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# The feelings of guilt and shame experienced by Nursing and Midwifery students ☆

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SUMMARY

*Aim:* Feelings of guilt and shame might affect the abilities of nursing and midwifery students when fulfilling their roles assertively and with professional autonomy during the interdisciplinary care and treatment process. The present study was conducted in order to examine the feelings of guilt and shame experienced by nursing and midwifery students with respect to certain variables.
*Methods:* The population of this study, which had a cross-sectional design, comprised a total of 1002 students from three training locations: a school of nursing, the nursing program of a health vocational school, and the midwifery program of a health vocational school. From this population, 667 students were recruited to the study by a stratified random sampling method. Personal Information Forms and a Guilt–Shame Scale were used as data collection tools.
*Results:* From amongst the students, 88.6% were women. The average age was 20.57 years; the mean scores of the guilt and shame subscales were 50.51 and 43.63, respectively. Statistically significant differences were observed between the guilt–shame scores of the students by the variants of gender, age, school, and year at school.
*Conclusions:* The present study concluded that midwifery and nursing students experience measurable feelings of guilt–shame and that the levels of guilt–shame had an impact on their targets regarding nursing/midwifery. Therefore, it is suggested that guidance programmes be established and that the related problems be resolved.
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## Introduction

Feelings of guilt and shame play an important role in social relationships, and in the health care field, interpersonal relations are a very important part of care and treatment. Health team members should be aware of feelings of guilt and shame, but despite their potential importance, these emotions have received little attention in nursing literature. From this perspective, examining nursing and midwifery students' feelings of guilt and shame contributes to students' recognition of these feelings. Furthermore, assessing students' feelings of guilt and shame might be a useful mechanism for enhancing the understanding of these feelings, providing individualised solutions to students' problems, and preparing them for the nursing profession.

*Webster's* dictionary (2011) gives simple definitions of shame and guilt. Shame is defined as 'an emotional attitude excited by realisation of a shortcoming or impropriety', whilst guilt is 'the state of having committed an offence' (Parker, 2011).

Guilt and shame are moral emotions distinguished by negatively valenced self-evaluation. The focus of the emotion distinguishes guilt from shame. Shame concerns one's entire self, whereas guilt concerns only a specific action (Robinaugh and McNally, 2010). Classical psychoanalytical theory suggests that guilt serves to enable the ego to balance the conflicts between the id and the superego and is considered a response to the mistake made (Deniz, 2006; Kalyoncu et al., 2002; Karataş, 2008).

Feelings of guilt and shame are not separated by clear-cut boundaries; however, guilt is defined as 'a distressful situation arising from an awareness accompanied by the actual violation of social rules and values or the design of such action', and shame is defined as 'the distressful situation arising from a person's realisation of a basic incompetence'. In summary, guilt is the emotion of internal sanction; shame, the emotion of social sanction (Kalyoncu et al., 2002; Karataş, 2008; Teroni and Deonna, 2008; Tracy and Robins, 2006).

'Health-care system' is a term used to describe a system that offers care and medical treatment, rehabilitation, and health support services to society as a whole. Today, the health problems of societies are variable depending upon political, social, economic, environmental, and cultural factors, and they usually have a complex structure. In order to solve this complexity, every health-related discipline should be allowed to provide health-care services in a cooperative and organised manner with its field-specific knowledge and skills. Only in this way

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can the individual and society attain a healthy, productive, and meaningful way of life (Uygur et al., 2008). Within this context, nurses and midwives undertake crucial roles and responsibilities in the health-care team; therefore, they should be afforded the same importance as the doctors in the health-care team.

On the other hand, student nurses and midwives need to be socialised into their profession in order to undertake crucial roles in the health-care system. The question of how a nurse or midwife becomes socialised into their profession is critically important. Various definitions of socialisation exist. Cohen views professional socialisation as 'The complex process by which a person acquires the knowledge, skills, and sense of occupational identity that are characteristic of a member of that profession. It involves the internalisation of the values and norms of the group into the person's own behaviour and self-conception. In the process a person gives up the societal and media stereotypes prevalent in our culture and adopts those held by members of that profession (Brennan and McSherry, 2007). In 1981, Cohen recognised the importance of values as a central concept within the socialisation process. In 1977, Lacey emphasised that not only are an individual's personality and qualities important, but also that past experiences influence the socialisation process (Brennan and McSherry, 2007; Howkins and Ewens, 1999; Mackintosh, 2006). Feelings of guilt and shame are influenced by an individual's values, and past experiences. Resolving the feelings of guilt and shame can be an effective part of inculcating socialisation into the profession.

