

# Ethical Challenges Associated with Caring for Sick Children Based on the Experiences of Nursing Students in Pediatric Wards: A Qualitative Content Analysis

Monirsadat Nematollahi<sup>1</sup> , Behnaz Bagherian<sup>2</sup> , Fatemeh Esmaelzadeh<sup>3</sup> , Roghayeh Mehdipour-Rabori<sup>4\*</sup> 

<sup>1</sup>Associate Professor, Department of Pediatric and Neonatal Intensive Care Nursing, Razi Faculty of Nursing and Midwifery, Kerman University of Medical Sciences, Kerman, Iran

<sup>2</sup>Assistant Professor, Department of Medical Surgical Nursing, Razi Faculty of Nursing and Midwifery, Kerman University of Medical Sciences, Kerman, Iran

<sup>3</sup>Assistant Professor, Nursing and Midwifery Care Research Center, Mashhad University of Medical Sciences, Mashhad, Iran

<sup>4</sup>Associate Professor, Nursing Research Center, Kerman University of Medical Science, Kerman, Iran

## Abstract

**Background:** Nurses working in pediatric wards face many challenges when caring for sick children of different ages due to their physical and mental needs, especially if they have not been trained professionally. Nursing students and nurses are faced with ethical challenges in pediatric wards, hence their experiences can help identify the ethical problems in the healthcare setting. Since the explanation of ethical challenges depends on the context and factors such as values, beliefs, and hospital culture, this study aimed to explain the ethical challenges associated with caring for sick children based on the experiences of nursing students.

**Methods:** This qualitative study used conventional content analysis to investigate the experiences of undergraduate and postgraduate nursing students and nurses working in pediatric wards selected by purposive sampling. Data collection tools were interviews and field notes. Data were categorized via MAXQDA10 and analyzed using conventional content analysis.

**Results:** The participants included 3 pediatric nurses and 17 nursing students. The mean age of the participants was  $24.9 \pm 1.2$ . The findings of the study revealed the main theme i.e., ethical challenges associated with caring for sick children, was classified into two main categories including care challenges and organizational constraints. Care challenges were classified into the following subcategories: feeling worried when caring for sick children, compassionate care, emotional needs of children, inattention to family-centered care, and insufficient capability of the healthcare team. Organizational constraints were classified into facility constraints and hospital managers' inattention to the environmental design of pediatric wards.

**Conclusion:** The results of the study showed that the ethical challenges associated with caring for sick children were related to the healthcare team and organizational management. With the provision of appropriate training for nurses, as well as proper planning and implementation of policies to standardize the pediatric wards, nurses can provide nursing care to this age group with the least amount of moral distress.

**Keywords:** Nursing, Care, Ethical challenges, Pediatric wards, Sick children

**Citation:** Nematollahi M, Bagherian B, Esmaelzadeh F, Mehdipour Rabori R. Ethical challenges associated with caring for sick children based on the experiences of nursing students in pediatric wards: a qualitative content analysis. *J Qual Res Health Sci*. 2023;12(1):9-16. doi:10.34172/jqr.2023.02

**Received:** October 29, 2019, **Accepted:** May 10, 2022, **ePublished:** March 30, 2023

## Introduction

Ethical care is a necessary condition for the nursing profession (1). Nursing students must learn professional care skills to become professional nurses in the future. Professional care requires professional behavior. For this purpose, nurses must acquire nursing care skills based on ethical codes and guidelines to be able to make ethical judgments and decisions in specific situations (2).

Pediatric nurses play a role in improving the quality of life and health of children, and professional caregiving requires education, skills, and art (3). In addition to meeting the physical, psychological, and emotional needs

of children, pediatric nurses should fulfill their moral and humane responsibilities towards sick children (4). They have direct and indirect contact with children and their families (1,2), and they may need to make individual decisions, which must be based on ethical principles (5). Due to the unique circumstances surrounding pediatric wards, nurses are required to make the most ethical decision possible when moral distress occurs. A professional nurse must respect the patient's values and beliefs while responding to their physical and mental needs. This type of care necessitates education (6). Nursing students must also carry out their professional



responsibilities in accordance with professional and ethical standards (7).

As parents are in a critical situation and suffer from a lot of stress when their children stay at the hospital (8), a pediatric nurse should meet the needs of the child and family members (9,10), and provide age-appropriate care (11). Pediatric nurses should know the mental, emotional, and psychological characteristics of sick children to communicate with them (11), without which, it is not possible to meet all the needs of the children. The family can help nurses to know children better. Therefore, nurses must involve families in caregiving, which can have positive psychological consequences for the child and family and improve the quality of nursing care. Nurses should involve parents in healthcare decisions and make ethical decisions according to the conditions, culture, attitudes, and beliefs of patients and their families (12). A standard caring environment is also a prerequisite for caring for a child ethically (13).

