Moral Distress Work Motivation and Job Satisfaction of Medical-Surgical Nurses During the COVID-19 Pandemic: A Correlation Study

Jordan H. Llego[1,2*], Petelyne P. Pangket[1]

[1]*Medical-Surgical Nursing Department, University of Hail- College of Nursing, Hail, Saudi Arabia*
[2]*Graduate School, Texila American University, Georgetown, Guyana*

Abstract

This research is the second part of a more comprehensive study. The purpose of this part of the study is to examines the relationship between the level of moral distress, work motivation, and job satisfaction of medical-surgical nurses in Hail Saudi Arabia. This study used a descriptive-correlation research design using the combination of three questionnaires (Moral Distress Questionnaire, Multidimensional Work Motivation Scale, and Nurses Job Satisfaction Questionnaire) through an online survey. There are 274 respondents in this study. The statistical tests used are mean, standard deviation, and Pearson-r. Results include about the relationship between moral distress and work motivation Pearson-r scored r=0.07; p=0.27; regarding the relationship between moral distress and job satisfaction Pearson-r scored r=-0.35; p=<0.001; concerning the relationship between work motivation and job satisfaction, Pearson-r scored r=0.05; p=0.42. The researchers conclude that moral distress is minimally inversely influenced by job satisfaction and vice versa, while moral distress does not affect work motivation and vice versa. Also, work motivation is not influenced by job satisfaction and vice versa.

Keywords: COVID-19, Hospital, Job Satisfaction, Moral distress, Motivation, Nursing Practice.

Introduction

The COVID-19 pandemic had a detrimental effect on all areas of human life across the world. There are lot of disruptions that happened because of it. There are a lot of industries that were greatly hit by it, and one of those in the healthcare industry.

In this worldwide health problem, countless people with COVID-19 are being taken to the hospitals for treatment, and health workers are highly vulnerable to acquiring the disease [1]. Relating to the statistics recently reported by the Lancet Journal, 20% of the total health workers in Italy and 3300 in China were afflicted by COVID-19 [2]. These circumstances may affect the moral distress, work motivation, and job satisfaction of nurses.

According to [3], end-of-life care is the leading cause of moral distress for nurses, and one of the moral anguishes' nurses' experiences during the COVID-19 pandemic is moral distress [4]. Meanwhile, motivation in the work setting is communicated as a person's eagerness to apply and exertion towards authoritative objectives. Workers have diverse contending needs that are driven by different factors. In this way, to amplify hierarchical execution, the association and its directors ought to comprehend what truly persuades the workers [5]. Work satisfaction is a primary consideration of the effect on the nature of care. The fast changes in the medical care services have expanded the demand for nurses, which further features the significance for the organizations to keep their employees upbeat and fulfilled. Disappointment concerning nurses may bring about higher staff turnover, which may also compound nurses' responsibility and lower the nature of patient care, expanding the expense of

the quality of care. In particular, nurses assume a critical part in the sustainability of medical services frameworks by deciding their proficiency and adequacy [6]. Along these lines, it is significant for the organization to keep nurses persuaded and fulfilled.

In the study of [7], it was reported that the moral distress score of nurses in the Netherlands is relatively low during the COVID-19 pandemic. Regarding work motivation during the pre-COVID-19 pandemic, A Study found out that prospective encouragement, recognition, and financial incentives, are the primary motivators for nurses in Hawassa, Ethiopia. Also, according to [8], the motivation of nurses in Jeddah, Saudi Arabia, are affected by shared values and the recognition of their influence on work and intrinsic job motivation. Also, during the pre-COVID-19 pandemic, [9] found out that nurses in Saudi are generally satisfied with their job. Moreover, another study was conducted to check the job satisfaction of nurses in Hail Saudi Arabia, and the result was nurses are satisfied with their job [10].

Most of the available literature highlighted the prevalence of moral distress, the nurses' work motivation, and their level of satisfaction. Also, the previous researchers only assessed the mentioned variables associated with their respondents' profiles. The novelty of the current study is that it will look at the association of the main three variables. Another is that literature is scarce on medical-surgical nurses during the COVID-19 pandemic and the association of the variables examined. Therefore, this research paper could add to the dearth of literature. Hence, the researchers conducted this study.