Guilt and shame can fulfil adaptive purposes in specific situations. Shame, for example, reminds the individual of the standards of propriety and behaviours necessary to remain a part of the social group, and guilt serves as a check on interpersonally harmful impulses. When guilt or shame is chronically used to organise and interpret experience, they can become an affective style which might lead to different forms of psychopathology. Guilt and shame can, therefore, also be viewed as traits or affective styles that actively guide a person's processing of information, self-evaluation, and self-regulatory behaviour across time and situations (Ferguson and Crowley, 1997). In other words, shame and guilt represent the work of natural selection to mitigate the power of negative emotions. When individuals experience shame and guilt, they are motivated to take corrective action to affirm cultural codes. Thus, for humans to be moral, they must have the capacity to experience shame and guilt and use this emotion to offer apologies and adjust behaviours so as to conform to norms, ideologies, and values. Unless individuals can experience shame and guilt, they will become sociopaths, and the moral order will break down (Stets and Turner, 2007). However, the feelings of guilt and shame control people; render them inefficient in school, in the social environment, and at work; and are affected by many factors (Carducci, 2000; Gilbert, 2000).

It has been assumed that guilt and shame might affect the abilities of nursing and midwifery students when fulfilling their roles assertively and with professional autonomy during the interdisciplinary care and treatment process (Dahlqvist et al., 2008; Fagerberg and Norberg, 2009; Luhanga et al., 2008). Bond (2009) examines shame in its many manifestations: the power to shame inherent in the clinical context; the consequences of shame on students' ability to learn; and the knowledge, skills, and attitudes needed by nurse educators to heal and prevent shaming in clinical nursing education. Bond (2009) concludes that shame and its effect on clinical nursing education must be taken into account by nurse educators. Therefore, feelings like guilt and shame should be identified during the education of nursing and midwifery students and such problems should be addressed and resolved.

## Methods

### *Purpose and Research Questions*

The present study was conducted with a cross-sectional design for the purpose of examining the feelings of guilt and shame in student nurses and midwives with respect to personal characteristics. The research questions are as follows:

- What are midwifery and nursing students' guilt and shame mean scores?
- Are the midwifery and nursing students' guilt and shame levels affected by their personal characteristics (gender, age, type of school, year at school, income status, and educational background of parents)?

### *Study Population and Sample Selection*

The population of the study comprised a total of 1002 students from three locations: a school of nursing (baccalaureate programme), the nursing program of a health vocational school (four-year university programme), and the midwifery program of a health vocational school (four-year university programme). Of this population, samples were collected from 667 students. Sampling was identified by a stratified random sampling method. The three schools from which subjects were recruited were used as stratification criteria. Student registration numbers were used as assigned numbers. The investigators used a table of random numbers to select these assigned numbers to obtain potential participants. Some data collection forms were excluded from the analysis because of missing data. Table 1 shows the total number of students in each school and the number of students recruited.

### *Instruments*

Data were collected by giving the Personal Information Form and the Guilt–Shame Scale to the students. The nursing and midwifery students at three universities were given a brief explanation and written information. Questionnaire packs, including the questionnaire, information sheet, and a consent form were given to all midwifery and nursing students. The questionnaires were filled in by the participating students and were collected and evaluated by the researcher.

#### *Personal Information Form*

The form was prepared in accordance with related literature (Cabak, 2002; Gökçe, 2002; Yüksel, 2005) and contains variables of gender, age, type of school, year at school, income status, and the educational background of the parents (Table 3).

#### *Guilt–Shame Scale*

The scale developed by Şahin and Şahin in 1992 was utilised in this research. This scale has been used in many studies in Turkey (Amanat, 2011; Deniz, 2006; Kalyoncu et al., 2002; Karataş, 2008; Motan, 2007) and comprises 24 questions evaluating the feelings of guilt and shame (Table 4). This self-evaluation scale is scored separately for the feelings of guilt and shame. Scale items are scored on a five-point Likert scale. Higher scores indicate higher levels of guilt or shame. The lowest possible score for each subscale is 12 and the highest is 60. In reliability studies, the internal consistency coefficient

