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Research Article

Investigating the of Relationship between Moral Distress and Turnover Intention in Nurses Working in Jahrom University of Medical Sciences in 2016

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ABSTRACT

Background and Objective: Moral distress in nursing profession refers to the actions that are contrary to ethical beliefs. Recently, it is one of the challenges to health systems due to its devastating effects on nurses, which leads to turnover intention in nurses. Therefore, the relationship of moral distress with turnover intention should be studied. Thereby, the present study aimed to determine the relationship between moral distress and turnover intention in nurses working inJahrom University of Medical Sciences in 2016.

Materials and Methods: This was a descriptive, cross-sectional study on nurses working in the hospitals affiliated to Jahrom University of Medical Sciences in 2016. All nurses working in hospitals affiliated to Jahrom University of Medical Sciences entered the study through census.Inclusion criterion was at least two years of working experience in the nursing department and the exclusion criteria were uncooperative nurses and incomplete questionnaires. Data collection tools were three questionnaires, namely demographic questionnaire, Corley's Moral Distress Scale andNeed's inventory of nurses' willingness to remain in nursing profession. Validity of this questionnaire was calculated as 88%. Reliability of this inventory was assessed using Cronbach's alpha(α = 93%). The collected data was analyzed using SPSS 21, descriptive statistics (mean, percent and standard deviation), and inferential statistics (Mann-Whitney test, Kruskal–Wallis test and Spearman's correlation coefficient) at $P < 0.05$ significance level.

Results: Mean age of the participants in this study was 28 ± 5.4. Majority of the participants were females (76%). Majority of the nurses had bachelor degree (95%). Majority of the nurses worked in the internal and surgical wards (29%). Majority of the nurses had training course contracts (49%). The score of turnover intention was 3.04 ± 1.10, the score of severity of moral distress in nurses was 2.44 ± 0.72 ($0 < Range < 5$) and score of repeated experiences of moral distress was 2.20 ±0.83 ($0 < Range < 5$). Spearman's test results showed no significant relationship between turnover intention and severity of moral distress (p-value> 0.337) and repeatedexperiences of moral distress (p-value> 0.444).Mann-Whitney test results showed that relationship of gender with turnover intention, severity and repeated experiences of moral distress was not significant (p-value> 0.05). Kruskal–Wallis test results showed the relationships of education, ward type and type of employment with turnover intention, the severity and repeated experiences of moral distress were not significant (p-value> 0.05).

Conclusion: The results of this study showedthat relationship of mean score of moral distress (severity and repeated experiences) with turnover intention was not significant. Sincemoderate level of moral distress was reported in this study,turnover intention cannot be completely unrelated to moral distress. Occasionally, nurses are obliged to remain in their job due to difficult employment conditions and poor economic states. Therefore, it is suggested to take the necessary measures in order to reduce distressing factors.

Keywords: Moral Distress, Turnover Intention, Nurses

INTRODUCTION:

