

Moral challenges in the provision of care for Infant and Family: a qualitative study

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Abstract

Introduction: Today, nurses are faced with many problems in their workplace that could cause them stress. The stress associated with moral problems is commonly called moral distress. The aim of this study has been to explore nurses' live experiences of the moral challenges in the NICU.

Method: This study is a qualitative study. Sampling was conducted by purposeful sampling method until reaching data saturation with a choice of 12 nurses. The method of collecting data was deep semi-structured interview. Total of interviews were transcribed verbatim. A qualitative content analysis with conventional approach based on Graneheim and Lundman approach was used.

Results: Results of this study revealed three main themes: the challenge of proper care with love, the challenge of understanding and proper dealing with families of newborns, and the challenge of professional skills and nursing ethics.

Conclusion: The first mentioned challenge was connected with issues such as nursing workforce shortage or lack of facilities and equipment as a factor in defects of neonatal care that implicitly affect nurses' performance and were beyond the control of the nurse. The second mentioned challenge was due to the lack of attention to family-centered care.

The last mentioned challenge can be associated with individual and professional characteristics of the nurse. Thus, it is suggested that by providing necessary facilities and equipment, emphasis on the importance of family-centered care, considering appropriate educational programs, and changing attitudes of nurses, special attention be given to the moral challenges faced by nurses in order to prevent moral distress and to increase quality of neonatal care in the NICU.

Key words: Moral challenges, End-of-life care, ethical issues, Infant; Family, Iran

Introduction

Moral distress has been named and discussed in nursing at least since 1980. In this era, Jameton defined moral distress. In 1995, Corley developed a moral distress measuring scale to measure nurses' moral distress. Moral distress is different from moral dilemmas. Moral distress is a mental instability where the right action is clear, but the individual is not able to do it, but in moral dilemma, correctness of doing it is doubtful (1). Typically, moral distress is in a form of experienced mental imbalance or stress in situations in which a person sees something that is morally accepted but unable to do in terms of the laws in the workplace. In the new amended definition, stress occurs in situations where providers of health care feel that they are unable to keep all interests at risk of the patients (2, 3). According to recent studies, moral dilemmas may cause stress among the health care team. Stress associated with moral dilemmas is commonly called moral distress. Moral distress occurs when the person knows doing something is correct but the organization or other restrictions make it hard for him to do that. Studies have shown moral dilemmas are important and common among nurses (2). Moral distress is defined as a painful sensation when the nurse considers doing something morally correct and required, but due to the organization, is unable to do it. (3, 4).

Moral uncertainty occurs when the nurse does not know whether there is a moral dilemma or not, and if there is, she does not know what principles or values to adopt to deal with it. Moral dilemmas are created when two or more than two values or principles are in conflict. Distress usually occurs due to moral dilemmas. Over the past decade, the impact of moral issues in nursing practice in the United States has dramatically increased. Nurses in performing nursing care, spend a large amount of their time on solving moral dilemmas that may result in moral distress. Moral distress can be a component of occupational stress in nursing (3).

The nursing profession has occupied a significant role in the application of professional moral concepts. Every nurse should maintain her deeds within the moral framework and promote them. The nurses are expected to adopt appropriate moral decisions on behalf of patients (5). Individual factors such as personality, values, lack of knowledge, lack of sensitivity on the rights of patients, dissatisfaction with working conditions, and limited powers may have negative effects on decisions and moral practice of the nurses (6).

The hospital environment itself causes stress in different levels. Death as an inherent reality causes doctors and nurses when communicating with patients to have emotional control at the hospital. These staff, especially when involved in emergency departments and intensive care units, are more vulnerable to mental stress (7).