**Table 1**
Population and sample distribution.

| | Population | Number of students included in the sample | |
|---|---|---|---|
| | | n | % |
| School of nursing | 580 | 381 | 65.69 |
| Health vocational school — nursing programme | 212 | 152 | 71.70 |
| Health vocational school — midwifery programme | 210 | 134 | 63.81 |
| Total | 1002 | 667 | 66.57 |

**Table 2**
Distribution of guilt and shame scores by personal characteristics of students (N = 667).

| | n | % | Guilt | Shame |
|---|---|---|---|---|
| | | | Mean ± SD | Mean ± SD |
| *Gender* | | | | |
| Female | 591 | 88.6 | 51.04 ± 9.41 | 44.38 ± 8.81 |
| Male | 76 | 11.4 | 46.45 ± 10.50 | 37.79 ± 9.16 |
| | | | Z = −4.35 | Z = −5.73 |
| | | | p = 0.000 | p = 0.000 |
| *Age groups (years)* | | | | |
| 17–19 | 199 | 29.8 | 53.12 ± 8.00 | 45.44 ± 8.50 |
| 20–22 | 392 | 58.8 | 49.25 ± 10.01 | 42.70 ± 9.18 |
| 23 and ↑ | 76 | 11.4 | 50.20 ± 10.40 | 43.70 ± 9.46 |
| | | | $\chi^2 = 24.92$ | $\chi^2 = 1139$ |
| | | | p = 0.000 | p = 0.003 |
| Age (Mean ± SD) | 20.57 ± 1.98 (17–34) | | r = −0.112 | r = −0.077 |
| | | | p = 0.004 | p = 0.047 |
| *School attended* | | | | |
| School of nursing | 381 | 57.1 | 49.25 ± 10.65 | 42.46 ± 9.27 |
| Health vocational school — nursing programme | 152 | 22.8 | 52.32 ± 7.53 | 44.38 ± 8.86 |
| Health vocational school — midwifery programme | 134 | 20.1 | 52.05 ± 8.15 | 46.10 ± 8.26 |
| | | | $\chi^2 = 8.54$ | $\chi^2 = 16.62$ |
| | | | p = 0.015 | p = 0.000 |
| *Year at school* | | | | |
| 1 year | 207 | 31.0 | 52.60 ± 7.87 | 44.71 ± 9.03 |
| 2 year | 187 | 28.0 | 48.90 ± 10.64 | 42.20 ± 9.74 |
| 3 year | 143 | 21.4 | 50.44 ± 10.17 | 44.36 ± 8.70 |
| 4 year | 130 | 19.5 | 49.58 ± 9.60 | 43.15 ± 8.38 |
| | | | $\chi^2 = 13.44$ | $\chi^2 = 8.64$ |
| | | | p = 0.004 | p = 0.035 |

of the scale was 0.81 for the guilt subscale and 0.80 for the shame subscale. In validation studies, the correlation between guilt and shame scales was calculated as 0.49 (Savaşır and Şahin, 1997). An internal consistency analysis was conducted to determine the reliability of the data obtained, and Cronbach's alpha coefficient was found to be 0.86 for the guilt subscale and 0.90 for the shame subscale. The correlation of the scores obtained from the guilt and shame subscales was 0.61. These results demonstrate that the data obtained from the present study are valid and reliable. The shame–guilt scale was used in a lot of research in Turkey (Amanat, 2011; Deniz, 2006; Kalyoncu et al., 2002; Karataş, 2008; Motan, 2007).

**Table 3**
Personal information form.

1. Survey no:
2. Age (please write): _____
3. Gender: ( ) 1. Female ( ) 2. Male
4. Your marital status: ( ) 1. Married ( ) 2. Single
5. Your school: ( ) 1. School of nursing ( ) 2. Health vocational school - nursing programme ( ) 3. Health vocational school -midwifery programme
6. Your year at school? ( ) 1. 1st year ( ) 2. 2nd year ( ) 3. 3rd year ( ) 4. 4th year
7. Does your financial income meet your expenses? ( ) 1. Yes ( ) 2. No
8. The educational status of parents:

| Your mother | Your father |
|---|---|
| ( ) 1. Illiterate | ( ) 1. Illiterate |
| ( ) 2. Literate | ( ) 2. Literate |
| ( ) 3. Primary school graduate | ( ) 3. Primary school graduate |
| ( ) 4. High school graduate | ( ) 4. High school graduate |
| ( ) 5. University or higher graduate | ( ) 5. University or higher graduate |

**Table 4**
Guilt–Shame Scale.

The goal of this scale is to determine the intensity of some emotions and in what situations they are felt. There are several cases given below. How disturbed would you feel if these happened to you? Please read each case carefully and note how disturbed you would feel by using the following scale and marking the suitable option with an (X): 1. I would not feel disturbed at all. 2. I would feel a bit disturbed. 3. I would feel very disturbed. 4. I would feel quite disturbed. 5. I would feel extremely disturbed.