Morale and moral considerations were always considered in patient care since physical, mentaland spiritual dimensions of human beings cannot be neglected in patient care services. Historically, nursing profession is inherently an ethical professional since nurses' primary responsibility is caring for others. However,the importance of ethical and legal issues has increased given the increasing advances in technology, medical facilities and pharmacy,difficulties in allocation of resources, increased costs and population aging (1-3). Nurses spend most of their time at patient's bedside. They are more aware of different experiences of the patients[1]. Therefore, they should constantly make ethical decisions. Nurses deal with more ethical issues than other health care providers in the workplace (5.4). Moral distress is one of the most common moral issues in the nursing profession. This issue is currently addressed by scholars. The concept of moral distress was first introduced by Jampton. Later, this concept was explored and developed by many other scholars. He initially investigated the concept of moral distress in 1983. He stated that the nurses attempt to make ethical decisions when dealing with four principles (1). Competency is one of the dutiesof nurses (2). Nurses should not abuse their position by exploiting their patients (3). Patient recovery is a primary concern of nurses (4). Nurses should be loyal to each other. He stated that moral distress refers to the situation that nurses know what the right action is but they cannot proceed with it(6).It should be noted that the individualsknows that right thing to do and can do it but they do not pursue the right course of actions due to mental or actual constraints (7). Wilkinson has expanded the concept of moral distress. He defined moral distress as the psychological disequilibrium and negative feeling state experienced when a person makes a moral decision but does not follow through by performing the moral behavior indicated by that decision (8).Erlen believed that moral distress stems from organizational constraints that prevent the right course of action. He mentioned three constraints, namely compulsory documentation of care, shortage of caregivers and hospital policies (9). Moral distress is categorized in several methods. The primary classification of the moral distress is initial and reactive. The initial moral distress is defined as value conflicts experienced in the first contact with distressing conditions. The reactive moral distress refers to the feelings experienced if one does not act upon initial distress. It is associated with disability, reduced self-confidence and such symptoms as depression (6). Another categorization classified moral distress into three areas. The first one deals with ethical issues in institutions and clinical and medical environments. The second one is related to professional performance and deals with such issues as moral codes and ethical concepts in the profession. The third onerefers to ethical decision-making in clinical environment (10). In general, moral distress can be defined asemotional and mental discomfort experienced by an individual who makes a moral mistake due to actual or subjective constraintsregardless of personal knowledge and capability for ethical judgment (7). Causes of moral distress are different. These are categorized as organizational causes, relationshipsbetween team members and patient-related causes and therapeutic trends. Organizational causes include professionalization of nursing profession, shortage of human resources and facilities, technological advances, lack of organizational support and budget constraints. Unfair distribution of power among colleagues, unconditional obedience to physicians, inability to refine care methods and professional independence are causes of relationships between team members. Causes related to patients and therapeutic trends are invasive treatments, dying patients, unnecessary trials and inadequate treatments (11, 12).Moral distress is a common phenomenon among nurses. Elpern found a moderate level of moral distressamongstudied nurses (13). Corley and Selig found a high level of moral distress in 80% of the studied nurses (14). Moral distress can have different consequences for nurses, patients

and health organizations (15). Negative consequences of moral distress include behavioral and psychological impacts such as sadness, shame, deprivation, loss, stress, burnout, job dissatisfaction and turnover. Moral distress has positive effects in addition to negative consequences. Discussions onmoral distress can promote valuable ideas raised for care of patients. Past failures can underlie future positive experiences. Moral distress can also be a cause of compassionate caring of patients (15-18). Logic of unquestioning obedience to instructions of the physician and obligation to maintain stability of the workplacechallenge the nurses and force them to choose between their commitment to the patient and obligations to the organization. In this case, the individuals completely surrender themselves to the organization if they are not brave enough to do the right moral action(19). These conditions have some consequences for the patients including insecure environment for the patients, dissatisfaction of patients' need (although the nurses are fully aware of the patients' needs),delivery of poor quality care services. In severe cases, the nurses even avoid the patients and do not do their jobs. Unfortunately, the nurses will be either indifferent to the patients or leave their job since they cannot be competent in their job (20). Turnover is currently one of the challenges to all organizations regardless of the organization or geographical location (21). Turnover also increases under the influence of many factors such as managerial strategies, labor shortage, salaries, promotions, stress and distressing factors (22). Several strategies were proposed to prevent turnover including a positive workplace, determination of employees' needs for flexible planning, balance between the job and personal life(23). Previous studies have revealed the importance of distress. Corley *et al.* emphasized the importance of moral distress raised in ethical workplace. They stated that nurses leave their jobunder distressing conditions (20). Various studies have also shown that moral distress is one of the problems of singularworkplaces where nurses confrontdifficult situations and experience job dissatisfaction. These factors cause turnover (13). Cummings also found out that high levels of moral distress and job stress influence nurses' intention to remain in nursing profession. They also stated that labor shortage and negligence of managers are effective causes of moral distress (24). Various studies in Iran also reported moderate and high incidence of this phenomenon in nurses. These studies also showed negative effect of moral distress on nurses' performance (25-25). The present study aimed to determine the relationship between moral distress and turnover intention in nurses working in Jahrom University of Medical Sciences in 2016.

METHOD:

This was a descriptive, cross-sectional study on nurses working in hospitals affiliated to Jahrom University of Medical Sciences in 2016. All nurses working in hospitals affiliated to Jahrom University of Medical Sciences entered the study through census. Inclusion criterion at least two years of working experience in the nursing department. Exclusion criteria were uncooperative nurses and incomplete questionnaires. The authors obtained written consents of the nurses to participate in the study. They explained the course of project to the nurses. Then, they distributed the questionnaires among the nurses. The nurses were ensured of confidentiality of their personal data.Data collection tools were demographic questionnaire, Corley's Moral Distress Scale, Need's inventory of nurses' willingness to remain in nursing profession.

