



Role of Moral Distress and Sense of Coherence on Job Satisfaction among Psychiatric Nurses

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ABSTRACT

Job satisfaction relates to nurses' health, productivity, job performance and quality of patients care. A better understanding of the determinants of job satisfaction among mental health nurses may allow identification of strategies to improve the working conditions for these nurses with resulting benefits for the quality of nursing care. **Aim of the study:** Examine the role of both moral distress and sense of coherence on job satisfaction among nurses working with patients having psychiatric disorders. **Study Design:** A descriptive correlational design. **Setting:** The research was done at the Mental Health Hospital and Addiction in Benha City, Qalyubia Governorate and Tanta Mental Health Hospital in Tanta City, Gharbia governorate which both are affiliated to General Secretariat of Mental Health in Egypt. **Subjects:** Convenience sample of 200 nurses from the previous study settings. **Tools for Data Collection:** Four tools were used, Socio-demographic and Professional Data Structured Questionnaire, Moral Distress Scale Psychiatry (MDS-P), Sense of Coherence Scale (SOC) and Job Satisfaction Scale. **Results:** More than half of studied nurses have moderate level of moral distress, more than three quarters of studied nurses had moderate level of sense of coherence and most of the studied nurse had semi satisfactory job and results revealed that both moral distress and sense of coherence had a statistically significant prediction role on job satisfaction. **Conclusion and Recommendations:** The study indicated that moral distress and sense of coherence are dominant factors in job satisfaction and play a role in psychiatric nurses' job satisfaction and study recommended that moral empowerment program and sense of coherence enhancement program are recommended for nurses working with patients having mental disorders.

Keywords: Moral distress, Sense of Coherence, Job satisfaction, Psychiatric Nurses.

Introduction

Morality is an integral part of human existence and a subset of practical philosophy that looks for the right and wrong in a collection of acts under particular conditions and determines what is good and what is bad. A high level of morality is required in the nursing profession (Khoshmehr et al., 2020; & Sedaghati et al., 2020). Nursing is one of the fields that has several past, current, and future scenarios of ethical issues. Every day, nurses make many moral decisions in their workplace, but they cannot always act according to their moral commitments in practice. Moral distress is

described as an undesirable experience or psychological instability that happens when one is aware of the ethically right action to take but is unable to do so due to internal and/or external factors (Morley et al., 2020; & Haddad et al., 2021). Moral distress is stated in the nursing profession as a psychological distress caused by doing nursing tasks that contradict nurses' ethical values, prohibiting the most moral act (Sedaghati et al., 2020; & Haddad et al., 2021).

Mental health nurses may have more and distinct sorts of moral distress than nurses in other contexts. Experts believe that frequently mental health nurses

being placed in morally distressing clinical situations contribute to nurse burnout and the intent to leave the position resulting from job dissatisfaction (**Nasrabadi et al., 2021; & Ghafouri, et al., 2021**). Caring for patients with unstable behavior due to their mental illness will almost certainly result in a steady stream of morally distressing scenarios. Restraint and seclusion, electro-convulsive treatment, forcible admission, and administering medicine to incontinent patients are just a few of the scenarios psychiatric nurses face that can induce moral distress (**Khoshmehr et al., 2020; & Ghafouri et al., 2021**). In this context, studies show that mental health nurses assume they committed unethical behaviors while caring for patients with mental disorders due to variety constraints, such as neglect, careless behavior, lack of respect of the patient's rights and human dignity, improper physical treatments during restraint and invading the patient's privacy (**Booth, 2020; & Upasen & Saengpanya, 2021**).

Unresolved moral distress can have negative repercussions for nurses, patients, and health-care systems. It has a cascade effect on patients, resulting in prolonged hospital stays, the need for more treatments, and patient dissatisfaction (**Booth, 2020; & Nasrabadi et al., 2021**). For nurses, moral distress negatively affects the well-being of the nurses psychologically and physically. Moral distress results in psychiatric problems including psychological trauma, anger, frustration and guilt, and physical problems such as hypertension, digestive problems, and pain, all of which can have an impact on their personal lives and quality performance (**Delfrate, 2018; & Jansen et al., 2020**). Moral distress has catastrophic effects on nurses' everyday life, generating emotional disengagement

from their work and job dissatisfaction, leading to nurses leaving both their jobs and the profession (**Haddad et al., 2021; & Ghafouri, et al., 2021**). Prior research has found a substantial link between moral distress and job satisfaction, demonstrating that high moral distress levels are linked to job dissatisfaction and moral distress is considered main issue related to job satisfaction (**Booth 2020; & Nasrabadi et al., 2021**).

Sense of Coherence (SOC) assesses people's ability to cope with daily stressors. The construct of SOC basically shows people's capacity to deal in stressful circumstances. This construct aims to prevent a state of tension from becoming a state of stress, and also to enhance using constructive ways for dealing with tough situations, keeping healthy life, and changing one's functioning in a demanding work environment (**Moksnes, 2021; & Eriksson, 2022**). Comprehensibility, manageability and the sense of meaningfulness are three interacting ingredients of the sense of coherence. The first is a sense of comprehensibility, which is "the assurance that the stimulus arising from one's internally and externally contexts in the process of life are structured, predictable, and intelligible." The second is a sense of manageability, which is defined as "the belief that one has the means to handle the demands set by these stimuli." The third factor is a sense of meaningfulness, or "the conviction that these demands are worthy of commitment and involvement" (**Betke et al., 2021; & Koelen & Eriksson, 2022**).