Moral distress is a major problem for nurses, which can lead to physical and emotional problems, job retention, job

satisfaction, and the quality of care. In nurses, increasing the level of moral distress could lead to medical errors, burnout, fatigue, weakness, and avoidance of the patient. In addition, frustration and job dissatisfaction may lead to unhealthy workplace violence =. Distress can lead to physical symptoms such as anxiety and sadness. Moral distress is not often recognized in nurses, which itself can lead to disappointment, anger, and leave negative effects on staying in the job (4).

Moral distress can have important consequences such as stress, burnout, job dissatisfaction, and separation from nursing. Complete information on the impact of moral distress on the quality of nursing care is not available (1).

In a study, Rathert et al. studied moral distress predictors and interventions in acute care units. More than half of respondents reported that they have experienced moral dilemmas and moral conflicts a few times a month (8).

In another study, the highest source of moral distress experienced by nurses in the oncology ward was pain control and issues related to the cost of treatment. Moral issues that could cause moral distress in nurses' were issues of prolonging life, doing unnecessary tests, and telling the truth. When nurses failed to fulfill their moral obligation, they felt anger, frustration, and grief (3).

NICU is an emotional, moral environment and nurses face moral challenges, and nurses' moral distress in these wards may be unique. Newborns are vulnerable and caring for them can create a new dimension of moral distress. Moral distress among nurses working in NICUs is a significant problem. Moral distress has physical, emotional, and psychosocial symptoms and negative impact on the quality and quantity of the newborn's care. Moral distress leads to loss of moral integrity and is an important factor in job satisfaction, burnout, and leaving job by nurses (9).

Prentice et al, (2016) conducted a systematic review of the literature on the moral distress in working with newborns in neonatal intensive care units. They analyzed 13 studies. In these studies, they noted that inappropriate use of technology is not suitable for the patient and reduces the power of nursing. The concepts of moral distress have been expressed in different ways in nursing and medical literature. Nurses considered themselves as victims who are forced to perform aggressive care for the patients. In medical texts, moral distress is described as facing moral dilemmas or moral confrontation. In Neonatal Intensive Care Units, moral distress had an impact on patient care (10).

Despite the rise in demand in the field of moral judgment, health care organizations lack policies, standards, and systematic training guidelines in the field of morality and moral support structures for staff. Thus, it is not surprising that many health care workers suffer from stress related to this issue (3).

Given the importance of this issue, and that little attention is paid to moral challenges by nurses in NICUs, conducting research in this field becomes necessary. This research was conducted by qualitative research, because there is little knowledge about this issue and qualitative research tends to deeply search a phenomenon about which there is little knowledge. Thus, this study was conducted to "Explore Moral challenges in the provision of care in NICU in Isfahan.

Methods and Participants

This study was conducted by qualitative method and qualitative content analysis with conventional approach (11). The participants of this study were nurses working in NICU of Al-Zahra in 2015. Sampling in this study continued until reaching information saturation, and data saturation was achieved after 12 interviews. To ensure data saturation, two follow-up interviews were also conducted, but more categories and data not obtained.

Data collection

Method of data collection was individual interviews of semi-structured type. After getting permission from the hospital head, the researcher introduced himself to the NICU head and qualified nurses for the study were identified. One day before the interview, a half-hour session was held to explain the objectives of the study, to get oral and written informed consent, and to determine the time and place of the interview with the agreement of participants. The study started on July 6, 2015 and lasted until December 6, 2015. In this study, 12 interviews were conducted, all of which were in the break room of nurses in NICU of Al-Zahra hospital. All interviews were recorded with MP3. Press interview duration was from 40 to 60 minutes based on the willingness of participants to continue the interview. Before the interview, the participants were asked for consent to record, and they were assured of confidentiality of data and their voice. The researcher did all the interviews. The interview started with a general question: "Please explain your experience about the challenges in taking care of newborns and their families in NICU." Then the next questions were asked based on the answers given to this questions and were oriented towards moral challenges.

