Moral Distress And Job Satisfaction Of Nurses In Private Hospitals

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Abstract - *Using the descriptive-correlational design, the researcher focused her study on the moral distress of 154 staff nurses working in different private hospitals and its relation to their job satisfaction.*

She found out that staff nurses have a moderate level of moral distress in terms of the aspects of quality of care by healthcare providers, justice, and end-of-life care, which is a clear indication that they are experiencing a significant level of distress that may lead to burnout. Still, the staff nurses are satisfied with their job because they believe it is meaningful, and it gives them the opportunity to see their worth as professionals. Also, they learn and make good friends with their co-employees. Those staff nurses who served longer in the hospitals and who have higher salaries have a low level of moral distress. Likewise, older and female employees and those who have more experience and earning more in the hospitals are satisfied staff nurses. Lastly, nurses who have a high level of moral distress have low job satisfaction levels.

Keywords — *Moral Distress, Private Hospitals, Staff Nurses, Job Satisfaction*

I. INTRODUCTION

Fundamental to the practice of nursing is the expectation that the nurse will always keep the patient from harm, will provide care that is safe and effective, and will be respectful of the dignity, worth, and autonomy of the patient [1]. According to Phillips, as cited by the author in [2], "nurses are the front-liners of care, and they have a good handle on the issues and what the patients need." The Code of Ethics for Nurses supports these premises. However, this very foundation inherently creates situations where moral distress will occur because there will always be situations where the nurse cannot do what is considered to be in the best interest of the patient [1]. Therefore, it is inevitable for moral distress to develop among nurses.

Moral distress was first described in the 1980s by Jameson and was expressed as the suffering that arises from incoherence between one's actions and convictions [3]. In other words, one knows what is the right thing to do but recognizes herself/himself as unable to pursue such action either due to errors in judgment, personal failure, weakness of character, or even due to circumstances beyond personal control [4]. Moral distress is manifested as anger, frustration, guilt, loss of self-worth, depression, nightmares, suffering, anger, resentment, frustration, sorrow, anxiety, helplessness, and powerlessness [5]. Nurses suffer from feeling that their moral integrity is compromised when torn between opposing moral responsibilities. Several studies have shown that nurses have considered leaving their position or even their profession due to moral distress [6],[7].

The American Association of Critical-Care Nurses (AACN) asserts that "moral distress is a critical but frequently ignored problem in the healthcare work environment. Unaddressed, moral distress restricts nurses' abilities to provide optimal patient care and to find job satisfaction [8].

Job satisfaction has a positive effect on the quality of care and patient outcomes. It is an essential element for the maintenance of the workforce of any organization. The best quality of care is realized where nursing staff rates their job satisfaction highly. The Author in [9] defines job satisfaction as "a collection of feelings that an individual hold towards his or her job." Hospitals with high job satisfaction scores have been reported to also have a high quality of care and favorable patient outcomes [10].

Lack of job satisfaction, like burnout [11], for employees not only leads to high turnover rates but could also have detrimental effects on the individual. As stated in [12], retention of nurses is important because shortages of nurses could lead to work overload, burnout, and a lack of job satisfaction among the remaining nurses, increasing the likelihood of even greater turnover rates, potentially compromising standards of nursing care. One particularly poignant study showed that 15% of nurses left a previous position because of moral distress; another study in 1999 indicated that level to be as high as 26% [13]. These outcomes show the significance of the workplace environment on the retention of nurses.

Considering these situations of nurses in almost all parts of the world, this prompted the researcher, who is also a nurse who experienced moral distress in the hospital, to find out the existing level of moral distress among staff nurses and its relation to their job satisfaction in private hospitals in Cabanatuan City, Philippines. The result of this study will serve as a basis for nurse supervisors and hospital owners to devise a plan of action for the maintenance of the workforce not only in the city but in the whole country as well.

II. METHODOLOGY

The type of research utilized in this study is one of the descriptive research designs, which is called descriptive-correlational research. Correlational research is employed to test the degree of relationship between two or more variables [14].

This study was conducted in four private hospitals in Cabanatuan City, Philippines, in which 154 staff nurses from the different departments were purposively chosen as respondents of the study. The names of the hospitals were not disclosed by the researcher because of the request of the administrators and staff nurses that the anonymity of their institutions should be maintained in this research.