1. Finding out, at the end of a discussion, that an opinion you have been defending passionately is actually wrong.
2. Guests coming at a time when your house is really untidy.
3. Reluctantly disclosing a secret entrusted to you by someone else.
4. Someone from the opposite sex explicitly showing interest in you in a crowded place in a manner that draws everyone's attention.
5. Your clothing creasing or curling up in a manner that exposes a part of your body which you would like to keep covered.
6. Realising that you are solely trying to get what you want in a love relationship, exploiting the other person.
7. Remaining a mere spectator in a situation where someone else is blamed for a fault or a mistake, although you are actually responsible for it.
8. The audience proving you wrong after you make a speech on a subject in which you are supposed to be an expert.
9. Experiencing an incident which will cause everyone to turn their eyes towards you where a very busy business centre is located.
10. Noticing that you are eating with your hands in a luxurious restaurant where you are supposed to use a fork and a knife, whilst others are looking at you.
11. Gaining great interest by cheating or exploiting others.
12. Not making any changes in working conditions as an employer despite the fact that failure to do so is bound to cause harm to your workers' health.
13. Your instructor making an example of you to the entire class when you stutter or get confused owing to nervousness during an oral exam.
14. Not helping although you know that someone you know is in trouble and you can actually help.
15. Many people you have just met being disturbed by an obscene joke told by you at a party.
16. Finding out that your parents are experiencing financial trouble after you have selfishly or unnecessarily spent a large amount of money.
17. Your friend never realising that you are responsible for it after you have stolen something from him/her.
18. Attending a meeting in casual and comfortable apparel only to find out that everyone dressed up in a formal fashion.
19. Dropping a full plate of food at a dinner party.
20. An unpleasant behaviour of yours, which you have been hiding from everyone, being exposed.
21. Harming someone, although he/she has not deserved it.
22. Keeping silent when you have received more change than you are supposed to after paying for your shopping.
23. Not fulfilling your parents' expectations of you.
24. Avoiding tasks you are responsible for, by making up various excuses.

### *Ethical Considerations*

Application was submitted to the heads of the schools from which the data were collected, along with an information form containing the aim and scope of the study; subsequently, consent was received. The aim, benefits, and students' role in the study were explained to the students comprising the sample. The principles of willingness and voluntariness were emphasised for participation in the study, and students' verbal consents/approvals were received. They were instructed not to write their names on the data collection forms.

### *Data Analysis*

Ordinal variables were evaluated by arithmetic mean and standard deviation and minimum and maximum values, whilst nominal variables were evaluated by frequency and percentages. Spearman's rho correlation technique was used to determine the relationship between ordinal variables. The Mann–Whitney U method was used to determine the difference between the averages of two groups, and Kruskal Wallis methods were used to determine the difference between the averages of more than two groups. The Bonferroni

Adjusted Mann–Whitney method was used in cases where significant differences were found.

## Findings

The findings of this investigation on the levels of guilt and shame are dealt with under two titles in this section: 'Personal characteristics of the students' and 'The guilt–shame scores and their association with personal characteristics'.

### *Personal Characteristics of the Students*

When the personal characteristics of the students were investigated with respect to the groups comprising the majority, it was determined that 88.6% of the students were women and the average age was 20.57 years (SD = 1.98), 96.3% were single; 26.7% were Science and Anatolian high school graduates; 59.1% received incomes which covered their expenses; 65.4% voluntarily chose the occupation of midwifery/nursing; and the mothers of 52.9% and the fathers of 45.7% were elementary school graduates.

### *The Guilt–Shame Scores and Their Association with Personal Characteristics*

Fig. 1 shows that the average score obtained from the guilt subscale, the score limit of which is 12–60, is 50.51 (SD = 9.64), and the average score obtained from the shame subscale, the score limit of which is 12–60, is 43.63 (SD = 9.09).

The gender of the students had an impact of high statistical significance on their guilt–shame scores ($p<0.001$). Both the guilt and shame scores of female students were determined to be higher than those of male students (Table 2).