Data Analysis

Data analysis was carried out in line with the purpose of this study that is an exploration of the moral challenges faced by nurses in NICUs. All interviews were transcribed verbatim at the end of each day. The researcher read the interviews several times to find out the meaning of words and phrases and to find an overall sense. Two researchers independently analyzed the data. Meaning units were read several times. Then the similar codes were classified into Category and sub-Category categories.

Themes were identified and entitled separately by each individual researcher and minor disagreements discussed and evaluated. Qualitative content analysis with conventional approach in inductive method with Graneheim and Lundman approach was used, since there were only

limited theories and data in this regard, especially in Iranian context and culture. The following steps were used to obtain a deep understanding and describe this phenomenon: Step 1) determining the content of analysis and analysis unit, 2) determining meaning unit or coding unit, 3) condensation and abstraction of codes, 4) Classification of codes into subcategories 5) the formation of Category from sub-Category, 6) the formation of themes from categories, 7) and the final report.

To ensure the validity of the data in this study, stability was achieved when participants gave consistent and similar answers to similar questions that had been raised in a different format. In this study, after extracting information, to validate data, the researcher referred to available participants and assessed their approval of the content extracted, and the final agreement and confirmation was achieved. In this study, about generalizability, the researchers tried to choose the participants from a relatively wide age and cultural backgrounds to achieve this goal.

Morality

This study is the result of findings of a thesis approved by the University of Isfahan and Isfahan University of Medical Sciences Ethics Committee. In order to comply with moral issues, informed consent was obtained from all participants after explaining the purpose of this study and the confidentiality of the participants' names were taken into consideration.

Findings

In the 12 interviews with nurses working in NICUs, the average age of the subjects was equal to 33.5 years. Of the nurses studied, 10 had bachelor's degree in nursing and 2 had a master's degree in nursing. Seven were single and five were married. Moreover, the average work experience of the nurses was 9 years and average work experience of nurses in NICU was 6 years, which is shown in Table 1 (next page).

As shown in Table 2) moral challenges have three themes: "the challenge of proper care with love," "the challenge of understanding and proper dealing with families of newborns," and "the challenge of professional skills and nursing ethics." The challenge of proper care with love is composed of two categories of proper care for the newborn and care with love.

The challenge of understanding and proper dealing with families of newborns is composed of two categories of understanding and sympathy for the families of the newborns and conflict in dealing with newborns' families consists of four sub-categories. Moreover, based on the analysis conducted, the challenge of professional and moral skills of nurses, as the third moral challenge of the nurses, is composed of two categories of nursing skills and nurses' moral features with four sub-categories.

Table 1: Distribution of demographic characteristics of nurses

NICU work experience (years)	Marital status	Work experience in years	Degree of education	Age	Participants	Row
6	single	6	nursing expert	29	1PN1	1
7	single	8	nursing expert	32	PN2	2
5	single	5	master of nursing	32	PN3	3
5	single	8	nursing expert	32	PN4	4
7	single	13	master of nursing	38	PN5	5
4	single	11	nursing expert	34	PN6	6
15	married	15	nursing expert	37	PN7	7
1	single	8	nursing expert	32	PN8	8
20	married	22	nursing expert	45	PN9	9
1	married	6	nursing expert	34	PN10	10
1	married	2	nursing expert	29	PN11	11
2	married	4	nursing expert	28	PN12	12

Table 2: Moral challenges

Themes	category	sub-category
Challenge of proper care with love	Proper care of the newborn	Challenge of proper care of the newborn
		Challenge of failure of care of newborn
		Attention to soothing the newborn
	Care with love	Challenge of understanding pain in newborn
		The challenge of having affectionate behavior with love in working with newborns
		Having a newborn attachment and dependency
The challenge of understanding and proper dealing with family of the newborn	Understanding and empathy for the families of the newborns	Good sense of the nurses in giving good news to the family of the newborn
		The importance of understanding the newborn's mother
	A conflict in dealing with the newborn's family	Having a bad sense of guilt in bad communication with newborn's mother
		The challenge of having proper dealing with family of the newborn
Challenge of professional and moral skills of nurses	Professional nursing skills	Challenge of having experience and expertise in working with newborns
		The importance of accuracy and speed in working with newborns
	Moral features of the nurse	A work morality in newborn care
		Challenge of conscience for nurse during a painful procedure for the newborn

