



Original Article

Moral Distress and Job Satisfaction among Nurses Working in Tertiary Care Hospitals, Karachi, Pakistan

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ABSTRACT

Moral distress is a painful feeling and a mental disturbance that occurs when a morally correct course of action is known but cannot be performed. **Objective:** To determine the moral distress and job satisfaction level, their correlation and their association with demographics among nurses working in public sector tertiary care hospitals in Karachi, Pakistan. **Methods:** This study was conducted in public sector tertiary care hospitals in Karachi through an analytical cross-sectional study design among 300 nurses. **Results:** This study shows that 52.7% of the participants had low, 38% have moderate, while 9.3% have high/very high levels of moral distress. Most of the nurses, 94%, were satisfied with their job. Moral distress was negatively correlated with job satisfaction ($r=-0.180$, $p=0.002$). Moreover, moral distress was associated with age ($p=0.03$) and ward ($p<0.001$). In contrast, job satisfaction was associated only with gender ($p=0.008$). **Conclusions:** The study findings illustrated that most nurses had low moral distress and were satisfied. Moral distress was negatively correlated with job satisfaction.

INTRODUCTION

Healthcare system is becoming progressively more complex worldwide with ethical problems encountered by health professionals in patient care on regular basis [1]. Moral distress is also one of them from which all individuals, including physicians, social workers, pharmacists, physiotherapists, occupational therapists, health care managers, and Nurses, suffer [2-5]. Moral distress is not only an alarming situation for the integrity of health care givers but also hazardous for the health care system [5]. Moral distress is a hurting emotion and mental disturbance

that occurs when the morally correct course of action is known but cannot be performed [6]. This is a serious matter for all healthcare providers, and research studies also describe it as a main problem among nurses [7]. Clinical conditions are significant factors of moral distress among nurses, perceived as internal feelings and external factors. Such phenomena in Clinical situations are the most frequent circumstances in the everyday practice of nurses, for example, futile care (Persistent life support and care even if the nurse thinks that care is needless and

useless), delaying of dying process by continuous and insistent lifesaving actions, which can create more problems for patient and family, uninformed consent for the surgical and non-surgical procedure, low-quality care and care from student nurses, poor utilization or lack of resources, work with less proficient colleague both nurses and doctors, provide less dose or inadequate pain relief medicine due to fear of adverse effects and follow family wishes instead of patient need. Next is internal perceived weakness, powerlessness, lack of moral autonomy, incompetency in knowledge and skills to solve ethical issues, and authority discrimination between nurses and doctors [5-8]. The third is external constrain like organizational policies, which create conflict in patient care, meager relationship, poor communication between health care teams, and decreased staffing with poor patient care; these all factors and circumstances are responsible for creating moral distress situation in health professionals [5, 6, 9]. In a research study, nurses in the intensive care unit (ICU) describe that moral distress affects their job satisfaction, retention, mental and bodily well-being, self-esteem, and spirituality [6]. In 2006, 43% of American nurses quit their employment due to moral distress [8]. Moral distress is an unnoticed problem in healthcare settings. Even it has severe consequences for nurses' health and work performance, directly or indirectly affecting the quality of patient care [9]. Consequences of moral distress are not only physical and psychological, but it is also the cause of high turnover, burnout, and job dissatisfaction in the nursing field. Therefore, they change their position or leave the profession [8]. It also causes stress, anger, guilt, frustration, shame, sadness, insecurity, and depression in nurses [8]. Research shows that 33-80% of nurses experience moral distress, and 15-26% leave the job and declare they did so due to Moral distress [10]. Moreover, Elizebeth et al. in 2008 conducted research to check causative factors among nurses of acute tertiary care hospitals. They found that institutional issues, futile care, fraud, and euthanasia increased nurses' disturbance. The frequency of high distress is associated with increased years of experience and staff working with oncology and transplant patients [11]. Besides the nurses in the United States, nurses in Europe also reported high moral distress due to lower autonomy and less collaboration between nurses & physicians [12]. It has also been proved that moral distress is more in nurses than physicians, and both groups were prone to leave their current position, i.e., 31% and 16%, respectively [13]. Shortage of nurses and elevated turnover rate cause big fear in many countries because of their awful impact on the competency and effectiveness of any healthcare delivery system [14]. The same problems are also common in Pakistan, confronting the healthcare system's workforce

resources deficit [15]. This showed that Nurses' job satisfaction is shattered for many reasons.