According to care standards, a pediatric nurse should strive to provide the child with a home-like environment. Wearing children's favorite clothes, playing with their favorite toys, and providing a playroom for children in hospitals are among these standards (13,14). Low work experience and limited facilities are among the factors that contribute to moral distress in pediatric nurses (13). Lawrence showed that the level of moral distress in pediatric intensive care unit nurses was higher than that in adult intensive care unit nurses (15), and the level of moral distress in pediatric intensive care unit nurses was higher than that of physicians (12).

Several studies addressed the causes of moral distress. According to Crozier and Hancock, ethical issues related to the lack of awareness of end-of-life care in pediatric intensive care units were the main causes of moral distress in nurses (16). Nurses in pediatric intensive care units experienced a high level of ethical distress during neonatal resuscitation programs (17). Moral distress has certain consequences, such as nurses' stress and the decision to leave the ward (18). Moral distress exists in both nurses and other members of the healthcare team. One study reported a high rate of moral distress in pediatric residents (19). Nurses in pediatric wards also have to make difficult decisions when they want to provide palliative care, take informed consent, and deliver bad news, and when parents have false hopes that their child would recover (20-22).

Although there have been studies on ethical issues in adult wards, the number of ethical studies in pediatric wards is very limited. Given the unique characteristics of childhood, ethical issues in hospitals, particularly in pediatric wards, are unavoidable. Understanding the ethical issues faced by nursing students and nurses working in pediatric wards, where they have direct contact with sick children and their families, can help

them solve challenges. Since these ethical challenges are influenced by the culture, hospital environment, and beliefs and values related to the profession, this qualitative study aimed to explain the ethical challenges associated with caring for sick children admitted to pediatric wards.

## Methods

The qualitative research method can analyze the phenomenon under study and its formation in a natural context (21). Qualitative research will enable researchers to be engaged in the personal life and daily work of humans. By conducting qualitative research, the researcher is able to understand the events in the real social world (22). Conventional content analysis was used in the present study. This method is used in social sciences to study the content of communication (speech, written texts, interviews, and images) (23). Undergraduate and postgraduate nursing students were purposefully selected from the faculty of nursing and midwifery in Kerman.

The inclusion criteria were having received pediatric nursing care training (four credits) and willingness to participate in the study.

The data were collected through interviews and field notes. Moreover, a combination of methods was used to collect data at different times. Semi-structured interviews with a general interview guide were conducted by an expert (Ph.D. in nursing) who had experience in qualitative studies. After introducing themselves, explaining the objectives of the study, and receiving informed consent from the participants, the researchers determined the time and place of the interview. In qualitative research, the field is where people live. The study settings were the faculty of nursing, the pediatric wards 1 and 2, and the pediatric emergency department of Afzalipour hospital, Kerman, Iran.

The researcher started the interviews with a general and open-ended question and tried to have the least involvement in the interview process, and asked the next questions based on the answers of the participants. The entire interviews were recorded and transcribed with the permission of the participants.

Examples of the interview questions were: 1. Could you please describe a typical day in the life of a caregiver for a sick child? 2. What ethical challenges and difficulties did you encounter while caring for the child? What would you do if you were faced with a difficult caregiving decision? Do you have any experience caring for a child with their family nearby?

The participants were undergraduate and postgraduate nursing students, who had received training in the pediatric ward. Subsequent interviews with nurses working in pediatric wards were conducted to complete the categories. These nurses had at least one year of work experience in pediatric wards and had sufficient information about the concept under consideration. Data

collection continued until data saturation. Furthermore, while interviewing in the ward, the researcher took field notes on behavioral reactions such as facial or nonverbal expressions of interviewees or healthcare members about the patient and family.

Data were analyzed using Graneheim and Lundman's method. This is a systematic and objective research method to describe phenomena and has been widely used in health studies in recent years for analyzing textual data. In this method, the researcher avoids using predefined categories and extracts categories and themes from the data. Therefore, the researcher immerses in data thoroughly to gain new insight. In this study, the researcher first transcribed the interviews and reviewed them several times to get a general understanding of the interview text. Then, the research team extracted the meaning units and the initial codes. In the next step, the researcher categorized the codes in terms of similarities and differences and then extracted the main theme. All data were analyzed by Graneheim and Lundman's approach (23). MAXQDA 10 was used to code data.