The effect of students' age on guilt and shame scores was examined on a group-by-group basis and by raw age years. The age groups of the students are given in Table 2. Statistically significant differences were found in the guilt ($p<0.001$) and shame ($p<0.01$) scores by age groups. When these differences were examined by using the Bonferroni Adjusted Mann–Whitney method, statistically significant differences were found only between the age groups of 17–19 and 20–22 years ($Z=-5.06$, $p=0.000$ for guilt and $Z=-3.35$, $p=0.001$ for shame).

When the association between students' age and their guilt and shame scores was examined, it was determined that an inverse proportion exists between both subscales and age and that a statistically significant decrease was observed in the guilt ($p<0.01$) and shame ($p<0.05$) scores as age increased (Table 2).

The assessment of students' guilt ($p<0.05$) and shame ($p<0.001$) scores by the schools attended revealed a statistically significant difference between groups (Table 2). Students from the school of nursing obtained scores on the guilt subscale that were significantly lower than that of the students from the department of nursing ($Z=2.24$, $p=0.025$) and those from the health vocational school department of midwifery ($Z=-3.79$, $p=0.000$). On the shame subscale, a significant difference was observed only between the students from the school of nursing and those from the health vocational school department of midwifery, with students from the school of nursing obtaining a lower score ($Z=-3.79$, $p=0.000$).

Statistically significant differences were found between the guilt ($p<0.01$) and shame ($p<0.05$) scores of the students by their year at school (Table 2). Statistically significant differences were detected between both the guilt ($Z=-3.20$, $p=0.001$) and shame ($Z=-2.65$, $p=0.008$) scores of 1st and 2nd year students and between the guilt scores ($Z=-3.04$, $p=0.002$) of 1st and 4th year students.

The variables of financial status and education level of parents did not affect guilt and shame scores to a statistically significant extent ($p>0.05$).

**Fig. 1.** The guilt-shame scale scores distribution of students.

## Discussion

In most empirical studies, both shame and guilt have been positively related to psychopathology and interpersonal difficulties (Rüsch et al., 2007). However, the effect of shame and guilt amongst populations of nursing and midwifery students has not been covered in the literature. Nursing and midwifery are professions that require interpersonal communication, and members of these professions are required to have effective communication with the individuals in their care, their families, and society as a whole, as well as with other members of the health-care team. Given this important interpersonal role, guilt and shame are important topics that need to be studied with respect to nursing and midwifery students. Other studies have described that the variables of gender, age, year at school, income status, and the educational background of parents were compounded for the feelings of guilt and shame (Benetti-McQuoid and Bursik, 2005; Cabak 2002; Durmuş, 2007; Eren, 1997; Gökçe, 2002; Yüksel, 2005). Thus, the present study addressed the feelings of guilt and shame in midwifery and nursing students within the context of these variables.

Evaluation of the guilt and shame scores of the students included in this study showed notably high scores, particularly in guilt. One study on nursing students in Turkey demonstrated that almost half of those included in the sample had submissive behaviour, which is believed to be strongly associated with feelings of guilt and shame (Özkan and Özen, 2008). These findings were indeed considered to be a reflection of the general situation in Turkey. In the literature, a 'cultural pattern of praise' is reported to be a major factor that affects and/or causes shame (Kozanoğlu, 2006).

Karataş (2008) reports that female students had higher guilt scores than male students, although the guilt scores did not differ significantly. Benetti-McQuoid and Bursik (2005) found that the feeling of guilt was common amongst the female gender. Cabak (2002) could not demonstrate a significant difference in shame levels between male and female high school students. As these findings show, the reported effect of gender on guilt and shame differs amongst articles. The present study determined that female students experienced more guilt and shame than male students, which is considered an expected finding since, in almost all environments, that is, school, family, etc., the behaviours of younger females are restricted as a result of social pressure, which might result in increased feelings of guilt and shame.

The present study also demonstrated decreased scores of guilt and shame with increased age. The influence of the students' year at school on their guilt/shame scores was also statistically significant: first-year students experienced significantly more feelings of guilt and shame compared to second- and fourth-year students. The variables of age and year at school were considered interrelated, and the differences in guilt and shame scores by year at school were considered to be affected by age.