1. The challenges of proper care with love

The first theme from the above study is “The challenge of proper care with love” that is composed of two Categories: “proper care of the newborn” and “taking care with love.” In general, this theme includes issues such as the importance of a commitment to revive the newborn, lack of resources and equipment in failure to care for newborn, attention to medical relief of the newborn, good sense of the nurse in working with newborns, and challenges such as knowing the newborn like one’s own newborn.

1.1. Proper care of the newborn

The category is composed of three sub-Categories: the challenge of proper care of the newborn, the challenge of defects in care of the newborn, and attention to relieving pain of the newborn.

According to nurses, proper nursing care, attention to relieving the newborn’s pain, and defects in taking care of were the main challenges. Nurses were sensitive to infant care, or in other words, infant care was highly sensitive.

One of the participants (nurse # 2) stated:

“Massaging the newborn or lubricating the skin is not ordered by the doctor, but we occasionally do it when we see kid’s skin is dry: for example, we wash the newborn when he is hospitalized for a long time and has dirty odor, or we wash, dry, and place them in their place if they do not have IV. We do things of this kind, even though they might not be in our job description. However, we do them because they are important for the newborn.”

Another participant (nurse # 12) about relieving the pain of the newborn stated:

Usually, when a newborn has pain, I do some things to relieve him, for example, I swaddle them or put some mellitus to their mouth, and for the ones who are under the device and have pain, we ask the doctor to order fentanyl or phenobarbital to relieve them.”

Experiences stated by the participants show that caring for newborns always needs accuracy and high sensitivity and this creates challenges related to care for newborns. On the other hand, it is necessary to pay special attention to relieve newborn pain.

1.2. Care with love

This category is composed of two sub-Categories of the challenge of affectionate behavior with love in working with newborns and having attachment and dependency to newborn. In general, the nurses stated that, it is necessary to feel good and have loved while caring for the newborns, and some believed that, one should consider the newborn as own child.

One of the participants (Nurse # 7) stated:

“Some say that working with newborns is hard but it is not difficult for me, so I would love to work with interest, although sometimes working pressure is so high and we do not even have a second opportunity to sit down. Working

in ICUs is generally difficult, but I love it. If I have a break for some days I miss my job.”

One of the participants (Nurse # 1) stated:

You have to be very gentle with the newborn. You should think of it as your own kid. You should give its milk on time, you should not let its blood sugar drop, do not let pressure drop, skin care especially for premature infants, they should not be exposed to light, we usually make here dark because when the lamps are on they get shocked and jump up and it makes us sad.

Nurses in NICUs considered the infant like their own child and after some time working with them, they became dependent on them that challenges their taking care of newborns.

One of the participants (Nurse # 2) in this regard stated:

For about one month, it was difficult to work with them, but later, it became normal, so that if I am on break for some days I call and ask how the newborns are in the unit (with a smile). I love working with newborns with all its difficulties. This is so that if in rotation, they send me to work somewhere else I resign; I just can work with newborns.

2. The challenge to understand and deal properly with families of newborns:

The second theme of moral challenges of nurses is the challenge of understanding and dealing properly with families of newborns. The theme is composed of two categories of the conflict in dealing with newborns’ families understanding and empathizing with the family of the newborn.

2.1. Having contradiction in dealing with the newborn’s family

Nurses felt bad in dealing badly with the newborn’s family and had even a sense of guilt. They have sometimes challenged due to dealing with unenforceable requests from the family of the newborn, but they knew that they should have proper treatment with their families.