To establish study trustworthiness, Guba and Lincoln's criteria (1981) including credibility, dependability, conformability, and transferability were used. Ongoing engagement of the research team in data analysis, collecting data using a combination of methods at different times, peer-checking, and searching for contradictory evidence were among the measures taken

for research credibility. The researchers were divided into two groups for this qualitative study. Each group independently examined the sources of information and then compared the data and results. The external check was used to ensure homogeneity. In other words, the data were given to a researcher who was not involved in the research and was an observer from the outside, to determine if they shared the same understanding of the data and results. To confirm the results of this qualitative research, the researcher documented the whole process.

## Results

The study included 14 nursing students and 6 nurses working in pediatric wards. There were 23 interviews, with three participants being interviewed twice. The mean age of the participants was  $24.9 \pm 1.2$  years.

The participants' demographic data are presented in Table 1.

The findings of the study led to the identification of 1600 initial codes. The data analysis revealed one main theme as, *ethical challenges associated with caring for sick children*, which was subdivided into two main categories including *care challenges* and *organizational constraints*. Care challenges were further classified into several subcategories, such as *feeling worried when caring for sick children*, *compassionate care*, *emotional needs of children*, *inattention to family-centered care*, and *insufficient capability of the healthcare team*. Organizational

**Table 1.** The participants' demographic data

Code	Age	Gender	Educational level	Marital status	Native/non-native
1	23	Male	Seventh-semester student	Single	Non-native
2	21	Female	Seventh-semester student	Single	Native
3	22	Male	Seventh-semester student	Single	Non-native
3	25	Female	Seventh-semester student	Single	Native
4	20	Female	Seventh-semester student	Married	Native
5	23	Female	Seventh-semester student	Single	Native
6	22	Female	Eighth-semester student	Married	Non-native
7	22	Female	Master student	Single	Non-native
8	22	Female	Seventh-semester student	Single	Native
9	23	Female	Eighth-semester student	Single	Non-native
10	22	Female	Sixth-semester student	Single	Native
11	23	Male	Seventh-semester student	Married	Non-native
12	32	Male	Master student	Single	Native
13	35	Female	Pediatric nurse	Married	Non-native
14	33	Female	Pediatric nurse	Single	Native
15	23	Female	Pediatric nurse	Single	Non-native
16	22	Male	Seventh-semester student	Single	Native
17	35	Male	Eighth-semester student	Single	Native
18	25	Female	Pediatric nurse	Married	Native
19	24	Female	Pediatric nurse	Single	Native
20	26	Female	Pediatric nurse	Single	Native

constraints were also classified into *facility constraints* and *hospital managers' inattention to the environmental design of pediatric wards*.

The first subcategory of care challenges was *feeling worried when caring for sick children*. Almost all nursing students were stressed during their training in the pediatric ward. They were concerned about caring for the child. The small sample size, the difference between children and adults, and the young age of the children were some of the issues that affected their nursing care and concerned them.

*"Each time I want to draw blood from a child, I feel anxious. My hand trembles and I am incapable of performing it well. It is difficult to care for children when their parents are present. If you ever need to perform a procedure, the parents will keep an eye on you. This complicates matters significantly for us"* (Participant 18, a nursing student).

*Compassionate care* was the second subcategory. Although most of the participants admitted that working in the pediatric ward was new to them, they were impressed by the age of their patients. The majority of the students stated that they did not expect the children to become ill and that they should not be in the hospital.

*"It breaks my heart to see a child with cancer. I want to do my best, but my heart bleeds for them"* (Participant 5, a nursing student).

*"It breaks my heart when I see sick children. I wish they were healthy and running around in their homes. It is extremely difficult"* (Participant 15, a nurse).

The third identified subcategory was the *emotional needs of children*. Children should be comfortable in pediatric wards, and their beds should be similar to those in their homes. Unfortunately, children admitted to the ward did not have a playroom, toys, or a TV to watch cartoons.

*"While we look after the child physically, we are unconcerned about their psychological well-being. Visits are restricted, and both parents are not permitted to be present with the child. The majority of their peers are unable to visit the child. I am not sure why no one pays psychological attention to children"* (Participant 9, a student).

*"Children lack a playroom. Children who are improving truly require to play. Parents and nurses often struggle to calm children. We do not provide professional care"* (Participant 7, a postgraduate student).

The fourth subcategory was *inattention to family-centered care*. Students stated that they studied family-centered care in theory but did not practice it. Nurses performed nearly all tasks.

