ORIGINAL ARTICLE

The Relationship between Moral Distress and Job Satisfaction in Iranian female Nurses

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ABSTRACT
Moral distress is a serious problem in clinical nursing that affects personal and professional aspects of nurses' lives including their job satisfaction. This study was conducted with the aim to determine the relationship between moral distress and job satisfaction in Iranian female nurses.
This is a descriptive-analytical study in which the relationship between moral distress and job satisfaction in nurses is assessed. Participants in the study included 140 nurses employed at health centers in the city of Bam (located in southeast of Iran) in 2011. Data were collected using the Jameton (1984) Moral Distress Scale (MDS) and Lutans job satisfaction questionnaire. Findings of the study revealed mean moral distress among female nurses between 5.04 and 7, and mean job satisfaction between 2.52 and 4. Also, a significant inverse correlation was observed between moral distress and job satisfaction in nurses (R=-0.586, P=0.00).Given the level of moral distress and its considerable affect on nurses' job satisfaction, nursing managers should find strategies to reduce level of moral distress among staff, and by creating supportive environments for nurses, provide opportunities for their improvement and promotion.
Keywords*: moral distress, job satisfaction, Iranian female nurses, health care*

INTRODUCTION

Nearly all clinical health disciplines encounter situations that require moral judgments. In moral decisions, they must take into account legal and ethical considerations. Like other health professionals, nurses also need to be sensitive to ethical issues associated with their responsibilities and defend the rights of their patients at the time of decision making, and respect their decisions and effectively manage ethical predicaments in clinical practice [1]. The reason is nurses have the most contact with patients in terms of length of time and depth of relation [2]. Therefore, they are exposed to huge stresses in their workplace on daily basis. Stress and work-related fatigue is a consequence of their work conditions [3]. Sometimes they are placed under such conditions that they may be confused between their personal and professional obligations between doctor and patient [4]. The consequence of this complexity and frequent ethical and unclear challenges is moral distress among nurses [5].

Peter & Liaschenko believe that since nurses work closely with patients and carry out instructions, they are more exposed to moral distress than other care providers. Other health care providers experience "moral support" in a safer distance from patients, and in carrying out instructions and observing patient experiences first hand they may have less distress [6]. From the "Please do not resuscitate" order to unnecessary therapies and tests, all raise the question "Am I doing this right?", in the nurse's mind [7].

Moral distress is a growing problem for the care providers in the health system including: nurses, pharmacists, doctors, and managers [8]. This concept was first defined by Jameton in 1984, as "failure of a moral factor in practice, given core values and commitments leading to internal or external pressures" [9]. In his opinion, moral distress involves a sense of anxiety and frustration, anger and anxiety, when a person is confronts organizational barriers, and his personal values are in conflict with others [10].

In 2002, Corley showed that moral distress is directly associated with job dissatisfaction and occupational fatigue [11]. Also, in 2005, Elpern et al. investigated moral distress among nurses working in special care units and stated that most of nurses' distress in stressful situations was associated with care of patients in final stages of life. They also found a direct relationship between stress level and job satisfaction, and argued moral distress is inversely related to job satisfaction, physical well-being, self-image and spirituality [12]. External factors influencing moral distress include limited resources, security pressures, experiencing pain and suffering, and lack of patient's dignity [11]. Inability of nurses in solving these distress sources, and their lack of control over the environment, leads to further moral conflicts [13].

Given the complications induced by nurses' moral distress and its direct effect on their professional performance and job satisfaction, conducting this study has many important aspects: first, recognizing and examining level of moral distress is the first step in identifying level of involvement of nurses and the health care team with moral distress. According to the relevant literature review conducted by the researcher, the subject of moral distress among Iranian female nurses has not been previously examined at all.

The inspiration for choosing women in this study was due to the fact that usually there is a gender perspective in all professions, and people perform their professional roles according to the social perceptions. This perception has influenced nursing more than any other profession. For example, despite the fact that nowadays many men enter the nursing profession, still nurses are remembered as "angels", which is considered a feminine adjective. This point should not be neglected that avoiding gender perspective in nursing is not only serious at social level, but even in the nursing community it is impossible to change or remove the gender role, and these role changes are even very hard for female nurses working in the profession [14].