Long-term functioning in demanding work settings, such as a mental health facility, has undeniable health consequences. A widespread and relatively constant dispositional orientation can also impact the

choice of adaptive approaches for managing with stress; this is known as sense of coherence (Sargazi, et al., 2018; & Braun-Lewensohn & Mayer, 2020). Mental health nurses with SOC have the capacity to lessen stressful events in the workplace and enhancing existing personal abilities and the capacity to dealing with challenging situations, as well as create a positive working environment, strengthen health resources, and develop the ability to choose productive stress-coping approaches, all of which improve job satisfaction (Betke et al., 2021; & Eriksson, 2022). According to studies, there is link between SOC and job satisfaction that nurses with a higher SOC had better overall health, less burnout, and more job satisfaction (Goś et al., 2020; & Betke et al., 2021).

Job satisfaction is described as "a pleasant or desirable emotional state arising from the appraisal of one's job or job experiences" and is a critical component of effective teamwork in the health sector. Job satisfaction has been shown to minimize absenteeism, staff turnover, and burnout, as well as preventing mental and physical distress and improve staff dependence. Additionally job satisfaction among mental health nurses was linked to better squad support, effective group collaboration, and greater member engagement in decision-making, as well as effective commitment to the group (Alhafi, 2020; & Bayer et al., 2021). Professionals that are more satisfied with their jobs are more likely to operate as a team and communicate with other groups or organizations Feng et al., 2018; & Goś et al., 2020). Unsatisfied professionals, on the other hand, exhibit more negative attitudes toward their patients, give less competent care, and are more ready to abandon their jobs early, all of which have negative consequences for service

continuity and quality of patient care (Fleury, 2018; & Bayer et al., 2021).

Various studies on job satisfaction in the health sector have concentrated on specific groups of professionals such as nurses, but little consideration has been dedicated to nurses working in mental health facilities. More importantly, whilst client satisfaction was and continues to be a major consideration in mental health services, job satisfaction of mental health nurses was and remains a significant concern (Feng et al., 2018; & Fleury, 2018). A greater acknowledgment of influencing factors on mental health nurses' job satisfaction could lead to the development of approach to enhance their working conditions, which would benefit nursing care quality.

Numerous studies have related job satisfaction to moral distress and a sense of coherence among nurses working in mental health settings (Konstantinos & Christina, 2008; & Aya et al., 2021). In light of the foregoing, considerable research into the level of job satisfaction and its determinants among mental health nurses is recommended. This could lead to improved quality and consistency of care for service users, as well as a more favorable and enjoyable work environment for nurses.

The Study Significance:

Understanding how to improve job satisfaction for nurses working in psychiatric settings as an outcome is important since it affects nurses' health, efficiency, job performance and quality of patients care. Psychiatric nurses' dissatisfaction in the health sector jeopardizes the quality and safety of patient care. In Egypt, increase in specialization and complicacy has led the field of psychological health to develop into an independent

field of nursing; at the same time challenges in this profession are growing. As a result job satisfaction among psychiatric nurses is a significant issue. Hence, the prime strategies for enhancing job satisfaction for nurses working in mental health hospital is acknowledge factors or determinates that have role on nurses job satisfaction, particularly in times of overall shortages of nurses globally is becoming urgent; therefore, more research on this area is required. From this view the present research studied moral distress and sense of coherence as factors affecting job satisfaction and proposed that job satisfaction would be greatly increased if mental health nurses had lower moral distress and a greater sense of coherence.

Aim of the Study:

This study aimed to:

- 1-Assess moral distress, sense of coherence and job satisfaction among nurses working with patients having psychiatric disorders.
- 2- Examine the role of both moral distress and sense of coherence on job satisfaction among nurses working with patients having psychiatric disorders.

Research Question:

What is the role of moral distress and sense of coherence on job satisfaction among nurses working with patients having psychiatric disorders?

Study Design:

A descriptive correlational design was applied.

Setting of the study:

The research was carried out at the Mental Health Hospital and Addiction in Benha City, Qalyubia Governorate and Tanta Mental Health Hospital in Tanta

City, Gharbia Governorate which both are affiliated to General Secretariat of Mental Health in Egypt.

Study Subject:

Convenience sample of 200 nurses the previous study settings. The sample size was calculated using Epi-Info software statistical package developed by World Health Organization and Center for Disease Control and Prevention, Atlanta, Georgia, USA version 2002. The criteria for sample size selection are 95 percent confidence limit and 80 percent power of analysis. The sample size was found at $N > 184$.

Including Criteria:

- Nurses have experience in psychiatric hospitals for at least 2 years.

