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College of Social and Behavioral Health

This is to certify that the doctoral dissertation by

Matthew Todd Stevens

has been found to be complete and satisfactory in all respects,
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Walden University
2022

Abstract

Moral Distress Among Master's Counseling Students Attending a CACREP Accredited Counselor Training Program

by

Matthew Todd Stevens

MA, Liberty University, 2014

MDiv, Emory University, 1994

BS, Oklahoma City University, 1991

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Counselor Education and Supervision

Walden University

November 2022

Abstract

Moral distress, an understudied phenomenon among the counseling profession, has been defined as an experience of knowing the right thing to do but being institutionally prevented from doing what is believed to be right. This phenomenon often occurs in hierarchical relationships, such as those between student and teacher or supervisor and supervisee, and may lead to psychological impairment, deviation from ethical standards, and professional burnout, which threatens the ability of professional counselors to initiate and maintain healthy professional relationships. The purpose of this descriptive, phenomenological study was to explore the lived experiences of six master's level students attending counselor training programs accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) and who have experienced moral distress. Data were collected through semistructured interviews, and the results were analyzed using Giorgi's descriptive phenomenological psychological method. The resultant themes are situations in which moral distress was experienced, experiences of addressing moral distress, feelings associated with the experience of moral distress, and impacts of experiences of moral distress. The results provide a framework for future research to understand the nature of moral distress and its possible impacts on professional counseling, contributing to the development of training for future professional counselors and informing counseling programs accredited by CACREP.

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Dedication

Empowered by reaching this academic milestone and renewed in my commitment to serve as an agent of positive social change, I dedicate this study to the great cloud of witnesses that has surrounded and encouraged me throughout this transformative academic journey, chiefly my wife, mother, and brother.

Acknowledgments

The longest journey begins with the first step. My journey of completing my doctorate in Counselor Education and Supervision has been inspired by my mother's example of taking many first steps that have changed her life and empowered the lives of her children, grandchildren, and great grandchildren. My wife has been my constant companion throughout this transformative experience, supporting my growth, believing in what is possible, and loving me unconditionally. Quite simply, I would not have made it past the first few steps of this journey and other initiatives if she were not beside me. From tangible acts of support to simple inquiries about my progress, I have been sustained along this journey by a rich community of friends, colleagues, and family. I want to especially mention my older brother, Michael, whose amazing lists of professional and personal successes, has never once kept him from fully embracing my accomplishments and encouraging me, no matter how different our lives may be.

Completing a doctoral capstone research project is not only a demonstration of one's capacity to plan and conduct a research study, but also a rich opportunity to forge lasting collegial relationships with academic leaders. From the beginning of my doctoral studies, Dr. Corinne Bridges has modeled the optimum blend of professional identity as an educator and scholar, and personal commitment to the growth and well-being of students. I am grateful for the lasting impact you have made on my life through your example. I cannot express enough gratitude for Dr. Geneva Gray and Dr. Rebecca Cowan for serving on my research committee. Both Drs. Gray and Cowan contributed much to my experience as a researcher, empowering me to continue growing in this role. Thank

you. Finally, I wish to acknowledge and thank the leadership team at Walden University's School of Counseling. From the earliest days of Bernie and Rita Turner dreaming of a way to make quality advanced education a realistic pursuit for working professionals to now, Walden has matured as a global leader in graduate education. The leadership team in the School of Counseling continually protects the quality of our programs, ensuring that Walden graduates are well-prepared as agents of social change through their service as professional counselors and educators.

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Chapter 1: Introduction to the Study

The American Counseling Association (ACA; 2014) described counseling as an empowering relationship that encompasses individuals, groups, and communities, suggesting an inherent relationship between therapeutic work and advocacy. The strength of advocacy for both the professional and the overall profession lie with the courage and skill to address situations and circumstances that are interpreted as problematic, unethical, or immoral. Courage and skill are often developed over time through formal training and professional experience (Epstein & Delgado, 2010); however, when not developed, the likelihood of counselors experiencing moral distress may increase and lead to negative personal and professional outcomes, such as psychological impairment, advocational squelching, and detachment from core values and organizational ethics (Barlem & Ramos, 2015; Jameton, 1993; Resnik, 2016).

Moral distress was first described among nurses by Jameton (1984) as occurring when an individual is aware of the right thing to do but finds it nearly impossible to pursue the right course of action because of institutional constraints. Subsequent research has explored moral distress in other medical professions using different variations on the original definition. For example, Wilkinson (1987) described moral distress as a psychological disequilibrium and negative feeling state experienced when a person makes a moral decision but does not follow through by performing the moral behavior related to that decision. Since first introduced by Jameton, researchers have not agreed on a universal definition of moral distress, thus suggesting its essence is not understood, which prevents researchers from measuring its prevalence or generalizing it to other populations

(Morley et al., 2017). While researchers have struggled to establish a universal definition, moral distress is often associated with job dissatisfaction and burnout, anxiety, depression, indifference to moral issues, counterproductive coping strategies, impaired physical and psychological well-being, and fear of questioning moral problems (Barlem & Ramos, 2015; Resnik, 2016).

To date, researchers have largely focused on moral distress among nursing and other medical professions; however, there is a paucity of research among the counseling profession (Nuttgens & Chang, 2013). According to Nuttgens and Chang (2013), moral distress is likely to occur in power-differentiated relationships, such as those between supervisees and supervisors or students and teachers, where supervisees and students are vulnerable to inappropriate practices. According to Ammirati and Kaslow (2017), inadequate or harmful supervision, such as overly rigid supervisory processes, introduces risk of harm to supervisees while also placing clients at risk for harm/injury. Negative supervisory experiences may not only harm students and supervisees in the moment but may also negatively impact their ability to navigate morally challenging situations in the future, undermining their advocational voice as agents of change (Barlem & Ramos, 2015).

In this chapter, I provide information that supports the need for a qualitative study to explore the essence of moral distress among master's level counseling students, addressing the lack of current research on the topic. The problem statement, purpose statement, research question, theoretical framework, and rationale for the type of study conducted are presented. Additionally, I define key terms, highlight assumptions related

to the study, describe the scope of study, and identify limitations based on the methodology and design. Finally, I demonstrate the significance of this study to the counseling profession.

Background

I conducted a literature review related to moral distress searching for peer-reviewed articles appearing in scholarly journals in the PsycARTICLES, PsycINFO, and SocINDEX databases. The following keyword search terms were used: *moral distress, CACREP*, *problems of professional competency*, *problematic behaviors, clinical supervision,* and *counselor ethics*. A search of PsycARTICLES for literature reviews, qualitative, or quantitative studies involving adult participants returned one article that examined moral distress in physicians and nurses. My search of PsycINFO initially returned 215 articles; however, when searching for an associated mental health role, such as social worker, counselor, or psychologist, the number of articles was pared to seven. A search of SocINDEX for articles and case studies returned 29 articles, with six studies examining moral distress among social workers and one examining moral distress among psychologists.

Morley et al. (2017) conducted a narrative synthesis to explore proposed essential conditions for moral distress using Popay et al. (2006) as a guideline. Morley et al. searched Ovid MEDLINE In-process and Other Non-Indexed Citations 1946–Present; PsycINFO 1967–Present; CINAHL Plus 1937–Present; EMBASE 1974-24 February 2016; British Nursing Index 1994–Present; Social Care Online and Social Policy and Practice Database (1890–Present); ERIC (EBSCO) 1966–Present; Education Abstracts

cross referenced with EthWeb (1974–2009); and EUROETHICS beforehand searching the references of included studies. Inclusion criteria for the initial review included empirical exploration of moral distress, conceptual or theoretical exploration of moral distress, and ability to access an English version of the article. Exclusion criteria included opposites of the inclusion criteria in addition to moral distress only being mentioned in the discussion section; editorials, letters, or commentaries discussing moral distress; intervention studies; or unpublished doctoral theses or dissertations. They examined moral distress among the disciplines of nursing, medicine, social work, and education, with 4,171 citations initially appearing and 34 remaining after applying the inclusion criteria (1,762 citations initially appeared for social work, and three remained after 1,759 were excluded during the initial review). From the remaining 34 papers, Morley et al. identified 20 key definitions and analyzed them to identify the necessary conditions of moral distress for each. The authors found very little agreement about the conditions that cause moral distress, supporting doubt about whether moral distress exists. However, the authors suggested moral distress appears to include a causal relationship between the experience of a moral event and the experience of psychological distress.

Lamiani et al. (2017) conducted a literature review of articles about moral distress that had been published since 1984, using the PsycINFO, PubMed, Scopus, RePED/IDEAS, and Cochrane databases to search for articles where moral distress appeared in the article's title. From the search criteria, the authors located 239 published articles, of which 71% focused on nursing. Analyzing the articles using Cochrane Collaboration guidelines to assess a relationship between moral distress and

organizational and psychological constructs, the authors found that moral distress correlates with organizational environment, professional attitude, and psychological characteristics that may negatively affect clinicians' well-being and job retention.

Lamiani et al. (2017) established criteria for studies to be included in the bibliometric analysis, which included at least one other construct besides moral distress, use of quantitative methodology, publication in a peer-reviewed and indexed journal, written in English, and an abstract. Exclusion criteria included non-health care professionals as participants, intervention studies, qualitative methodology or reviews, and scale/instrument validation studies. Of the initial 476 studies that were identified, 239 were included in the bibliometric analysis, and 221 were excluded because they did not meet the requirements, leaving 17 publications for the systematic review. Of these remaining studies, none used counselors as participants, and only one study used mental health nurses as participants.

Mänttäri-van der Kuip (2016) conducted a survey research study to estimate the role of individual background variables, organization-related background variables, and variables related to experiences of insufficient resources when explaining moral distress. Mänttäri-van der Kuip collected survey data using an electronic questionnaire over a 2-year period from a sample of 190 Finnish social workers amongst a population of 320. Of the sampled participants, 11% reported experiences of moral distress, characterized by feelings of inability to do their work and compulsion to work against their professional moral code. Of the studied variables, insufficient resources accounted for 30.2% of the variance of experienced moral distress. The results of the study indicate that limited

resources, including changes in experiences of work overload, budget constraints, and insufficient experiences of collaboration with other service providers, positively correlate with the experience of moral conflicts and dilemmas.

Austin et al. (2007) presented data collected for an earlier hermeneutic phenomenological study of moral distress among participants from the fields of medicine, nursing, psychology, and social work. In this article, the authors focused on the experiences of moral distress by psychiatrists, who reported struggling to do the right thing for their patients in an environment characterized by unrealistic expectations of their work as psychiatrists. Participants reported conflicting outsider/insider roles while trying to fulfill the duties of caring for their patients and protecting society from potential harm. To date, there is little research that explores moral injury among the population of mental health care workers, with Austin et al. being the only study I found that explored moral distress among psychiatrists.

In a different article, Austin et al. (2005) presented data for an earlier hermeneutic phenomenological study of moral distress among participants from the fields of medicine, nursing, psychology, and social work. In this article, the authors focused on the experiences of moral distress among psychologists, describing their experiences of institutional and interinstitutional demands, team conflicts, and interdisciplinary disputes. Methods of dealing with moral distress included silence, taking a stand, acting covertly, focusing on work with clients, commiserating with other colleagues, or leaving their practice. To date, there is little research that explores moral injury among the population

of mental health care workers; Austin et al. is the only study I found that explores moral distress among psychologists.

Nuttgens and Chang (2013) conducted a literature review of publications featuring moral distress and a component of health care, including counseling and mental health care, clinical education and training, and clinical supervision. The authors cited two hermeneutic phenomenological studies (i.e., Austin et al., 2007; Austin et al., 2005) that address moral distress and mental health care and call for future research to examine moral distress within the counseling supervision relationship.

Problem Statement

Moral distress was first introduced within the nursing community by Jameton (1984) as a situation of being aware of the right thing to do but being institutionally constrained from acting accordingly. Since first introduced by Jameton, researchers have not established a consistent definition of moral distress, which has limited efforts to study its prevalence among different populations, including mental health professionals (Morley et al., 2017). Moral distress is associated with maladaptive coping strategies, compassion fatigue, burnout, job dissatisfaction, moral indifference, compromised integrity, and psychological impairment (Lamiani et al., 2017; Papazoglou & Chopko, 2017; Resnik, 2016). According to Nuttgens and Chang (2013), moral distress may occur more frequently in power-differentiated relationships, such as those between students and faculty or supervisees and supervisors. According to Lynch and Forde (2016), graduating students may struggle to maintain their identity as agents of social change as they fear

"rocking the boat" and jeopardizing future job opportunities during the transition from the ideals of master's level training programs to the realities of field placement.

Austin et al. (2005) and Austin et al. (2007) used the same research sample from a larger hermeneutic phenomenological study to report on moral distress among psychologists and psychiatrists in their respective studies. Additionally, Mänttäri-van der Kuip (2016) explored the relationship between moral distress and other variables among 190 Finnish social workers. However, to date, there is a paucity of research exploring moral distress among professional counselors, reflecting a lack of understanding that may threaten the overall profession of counseling, counselors, and those served by counselors (Nuttgens & Chang, 2013).

A study exploring the essence and construct of moral distress among master's level counseling students was needed to better understand and define moral distress within power-differentiated relationships, such as faculty-student or supervisor-supervisee. According to Nuttgens and Chang (2013), the supervisory relationship may be impacted by the quality of supervision, supervisee nondisclosure, counterproductive events, and organizational pressures, which may contribute to moral distress. Since moral distress presently lacks a consistent definition (Morley et al., 2017), it is impossible to estimate its prevalence or risk to students, supervisees, clients, and future clients. The results of the current study add clarity to the definition of moral distress that supports appropriate training to mitigate risks to students, supervisees, clients, and future clients and provides a foundation for future studies to estimate its prevalence among the counseling profession.

Purpose of the Study

The purpose of this descriptive phenomenological study was to improve the understanding of the essence of moral distress among master's level counseling students attending training programs accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP). Given the risk of possible harm to counseling students and counselors from moral distress (Lamiani et al., 2017; Papazoglou & Chopko, 2017; Resnik, 2016) and the likelihood of moral distress to occur in power-differentiated relationships (Nuttgens & Chang, 2013), moral distress exists as a potentially devastating experience to counseling students, supervisees, counselors, and the counseling profession. In this study, I used personal interviews to develop an understanding of how master's level counseling students attending or enrolled in CACREP-accredited training programs experience moral distress.

Research Question

What are the lived experiences of master's level counseling students experiencing moral distress while attending CACREP-accredited training programs?

Theoretical Framework

Researchers using descriptive phenomenology are guided by a logical approach to describing the inherent qualities of a phenomenon with sufficient rigor to legitimate the descriptions for the scientific community (Giorgi, 2009). Descriptive phenomenology is one branch of phenomenological research, sharing a common philosophical history that originates with Edmund Husserl, a 20th-century philosopher (Giorgi, 2009). The transition from philosophical analysis to scientific analysis is seen through the ways data

are collected and analyzed, the assumption of the psychological phenomenological reduction, and the outcome of describing the concrete structures being analyzed (Giorgi, 2009).

Descriptive phenomenological scientific research relies upon participants to provide descriptions of the phenomenon of interest, compared to a philosopher recording and analyzing their own experience (Giorgi, 2009). Prior to beginning the study, the researcher assumes an attitude of phenomenological reduction, wherein the researcher purposefully shifts their attitude to experience how the phenomenon presents itself, absent past knowledge (Giorgi, 2009). The intentionality of this shift reflects Husserl's understanding of how consciousness makes objects become present to the observer (Moustakas, 1994). It is through intentionality that observers become aware of phenomena, whether real or imagined (Giorgi, 2009). The act of presenting, noesis, is distinct from the object, noema (Giorgi, 2009). Bracketing, or epoché, and bridling are processes of setting aside prejudices and beliefs at the beginning of the study and emerging judgments and interpretations throughout the study to protect the phenomenon's presentation of its essence or eidetic structure in the moment of observation (Vagle, 2009). Husserl posited that the present experience of the phenomenon, horizon, cannot be bracketed, which impacts the degree to which the phenomenon can be fully experienced (Giorgi, 2009).

Another essential quality of phenomenological reduction is the researcher's understanding that the phenomenon is presenting itself to the researcher and may exist in an entirely different way than it is presenting itself to the researcher's consciousness at

that moment (Giorgi, 2008, 2009). To determine the most essential qualities of the phenomenon, the researcher uses imaginative variation to determine if the structure of the phenomenon can withstand the removal of a particular quality (Giorgi, 2009). Adherence to these practices legitimizes descriptive phenomenology as a valid method of scientific research (Giorgi, 2009).