It can also be said that studying job satisfaction, due to reporting status of the community of social service providers, in fact mirrors quality and quantity of the services provided for the community. Since nursing profession is involved in the real health promotion by providing a large volume of services in various centers, constant and periodical assessment of nurses' satisfaction provides a true image of the health management system in various towns and regions of the country. The city of Bam, given its special geographical location in the east of Kerman province, on Iran's southern plateau commercial causeway, and its cultural standing, after the 2003 earthquake, is a living evidence of the commercial development in a desert in the central Asia. In a meeting in July 2004 in China, it was registered in the list of "Endangered World Heritage". Bam is experiencing material and human renovation in various social sectors. The Bam earthquake of 6.3 on Richter scale in Jan 2003 left nearly 40,000 dead, 30,000 wounded, and 45,000 people homeless. Also, 91.2% of municipals and 95.5% of residential premises in the city of Bam were destroyed [15]. Thus, investigation of satisfaction of nurses in this town in two Pasteur and Aflatonian hospitals that provide all health services for a population of nearly 500,000, is a picture of quality of health care development in the region. Therefore, in this study, the relationship between moral distress and job satisfaction is investigated, and it is hoped that results could be effective in increasing recognition of these two issues in nursing profession.

MATERIAL AND METHOD

This descriptive-analytical study was conducted in 2011. The study population consisted of all nurses working in Bam hospitals (Pasteur and Aflatonian hospitals), with Bachelor's degree and Master's degree qualifications in nursing.

The study setting comprised all wards in Pasteur and Aflatonian hospitals in Bam city. The Pasteur health center, affiliated to Kerman University of Medical Sciences, has 178 active beds. Aflatonian is Bam's private health center with 60 beds. In this study, convenient sampling by census was used, and all hospital nurses present at the time of data collection (June 2011) were invited to take part. Study subjects included 140 Bachelor's degree and Master's degree qualified nurses, working in various hospital wards in three working shifts of morning, afternoon, and night. Of these, 133 nurses completed the questionnaires. In this study, a personal details form that included information on gender, education, type of employment, marital status, service ward, hospital name, Years of employment at the current hospital, number of night shifts per week, and monthly income was completed. Furthermore, two other questionnaires were used including moral distress and job satisfaction questionnaires. Jameton MDS is the first scale for assessing moral distress in nursing community, with questions designed to reflect moral issues. MDS scale includes 28 items that measure level of moral distress in nurses experiencing special conditions. Scoring in this questionnaire is done on the 7-option Likert scale for moral distress levels from very low to very high. In the questionnaire's text, nurses were asked to leave questions in which they had no experience or any particular moral issues unanswered. The lowest level of distress scored 1, and the highest scored 7 marks. Validity and reliability of moral distress questionnaire were determined

by Fogel in Chicago in 2007. Validity was confirmed using content validity, and reliability by use of Cronbach's alpha (α=0.93). This questionnaire has been translated in Iran and its validity and reliability was measured in 2008 using test-retest and Cronbach's alpha 0.86, respectively [16].

Lutans questionnaire was used to assess job satisfaction. This questionnaire consists of 41 items in 11 domains, and scoring is done by 5-option Likert scale from "highly satisfied" 4 marks to "dissatisfied" 1 mark and 0 for not applicable [17]. Validity and reliability of Lutans job satisfaction questionnaire were measured in 2010 in Iran. Content validity confirmed its validity, and retest confirmed its reliability (94%).

After obtaining approval of the ethics committee of Kerman University of Medical Sciences, registration Number ...., and a letter of introduction, the researcher visited the intended hospitals, and after coordination with nursing managers and head nurses, explained objectives of the study to the nurses and obtained their verbal consent for participation in the study. In addition, it was stated that questionnaires would remain anonymous. Then, questionnaires were issued to the study subjects, and they were asked to complete and return them within two days. Nurses completed the questionnaires at their own convenience in a self-reporting style and returned them as per prior agreement.