*"Nurses often get upset when children do not listen to them and they do not know how to treat children. Nurses do not get help from their parents, who are more familiar with their children's needs"* (Participant 11, an

undergraduate student).

*"Family-centered care is extremely beneficial, but we have no idea how much assistance we require from parents. For example, if the supervisor arrives at the ward and notices the medication in a mother's hand, they will inquire as to why the mother has the medicine. There is no clear limit to family-centered care"* (Participant 18, a nurse).

The *insufficient capability of the healthcare team* was the fifth subcategory. The students mentioned that they had practically no experience in the pediatric ward. On the other hand, none of the pediatric nurses was trained in pediatric nursing. It was difficult to perform painful procedures such as venipuncture in the pediatric ward. Nursing students and nurses did not have sufficient clinical and communication skills. The hospitalized children did not receive psychological care.

*"During the painful procedures, none of the pain relief methods was used. We require holistic care, but it has not been implemented in practice"* (Participant 7, a student).

*"All of the nurses on the evening and night shifts are contract recruiters with no experience working with children. They are stressed and unable to provide adequate care for children"* (Participant 13, a nurse).

Another main category in the current study was *organizational constraints*, further subcategorized into *facility constraints* and *hospital managers' inattention to the environmental design of pediatric wards* (Table 2).

In the present study, facility constraints were related to both lack of human resources and lack of entertainment for children. Almost all participants acknowledged the lack of entertainment facilities, limited visits, and lack of nurses trained in pediatric nursing.

*"If the ward had a pediatric nurse, they would train other nurses on how to treat children of various ages. We have a difficult time administering medications to children because we have no idea how to treat them"* (Participant 11, a student).

The other subcategory was *hospital managers' inattention to the environmental design of pediatric wards*. Many participants in the study believed that there should be a psychiatric nurse in the pediatric ward to support families and their children in this critical situation.

*"There is a playroom, but it is currently unoccupied. We do not have welfare facilities for children"* (Participant 15, a nurse).

*"As nurse managers and supervisors lack specialized knowledge about the pediatric ward and care standards, the situation will not improve. Throughout the years, this has always been the case. The moral of the children must also be considered"* (Participant 14, a nurse).

## Discussion

The study findings revealed one main theme as, *ethical*



**Table 2.** Categories and subcategories extracted in the study

Main categories	Subcategories	Meaning units
Care challenges	Feeling worried when caring for sick children	<ul style="list-style-type: none"> <li>• Fear of care</li> <li>• Fear of not having enough skills</li> <li>• Feeling guilty for doing a painful procedure</li> <li>• Feeling anxious due to the presence of the patient's companion</li> </ul>
	Compassionate care	<ul style="list-style-type: none"> <li>• Compassionate care for mother and child</li> <li>• Mental preoccupation with the child's illness</li> <li>• Mental illness from an incurable disease of a child</li> <li>• Too much grief over the illness of the child and the baby</li> <li>• The nurse's life being affected by dealing with the child</li> <li>• Asking unanswered questions about why children become ill</li> </ul>
	Emotional needs of children	<ul style="list-style-type: none"> <li>• Inattention to the child's emotional state</li> <li>• Restless child</li> <li>• Inattention to psychological needs</li> <li>• A caring approach based on meeting the child's physical needs</li> <li>• Pharmacological care only</li> </ul>
	Inattention to family-centered care	<ul style="list-style-type: none"> <li>• Separation of the mother from the child</li> <li>• Family not involved in the care</li> <li>• Limited visit hours</li> <li>• Limited visitors</li> </ul>
	Insufficient capability of the healthcare team	<ul style="list-style-type: none"> <li>• Nurses' limited knowledge of the use of appropriate palliative care methods</li> <li>• The limited ability of nurses to interact effectively with the child</li> <li>• Nurses' limited ability to control the child's pain</li> <li>• Nurses' insufficient knowledge of rare cases</li> <li>• Insufficient experience of nurses</li> </ul>
Organizational constraints	Facility constraints	<ul style="list-style-type: none"> <li>• Lack of psychiatric and pediatric nurses</li> <li>• Very limited entertainment facilities</li> <li>• Adult-like care approach</li> <li>• Non-standard clinical environment</li> </ul>
	Hospital managers' inattention to the environmental design of pediatric wards	<ul style="list-style-type: none"> <li>• Non-specialized approach to managing pediatric wards</li> <li>• Low information of managers</li> <li>• Inefficient management</li> </ul>

challenges associated with caring for sick children, which was divided into two main categories including *care challenges* and *organizational constraints*. *Care challenges* were further classified into several subcategories including *feeling worried when caring for sick children*, *compassionate care*, *emotional needs of children*, *inattention to family-centered care*, and *insufficient capability of the healthcare team*. *Organizational constraints* were also subcategorized into *facility constraints* and *hospital managers' inattention to the environmental design of pediatric wards*.