Study Tools:

Data of the study was collected through four tools:-

Tool (1):- Socio-demographic and Professional Data Structured Questionnaire:

The questionnaire was developed by the researcher based on scientific review of literature to elicit data about age, sex, marital status, educational level, and nursing position as well as experience's years in both nursing field and the psychiatric field and length of working with patients having psychiatric disorders.

Tool (II): Moral Distress Scale Psychiatry (MDS-P):

MDS-P scale was adopted from **Ohnishi et al., (2010)**, which assess the level of nurses' moral distress in different settings. The MDS-P includes 15 items involving 3 sub-scales: "Unethical conduct by Caregivers" 6 items (items 4, 1, 2, 13, 10 and 7) like "Hide meds in food and drink, when patients refuse to take them". "Low staffing" 5 items (items 6, 9, 3, 15 and 12) like statement, "Work in an organization that

not treating the nurses well' and "Acquiescence to patients' rights violations" 4 items (items 11, 8, 5 and 14) such as "Provide less than optimal care due to pressures from administrators or insurers to reduce cost". The MDS-P uses a seven-point Likert scale for intensity, ranging from 0 (none) to 6 (extreme). The scale ran from 0 to 90, with a higher score indicating greater distress.

Scoring System:

- 0-29 indicates mild level.
- 30-59 indicate moderate level.
- ≥ 60 indicate severe level.

Tool (III):- Sense of Coherence Scale (SOC):

The Sense of Coherence developed by Antonovsky, (1987), which evaluate a persons' capacity to cope with stressors. The SOC includes 13-items containing three subscales:

- Subscale of Meaningfulness 4 items (items 1, 4, 7 and 12) like statement " How frequently do you have that the activities you accomplish in your daily life have little meaning?.
- Subscale of Comprehensibility 5 items (items 2, 6, 8, 9 and 11) such as "Has it happened in the past that you were surprised by the behavior of people whom you thought you knew well?".
- Subscale of Manageability 4 items (items 3, 5, 10 and 13) like "Has it happened that people whom you counted on disappointed you?".

The SOC items are rated on a 7-point Likert scale 1 indicates never to 7 indicates s very often. The total score ranges from 7 to 91, with higher scores indicate stronger SOC.

Scoring System:

- 7-37 denotes weak sense of coherence.
- 38-68 denotes moderate sense of coherence.
- ≥ 69 denotes strong sense of coherence.

Tool (IV):- Job Satisfaction Scale:

This scale developed by Spector, (1997), includes 36 items containing 9 sub-scales 4 items for each subscale; pay promotion, supervision, fringe benefits, contingent rewards, operating conditions, co-workers, work nature and communication. The responses are numbered 1 strongly disagree" to 6 strongly agree" for each. To reverse the scoring you renumber the negatively worded item responses from 6 to 1 rather than 1 to 6. The total of all items produces a total score. The total satisfaction score is the sum of all 36 items. The total score range from 36 to 216 score. High scores would indicate great degrees of satisfaction, and vice versa.

Scoring System:

- $0 \geq 75\%$ denotes satisfactory job satisfaction.
- 61-74 % denotes semi satisfactory job satisfaction.
- $\leq 60\%$ denotes unsatisfactory job satisfaction.

Method

Preparation Phase:

Reviewing related literature about of the studying problem was part of the preparation phase. This helped the researchers understand the scope and gravity of the problem and guided them in preparing the necessary data collection tools.

Validity and Reliability of Tools:

- The study tools were translated into Arabic and reviewed by a jury of five experts in mental health nursing for internal validity. The relevant changes were made as required.

- Tools of the study were tested for reliability using Cronbach's alpha test. Its values were 0.90 for MDS-P, sense of coherence is 0.74, while job satisfaction is 0.84. These scores support the reliability of these scales.

Administrative Approval:

An official letter from the Faculty of Nursing before the study began was sent to the director of the study setting to obtain approved official permission for conducting the study.

Ethical Considerations:

- After a thorough description of the study's nature and objectives, the participants gave their informed consent.
- The obtained data was kept anonymous and confidential.
- The right of the participants to discontinue the study at any time was guaranteed.
- Nature of the study was not cause harm and/or pain to the entire sample.

Pilot Study:

A pilot study was undertaken before starting the actual data collection. 20 nurses were involved. The pilot study aimed to determine the tools' applicability, practicality, and simplicity. It also served to estimate the amount of time it would take to interview the nurse and to identify any issues that would prevent data collection. Nurses who took part in the pilot study were not participated in the study's main sample.

Actual Field work:

- Data collection lasted around three months to acquire the data (from the beginning January 2022 to the end of March 2022). The following steps were used to start and end the research:-

-The researcher distributed the questionnaire on studied nurses on individual basis and requested them to complete it in front of the researcher for any clarifications.

- The researcher collected data from nurses during their breaks or after work in nursing room. The time it took to complete the questionnaire sheet was between 35 and 40 minutes. To avoid missing data, the completed tools were collected on time and reviewed to ensure that they were complete.