Data were analyzed using SPSS-16 software. To determine moral distress and job satisfaction levels, descriptive statistics such as mean and standard deviation, absolute and relative frequencies were used, and moral distress association with job satisfaction was found through Pearson correlation coefficient, and one-way variance analysis and linear regression were used to determine the relationship between demographic characteristics including: type of ward, age, work history, type of employment, working shift, and level of income and components of moral distress and overall job satisfaction in hospitals.

RESULTS

In the present study, a total of 133 participants completed the questionnaires. Of this number, 94.7% (126 persons) were patient's clinical nurses, and 5.3% (7 persons) were head nurses. All participants were female nurses, and during sampling in three successive shifts, male nurses were excluded from the study. Participants' age ranged from 21 to 45 years with mean and standard deviation 30.08±5.05 years. 131 nurses (98.5%) had nursing Bachelor's degree and 2 (1.5%) had Master's degree. Minimum work history was 1 year and maximum 21 years with mean 6.51±4.29 years.

Most participants (48.1%) were employed on contract basis, and most (28 nurses, 21.1%) worked in internal wards. Table 1 reflects participants' answers to some of the questions. Results indicated that only 19.5% of nurses had very high scientific interaction with doctors. Also, 40.6% of study subjects had high intentions of resignation and leaving the profession. 42.9% of nurses reported feelings of low job security, and 57.1% stated that they highly interacted with their colleagues.

Table 1: Distribution of relative frequency of samples based on answers to questions

	Very low	Low	High	Very High
Scientific interaction between doctors and nurses in the workplace	36(27/1)	45(33/8)	26(19/5)	26(19/5)
Decision to resign and leave the job	19(14/3)	41(30/8)	26(19/5)	19(14/3)
Job promotion opportunities for nurses	73(54/9)	42(31/6)	54(40/6)	5(3/8)
Feeling of job security for nurses	46(34/6)	57(42/9)	13(9/8)	7(5/3)
Support of hospital administrators	52(39/1)	52(39/1)	23(17/3)	7(5/3)
Good collaboration between colleagues and nurses	7(5/3)	17(12/8)	22(16/5)	33(24/8)
Workplace arrangements for continuing education	62(46/6)	62(46/6)	76(57/1)	3(3/2)
Supporting parents and wife in present job	14(10/5)	15(11/3)	76(57/1)	47(35/3)

Results showed that mean overall moral distress in nurses was 5.04 with standard deviation 0.87. Also, according to the findings of the study, subjects' mean job satisfaction was 2.52 out 4 (4 being the highest level of satisfaction and 1 indicating lack of satisfaction). In the present study, subjects' level of moral distress affected their job satisfaction (R=-0.58, P=0.00).

Results of linear regression test showed a significant correlation between age and work history with level of moral distress in study subjects; P=0.00 and P=0.01, respectively. However, no correlation was found between age and participants' job satisfaction. Yet, there was a significant correlation between nurses' work history and job satisfaction, and it could be stated that nurses' job satisfaction reduces with increasing work history.

The highest mean obtained from the moral distress questionnaire's items related to item 23 "carry out orders and institutional policies to discontinue treatment when the patient can no longer pay for treatment expenses" with mean and standard deviation 5.85±1.43, and the lowest related to item 18

"providing better care for wealthier patients compared to poorer ones" with mean and standard deviation 4.00±2.23.

DISCUSSION

Results of the study showed that there is a significant inverse correlation between study subjects' moral distress and job satisfaction levels; this means that with increasing clinical nurses' moral distress in facing stressful situations, their level of job satisfaction decreases. Corley in his 2002 study points out that unresolved ethical issues could lead to reduced job satisfaction and job displacement (11). Other studies have also referred to the correlation of job satisfaction and leaving the profession with stresses imposed on nurses. Maiden, in his study in 2008, mentions a significant correlation of moral distress with job satisfaction(18). In his opinion, negative emotions like anger, fear, and despair have direct correlation with moral distress. Elpern & Wilkinson also confirm correlation of job satisfaction with moral distress. A study has shown that interventions must be performed to reduce moral distress, increase organizational ethical resources, and enhance organizational ethical climate in order to increase job satisfaction(12 & 19).