Nursing students mentioned being concerned when caring for a sick child. Due to the age of the children admitted to the ward, students were always concerned about their practice. In their studies, Melincavage (24) and Pourghane (25) reported fear and the constant presence of a companion, as the causes of making mistakes. Levett-Jones et al (26) investigated the concerns of first-year nursing students and discovered the theme of patient safety and the likelihood of making mistakes. According to one quantitative study conducted on second-year students in Jamaica, 50% of students feared the possibility of harming the patient, while only 24% of students were confident (27). One of the sources of moral distress for novice nurses in the pediatric ward was their lack of scientific skills (13). In the current study, it was suggested

that students must have effective learning in the ward, and if they are unable to successfully perform the practical skill, they will feel guilty, resulting in moral distress. They stated they were very distressed about whether or not to perform the procedure on the child. According to one study, the gradual acquisition of professional competencies can help students to alleviate this distress (28). This issue has been addressed in pediatric nursing training in Iran, and nursing students begin clinical practice with children in the fifth semester.

Another subcategory identified in this study was *compassionate care*. Nursing students and pediatric nurses discussed *compassionate care* made things more difficult for them. They did not expect children to become ill at this age, and they expected them to be happy and play. Compassion was one of the barriers to providing quality care. In a study by Yang, using the phenomenological method to investigate the first clinical practice of nursing students in South Korea, it was discovered that the participants felt fear, doubt, embarrassment, and uncertainty. Patient's pain was one of the categories discovered in this study (29). Learning empathy skills is one way to control one's compassion.

The nurse-child-family relationship relies heavily on empathy. Nurses who experience fear, anger, sadness,

depression, and fear of death because of hospitalized patients and their families, can use empathy as a coping mechanism (30). If nurses are taught empathy skills, they will be able to control their compassion. Empathy is an important component of effective interpersonal practices, and it is the individual's emotional reaction to the emotional reactions of others (31). Nurses who learn empathy skills can solve interpersonal and patient problems and communicate professionally with the child and family, reducing injuries caused by disability and hospitalization (8). One of the basic rights of patients is the professional relationship between a nurse and a patient, which is different when dealing with children depending on their age and developmental characteristics.

Another subcategory indicated in this study was the emotional needs of children. The children were hospitalized with beds inappropriate for their age. Hockenberry and Wilson also believed meeting the psychological needs of a hospitalized child is critical. Children should be placed in an environment that is similar to their home environment to ensure that they suffer the least amount of harm during their stay in the hospital (11).

Inattention to family-centered care was one of the subcategories of this study. Family-centered care is one way of providing comfort to children (10). Today, paying attention to the patient's family is a critical component of care (29,32) because the family is frequently responsible for supporting the patient and plays a critical role in promoting their recovery. As the family is an integrated system, the illness of one member can influence the entire system, resulting in fear, feelings of weakness, hopelessness, and physical and mental exhaustion among family members. Admission of a child is a stressful experience for parents, particularly mothers. The hospital stay is an emotional crisis that can disrupt parent-infant interaction and result in emotional problems for parents. Numerous studies have highlighted the critical nature of providing accurate and comprehensive information to parents, which is effective in overcoming parents' negative feelings (33,34). Family members' involvement in caregiving is critical because the child is directly dependent on them. Numerous factors can influence parents' participation in caregiving, including their capacity to care for the child (34). In family-centered care, parents are involved in treatment and care decision-making. The ethical decision of nurses is contingent upon informing parents and involving them in the treatment process (35). Although nurses are stressed when parents make poor choices (36), they should assist parents in making the best choices.

The students frequently mentioned the healthcare team's lack of adequate capabilities to care for children. Additionally, they reported that both nursing students and nurses were incapable of physically caring for the child, managing pain, or interacting with the child

effectively. One study on nursing students' clinical learning experiences discovered a theme called "clinical poverty", which was subdivided into "lack of clinical knowledge" and "deficiency in clinical education" (24). According to Chan et al (37) in China and James et al (3) in Spain, the most frequent source of stress for research samples was the lack of professional knowledge and skills. By implementing training in the field of pediatric nursing care, growth, and development, this concern can be alleviated.

One source of moral distress was newly graduated nurses' insufficient ability in science and skills in pediatric wards. When nurses working in pediatric intensive care units make care decisions, provide palliative care (16), deliver bad news to parents, manage pain (38), or perform neonatal resuscitation, they experience ethical distress (17).