One of the participants (nurse # 5) stated:

It rarely happens that I might even disagree with many of the things that mothers do, but I tell them that as here NICU and infection control is very important and they should not bring anything from outside. We sometimes even ask the mothers to be with the newborn or if they want to give something to the newborn, we oppose even if they insist we do not let them. It rarely happens that they bring something and ask us to give it to the newborn even when they know we do not lie, but again we explain so that they are convinced that it is for their own benefit. However, if they are not convinced at all, we ask them to put it in the closet or near the newborn but not touch the newborn.

One of the participants (nurse # 11) stated:

I feel sad myself, but I tell them not to be upset with me. However, it is not correct you cannot give them anything

even a drop of water. You cannot do it to yourself. If you want the health of your newborn, this is what you should do. Now, she has to decide whether to listen or not. I have seen some mothers that in a hidden way.... For example, you say your newborn cannot drink milk, but when they see another mother is feeding the newborn, they go and do it in a hidden way. Moreover, when you say why? She says because she did, and when you explain, they are convinced.

One of the participants (nurse # 8) stated:
See, for example some people bring Zamzam water. The truth is that we oppose that, because it is a newborn anyway, you cannot give anything you do not know what it is, and we do not accept responsibility. Some bring Koran and prayer and put them over their head. Some of our colleagues say take them away we do not let you put them here. However, I myself say there is no problem. Put it near his sheet so that it is not around because we want to change the sheets and do other things, but placed over the sheet there is no problem.

2.2. Understanding and Empathy for the families of newborns

Nurses believed that the family and the conditions of the infant should be understood, but due to the crowding of the unit and inconsistency of newborns' status and the number of nurses, sometimes they could not establish proper communication with the family. The nurses liked to give the newborn's good news of recovery and have a good treatment with the family, but sometimes the newborn's condition did not improve and it was a challenge to the nurses.

One of the participants (nurse # 4) stated:
Well, since I am myself an emotional person and I have a small kid, I sympathise with the families. Well, when someone is sick and in the hospital yard, there is a lot of stress on it. Now, imagine a mother that after birth is in the hospital instead of house for one or two months, you know what feeling she gets. Instead of going home and being cared for, you have to stay in the hospital. This is no good feeling.

One of the participants (nurse # 8) stated:
It happens that for example, a mother says something that is difficult to accept, but I myself control myself as far as possible. I may get sad but I do not want to make the mother sad. This is my behavior; I try not to make mothers sad even if I am myself because their condition is special.

3. Challenges of professional skills and nursing morals:

This theme is composed of two categories of professional skills of nurses and nursing moral properties with four sub-categories. Participants in this study believed that nurses need knowledge and experience to work with the newborn. Moreover, they believed that each of these skills (knowledge and experience) alone cannot guarantee the success of nurses in neonatal care, and moral principles should be considered.

3.1. Professional nursing skills

This category is composed of two sub-categories: the challenge of having experience and expertise in working with newborns and the importance of accuracy and speed in working with newborns.

Participants believed that working with newborns primarily requires high precision in the care of the newborn and then having a high speed in dealing with this sensitive segment. On the other hand, newborn care requires knowledge, experience, and work experience in working with children. One of the participants (nurse # 6) stated:

Having knowledge and experience are both important. We have colleagues who are masters of neonatal intensive care and some others like Ms.....with experience and good knowledge and it rarely happens that someone is like this, for example, our experienced veterans only have 15 years of work. I can surely say that many of our nurses do not have enough experience. I mean they do something routine for 15 or 20 years and their experience is just the years they have done something. But there was a nurse who was very knowledgeable and she studies a lot. She loves to learn and train new things, and we have the ones with high degrees but not enough experience, so both knowledge and experience are important.

One of the participants (nurse # 1) stated:
"I think a man should be calm and sedate to work with the newborn and for reducing challenges, accuracy should go up. Accuracy should go higher, and you should think the newborn is your own. This newborn you are working with needs love and your accuracy should be fairly good."

