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ASSAYING THE PLACE OF MORAL DISTRESS IN NURSES' ETHICAL PERFORMANCE AND ITS RELATION WITH JOB BURNOUT

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ABSTRACT

Background: Moral distress has adverse effects on individuals' performance. The present study aimed to investigate the mediator role of moral distress in the relationship between ethical performance and job burnout among nurses.

Methods: This cross-sectional study was conducted in 2017 in educational hospitals of Jahrom University of Medical Sciences. One-hundred nurses were selected randomly. The main tool for collecting data was three questionnaires. Maslach Burnout Questionnaire used to measure job burnout. Dehghani Ethical Performance Questionnaire for nurses used to assess ethical performance. To investigate moral distress, Corlly and Moral Moral Distress Questionnaire (2012) used. Data analysis was done using SPSS19 software, by one-variable and multi-variable linear regression tests.

Results: Using linear regression by ENTER model, reveal that all three subgroups of moral performance could predict 12.5% of moral distress. However, they were able to predict 9.9% of the individual's competency changes. It was determined that moral distress could predict 4.5% of change in emotional exhaustion, also 8.5% of change in depersonalization. It was revealed that ethical distress and ethical performance could account for 6.1% of the changes in job burnout in the dimension of emotional exhaustion. Likewise, they could predict 7.2% of the changes in job burnout in the dimension of individual competency, also, 8.8% of the changes in job burnout in the domain of depersonalization.

Conclusion: Moral distress has a positive and effective mediator role in the relationship between ethical performance and job burnout. So that any intervention program to reduce job burnout without considering these two variables will not be effective.

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Introduction

Moral distortion has been defined as a psychological and moral imbalance and a state of negative feelings in which a person is not able to transform his moral decision into action and behavior. Moral distress is a psychological phenomenon that has an adverse impact on the individuals' performance. Moral distress is likely to happen in a person who acts contrary to his beliefs [1]. Moral distress is one of the most common issues raised in relation to medical ethics, in which a person is incapacitated under the present circumstances, regardless of his knowledge of ethical performance and ability to do so. Fry and Redman (2005) reveal that at least one third of nurses has experienced moral distress.

Job burnout is one of the important consequences of the moral distress in the work life of nurses, which can cause job fatigue and lack of job satisfaction [2]. Although all moral issues are problematic, the situations in which nurses are involved with moral distress are among the most severe psychological problems. According to the researches carried out, moral distress

can bear complications, both for nurses and for patients. The complications of moral distress include depression, headache, nightmares, and the feeling of being worthless. In case the nurses' resistance is broken, a reduction in job satisfaction and job burnout will ensue [3]. Job burnout is a syndrome in response to acute stress between an individual and his job, and the most important factors that lead to job burnout are organizational characteristics, social perception, individual characteristics, and role perception [4]. Job satisfaction is a delayed response to emotional and interpersonal chronic stresses that occur in the field of occupations [5]. The most common definition of job burnout is associated with that of Jackson and Maslach, who considered it a psychological syndrome consisting of three dimensions of emotional exhaustion, depersonalization, and loss of personal satisfaction. Lambert et al. Recognize job burnout as a negative response that occurs through the work environment [6].

Moral performance in all occupations, especially nursing, is necessary because spiritual behavior combined with the responsibility of nurses in relation to patients plays an effective role in their health and well-being. Professional ethics improves conscientiousness, and thus the person is committed to carry out his professional activities properly [6]. Nurses, as a large professional group in medical sciences, are having problems with professional ethics in dealing with others that require a clear and definite path to resolve them so that they can provide safe, reliable and appropriate services to patients [7].

Shakirinia (2010) in his research on 67 nurses showed that there was a positive relationship between psychological perseverance with moral distress and job burnout, and that there was a negative relationship between moral distress and job burnout [8]. Borhani (2013) in his research entitled "moral Distress in Nurses and its Relationship with Job Burnout" stated that there is a positive and significant relationship between severity and repetition of moral distress and job burnout [9].

Shafi Pour et al. (2015), in their research on 172 nurses, showed that nurses are constantly faced with making different moral decisions in dealing with patients who are in terrible conditions and experience it as a mental stress [10]. Hamric (2006) showed that moral distresses are the cause of job burnout in nurses [11]. Millette (1994) found in his research that 4% of nurses who got a high score in defending patients had left their work area, and one reason for this was moral distress [12]. Sadeghi et al. (2015) concluded that moral distress has a significant relationship with all aspects of job burnout in nurses [13]. Therefore, the present study aimed to investigate the mediator role of moral distress in the relationship between ethical performance and job burnout among nurses.