A) Demographic Questionnaire consisted of information on age, gender, working experience, ward type, education, marital status, monthly income and employment type.
B) Corley's Moral Distress Scale consists of 21 itemsand includes the situations where an individual experience a severity and repeated situations of moral distress. The items were scored based on a six-point scale (range of severity from not at all (0) to very high (5) and range of repeated situations from not al all (0) to repeated cases (5) (28 and 30).
C) Need's Inventory of Nurses' Willingness to Remain in Nursing Profession consists of a four-option question that

measuresindividuals' willingness to remain in their profession in the future. Abbas Abbaszadeh assessed and confirmed validity of this questionnaire(88%). They also assessed reliability of this scale using Cronbach's alpha (93%) (29-30).

The collected data was analyzed using SPSS 21, descriptive statistics (mean, percent and standard deviation) and inferential statistics (Mann-Whitney test, Kruskal-Wallis test and Spearman's correlation coefficient) at $P < 0.05$ significance level.

RESULTS:

Mean age of the participants in this study was 28 ± 5.4. Majority of the participants were females (76%). Majority of the nurses had bachelor degree (95%). Majority of the nurses worked in the internal and surgical wards (29%). Majority of the nurses had training course contracts (49%). The score of turnover intention was 3.04 ± 1.10, the score of severity of moral distress in nurses was 2.44 ± 0.72 (0 < Range < 5) and score of repeated experiences of moral distress was 2.20 ± 0.83 (0 < Range < 5).

Table 1: Descriptive Statistics relevant to turnover intention, moral distress with respect to severity and repeated experiences of moral distress

Research variables	Mean	Standard deviation
Turnover intention	3.04	1.10
Moral distress - severity	2.44	0.72
Moral distress – repeated situations	2.20	0.83

Spearman's test results showedthat relationship of turnover intention with severity (p-value > 0.337) and repeated experiences of moral distress (p-value > 0.444) was not significant.

Table 2: Correlation coefficients of turnover intention, moral distress with respect to severity and repeated experiences

Research variables	Turnover intention	
	Correlation	Significance level
Severity of moral distress	-0.086	0.337
Repeated experiences of moral distress	-0.073	0.444

Mann-Whitney test results showed that relationship of gender with turnover intention, severity and repeated experiences of moral distress was not significant (p-value> 0.05).

Table 3: Relationship of turnover intention andseverity and repeated experiences of moral distress

Research variables		Turnover intention (mean ± SD)	Severity of moral distress (mean ± SD)	Repeated experiences of moral distress (mean ± SD)
Gender	Males	3.13 ± 1.01	2.56 ± 0.81	2.40 ± 79
	p-value	0.723	0.240	0.172
	Females	3.01 ± 1.13	2.41 ± 7	2.14 ± 8.5

Kruskal-Wallis test results showed that relationships of education, ward type and employment type with turnover intention, severity and repeated experiences of moral distress were not significant (p-value> 0.05).

Table 4: Relationship of turnover intention, severity and repeated experiences of moral distress with education, ward type and employment type

Main research variables Demographic data		Turnover intention		Severity of moral distress		Repeated experiences of moral distress	
		Mean	SD	Mean	SD	Mean	SD
Education	Bachelor	3.06	1.09	2.45	0.74	2.21	0.85
	Master	2.67	1.21	2.22	0.29	2.07	0.60
	PhD	-	-	-	-	-	-
	p-value	0.379		0.210		0.527	
Ward type	Emergency	3.19	1.11	2.37	0.61	2.00	0.88
	Internal	2.89	1.13	2.61	0.64	2.51	0.61
	Women	3.60	0.70	2.05	0.78	2.10	0.77
	Ophthalmology	4.00	-	2.19	-	2.29	-
	Specific (ICU)	2.67	1.18	2.29	0.63	1.89	0.94
	Surgical	3.21	1.03	2.45	0.81	2.21	0.91
	Pediatric	3.60	0.89	2.05	0.67	1.78	0.14
	Emergency and surgical	2.00	0.00	3.70	0.76	1.33	-
	P-value	0.262		0.094		0.115	
Employment type	Official	2.98	1.13	2.62	0.70	2.33	0.86
	Contractual	3.31	1.01	2.52	0.82	1.95	0.91
	Training course	3.07	1.09	2.34	0.69	2.19	0.78
	p-value	0.580		0.199		0.333	