The questionnaire was used as the main tool to gather the data. The questionnaire consists of three parts. Part I covers the profile of the respondents. Part II of the questionnaire seeks for a level of moral distress of the respondents, and part III aims to determine the job satisfaction of the respondents. The researcher used the Moral Distress Scale-Revised (MDS-R) tool to find the level of moral distress of the respondents. The MDS-R revised by authors in [15] was used as a basis by the researcher in this study to measure moral distress. Moral Distress Scale-Revised was used in several studies on nurse moral distress in the past.

Part III of the questionnaire, which was used to determine the level of job satisfaction of the respondents, was based on the "Nursing Workplace Satisfaction Questionnaire(NWSQ)." The NWSQ was designed to evaluate nurse satisfaction with a new team model of nursing care delivery [16]. The NWSQ is utilized to assist in identifying the satisfaction of the staff nurses onward/unit.

Scoring. The following responses on the level of moral distress and job satisfaction of staff nurses were ascertained using the following scales on Table I:

Table I. Scales for Moral Distress & Job Satisfaction

Moral Distress		
Rating Scale	**Level**	**Interpretation**
0 – 5.33	Low	The nurse is experiencing a mild level of distress.
5.34 – 10.66	Moderate	The nurse is experiencing a significant level of distress.
10.67 – 16	High	The nurse is experiencing a severe level of distress.

Job Satisfaction		
Scale	**Rating Scale**	**Verbal Description**
5	4.20 to 5.00	Fully Agree/Very Satisfied
4	3.40 to 4.19	Agree/Satisfied
3	2.60 to 3.39	Partly Agree/Slightly Satisfied
2	1.80 to 2.59	Disagree/Dissatisfied
1	1.00 to 1.79	Definitely Disagree/Very Dissatisfied

The statistical tools utilized in this study were frequency, percentage, weighted mean, Pearson's r, and Spearman's rho.

III. RESULTS AND DISCUSSION

A. Socio-Demographic Profile of the Respondents

The socio-demographic profile considered in the study included age, sex, civil status, highest educational attainment, length of service, monthly income, and religion. The finding indicated that most of the staff nurses in four private hospitals in Cabanatuan City, Philippines were 25-30 years old, female, single, with the highest educational attainment of Bachelor of Science in Nursing, have 3-5 years of experience as a staff nurse, earn P9,000-P10,999 ($170-$208) monthly and are mostly Roman Catholics.

B. Level of Moral Distress of the Respondents

The level of moral distress of the respondents was measured in three categories, as shown in Table II, which are the quality of care by healthcare providers, justice, and end-of-life care. Looking at the overall weighted mean (5.85) of the three categories, it was revealed that there is moderate moral distress that is being experienced by the respondents. This means that staff nurses have undergone a significant level of distress while performing their duties.

The respondents experienced notable significant level of distress in the following situations: "working with nurses who do not have the competence required by the patient's condition (WM =6.90)"; "working with physicians who do not have the competence required by the patient's condition (WM=6.19)" ; "avoiding taking action when I learn that a physician or nurse colleague has made a medical error and does not report it (WM=7.01)";"ignoring situations in which patients have not been given adequate information to insure informed consent (WM=6.50)"; "witnessing medical/nursing students perform painful procedures on patients solely to increase their skill (WM=6.30)"; "providing less than optimal care due to pressures from administrators or insurers to reduce costs (WM=6.18)"; "following the family's request not to discuss death with a dying patient who asks about dying(WM=7.21)"; "initiating extensive life-saving actions when I think they only prolong death (WM=6.40)"; following the family's wishes to continue life support even though I believe it is not in the best interest of the patient (WM=6.11)" and "continuing to participate in care for a hopelessly ill person who is being sustained on a ventilator, when no one will make a decision to withdraw support(WM=6.11)".

The finding is similar to a study by the writers in [17] entitled Moral Distress among Jordanian Critical Care Nurse and their Perception of Hospital Ethical Climate, in which the findings show that the top five items with the highest total distress scores were related to the "end of life issues." The finding of the recent study that the overall level of moral distress of staff nurses when taken collectively (quality of care by healthcare providers, justice, and end of life care) was moderate was congruent to the results of the article written by researchers in [18] about moral distress of nurses in a medical intensive care unit. This means that the moral distress of the staff nurses is significant, and they may experience physical and emotional exhaustion, which could lead to burnout if not properly addressed and acted upon.