Nature of Study

In this qualitative study, I employed a descriptive phenomenological approach, which, as a philosophy, seeks to understand the essence or nature of a phenomenon as it presents itself to the consciousness a person has of the phenomenon (see Giorgi, 2012). Descriptive phenomenology is one of many branches of phenomenology that have emerged from the work of Husserl, who argued that, because consciousness is how humans become aware of phenomena, one person's experience of a phenomenon may be quite different from another person's experience and that independent of the observer's subjective consciousness, there are universal essences or eidetic structures of the phenomenon (Giorgi et al., 2012). Through phenomenological reduction, which is central to descriptive phenomenology, the phenomenon's universal essences emerge for the researcher to record. Since initially defined by Jameton (1984), moral distress lacks a consistent definition today (Morley et al., 2017), making descriptive phenomenology an ideal framework for exploring its essence and supporting future scientific research about its prevalence.

Definition of Key Concepts

CACREP: The council "accredits master's and doctoral degree programs in counseling and its specialties that are offered by colleges and universities in the United States and throughout the world" (CACREP, 2020).

Hierarchical or power-differentiated relationships: While power is present in all relationships, hierarchical or power-differentiated relationships are characterized by an imbalance of power between the relationship participants (Tadros, 2021). Examples of hierarchical or power-differentiated relationships include student-teacher and supervisee-supervisor.

Master's level counseling student: A student at a CACREP-accredited program preparing for a career as an entry-level counselor in the areas of mental health, human resources, education, private practice, military, business, government, or private industry (CACREP, 2016).

Moral distress: Originally defined by Jameton (1984) as occurring when an individual knows the right thing to do but finds it nearly impossible to pursue the right course of action because of institutional constraints. Since Jameton first introduced this term to the nursing community, researchers have not reached consensus on a universal description for moral distress, reflecting a lack of understanding about its essence (Morley et al., 2017).

Assumptions

Descriptive phenomenological research begins with the researcher assuming an attitude of phenomenological reduction (Moustakas, 1994). A scientific term with

philosophical origins, phenomenological reduction supports the researcher in setting aside past experiences and knowledge of the phenomenon so that the phenomenon can present itself (Giorgi, 2007). According to Giorgi, an essential part of psychological reduction is bracketing or epoché, which is an intentional process of the researcher setting aside their knowledge of the phenomenon that exists outside of the current experience. The process of bracketing is grounded in Husserl's understanding that the present experience of the phenomenon is the phenomenon presenting itself to the observer's consciousness, which may differ from how the phenomenon truly exists (Giorgi, 2007, 2009). While it is natural to evaluate a current experience in relation to previous experiences, bracketing elevates the consciousness of the observer beyond the natural attitude so the phenomenon's presentation can be more fully experienced and accurately recorded (Giorgi, 2009). In practicing psychological reduction at the outset of this study, I sought to set aside previously held assumptions (see Chapter 3) to obtain a more accurate and full understanding of the eidetic nature of moral distress.

Scope and Delimitations

Power differentiation in relationships is a factor of moral distress (Nuttgens & Chang, 2013). Power-differentiated relationships are prevalent in counselor education programs through signature processes like supervision (Bernard & Goodyear, 2014) and the student-faculty relationship. CACREP (2020) serves as the accrediting body of counselor education programs, ensuring that counselor training program meets the standards set by the counseling profession. To gather thick and rich narratives to support

an enhanced understanding of moral distress, participants of this study were limited to master's level students attending CACREP-accredited counselor training programs.

The purpose of this study was to capture the essence of moral distress as experienced by master's level students attending CACREP-accredited counselor training programs. Consequently, the scope of my study excluded doctoral counseling students and students attending non-CACREP accredited counselor training programs. Master's level students are pursuing the entry-level degree required of counselors, and doctoral students are expected to already meet the standards of an entry-level counselor (Farmer et al., 2017). Whereas the focus on master's level training programs is to develop entry-level counselors, doctoral programs focus on developing leaders for the profession (Farmer et al., 2017). Counselor identity has been a concern of the profession since 1947, and the counseling profession has looked to CACREP to strengthen the professional identity of counselors through accrediting counselor training programs based on established professional standards (Burns & Cruikshanks, 2018). Counselor training programs that are not accredited by CACREP may not align with the professional standards established by the profession and may not contribute to the professional identity of counseling.

Limitations

The value of qualitative research is realized through the richness of data that are collected and examined in a stable way that is distinct from other scientific inquiry (Giorgi, 2009). According to Giorgi (2009), the limitations, challenges, and barriers of qualitative research are no greater than quantitative research because the application and

usefulness of both rely on their respective suitability for the questions asked by the researcher. However, according to Collingridge and Gantt (2019), knowledge of the standards of qualitative research have not kept pace with the popularity of qualitative research. The lack of clarity about qualitative research standards contributes to the frustration of professionals in evaluating the rigor or trustworthiness of a given study (Collingridge & Gantt, 2019).

Where descriptive phenomenology, as a philosophy, is joined with the science of psychology, the synthesis is unsettled and in a perpetual cycle of development (Giorgi, 2009). This dynamic intersection is influenced by the central role of the researcher as an analytical lens in qualitative research compared to the empirical methods of analysis used in quantitative research. My alignment to the philosophical underpinnings of descriptive phenomenology support the trustworthiness of this study and the value it has for the larger scientific community (see Englander, 2016). Adherence to an established method of scientific inquiry also supports the transferability of this study to a broader context. Through demonstrating appropriate descriptive phenomenological research techniques, such as bracketing and bridling to support phenomenological reduction, I positively influenced the trustworthiness of this study and increased its value to the larger scientific community.

Significance

Moral distress among professional counselors remains an understudied phenomenon (Nuttgens & Chang, 2013), and a consistent definition of moral distress continues to evade the scientific community (Morley et al., 2017). The core of

professional counseling is the facilitation of empowering relationships with individuals, families, groups, and communities (ACA, 2014); however, the principles of professional counseling may be compromised by experiences of moral distress, which are associated with emotional impairment, counterproductive coping strategies, and moral indifference (Resnik, 2016). Exploring the phenomenon of moral distress to better understand its essence protects the counseling profession for those it serves.

Completing this research study has better prepared me to serve as an agent of social change within Walden University's global network of alumni, who are championing positive social change within their spheres of influence around the world. My research training in qualitative methods aligns with my desire to promote greater understanding of phenomena of interest through collecting and analyzing rich data that describe *how* and *why* in relation to statistical analysis (see Ravitch & Carl, 2016). Through better understanding of how and why counselors experience moral distress, counseling professionals may be better prepared to offer training that mitigates the risks of moral distress, which challenges the essence of professional counseling and the capacity for counselors to respond to human need in appropriate ways.

Summary

The definition of moral distress has become broader since first introduced to the nursing profession by Jameton (1984). Researchers continue struggling to establish a consistent definition for moral distress among the medical profession (Morley et al., 2017). While a standard definition does not exist, moral distress is often associated with negative outcomes, such as psychological impairment, deviation from ethical standards,

burnout, and terminating employment (Hamric, 2012; Resnik, 2016). According to Nuttgens and Chang (2013), hierarchical relationships, such student-faculty or supervisee-supervisor, are a significant factor for experiencing moral distress. The supervisory relationship is a signature relationship in the process of training counselors (Bernard & Goodyear, 2014), introducing risk of harm from the negative outcomes of moral distress to counseling students, prelicensed counselors, and their clients. In Chapter 2, I will present a comprehensive review of the literature associated with moral distress and describe the value of this study to the counseling profession.

Chapter 2: Literature Review

Moral distress was first described among the nursing community by Jameton (1984) as a situation of knowing the right thing to do but being institutionally constrained from acting accordingly. Since first introduced by Jameton, researchers have not established a consistent definition of moral distress, limiting efforts to study its prevalence among different populations, including mental health professionals (Morley et al., 2017). While researchers have struggled to agree on a consistent definition of moral distress, it is often associated with maladaptive coping strategies, compassion fatigue, burnout, job dissatisfaction, moral indifference, compromised integrity, and psychological impairment (Lamiani et al., 2017; Papazoglou & Chopko, 2017; Resnik, 2016). According to Nuttgens and Chang (2013), moral distress may occur more frequently in power-differentiated or hierarchical relationships, such as those between faculty and students or supervisors and supervisees. According to Lynch and Forde (2016), graduating students may struggle to maintain their identity as agents of social change out of fear of "rocking the boat" and jeopardizing future job opportunities during the transition from the ideals of master's level training programs to the realities of field placement.

Austin et al. (2005) and Austin et al. (2007) used the same research sample from a larger hermeneutic phenomenological study to report on moral distress among psychologists and psychiatrists in their respective studies. Additionally, Mänttäri-van der Kuip (2016) explored the relationship between moral distress and other variables among 190 Finnish social workers. However, to date, there is a dearth of research exploring

moral distress among professional counselors, reflecting a lack of understanding that may threaten the profession of counseling, counselors, and those served by counselors (Nuttgens & Chang, 2013).

A study exploring the essence and construct of moral distress among master's level counseling students was needed to better understand and define moral distress within power-differentiated relationships, such as faculty-student or supervisor-supervisee. According to Nuttgens and Chang (2013), the supervisory relationship may be impacted by the quality of supervision, supervisee nondisclosure, counterproductive events, and organizational pressures, which may contribute to moral distress. Since moral distress presently lacks a consistent definition (Morley et al., 2017), it is impossible to estimate its prevalence or risk to students, supervisees, clients, and future clients. The results of the current study clarified the definition of moral distress, supporting appropriate training to mitigate risks to students, supervisees, clients, and future clients as well as providing a foundation for future studies to estimate its prevalence among the counseling profession.

The purpose of this descriptive phenomenological study was to improve the understanding of the essence of moral distress among master's level counseling students attending training programs accredited by the CACREP. Given the risk of possible harm to counseling students and supervisees from moral distress (Lamiani et al., 2017; Papazoglou & Chopko, 2017; Resnik, 2016) and the likelihood of moral distress to occur in power-differentiated relationships (Nuttgens & Chang, 2013), moral distress exists as a threat to counseling students, supervisees, and the counseling profession.

In this chapter, I describe my literature search strategy, demonstrating a thorough review of the current literature on this topic. The theoretical foundation of descriptive phenomenology is also explained. Finally, I provide a comprehensive review of the literature related to moral distress, demonstrating the need for additional research related to moral distress in the counseling profession.

Literature Search Strategy

To provide a background for this study, I conducted a thorough review of the literature related to the topic under study. To locate literature for the review, I accessed the following online databases: PsycARTICLES, PsycINFO, Education Source, SocINDEX, and ERIC. Google Scholar was also used to identify articles from peer-reviewed journals that did not appear in the databases. The following keyword search terms were used: *moral distress*, *CACREP*, *problems of professional competency*, *problematic behaviors, clinical supervision,* and *counselor ethics*. I limited my results to only include peer-reviewed articles published in scholarly journals during the past 5 years; however, in some cases, it was helpful to expand the search to similar articles appearing as early as the 1980s because of a paucity of available research.

A search of PsycARTICLES for literature reviews, longitudinal, field study, qualitative, or quantitative studies involving adult participants returned one full-text article published in a peer-reviewed journal that examined moral distress in physicians and nurses. A search of PsycINFO for the same type of studies involving adult participants returned 182 full-text articles about moral distress published in peer-reviewed journals. Of the 182 articles, five examined moral distress among social

workers working in a health care setting, 39 examined moral distress as it relates to ethics among nurses and other health care workers, and 85 examined moral distress as it relates to morality. Each of the 85 articles examining moral distress and morality were written about nurses or medical professionals, except for Nuttgens and Chang (2013), who wrote about the counseling profession. A search of SocINDEX for articles and case studies about moral distress returned 29 articles, with six studies examining moral distress among social workers and one examining moral distress among psychologists.

Theoretical Foundation

The theoretical foundation of this study was descriptive phenomenology. Researchers using descriptive phenomenology are guided by a logical approach to describing the inherent qualities of a phenomenon with sufficient rigor to legitimate the descriptions for the scientific community (Giorgi, 2009). Descriptive phenomenology is one branch of phenomenological research, sharing a common philosophical history that originates with Husserl, a 20th century philosopher (Giorgi, 2009). The transition from philosophical analysis to scientific analysis is seen through the ways data are collected and analyzed, the assumption of the psychological phenomenological reduction, and the outcome of describing the concrete structures being analyzed (Giorgi, 2009).

Descriptive phenomenology, as a science, emerged out of a state of discontentment with the current philosophical state of science that did not account for the connections between the experiencing person and the objects of interest made possible through human consciousness (Moustakas, 1994). According to Moustakas (1994), Husserl aspired to develop a rigorous science that was based on philosophy that embraces

subjectivity and systematic methodology to support the derivation of knowledge. I review key phenomenological terms in the following subsections to reveal a theoretical orientation that has both a philosophical origin and a scientific application.

Consciousness

Husserl's conceptualization of consciousness is at the center of descriptive phenomenology. For Husserl, the fundamental property of consciousness is intentionality, of which directedness, the directedness of the mind towards an entity, whether real or imaginary, is an intrinsic quality (Moustakas, 1994). Consciousness, directed at the phenomenon, is distinct from the phenomenon itself, and is characterized by the observer's cognitions and feelings about the presenting phenomenon (Giorgi, 2009). The observer's cognitions and feelings about the observed phenomenon cloud or distort the true essence of the phenomenon, requiring the observer to intentionally set them aside if a legitimate description is to be obtained. This setting aside begins as a process of phenomenological reduction, which includes epoché/bracketing (Giorgi, 2007).

Phenomenological Reduction

Phenomenology is a study of how the structure of a phenomenon presents itself to the consciousness of the observer, which supports the scientific exploration of the phenomenon's totality (Moustakas, 1994). As a philosopher, Husserl recognized different degrees of phenomenological reduction, which as an intentionally employed process, transitions the observer from the natural attitude to one that is appropriate to explicate the observed phenomenon (Giorgi et al., 2012). Phenomenological reduction supports a rigorous scientific inquiry into the true essence of a phenomenon (Giorgi et al., 2012).

Bracketing/Epoché

Bracketing, or epoché, is an intentional process of the observer setting aside their knowledge of the phenomenon that exists outside of the current experience (Giorgi, 2007). The process of bracketing is grounded in Husserl's understanding that the present experience of the phenomenon is the phenomenon presenting itself to the observer's consciousness, which may differ from how the phenomenon truly exists (Giorgi, 2007, 2009). While it is natural to evaluate a current experience in relation to previous experiences, bracketing elevates the consciousness of the observer beyond the natural attitude so the phenomenon's presentation can be more fully experienced and accurately recorded (Giorgi, 2009). Setting aside is not forgetting or denying prior knowledge or experience of the phenomenon; rather, it is about suspending these experiences and knowledge to determine and describe the present experience more accurately (Giorgi, 2009). While the researcher strives to bracket previous experiences, it is not possible to bracket the current experience of the phenomenon, which is experienced in the present. The present experience, or horizon, cannot be bracketed, preventing the phenomenon from being fully seen or experienced (Moustakas, 1994).

Noema/Noesis

The intentionality of the observer's consciousness is comprised of both an appearance of the phenomenon, *noema*, and an essential nature of the phenomenon, *noesis* (Moustakas, 1994). When the phenomenon is first encountered, its essence is clouded by the observer's internal processes and observational perspective; however, as the observer continues to observe, the essence of the phenomenon emerges as different

perspectives are taken and internal processes are intentionally suspended (Moustakas, 1994). The noesis, or true essence of the phenomenon, emerges as multiple perspectives are synthesized, correcting and refining the initial appearances as new experiences, or horizons, are incorporated (Moustakas, 1994).

Imaginative Variation

Imaginative variation is an active process of approaching the phenomenon from different perspectives to construct an essential structural description of the phenomenon (Moustakas, 1994). In this process, the observer systematically varies the possible structural meanings supporting textual meanings, assumptions, contexts, themes, and other factors to discover what is essential about the phenomenon (Giorgi, 2012). According to Giorgi (2012), imaginative variation is a critical stage, marking the transition from observer to researcher, as the researcher actively experiments in a systematic way to discover the essential structure of the phenomenon.

Rationale

Since first introduced by Jameton (1984), researchers have not agreed upon a universal definition of moral distress. This has limited research exploring moral distress beyond the nursing and medical population and has limited the ability to explore its prevalence (Morley et al., 2017). Use of a phenomenological design and framework allows the researcher to provide rich descriptions of a phenomenon that illuminates understanding and supports future exploration across larger and more diverse populations (Giorgi, 2009). Researchers have used phenomenology to explore moral distress among other populations, including psychiatrists (Austin et al., 2007), psychologists (Austin et

al., 2005), health care assistants (Matthews & Williamson, 2016), emergency nurses (Robinson & Stinson, 2016), and nurses (Hanna, 2005).