Nurses require training to maintain control over their emotional and psychological reactions to sick children and their families (34). Training in professional nursing ethics, familiarizing students with professional ethical codes, and developing ethical guidelines for the nursing profession can assist nurses in providing ethical care and alleviating moral distress (39).

Facility constraints and hospital managers' inattention to the environmental design of pediatric wards were also among the subcategories. According to nursing students, nurse managers should approach pediatric wards differently than they do adult wards. By planning and supporting, nurse managers can provide a safe environment for standard and ethical nursing care (40). Managers' perception of ethical issues plays an important role in promoting the ethical competencies of the healthcare team. Limited resources, differences in expectations and values, and new technologies have all contributed to ethical distress in clinical settings.

Managers should take into account the ethical principles, interests, and needs of clients (39), and by providing facilities, they should address the needs of patients, prioritize the patients' rights, and provide safe care for patients (41).

This study had some limitations. First, all participants were from the same medical university. Thus, it is suggested that the ethical challenges associated with nursing care in pediatric wards be investigated in other research settings. Furthermore, the majority of the participants were nursing students; hence, they may have avoided sharing their real-life experiences due to the potential impact of their speech on their evaluation. The researcher, on the other hand, attempted to gain their trust.

## Conclusion

According to the study findings, nursing students and nurses face ethical challenges associated with caring for children. Insufficient training and skills, inappropriate

education, insufficient management skills, care issues, and organizational shortcomings are examples of the causes of moral distress in nursing students. It is suggested that nurse managers make the necessary plans while respecting patients' rights and addressing the needs of patients and their families. Furthermore, it is possible to promote nursing care by providing ethics training packages for pediatric nurses and nursing students to enhance moral competencies in the healthcare team. Nurse Managers should also provide adequate facilities for children of various ages, plan family-centered care and implement standardization policies in pediatric wards, train specialized pediatric nursing staff to minimize moral distress in nurses, improve the quality of nursing care, and comfort hospitalized children and their families.

#### Acknowledgments

The present article reports the results of a research project with the number 97000322. The authors consider themselves obliged to the Vice Chancellor for Research and Technology of Kerman University of Medical Sciences for financing the research and would like to thank all the study participants who helped us with the study.

#### Competing Interests

In the present study, the authors did not have any conflict of interest.

#### Ethical Approval

This study was approved by Kerman University of Medical Sciences with the code of ethics IR.KMU.REC.1397.277.