Methods

This cross-sectional study conducted in 2017 in educational hospitals of Jahrom University of Medical Sciences. One-hundred nurses selected randomly among all nurses who had at least 2 years of clinical work experience, had a bachelor's degree and had not physical and mental illness. The main tool for collecting data was three questionnaires, which were completed by nurses anonymously after receiving written consent. Maslach Burnout Questionnaire used to measure job burnout. This questionnaire consists of 22 questions in Likert scale and was designed in two dimensions of frequency ranging from "never" to "every day" (one to five) and severity from very little to very high (zero to six) and takes up three subcategories of emotional exhaustion, depersonalization and personality competency. This tool has been used repeatedly in Iran and its validity and reliability have been confirmed in numerous studies [4]. The face and content validity were assessed by five university professors and its reliability for emotional exhaustion, depersonalization and personal competency was calculated by Cronbach's alpha with the help of 10 nurses (0.94, 0.93, 0.91), respectively. The format of calculating the scores are in Table 1.

Table 1: rating points of Maslach s burnout inventory subscales

| | low | moderate | high |
|-------------------------------|-------------|----------|-------------|
| emotional exhaustion(0-54) | $16 \leq x$ | 17-26 | $x \geq 27$ |
| Depersonalization(0-30) | $6 \leq x$ | 7-12 | $x \geq 13$ |
| personal accomplishment(0-48) | $31 \leq x$ | 32-38 | $x \geq 39$ |

Dehghani Ethical Performance Questionnaire for nurses was used to assess ethical performance [14]. Qualitative and quantitative face and content validity (CVI: .89, CVR: .93, IS: 3.5) calculated and its reliability were calculated with the help of 10 nurses and by Cronbach's alpha (0.95). This questionnaire has 31 items in the form of Likret ranging from "always" to "never" (one to five). This tool has been used repeatedly in Iran in three dimensions of accountability (11 items), improving the quality of patient care (8 items) and respecting patients (12 items).

To investigate moral distress, Moral Distress Questionnaire (Corrli-2012) was used. This tool has 18 items on a Likert scale (one to five). The higher the average score is, the higher distress will be. This tool has been used repeatedly in Iran and its validity and reliability have been confirmed. The face and content validity were obtained with the help of five professors and its reliability was 0.89 by Cronbach's alpha method. Data analysis was done using SPSS16 software, by one-variable and multi-variable linear regression tests.

Results

67% of nurses were women, 66% worked in the general wards and the rest were in special wards, 46% were officially employed, 91% were in circle shift, 16% had second jobs, 34% were satisfied with their income and 53% were married. The mean age was (29.99±6.47), the average work experience was (6.3±6.15), the mean working hours per week was (50.19±19.43) and the mean overtime per month was (72.27±61.34). Multiple linear regressions by the Enter model revealed that all three subgroups of moral performance could predict 12.5% of moral distress (Sig: .005, F: 4.528). The total average of moral performance could predict 10% of the changes in moral distress (Sig: .001, F: 10.752). The average of total moral performance cannot predict changes in job burnout in dimensions of emotional exhaustion (Sig: .973, F: .001), depersonalization (. Sig: 136, F: 2.254). However, it can predict and affect 4.7% of the changes in job burnout in the dimension of individual competency (Sig: .030, F: 4.856). All three subcategories of moral performance (respecting patients, accountability, and quality improvement) cannot affect emotional exhaustion (Sig: .666, F: .382) and depersonalization (Sig: .469, F: .851), as subgroups of job burnout. But they were able to predict 9.9% of the individual's competency changes (Sig: .018, F: 50.00). Using linear regression, it was determined that moral distress could predict 4.5% of change in emotional exhaustion (Sig: .021, F: 5.487), also 8.5% of change in depersonalization (Sig: .003, F: 9.39). However, it did not affect the individual competency (Sig: .346, F: .899) (figure1). Applying multiple linear regressions, by the Enter model, was revealed that ethical distress and ethical performance could account for 6.1% of the changes in job burnout in the dimension of emotional exhaustion (Sig: .050, F: 3.098). Likewise, they could predict 7.2% of the changes in job burnout in the dimension of individual competency (Sig .028, F: 3.712), also, 8.8% of the changes in job burnout in the domain of depersonalization (Sig: .012, F: 4. 614) (Table 2).

Table 2: Determining the effectiveness of the variables studied by linear regression test

| | Emotional Exhaustion | Depersonalization | Individual Competency | Moral Distress |
|-------------------------|----------------------|-------------------|-----------------------|----------------|
| Moral Distress | .231 | .292 | - | |
| Respecting the patient | - | - | .475 | -.246 |
| Responsibility | - | - | -.144 | .092 |
| Quality Improvement | - | - | -.106 | -.183 |
| Total moral performance | - | - | .217 | -.316 |
| Moral Distress | .259 | .275 | .179 | |
| Moral performance | .089 | -.052 | .264 | |

Discussion

The results of this study showed that the average score of ethical performance does not affect the two dimensions of depersonalization and emotional exhaustion, but it affects the individual competency dimension. So that high scores of ethical performance can reduce job burnout in individual competency dimension. The more a person has greater responsibility, and efforts to improve the quality of patient care, individual competency more decreases and the job burnout more increases. In this regard, it can be state that efforts to improve the quality and accountability of personnel during the course of work will exacerbate the work tensions between him and the work environment and eventually burnout will result. Therefore, the findings of the study seem to make sense. Ghorbani and colleagues in their study stated that there was a positive and significant relationship between nurses' accountability and the quality of hospital services [15].