Table II. Moral Distress Experienced by the Staff Nurses

Quality of Care by Healthcare Providers	WM	VD
1. Being required to care for patients I don't feel qualified to care for.	4.89	Low
2. Working with nurses who do not have the competence required by the patient's condition.	6.90	Moderate
3. Working with physicians who do not have the competence required by the patient's condition.	6.19	Moderate
4. Working with medical or nursing students who do not have the competence required by the patient's condition.	5.24	Moderate
5. Working with nursing technicians/auxiliaries who do not have the competence required by the patient's condition.	5.84	Moderate
Grand Mean	5.81	Moderate
Justice		
6. Providing less than optimal care due to pressures from administrators or insurers to reduce costs.	6.18	Moderate
7. Assisting a physician who, in my opinion, is providing incompetent care.	5.75	Moderate
8. Avoiding taking action when I learn that a physician or nurse colleague has made a medical error and does not report it	7.01	Moderate
9. Witnessing medical/nursing students perform painful procedures on patients solely to increase their skill.	6.30	Moderate
10. Taking no action about an observed ethical issue because the involved staff member or someone in a position of authority requests that I do nothing.	5.61	Moderate
11. Witnessing healthcare providers giving "false hope" to a patient or family.	5.21	Low
12. Ignoring situations in which patients have not been given adequate information to ensure informed consent.	6.50	Moderate
13. Providing better care for those who can afford to pay than those who cannot.	4.03	Low
14. Carrying out the physician's orders for what I consider to be unnecessary tests and treatments.	4.51	Low
15. Witnessing diminished patient care due to poor team communication	4.03	Low
16. Watching a patient suffer because of a lack of provider continuity	4.51	Low
Grand Mean	5.42	Moderate
End of Life Care		
17. Following the family's wishes to continue life support even though I believe it is not in the best interest of the patient.	6.11	Moderate
18. Initiating extensive life-saving actions when I think they only prolong death.	6.40	Moderate
19. Following the family's request not to discuss death with a dying patient who asks about dying.	7.21	Moderate
20. Continuing to participate in care for a hopelessly ill person who is being sustained on a ventilator when no one will decide to withdraw support.	6.11	Moderate
21. Providing care that does not relieve the patient's suffering because the physician fears that increasing the dose of pain medication will cause death.	5.83	Moderate
Grand Mean	6.33	Moderate
Overall Grand Mean	**5.85**	**Moderate**

C. Job Satisfaction of the Respondents

In this study, the job satisfaction of the respondents was measured in three categories, which are personal factors, workplace factors, and colleague factors.

Table III. Job Satisfaction of the Staff Nurses

Personal Factors	WM	VD
1. My job gives me a lot of satisfaction	3.77	Agree/Satisfied
2. My job is very meaningful to me	4.33	Fully Agree/Very Satisfied
3. I am enthusiastic about my present work	4.11	Agree/Satisfied
4. My work gives me an opportunity to see what I'm worth	4.27	Fully Agree/Very Satisfied
5. In the last year, my work has grown more interesting	3.98	Agree/Satisfied
6. It is worthwhile to make an effort in my job	3.93	Agree/Satisfied
Grand Mean	4.06	Agree/Satisfied
Workplace Factors		
7. I have enough time to deliver good care to patients	4.12	Agree/Satisfied
8. I have enough opportunity to discuss patient problems with colleagues	3.95	Agree/Satisfied

9. I have enough support from colleagues	3.82	Agree/Satisfied
10. I would function better if it were less busy on the ward	3.68	Agree/Satisfied
11. I am able to learn on the job	4.37	Fully Agree/Very Satisfied
12. I don't feel isolated from my colleagues at work	4.18	Agree/Satisfied
13. I feel confident as a clinician	3.95	Agree/Satisfied
14. I like the way my ward is run	3.64	Agree/Satisfied
Grand Mean	3.97	Agree/Satisfied
Colleague Factors		
15. It's possible for me to make good friends among my colleagues	4.24	Fully Agree/Very Satisfied
16. I like my colleagues	4.08	Agree/Satisfied
17. I feel that I belong to a team	4.18	Agree/Satisfied
18. I feel that my colleagues like me	4.06	Agree/Satisfied
Grand Mean	4.14	Agree/Satisfied
Overall Grand Mean	**4.06**	**Agree/Satisfied**

It can be observed in Table III that in the overall level (personal, workplace, and colleague OGM=4.06), the staff nurses are satisfied with their work. This finding was alike to the finding of the study of the researchers in [19], who also studied occupational stress and job satisfaction among nurses.

