



## EFFECTIVENESS OF NURSING ADVOCACY ON NURSES' MORAL DISTRESS AND JOB SATISFACTION IN BANDAR ABBAS

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### ABSTRACT

Nursing advocacy of patients is responsible and moral practices of nurses, which are performed on behalf of the patients, and moral distress is unpleasant psychological experience created due to lack of performing proper moral action, despite its diagnosis. It seems that playing the role of nursing advocacy of patient can be effective in moral distress of nurses and their job satisfaction. Hence, the present study was conducted to determine the impact of nursing advocacy of patients on moral distress and satisfaction of nurses in hospitals of Bandar Abbas city in 2015.

**Material and Method:** This study is a cross-sectional type of descriptive-analytical study. In this study, 135 nurses working in ICUs of three hospitals in Bandar Abbas were selected using convenience sampling. Nursing advocacy, job satisfaction, and moral distress questionnaires were used to collect data. Data were analyzed by SPSS 18 software and descriptive and inferential statistics were used in this regard.

**Results:** The results of this study showed significant and positive relationship between nursing advocacy of patients and job satisfaction ( $r = 0.062$ ,  $p \leq 0.0001$ ) and negative and significant correlation between nursing advocacy and intensity ( $r = -0.029$ ,  $p = 0.01$ ) and repetition of moral distress of nurses ( $p = 0.03$ ), ( $r = -0.063$ ).

**Discussion:** this study shows that playing the moral role of nursing advocacy of patients reduces nurses' moral distress, and provides the condition for their job satisfaction. It is recommended that by training and focusing on the moral roles of the nurses such as nursing advocacy of patients and managers and officials' advocacy of playing the moral roles, the area to reduce moral distress and increased job satisfaction of nurses to be provided.

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### Introduction

Developments in today's world include features that require moral approach in professions related to medical sciences [1]. Modern health care systems require nurses to focus on moral care in addition to having high treatment capacities [2]. Nursing advocacy of patients is one of the most prominent moral components of nursing and nursing knowledge looks at it from sacred perspective, and the value of this role has caused that it to be nursing clinical work quality index since 1980 [3]. Nursing advocacy of patients is the nurse practice [4] that reveals misbehavior in work environment or endangering the welfare of the patients or others with high voice as media [5]. Nursing advocacy of patient is a practice that nurse performs it to reduce the

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pain of the patient [6] and protect his health and benefits [7], and advocates his right even after his death [8]. Moral distress is defined as a feeling of discomfort or mental imbalance created as result of lack of performing proper moral action in spite of its diagnosis due to obstacles such as lack of enough time, medical limitations, institutional policies and individual or belief moral considerations [9]. When access to some of these goals becomes impossible such as the protection of injury to the patients, providing care properly and timely, and protecting healthy environment for patients become impossible, nurses will experience moral distress [10]. As moral problems increase and moral distress is not considered in nursing practice, we will experience significant reduction in number of nurses, followed by job dissatisfaction. Job satisfaction is one of the most important factors of success leading to increased sense of self-satisfaction. Job satisfaction is positive or pleasurable feeling that every person achieves it by evaluating his job or job experiences [11]. People who have satisfaction of their job have higher efficiency and they will more likely remain in their job [12]. As nurses play the main and most important role in providing health services in hospitals, factors affecting job satisfaction of nurses have a direct impact on the quality of cares provided, so it is considered vital subject for investigation [13]. Review of literature in various information sites shows no study on the impact of nursing advocacy of patients on moral distress or nurses' job satisfaction in Iran. However, these three concepts have been independently base of many studies including studies conducted on the role of nursing advocacy of patients in Iran by Motamed et al in 2013, who evaluated the attitude of Iranian nurses positive on this concept [14]. The qualitative study conducted by Negarandeh et al in 2008 has determined the meaning of nursing advocacy of patients in Iranian nurses [15]. In a study conducted by Bart - Sheridan in 2009, the desired attitude of nurses about nursing advocacy of patients has been reported [16]. Several studies have been conducted on moral distress in Iran. One of these studies belongs to a study conducted by Tavakoli et al in 2013, which examined the influence of four-model training on model distress of ICU nurses [17]. Qualitative study conducted by Atashzadeh et al also analyzed the moral distress of nurses in ICU [18]. Corley et al in 2002 also stated that moral distress leads to nursing leaving job [10]. Several studies in Iran have assessed the relation of different concepts of nursing ethics with nursing job satisfaction. In a study, it is concluded that improving the moral atmosphere prevailing in the work environment of nurses can lead to an increase in the level of job satisfaction and productivity of the organization [19]. Another study also suggests that identifying and limiting factors influencing moral distresses can lead to job dissatisfaction in nurses [20]. Considering the importance of the concepts of moral distress and nursing advocacy of patients in the nursing ethics and the concept of the nurses' job satisfaction and according to the high stress of nurses in intensive care units and as in the studies conducted by researchers, the impact of nursing advocacy of patients on moral distress and nurses' job satisfaction has not been considered, researcher of this study decided to conduct a study with an emphasis on these concepts in ICU nurses. We hope that results of this study can be effective in promoting the nursing services and reducing the moral distress and increasing the nurses' job satisfaction.