On the other hand, the more the personnel respect the patient, the more they will receive individual and professional respect from the patients and caregivers, therefor individual competency will be increase, and his job burnout will reduce. Because the sense of success, mastery, and competency of a person comes about when a person can display his abilities in addition to controlling his career events and consequently gain a positive attitude towards himself and his clients [16].

Ethical performance has a reverse effect on moral distress, as the high average score of ethical performance reduces the moral distress of the staff. Two dimensions of moral performance (respect for the patient, quality improvement) have a reverse effect on moral distress. That is, the more the staffs respect the patient and his companions and the better therapeutic relationship they establish with them, they better understand the patient's problems. As a result, the risk of tension and conflict is reducing, ethical challenge is preventing and his moral distress will decrease.

In their study, Dehghani and colleagues concluded that creating a work environment in which each nursing staff can work with patients and other members of the treatment group in a relaxed and non-stressful way can be effective in enhancing compliance with professional ethics in different aspects by nurses and in reporting misdeeds in the workplace [17].

On the other hand, the more efforts are made to improve the quality of patient care, the less the incidence of disease-related problems will be, and consequently, the fewer ethical dilemmas and moral distress will appear. In addition, the dimension of accountability has a direct impact on moral distress, that is, people with high responsibility are more likely to have higher moral distress. Several sources state that technological advancements, the difficulty of patient care and the shortage of nursing profession cause nurses to experience moral distress [14-17].

Moral distress has a direct relationship with two dimensions of job burnout (depersonalization, emotional exhaustion). Therefore, the increase in the mean score of moral distress causes depersonalization and emotional exhaustion. The results of the present study show that the higher the mean of moral distress score, the more emotional atrophy, considered as the main core of job burnout. In other words, moral distress due to psychological problems reduces the mental health of nurses so that it creates stressful conditions and its continuation will be accompanied by a reduction in the strength of the nurses and job burnout [18]. Corley states that the sense of responsibility of nurses in taking care of patients is stronger than their decision-making power. The conflict between the sense of responsibility in the nurse and the power of the doctor and the management of the hospital leads to imbalance and ultimately moral distress [19].

The effect that both variables (moral distress, moral performance) simultaneously have on job burnout is direct and increasing; so that ethical performance by the mediating role of moral distress increases, the two dimensions of emotional exhaustion and individual competency, has a reverse effect on depersonalization dimension. However, it had a direct effect on one aspect of job burnout (individual competency). On the other hand, moral distress, along with ethical performance, has a direct and increasing effect on the three dimensions of job burnout. However, it had a direct impact only on two dimensions (depersonalization, emotional exhaustion), while had no effect on individual competency dimension. In this study as Shakerinea study there is a Significant positive correlation between moral distress and emotional exhaustion of nurses. Nevertheless, in other study such a relationship was not found, which might be due to the difference in the studied population and some individual differences [13, 20].

Conclusion

Moral distress has a positive and effective mediator role in the relationship between ethical performance and job burnout. So that any intervention program to reduce job burnout without considering these two variables will not be effective.

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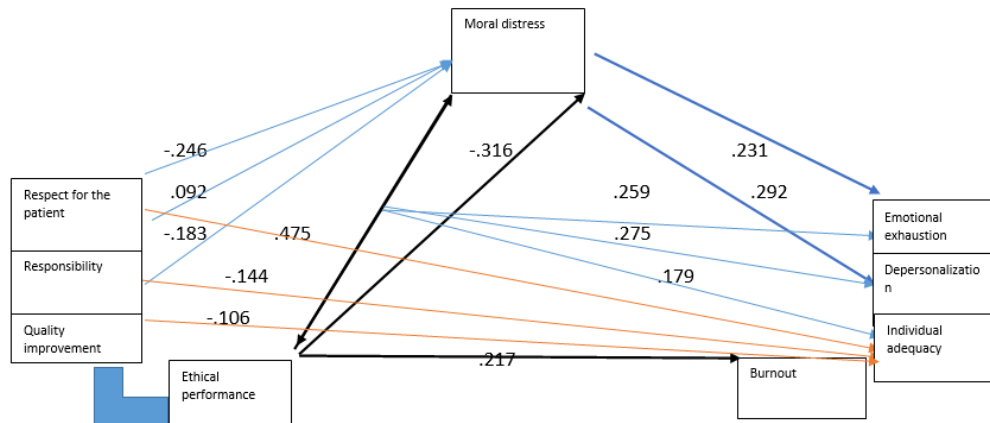


Figure 1: multi variable regression result by ENTER model