This study was conducted to form an idea/principle and explore the correlation between moral distress and job satisfaction among nurses working in tertiary care hospitals.

METHODS

This study was conducted during December, 2017 and February, 2018, applying an analytical cross-sectional study design through purposive sampling technique. Moreover, this study was led among nurses working in public sector tertiary care hospitals Karachi Pakistan (Dow University Hospital Karachi, Civil Hospital Karachi, Abbasi Shaheed Hospital Karachi). Furthermore, using PASS v11 one sample correlation, a sample size of 265 nurses was calculated with 80% power with a confidence interval of 95% and the null hypothesis correlation of -0.49 and the alternative hypothesis correlation of -0.61 between task requirement and acquiescence to violation of patient's right of MDS-P (Intensity) [16]. Due to the low sample size, we increased it to 300. Both male and female nurses working in ICUs and critical care areas were included, with a minimum of six months of job experience. Those nurses who were not willing to participate, or student nurses and technicians/supporting staff with some psychiatric, neurological, or medical problems were excluded. Ethical approval of this study was taken from Institutional Review Board (IRB) - Dow University of Health Sciences. Participants were assured their privacy and confidentiality of their data while assigning them with code numbers. After getting permission from IRB, BASR-DUHS, and study setting administration, the data collection procedure was started. After a brief description of the study by the primary researcher, written consent was taken from all the nurses prior data collection. Questionnaires, being available in English and Urdu, were handed to the participants, as per their preference, to fill and return to the primary researcher. However, they were allowed to take the questionnaires and return them to the primary researcher the next day. Self-developed Demographic Form, Moral Distress Revised questionnaire (MDS-R) and Job Satisfaction tool were used for data collection from the participants. Data were entered and analyzed through SPSS version 21.0. Frequencies and percentages were computed for all categorical variables like level of moral distress, Job satisfaction among nurses, and participants' demographics. Spearman correlation statistics were applied to examine the correlation among moral distress, intention to leave position, and job satisfaction. The Chi square test was applied to the association of demographic with moral distress and job satisfaction.

RESULTS

Among 300 study participants, 39.3% were male, and 60.7% were female. Around half of the participants, 49.7%, were between 20 to 30 years of age group. Furthermore, 64% were married, 35% were single, and only 0.7% were divorced/widowed. Most of the nurses, 60% were diploma prepared. According to the present position, 89% were registered nurses, 8.3% were head nurses, and 2.7% were nursing supervisors. Out of the total, 38% have an overall experience of 1 to 5 years, followed by 26.3%, who have 5-10 years of experience. Of most nurses, 26.3% were in MICU, followed by 15.3% in SICU. And concerning present ward experience was also the same, 1 to 5 years among 41.7% of nurses, followed by 6 months to 1 year of experience among 38% of nurses. In the working shift, 46.3% were in the morning, 32.7% in the evening, and 21% in the night shift. The overall nurse-patient ratio was 1:4 in the critical care units. The response of most of the nurses, 72%, was 'No' regarding having any method of communication to express their professional concerns (Table 1).

Table 1: Socio-demographic and job characteristics of participants (N=300)

Characteristics	N (%)
Gender	
Male	118 (39.3%)
Female	182 (60.7%)
Age	
20-30	149 (49.7%)
31-40	104 (34.7%)
51-60	35 (11.7%)
41-50	12 (4%)
Marital status	
Single	106 (35%)
Married	192 (64%)
widowed/divorced	2 (.7%)
Nursing Education	
Diploma in Nursing	180 (60%)
Generic BSN	11 (3.7%)
Post RN BSc N	107 (35.7%)
MSc N	2 (.7%)
Present Position	
Registered Nurses	267 (89%)
Head Nurses	25 (8.3%)
Nursing Supervisors	8 (2.7%)
Work Experience (Overall)	
6 months - 1 year	37 (12.3%)
1-5 year.	114 (38%)
5-10 year	79 (26.3%)
10-15 year	34 (11.3%)
15-20	18 (6%)
above 20 years	18 (6%)