Moral distress was initially described by Jameton (1984) as an event where individuals were unable to pursue a course of action they deemed to be morally correct because of institutional barriers or resistance. In subsequent definitions, Wilkinson (1987) described moral distress as psychological disequilibrium and negative feeling state arising from a person making a moral decision but not following through with moral behavior supporting that decision. More recently, Campbell et al. (2016) proposed that moral distress was self-directed negative feelings or attitudes that arise from a person's perceived involvement in a situation that is thought to be morally undesirable. While there is abundant research about moral distress among medical professionals, especially nurses, there is a paucity of research that explores moral distress among counseling professionals. The current phenomenological study provides insight into the eidetic structure of moral distress, supporting future research to explore its prevalence among professional counselors and interventions to protect those served by professional counselors.

Literature Review

In this section, I provide a thorough review of existing literature to support the need for an exploration of moral distress among master's level counseling students attending CACREP-accredited training programs. I first explain the nature of master's level counseling students attending CACREP-accredited training programs as described in the literature. This is followed by an explanation of moral distress, including its origin

in the literature, possible sources of moral distress, and the negative outcomes of moral distress. Finally, I describe a clear gap in the literature related to the experience of moral distress among master's level counseling students attending CACREP-accredited training programs and the how the findings from such a study may positively impact counseling students and the counseling profession.

CACREP-Accredited Training Programs

The CACREP (2020) evaluates master's and doctoral level counselor training programs to ensure they meet the standards established by the counseling profession. The CACREP (2016) standards call for master's level students to demonstrate an ability for completing academic coursework, have career goals that align with academic studies, and demonstrate an ability for forming interpersonal relationships. These standards align with the ACA's (2014) Code of Ethics, which addresses professional relationships, practices, and responsibilities. Gatekeeping protocols protect students and future clients from students demonstrating significant deficiencies in professional functioning (Homrich et al., 2014). Even with gatekeeping protocols in place, counselor educators estimate that 9% to 10% of master's level counseling students demonstrate problems of professional competence (Brown-Rice & Furr, 2016; Rust et al., 2013).

There are many reasons people may choose to become a professional counselor, including a genuine desire to help others. The transition from wanting to help others to pursuing formal training is significant. Counselor trainees are at risk for emotional distress as they reconcile initial idealistic expectations about their professional roles as counselors, incorporate feedback about their performance as counselor-trainees, and

balance their personal growth while working with challenging cases (Thompson et al., 2011). Before beginning the journey of becoming a counselor, counselor trainees must pass through gatekeeping processes that are intended to evaluate applicants for deficiencies that may lead to harm for future clients and students (Swank & Smith-Adcock, 2014).

In a survey of 370 counselor educators from CACREP-accredited master's level training programs, Brown-Rice and Furr (2016) discovered the most frequently identified problematic behaviors among students include inadequate clinical skills, inadequate interpersonal skills, inadequate academic skills, the inability to regulate emotions, and unprofessional behavior. While these counselor educators were aware of the CACREP-required gatekeeping processes to address problematic behavior, Brown-Rice and Furr reported that counselor educators struggled in balancing their desires to be emotionally supportive of students with problems of professional conduct and acting on their gatekeeping duties.

While gate slippage may occur when counselor educators fail to act on their gatekeeping duties, Even and Robinson (2013) found that licensed professionals who graduate from CACREP accredited programs are sanctioned significantly less frequently for ethical violations than graduates of non-CACREP accredited programs. The stringent nature of the CACREP accreditation standards, which require a significant number of field-education hours, lower student-to-faculty ratios, and rigorous self-study quality improvement efforts may contribute to the development of professional identity and cognitive complexity associated with case conceptualization and complex ethical analysis

(Even & Robinson, 2013). Another reason may be that the CACREP requirement for having established gatekeeping processes to address problematic behavior among students creates an environment that makes gatekeeping the expectation rather than the exception (Brown-Rice & Furr, 2016).

Moral Distress

Moral distress was first described by Jameton (1984) as a situation where an individual knows the right thing to do but finds it nearly impossible to pursue the right course of action because of institutional constraints. Since first introduced, the definition has been challenged by subsequent researchers, suggesting the original definition was too narrowly conceived; however, the term has since been expanded to the point of serving as an undistinguishable umbrella term for a wide range of phenomena (Morley et al., 2017). According to Morley et al. (2017), subsequent definitions of moral distress have either accepted Jameton's initial description, challenged the necessity or sufficiency of the conditions surrounding moral distress, suggested adding other conditions, or added specific causes to the conditions. The work of establishing a consistent definition of moral distress has largely taken place among the medical profession, primarily among nurses, and the lack of clarity or consensus about moral distress has inhibited research about this phenomenon in other professions, such as the counseling profession. In the following paragraphs, I provide a history of definitions for moral distress, beginning with Jameton's original definition, which continues to significantly influence research about moral distress today.

Soon after Jameton (1984) described moral distress among nurses as a situation of knowing the right thing to do but finding it nearly impossible to pursue the right course of action because of institutional constraints, Wilkinson (1987) described moral distress as the psychological disequilibrium and negative feelings that occur when a person makes a moral decision but does not follow through with the prescribed action. Building on the causal relationship at the core of moral distress defined by Jameton, Wilkinson introduced psychological disequilibrium to the definition of moral distress, assuming the presence of both a causal and affective dimension. Jameton (1993) clarified their initial description of moral distress to include two forms of moral distress: initial, the negative feelings people experience when faced with institutional obstacles; and, reactive, the distress people feel when they do not act on their initial distress. With initial distress, individuals may feel frustration, anger, and anxiety with institutional obstacles and interpersonal conflicts related to their values (Jameton, 1993). The unresolved moral distress or residue from reactive stress may contribute to future experiences of moral distress in a compounding manner, contributing to increased effect and impairment (Jameton, 1993; Pauly et al., 2012). Jameton (1993) also introduced the possibility of one's peers contributing to the experience of moral distress when peers add to the difficulty of acting on one's moral convictions.

While initial definitions of moral distress focused on the effects of not acting on moral convictions, other researchers (Fourie, 2017; Kälvemark et al., 2004) claimed they were too restrictive and called for definitions to include moral dilemmas, which are situations with competing equally strong obligations that cannot both be met. In making

the case for an expanded definition, Fourie (2017) argued that earlier definitions, including Jameton (1984, 1993), were not consistent in their use of moral conflict and moral dilemma, making later developed measurement tools, such as the Moral Distress Scale (Corley et al., 2001) and the Moral Distress Scale-Revised (Hamric et al., 2012), invalid. Fourie (2015) recommended the following definition of moral distress: "a psychological response to morally challenging situations such as those of moral constraint or moral conflict, or both" (p. 97). Corley (2002) described moral distress in the context of experiencing psychological disequilibrium, negative feelings or suffering after having made a moral decision and feeling as if they could not follow through with their chosen action. Kälvemark et al. (2004) suggested that people may also experience moral distress from subsequent clashes with peers or organizational structures after acting in a way that is congruent to their moral convictions. Campbell et al. (2016) argued for a still broader definition to include moral uncertainty, mild distress, delayed distress, moral dilemma, bad moral luck, and distress by association.

From Jameton (1984) to Campbell et al. (2016), the definition of moral distress continues to evolve, suggesting a lack of understanding of its eidetic structure and essence. Most of the research about moral distress, including definitions, have come from researchers and ethicists within the medical profession, with sparse amounts of research coming from mental health professionals, including counselors (Nuttgens & Chang, 2013). The lack of clarity about moral distress across the medical profession is likely to increase as moral distress is explored across additional professions.

Theoretical Models

According to Thomas and McCullough (2015), the theoretical ambiguity surrounding, and cloudy philosophical concept of moral distress perpetuates confusion among researchers about what constitutes, and does not constitute, moral distress. Corley (2002) and Barlem and Ramos (2015) are among the most comprehensively developed theoretical models. Beginning with the presupposition that the nursing profession is an ethically grounded enterprise, Corley identified individual psychological processes that precede moral behavior, which include commitment, sensitivity, autonomy, sense making, judgement, conflict, competency, and certainty. From the dynamic interaction of these processes, individuals may respond to a moral conflict with a moral intent to act, prompting moral courage to act, and afterwards, a sense of moral comfort, having reacted in a manner that reflected the person's moral convictions (Corley, 2002). Alternatively, a person may experience moral distress in response to a moral conflict, which may include reactive moral distress from earlier conflicts, leading to negative impacts on patients and organizations, as well as the individual (Corley, 2002). Outcomes of these negative impacts include increased patient discomfort/suffering, decreased quality of care, low patient satisfaction, increased nurse turnover, personal resignation, burnout, and termination of career (Corley, 2002).

The model proposed by Barlem and Ramos (2015) emphasizes a personal sensitivity to moral situations that initially result in feelings of strangeness, inquietude, or moral discomfort. From identifying a moral problem, a person may engage in moral deliberation through gathering significant information, offering alternatives, reviewing

criteria, making a decision, taking a position and acting, and assessing the decision taken; or experience moral obstruction (Barlem & Ramos, 2015). Obstruction triggers a chain of moral distress, which is a triad of cyclical, continuous, or intermittent situations characterized by feelings of reduced resistance and degradation of interests and self (Barlem & Ramos, 2015). From the chain of moral distress, a person may experience awareness and initiate a secondary process of moral deliberation; remain unaware, and possibly abandon professional ideals and become ensnared in feelings of powerlessness; or, in spite of obstruction, the person may perceive a moral dimension of the situation and experience moral distress that can revert to moral deliberation (Barlem & Ramos, 2015). According to Barlem and Ramos, moral distress may contribute to positive change as it offers people the opportunity to visualize the moral dimension of everyday problems and learn to apply their ethical-moral competencies to address the moral distress they are experiencing.

While Corley (2002) and Barlem and Ramos (2015) have developed extensive theoretical models to explain moral distress, their application is significantly limited to the nursing profession. Barlem and Ramos ground their model in the micro-spaces of relationships where power significantly influences the experience of moral distress, which is generalizable to other professional relationships, such as counselor supervisor-supervisee; however, the examples provided for application of this model come from nursing. Whereas moral distress is an understudied phenomenon among counselors (Nuttgens & Chang, 2013), no theoretical models of moral distress were located for the counseling profession.

Effects of Moral Distress

Researchers continue to struggle to establish a consistent definition of moral distress; however, moral distress is often associated with negative effects. These effects include anxiety, depression, indifference to moral issues, deviation from ethical standards, counterproductive coping strategies, impaired physical and psychological well-being, and a fear of questioning moral problems (Barlem & Ramos, 2015; Resnik, 2016). Jameton (1993) differentiated initial moral distress from reactive moral distress, suggesting that reactive moral distress lingers as a residue and continues to build over time, leading to increased intensity of effect. Effects from reactive distress may include crying, depression, nightmares, feelings of worthlessness, and other physiological issues, such as heart palpitations, diarrhea, and headaches (McCarthy & Gastmans, 2015). Among nurses, Corley (2002) reported that moral distress contributed to reduced job satisfaction, burnout, high staff turnover, and leaving the profession. Fantus et al. (2017) reported that moral distress may influence a person's work climate, professional development, and inter-disciplinary communication. According to Barlem and Ramos (2015), moral distress may squelch the advocational voice of professionals, which is a signature quality of counseling professionals (ACA, 2014; CACREP, 2016).

While there are many negative effects that are associated with moral distress, other research suggests that moral distress may correlate with positive outcomes. According to Barlem and Ramos (2015), moral distress may be a positive experience in that it causes a person to reflect on the moral dimensions of a conflictual situation and apply their ethical-moral competencies to address the moral distress they are

experiencing. Moral distress may also promote self-reflective practices that enhance empathy, compassion, and moral sensitivity, and encourage individuals to develop healthier coping strategies (Fantus et al., 2017).

Deviation from professional codes of ethics and standards introduces risk of harm to counselors and clients. The experience of moral distress may lead to positive or negative outcomes; but research about moral distress among counselors is not sufficient for understanding the phenomenon or how people may experience the phenomenon (Nuttgens & Chang, 2013). Understanding the essence of moral distress supports the development of appropriate training within academic programs and continuing education programs to better protect counselors and those they serve.

Problematic Behavior Among Master's Level Counseling Students

Areas of problematic concern among counseling students and pre-licensed counselors include ethical behaviors, symptoms of mental health diagnosis, intrinsic characteristics, counseling skills, feedback, self-reflective abilities, personal difficulties, and procedural compliance (Brown, 2013), which correlate with the effects of moral distress. In a study of 315 counseling and psychology graduate students, Harris and Robinson Kurpius (2014) found that more than one third used the internet to locate client information online with curiosity being the most endorsed reason. Of the sample, more than 80% did not obtain client consent before initiating an online search (Harris & Robinson Kurpius, 2014), which is an unethical practice according to ACA (2014). In a study of 35 academic leaders of CACREP-accredited training programs to explore the frequency of nonacademic behavioral indicators used in remediation and termination of

counseling students, Li et al. (2008) found the top behaviors to be deficient interpersonal skills and difficulty receiving supervision. Other behaviors included inappropriate boundaries, lying, and misrepresenting skill level.

Counselors face many complex circumstances that often defy the imaginations of master's level counseling students. Because moral distress is an individually experienced phenomenon, activating intrinsic moral processes in response to a moral conflict, personal formation is as essential to graduate education as academic performance. Counselors must not only demonstrate sensitivity to moral and ethical issues but must be motivated to take necessary action (Honderich & Lloyd-Hazlett, 2016). According to Barlem and Ramos (2015), the compounding effects of moral distress residue over time will continue to grow more intensely. Understanding the phenomenon of moral distress among master's level counseling students is essential to protecting other students and future clients.

Power-Differentiated Relationships

Power-differentiated relationships and hierarchies within an organization may contribute to the experience of moral distress (Fantus et al., 2017; Nuttgens & Chang, 2013). The lack of power within a relationship or organization serves as a personal or organizational barrier to acting on a moral conviction. Examples of these relationships include student-faculty and supervisee-supervisor relationships that characterize the process of training and developing future counselors. According to Borders et al. (2014), clinical supervision is a signature process of counselor education and preparation, serving as a point of connection for future counselors and counselor educators. However, the

supervisory relationship is characterized by its evaluative nature, where the supervisee's future is within the hands of the supervisor (Ellis et al., 2014). Supervisees may experience harmful supervisory practices that result in psychological, emotional, and/or physical harm or trauma; or, ineffective supervision, characterized by the supervisor's disinterest or apathy towards the supervisee's development, failure to provide timely feedback, inattention to the concerns of the supervisee, or the supervisor does not listen to feedback or minimizes the opinions of the supervisee (Ellis et al., 2014). According to Ellis et al. (2014), harmful supervisory experiences may result in debilitating fears, loss of self-confidence, functional impairment, and general physical or mental decline. Supervisees, particularly those in the earlier stages of supervision, are vulnerable to moral distress for different reasons, from anxiety associated with lack of confidence in early stages to resistance, in later stages, to supervisory guidance (Nuttgens & Chang, 2013; Stoltenberg & McNeill, 2011).

According to Hess et al. (2008), nondisclosure by supervisees is a frequently cited concern by supervisors. Supervisees may inadvertently withhold information from the supervisor, thinking the information is irrelevant or unimportant, or they may intentionally withhold information to distort or conceal information that may be embarrassing or indicative of other problems (Hess et al., 2008). Additional reasons supervisees may withhold information include concerns about the supervisory relationship, negative reactions towards the supervisor, clinical mistakes, wanting to appear competent, sexual feelings towards a client, and the evaluative nature of the supervisory relationship (Hess et al., 2008). Nondisclosure by supervisees negatively

impacts the supervisory relationship and is linked to risk for current and future clients (Hess et al., 2008).

Student-faculty relationships also feature power-differentiation between participants. In a study of 355 counselor educators, Brown-Rice and Furr (2015) found that that 75% of respondents observed colleagues with problems of professional competency, including inability to regulate emotions, unfair behavior, unethical behavior, and having inadequate academic knowledge. Of the 355 counselor educators surveyed, 59% believed a colleague's problem of professional competency resulted in students receiving inadequate academic instruction, and 6% believed this contributed to negative emotional consequences for students (Brown-Rice & Furr, 2015).

Power differentiation may also extend to relationships between counselor and client. According to Roehrig (2016), more than $201 billion was spent for mental disorders in the United States in 2013, of which more than 40% was spent on institutionalized populations. Prior to the 2010 Affordable Care Act, 16% of Americans were uninsured; however, this percentage dropped to 9.1 in 2015 (Obama, 2016). While the Affordable Care Act increased access to healthcare for many, most noncitizens were still excluded, and many low-income residents did not benefit in the 19 states that refused the Medicaid expansion (Joseph, 2017). According to Joseph (2017), the exclusion of low-income citizens in noncompliant states reinforces the stratification of access to healthcare in the United States. Where the ACA Code of Ethics (ACA; 2014) speaks to the counselor's role as an advocate and encourages the provision of pro-bono services, counselors are likely to experience power differentiation in counseling relationships that

extend to clients of lower socio-economic status and clients who have recently immigrated to the United States. Other examples of power differentiation in counseling relationships include work with minority populations in relation to gender, sex, race, sexual orientation, religious affiliation, or age.