One of the participants (nurse # 1) stated:
"Speed of a nurse working in NICU is very important because, for example, a moment of ignorance leads to hypoxia of the newborn and finds thousands complications."

3.2. Moral characteristics of a nurse

This class is composed of two sub-categories: conscience in taking care of newborns feeling guilty while doing a painful procedure for the newborn. Results showed that the participants believed that their conscience in infant care is of paramount importance.

One of the participants (nurse # 3) stated:
Infant nurse should have good conscience, be caring and compassionate as features that all nurses have plus the features nurses working in NICU have.

One of the participants (nurse # 12) stated:
"There are many times that things depend on your own conscience, for example, to change the newborns' position once or ten times in your shift, many places' symptoms show what you have done? But not in many places, sensitivity of newborns are high because a newborn is an oppressed defenseless creature and our conscience is so much involved in working with newborns."

Participants believed that while performing painful procedures for infants and unintentional injuries, they severely feel guilty.

One of the participants (nurse # 2) stated:

Yes, well while venepuncture and blood sampling I try once or eventually twice if not possible, I call a more experienced colleague, because I really take punishment with a newborn suffering.

As participants' statements showed, nurses in the care of newborns in NICU face many challenges and to improve the quality of care of the newborn and reduce the potential distress of nurses in the above units, special attention should be paid to these challenges.

Discussion

The findings of this study showed that nurses in NICU are faced with different moral challenges. These moral challenges are in three categories: the challenge of proper care with love, challenge of understanding and dealing properly with newborns' families, and challenge of professional and moral skills of nurses.

The first theme of the above study was "the challenge of proper care with love," which is composed of two categories: "proper care of the newborn" and "taking care with love."

Nurses see newborn care as very sensitive and emphasize that proper care of the newborn should be done and any nursing care for newborn should be done with love and if proper care was not done with love, they were morally challenged. Impairment in nursing care of the newborn due to nursing labor shortages and lack of resources and equipment impairment is a factor contributing to newborn care defect, which is one of the most frequent challenges in the care of newborns. In one study, it was cited that nurses of infant care unit have high levels of moral distress during treatment and loss of newborn. This distress worsens when nurses feel the care provided for the newborn has not been the best care. Providing palliative care at the end of life may reduce some of this distress. There are a few barriers to palliative care. The first obstacle is lack of NICU staff training in the correct definition and use of comfort care at end of life. The existence of a palliative care program is essential because it leads to kind communication with family and reduction of moral distress for nurses and providing quality care for newborns (12). In a study in the field of life dilemmas and moral distress in care system, it mentioned that many moral dilemmas could be because of shortage of nurses' time. Nurses noted that while they want to devote more time to patients, they do not have enough time to do it. On the other hand, the work of nurses is so much (3).

In this study, when caring for infants, nurses had good feelings and cared for the newborns with love. They preferred working in the neonatal unit to other units, and although most of the participants were single and thus had

no newborns, they were interested in taking care of infants. However, in several studies, it is suggested that moral distress may have negative effects on job satisfaction and lead to job burnout and intention to leave the job by the treatment team (2, 3) and nurses working in intensive care units have moderate to severe levels of moral distress (1). In the present study, despite the moral challenges, nurses did care of the newborn with love. A basic premise is that health-staff preserve work values and when faced with moral dilemmas try to solve them (3).

The second theme of moral challenges of nurses is the challenge of understanding and proper dealing with the family of the infant. This theme includes two categories: conflict in how to deal with the family of the newborn and understanding with newborn family. This challenge means that nurses feel bad about dealing badly with families in coping with the demands of the family of the newborns, which were contrary to the newborn's health and caused challenged the nurses and they believed that the family of the newborn should be dealt with appropriately. The existence of these challenges in nurses studied showed to what extent they try to act Patients' Bill of Rights.