Ward	
CCU	39 (13%)
NICU	24 (8%)
MICU	79 (26.3%)
HCU	33 (11%)
SICU	46 (15.3%)
PICU	30 (10%)
Neuro ICU	19 (6.3%)
Burn ICU	15 (5%)
Nephro ICU	15 (5%)
Work Experience in Present Ward	
6 months - 1 year	114 (38%)
1-5 year.	125 (41.7%)
5-10 year	42 (14%)
10-15 year	10 (3.3%)
15-20	4 (1.3%)
above 20 years	5 (1.7%)
Current working Shift	
Morning	139 (46.3%)
Evening	98 (32.7%)
Ward	Ratio
Over all Nurse/Patient Ratio	1:4
CCU	1:3
NICU	1:4
MICU	1:4
HCU	1:3
SICU	1:4
PICU	1:4
Neuro ICU	1:3
Burn ICU	1:4
Nephro ICU	1:5

Among 300 nurses, 52.7% have low moral distress, 38% have Moderate moral distress, and 9.35% have high / very high Moral distress. So, the findings illustrated that most nurses had low moral distress (Table 2).

Table 2: Level of moral distress

Moral Distress	Frequency (%)
Low	158 (52.7%)
Moderate	114 (38%)
High/Very high	28 (9.3%)

The findings of this study illustrate that 94% were satisfied, including 68.3% satisfied nurses and 25.7% very satisfied with their job (Table 3).

Table 3: Level of job satisfaction among nurses (N = 300)

Job satisfaction	Frequency (%)
Very Dissatisfied	0 (0%)
Dissatisfied	18 (6%)
Satisfied	205 (68.3%)
Very Satisfied	77 (25.7%)

Table 4 shows a negative correlation between Moral distress and job satisfaction of nurses ($r = -0.18$, p-value

=0.002). In comparison, there is a positive correlation between Moral distress and intention to leave a clinical position ($r=0.248$, p -value=0.001).

Table 4: Correlation of moral distress with job satisfaction and intention to leave a position

Moral Distress	Job satisfaction	Intention to leave a position
	- 0.180 (0.002**)	0.248 (< 0.001**)

**Significant at 1%

Out of 300, 61.7% of nurses have a low level of moral distress in the 20-30 age group, 32.9% have moderate, and 5.4% have a high/very high level of moral distress in that age group. Significant association was found between moral distress and age (p -value=0.037). In wards, 79.2% of NICU nurses have low moral distress, 80% of nurses have moderate moral distress, and 16.7% of PICU nurses have High/very high moral distress. A significant association was found between moral distress and ward (P -value=0.001). There was no significant association between moral distress and other demographic variables (Table 5).

Table 5: Association of demographics with moral distress

Demographic	Moral Distress			Chi-square	p-value
	Low	Moderate	High/Very High		
Gender					
Female	86 (47.3%)	77 (42.3%)	19 (10.4%)	5.441	.066
Male	72 (61%)	37 (31.4%)	9 (7.6%)		
Marital Status					
Single/divorced	59 (54.6%)	39 (36.1%)	10 (9.3%)	0.283	0.868
Married	99 (51.6%)	75 (39.1%)	18 (9.4%)		
Age					
20-30	92 (61.7%)	49 (32.9%)	8 (5.4%)	12.883	0.037*~
31-40	47 (45.2%)	43 (41.3%)	14 (13.5%)		
41-50	14 (40%)	16 (45.7%)	5 (14.3%)		
51-60	5 (41.7%)	6 (50%)	1 (8.3%)		
Education					
Dip in Nursing	101 (56.1%)	49 (32.9%)	8 (5.4%)	8.593	0.141~
Generic BSN	8 (72.7%)	3 (27.3%)	0 (.0%)		
Post RN BScN	49 (45.8%)	46 (43%)	12 (11.2%)		
MSN	0 (.0%)	1 (50%)	1 (50%)		
Present Position					
Reg. Nurse	143 (53.6%)	97 (36.3%)	27 (10.1%)	2.954	0.545~
Head Nurse	11 (44%)	13 (52%)	1 (4%)		
Nursing Sup	4 (50%)	4 (50%)	0 (.0%)		
Work Experience (Overall)					
6 months-1 year	24 (64.9%)	12 (32.4%)	1 (2.7%)	7.400	0.674~
1-5 year	61 (53.5%)	41 (36%)	12 (10.5%)		
6-10 year	43 (54.4%)	29 (36.7%)	7 (8.9%)		
10-15 year	13 (38.2%)	17 (50%)	1 (2.7%)		
15-20 year	9 (50%)	7 (38.9%)	12 (10.5%)		
Above 20 years	8 (44.4%)	8 (44.4%)	2 (11.1%)		
Work experience in present wards					
6 months-1 year	62 (54.4%)	42 (36.8%)	10 (8.8%)		
1-5 year	61 (48.8%)	54 (43.2%)	10 (8.0%)		