Power differentiation in relationships has been linked to the experience of moral distress (Fantus et al., 2017; Nuttgens & Chang, 2013). Across the medical community, the majority of research about moral distress has focused on nurses, whose experiences of poor nurse-physician collaboration, lack of support from colleagues, and poor professional practice environments have been found to predict moral distress (Lamiani et al., 2017). Power-differentiated relationships are common for master's level counseling students, yet the experience of moral distress among this population remains an understudied phenomenon (Nuttgens & Chang, 2013).

Working Conditions and Limited Resources

Challenging working conditions, including staffing shortages, funding, increased workloads, and organizational polices may contribute to the experience of moral distress (Fantus et al., 2017). In a survey of 817 Finnish social workers working in public social welfare services, Mänttäri-van der Kuip (2016) reported nearly 11% of respondents had experienced lingering or reactive moral distress, which they associated with resource insufficiencies. Approximately 36% of respondents expressed conflict between the way they were compelled to work and their personal values, which reflected in experiences of impaired work-related wellbeing a few times per week or daily (Mänttäri-van der Kuip, 2016). Within this surveyed population, Mänttäri-van der Kuip found that increasing

budget constraints, increasing work overload, and the effect on one's work of insufficient resources of collaborating service providers to be statistically significant predictors of reactive moral distress. Those reporting experiences of moral distress reported less enthusiasm, inspiration, and job-related pride than those not reporting an experience of moral distress (Mänttäri-van der Kuip, 2016).

Counselors in training may experience a variety of stressors that are related to scarcity of resources. While pursuing graduate degrees, counseling students often struggle with balancing the sometimes-overwhelming demands of academic, clinical, and research tasks associated with the academic program, and maintaining their roles as students, researchers, counselors, and family members (Lee et al., 2018). According to Lee et al. (2018), common stressors include course work, time management struggles, financial issues, work-family balance, and interpersonal relationships. The scarcity of resources experienced by counselors in training, combined with the experience of power-differentiated relationships with faculty and supervisors may increase the likelihood of experiencing moral distress during their counselor training program.

Working conditions and limited resources are associated with burnout and moral distress (Fantus et al., 2017; Lee et al., 2018; Mänttäri-van der Kuip, 2016). Given the highly introspective nature of most social workers and counselors, personal attribution is common when struggling to maintain personal standards of performance in resource-constrained environments, which may lead to burnout or abandoning academic pursuits and vocational service (Lee et al., 2018; Mänttäri-van der Kuip, 2016). Additional

research is needed to explore the relationship between the experience of moral distress and resource constraints among counselors in training.

Clinical Situations

Nurses and other medical practitioners have experienced moral distress in relation to the clinical aspects of their jobs, particularly when administering end-of-life treatment and serving on a team where members demonstrate inadequate medical knowledge to support the care that is being provided (Choe et al., 2015; Fantus et al., 2017). From a larger phenomenological study to explore situations that medical providers, nurses, psychologists, and social workers may find morally distressing, Austin et al. (2005) presented the experiences of psychologists. Situations that were reported to be morally distressing to the psychologists included institutional and interinstitutional demands, team conflicts, and interdisciplinary disputes (Austin et al., 2005). Responses to moral distress included remaining silent, taking a stance, acting with stealth, immersing themselves in work with clients, seeking support from colleagues, or exiting the profession. From the same larger phenomenological study, Austin et al. (2007) reported on the experiences of moral distress with psychiatrists. Psychiatrists reported moral distress as they struggled with balancing the right thing to do for patients with societal demands placed on the profession of psychiatry (Austin et al., 2007). According to Austin et al. (2007), psychiatrists bear the responsibility of caring for vulnerable members of society with significantly diminished capacity for autonomy due to mental illness; however, psychiatrists are accountable to society for protecting the public, placing them in competing roles at times. The psychiatrists attempted to dialogue with other disciplines;

however, they reported feeling the tension between insider and outsider in relation to the populations they were trying to serve (Austin et al., 2007).

Critical Analysis of Supporting Studies

Mänttäri-van der Kuip (2016) used survey research to explore the role of perceived resource insufficiencies in explaining reactive moral distress among 817 social workers in Finland. Over 90% of the respondents were female and the average age was slightly more than 44 years. Most of the respondents were formally qualified social workers and participants had an average of slightly less than 15 years of work experience in social services. The researchers used hierarchic logic regression to estimate the role of individual-related background variables, organization-related background variables, variables related to experiences of insufficient resources to explain moral distress. A binary variable was constructed by combining variables related to impaired mental wellbeing at work, the experience of not being able to work in a personally desirable way and being forced to work in a way that conflicts with professional values to identify reactive moral distress among participants. The researchers found nearly 77% of respondents felt they were often unable to do their work in the manner they would like and 36% felt they were forced to work in a way that conflicted with their personal values. Hierarchical logistic regression analysis revealed that individual background variables explained only 1.6% of the variance of moral distress, and organizational background variables explained only 7.7% of the variance of moral distress, while experiences of insufficient resources explained 30.2% of the variance of moral distress.

Mänttäri-van der Kuip (2016) described a correlational relationship between moral distress and experiences of insufficient resources using a binary variable developed by the researcher to indicate moral distress among social workers, which may not be valid for other populations. According to Mänttäri-van der Kuip, moral distress has been measured among nurses using a tool developed by Corley et al. (2001); however, this tool was not valid for populations other than nursing. The lack of an appropriate method to measure moral distress among populations outside of nursing, including professional counselors, may indicate a lack of understanding of moral distress, which I hope to address through this study.

Fronek et al. (2017) conducted a qualitative study of moral distress among social workers in Korea and Australia using focus groups. The study sought to identify the common and different ethical problems faced by social workers in South Korea and Australia, and to better understand the various influences on ethical social work practice and decision making in the two countries. The study included 23 volunteers, 11 in South Korea and 12 in Australia, of which five were male. Korean social workers reported experiences of corruption in their healthcare system that facilitated widespread unethical behavior. While relying on their code of ethics, Korean social workers described a lack of power to exercise real choice, leading to cumulative experiences of moral distress. Both Korean and Australian social workers described experiences of moral distress related to healthcare inaccessibility based on ability to pay or citizenship, haunting social workers from both countries. Collaborating with peers was the dominant coping mechanism for

dealing with ethical conflicts and experiences of moral distress among social workers in both countries.

While Fronek et al. (2017) used qualitative research to explore moral distress among social workers, the study's methodology does not address the essence or nature of moral distress. Additionally, while counselors may share many characteristics with social workers, there are also notable differences that may limit the generalizability of the study's findings to counselors. Finally, participants in a group setting may feel inhibited from responding or may derive benefit from the group's support. My study will use personal interviews that are likely to yield thick and rich descriptions of moral distress, supporting the study's aim of better understanding the essence of moral distress.

Austin et al. (2005) and Austin et al. (2007) respectively described the experiences of moral distress among psychologists and psychiatrists based on data from a larger hermeneutic phenomenology study using interpretive inquiry that also included nurses and social workers. The larger study used researchers from each discipline to ask participants about care experiences that aroused feelings of moral distress, their experiences of raising and resolving ethical concerns about patient care, and environmental supports and obstacles that influence reflective and ethical practice (Austin et al., 2005). Unfortunately, neither Austin et al. (2005) nor Austin et al. (2007) explicitly referenced the larger study from which they drew their participant experiences. Where Austin et al. (2005) described the experiences of moral distress among psychologists originating from institutional, interinstitutional, team conflicts, and interdisciplinary disputes, Austin et al. (2007) described the experiences of moral distress

among psychiatrists originating from pressures of balancing their professional roles to patients and society and managing unrealistic demands on professional expertise.

Austin et al. (2005) and Austin et al. (2007) respectively described the experiences of moral distress among psychologists and psychiatrists, identifying factors that counselors may describe as similar. However, the phenomenon of moral distress may present itself in a different way for professional counselors, and, to date, there is no qualitative study that explores moral distress among professional counselors. This study addresses this critical gap in the body of scientific knowledge.

Summary

While there has been much written about moral distress since first introduced by Jameton (1984), much ambiguity surrounds a definition for moral distress. Jameton is often referenced in research within the last 5 years; however, many authors also reference the lack of consensus about defining moral distress. The lack of consensus suggests that researchers still do not fully understand the essence of moral distress, making it difficult to understand its prevalence (Morley et al., 2017). As originally described by Nuttgens and Chang (2013) and shown through my review of current research, there is a dearth of research exploring moral distress among professional counselors. While a small percentage of literature suggests moral distress may result in positive development (Barlem & Ramos, 2015), most research points to the potentially negative effects (Fantus et al., 2017). These negative outcomes include burnout, anxiety, depression, indifference to moral issues, counterproductive coping strategies, and impaired physical and psychological well-being (Resnik, 2016). Moral distress frequently occurs in power-

differentiated relationships, such as student-faculty or supervisee-supervisor (Nuttgens & Chang, 2013), resource-challenged conditions (Mänttäri-van der Kuip, 2016), and complex clinical situations (Austin et al., 2007; Austin et al., 2005). These factors are common to master's level counseling students attending CACREP-accredited training programs.

The purpose of this descriptive phenomenological study was to improve the understanding of the essence of moral distress among master's level counseling students attending training programs accredited by CACREP. This study addresses the paucity of research about the experience of moral distress among master's level counseling students, increasing awareness, and supporting appropriate training to reduce the risk of negative outcomes associated with moral distress. Increased awareness and training to address the negative outcomes associated with moral distress may protect students and the clients served by students, pre licensed counselors, and counselors. In the next chapter, I will describe my plan to explore the essence of moral distress among master's level counseling students attending training programs accredited by CACREP using a phenomenological approach.

Chapter 3: Research Method

The purpose of this descriptive phenomenological study was to improve the understanding of the essence of moral distress among master's level counseling students attending training programs accredited by the CACREP. Given the risk of possible harm to counseling students and counselors from moral distress (Lamiani et al., 2017; Papazoglou & Chopko, 2017; Resnik, 2016) and the likelihood of moral distress to occur in power-differentiated relationships (Nuttgens & Chang, 2013), moral distress exists as a potentially devastating experience to counseling students, supervisees, counselors, and the counseling profession. In this study, I conducted personal interviews with participants to develop an understanding of how master's level counseling students at CACREP-accredited training programs experience moral distress.

In this chapter, I present the research design of the study, along with my rationale for using this design. I also describe my role as the researcher, which is especially important in qualitative studies since the researcher is at the center of data analysis (see Giorgi, 2009). Additionally, this chapter includes a discussion of the research methodology for this study, including participant selection, instrumentation, procedures for recruiting participants, procedures for participation, procedures for data collection, and the data analysis plan. Finally, I address issues of trustworthiness and ethical procedures.

Research Design and Rationale

Research Question

What are the lived experiences of master's level counseling students experiencing moral distress while attending CACREP-accredited training programs?

Central Phenomena of the Study

Jameton (1984) introduced the term moral distress to the nursing profession. According to Jameton, moral distress is a circumstance where an individual knows the right thing to do but finds it nearly impossible to pursue the right course of action because of institutional constraints. Since being introduced by Jameton, the definition of moral distress has been challenged and changed by subsequent researchers, suggesting a lack of consensus about its eidetic nature or essence. Moral distress has been extensively studied in the nursing profession and across other domains of medicine; however, there has been a dearth of research about moral distress in the counseling profession (Nuttgens & Chang, 2013). According to Nuttgens and Chang (2013), relationships characterized by a power differential, such as student-teacher or supervisee-supervisor, are a critical factor for moral distress. While researchers have not reached consensus on a definition for moral distress, it is often associated with psychological impairment, anxiety, depression, deviation from ethical standards, counterproductive coping strategies, job dissatisfaction, and burnout (Resnik, 2016).

The CACREP (2020) evaluates master's and doctoral level counselor training programs to ensure they meet the standards established by the counseling profession. The CACREP (2016) standards call for master's level students to demonstrate an ability for

completing academic coursework, have career goals that align with academic studies, and demonstrate an ability for forming interpersonal relationships. These standards align with the ACA's (2014) Code of Ethics, which addresses professional relationships, practices, and responsibilities.

Research Tradition

Descriptive phenomenology is one branch of phenomenological research, sharing a common philosophical history that originates with Husserl, a 20th-century philosopher (Giorgi, 2009). According to Moustakas (1994), Husserl strived to develop a philosophically based scientific research methodology to explore phenomena. The transition from philosophical analysis to scientific analysis is seen through the ways data are collected and analyzed, the assumption of the psychological phenomenological reduction, and the outcome of describing the concrete structures being analyzed (Giorgi, 2009). Giorgi (2009) represented more than 24 years of sustained efforts by the author, reflected by numerous published articles, to appropriately apply philosophical phenomenology to the study of human psychology, particularly human consciousness.

Descriptive phenomenological scientific research relies upon participants to provide descriptions of the phenomenon of interest compared to a philosopher recording and analyzing their own experience (Giorgi, 2009). Prior to beginning the study, the researcher assumes an attitude of phenomenological reduction, wherein the researcher purposefully shifts their attitude to experience how the phenomenon presents itself, absent past knowledge (Giorgi, 2009). The intentionality of this shift reflects Husserl's understanding of how consciousness makes objects become present to the observer

(Moustakas, 1994). It is through intentionality that observers become aware of phenomena, whether real or imagined (Giorgi, 2009). The act of presenting, noesis, is distinct from the object, noema (Giorgi, 2009). Bracketing, or epoché, and bridling are processes of setting aside prejudices and beliefs at the beginning of the study and emerging judgments and interpretations throughout the study to protect the phenomenon's presentation of its essence or eidetic structure in the moment of observation (Vagle, 2009). Husserl posited that the present experience of the phenomenon, horizon, cannot be bracketed, which impacts the degree to which the phenomenon can be fully experienced (Giorgi, 2009).

Another essential quality of phenomenological reduction is the researcher's understanding that the phenomenon is presenting itself to the researcher and may exist in an entirely different way than it is presenting itself to the researcher's consciousness at that moment (Giorgi, 2008, 2009). To determine the most essential qualities of the phenomenon, the researcher uses imaginative variation to determine if the structure of the phenomenon can withstand the removal of a particular quality (Giorgi, 2009). Adherence to these practices legitimizes descriptive phenomenology as a valid method of scientific research (Giorgi, 2009).

Rationale for Chosen Research Tradition

Since being introduced to the nursing community by Jameton (1984), researchers have not established a consistent or universal definition of moral distress. According to Morley et al. (2017), subsequent researchers have suggested that the original definition provided by Jameton is too narrowly defined and have advocated for expanding the

definition to the point of moral distress being more of an umbrella term. The lack of a consistent definition suggested a lack of clarity about the eidetic structure or essence of this phenomenon.

I chose a phenomenological methodology for this study to better understand the essence of moral distress through the rich descriptions and lived experiences of master's level counseling students attending CACREP-accredited training programs. While a quantitative methodology provides information about prevalence rates across a given population (Creswell, 2014), the lack of a universal definition for moral distress suggests a lack of understanding about its eidetic or essential structure. Without such clarity, conducting a quantitative study on this topic was not appropriate. Among alternative qualitative traditions, ethnography focuses more on the activities and patterns of a cultural group to produce a cultural description (Moustakas, 1994), which was not the focus of this study. Grounded research theory, another qualitative approach, seeks to construct an integrated theory based on the unraveling of personal experience (Moustakas, 1994); however, the scope of this study was to understand the eidetic structure of moral distress through lived experiences rather than establish an integrated theory. According to Aagaard (2016), the outcome of hermeneutical phenomenology is a more contextually derived interpretation of the phenomenon compared to a structural essentialization of the phenomenon that comes through descriptive phenomenology. Given the purpose of the current study was to describe the essence of moral distress through the lived experiences of master's level counseling students attending CACREP-

accredited training programs, I determined descriptive phenomenology was the most appropriate research tradition to employ.

Role of the Researcher

From developing a research question to constructing a data analysis plan, satisfying ethical requirements to protect human participants, conducting a safe study, and publishing results, as the researcher I had an administrative or management role to ensure a quality study was conducted. A primary goal of scientific research is to make a positive contribution to the body of scientific knowledge (National Academy of Sciences, 2009), and I bore significant responsibility for accomplishing this goal through the study they design and conduct. According to National Academy of Sciences (2009), a critical quality of study design is alignment, whereby the research question, data analysis plan, and publication of results are aligned to each other.

