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Moral Distress Among Iranian Nursing Faculty:Prevalence,Dimensions, and Age-Related Differences

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Abstract
Moral distress occurs when nursing faculty members recognize the ethically correct action but are hindered by organizational, professional, or cultural constraints. This cross-sectional descriptive-analytical study measured the level of moral distress among 207 nursing faculty members from Iranian universities of medical sciences using simple random sampling. Data were collected using a validated 36-item moral distress questionnaire comprising four dimensions (organizational threats, mental concerns, work constraints, ethical doubt) and a 5-point Likert scale (1 = rarely to 5 = always). Validity was confirmed with content validity index (SCVI = 0.92) and exploratory factor analysis (explained variance 49.45%), and reliability with Cronbach's alpha = 0.91, ICC = 0.99, and SEM = 0.148. Analyses were performed using SPSS version 18, including independent t-test, Levene's test, one-way ANOVA, and LSD post-hoc test. The mean total moral distress score was 98.42 ± 11.81 (standardized scale 0–100: moderate level). Distribution of levels: low (36–84; n = 76, 36.7%), moderate (84–132; n = 130, 62.8%), high (132–180; n = 1, 0.5%). One-way ANOVA showed a significant difference across age groups (F (2,204) = 8.069, p = 0.001); highest mean in the <35 years group (42.79 ± 11.25), followed by 36–55 years (36.48 ± 11.42) and ≥56 years (31.84 ± 13.05). No significant differences were observed by gender (t (205) = 1.129, p = 0.260; Levene F = 0.072, p = 0.788) or marital status (t(205) = 0.265, p = 0.791; Levene F = 0.900, p = 0.344). Mean dimensions (standardized): work constraints (41.22), organizational threats (32.26), mental concerns (28.24), and ethical doubt (21.77). Moderate moral distress predominates among nursing faculty in Iran, with greater intensity in younger, less experienced individuals and those in internal-surgical specialties. Key factors include managerial pressures, time shortages, and value conflicts. Suggested interventions include supportive organizational policies, mindfulness training, and curriculum revision to reduce distress and maintain educational quality.

Keywords: moral distress, nursing faculty, Iran, ethical challenges, organizational threats, work constraints, age differences, mindfulness training

Introduction

Moral distress is a psychological-ethical phenomenon that occurs when an individual recognizes the correct ethical action but is prevented from implementing it due to organizational, professional, or cultural constraints [1]. This concept was initially introduced in the clinical care of nurses [2] and has recently expanded to educational settings. In these environments, nursing faculty, as professional role models, face numerous ethical challenges in teaching, student supervision, and organizational interactions [3]. In Iran, nursing faculty not only bear the responsibility of teaching ethical care but are also influenced by the cultural-religious context of society, which increases the complexity of moral distress [4]. In nursing educational settings, this phenomenon emerges when faculty are aware of the correct ethical action but are impeded by managerial pressures, uncivil colleague behaviors, and unfair administrative decisions [5]. This phenomenon, which in clinical nurses is accompanied by a cumulative cycle of mental concerns and a crescendo effect [6], becomes deeper and more complex in nursing faculty due to their dual educational-clinical role and modeling responsibility [7]. In Iran, cultural-religious values, organizational hierarchies, and high student-to-faculty ratios exacerbate these challenges [8]. Additionally, lack of organizational support and low self-esteem have a greater negative impact on distress intensity [8], while moral courage and resilience can play a moderating role [9, 10, 11] .

Nursing faculty in Iran face complex daily interactions with students, colleagues, managers, and society, with their mission extending beyond the classroom to clinical, family, and social settings [4]. Constraints such as insufficient time for adequate student supervision, cumbersome educational

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regulations, high course loads, and unreasonable organizational expectations (e.g., increasing student numbers in practical classes) prevent full implementation of ethical decisions [12]. These constraints lead to internal conflict, decision-making doubt, and concern about undesirable educational outcomes [4]. Moreover, an inappropriate organizational climate, uncivil colleague behaviors, absenteeism, unreasonable criticism, and job security threats intensify moral distress [13]. Younger and less experienced faculty, due to inexperience and high emotional load in internal-surgical specialties, experience greater distress intensity [14, 15]. Work constraints such as time shortages, contradictory regulations, and organizational pressures, along with mental concerns arising from fear of student judgment, lead to ethical decision-making doubt [16, 17]. These factors not only result in burnout and reduced teaching quality [3] but also pose a threat to professional ethics and patient care [18]. In mental health nurses, organizational threats are less prominent, and individual factors dominate, but in Iran, hierarchical relationships strengthen this dimension [19]. Additionally, work experience in certain fields, such as Japanese nursing, can be moderating, but in Iran, the educational structure reduces this effect [20].