The objective of this study is to examine the relationship between the respondents' level of moral distress, work motivation, and job satisfaction. Therefore, this study will answer the following questions: (1) What is the respondents' level of moral distress, work motivation, and job satisfaction? (2) Is there a significant relationship between moral distress, work motivation, and job satisfaction respondents?

The hypothesis that guided this study is that there is no significant relationship between the respondents' moral distress, work motivation, and job satisfaction.

Materials and Methods

The study used a descriptive-correlation research design; this study described the studied variables and looked at the relationship between the variables without inferring causation. Hence, the research design was used [11].

The study used purposive sampling. Seven hundred eighteen (718) nurses work in government hospitals based on [12], and 230 nurses work in private hospitals based on the interview of the researchers to nursing authorities in Hail. There are 948 nurses working in Hail; to come up with the research sample, the Lynch formula was used through Creative Survey Systems [13] and yielded at least 274 respondents to represent the population adequately [14].

A nurse should meet the following criteria to participate in this study: 1—a registered nurse in Saudi Arabia; 2. Working in hospital; 3. They are assigned in the medical-surgical areas. Excluded in this study are other nurses stationed in other clinical areas, supervisors, and chief nurses.

The researchers used a google form as the primary data gathering tool for this study; the data was extracted from parts 2, 3, and 4 of the survey. Part 2 was adapted from the Moral Distress Questionnaire by [15], but the measurement was modified to suit the study. The adapted questionnaire is composed of 12-items, and the answers to the questions were organized as 0=never, 1= rarely, 2= sometimes, 3= often, 4= always. Further, items 1-3 used reversed scoring.

Part 3 was adapted from the Multidimensional Work Motivation Scale of [16], was modified to suit the analysis. The questions that cover motivation is composed of 19 items, and the

possible answers was organized as 1=not at all, 2=very little, 3=a little, 4=moderately, 5=strongly, 6=very strongly, 7=completely.

Finally, Part 4 was adopted from the work of [17], which explicitly measures the job satisfaction of nurses; the questionnaire is composed of 15 items, and the choices were organized as 1= very dissatisfied, 2= dissatisfied, 3= neutral, 4= satisfied, 5= very satisfied. Further, the three questionnaires were reworded to suit the current situation regarding the COVID-19 pandemic.

Because there is no available literature at present that uses these three questionnaires at the same time that is why the researchers opted to conduct a pilot study to check the reliability of the combined survey, the participants were selected nurse administrators in Hail Saudi Arabia; Cronbach's alpha scored 0.82, which means that the combined survey has relatively high reliability.

Further, the researchers secured ethical research approval for the broader scope of this study from the Research Ethics Committee (REC) of the University of Hail, with reference number H-2021-88. The researchers then relayed the online survey form to authorities in hospitals in Hail and informed consent was placed before proceeding to the survey.

Data collection started on March 24, 2021, ended on April 29, 2021.

The data that was collected was organized using Microsoft Excel and was processed using SPSS version 25. Before the analysis, the collected data had undergone a normality test; Kolmogorov- Smirnov and Shapiro-Wilk showed that the data was not normally distributed ($p=<0.001$). Hence, the data needs to be normalized using Derivative of Inverse Function (Idf. Normal). After normalizing the data, the following statistical test was used to answer specific questions:

To answer question number 1, mean and standard deviation were used. Below is the statistical range and interpretation that was used in this study:

Moral Distress

Range	-	Interpretation
0.00-1.33	-	Low Distress
1.34-2.66	-	Moderate Distress
2.67-4.00	-	High Distress

Work Motivation

Range	-	Interpretation
1.00-1.85	-	Not Motivated
1.86-2.70	-	Very Little Motivated
2.71-3.55	-	A Little Motivated
3.56-4.40	-	Moderately Motivated
4.41-5.25	-	Strongly Motivated
5.26-6.10	-	Very Strongly Motivated
6.11-7.0	-	Completely Motivated

Job Satisfaction

Range	-	Interpretation
1.00-1.80	-	Very Dissatisfied
1.81-2.60	-	Dissatisfied
2.61-3.40	-	Indecisive
3.41-4.20	-	Satisfied
4.21-5.00	-	Very Satisfied

To answer question number 2, Pearson-r was utilized.

Results

Table 1 shows the respondents' level of moral distress, work motivation, and job satisfaction during the COVID-19 pandemic.