#### **Material and Methods**

The present study is a cross sectional type of descriptive analytical study conducted on nurses working in three hospitals of Bandar Abbas city in 2015. The criteria for inclusion in this study included having at least Bachelor's degree in nursing, 6-month work experience in different parts of ICU (ICU, CCU, NICU, and dialysis) and current employment in clinical work. In general, 135 people met the criteria to be included in this study who were selected using convenient sampling method. In order to collect data, in addition to the form related to demographic characteristics examining the personal characteristics such as age, sex, marital status, educational level, and professional characteristics such work experience in nursing, three questionnaires of nursing advocacy, moral distress, and job satisfaction were used. Nursing advocacy questionnaire was a 23-item and moderated questionnaire that examines the attitude of the nurses to their role as advocators of patients' rights. The base of this questionnaire is the questionnaires used in the dissertation of Barrett Sheridan [21] and Henkez [22], scored using 5-point Likert scale from 1 to 5 for strongly agree (1) somewhat agree (2) , no idea (3) somewhat disagree (4) and strongly disagree (5), and accordingly, the mean score was scored between 1 and 5. This questionnaire was translated from English to Persian and vice versa, and validity and reliability of the questionnaire was confirmed in a study conducted by Motamed et al, in which reliability of the questionnaire with Cronbach's alpha was reported 0.77, and its validity using CVI method was reported 86% [23].

The second questionnaire is Corley Moral Distress Scale that was developed for the first time by Corley in 1995 to measure moral distress of nurses and it was reviewed in 2001 [10]. Then, Blackhall and Hamric moderated 38 items of this scale to 21 items that this moderation was finally confirmed by Corley [24]. The nursing moral distress tool includes situations in which the person shows the intensity and repetition of moral distress by being exposed in those situations. Its options on intensity have been arranged from not at all (zero) to very high (5), and in the case of repetition, it has been arranged from never (zero) to repeatedly (5) [25]. As the score of the person is high, it indicates higher moral distress feeling of that person. Its validity was calculated through content validity by using views of 10 expert faculty members. Validity value was reported 87%, and its reliability through Cronbach's alpha was determined 0.89. The third questionnaire assesses the job satisfaction of nurses adopted from Job Satisfaction Questionnaire (MSQ) of Minnesota, which is one of the mostly used tools in this area. The questionnaire contains 23 questions about the person's work status scored by using Likert scale in the form of very satisfied (5), satisfied (4), I do not know (3), dissatisfied (2), or very dissatisfied (1). Scores range was 23-115 and as the score of the person is greater, it indicates greater job satisfaction. Validity of the questionnaire by was examined 10 members of the faculty

in terms of transparency, relevance, and simplicity and its CVI was calculated 88 percent. Its reliability through Cronbach's alpha was calculated 0.86.

These questionnaires were distributed after obtaining the necessary permits by co-researcher in the research environments. Before distributing the questionnaires, oral satisfaction of people was obtained and they were reminded that information of this questionnaire would be remain confidential. In addition, during the process of completing the questionnaire, the required description on each of the questions was given to the subjects. Distribution and collecting the questionnaire lasted two months. SPSS version 18 software was used to analyze the data. After determining the normal distribution of data by Kolmogorov-Smirnov test, parametric tests were used and descriptive statistics (frequency, percentage, mean, standard deviation) and analytical (Pearson correlation coefficient and independent t-test and ANOVA) statistics were used in this regard.

**Results**

In this study, 135 nurses working in intensive care units in three hospitals of Bandar Abbas with a mean age of  $34 \pm 6.15$  ranging in age from 24 to 51 years were participated. The majority of nurses was male and had a Bachelor level of education. In terms of nursing work experience, more than half of the nurses had work experience between 6 months to 10 years. In terms of hospital units, nurses were placed at two units of adult intensive care unit and pediatric intensive care unit, which the majority of them were working in adult intensive care units. The relationship between attitudes toward the role of nursing advocacy of patient and demographic characteristics suggests significant correlation between nursing advocacy of patients and participation in nursing moral training workshop (Table 1). In examining the relationship between attitudes toward the role of nursing advocacy of patient and job satisfaction, results suggest significant and positive relationship between them, and the relationship between attitudes toward the role of nursing advocacy of patient and intensity of moral distress is significant and negative. The relationship between these factors and repetition of moral distress is also significant and negative (Table 2).

**Table 1.** Background characteristics and mean score of attitude to nursing advocacy of patient in terms of demographic variables.