Statistical Data Analysis:

SPSS version 22 was used to statistically analyse the results. Numerical data presented as mean, standard deviation, and range and the frequency and percentage for qualitative data. The t-test was used to test relationships between different variables. Pearson's Correlation analysis was used to determine the degree and direction of the association between two variables. Linear Regression is used to detect prediction role of Moral Distress and Sense of Coherence on Job Satisfaction. P value <0.05 is considered significant and P value <0.001 is considered highly significant.

Results:

Table (1) shows distribution of the studied nurses according to their socio-demographic characteristics and professional characteristics; results reveal (40.5%) of the studied nurses their age ranged from 30 < 40 years with mean age 36.30 ± 9.75 . More than half (62.5%) were female, nearly to three quarters (72.5%) were married and less than half (48.5%) of them have nursing diploma, while the majority (80.0%) work as staff nurse. According to their professional characteristics, result illustrates that more than one third (36.5%, 39.5%) of the studied nurse have 10 - < 15 years' of experience in nursing field and 5 - 10 years' experience in psychiatric field respectively, while

less than half (42.5%) have 10 years or more working with patients having psychiatric disorders.

Figure (1) emphasizes levels of moral distress among studied nurses, results illustrated that 52.5% have moderate level of moral distress and 39.5% of studied nurses have low distress meanwhile, severe level of moral distress represents only by 8.0%.

Figure (2) describes Mean and SD of Moral Distress Scale Psychiatry subscales (MDS- among studied nurses, results showed that the highest Mean score for unethical conduct by caregivers subscale was 19.27 ± 7.47 followed by mean score of low staffing subscale 15.16 ± 6.07 , then mean score of acquiescence to patients' rights violations 13.29 ± 6.14 .

Figure (3) presents of levels of sense of coherence among studied nurses, it can be observed that 76.5% had moderate level of sense of coherence and (13.0% & 10.0%) of the studied nurses had strong and low levels of sense of coherence respectively.

Figure (4) explains Mean and SD of sense of coherence subscales among studied nurses, it can be noticed that ranking of comprehensibility subscale was ranked as first with Mean and SD (23.98 ± 4.81) followed by manageability subscale with Mean and SD (21.11 ± 3.24), and lastly meaningfulness subscale with Mean and SD (17.01 ± 3.63).

Figure (5) represents percentage distribution of levels of job satisfaction scale among studied nurses; figure reported that most (81%) of the studied nurse had semi-satisfactory job, while (10.0% & 9.0%) had unsatisfactory and satisfactory respectively.

Figure (6) illustrates Mean and SD of job satisfaction subscales among studied nurses, figure showed that 9 of job satisfaction subscales were relatively equal in their mean and SD, which the mean

and SD of job satisfaction subscales ranged from 13.91 ± 1.77 to 14.83 ± 0.86 .

Table (2) explore the correlation between total job satisfaction score and total moral distress score as well as total sense of coherence score among studied nurses, as one can notice a highly statistically significance negative correlation was found between total job satisfaction score and total moral distress score. This means an increase in one variable of them is associated with a decrease in the other. Meanwhile there was a highly statistically significance positive correlation between total job satisfaction score and total sense of coherence score. This means an increase in one variable of them is associated with an increase in the other.

Table (3) explores the correlation between total job satisfaction score and total moral distress subscales score among studied nurses, as one can notice a highly statistically significance negative correlation was found between total job satisfaction score and total moral distress subscales score.

Table (4) represents correlation between total job satisfaction score and total sense of coherence subscales among studied nurses, it was found that there was highly statistically significance positive correlation between total job satisfaction score and sense of coherence subscales score.

Table (5) represents prediction role of moral distress and sense of coherence on job satisfaction by using Liner Regression, results revealed that both moral distress and sense of coherence had a statistically significant prediction role on job satisfaction.

Table (1): Distribution of the Studied Nurses According to their Socio-demographic and Professional Characteristics

Socio-demographic and professional characteristics	No (n=200)	%
Age (years)		
20: < 30 years	58	29.0
30: < 40 years	81	40.5
40: < 50 years	41	20.5
50-60 years	20	10.0
Sex		
Female	125	62.5
Male	75	37.5
Mean ±SD	36.30±9.75	
Marital status		
Single	39	19.5
Married	145	72.5
Divorced	9	4.5
Widow	7	3.5
Educational level		
Nursing diploma	97	48.5
Nursing institute degree	55	27.5
Bachelor in nursing	41	20.5
Master degree in nursing science	5	2.5
Doctoral degree in nursing science	2	1.0
Nursing position		
Staff nurse	160	80.0
Nursing specialist	21	10.5
Nurse supervisor	19	9.5
Years of experience in nursing field		
2- < 5 years	25	12.5
5 - < 10 years	49	24.5
10 - < 15 years	73	36.5
15 years or more	53	26.5
Mean ±SD	11.51±5.10	
Years of experience in psychiatric field.		
2- 5 yrs.	36	18.0
5 - 10 yrs.	79	39.5
10 - 15 yrs.	41	20.5
15 years or more.	44	22.0
Mean ±SD	10.82±5.31	
Length of working with patients having psychiatric disorders (years).		
1- 5 years	36	18.0
5 - 10 years	79	39.5
10years or more	85	42.5
Mean ±SD	10.82±5.31	