A significant difference between quantitative and qualitative research is the role of the researcher. For quantitative research, data are analyzed using statistical methods, given that a qualified sample of the population has been obtained; however, in qualitative research, data are analyzed through the researcher (Patton, 2015). The role of the researcher is especially important to consider in studies using descriptive phenomenology, given the theoretical premise of the researcher suspending judgment to focus on the analysis of experience and the premise of consciousness, whereby the phenomenon presents itself to the researcher's consciousness (Giorgi, 2009).

Prior to beginning a study using descriptive phenomenology, researchers adopt an attitude of phenomenological reduction (Giorgi, 2009). This attitude is characterized by a

suspension of judgment so that the phenomenon may present itself in a fresh and open way (Moustakas, 1994). Throughout the study, I maintained this attitude of suspended judgment about the phenomenon through a process of bridling (see Vagle, 2009). The attitude of phenomenological reduction aligns with Husserl's beliefs about consciousness, which is distinct from the phenomenon itself, and is characterized by the observer's cognitions and feelings about the presenting phenomenon (Giorgi, 2009).

Within the data collection phase of the study, I actively collected data from participants through interviews designed to record rich and thick narratives of their lived experiences related to the phenomenon. From a descriptive phenomenological perspective, I carefully asked questions that would encourage participants to describe the phenomenon of moral distress in its most basic state (see Giorgi, 2009). To accomplish this, I conducted semistructured interviews that appropriately probed participant answers to obtain thicker and richer descriptions (see Dicicco-Bloom & Crabtree, 2006).

Positionality

Positionality describes where the researcher stands in relation to what is being researched (Merriam et al., 2001). Merriam et al. (2001) described positionality as a dynamic multifactorial relationship in which individual factors may outweigh the cultural identity with which the researcher identifies. Through statements of positionality, qualitative studies are strengthened as the researcher discloses and addresses personal biases and relationships with the phenomenon being studied (Merriam et al., 2001).

I was first exposed to the term *moral injury* through my service as a Navy chaplain. Working with an interdisciplinary treatment team to address traumatic and

operational stress issues among military personal and veterans with combat experience, I came to experience firsthand the existential and morally challenging aspects of combat. For some, the most problematic aspects of their trauma had to do with the moral challenges they experienced. A particular service member was kept from intervening to stop the rape of a young woman that was occurring across an open field within earshot because of previously established rules of engagement and concerns about compromised mission capability. The Department of the Navy, fearing that moral distress may be pejorative, refers to inner conflict when describing a situation where "stress arises due to moral damage from carrying out or bearing witness to acts or failures to act that violate deeply held belief systems" (Nash et al., 2013, p. 647). According to Nash et al. (2013), regardless of the name given to the phenomenon, stressor events have the potential to violate deeply held moral beliefs.

While serving as a Navy chaplain, I was vulnerable to experiences of moral distress, as defined by Jameton (1984), because Navy chaplains are institutionally restricted from acting on or disclosing the nature of conversations between them and those they serve unless released by the person served (see Secretary of the Navy, 2018). At an extreme, if someone revealed they intended to harm themselves, another, or others, I would not able to act on this information unless released by the person disclosing the information to me. The Navy's confidentiality restriction for chaplains conflicted with my alignment to the ACA's (2014) Code of Ethics, which contains guidance for counselors to report threats of harm to self, another, and others. The Navy specifies that regardless of what credentials chaplains might hold outside of the Navy, they are Navy

chaplains when in uniform providing services to military service members, their family members, and eligible civilian personnel. In my work as a licensed professional counselor outside of the Navy, I clearly delineated the limitations of confidentiality when I worked with military personnel and their family members.

I did not experience moral distress as a master's counseling student or a doctoral student; however, I did experience moral distress as a supervisee pursuing licensure. My clinical supervisor demonstrated moderately appropriate counseling skills; however, her approach to supervision and business practices were not ethical. Our episodic supervision experience paled in comparison to the vibrant supervision I experienced through my doctoral program. I was one of at least two supervisees not paid for their services. I was also aware of inappropriate diagnosing practices that were frequent in my earliest days. Specifically, most clients were diagnosed with adjustment disorder so as not to not publicize more significant diagnostic features to the insurance companies. In this supervisory experience, I challenged the diagnostic practices as being unethical when I discovered them and affected positive change. I made best use of the supervision experience when it was available and sought outside clinical supervision to address the gaps I perceived. To this day, I am still owed compensation for services I provided.

As a licensed professional counselor, I have experienced moral distress when pressured to treat clients requiring mental health services but not meeting diagnostic criteria for a reimbursable diagnosis. For example, I treated a client who initially met the diagnostic criteria for adjustment disorder but wanted to continue receiving services after resolving the initial complaint. The client resisted termination and continued to present

new therapeutic issues that were somewhat related to the initial diagnosis of adjustment disorder but were not directly connected. The client did not meet the threshold for any other diagnostic condition but termination was not achievable.

Addressing Researcher Bias

The purpose of this study was to collect and provide thick descriptions of experiences of moral distress among master's level counseling students attending CACREP-accredited training programs. A critical process of descriptive phenomenology is bracketing or epoché, wherein the researcher suspends or puts aside judgments or biases about the phenomenon as part of assuming an attitude of phenomenological reduction (Giorgi, 2009; Moustakas, 1994). Assuming an attitude of phenomenological reduction and actively bracketing judgments supports Husserl's understanding of conscious being an intentional process that helps the observer/researcher to fully experience the phenomenon as it presents itself (Giorgi, 2009; Moustakas, 1994). Bracketing is not pretending these judgments do not exist or attempting to forget them; rather, bracketing is intentionally putting them aside to experience the phenomenon presenting itself more fully. Bracketing is something undertaken by the researcher at the beginning of the study and maintained throughout the study, including data collection, analysis, and reporting (Chan et al., 2013; Moustakas, 1994).

Prior to beginning this study, I assessed my capacity for suspending my judgments about moral distress. Another area of personal exploration was my humbleness in relation to learning about another person's experience of moral distress. My inability to appropriately address these issues would have made my use of descriptive

phenomenology inappropriate for this study. The literature review is another area where bracketing was practiced. According to Chan et al. (2013), the literature review is intended to provide the researcher with enough information to justify the research proposal while preserving the researcher's curiosity about the phenomenon.

In descriptive phenomenology, the researcher collects data from participants who share their experiences of the phenomenon. Through semistructured interviews, I followed the lead of the participant, asking appropriate follow-up questions to obtain a thicker description (see Chan et al., 2013; Dicicco-Bloom & Crabtree, 2006). Semistructured interviews, compared to structured interviews, keep the focus on the participant's experience, allowing for new aspects of the phenomenon to emerge (Chan et al., 2013). Prior to interviewing participants for this study, I asked a colleague to interview me using the prepared questions, giving me the opportunity to express my own answers to the questions. I also journaled to process my reactions to the experience.

During the data analysis phase of my study, I adhered to Giorgi (2009), whose methodology is widely used among researchers using descriptive phenomenology. Adherence to a defined method of analysis will mitigate some risk for researcher bias. Additionally, I used a peer reviewer during the data analysis. Finally, I continued to journal my own reactions to the experience of analyzing the data.

Ethical Considerations

The ACA provides specific ethical guidance for research activities (ACA, 2014). Areas of guidance include maintaining professional boundaries with participants, protecting participants from harm, respecting the rights of participants, properly securing

research data, reporting, and publishing results (ACA, 2014). Because moral distress is associated with hierarchical relationships (Nuttgens & Chang, 2013), participants may feel vulnerable in disclosing information related to their academic relationships with faculty or supervisory relationships with supervisors. Information about participant confidentiality was a critical part of my informed consent document given to participants. Additionally, I only collected the minimum amount of demographic information from participants to ensure they qualified to participate in the study. To further protect the privacy of my participants, I assigned a unique identifier to their responses instead of their name or other label that could identify them. I also redacted personally identifiable information from interview transcripts.

To protect my participants from potential harm, my informed consent document contained assurances that participants could pause, delay, or stop participating in the research study at any point they desired. Information about support services were provided to each participant in the event they believed their participation this study caused them distress or harm. Given privacy concerns about how data are stored, I also included information describing my data storage procedures to participants.

Methodology

Participant Selection

The participants for this study were master's level counseling students attending CACREP-accredited programs, who have experienced a situation of knowing the right thing to do but were institutionally constrained from acting accordingly. Master's level counseling students are vulnerable to moral distress through power-differentiated

relationships, which include student-faculty and supervisee-supervisor (Nuttgens & Chang, 2013). The CACREP evaluates master's and doctoral level counselor training programs to ensure they meet the standards established by the counseling profession (CACREP, 2020).

Sampling Strategy

For this study, I used homogenous sampling to study the phenomenon of moral distress among master's level counseling students attending CACREP-accredited training programs. Homogenous sampling is a purposeful sampling technique used frequently for qualitative research studies (Palinkas et al., 2015). According to Palinkas et al. (2015), purposeful sampling facilitates the selection of participants who are especially knowledgeable or have experience with a phenomenon of interest. Homogenous sampling is appropriate because master's level counseling students attending a CACREP-accredited training program are a subset of other master's level counseling students.

Criteria for Participation

Inclusion criteria for this study were adults over 18 years of age, who were enrolled in a master's level counseling program accredited by the CACREP, and who had experienced a situation of knowing the right thing to do but were institutionally constrained from acting accordingly. Exclusion criteria for this study were adults over 18 years of age, who fulfilled the inclusion criteria, but who did not wish to take part in the study; and those who fulfilled the inclusion criteria, but did not speak English, which is the only language I am able to speak. Additionally, any persons who were, had been, or may have been clients were excluded from participating in this study (ACA, 2014).

Expected Sample Size

According to Creswell and Poth (2018), as many as 10 individuals but as few as 6 should be used for a phenomenological study. Choe et al. (2015) conducted a descriptive phenomenological study of moral distress among critical care nurses in Korea, using purposive sampling to select 14 participants. Robinson and Stinson (2016) conducted a descriptive phenomenological study to describe moral distress among emergency nurses across three different emergency departments using nine participants recruited through convenience sampling. I anticipated the sample size to range from six to 10 participants, supporting saturation where no new data is presented.

Participant Recruitment

I used purposeful sampling to recruit participants likely to have experiences of moral distress (Palinkas et al., 2015). I advertised my study through social media channels, email distribution lists, and word-of-mouth referrals to recruit participants. I also incorporated snowball sampling, as needed to recruit enough participants to obtain an appropriate sample size.

Sample Size and Saturation

The appropriateness of a sample size for a qualitative research study is often based on saturation, which is a measurement originally developed for grounded research studies (Marshall et al., 2013). Saturation generally refers to a point in data collection where the researcher has collected sufficient data to assure the reader that the qualities of a phenomenon have been fully described, and that additional data would not reveal

anything significant to the reader's current level of understanding (Mason, 2010). Unfortunately, while saturation is frequently referenced as a benchmark, it is used inconsistently (Patton, 2015). Determining a saturation point may be done by assessing whether sufficient data has been collected to provide a many-layered, intricate, detailed, nuanced, and rich description of the phenomenon (Fusch & Ness, 2015), which is the method I used for this study. When proposing a study, a researcher may reference sampling size in terms of a range, citing examples from studies of similar scope and design (Marshall et al., 2013).

Instrumentation

Since first coined by Jameton (1984), moral distress has remained difficult to define for the scientific community, leaving some convinced that it simply does not exists (Morley et al., 2017). After completing a systematic literature review and narrative synthesis of 34 articles, Morley et al. (2017) suggested that moral distress should include an experience of a moral event, an experience of psychological distress, and a direct causal relationship between the two. Fourie (2015) characterized moral distress as a specific psychological response to morally challenging situations. According to Mänttäri-van der Kuip (2016), moral distress may contribute to experiences of emotional burden, burnout, taking more sick leave, and having fewer positive work-related experiences.

Because of the conflicting ideas and unique findings related to moral distress, my interview guide was designed to elicit data from participants that would clarify the essence or construct of moral distress, as it is experienced among master's level counseling students attending CACREP-accredited programs. This was done through

asking open-ended questions to explore the phenomenon from a variety of perspectives, including experience, feeling, and knowledge (Patton, 2015). For the purposes of collecting data through interviewing, I bracketed what I knew of moral distress, so my knowledge would not influence the way I asked questions to my research participants or analyzed their answers (Giorgi, 2009; Moustakas, 1994).

I constructed and sequenced the questions in the interview guide (see Appendix A) in a manner to facilitate rapport with the research participant, and to encourage the participant offer more substantial answers to the interview questions (Patton, 2015). While conducting the interview, I used a semistructured approach, wherein I used the interview guide for structure and organization but remained flexible regarding the sequence and wording of each open-ended question, based on data provided by the participant and any signs of distress, annoyance, or discomfort (Brayda & Boyce, 2014). My priority was to gain enough data to describe how the phenomenon of moral distress presented itself to my research participants (Giorgi, 2009). To ensure I gained enough data to describe how the phenomenon presents itself to my research participants, I requested permission to contact my participants with follow-up questions, as necessary.

Data Collection Procedures

For this study, I collected data through personal interviews that were designed to last 90 minutes. Prior to the interview beginning, participants received informed consent information that described their participation in the study, including how they may exit the study and available resources for follow-on support. These pre interview activities were designed to protect the participants and to build trust and rapport with them so I

would better understand their context and accurately record their experience (Creswell & Poth, 2018). To protect the privacy of research participants, I used a coded naming structure to assign a pseudonym in place of their actual names. I recorded the interviews using a personal data assistant with the participant's consent, which was verified in the recordings. Participants were asked about their experience of the interview following the interview. I reminded participants about available resources for follow-up support, if needed.

Bracketing is a core process of phenomenological reduction (Moustakas, 1994), and bracketing continues to be an essential process throughout the study through the active process of bridling (Vagle, 2009). Researchers use bracketing and bridling to let the phenomenon present itself to the researcher while minimizing the influence of researcher bias. In addition to bracketing/bridling, I processed my experiences of moral distress using a journal to increase my awareness of biases and preconceptions before and throughout data collection and analysis.

Data Management Plan

Throughout this study, I collected consent and demographic paperwork, audio files, electronic and printed transcriptions, and other electronic files related to data analysis. Demographic information was not used to conduct quantitative analysis. Protecting the privacy of research participants is an ethical mandate for professional counselors (ACA, 2014). I used a coded naming structure for all electronic files related to participant information to protect their individual identities. I have stored all electronic files on a network drive that is secured by double passwords and multifactor access

verification protocols. I have stored paper copies of all documents in a lockable filing cabinet located inside a lockable office inside my home, which is actively monitored by a security system. I am the only person with access to this filing cabinet. I will destroy all physical copies of documents at the conclusion of this study using a P-4 level shredder, which uses cross cutting shredders to reduce paper to less than 160 millimeters long and six millimeters wide. I will maintain electronic versions of these documents for five years after publication of my study, after which I will delete all stored data.

Data Analysis Plan

Qualitative research distinguishes itself from other types of research by the central role of the researcher throughout the entire process (Patton, 2015). Selecting a data analysis method should consider the research goals, and the research methodology that is used for the study. According to Patton (2015), it is easier to provide guidance for analyzing qualitative data than to prescribe a particular method; however, the reliability of qualitative research is enhanced by using an established method for analysis. For analyzing my data, I used Giorgi's descriptive phenomenological method (Giorgi, 2009, 2012), which was developed over a 40-year period and is widely used among researchers using descriptive phenomenology.

Giorgi's (2009, 2012) method assumes that the researcher has assumed an attitude of psychological reduction, reflecting the researcher's attempt to set aside all prejudice and bias related to the phenomenon so that the phenomenon may better present itself to the researcher (Lopez & Willis, 2004). This setting aside is accomplished through

bracketing, an ongoing process throughout the research study, which accounts for the researcher's influence on the study.

The first step of analysis for the descriptive phenomenological psychological method (Giorgi, 2012; Giorgi et al., 2012) is to read the whole description given of the phenomenon so that a sense of the whole is achieved. The second step is to create meaning units by re-reading the description and, while re-reading, marking the transcript at each point where a shift in meaning occurs (Giorgi, 2012; Giorgi et al., 2012). The third step of the model is to transform these meaning units, which are largely in the participant's words, into phenomenologically-psychologically infused meaning units by making these implicit aspects of phenomenology and psychology explicit in relation to the phenomenon being studied (Giorgi, 2012; Giorgi et al., 2012). The fourth step of the model is to create an essential structure of the experience through imaginative variation, and the fifth step is to clarify and interpret the raw data using the essential structure created in the fourth step (Giorgi, 2012; Giorgi et al., 2012).