Consequences of moral distress in nursing faculty in Iran include reduced teaching quality, ineffective educational communications, organizational silence, burnout, and even physical reactions such as insomnia and headaches [3, 4]. This issue not only threatens faculty mental health but also negatively impacts nursing education quality and ultimately patient care [18]. Despite validated tools for measuring moral distress in clinical nurses (e.g., Moral Distress Scale [21]), examining this phenomenon in nursing faculty is essential, as this group serves as key forces in the higher education nursing system and role models for students and the nursing community [22]. Failure to address moral distress can lead to reduced job satisfaction, profession exit, and weakening of professional ethics in nursing [23]. Despite international evidence on the moderating role of moral courage and resilience in reducing ethical doubt [9, 10, 11], in Iran, lack of organizational support and low self-esteem exacerbate this phenomenon [8]. Evidence-based interventions such as mindfulness training to reduce mental concerns [24], organizational ethics committees to counter managerial threats [25], curriculum revision to reduce workload [26], and strengthening resilience as a protective factor against compassion fatigue and moral injury [27] can be effective. Additionally, educational interventions in novice nurses and students have shown that awareness of hidden ethical profiles can reduce doubt [16, 28]. The present study, by measuring the level of moral distress in nursing faculty in Iran and identifying its key factors, provides a foundation for designing targeted and evidence-based interventions .

Methods

The present study was designed and conducted to examine the level of moral distress among nursing faculty in Iranian universities of medical sciences. This was a descriptive-analytical study, and the target population included all nursing faculty members employed in universities of medical sciences across the country, registered in the scientometric system of faculty members of the Ministry of Health, Treatment, and Medical Education. Faculty members from various provinces, including Tehran, Khorasan (North, Razavi, and South), West and East Azerbaijan, Ardabil, Fars, Kerman, Bushehr, Khuzestan, Kurdistan, Bandar Abbas, Sistan and Baluchestan, Semnan, Qazvin, Qom, Golestan, Gilan, Hamadan, Yazd, Lorestan, Ilam, Mazandaran, Kermanshah, and Isfahan, were considered to provide a complete representation of the target population. Sampling was performed using simple random sampling, and 207 nursing faculty members engaged in various specialties at universities were selected. Inclusion criteria included at least two years of faculty work experience and experience teaching theoretical and practical courses. Data were collected using the standard moral distress questionnaire for nursing faculty, which includes 36 items and 4 dimensions: organizational threats, mental concerns, work constraints, and ethical doubt. The questionnaire used a 5-point Likert scale (from 1 = rarely to 5 = always) designed so that respondents reported the frequency of

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each situation. Total questionnaire scores ranged from 36 to 180 and were converted to a 0 to 100 scale for ease of analysis. Based on score values, three levels of moral distress were defined: low (0 to 33), moderate (33 to 66), and high (66 to 100). Questionnaire validity was confirmed by expert reviewers in nursing education and ethics through face and content validity (SCVI = 0.92). Construct validity was determined by exploratory factor analysis, covering the four main dimensions with an explained variance of 45.49%. Reliability was confirmed using Cronbach's alpha (0.91), intraclass correlation coefficient (ICC = 0.99), and standard error of measurement (SEM = 0.148). Data were collected over 3 months from February 2018 to Ordibehesht 1397 via email or in-person questionnaires, entered into SPSS version 18, and statistically analyzed. Normality of distribution was confirmed with skewness (−0.314), kurtosis (0.196), ratios to standard errors, Q-Q plots, Detrended Q-Q plots, and the central limit theorem (n > 30). Independent t-tests (with equality of variances checked by Levene's test), one-way ANOVA, and LSD post-hoc tests were used to compare means. The significance level was set at 0.05, and Levene's test was used to check equality of variances across groups. All ethical protocols were observed, and official approval was obtained from the Ethics Committee of Shahid Beheshti University of Medical Sciences with code IR.SBMU.PHNM.1394.120

.**Results**

Table 1 Moral Distress Scores of Nursing Faculty

Moral Distress	**Raw Score Range**	**Standardized 0-100 Range**	**Frequency**	**Percentage**	**Cumulative Percentage**
Low	36-84	0-33	76	36.7	36.7
Moderate	84-132	33-66	130	62.8	99.5
High	132-180	66-100	1	0.5	100.0
Total			207	100.0	

The results show that the frequency percentage of respondents with low moral distress is 36.7%, moderate moral distress is 62.8%, and high moral distress is 0.5% .