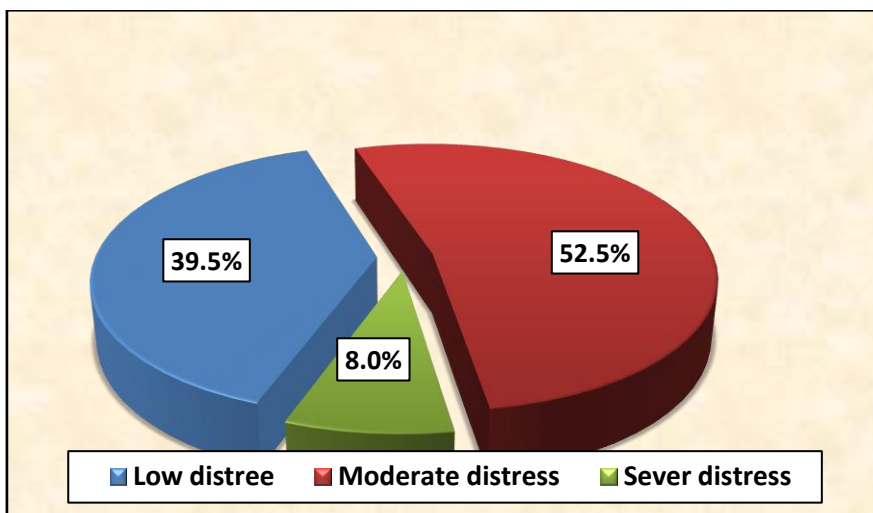


Figure (1): Distribution levels of Moral Distress Scale Psychiatry (MDS-P) among Studied Nurses (n=200).

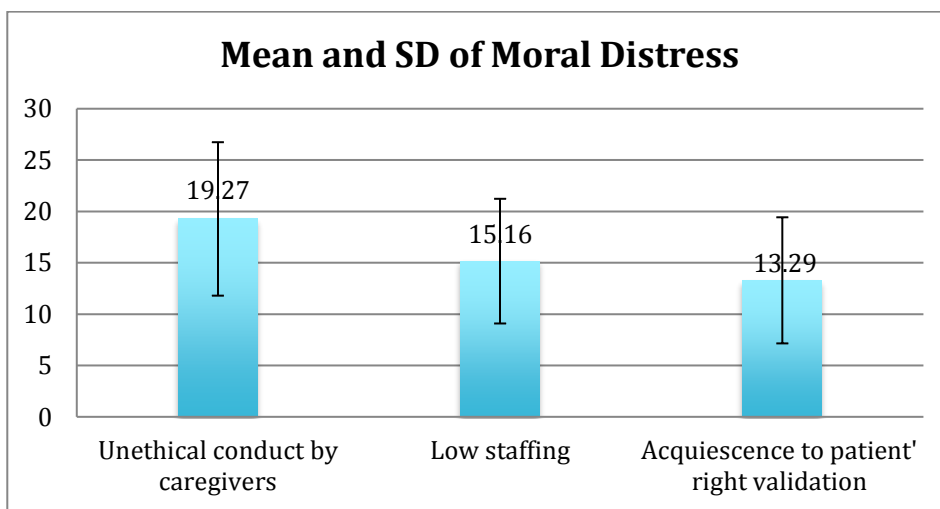


Figure (2): Total Score of Moral Distress Scale Psychiatry (MDS-P) Subscales among Studied Nurses (n=200).

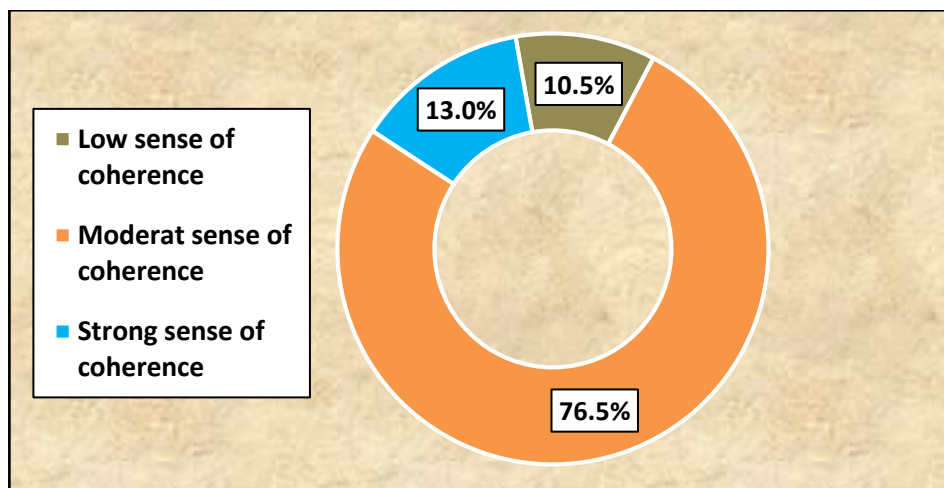


Figure (3): Distribution Levels of Sense of Coherence among Studied Nurses (n=200).