The psychological aspect of the descriptive phenomenological psychological method (Giorgi, 2012; Giorgi et al., 2012) reflects the intentional lens that Giorgi has applied to the analysis of qualitative data using a descriptive phenomenological methodology. According to Giorgi (2012), if the model were to be used by sociologists, then the model may be called the descriptive phenomenological sociological method, and the third step would seek to make explicit the implicit phenomenological and sociological aspects of the meaning units. The method is intended to be generic enough to support the

discipline using the model to examine qualitative data using a descriptive phenomenological methodology.

According to Davidson (2009), transcription is a selective process of translating sounds and images from recordings to text, wherein certain phenomena or features of the recording are transcribed, while others are not. The number of different methods of transcribing data form a spectrum of strengths and weaknesses inherent with each model, which makes it all the more important for a researcher to select a method that best aligns with the research goals (Oliver et al., 2005). Naturalized transcription records utterances with as much detail as possible, where denaturalized transcription focuses less on accents and involuntary utterances, while still recording a verbatim description that captures the substance of the interview (Oliver et al., 2005). For this study, I completed naturalized transcriptions of my interviews to preserve the rich descriptions provided by my research participants.

Phenomenologists have approached the use of technology to analyze qualitative data with caution, fearing that the software may limit the way they are able to conceptualize data and even distract the researcher's analysis by splitting their focus between the data and the analysis software (Sohn, 2017). According to Zamawe (2015), researchers must not abdicate their role of analyzing the data to the analysis software they use as a tool to support them. Sohn (2017) suggests that Qualitative Data Analysis software will make qualitative researchers more efficient in the way they are able to analyze data.

For this study, I used NVivo to assist my data analysis. NVivo is a software package that supports qualitative and mixed methods research, providing a way to organize and manage data so that the researcher can work more efficiently (QSR International, 2017b). NVivo has security features that protect access to data and trace user activity in relation to data (QSR International, 2017a). NVivo supports various coding strategies and the ability to link memos to material that is being analyzed (QSR International, 2017a). Finally, NVivo provides several ways to visually display data and supports research teams working on single projects (QSR International, 2017a).

Issues of Trustworthiness

According to Shenton (2004), the trustworthiness of qualitative research relies upon the study's credibility, transferability, dependability, and confirmability. Credibility, according to Shenton, describes whether a study does what it intended to do. Transferability of qualitative research depends largely on whether sufficient information about the fieldwork sites and research study methodology exists for the study to be replicated for another context (Guba, 1981). Dependability is supported by the level of detail when reporting the study processes, which enables future researchers to replicate the study (Shenton, 2004). Confirmability, according to Patton (2015), supports the claim that the research findings are based on data gathered from the participants.

Credibility reflects the researcher's ability to capture the more subtle and complex patterns within the data that are not easily explained (Ravitch & Carl, 2016). According to Korstjens and Moser (2018), research credibility may be bolstered through prolonged engagement, persistent observation, triangulation, and member checks. Shenton (2004)

suggests the adoption of well-established research methods. The descriptive phenomenological psychological method (Giorgi, 2012) has been developed over 40 years and is widely used and regarded by qualitative researchers. My engagement with moral distress as a phenomenon extended over multiple semistructured interviews and lengthy periods of time analyzing data collected from participants.

Transferability supports the generalization of research findings from one context to another through comparisons of contexts (Ravitch & Carl, 2016). Transferability begins with the researcher's intentionality towards transferability and influences the way that the study is documented, data are recorded, and findings are reported (Shenton, 2004). In this study, the procedures were extensively recorded to support replicating the study for another population. Data, to include recordings and transcripts of interviews, will be destroyed at the conclusion of this course, in accordance with Walden University (2017).

Dependability is supported by the documentation of research design and implementation, detailed procedures of data gathering, and evaluation of the research process (Shenton, 2004). I documented the design of this study, demonstrating how each component of the study aligns with the overall structure of the study. I also provided copies of my recruitment email message to individual participants, social media invitation to participate, informed consent, and my interview guide (Appendix A).

I protected the confirmability of this study, supported by confirmable data and minimal researcher bias (Ravitch & Carl, 2016), through psychological reduction, a central process of descriptive phenomenology which emphasizes bracketing, or setting

aside one's bias and prejudice before beginning a study (Giorgi, 2012; Giorgi et al., 2012). I used journaling to process the experiences of collecting data through semistructured interviews with participants, facilitating psychological reduction. While some researchers use member checking or return interview transcripts to participants to review and confirm their accuracy, these practices do not align with the methodology I used to analyze the data (Giorgi, 2009; Moustakas, 1994). This psychological reduction was facilitated through regular journaling, which helped me to process the experiences of collecting data through semistructured interviews with participants. Additionally, I have clearly documented relationships between me and my participants.

Ethical Procedures

As a professional counselor, my activities as a researcher must align to the ACA code of ethics (ACA, 2014). Before conducting this study, it was reviewed and approved by Walden University's Institutional Review Board (IRB 03-23-21-0591622) to ensure the plan for conducting this study is aligned to ethical standards of research and will protect research participants. I provided each participant a thorough introduction to the study through invitational emails and informed consent documentation. I also reviewed the contents of informed consent documentation with participants prior to beginning the interviews.

Because of the sensitive nature of this study, the privacy of participants was emphasized throughout the study. I collected the minimal amount of data necessary to complete this study. I assigned a unique identifier to participant responses instead of their name or other label that could identify them. I also redacted personally identifiable

information from interview transcripts. I have stored all electronic data on a network drive that requires multiple passwords and multifactor authentication. I have stored paper copies of all documents in a lockable filing cabinet located inside a lockable office inside my home, which is actively monitored by a security system.

To protect my participants from potential harm, my informed consent document contained assurances that participants could pause, delay, or stop participating in the research study at any point they desire. I actively monitored my participants for any signs of emotional or physical distress during interviews. Information about support services was provided to each participant in the event they believe their participation in this study has caused them distress or harm. Given privacy concerns about how data are stored, I also included information describing my data storage procedures to participants.

Summary

In this chapter, I have described the study's design and method for conducting the study. My description of the study's design includes the rationale for the study's design and the role I served as the researcher. My description of the method for conducting the study includes procedures for selecting participants, sampling, data collection, data management, and data analysis. Finally, I have addressed issues of trustworthiness and ethical procedures. In the next chapter, I will present the findings of this study.

Chapter 4: Results

The purpose of this descriptive phenomenological study was to describe the essence of moral distress among master's level counseling students attending training programs accredited by the CACREP. Master's level counseling students are typically involved in power-differentiated relationships, such as faculty-student relationships at school and supervisor-supervisee relationships at the workplace (Nuttgens & Chang, 2013). Individuals interacting with persons with authority may experience knowing the right thing to do but are institutionally constrained to do so (Jameton, 1984). Such experience of moral distress may result in maladaptive coping strategies, compassion fatigue, burnout, job dissatisfaction, moral indifference, compromised integrity, and psychological impairment (Lamiani et al., 2017; Papazoglou & Chopko, 2017; Resnik, 2016). Despite the adverse effects of moral distress experiences, researchers have not established a consistent definition of the phenomenon (Morley et al., 2017). Employing a descriptive phenomenology research design entailed the use of participant descriptions of the phenomenon of interest as the basis of scientific research through phenomenological reduction (Giorgi, 2009). I developed the following research question to further understand the description of moral distress as experienced by master's level counseling students: What are the lived experiences of master's level counseling students experiencing moral distress while attending CACREP-accredited training programs?

This chapter contains the presentation of data analysis and results. I present the setting and demographics of the study to provide a rich description of the context of the study. The data collection, data analysis, and trustworthiness techniques are discussed to

provide thick descriptions of the research procedures used to develop the themes that answered the research question. The following themes emerged from the data and will be detailed in this chapter: situations in which moral distress was experienced, experiences of addressing moral distress, feelings associated with the experience of moral distress, and impacts of experiences of moral distress. The chapter concludes with a summary.

Setting

For this study, I interviewed participants using the Zoom platform, which supported a larger geographic area from which to recruit participants compared to the limitations of in-person data collection. Five of the six participants were at their respective homes for the interview, and one participant was at her internship site. The participant who conducted the interview at her internship site had blocked time on her schedule to participate in the study without being disturbed by phone calls or interruptions by staff members, which was fully supported by her site supervisor.

There were some environmental factors that may have affected the quality of the respective interview. One participant's adult son entered the area where she was sitting for the interview towards the end of the interview. The adult son, who happens to live with the participant and is diagnosed with autism, stayed for a moment before the participant told him the interview would conclude in a few moments and that he should continue to wait patiently in the room of the house where he had been watching television. In another interview, the participant's cat entered the room and jumped into the participant's lap while she was describing her experience of moral distress. In this situation, the participant appeared to be comforted with the cat's presence, as evidenced

by her more relaxed posture and gentle stroking of the animal as she continued describing her experience of moral distress.

Demographics

I interviewed six participants and assigned a pseudonym to each participant by using “P” for participant, followed by the number of their interview (e.g., P1, P2). I asked the participants to provide basic demographic information, including their gender, age, racial/ethnic group, religious/spiritual affiliation, geographic residence, nature of work in counseling, and number of hours a week working in counseling.

All the participants identified as female. The participants’ ages ranged from 27 to 53 years old with an average of 39.8. Four participants resided in the Southern region of the United States, while two participants resided in the Midwestern region. The participants identified as either Catholic or Christian with varying levels of affiliation. In terms of the nature of work, only P1 was a full-time employee working more than 35 hours a week, and only P6 was a paid intern working less than 35 hours a week. Four participants were unpaid interns with three of them working less than 35 hours a week. Table 1 contains relevant demographic information about the six participants.

Table 1

Demographic Information

Participant	Age	Racial/Ethnic Group	Geographic Residence	Religious/Spiritual Affiliation	Nature of Work
P1	30	White	Midwest	Catholic	Employee in a private, not-for-profit organization 35 or more hours per week
P2	35	White	South	More spiritual than religious	Unpaid intern at a private practice less than 35 hours per week
P3	53	White	Midwest	Christian nondenominational	Unpaid intern at a private practice less than 35 hours per week
P4	45	White, Native American	South	Christian upbringing with a firm foundation in God	Unpaid intern at a private practice more than 35 hours per week
P5	49	White	South	Daughter of God	Unpaid intern at a not-for-profit organization for less than 35 hours per week
P6	27	Hispanic	South	Christian nondenominational	Paid intern in a federal agency for less than 35 hours per week

Data Collection

I interviewed six participants who were invited to participate through emails that were posted on the CESNET and COUNSGRADS listservs. The same email was also posted on Facebook and LinkedIn social media sites. Finally, snowball sampling was also used, wherein a research participant encouraged a friend from her counseling program to participate in the study. I scheduled each interview for 90 minutes, which allowed for time at the beginning and end of the interview to answer any questions the participants had and to ensure each participant knew of resources they could engage if the experience of being interviewed triggered uncomfortable thoughts or feelings.

Each interview took place using the Zoom platform, which supported the interviews being audio recorded. Each participant was comfortable using this technology, and each interview was successfully audio recorded. Prior to interviewing participants for this study, I asked a colleague to interview me using the prepared questions, giving me the opportunity to express my own answers to the questions. I journaled to process my own reactions to the questions, becoming more aware of them so I could better recognize and put them aside as part of bracketing, or epoché (see Vagle, 2009). Reflecting on the experience of the interview itself, I found each of the interview questions to be useful for exploring the phenomenon of moral distress, experiencing different dimensions of the phenomenon presenting itself through each of the questions. Using a semistructured interview process for interviewing participants, I was able to remain flexible about asking follow-up questions that would help me to collect thicker and more robust descriptions of

moral distress, contributing to the trustworthiness of this study (see Dicicco-Bloom & Crabtree, 2006).

Data Analysis

I processed and analyzed the data gathered during the interviews to understand the lived experiences of counseling students at the master's level experiencing moral distress while attending CACREP-accredited training programs. Following the completion of all interviews, I evaluated the audio recordings and prepared the naturalized transcriptions of the interviews after each session to retain the detailed descriptions supplied by the participants. The interview transcripts were then gathered and processed for data analysis. I also journaled about my views after each interview to keep a psychological reduction attitude that set aside all prejudice and bias linked to the phenomenon.

I employed Giorgi's (2009, 2012) five-step descriptive phenomenological method to analyze the data collected in this study. I used NVivo software to efficiently manage and organize the data. I began by reading the whole description of the phenomenon and the naturalized transcriptions of each participant's interviews to become acquainted with the data gathered and make sense of it as a whole and in connection to other interview transcriptions. After that, I established meaningful units by re-reading the description and marking the transcript at each place when the meaning changed. I identified 56 significant units connected to the research topic.

I then converted these meaningful units derived from the participants' responses into phenomenologically-psychologically infused meaning units to better comprehend the lived experiences of moral distress of master's level counseling students enrolled in

CACREP-accredited training programs. I identified the hidden patterns of phenomenology and psychology in the responses of the participants. For instance, the meaning units became more assertive, helped others not feel helpless, and learned to control emotions referred to the participants' experiences of changing their behavior to address their moral distress experiences. Therefore, the infused meaning unit that emerged from the data was changed behavior.

I used imaginative variation to develop an important framework of the experience, which I then used to clarify and explain the raw data as part of the final step for the data analysis. Imaginative variation involved the process of comparing the participants' statements under each infused meaning unit in search of common themes. As an example, the infused meaning units affected health, changed behavior, changed feelings, changed perspective, changed relationship with professor, and no impact referred to the shared experience of the impacts of the participants' experiences of moral distress. Therefore, the theme of impacts of experiences of moral distress emerged. Four themes emerged from data analysis that explored the participants' lived experiences of moral distress. To depict the imaginative variation process, the themes along with the number of contributing participants and references in the data are provided in Table 2.

Table 2

Themes

Theme	No. of Contributing Participants	No. of References in the Data
Situations in which moral distress was experienced	6	31
Experiences of addressing moral distress	6	71
Feelings associated with the experience of moral distress	4	25
Impacts of experiences of moral distress	6	44

Evidence of Trustworthiness

Trustworthiness of qualitative research relies upon the credibility, transferability, dependability, and confirmability of a study (Shenton, 2004). Credibility reflects the researcher's ability to capture the more subtle and complex patterns within the data that are not easily explained (Ravitch & Carl, 2016). The credibility of my study is supported by my use of an established research methodology, the descriptive phenomenological psychological method (Giorgi, 2012), which has been developed over 40 years and is widely used and regarded by qualitative researchers. Transferability addresses the generalization of research findings from one context to another through comparison of contexts (Ravitch & Carl, 2016). By recording the procedures used to conduct this study, the study can be replicated for another population. A study's dependability is supported by appropriate documentation of research design and implementation, detailed procedures of data gathering, and evaluation of the research process (Shenton, 2004).

Results

This section contains the presentation of the themes that emerged from the analysis of the interview data I collected from the participants. The themes emerged from the imaginative variation process conducted after identifying meaning units and infused meaning units from the data. The four emergent themes were situations in which moral distress was experienced, experiences of addressing moral distress, feelings associated with the experience of moral distress, and impact of experiences of moral distress.

Situations in Which Moral Distress was Experienced

The participants' descriptions of moral distress involved situations in which they were aware of the morally correct thing to do but were not able to do so because of people who had more power than they had. People with power included professors for the education setting and higher ups in the workplace setting. The participants' experiences were categorized into experiences in which they were disregarded by people with power despite wanting to do the morally correct thing and experiences in which they were treated unfairly by people with power as they tried to do the morally correct thing.

Being disregarded by people with power was a morally distressing situation experienced by three participants while at their workplace. P1, P5, and P6 reported their experiences of having their decisions undermined by leaders. P1 and P6 confronted their supervisors about issues on treating their clients "with dignity" but were denied and disregarded. P1 stated, "I can pipe up and disagree, but 90% of the time the supervisor will dance around the situation and just deny everything or assume things." P6 perceived that their supervisor turned a blind eye on the issues that violated the code of ethics.

Specifically, P6 described how the supervisor was disregarding the morally distressing situation in which clients were not given the appropriate duration to receive counseling services. P6 was told, "Look, you worked on the note, right? You're consulted, so yeah, that adds up to your 50 minutes." To which, P6 believed that she should be allotting the entire 50 minutes to the client. P6 believed that her leader encouraged her to not abide by the appropriate practice, stating, "In school, they teach your minutes go based on your client interaction…They're not just turning a blind eye to you doing that, they're actually telling you to do that."

P1 and P5 felt morally distressed at the workplace when their decisions as counselors were overlooked and the consequences fell on their clients. Some of the participants' clients were children. P1 and P5 perceived that with their decisions as a professional undermined, they were constrained and unable to properly serve their clients. P1 expressed:

> I felt like I was kind of stabbing all the kids in the back. And it kind of hit home and made me about to want to quit my job when the little 7-year-old boy looked at me and said, "But, [P1] I thought this was going to be my forever family." And to me, it was an ego, like it was a power struggle between the children's division worker and the foster mom… And I kind of felt like they just kind of made everything detrimental for lacking and the neglect of giving them the therapy that they needed.