Regarding moral distress, the mean (SD) scores reveal that the respondents had experienced low distress (M=0.92; SD= 0.68).

On work motivation, the respondents are moderately motivated with a mean (SD) score of 3.90 (1.14).

Concerning job satisfaction, the mean (SD) score reveals that the respondents are indecisive (M=3.22; SD=0.72).

Table 1. The Level of Moral Distress, Work Motivation, and Job Satisfaction of the Nurses During COVID-19 Pandemic N= 274

Variable	Mean	±SD	Interpretation
Moral Distress	0.92	0.68	Low Moral Distress
Work Motivation	3.90	1.14	Moderately Motivated
Job Satisfaction	3.22	0.72	Indecisive

Table 2 shows the relationship between moral distress, work motivation, and job satisfaction of the respondents.

Pearson-r reveals a significant weak negative relationship between moral distress and job satisfaction (r=-0.35; p=<0.001); which means that as moral distress goes down, job satisfaction slightly increases and vice versa.

However, moral distress has no significant relationship with the respondents' work motivation (r=0.07; p=0.27); this implicates that the two variables do not influence each other.

Further, work motivation has no significant relationship with the respondents' job satisfaction (r=0.05; p=0.42); this implies that the two variables do not influence each other.

Table 2. The Relationship between Moral Distress, Work Motivation, and Job Satisfaction of the Respondents N=274

Variables	Test Values	Moral Distress	Work Motivation	Job Satisfaction
Moral Distress	**r**	-	0.07	-0.35
	p	-	0.27	<0.001
	Decision	-	Accept Ho	Reject Ho
Work Motivation	**r**	0.07	-	0.05
	p	0.27	-	0.42
	Decision	Accept Ho	-	Accept Ho
Job Satisfaction	**r**	-0.35	0.05	-
	p	<0.001	0.42	-
	Decision	Reject Ho	Accept Ho	-

Discussion

This research describes the respondents' moral distress, work motivation, and job satisfaction during the COVID-19 pandemic and the relationship between those variables.

Regarding moral distress, the respondents are experiencing low moral distress; this means that they may not be affected by the harmful effects of high levels of moral distress like indifference and pessimism about nurses and decrease interest in their profession [18]. This finding is also parallel to the results of [19] during the pre-COVID-19 pandemic and [7] during the COVID-19 pandemic.

Concerning work motivation, the finding of this study is similar to the results of [20], wherein they found out that nurses in Oman have lower levels of motivation than registered physicians during the COVID-19.

Therefore, although the result of this research is still acceptable, nurses need to have high motivation because a poorly motivated nurse can have a negative impact on the healthcare system [21]. On job satisfaction, the respondents' job satisfaction during the COVID-19 pandemic is lower than the findings of [10] during the pre-COVID-19 pandemic; this is finding is also congruent to the findings of [22] survey last March 2020, 60% of their nurse respondents showed interest to find a new job because of the

uncertainty during the pandemic, when the pandemic and its disruptions will end as well.

Regarding the result that there was no relationship between moral distress and work motivation, the finding is parallel to the study of [23]. On the result that there was no relationship between work motivation and job satisfaction, this contradicts this result the studies [24, 25, 26] of supports the claims of those studies that if job satisfaction is high, there is also increase in motivation.

Finally, this study showed that as moral distress goes down, job satisfaction slightly increases and vice versa; this result is incongruent to the survey of [27] but is congruent to the results of [28, 29].

Regarding the implications of the findings to nursing, the respondents' moral distress is very minimal which means, nurses have a lower chance to experience frustration and work dissatisfaction. Hence, those respondents may opt to stay in the nursing profession.

Conclusion

The researchers conclude that during the COVID-19 pandemic, the nurse respondents had experienced minimal moral distressing situations; they are reasonably motivated and are not sure if they are satisfied with their current job or not. Further, moral distress is minimally inversely influenced by job satisfaction and vice versa, while moral distress does not affect work motivation and vice versa. Furthermore, work motivation is not influenced by job satisfaction and vice versa.

Based on this study, the researchers recommend that nursing service departments will adopt measures to address moral distress, like formulating policies to encourage open discussion and collaboration. Also, they could formulate and design a moral distress education seminar or workshop to learn more about it.

Conflict of Interest

The authors declare no conflict of interest.

Acknowledgement

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