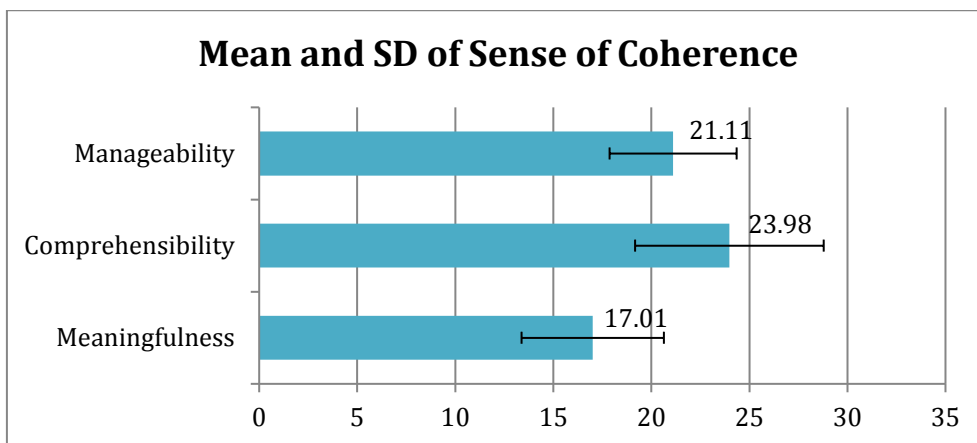


Figure (4): Mean and SD of Sense of Coherence Subscales among Studied Nurses (n=200).

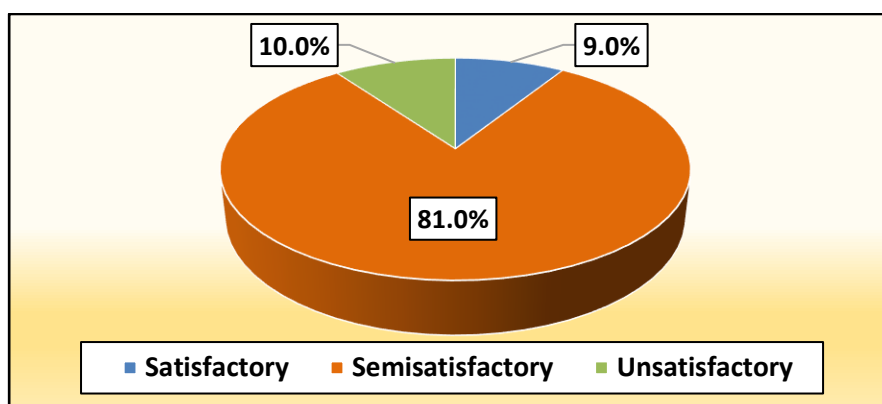


Figure (5): Distribution Levels of Job Satisfaction Scale among Studied Nurses (n=200).

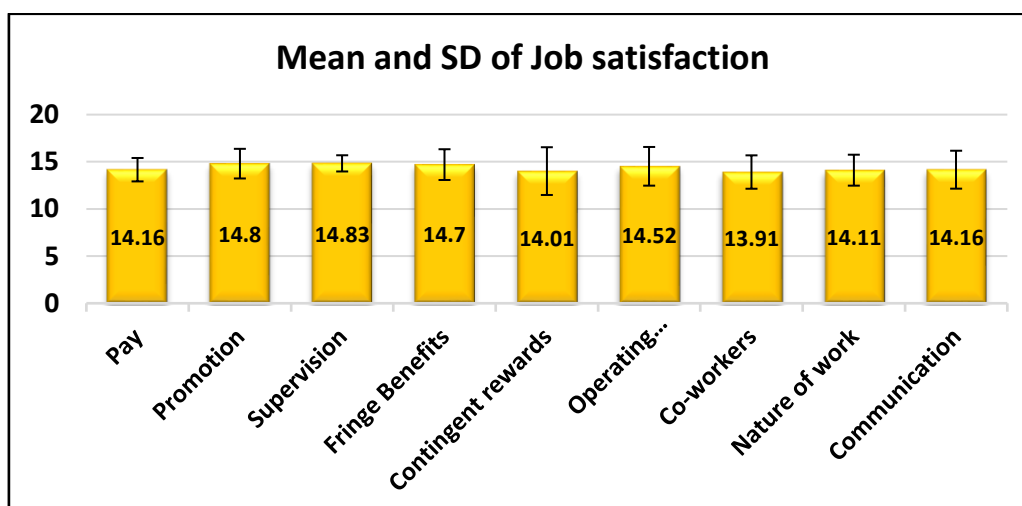


Figure (6): Mean and SD of Job Satisfaction Subscales among Studied Nurses (n=200).

Table (2): Correlation between Total Job Satisfaction Score and Total Moral Distress Score as well as Total Sense of Coherence Score among Studied Nurses (n=200).

Variables	Job satisfaction	
	r	p-value
Moral distress	-0.322-	0.000**
Sense of coherence	0.534	0.000**

** Highly statistically significance $p \leq 0.001$

Table (3): Correlation between Total Job Satisfaction Score and Total Moral Distress Subscales among Studied Nurses (n=200).