Background characteristics		n	%	Mean nursing advocacy	p-value
Age	Less than 30 years	33	24.4	2.63±0.28	0.55
	Between 30 and 40 years	73	53.9	2.92±0.57	
	more than 40 years	29	21.2	2.97±0.10	
Gender	Female	131	97	2.67±0.45	0.07
	Male	4	3	3.1±0.62	
Married	single	33	24/4	2.74±0.44	0.35
	Married	102	75/6	2.66±0.47	
Education	Bachelor	135	100	2.68±0.46	
Nursing work experience	Between 6 and 10 years	103	76.2	3.02±0.74	0.91
	Between 10 and 20 years	29	21.4	2.62±0.38	
	Between 20 and 30 years	3	2.2	2.68±0.33	
Unit	Adult ICU	108	80	2.72±0.42	.043
	Pediatric intensive care unit	27	20	2.55±0.55	
Nursing moral workshop	Participation in workshop	43	31.9	3.47±0.47	0.04
	Non-participation	92	68.1	2.59±0.47	

\*Correlation is significant at the level of  $p < 0.05$

**Table 2.** The relationship between nursing advocacy of patient and moral distress and job satisfaction.

	Moral distress		Job satisfaction
	Intensity of moral distress	Repetition of moral distress	
Nursing advocacy of patient	29 * r= -0.0 p= 0.01	63* r= -0.0 p= 0.03	62 * r=0.0 p≤0.0001

**Discussion**

The results of this study showed a positive and significant relationship between attitudes towards the role of nursing advocacy and job satisfaction among nurses in intensive care unit. This result indicates that improved attitude towards the role of nursing advocacy promotes job satisfaction of nurses. The study of Bou et al also suggests that nursing advocacy increases professional satisfaction, self-esteem, and self-confidence of nurses [26]. Other research in supporting this finding explains that increased awareness and improved attitudes on job duties increase job satisfaction by improving and enhancing the quality of the individual's performance [27]. In explaining these findings, it should be stated that desire for nursing advocacy of patient and successfully implementation of it increase the feeling of self-efficacy in nurses, leading to their job satisfaction by increasing their power of compatibility with work environment tensions. In this study, it was revealed that attitude toward the role of nursing advocacy has significant and negative with moral distress severity. This result suggests that improved attitude to role of nursing advocacy of patient reduces the moral distress of nurses. One sever moral distress can create acute effects in person and increases moral distress in nurses. However, if nurses know that how to react in confronting with moral problems and how to advocate patients, moral distress would not have much impact on them. It should also be said that with better understanding of the moral role and success in playing it, self-esteem and professional independence of nurse are promoted, leading to less emotional problems and low moral distress. However, it should be noted that lack of supporting atmosphere in the work environment and the probability of being rejected by coworkers cause that nurse to ignore it in spite of understanding the nursing advocacy of patient that will have no result just moral distress [28]. The findings of the study indicate that there is significant and negative relationship between the role of nursing advocacy and repetition of moral distress. This result indicates that improving the attitudes towards the role of nursing advocacy of patient reduces the repetition of moral distress. Moral distress is usually created due to lack of proper moral action in spite of its diagnosis by nurse. Repeated incidence of facing with moral issues and lack of confronting with it leads to chronic spectrum of effects in nurse and nurse is affected by reduced resistance strength, and he is guided gradually to consequences such as fatigue. However, when nurses are sure that they can take step in solving the moral problems and defend them, the repetition of the moral distress is reduced in them. The relationship between attitudes towards the role of nursing advocacy of patients and demographic characteristics suggests a significant relationship between the nursing advocacy and participation in nursing moral training workshop. The results of the research with the support of the findings of this study suggest that training programs plays significant role in creating positive attitude in the case of nursing advocacy of patient [21]. In addition, findings of study in 2008 that considered training in the area of nursing advocacy of patient essential in playing this role by nurses support tis finding [22]. It seems that participation in training workshops and in-service trainings on patient right for Iranian nurses that have been less trained on morality when they were student plays significant impact in increasing their awareness and even strengthening positive beliefs on nursing advocacy of patient.

**Conclusion**

The present study enables nursing managers to provide appropriate work environment by increasing organizational support by being aware of the impact of nursing advocacy of patient in reducing moral distress of nurses. As intensive care units nurses are faced at the risk of job burnout due to psychological pressures due to dealing with patient and nursing advocacy of patient in these units is essential, if necessary conditions to advocate patients are provided, competency of efficiency of nurses in these units will be more manifested. In addition, due to performing proper moral action, their job distress reduces, followed by increased job satisfaction. It is recommended that the role of nursing advocacy of patient, the ability to detect the position of nursing advocacy of patients, and the method to stating them to others and management to be included in the in-service program so that their efficiency and competency increase, leading to improved job satisfaction and reduced moral distress of nurses. One limitation of this research is that it was conducted on limited population and it used only questionnaire to measure the variables. Therefore, for better generalizing of the findings, conducting similar studies in the wider geographical area and with a larger sample size, and performing qualitative studies are suggested.

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