DISCUSSION:

Human resource retentionis one of the basic principles in organizations currently addressed by many academics and managers. Hospitals require capable, energetic and high-spirited human resources given the specific conditions of this workplace. Therefore, it is essential to identify and control the factors that cause negative attitudes of the employees towards the workplace in order to improve quality of services to patients. Therefore, the present study aimed to investigate the relationship between moral distress and turnover intention in nurses. The results of this study showed moderate severity of moral distress and average number of repeated experiences of moral distress in nurses. Zadeh*et al.* (2013) also reported moderate severity of moral distress and average number of repeated experiences of moral distress in studied nurses (31). Elpern also reported moderate level of moral distress (32). No relationship was also found between moral distress and turnover intention. Radmehr*et al.* (2016) attempted to investigate the role of moral distress and burnout in predicting turnover intention in nurses. They found no significant relationship between moral distress and turnover intention (33). These results were consistent with the results of this study. On the other hand, Norman reported high level of moral distress in nurses and found a positive relationship between moral distress and turnover intention (34). Similarly, Cummings reported a relationship between moral distress and turnover intention (35). These confounding results are due to several reasons including strict administrative conditions in the health system for leaving a job that reduces the incidence of turnover. On the other hand, turnover and consequently unemployment can influence other aspects of life (e.g. familial relationships) due to difficult working conditions of this profession, high demand for nursing positions and low number of job opportunities. Therefore, nurses prefer to remain in their job despite difficult working conditions and moral distress. Since those individuals taking this job are fully aware of its working conditions, they do not complain about it and try to overcome these obstacles. The results of this study also showed that the relationship of gender with turnover,severity and repeated experiences of moral distress is not significant. Hariri *et al.* (2012)attempted to determine those factors related to turnover intention inthe nurses working in educational hospitals affiliated to ShahidBeheshti University of Medical Sciences. No significant relationship was found between gender and turnover in nurses (36). These results were consistent with the results of this study. The relationships of education,ward type and type of employment with turnover intention, severity and repeated experiences of moral distress were not significant. Hariri *et al.* (2012) found no correlation between education and turnover although nurses with a bachelor degree intended to leave their job (36). These results strengthen the results of this study. Kiyak*et al.* stated nurses with higher academic degrees are more intended to leave their job (37). Myers also found out that higher academic degree enhances turnover intention (38). It can be stated that higher academic degrees increase expectations of the employees and knowledge about their position. Harir*iet al.* also reported the higher incidence of turnover intention in the psychological ward. On the other hand, the nurses in the women's ward were more intended to leave their job in this study. Nevertheless, no relationship was found between this ward and turnover intention. Mohammadi*et al.* (2016) found a significant relationship between moraldistress and ward type. The highest score of severity and repeated experiences of moral distress belonged to intensive care unit (ICU) and the lowest score belonged to dialysis ward (39). Elpern also reported high level of moral distress in ICU nurses (40). Given that the ICU nurses experience stressful and complicated situations, they are more intended to leave their job than the nurses in other wards. On the other hand, Hariri found higher incidence of turnover intention in the personnel with official contracts. However,the incidence of turnover intention was higher in personnel with training course contracts in the present study. Nevertheless, there was no relationship between employment type and turnover intention (36).Official nurses have higher occupational safety, receive higher salaries and promotions and receive more attention in theworkplace. Recently, new laws

were legislated and salaries and promotions were equal for all recruitment groups. It seems that the type of employment does not have a great effect on turnover intention and other factors are involved in turnover intention. Type of employment is not a priority in this factor.

CONCLUSION

The results of this study showedthat the relationship of mean scores of severity and repeated experiences of moral distress with turnover intention was not significant. Therefore, other factors are involved in turnover intention that should be checked alongside moral distress. However, moderate level of moral distress was reported in this study. Therefore, moral distress cannot be completely unrelated to turnover intention. Occasionally, nurses should remain in nursing profession due to shortage of job positions and poor economic states. Therefore,it is suggested to takenecessary measures to reduce distressing factors and absorb more capable human resources to reduce burden of the job on limited number nurses, so that a dynamic setting with a minimum incidence of turnover intention will flourish.

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