Table 2 Normal Distribution of Moral Distress among Nursing Faculty

	N	**Kurtosis**	**Std. Error of Kurtosis**	**Skewness**	**Std. Error of Skewness**
Moral Distress of Nursing Faculty	**207**	0.196	0.169	-0.314	0.337

Examination of kurtosis and skewness values indicates that the distribution of the moral distress variable is normal; in other words, based on the obtained kurtosis and skewness values for the moral distress variable and their placement within the −3 to +3 range, it can be concluded that the data distribution for the moral distress variable is normal. Additionally, since the sample size in this study is 207 and greater than 25, normality of the data distribution can be confirmed based on the central limit theorem. Furthermore, if the ratio of the kurtosis coefficient to its standard error, as well as the ratio of the skewness coefficient to its standard error, falls within the −2 to +2 range, it can be concluded that the data distribution is normal. Since this condition holds for the data, parametric tests can be used

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as appropriate tests for examining the study hypotheses.

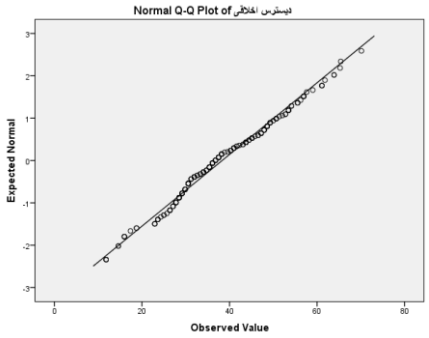

Figure 1 Normal Q-Q Plot of Moral Distress among Nursing Faculty

(Description: The Q-Q Plot shows points closely aligned with the diagonal line, confirming normal distribution. Parametric tests are appropriate).

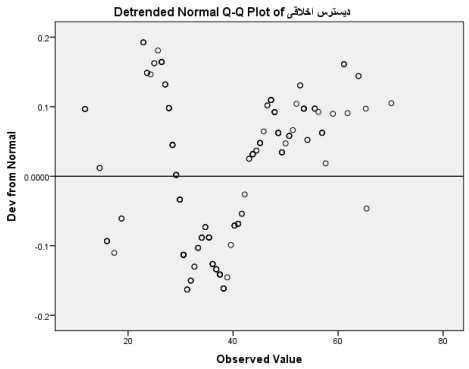

Figure 2 Detrended Normal Q-Q Plot of Moral Distress among Nursing Faculty

(Description: Deviations from zero are minimal and random, supporting normality).

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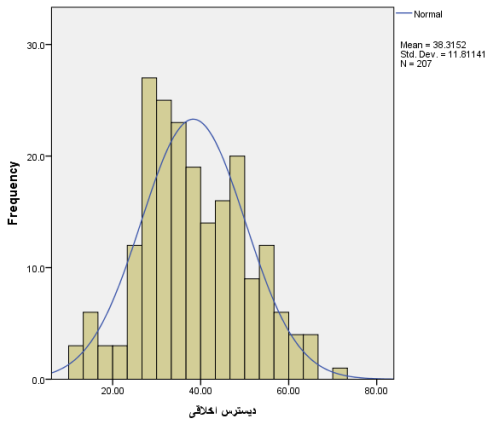

Figure 3 Normal Distribution (Kurtosis and Skewness Values) of Moral Distress among Nursing Faculty

(Description: Histogram with overlaid normal curve; skewness = −0.314, kurtosis = 0.196, within acceptable limits).

Table 3 Examining Mean Differences in Moral Distress among Nursing Faculty in Female and Male Groups

Gender	N	Mean	Std. Deviation	Std. Error Mean
Female	122	39.0881	11.42990	1.03481
Male	85	37.2059	12.32191	1.33650

Table 4 Levene's Test for Moral Distress among Nursing Faculty in Female and Male Groups

Levene's Test		**Independent Samples Test (Equal Means)**						
F	Sig.	T	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval	
							Lower	Upper
0.072	0.788	1.129	205	0.260	1.88223	1.66767	1.45074	5.17021

One of the assumptions of the independent samples t-test is the equality of variances between the two groups. This assumption is tested by Levene's test. Based on the significance level obtained from Levene's test (0.788), which is greater than 0.05, it can be concluded that at the 95% confidence level, the variances of the two groups are equal. The results of the independent samples t-test show no significant difference between the mean moral distress of nursing faculty in female and male groups; in other words, based on the calculated significance level (0.260), which is greater than 0.05, it can be concluded that at the 95% confidence level, there is no significant difference between the mean moral distress in female and male groups .

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Table 5 Examining Mean Differences in Moral Distress among Faculty in Married and Single Groups

Marital Status	N	Mean	Std. Deviation	Std.Error Mean
Single	39	38.7678	12.74584	2.04097
Married	168	38.2102	11.62171	0.89663

Table 6 Levene's Test for Moral Distress among Nursing Faculty in Married and Single Groups

Levene's Test		Independent Samples Test (Equal Means)						
F	Sig.	T	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval	
							Lower	Upper
0.900	0.344	0.265	205	0.791	0.55765	2.10418	-3.59095	4.70626

The results of the independent samples t-test show no significant difference between the mean moral distress of faculty in married and single groups; in other words, based on the calculated significance level (0.791), which is greater than 0.05, it can be concluded that at the 95% confidence level, there is no significant difference in mean moral distress between married and single faculty groups .