Results obtained in this study indicated that nurses' mean overall moral distress was 5.041 from 7. In a study by McClendon et al. in 2007, moral distress levels was 5.5 from 10,[20] and in another study by Maiden in 2008 in America, mean overall moral distress was 3.98 out of 7[18] which was lower than that found in the present study. In the present study, nurses were more exposed to stressful situations in terms of moral distress. This could have been due to the lack of adequate awareness of nursing personnel about ethical issues and how to deal with them, or due to organizational limitations like staff shortages and physician-dominated system that still exists in our organizations.

Organizational limitations are one of the most important factors causing moral distress according to various texts. Erlen (2001) reported moral distress occurs in nurses when they are all often placed in clinical care situations and cannot fully meet their patients' needs. This problem is often created by the organization like compulsory register, staff shortages, and specific hospital policies. In such circumstances, nurses complain about lack of autonomy, and such conditions create moral distress for nurses[21]. In the present study, the item "carrying out orders and organizational policies to discontinue treatment when the patient can no longer pay for treatment expenses" created the highest level of moral distress in patient care, which was associated with organizational limitations (mean=5.58).

Other findings of this study included the significant correlation of age and work history with moral distress in nurses, so that level of moral distress among nurses decreased with increasing age. In studies by Fogel (2007) and Corley (2005), there was a significant correlation between nurses' age and severity of moral distress. However, age was not correlated with frequency of moral distress in nurses [22&5]. The negative correlation between age and moral distress could indicate the role of experience in learning solutions that help nurses to overcome the pain of stressful situations, and somehow achieve a system of adjustment for overcoming clinical problems. Conversely, younger, less experienced nurses are not equipped with necessary knowledge for dealing with limitations and feel inadequate against problems more quickly.

Mean job satisfaction among study nurses was 2.52 out of 4, which indicated mean satisfaction of nurses with their jobs. McDaniel (1998) in his study reported mean job satisfaction of 3.1 out of 5, which is in line with the results obtained in this study[23]. Monjamed et al. (2004) reported job satisfaction of majority (78.2%) of the country's nursing teams about average.[24]

CONCLUSION

Moral distress is a wide ranging concept that nurses encounter continually and daily in clinical situations. This occurs when a person feels her personal and professional belief values are threatened, hurt, or violated. Given that the present study has found high levels of moral distress in majority of public and private hospitals; by recognizing its effects, nursing managers could provide means to prevent creation of moral distress among nurses, or could follow up strategies to overcome moral distress through focusing resources and supporting ethical decisions to enhance clinical moral competence. Encouraging participation of nurses in ethics committees of hospitals could induce them to reveal emotional abnormalities created for them in dealing with ethical dilemmas. In this way, nurses will deal with resolving moral distress that has been created for them, and acquire necessary knowledge in such debates and through use of experiences of each other. Improved cooperation and relation between health care members also creates debates and ideas for resolving moral issues. Availability of nursing managers during and after a moral problem and talking about its professional and personal complications is another strategy that can possibly reduce nurses' burden of experienced distress. Also, based on the results of this study, officials should pay more attention to the importance of influential factors in creating

occupational motivation in nurses. Valuing nursing profession, creating variety in nursing work, and proper communication with nurses will make nursing profession more rewarding and provide an opportunity for better performance.

Study limitations: Given the descriptive style of the study, there is no cause and effect relationship between variables of moral distress and job satisfaction. Also, availability of subjects and lack of men's participation in the study were other limitations of this study. Therefore, to increase generalizability of results, it is recommended that further studies be conducted with presence of men, and in other cities of Iran.

ACKNOWLEDGEMENTS

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Citation of this article