Variables	Job satisfaction	
	r	p-value
Moral distress		
Unethical conduct by caregivers	-0.271-	0.000**
Low staffing	-0.246-	0.000**
Acquiescence to patients' rights violations	-0.298-	0.000**

** Highly statistically significance $p \leq 0.001$.

Table (4): Correlation between Total Job Satisfaction score and Total Sense of Coherence Subscales among Studied Nurses (n=200).

Variables	Job satisfaction	
	r	p-value
Sense of coherence		
Meaningfulness	0.444	0.000**
Comprehensibility	0.470	0.000**
Manageability	0.248	0.000**

** Highly statistically significance $p \leq 0.001$.

Table (5): Prediction role of Moral Distress and Sense of Coherence on Job Satisfaction by Using Liner Regression (n=200).

Model	Unstandardized Coefficients		Standardized Coefficients	t	p-value
	B	Std. Error	Beta		
(Constant)	110.082	3.290		33.460	.000**
Total moral distress	-.094-	.024	-.230-	-3.882-	.000**
Total sense coherence	.380	.046	.490	8.295	.000**

Dependent Variable: Job satisfaction

Discussion

One of the most important elements impacting turnover rates among mental health nurses is job satisfaction. Starting point for improving job satisfaction of mental health nurses is identifying factors or correlates affecting it. So the current study studied moral distress and sense of coherence as determinates for job satisfaction among nurses working with patients with psychiatric disorders.

Moral distress is an emotionally taxing condition induced by the incapacity to provide care in line with one's convictions (**Fischer–Gronlund, & Brannstrom, (2021)**). The current results showed that more than half of studied subjects have moderate level of moral distress. This may be attributed to psychiatric nurse work in a highly stressful environment fraught with ethical challenges. In addition, psychiatric nurses working in acute psychiatric settings with a variety of constraints while providing care for mentally ill patients frequently find themselves in situations involving multifaceted moral dilemmas that cause moral distress, but they are unable to act due to a variety of obstacles. This result congruent with Jordanian study carried by **Hamaideh's, (2014)** stated that mental health nurses experienced moderate moral distress. In the same frame, **Prompahakul & Epstein, (2020)** stated that mental health nurses suffered moral distress when caring for their patients due to various constraints, clinical situations reported to cause moral distress involve the existence of conflicting duties, not considered patient's interest, a disregard for the patient's wishes and a lack of truth telling. Meanwhile internal constraints refer to nurses' characteristics and include hopelessness, low self-esteem and a lack of assertiveness. External constraints such as: inadequate communication between team members, differing interdisciplinary perspectives, inadequate staffing,

tolerance of abusive behavior, compromised patient care due to pressure from payers, or an institutional fear of litigation. Furthermore, this finding concurs with **Konttila et al., (2021)** who found a substantial link between moral distress, the ethical beliefs and practices in the mental health hospital.

The highest mean score in this study was for "unethical conduct by caregivers," according to current results for the mean score of MDS-P subdomains among surveyed nurses. This indicates that the nurses lack the essential commitment to ethics, and that nurses were directly involved in unethical conduct, such as secretly slipping drugs into patients' food. This result agreement with **Hamaideh, (2014)** reported that the most elevated scores were endorsed on items related to unethical conduct by caregivers. This result is different than previous study by **Ando & Kawano, (2016)** in that study, "acquiescence to violations of patients' rights" score was the highest, followed by "unethical conduct by caregivers" and "low staffing": **Shoorideh et al., (2015)** documented that low staffing had the second highest mean score of moral distress. This could be attributable to a shortage of nurses, insufficient skills, and other issues, such as depending on less trained staff being one of the most critical reasons in producing moral distress.

Shortage of nursing staff in psychiatric hospitals is the problem in the global from the past to the present in Egypt. Nurses need to fulfill the high demand of public expectation with shortage of nursing staff which may affect job satisfaction of nurses. Insufficient or inadequate care, as well as abuses of patients' rights, seclusion of those who complain, and compelling patients to take drugs without explanation, all result in moral conflict for nurses.. This finding in line with **Vaziri et al., (2015)** illustrated that nurses working in areas of inadequate staffing are nearly three times more

likely to experience moral distress compared with an area with adequate staffing. This result was congruent with **Ohnishi et al., (2010)** which reported that the “low staffing” factor was the most distressing. Overall, low staffing was a trigger for moral distress in several studies by **Hamaideh, 2014; & Mfuh et al., (2019)** stated several factors were identified to be the cause among which few nurses to many psychiatric patients during the shift was the major cause to moral distress.

Regarding sense of coherence, the current findings demonstrated that most of studied nurses had moderate sense of coherence. This could be because psychiatric nurses are frequently overworked, under pressure, and under demands, and they spend more time at work with mentally ill patients than any other healthcare professional. All of these variables may work together to create a stressful situations at working settings. Nurses who experience high level sense of coherence may be better able to recognize stressors and perceive them as controllable and meaningful. Having moderate SOC signifies that one has moderate ability to cope with stress. This finding is in keeping with **Betke et al., (2021)**, who found that the nurses in the study had an average sense of coherence. On other side, the result disagreement with **Eriksson et al., (2019)** who stated that the level of SOC in nurses was even weaker than among other than the general population.