Table 7 Central Tendency and Dispersion Statistics of Moral Distress among Nursing Faculty in Different Age Groups

Age	N	Mean	Std. Deviation	Std. Error
35< years	66	42.7946	11.24997	1.38478
36 to 55 years	133	36.4818	11.41938	0.99019
56≤ years	8	31.8403	13.05234	4.61470
Total	207	38.3152	11.81141	0.82095

Table 8 One-Way ANOVA for Moral Distress among Nursing Faculty in Different Age Groups

Source	Sum of Squares	Df	Mean Square	F	Sig
Between Groups	2106.742	2	1053.371	8.069	0.001
Within Groups	26632.175	204	130.550		
Total	28738.917	206			

The test results show a significant difference between the mean moral distress of nursing faculty in different age groups; in other words, based on the significance level obtained from one-way ANOVA (0.001), which is less than 0.05, it can be concluded that at the 95% confidence level, the difference between mean moral distress of nursing faculty in different age groups is significant. LSD post-hoc test confirmed pairwise differences: <35 vs. 36–55 ($p < 0.001$), <35 vs. ≥56 ($p < 0.01$), 36–55 vs. ≥56 ($p > 0.05$) .

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Results and Discussion

The mean moral distress in this study (98.42 ± 11.81, standardized scale 0–100) indicated a moderate level, consistent with findings by Molazem et al. (2022) in Iranian oncology nurses (moderate mean) [15]. The distribution of levels (62.8% moderate, 36.7% low, and 0.5% high) indicates widespread moderate distress among nursing faculty in Iran. This pattern aligns with Salari et al. (2022) in ICU nurses, who reported distress at moderate to high levels, but intensity was lower in faculty, likely due to differences in direct patient exposure [14] .

Distress was higher in younger age groups (<35 years: 42.79 ± 11.25, F=8.069, p=0.001), those with less work experience (<10 years), and lower academic ranks (instructors). This finding is consistent with Salari et al. (2022) and Loyd et al. (2023), who identified inexperience and initial job pressures as intensifying factors [14,16]. No gender difference (t=1.129, p=0.260) aligns with Rigi et al. (2025) and Albaqawi et al. (2025), indicating resilience and organizational support as gender-moderating factors [8, 27]. The internal-surgical specialty showed higher distress (F=2.97, p<0.05), consistent with Molazem et al. (2022), related to frequent clinical exposure and greater emotional load [15] .

The findings indicate that the level of moral distress among nursing faculty in Iran is moderate, which may reflect organizational pressures and job constraints in the country's higher education nursing system. Similar results have been reported in domestic and international studies emphasizing the negative impacts of distress on mental health and professional performance .

Impact of Age and Work Experience: In this study, moral distress was significantly higher in younger age groups and those with less work experience. This may result from insufficient experience and challenges for newcomers in managing ethical conflicts and job pressures. Special educational and supportive programs for these groups are necessary.

No Impact of Gender and Marital Status: The findings showed that gender and marital status have no significant impact on distress levels; this indicates that structural and environmental factors play a major role in distress emergence compared to individual characteristics.

The organizational threats dimension, with the highest mean, carries an important message for managers and educational policymakers. Pressures from unfair management, unreasonable workloads, and inappropriate colleague behaviors are the main sources of these threats and should be prioritized for reform. Compared to similar studies, the results of this research align with Al-Rjoub and Heidari, who identified managers as the primary cause of moral distress [5,7]. Differences observed with some international studies highlight the influence of cultural and structural factors in distress emergence .

Negative Consequences and Need for Interventions: Moral distress leads to reduced teaching quality, burnout, and even physical problems such as insomnia and headaches, threatening faculty health and affecting nursing education quality. Ultimately, these factors can lead to reduced job satisfaction and the exit of skilled personnel from the education system .

Practical Suggestions: Developing strategies to reduce moral distress includes increasing organizational support, training in stress coping and conflict management skills, creating a healthier work environment, and revising workload increase policies. Additionally, developing professional ethics education programs and improving intra-organizational interactions can effectively reduce ethical pressures .

Conclusions

Moderate moral distress predominates among nursing faculty in Iran, with greater intensity in younger, less experienced individuals and those in internal-surgical specialties. Key factors include managerial pressures, time

shortages, and value conflicts. Interventions including supportive organizational policies, mindfulness training, and curriculum revision are recommended to reduce distress and maintain educational quality .

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