#### References

- Jokar F, Haghani F. Nursing clinical education, the challenges facing: a review article. *Iran J Med Educ.* 2011;10(5):1153-60. [Persian].
- O'Mara L, McDonald J, Gillespie M, Brown H, Miles L. Challenging clinical learning environments: experiences of undergraduate nursing students. *Nurse Educ Pract.* 2014;14(2):208-13. doi: [10.1016/j.nepr.2013.08.012](https://doi.org/10.1016/j.nepr.2013.08.012).
- James SR, Nelson K, Ashwill J. *Nursing Care of Children: Principles and Practice.* Elsevier Health Sciences; 2014.
- Elcigil A, Yildirim Sari H. Determining problems experienced by student nurses in their work with clinical educators in Turkey. *Nurse Educ Today.* 2007;27(5):491-8. doi: [10.1016/j.nedt.2006.08.011](https://doi.org/10.1016/j.nedt.2006.08.011).
- Smit B, Fritz E. Understanding teacher identity from a symbolic interactionist perspective: two ethnographic narratives. *S Afr J Educ.* 2008;28(1):91-102.
- Doody O, Condon M. Increasing student involvement and learning through using debate as an assessment. *Nurse Educ Pract.* 2012;12(4):232-7. doi: [10.1016/j.nepr.2012.03.002](https://doi.org/10.1016/j.nepr.2012.03.002).
- Christiansen A, Prescott T, Ball J. Learning in action: developing safety improvement capabilities through action learning. *Nurse Educ Today.* 2014;34(2):243-7. doi: [10.1016/j.nedt.2013.07.008](https://doi.org/10.1016/j.nedt.2013.07.008).
- Nematollahi M, Esmaelzadeh F, Mehdipour-Rabori R, Bagherian B. Educational challenges of postgraduate neonatal intensive care nursing students: a qualitative study. *J Educ Health Promot.* 2020;9:171. doi: [10.4103/jehp.jehp\\_773\\_19](https://doi.org/10.4103/jehp.jehp_773_19).
- Crawford E. Family reflections: hirschsprung disease. *Pediatr Res.* 2019;86(4):542-3. doi: [10.1038/s41390-019-0361-4](https://doi.org/10.1038/s41390-019-0361-4).
- Hajjaraghi N, Sadeghi N, Motaghi M, Mousavi M. Investigating the strategic elements of family-centered care in the neonatal intensive care unit: a qualitative study. *J Qual Res Health Sci.* 2021;10(2):65-74. doi: [10.22062/jqr.2021.193611.0](https://doi.org/10.22062/jqr.2021.193611.0).
- Hockenberry MJ, Wilson D. *Wong's Nursing Care of Infants and Children-E-Book.* Elsevier Health Sciences; 2018.
- Bucher HU, Klein SD, Hendriks MJ, Baumann-Hölzle R, Berger TM, Streuli JC, et al. Decision-making at the limit of viability: differing perceptions and opinions between neonatal physicians and nurses. *BMC Pediatr.* 2018;18(1):81. doi: [10.1186/s12887-018-1040-z](https://doi.org/10.1186/s12887-018-1040-z).
- Bong HE. Understanding moral distress: how to decrease turnover rates of new graduate pediatric nurses. *Pediatr Nurs.* 2019;45(3):109-14.
- Kurtulus N, Yıldız K, Korucu E, Ozyazicioglu N. Determination of pediatric nurses' attitudes on family-centered care. *Int J Caring Sci.* 2018;11(2):1066-72.
- Lawrence LA. Work engagement, moral distress, education level, and critical reflective practice in intensive care nurses. *Nurs Forum.* 2011;46(4):256-68. doi: [10.1111/j.1744-6198.2011.00237.x](https://doi.org/10.1111/j.1744-6198.2011.00237.x).
- Crozier F, Hancock LE. Pediatric palliative care: beyond the end of life. *Pediatr Nurs.* 2012;38(4):198-203.
- Janvier A, Nadeau S, Deschênes M, Couture E, Barrington KJ. Moral distress in the neonatal intensive care unit: caregiver's experience. *J Perinatol.* 2007;27(4):203-8. doi: [10.1038/sj.jp.7211658](https://doi.org/10.1038/sj.jp.7211658).
- Lazzarin M, Biondi A, Di Mauro S. Moral distress in nurses in oncology and haematology units. *Nurs Ethics.* 2012;19(2):183-95. doi: [10.1177/0969733011416840](https://doi.org/10.1177/0969733011416840).
- Hilliard R, Harrison C, Madden S. Ethical conflicts and moral distress experienced by paediatric residents during their training. *Paediatr Child Health.* 2007;12(1):29-35. doi: [10.1093/pch/12.1.29](https://doi.org/10.1093/pch/12.1.29).
- Trotochaud K, Coleman JR, Krawiecki N, McCracken C. Moral distress in pediatric healthcare providers. *J Pediatr Nurs.* 2015;30(6):908-14. doi: [10.1016/j.pedn.2015.03.001](https://doi.org/10.1016/j.pedn.2015.03.001).
- Pinto RM, Dragileva E, Kirby A, Lloret A, Lopez E, St Claire J, et al. Mismatch repair genes Mlh1 and Mlh3 modify CAG instability in Huntington's disease mice: genome-wide and candidate approaches. *PLoS Genet.* 2013;9(10):e1003930. doi: [10.1371/journal.pgen.1003930](https://doi.org/10.1371/journal.pgen.1003930).
- Speziale HS, Streubert HJ, Carpenter DR. *Qualitative Research in Nursing: advancing the Humanistic Imperative.* Lippincott Williams & Wilkins; 2011.
- Graneheim UH, Lundman B. Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. *Nurse Educ Today.* 2004;24(2):105-12. doi: [10.1016/j.nedt.2003.10.001](https://doi.org/10.1016/j.nedt.2003.10.001).
- Melincavage SM. Student nurses' experiences of anxiety in the clinical setting. *Nurse Educ Today.* 2011;31(8):785-9. doi: [10.1016/j.nedt.2011.05.007](https://doi.org/10.1016/j.nedt.2011.05.007).
- Pourghane P. Nursing students' experiences of clinical teaching: a qualitative study. *J Holist Nurs Midwifery.* 2013;23(2):16-26. [Persian].
- Levett-Jones T, Pitt V, Courtney-Pratt H, Harbrow G, Rossiter R. What are the primary concerns of nursing students as they prepare for and contemplate their first clinical placement experience? *Nurse Educ Pract.* 2015;15(4):304-9. doi: [10.1016/j.nepr.2015.03.012](https://doi.org/10.1016/j.nepr.2015.03.012).
- Graham MM, Lindo J, Bryan VD, Weaver S. Factors associated with stress among second year student nurses during clinical training in Jamaica. *J Prof Nurs.* 2016;32(5):383-91. doi: [10.1016/j.profnurs.2016.01.004](https://doi.org/10.1016/j.profnurs.2016.01.004).
- Yekefallah L, Dehghankar L, Shafaei M, Mohamadi S, Moradi M. ICU students' experiences of an effective clinical instructor: a phenomenological study. *J Qual Res Health Sci.* 2021;10(2):124-33. doi: [10.22062/jqr.2021.193588.0](https://doi.org/10.22062/jqr.2021.193588.0).