Their study reveals that the majority of nurses 83 %, 77%, and 60% had reported a high level of job satisfaction with subscales, namely ability utilization, achievement, activity, respectively. The staff nurses are very satisfied because for the following reasons: the job is very meaningful to them (WM=4.33); it gives them the opportunity to see their worth as professionals (WM=4.27); they are very enthusiastic about their present work (WM=4.11); they learn while performing their work (WM=4.37), and they make good friends among their colleagues (WM=4.24).

Making friends among colleagues was related to what was found out by the authors in reference [20], which shows that the majority of their respondents indicated satisfaction about interpersonal relations. Interpersonal skills can be helpful in comprehending the complexities of how to bring an overall balance in our life and workplace [21].

D. Relationship between the Profile and Moral Distress and Job Satisfaction of the Respondents.

Table IV shows the relationship between the profile of the respondents and their moral distress and also the relationship between the profile and their job satisfaction.

The table indicates that among the profiles of the respondents, their length of service and monthly income has a significant relationship to their moral distress. It means that the lower the respondents' length of service, the higher their moral distress. The result also indicates that staff nurses with lower monthly incomes have higher moral distress.

Table IV. Correlation between Profile and Moral Distress and Job Satisfaction

Profile	Moral Distress	Job Satisfaction
Age	-0.0935	0.1436*
Sex	0.0532	0.1396*
Civil Status	-0.0248	0.1111
Highest Educational Attainment	0.079	0.0958
Length of Service	-0.2426**	0.2312**
Monthly Income	-0.3071**	0.1304*
Religion	0.0597	-0.0598

The table also shows that age, sex, length of service, and monthly income have a significant relationship to job satisfaction.

As revealed by the data, the higher the age of the respondents, the higher the level of their job satisfaction. This finding is congruent to a study by researchers in [22] in which the result shows that job satisfaction is age-related. The higher job satisfaction among older nurses was due to the perks that come with managing a long career, which include higher salaries, better benefits, job security, and success in the workplace. The table also shows that females have higher job satisfaction than males. This is parallel to the findings of the study of authors in [23] entitled "Cross-Analysis of Gender Differences in Job-Satisfaction." Results showed that the "gender paradox" of higher satisfaction for women continues to be a factor in some countries. Women's higher job satisfaction could be because they are interested in different aspects of their job than men or because they can make more adjustments in their responses to work because of family responsibilities.

Along with higher age comes the longer length of service and higher monthly income. The result shows that the longer the length of service and the higher the monthly income, the higher the job satisfaction of the staff nurses. This can be attributed to the higher job and financial security, and success in the work aspect of the respondents.

E. Relationship between Moral Distress and Job Satisfaction of the Respondents

Table V shows the relationship between moral distress and job satisfaction of the respondents. It can be gleaned from the table that moral distress and job satisfaction are negatively correlated, which means that the higher the moral distress of the respondents, the lower

their job satisfaction. This finding was congruent to the findings of the author in [6] that moral distress causes low job satisfaction.

Table V. Correlation between Moral Distress and Job Satisfaction

Variables	Job Satisfaction
Moral Distress	-0.1482*
N	154

*correlation is significant @ 0.05 level

IV. CONCLUSIONS AND RECOMMENDATIONS

The staff nurses experienced a significant level of distress in terms of quality of care, justice, and end-of-life care. As to their level of job satisfaction, the staff nurses are satisfied with themselves, their colleagues, and in their workplace. Those staff nurses who have a low salary and are new in the hospitals have a high level of moral distress. Likewise, older and female employees, those who have more experience and earning more in the hospital, are satisfied staff nurses. Lastly, nurses who have high moral distress have low job satisfaction levels.

In the light of the findings, the researcher recommends that the Human Resource Development Office of the private hospitals may devise easy and efficient [24] activities aiming at physical and emotional upliftment of staff nurses to address their existing moral distress and may lessen if not prevent it from occurring in the future. Hospital owners, with the aid of the government, may consider increasing the salary of nurses working in private institutions. Since this study focused only on the working conditions of the nurses in the private sector, the result does not translate to all nurses, especially those working in public hospitals. Thus, it is recommended to do a study for nurses in public hospitals related to this one, such as therapy for reducing anxiety levels [25] and distress. Other studies may be conducted as an off-shoot of this study specifically on the moral distress of the patients; the effect of moral distress on the staff nurses' performance; and the significant roles played by head/supervisors in relieving staff nurses from moral distress to be able to make accurate and better decisions [26] regarding the working conditions of the staff nurses.

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