In the study by Cavaliere, one of the moral distresses faced by nurses in NICU was continuing infant treatment at the request of the family even when not in favor of newborn (9). NICU is an environment with a lot of moral challenges and the issues related to resuscitation and treatment of very premature newborns. The philosophy of care of such infants is different in different countries among physicians and medical centers and can cause challenges in the care of newborns (13). In the study by Brosig, parents referred to the importance of care of the employees of them such as taking care of their newborns (14). Relationship with empathy can be pivotal for effective communication between nurse, newborn, and his family (15). The findings of the present study are in line with the findings of these studies.

The third theme of our research was professional and moral skills of nurses. This theme includes has two categories of professional skills and moral skills of the nurses. These challenges show that nurses in this study believed that to work with newborns, nurses need enough knowledge and experience. This is while they believe that each of these skills (knowledge and experience) alone cannot guarantee success of nurse in dealing with and caring for the newborns. Moreover, according to the nurses, fear and stress at the beginning of working with newborns has always been there, but with the passage of time, one can gain the skills and experience of working with newborns and with greater work experience, one can be more compatible with the environment. However, seeing the agony of a newborn when performing invasive procedures and lack of palliative care guide of nurses in terms of whether what they do is correct or not is a challenge. In a study conducted on the moral challenges experienced in providing nursing care at the end of life in nursing homes in Norway, the lack of competence in the care of the patient has been referred to as one of the moral challenges.

Unnecessary medical orders for testing and treating in newborn, such as increasing the dose of a sedative by doctors for fear of death of the newborn, not relieving the suffering of newborns, preparing a child dependent on ventilator for placing gastrostomy tube, extensive measures to save the patient while only prolonging death, prescriptions for unnecessary tests, and treatment for a terminally ill child were of the moral challenges reported in a study (9).

In the study by Elpern et al. conducted on 28 nurses working in intensive care units, the results showed that nurses often experience moral distress. The greatest source of moral distress among nurses was providing aggressive care for patients in whom they did not expect recovery was regarded as futile care. Moral distress was associated with years of experience in nursing. Nurses argued that moral distress could have negative effects on job satisfaction, psychological and physical well-being, body image of self, and spirituality. The nurses who worked in intensive care units had moderate to severe levels of moral distress. Situations with the greatest distress were when life was long, or at the time of aggressive actions (1). As the results of various studies show, moral challenges of nurses are different in the care of patients in different situations. It should be noted that most cases referred to in research were obtained through quantitative research, but the results of the present study have been achieved through qualitative method, so it is recommended that in studying moral challenges, NICUs must be considered.

Conclusion

Results of this study showed that nurses working in NICUs face challenges in the care of newborns. Overall, the challenge of defects in newborn care were due to nursing workforce shortage, lack of facilities and equipment, caring for newborns with love, good feeling of nurse in working with newborns, the importance of empathy with the newborn mother and family, the challenge of coping with the request of the family of the newborn while in violation of infant health, the importance of conscientiousness in caring for newborn, and creating feeling of guilt in the nurse when performing painful procedures for the newborn are the most important moral challenges nurses face in the face of newborns admitted to the intensive care unit.

In general, it can be concluded some of the challenges mentioned like "moral characteristics of nursing" can be associated with individual and professional features of the nurse and others like "the challenge of defects due to labor shortages in nursing care" or "lack of resources and equipment in impairment for infant care," which implicitly affect performance in nurses, are beyond the control of nurses. Challenges such as "challenge of understanding and proper dealing with family of the newborn" are due to the lack of attention to family-centered care.

Thus, we suggest that special attention should be paid to moral challenges faced by nurses in order to prevent moral distress by taking into account the appropriate educational

program, change of attitudes of nurses, providing facilities and equipment needed, and emphasis on family-centered care facilities and equipment.

Limitations of the study

One limitation of this study is conducting the research in a particular area. Another limitation is all participants were female.

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