Studies have reported a correlation between academic success and the feelings of guilt and shame, with higher success being achieved by individuals with lesser levels of guilt and shame (Eren, 1997; Yüksel, 2005). The feeling of shame causes an individual to lose self-confidence, which results in hesitation to display creativeness, failure in school, and a fear of new concepts, which, in time, become a part of the personality (Kozanoğlu, 2006). The school the students in the present study attended was found to affect their feelings of guilt and shame. The students from the school of nursing were found to experience less guilt and shame than those from the other schools included in the study. This was thought to be a consequence of academic success, because attendance at the school of nursing required higher scores on the selection and placement examination than the other schools, and therefore the students of the school of nursing might be considered more successful. As a result, they experience less guilt and shame. On the other hand, Kantek and Gezer (2010) find that the midwifery students expected their lecturers to use an expert power base, and that lecturers need to reconsider their power bases. Their results also showed that faculty members should use a variety of power bases (especially expert power) other than coercive power if they wish to increase or change their impact on students' success. This situation might affect midwifery students' guilt and shame feelings.

To some degree, both student nurses and midwives have experienced guilt and shame in clinical settings (Cragg and Andrusyszyn, 2005; Walker et al., 2008). Walker et al. (2008) report that even registered nurses experienced a degree of guilt and shame when they were unable to sustain their responsibilities towards undergraduate nursing students whilst providing holistic patient care. The findings of this study are significant because they demonstrate the importance of this issue.

The present study determined that the level of income did not influence students' feelings of guilt and shame. Supporting the findings of the present study, Özmen et al. (2008) also find that the level of income of students' parents did not statistically influence feelings of guilt and shame. Cabak (2002), on the other hand, finds a statistically significant correlation between the levels of shame of high school students and the level of their families' income: the students whose parents had higher levels of income had lesser levels of shame. Similarly, Gökçe (2002) reports a significant negative correlation between shame and the perceived level of income. It might be concluded that the data obtained from the present study regarding the correlation between the level of income and feelings of guilt and shame might be associated with the characteristics of the students forming the sample.

There are studies in the literature that suggest that the educational status of mothers is a factor that predicts the feelings of guilt and shame in their children (Cabak, 2002; Gökçe, 2002; Yüksel, 2002). Children are raised by their mothers, and therefore the educational level of mothers is believed to be an important factor in the development of guilt and shame in children. In the present study, however, no correlation was noted between the educational level of mothers and the feelings of guilt and shame in students.

In support of the data obtained in the present study, some studies in the literature report that the education status of fathers was not a variable that affects the feelings of guilt and shame in students (Gökçe, 2002; Yüksel, 2005). On the other hand, Cabak (2002) finds a significant correlation between the shame levels of high school students and the educational levels of their fathers: students whose fathers had a postgraduate education had lesser levels of shame.

## Conclusion and Recommendations

Nurses and midwives should be aware of feelings of guilt and shame, both their own and their clients'. For example, feelings of guilt and shame are very important in sexual health. Nurses and midwives are effective promoters of sexual health. The World Health Organisation's definition of sexual health emphasises freedom from fear, shame, guilt, etc. (WHO, 1986). Therefore, both the nurse and client are free of guilt and shame in order to promote sexual health. As another example, health-care team members experience guilt and shame because of medical errors. These feelings cause team members to deny or hide medical errors. Therefore, students should be educated about the positive value of acknowledging medical error and to move away from guilt and shame. Thus, errors can be more openly admitted and discussed (Lester and Tritter, 2001).

The present study addressed the feelings of guilt and shame in nursing and midwifery students within the context of several variables. Students' guilt and shame scores were high, and the variables of gender, age, school attended, and year at school affected the feelings of guilt and shame. Both guilt and shame are important social factors. It is important that educators ensure that nursing and midwifery students have a sense of self-worth. Nursing and midwifery educators can help prevent shame and its negative consequences whilst still encouraging a healthy sense of right, wrong, and guilt when necessary. The following suggestions are made on the basis of the data obtained:

- Nursing and midwifery educators should prevent students' experience of guilt and shame in the classroom, laboratory, and clinic.
- Nursing and midwifery educators should take into account the factors affecting the feelings of guilt and shame.
- Educator–student communication should be considered to prevent students' experience of guilt and shame.
- Studies should be conducted to determine the effect of the nursing program in educator–student communication and in students' feelings of guilt and shame.
- Guidance programmes could be provided for midwifery/nursing students in order to address feelings of guilt and shame and provide support for resolving issues related to this topic.
- Emphasis could be placed on activities to make good use of spare time.
- Groups could be established at schools, such as groups to cope with stress, where students can find the opportunity to interact and express themselves.

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