P5 described how their facility accepted clients starting from the age of 3. The participant's experience of moral distress was that she was left with no choice but to "lie"

to her clients in pain or distress that they would be taken care of soon when she knew that their facility's operation had inefficiencies that result in long wait times. P5 elaborated inefficiencies to include being understaffed, as evidenced by her being the only counselor in the facility, as well as having underqualified clinicians who did not handle clients efficiently. Once the clients were finally seen by clinicians, P5 perceived that they were not treated with dignity. P5 expanded:

> No, it's heartbreaking, because you consider, we hear it all the time, the system is broken, right? But until you walk in those shoes to see how broken the system is, you don't understand at that level, what it looks like, and even evaluation of the level of care that they did receive, once they were finally told that they were going to be treated and moved to a quote unit as we call it. It was a dehumanizing process… So, it was just a continuous violation in a sense of their dignity, and their personal rights and valuing them as a person. So frequently, I think they were just viewed as numbers, and these are people.

P5's solution was to speak to her supervisor and provide her expert opinion on the problem, but she was dismissed.

In school, P2, P3, and P4 shared their experiences of moral distress after being treated unfairly, particularly by their professors. P3 shared that she was from a different town with low racial and cultural diversity. She wanted to learn about different people, but she stated that her professor treated her "like dirt" and shamed her. Upon receiving the grades for her first course work, P3 stated that the professor gave her an unreasonably

low grade. The experience made P3 question whether she belonged in the counseling program. P3 detailed:

> I'm in the honor society. I have all A's in every class and I got a paper with a C on it. I just was like I didn't know how to handle this, and he was very... I can't remember all the comments he made, but I felt like I was being picked on because I was this White girl from middle [Midwestern state] with no cultural diversity at all.

P4 disclosed that she is a person with a disability and had to use accommodations to complete some of her schoolwork. P4 tried to use accommodations minimally and “would participate as a normal person would.” Despite proper treatment of persons with disabilities being written down in the code of conduct, P4 revealed that she experienced discrimination from some professors and classmates through the form of microaggression. P4 stated that she heard comments such as, “Oh, so you're the one I have to look out for.” P4 also shared that some professors turned a blind eye over cheating incidents.

P2’s experience of moral distress was specific to enrollment in an online university. P2 shared how her group mates did not contribute to their group work and how the professor took no action when she wrote them about the problem. P2 ended up accomplishing all the work for the sake of her own grades. P2 stated:

> There definitely is a sense of injustice because I work very hard to get the grades I do, and I hate saying, "It's not fair," but it's not fair that I work this hard to get to

where I am, and other students didn't have to because they relied on others. It's not fair and there definitely is a sense of injustice there.

The participants' general experiences of situations that were morally distressing were from people at work who had the authority over them. The participants were generally aware of the ethically incorrect practices but were often disregarded and treated unfairly. The participants made attempts to address their experiences of morally distressing situations, as indicated in the next theme.

Experiences of Addressing Moral Distress

All six participants contributed to the theme about their experiences of addressing their morally distressing situations. The participants made attempts to do what they thought would solve the problems that led them to being constrained from doing the ethically correct thing. The participants made their attempts regardless of what they thought would be the consequences.

All the participants shared that after their experience of moral distress, they spoke up either to the individual who caused them moral distress, to the person who had authority over the involved individual, or to other people who experienced the morally distressing situation. The participants spoke to their supervisors, professors, or program directors to ask for assistance in intervening with the individuals causing them moral distress. P4 and P5 shared that their supervisors made no action to resolve the problem. P1 spoke to her supervisor to inform her of the need to resolve the problem, but only during her exit interview. P1 shared, "Well, I spoke to my supervisor when I left. And I let her know that I thought it was all bull, and she agreed." P2 was the only participant

who communicated with her supervisor and perceived that she "opened lines of communication," as well as gained an understanding of their facility. In terms of P2's experience of moral distress at school with her group mates, she spoke up through utilizing the official peer evaluation. P2 stated, "At the end, you had to do a review of what you thought of the group. I put everything in there, hoping that that would solve some of these issues." P3 also used the official evaluation to speak up to her professor who caused her moral distress. P3 stated that she would not have expressed her moral distress directly to her professor if the evaluation was not anonymous. P1 and P5 spoke to their clients who they perceived were being treated unfairly at their facilities. P1 and P5 perceived that by speaking to the clients, they were empowering them, which made the participants feel that they were addressing their moral distress. P1 reported:

> I just kind of swallowed my feelings and kind of dealt with it at the time. Everything was out of my control. I just told them that they needed to stay strong and if this was the home that they wanted to be in, then they needed to say that they needed to tell everybody that's who they wanted to be with.

All the participants also attempted to resolve their moral distress through continuing to follow the rules. Five of the six participants referenced the code of ethics as the rules they followed. P3 and P5 believed that following the code of ethics was associated with being a good counselor. P5 stated:

> As a master's student…that was a challenge that I had with the moral. And it was a reason that I decided when I left was, I have a code of ethics that I must live by. I've committed to as a master's level student, that I must, and I would always tell

> people, first and foremost, do no harm. And I said, "We are no different than physicians in that place, we might commit to doing no harm."

P1 followed the code of ethics to assure herself that she was behaving appropriately as a counseling student, given her background as a social worker. P1 explained, “I think that's what I was talking about though because even though I had worked as a social worker, I have to abide by the code of ethics as a counselor. I have to do that.”

In addition, P1 mentioned following job protocols, while P2 disclosed following the school rules despite their colleagues and classmates not following them. P2 shared:

> I am also to the point of I did what I needed to do. I also keep in the back of my mind of what I said earlier of, "They can go ahead and cheat their way through this, but they're not going to be able to cheat themselves through their exam, through their NCE, or whatever exam they end up taking." At some point, it's going to catch up to them.

The participants were generally aware of ethical practices, and they used their knowledge to address their experiences of morally distressing situations. The participants generally spoke up about the ethically incorrect situations and stood by their beliefs of ethical practices. At the very least, the participants followed the code of ethics, job protocols, and school rules. Some participants sought the support of other people such as their peers to confront the situation or their professors or counselors senior to them for consultation.

Feelings Associated With The Experience of Moral Distress

Four participants shared how they felt when they experienced moral distress. The participants' feelings included anxiousness, shame, and hesitance. These feelings were direct consequences of morally distressing situations.

P2 and P5 shared how they felt anxious as a result of being stressed after their experiences of moral distress. Both participants shared how they had trouble sleeping at night because of their anxiety over the morally distressing situation. P2 elaborated:

> Because I tried to give everybody the chance. It was when COVID was really starting to spin up. I understood that life is crazy and hectic for everybody right now, so I gave them into the last 48 hours. The last 48 hours, I stayed up, basically, hardly got any sleep. I was stressed out, very anxious, frustrated, all those emotions, just trying to get the paper done and turn it in just so there was something there.

Additionally, P5, as well as P3, felt ashamed after their experiences of moral distress. P3 felt ashamed, as she felt that her professor judged her for her lack of exposure to cultural diversity instead of helping her learn. P5 felt ashamed in knowing that she had no choice but to lie to clients in distress. According to P5:

> And remarkably, we would receive even patients in by ambulance that were coming from a suicide attempt. And those patients, you would expect you had an attempt, you're coming from the hospital, you've been stabilized, you would certainly expect those patients to be seen quickly. They're just put in the general population of the waiting room and wait just as long as anyone else does. So, it

> was a very, not only frustrating but difficult situation of I'm looking you in the face after you've attempted to take your life. And I'm going to lie to you and tell you we're going to treat with we're going to treat you quickly.

P2, P3, and P6 felt hesitant to report or speak up about their experiences of moral distress for fear of retaliation from the involved people with more power. P2 and P3 were hesitant to reach out to their professors for fear of jeopardizing their grades. P3 stated, “I really questioned whether I belonged in this program because of how this teacher worked with me. I was afraid to say something to him because he held my grade.” In addition, P2, P3, and P6 perceived that they had no support and feared that no one would believe them if they reported the involved individuals. Moreover, P2 and P6 perceived that leaders would not help them because addressing their problems might impact the profits of the institution. P6 explained, “It's still about money. It's still about, "Hey, even if you spent 25 minutes with them, put 15 minutes, because we're going to get funded more." So even lying about time.”

While the participants generally followed the rules and code of ethics, some participants shared that they sometimes felt hesitant in addressing morally distressing situations. The participants generally hesitated when they had little interaction with the person in question or when they knew that their cause was not supported by the majority or by the leaders. When forced to commit ethically incorrect practices, the participants generally felt anxious and ashamed of themselves. Their anxiety affected their relationship with their classmates and families, as well as their sleeping habits. Their shame impacted the way they interacted with their clients.

Impacts of Experiences of Moral Distress

All six participants shared that their experiences of moral distress had impacts on them. Their physical health, behavior, feelings, perceptions, and relationships were reportedly impacted by moral distress. Nonetheless, P1, P2, and P3 emphasized that their experiences of moral distress did not deter their determination to be good counselors. P1 elaborated that being a good counselor entailed performing her job as expected of any professional counselor. However, P1 also believed that she must uphold her own beliefs. P1 stated:

> I think it is just that with every profession, there's going to be different personalities. As counselors, we come in with the same goal, improving the mental health of others, but just like anything else, it, too, is a job, and it, too, is just something that may be bringing somebody a paycheck. It just opens your eyes that as I was saying it, for some, it really is just a job… when it comes to knowing the theoretical approaches, or specific orientation, or even working towards social justice reforms, or anything of that nature, that they are just more focused on the me level versus the bigger level of things.

Five of the participants experienced changes in their behaviors after their morally distressing experience. P1, P4, and P5 reported that they quit or intended to quit their jobs and programs. P1 shared:

> I was heartbroken because of having the 7-year-old boy tell me that he thought that this was his forever family and that honestly, I was like, "F this job, I'm

quitting." It's kind of like where I was at on that. I mean, none of that's in my job description.

P1, along with P2 shared that they had become more assertive after their morally distressing experience in the hopes of avoiding similar situations. P2 spoke to her professors that she did not want to work in groups after experiencing being abandoned by her group mates to do all the work yet still receiving credits. P1 shared, “I'm also going to be way more assertive, which is something I've been doing lately… Recently, I had a case…it's kind of like [my supervisor] was threatening me if I didn't do my job or something…but I professionally shut her down.”

P3 focused on positive behaviors. Instead of criticizing the professor who was at the center of her experience of moral distress, she praised her other professors during the evaluation period. She also believed that she belonged in the counseling program despite her morally distressing experiences and shared that she pursued the program to help other people. P3 stated, “I want to help other people to believe in themselves.”

The participants’ experiences also resulted in having generally negative feelings for the source of moral distress. P1 felt “sour” about some colleagues who did not properly serve their clients and felt out of control that she could not do something to correct the issues. P2 became disappointed in graduate student programs and online universities, while P6 became disappointed in her workplace. P2 also dreaded any group work after her experience and reduced her confidence in her skills as a student at an online university compared to students in brick-and-mortar institutions. P2 expanded:

> It really has impacted my thoughts on online university to the point of when I started my internship, I started with three interns who went to a brick-and-mortar, and it really made me question if I'm at the same caliber they are. Having these students [in an online university] do what they were doing and plagiarizing, and the professor's not catching on or not doing anything about it really made me question myself as what type of education I'm getting and how I compare to other students.

In terms of perceptions, P2 began to doubt higher education and made her unwilling to get a doctorate degree. P1 “lost respect” for some colleagues and thought of them as “liars and unprofessional” when they were supposed to be trusted by clients. P5 perceived that their facility lacked qualified clinicians to ethically serve their clients. P5 shared, “And it really impacted my outlook on the desperate need that we have for qualified clinicians, for qualified counselors, and at the same time really affected me emotionally, morally. It was a real challenge.”

Only P3 experienced a change in the dynamics of her relationship with her professor. She initially wanted to have a healthy student teacher relationship with her professor, but after experiencing moral distress, P3 became neutral and went on to simply pass the course and move on. Only P2 shared that her morally distressing experience resulted in health issues, particularly having tension migraines. P2 stated, “Just knowing myself and the pressure I was under during that time, that I probably did end up with a tension migraine. I get them quite frequently because I carry everything right in my shoulders.”

Experiences of moral distress had adverse impacts on the participants' perspectives, feelings, and behaviors. The participants generally had negative perceptions of the people and the settings involved in their morally distressing experience. They also developed negative feelings such as disappointment and doubt in the people who caused them moral distress. Only one participant began to doubt herself after being questioned about her practices that she believed to be ethical. In terms of behavior, some participants quit the program to avoid similar morally distressing incidences. Some participants became more assertive about their ethical practices and help others not feel helpless. Only one participant disclosed having tension headaches and one participant reported being indifferent to her professor following the experience of moral distress. Some participants stated that they were not affected by their experiences of moral distress, as their determination to become a counselor was stronger than the obstacles that they faced.

Summary

This chapter contained the presentation of the results of this descriptive phenomenological study. This study involved the selection of six participants who were over 18 years of age, enrolled in a master's level counseling program accredited by CACREP, and who have experienced a situation of knowing the right thing to do but were institutionally constrained from acting accordingly. The participants were interviewed through a conferencing platform using a semistructured format. The interview data were analyzed using descriptive phenomenology.

The results answered the research question, what are the lived experiences of master's level counseling students experiencing moral distress while attending CACREP-

accredited training programs? Based on the participants' narratives of their experiences, moral distress involved situations in which they experience dilemma in knowing that their leaders', professors', or classmates' behaviors were not ethical, but they could not do anything – not for the lack of trying – to change the situation. The findings revealed that the participants perceived the code of ethics, job protocols, and school rules as the basis for ethical behavior. They made attempts to address the gap between ethical practices as written in the rules and the unethical practices they saw from their leaders, professors, or classmates. These findings are evidenced in the themes that emerged from the data, which were: situations in which moral distress was experienced, experiences of addressing moral distress, feelings associated with the experience of moral distress, and impacts of experiences of moral distress.

The essence of the participants' lived experiences of moral distress was that morally distressing situations were not necessarily confined to power-differentiated relationships. While five participants felt morally constrained by their professors or superiors, three participants also experienced being restricted by their classmates and colleagues. P2 felt morally distressed when she could not do anything about her group mates who left her to do the work alone while they took the same credit. P4, who has a disability, shared that she felt constricted when she experienced microaggressions and when she witnessed cheating but could not do anything to address both situations. P6 felt morally distressed at work when her colleagues continued to operate inefficiently, which affected their clients.

Generally, the participants attempted to address their experiences of moral distress by continuing to follow the rules and code of ethics. The participants shared that they did not feel guilty knowing that they were trying to do the right thing. Some participants asserted themselves and stood by what they believed to be right. All the participants spoke up using different means, such as confronting the people involved or writing evaluations about the people involved. Some participants sought social support from their loved ones or mentors.

Experiences of moral distress resulted in feelings of anxiety, shame, and hesitance. Additionally, the participants shared that morally distressing situations impacted their behavior in similar settings, feelings about the people and contexts involved, as well as perceptions about similar situations. One participant shared that her relationship with the involved professor was impacted and became neutral after her experience of moral distress, and one participant stated that her health was affected by the morally distressing experience as she started having tension migraines. Three of the six participants disclosed that they were not deterred by their experiences of moral distress and their consequences, as they were determined to become counselors who followed proper conduct.

The results presented in this chapter will be discussed and interpreted in the next chapter. The discussion will include the extent to which the themes answered the research question and filled the gap in research. The recommendations and conclusions of this study are also presented in the next chapter.

Chapter 5: Discussion, Conclusions, and Recommendations

Using descriptive phenomenology as the theoretical foundation, the purpose of this study was to capture the essence of moral distress experienced by master's level students attending CACREP-accredited counselor training programs. I interviewed master's level counseling students attending CACREP-accredited programs who had experienced knowing the right thing to do but were institutionally constrained from acting accordingly using questions designed to record rich and thick narratives of lived experiences related to the phenomenon. From a descriptive phenomenological perspective, I carefully asked questions encouraging participants to describe the phenomenon of moral distress in its most basic state (see Giorgi, 2009). Four themes emerged from the data: situations in which moral distress was experienced, experiences of addressing moral distress, feelings associated with the experience of moral distress, and impacts of experiences of moral distress.

In this chapter, I discuss the study findings and the connections to previous research on the subject. The theoretical framework used in the study is also briefly reviewed in this chapter. I identify the study's limitations, explain how the findings of this study apply to practice, and offer recommendations for future research. A summary concludes the chapter.