6-10 year	28 (66.7%)	9 (21.4%)	5 (11.9%)	13.850	0.127
10-15 year	2 (20%)	6 (60%)	2 (20%)		
15-20 year	2 (50%)	1 (25%)	1 (25%)		
Above 20 years	3 (60%)	2 (40%)	0 (.0%)		
Shift					
Morning	73 (52.5%)	58 (41.7%)	8 (5.8%)	13.850	0.127
Evening	53 (54.1%)	35 (35.7%)	10 (10.2%)		
Night	32 (50.8%)	21 (33.3%)	10 (15.9%)		
Ward					
CCU	24 (61.5%)	12 (30.8%)	3 (7.7%)	34.956	0.001**
NICU	19 (79.2%)	2 (8.3%)	3 (12.5%)		
MICU	44 (55.7%)	28 (35.4%)	7 (8.9%)		
HCU	19 (69.6%)	14 (42.4%)	0 (.0%)		
SICU	23 (50%)	19 (41.3%)	4 (8.7%)		
PICU	12 (40%)	13 (43.3%)	13 (43.3%)		
Neuro ICU	10 (52.6%)	7 (36.8%)	2 (10.5%)		
Burn ICU	6 (40%)	7 (46.7%)	2 (13.3%)		
Nephro ICU	1 (6.7%)	12 (80%)	2 (13.3%)		

**Significant at 1%

In this study, Regarding the association of demographic characteristics of the study participants with job satisfaction, only an association (p -value = 0.008) was found between gender and job satisfaction. In contrast, job satisfaction is not associated with other demographic variables (Table 6).

Table 6: Association of demographic with job satisfaction

Demographic	Job Satisfaction			Chi-square	p-value
	Dissatisfied	Satisfied	Very satisfied		
Gender					
Female	14 (7.7%)	132 (72.5%)	36 (19.8%)	9.646	0.008*
Male	4 (3.4%)	73 (61.9%)	41 (34.7%)		
Marital Status					
Single/divorced	5 (4.7%)	71 (65.7%)	32 (30.2%)	1.727	0.422
Married	13 (6.8%)	134 (69.8%)	45 (23.4%)		
Age					
20-30	7 (4.7%)	99 (66.4%)	43 (28.9%)	10.110	0.096-
31-40	5 (4.8%)	78 (75.%)	21 (20.2%)		
41-50	3 (8.6%)	21 (60%)	11 (31.4%)		
51-60	3 (25%)	7 (58.3%)	2 (16.7%)		
Education					
Dip in Nursing	9 (5%)	127 (70.6)	44 (24.4%)	7.567	0.237-
Generic BSN	1 (9.1%)	4 (36.4%)	6 (54.5%)		
Post RN BScN	8 (7.5%)	72 (67.3%)	27 (25.2%)		
MSN	0 (.0%)	2 (100%)	0 (.0%)		
Present Position					
Reg. Nurse	15 (5.6%)	185 (69.3%)	67 (25.1%)	4.660	0.276-
Head Nurse	3 (12%)	13 (52%)	9 (36%)		
Nursing Sup	0 (.0%)	7 (87.5%)	1 (12.5%)		
Work Experience (Overall)					
6 months-1 year	4 (10.8%)	24 (64.9%)	9 (24.3%)	8.180	0.578-
1-5 year	3 (2.6%)	82 (71.9%)	29 (25.4%)		
6-10 year	6 (7.6%)	51 (64.6%)	22 (27.8%)		
10-15 year	3 (8.8%)	24 (70.6%)	7 (20.6%)		

