellar, 2022). The internalization of professional ethics and an effective approach to reducing moral distress and thereby maintaining student participation in nursing in the long term can be addressed in a simulation-based approach to learning and systematic debriefing.

In general, the result highlights the necessity of taking up early interventions in nursing education addressing ethical decision-making, emotional self-control, as well as moral resilience. Students' teachers and administrators need to recognize the impact of moral distress on the professional growth of the students and carry out curriculum that trains students on the emotional issues of clinical practice. The next steps in research need to study long-term implications to answer whether or not initial occurrence of moral distress leaves a lasting scar on career path and work retention.

## Conclusion:

The study examined the connection between moral distress and career intentions in case of first-year undergraduate nursing students of Rawalpindi. The results showed that the participants had a moderate degree of moral distress and a strong intention to remain in the nurse profession halfway. Nevertheless, the moderate negative correlation between moral distress and career intentions is statistically significant, meaning that the higher the rate of the moral distress, the weaker the commitment towards the nursing career. These findings underline the

necessity to train about the moral distress early in nursing education so as to protect the professional motivation and psychological well-being of the student.

## Recommendations:

1. Early Incorporation of Ethics Education: The ethics and moral reasoning component of nursing curricula must start in the first year so that the students get the time to know how to handle ethical scenarios when they are in clinical placement situations.
2. Increase Emotional Support Systems: Institutions ought to avail trained counselors and peer support programs where they facilitate a means to assist a student to process moral dilemmas and alleviate emotional overload.
3. Apply Simulation Based Learning: Application of clinical simulation reflecting real life ethical cases may equip the students of morally upsetting in-field cases even before they face it.
4. Encourage Free Disclosure: Faculty members ought to recognize a work environment in which the students feel free to discuss ethical issues without the fear of criticism or academic repercussion.
5. Survey Well-being: Student well-being should be regularly checked in terms of moral distress and psychological wellbeing to detect possible forms of at-risk students and respond according to them.
6. Promote Mentorship: This can be done by having the students be assigned experienced nurse mentors that can help them filter the professional ethics and the variety of decisions.

## REFERENCES

- Alimoradi, Z., Jafari, E., Lin, C. Y., Rajabi, R., Marznaki, Z. H., Soodmand, M., ... & Pakpour, A. H. (2023). Estimation of moral distress among nurses: A systematic review and meta-analysis. *Nursing ethics*, 30(3), 334-357.
- Ayson, P. A. B. (2024). *FACTORS INFLUENCING THE PRACTICE INTENTIONS OF GRADUATING NURSING STUDENTS* (Doctoral dissertation, University of Santo Tomas).
- Buchbinder, M., Browne, A., Berlinger, N., Jenkins, T., & Buchbinder, L. (2024). Moral stress and moral distress: Confronting challenges in healthcare systems under pressure. *The American Journal of Bioethics*, 24(12), 8-22.
- Caldicott, C. V. (2023). Revisiting moral courage as an educational objective. *Academic medicine*, 98(8), 873-875.
- Coyle, S., Weinreb, K. S., Davila, G., & Cuellar, M. (2022, February). Relationships matter: The protective role of teacher and peer support in understanding school climate for victimized youth. In *Child & Youth Care Forum* (Vol. 51, No. 1, pp. 181-203). New York: Springer US.
- DiBenigno, J. (2022). How idealized professional identities can persist through client interactions. *Administrative Science Quarterly*, 67(3), 865-912.
- Gibson, S. (2022). Moral Distress, Burnout, and Moral Injury in Healthcare Professionals.
- Gibson, S. (2022). Moral Distress, Burnout, and Moral Injury in Healthcare Professionals.
- Heggestad, A. K. T., Konow-Lund, A. S., Christiansen, B., & Nortvedt, P. (2022). A vulnerable journey towards professional empathy and moral courage. *Nursing Ethics*, 29(4), 927-937.
- Heng, T. J. T., & Shorey, S. (2023). Experiences of moral distress in nursing students—A qualitative systematic review. *Nurse education today*, 129, 105912.
- Janatolmakan, M., Dabiry, A., Rezaeian, S., & khatony, A. (2021). Frequency, severity, rate, and causes of moral distress among nursing students: A cross-sectional study. *Education Research International*, 2021(1), 6673292.
- Janatolmakan, M., Dabiry, A., Rezaeian, S., & khatony, A. (2021). Frequency, severity, rate, and causes of moral distress among nursing students: A cross-sectional study. *Education Research International*, 2021(1), 6673292.
- Kim, H., Kim, H., & Oh, Y. (2023). Impact of ethical climate, moral distress, and moral sensitivity on turnover intention among haemodialysis nurses: a cross-sectional study. *BMC nursing*, 22(1), 55.
- Lee, S. Y., & Jung, M. S. (2023). The Effects of Moral Distress on Career Maturity and Career Preparation Behavior in Nursing College Students. *The Journal of the Convergence on Culture Technology*, 9(3), 67-74.

- Loyd, L. A., Stamler, L. L., & Culross, B. (2023). Early career nurses and moral distress: An integrative review. *Nurse Education in Practice*, 73, 103844.
- Lundell Rudberg, S., Westerbotn, M., Sormunen, T., Scheja, M., & Lachmann, H. (2022). Undergraduate nursing students' experiences of becoming a professional nurse: a longitudinal study. *BMC nursing*, 21(1), 219.
- Mao, C., Lin, M., Shen, S., Li, Y., Xie, Z., & Li, P. (2022). Latent profiles of emotion regulation strategies associated with alexithymia, nonsuicidal self-injury and resilience among nursing students. *Stress and Health*, 38(1), 69-78.
- Morley, G., Bradbury-Jones, C., & Ives, J. (2022). The moral distress model: An empirically informed guide for moral distress interventions. *Journal of Clinical Nursing*, 31(9-10), 1309-1326.
- Mount, G. R., Kahlke, R., Melton, J., & Varpio, L. (2022). A critical review of professional identity formation interventions in medical education. *Academic Medicine*, 97(11S), S96-S106.
- Park, G. M., & Hong, A. J. (2022). "Not yet a doctor": medical student learning experiences and development of professional identity. *BMC medical education*, 22(1), 146.
- Rebecca, T. (2025). Student nurses experiences of moral distress: A concept analysis. *Journal of advanced nursing*, 81(2), 730-748.
- Schiff, D. S., Logevall, E., Borenstein, J., Newstetter, W., Potts, C., & Zegura, E. (2021). Linking personal and professional social responsibility development to microethics and macroethics: Observations from early undergraduate education. *Journal of Engineering Education*, 110(1), 70-91.
- Tzeng, W. C., Tzeng, N. S., Chang, P. C., Chien, W. C., Feng, H. P., & Lin, C. H. (2024). Gender difference in emotional distress among nursing and health science college students: An online survey. *Archives of psychiatric nursing*, 48, 36-42.
- Žalėnienė, I., & Pereira, P. (2021). Higher education for sustainability: A global perspective. *Geography and Sustainability*, 2(2), 99-106