Interpretation of the Findings

As stated previously, four themes emerged from the data: situations in which moral distress was experienced, experiences of addressing moral distress, feelings associated with the experience of moral distress, and impacts of experiences of moral

distress. The study findings are highlighted in this section and connected to prior literature.

Situations in Which Moral Distress Was Experienced

Researchers have struggled to establish a universal definition for moral distress; however, moral distress is often associated with job dissatisfaction and burnout, anxiety, depression, indifference to moral issues, counterproductive coping strategies, impaired physical and psychological well-being, and fear of questioning moral problems (Barlem & Ramos, 2015; Resnik, 2016). Conversely, counseling is described as an empowering relationship that encompasses individuals, groups, and communities, suggesting an inherent relationship between therapeutic work and advocacy (ACA, 2014). The strength of advocacy for both the professional and profession include the courage and skill to address situations interpreted as problematic, unethical, or immoral. Courage and skill are often developed over time through formal training and professional experience (Epstein & Delgado, 2010). However, when not developed, the likelihood of counselors experiencing moral distress may increase and lead to negative personal and professional outcomes, such as psychological impairment, advocational squelching, and detachment from core values and organizational ethics (Barlem & Ramos, 2015; Jameton, 1993; Resnik, 2016).

Moral distress is likely to occur in power-differentiated relationships where supervisees are vulnerable to inappropriate practices (Nuttgens & Chang, 2013). Master's level counseling students are typically involved in power-differentiated relationships, such as faculty-student relationships at school and supervisor-supervisee relationships at

the workplace (Nuttgens & Chang, 2013). All six participants of the current study reported feeling morally constrained by their professors or supervisors. Three participants reported their experiences of having the decisions undermined by their supervisors. The other three participants shared their experiences of moral distress after being treated unfairly, particularly by their professors. For example, one participant felt morally distressed after being treated poorly and shamed by her professor because of being a "White girl from middle [Midwestern state] with no cultural diversity at all."

Negative experiences with colleagues and classmates can also contribute to moral distress. For example, three participants experienced moral distress due to being restricted by their classmates and colleagues. One of the participants felt morally distressed when she could not do anything about her group mates who left her to do the work alone while they took the same credit. Another participant, who has a disability, shared that she felt constricted when she experienced microaggressions and witnessed cheating but could not do anything to address either situation. These findings relate to the work of Kälvemark et al. (2004) who suggested that moral distress occurs in power-differentiating relationships and relationships with peers. In addition, they found that disagreeable colleagues can be responsible for causing initial distress, one of the two forms of moral distress (Kälvemark et al., 2004).

These findings also align with previous research by Ellis et al. (2014) who found that harmful supervisory experiences may result in debilitating fears, loss of self-confidence, functional impairment, and general physical or mental decline. Congruently, two participants in the current study felt morally distressed at the workplace when their

decisions as counselors were overlooked and the consequences fell on their clients. They felt that their decisions as professionals were being undermined, causing them to be constrained and unable to properly serve their clients.

One participant experienced moral distress from having to “lie” to her clients in pain or distress, telling them that they would be taken care of soon when she knew that their facility’s operation had inefficiencies resulting in long wait times. The participant elaborated on the inefficiencies to include being understaffed and having underqualified clinicians who did not handle clients efficiently. In addition, she noted that she was the only counselor in the facility.

These findings are congruent with those of previous research. As mentioned by Fantus et al. (2017), staff shortages may contribute to the experience of moral distress. Several studies have shown that difficult working conditions and limited resources are associated with burnout and moral distress (Fantus et al., 2017; Lee et al., 2018; Mänttäri-van der Kuip, 2016).

Experiences of Addressing Moral Distress

The next theme was concerned with addressing moral distress. All six participants made attempts to do what they thought would solve the problems that led them to be constrained from doing the ethically correct thing. The participants made their attempts regardless of what they thought would be the consequences and continued to follow the rules and code of ethics.

These actions align with previous research. For example, this willingness to address the problem speaks to the findings of Honderich and Lloyd-Hazlett (2016) who

suggested that counselors must not only demonstrate sensitivity to moral and ethical issues but must be motivated to take necessary action. Taking action was also mentioned by Austin et al. (2005) as a method of dealing with moral distress.

Speaking up about moral distress was also a common theme. All the participants shared that after their experience of moral distress, they spoke up either to the individual who caused them moral distress, to the person who had authority over the involved individual, or to other people who experienced the morally distressing situation. However, only one participant discussed her views with her supervisor and perceived that she "opened lines of communication" and gained an understanding of their facility. The willingness of the supervisor to engage and help the participant indicated the important role of the supervisor and the relationship with the supervisee.

Within previous research, the quality of supervision has been found to impact this supervisory relationship, which may impact the experience of moral distress (Nuttgens & Chang, 2013). This is important because the quality of the relationship between supervisor and supervisee can positively or negatively impact the resolution of moral distress. Two participants felt morally distressed when their decisions were overlooked and the consequences fell on their clients. One participant explored feeling a complete lack of control. This participant spoke to clients they perceived were being treated unfairly at their facilities. These participants perceived that by speaking to the clients, they were empowering them, which made the participants feel that they were addressing their moral distress. Psychiatrists have reported moral distress as they struggled with balancing the right thing to do for patients with societal demands placed on the profession

of psychiatry (Austin et al., 2007). Findings from the current study reinforced the results of Austin et al. (2007) showing the inability to provide quality care to clients can cause moral distress.

Feelings Associated With the Experience of Moral Distress

The third theme concerned feelings associated with experiencing moral distress. Participants reported experiencing feelings of anxiety, shame, and hesitance because of moral distress. Prior studies also highlighted that the negative effects of moral distress include anxiety, depression, indifference to moral issues, deviation from ethical standards, counterproductive coping strategies, impaired physical and psychological well-being, and a fear of questioning moral problems (Barlem & Ramos, 2015; Resnik, 2016). The participants in the current study also shared that morally distressing situations impacted their behavior in similar settings, feelings about the people and contexts involved, and perceptions about similar situations. Two participants reported feeling anxious due to being stressed after their experiences of moral distress and having trouble sleeping because of their anxiety.

Three participants felt hesitant to report or speak up about their experiences of moral distress for fear of retaliation from people involved who had more power. Two of those were hesitant to reach out to their professors for fear of jeopardizing their grades. This correlates to findings from Nuttgens and Chang (2013) who suggested that health professional trainees were hesitant to address ethical concerns with their supervisors, fearing unreceptive or harsh responses.

Three participants perceived they had no support and feared no one would believe them if they reported the involved individuals. Lamiani et al. (2017) found that nurses also experienced a similar lack of support from colleagues, which was a predictor of moral distress. Unsupportive colleagues also make it more difficult to deal with moral distress because commiserating with colleagues has been identified as a method of dealing with moral distress (Austin et al., 2005).

Money also plays a big part in facilitating situations of moral distress. Two participants perceived that their superiors would not help them because addressing their problems might impact the institution's profits. One participant explained that "It's still about money." These ideas align with prior literature that identified funding and increasing budget constraints as factors contributing to the experience of moral distress (Fantus et al., 2017; Mänttäri-van der Kuip, 2016).

Impacts of Experiences of Moral Distress

All six participants shared that their experiences of moral distress impacted them. Their physical health, behavior, feelings, perceptions, and relationships were reportedly impacted by moral distress. This finding aligns with Ellis et al. (2014) who found that harmful supervisory experiences may result in debilitating fears, loss of self-confidence, functional impairment, and general physical or mental decline. Nonetheless, three of the six participants disclosed that they were not deterred by their experiences of moral distress and consequences because they were determined to become counselors who followed proper conduct.

According to Fantus et al. (2017), moral distress may promote self-reflective practices that enhance empathy, compassion, and moral sensitivity as well as encourage individuals to develop healthier coping strategies. These self-reflective practices correspond with the current study's finding indicating that five participants made positive behavioral changes after their morally distressing experiences. These changes in behavior included becoming more assertive, quitting their jobs, and focusing on the positive behavior of others.

Being assertive and intent to leave their respective position after experiencing moral distress was commonly described among participants. For example, two participants shared that they had become more assertive after their morally distressing experience to avoid similar situations. Additionally, three participants reported quitting or intended to quit their jobs and programs. Similar results have been found among nurses, with Corley (2002) reporting that moral distress contributed to reduced job satisfaction, burnout, high staff turnover, and leaving the profession.

The final facet of changing behavior was focusing on positive experiences, with one participant noting that they try to remain positive even when experiencing moral distress. Barlem and Ramos (2015) have suggested that moral distress may be a positive experience. Positivity occurs by reflecting on the moral dimensions of a conflictual situation and applying ethical-moral competencies to address the moral distress they are experiencing (Barlem & Ramos, 2015).

Moral distress was also linked to participant health and relationships. One participant shared that her relationship with the involved professor was impacted and

became neutral after her experience of moral distress. Another participant stated that her health was affected by the morally distressing experience because she started having tension migraine headaches. Moral distress has been found to have negative health-related effects, such as crying; depression; nightmares; feelings of worthlessness; and other physiological issues, such as heart palpitations, diarrhea, and headaches (McCarthy & Gastmans, 2015). These findings indicate that moral distress has an impact on individuals and can cause changes in how they behave and feel and in their relationships with others.

Limitations of the Study

The findings from this study contribute to the knowledge of moral distress by exploring the essence of moral distress among master's level counseling students attending CACREP-accredited programs. Prior literature has indicated that moral distress is an understudied phenomenon among counselors (Nuttgens & Chang, 2013). Even though the findings from this study contribute to the topic, there were some limitations to the study.

This study used data collected from six participants. With the anticipated sample size ranging from six to 10, this was a relatively small sample. According to Creswell and Poth (2018), as many as 10 individuals should be used for a phenomenological study. However, the appropriateness of a sample size for a qualitative research study is often based on saturation; a measurement originally developed for grounded research studies (Marshall et al., 2013).

All the participants of this study were female. This is a limitation of the study because it presents a gender bias in the findings. Saturation generally refers to a point in data collection where the researcher has collected sufficient data to assure the reader that the qualities of a phenomenon have been fully described and that additional data would not reveal anything significant to the reader's current level of understanding (Mason, 2010). The all-female sample could present a subjective perspective where data saturation would not have been achieved without male participants.

The generalizability of this study's focus on master's level students attending CACREP-accredited counselor training programs is limited. The findings can only be applied to students because counselors are understudied. In addition, due to the small sample size and all female participants, the findings require further research for applicability to broader settings or other populations.

Recommendations

Prior literature has pointed to the risk of possible harm to counseling students and counselors from moral distress (Lamiani et al., 2017; Papazoglou & Chopko, 2017; Resnik, 2016). However, in this study I focused on master's level students attending CACREP-accredited counselor training programs. Because moral distress may present itself in different ways for professional counselors, this could present an opportunity for further research to replicate the study with more professional counselors.

I used a sample size of six participants for this study. Future research should consider conducting a similar study with a larger sample size to increase generalizability. Future researchers should also replicate this study by including male participants because

this sample was exclusively female. Exploring the perceptions of only female participants may create bias, and male perspectives are important to explore for a fuller understanding of moral distress among counseling students; therefore, future research should attempt to conduct a similar study with both male and female participants. A future study with only male participants could also be beneficial because this would provide an opportunity to compare findings with the findings from the current study.

According to Mänttäri-van der Kuip (2016), moral distress has been measured among nurses using a tool developed by Corley et al. (2001); however, this tool was not valid for populations other than nursing. The lack of an appropriate method to measure moral distress among populations outside of nursing, including professional counselors, presents an opportunity for further research in developing such a tool. The findings from the current study expand on the understanding of moral distress and could contribute to such research and development of a tool.

This study used a qualitative descriptive phenomenology approach to explore the experiences of moral distress experienced by master's level students. Descriptive data were gathered through interviews and examined to understand the experiences of moral distress by master's level counseling students. This method limits the research study to the viewpoint of the master's level students. A quantitative methodology, or possibly a mixed-methods approach where interviews are conducted and analyzed in addition to the quantitative results, could be used in future research to examine moral distress in a comparable group. Using a quantitative methodology would provide information about prevalence rates across a given population (Creswell, 2014). In addition to adding to the

body of knowledge on moral distress, this alternative methodology for the study may offer deeper insights into the impact of moral distress on master's level counseling students.

Implications

As originally described by Nuttgens and Chang (2013) and shown through the review of prior research, there is a dearth of research exploring moral distress among professional counselors. Before this study, little had been conducted to explore moral distress among professional counselors, reflecting a lack of understanding that may threaten the counseling profession, counselors, and those served by counselors (Nuttgens & Chang, 2013). This study expands the understanding of moral distress among master's level counseling students and their challenges in power-differentiated relationships.

Power-differentiated relationships are common for master's level counseling students, yet the experience of moral distress among this population remains an understudied phenomenon (Nuttgens & Chang, 2013). The core of professional counseling is facilitating empowering relationships with individuals, families, groups, and communities (ACA, 2014). However, the principle of professional counseling may be compromised by experiences of moral distress, which are associated with emotional impairment, counterproductive coping strategies, and moral indifference (Resnik, 2016). Understanding the phenomenon of moral distress among master's level counseling students contributes to protecting other students and future clients. By better understanding how and why counseling students experience moral distress, counseling professionals may be better prepared to offer training that mitigates the risks of moral

distress, which challenges the essence of professional counseling and the capacity for counselors to respond to human needs in appropriate ways.

This study's findings also highlight the importance of providing students with an anonymous platform where moral distress can be expressed. One participant from this study stated that she would not have expressed her moral distress directly to her professor if the evaluation was not anonymous. Students need to be encouraged to speak up, and anonymous evaluation forms provide students with that opportunity without fearing backlash or negativity.

Conclusion

This descriptive phenomenological study aimed to improve understanding of the essence of moral distress among master's level counseling students attending training programs accredited by CACREP. Moral distress was first described among nurses by Jameton (1984) as occurring when an individual is aware of the right thing to do but finds it nearly impossible to pursue the right course of action because of institutional constraints. Hierarchical relationships are characterized by an imbalance of power between the relationship participants. According to Nuttgens and Chang (2013), moral distress is likely to occur in hierarchical relationships between supervisees, supervisors, or students and teachers. Master's level counseling students naturally find themselves in hierarchical, power-differentiated relationships such as the faculty-student relationship at school and the supervisor-supervisee relationship at the workplace (Nuttgens & Chang, 2013).

A phenomenological design and framework were selected and allowed me to provide detailed descriptions of a phenomenon that illuminates understanding and supports future exploration across larger and more diverse populations (Giorgi, 2009). The participants for this study were master's level counseling students attending CACREP-accredited programs who have experienced a situation of knowing the right thing to do but were institutionally constrained from acting accordingly. The research question, what are the lived experiences of master's level counseling students experiencing moral distress while attending CACREP-accredited training programs? was answered by gathering descriptive data. The data were gathered through semistructured interviews with master's level counseling students. Four themes emerged from the thematic analysis of interview data: situations in which moral distress was experienced, experiences of addressing moral distress, feelings associated with the experience of moral distress, and the impact of experiences of moral distress.

Moral distress may present itself in different ways for professional counselors, and, to date, no qualitative study explores moral distress among professional counselors or counseling students. This study addressed the lack of research about the experience of moral distress among master's level counseling students., increased awareness, and supports appropriate training to reduce the risk of negative outcomes associated with moral distress.

Given the risk of possible harm to counseling students and counselors from moral distress (Lamiani et al., 2017; Papazoglou & Chopko, 2017; Resnik, 2016) and the likelihood of moral distress occurring in power-differentiated relationships (Nuttgens &

Chang, 2013), moral distress exists as a potentially devastating experience to counseling students, supervisees, counselors, and the counseling profession. This study contributes to the understanding of moral distress in counseling students.

Although this study focused on master's level students, the findings contribute to this critical gap in the body of scientific knowledge. In addition, the findings of this study contribute to the understanding of moral distress and its impact on the counseling community. Through this increased understanding, the study raises awareness of moral distress and better equips counselors to provide training related to moral distress.

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Appendix-A: Interview Guide

Interview Questions

1. Please describe for me with as much detail as possible, a situation where you experienced moral distress as a master's level counseling student.
2. Please describe the relationship between you and the other parties in your experience of moral distress?
3. How was this experience of moral resolved? What was the outcome?
4. How has this experience of moral distress affected your life? What kind of impact has it had on your life, mentally, physically, emotionally, and spiritually?
5. How has this experience affected your decision to become a professional counselor?
6. How has this experience affected your identity as a professional counselor, including your alignment and adherence to ethical codes?
7. Is there anything about your experience of moral distress you would like to share that I have not asked about during this interview?

Closing Information

Thank you for the time that you have generously shared with me. I will be transcribing our interview over the next week, and then analyzing the data. If you have any questions or concerns, please contact me using the information that was included in my initial e-mail inviting you to participate. Thank you, again, for your time.