15-20 year	2 (11.1%)	12 (66.7%)	4 (22.2%)		
Above 20 years	0 (.0%)	12 (66.7%)	6 (33.3%)		
Work experience in present wards					
6 months-1 year	8 (7.0%)	81 (71.1%)	25 (21.9%)	12.493	0.182
1-5 year	6 (4.8%)	86 (68.8%)	33 (26.4%)		
6-10 year	2 (4.8%)	28 (66.7%)	12 (28.6%)		
10-15 year	2 (20%)	5 (50%)	3 (30%)		
15-20 year	0 (.0%)	4 (100%)	0 (.0%)		
Above 20 years	0 (.0%)	1 (20%)	4 (80%)		
Shift					
Morning	9 (6.5)	90 (64.7%)	40 (28.8%)	2.646	0.619
Evening	6 (6.1%)	67 (68.4%)	25 (25.5)		
Night	3 (4.8)	48 (76.2%)	12 (19%)		
Ward					
CCU	1 (2.6%)	26 (66.7%)	12 (30.8%)	14.774	0.478~
NICU	2 (8.3%)	19 (79.2%)	3 (12.5%)		
MICU	4 (5.1%)	55 (69.6%)	20 (25.3%)		
HDU	2 (6.1%)	20 (60.6%)	11 (33.3%)		
SICU	5 (10.9%)	31 (67.4%)	10 (21.7%)		
PICU	2 (6.7%)	19 (63.3%)	9 (30%)		
Neuro ICU	0 (.0%)	11 (57.9%)	8 (42.1%)		
Burn ICU	0 (.0%)	12 (80%)	3 (20%)		
Nephro ICU	2 (13.3%)	12 (80%)	1 (6.7%)		

**Significant at 1%; ~Cells proportion was <20%

DISCUSSION

In this study, the data analysis revealed that 52.7% of the nurses have low moral distress and others have moderate to high/very high moral distress. Similarly, the level of moral distress among Chinese clinical nurses was also low [18]. The same study conducted in the USA revealed that Overall, the moral distress scores for both male and female nurses were relatively low [19]. Another study conducted in Iran showed moderate to high levels of moral distress mean score ranging from 3.56 to 5.83 [20]. Similarly, studies conducted among ICU nurses in USA and Italy also Reported Moderate to high levels of moral distress [13, 21]. The findings of this study illustrated that most nurses 94% were satisfied, including and very satisfied with their job. Similarly, findings were reported in a study conducted in India that the level of Job satisfaction among nurses was 94% [22]. On the other side, another study in Pakistan Islamabad showed that 86% of the nurses were not satisfied with their job [23]. The reason may be the participant of this study was from critical care areas of public sector hospitals where they were happy with the hygienic and independent working environment, felt safe and secure, and extra allowance and incentives with gratuity/benefits after retirement and other resources/facilities as compared to other wards and hospitals. A study among Turkish nurses reported that they were dissatisfied with their job due to wages, promotion, and working environment and conditions while satisfied with their job and coworkers [24]. Findings illustrate that

around 53% of the nurses never considered quitting or leaving a position. Similarly, studies conducted by Hamric & Whitehead among health professionals (Physician & Nurses) in the USA showed that 51% and 45%, respectively, of the respondents never considered quitting or left a position [13]. This study demonstrated significant relationships supporting our hypothesis; moral distress was strongly negatively correlated with job satisfaction and positively correlated with the intention to quit. The same study was conducted in Tehran a significant relationship was observed between moral distress 1.77/4 and nurse job satisfaction 3.17/5 [25]. Regarding demographic and moral distress, in this study, only age ($p=0.037$) and ward ($p=0.0001$) were associated with moral distress. Similarly, a study in Italy reported the age of the nurses was significantly correlated with moral distress ($p=0.001$) [26]. Furthermore, a study correlated with wards and moral distress ($p=0.001$) [17]. Studies also observed moral distress mostly in ICUs and critical care areas. A study in Canada found that nurses' years of experience are directly associated with moral distress [27]. Another study among USA nurses revealed that females reported significantly higher moral distress scores than males [19]. However, there was no correlation between gender, marriage status, educational degree, work shift, and moral distress among Iranian nurses [8]. As for the association of Job satisfaction with demographics, in this study, only gender was associated with job satisfaction ($p=0.008$). The same study in India reported that none of the demographic variables was associated with job satisfaction [28].

CONCLUSIONS

The study findings illustrated that majority of the nurses had low moral distress and were satisfied from their job and never considered to leave a position. Correlation was found between moral distress and level of job satisfaction among the study participants.

Authors Contribution

Conceptualization: MA, SM

Methodology: RZ

Formal analysis: WAF, AR

Writing-review and editing: RAK, AURY, AB, JA

All authors have read and agreed to the published version of the manuscript.

Conflicts of Interest

The authors declare no conflict of interest.

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