29. Yang J. Korean nursing students' experiences of their first clinical practice. *J Nurs Educ Prac.* 2013;3(3):128-38. doi: [10.5430/jnep.v3n3p128](https://doi.org/10.5430/jnep.v3n3p128).
30. Tietz JM. Empathy of Nurses and Family Needs in the Intensive Care Unit [thesis]. Minnesota State University, Mankato; 2011.
31. Ançel G. Developing empathy in nurses: an inservice training program. *Arch Psychiatr Nurs.* 2006;20(6):249-57. doi: [10.1016/j.apnu.2006.05.002](https://doi.org/10.1016/j.apnu.2006.05.002).
32. Bagherian B, Nematollahi M, Mehdipour-Rabori R. How parents cope with the care of a child with epilepsy: based upon grounded theory. *Ethiop J Health Sci.* 2021;31(2):329-38. doi: [10.4314/ejhs.v31i2.16](https://doi.org/10.4314/ejhs.v31i2.16).
33. Zakerimoghdam M, Ghiasvandian S, Salahshoor P, Kazemnezhad A. The effect of supportive nursing program on depression, anxiety and stress of family members of patients during coronary artery bypass graft (CABG) surgery. *Iran J Cardiovasc Nurs.* 2014;3(1):50-8. [Persian].
34. Khalesi N, Shoaee Anjom F, Rezaeiezadeh G, Farahani Z. Evaluation of parents' awareness and knowledge about problems and issues related to their premature infants in an Iranian hospital. *Open J Nurs.* 2015;5(5):465-9. doi: [10.4236/ojn.2015.55049](https://doi.org/10.4236/ojn.2015.55049).
35. Lantos JD. Ethical problems in decision making in the neonatal ICU. *N Engl J Med.* 2018;379(19):1851-60. doi: [10.1056/NEJMra1801063](https://doi.org/10.1056/NEJMra1801063).
36. Karakachian A, Colbert A, Hupp D, Berger R. Caring for victims of child maltreatment: pediatric nurses' moral distress and burnout. *Nurs Ethics.* 2021;28(5):687-703. doi: [10.1177/0969733020981760](https://doi.org/10.1177/0969733020981760).
37. Chan CK, So WKW, Fong DY. Hong Kong baccalaureate nursing students' stress and their coping strategies in clinical practice. *J Prof Nurs.* 2009;25(5):307-13. doi: [10.1016/j.profnurs.2009.01.018](https://doi.org/10.1016/j.profnurs.2009.01.018).
38. Mehmoush N, Ashktorab T, Heidarzadeh M. Promotion of neonatal pain management in neonatal intensive care unit: a participatory action research. *J Qual Res Health Sci.* 2021;10(2):115-23. doi: [10.22062/jqr.2021.193669.0](https://doi.org/10.22062/jqr.2021.193669.0).
39. Feraco AM, Brand SR, Mack JW, Kesselheim JC, Block SD, Wolfe J. Communication skills training in pediatric oncology: moving beyond role modeling. *Pediatr Blood Cancer.* 2016;63(6):966-72. doi: [10.1002/psc.25918](https://doi.org/10.1002/psc.25918).
40. Helft PR, Bledsoe PD, Hancock M, Wocial LD. Facilitated ethics conversations: a novel program for managing moral distress in bedside nursing staff. *JONAS Healthc Law Ethics Regul.* 2009;11(1):27-33. doi: [10.1097/NHL.0b013e31819a787e](https://doi.org/10.1097/NHL.0b013e31819a787e).
41. Devik SA, Munkeby H, Finnanger M, Moe A. Nurse managers' perspectives on working with everyday ethics in long-term care. *Nurs Ethics.* 2020;27(8):1669-80. doi: [10.1177/0969733020935958](https://doi.org/10.1177/0969733020935958).

© 2023 The Author(s); Published by Kerman University of Medical Sciences. This is an open-access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0/>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.