For the subscales of sense of coherence scale, comprehensibility subscale was ranking first followed by sense of manageability lastly sense of meaningfulness. Concerning to comprehensibility, this result may be due to studied nurses may have clear view on their roles and responsibilities, and presence communication channels obstacles in their work place. While, concerning to sense of manageability, this may be due to inappropriate workload and studied nurses can unable to cope with stressors and fulfill the

requirements due to the non-availability of resources which increase nurse's moral distress. Lastly the lowest level in this study for sense of meaningfulness, this may be due to inadequate participation of studied nurses in decision making and the perspective of career path.

Concerning levels of job satisfaction among studied nurses; current study reported that most of the studied nurse had semi-satisfactory job satisfaction. This could be related to psychiatric nurses' need to respond to emergencies, as well as the psychological strain of dealing with the threat of patient aggressiveness, the nature of psychiatric disorder, and a nursing shortage. **Zaki, (2016)** found that nurses had shortage of skills to provide mental nursing care, as well as understanding of laws, institutions, and policies relevant to nursing. **Gómez-Salgado, (2020)** also stated that psychiatric nurse works with individuals, families, groups and communities, assessing their mental health needs. Treats patients diagnosed with conditions like schizophrenia, bipolar disorder and depression, dealing with suicidal, violent and critical patients, who make his/her work very stressful that lead to neutral satisfaction. **Olatunde & Odusanya, (2015)** studied "the prevalence and correlates of job satisfaction and psychological wellbeing among mental health nurses," and the findings revealed that the majority of mental health nurses had low job satisfaction. On the other hand, this finding differs from that of **Behilak & Abdelraof, (2020)** who investigated "The link between burnout and job satisfaction among psychiatric nurses" and discovered that the majority of nurses were dissatisfied with their jobs.

For the mean score of job satisfaction subscales among studied nurses; the nine job satisfaction subscales were relatively equal in their mean score. The highest score for supervision this may be due to

alleviating upsetting situations for the staff, the nursing supervisor's responsibility in being sensitive to staff needs, providing direction and advice, and establishing respect in each individual's professional skills is critical. **Tunio et al., (2012)** shown that job satisfaction is defined as a person's liking or disliking of his or her employment. Payment and benefits, organizational fairness promotion system, quality of working environment to leadership system, and social relationships are all elements that influence job satisfaction. The findings of this study correspond with those of **Sedaghati et al., (2020)**, who showed that the majority of nurses were satisfied with leadership and promotion as sub-items of job satisfaction.

Concerning to correlation between job satisfaction and moral distress, and sense of coherence among studied nurses, current results indicated that statistically significance negative correlation was found between total score moral distress and total job satisfaction score. This means an increase in one variable of them is associated with a decrease in the other. The relationship between moral distress and job satisfaction is advocated by **De Veer et al., (2013)** found that the severity of moral distress was inversely connected with work satisfaction among mental health nurses. These findings are also in line with those of **Ando & Kawano, (2018)** who noticed an inverse relationship between MDS-P and job satisfaction. However, these findings differ from those of **Dalmolin et al., (2014)**, who encountered that job satisfaction did not correspond with moral distress among the nurses studied.

There is a highly statistically significance positive correlation between total job satisfaction score and total sense of coherence score among the studied nurses. This means an increase in one variable of them is associated with an increase in the other. According to **Braun & Mayer, (2020)** the sense of coherence (SOC)

influences an individual's perception of a stressful event and allows it to be regarded as meaningful, manageable, and comprehensible which promoting personal satisfaction. Also a positive correlation between total SOC and total job satisfaction among nurses stated by **Ando & Kawano, (2016)** stated that work satisfaction is more strongly associated with sense of coherence among nurses and additionally **Derbis & Jasiński, (2018)** stated that SOC influences job satisfaction among mental health nurses and SOC is a preventative measure for state of depression, exhaustion, and job dissatisfaction among nurses. As a result, nurses' sense of coherence must be robust enough to deal with a variety of stressful job situations.

"Acquiescence to patients' rights violations" in the MDS-P and "comprehensibility" of SOC among the studied nurses a highly significantly affected job satisfaction more than other variables. Comprehensibility of SOC affected job satisfaction. This may be that nurses are having open communication channels in their work place. Even in these situations, finding comprehensibility in nursing may be important for nurses to propose care for patients. Also "Acquiescence to patients' rights violations" of MDS-P affected job satisfaction. This may be due to psychiatric nurses not cope well with moral problems, felt that they could not do anything for patients' discharge and came to ignore patients' will and this moral distress might affect job satisfaction among the studied nurses.

The result represents prediction role of moral distress and sense of coherence on job satisfaction by using liner regression, results revealed that both moral distress and sense of coherence had a prediction role on job satisfaction. This finding is line with **O'Connell, (2015)** who demonstrated that the respondents indicated job dissatisfaction as effects of moral distress.

Conclusion

Moral distress and sense of coherence are considered determinants for job satisfaction and have a role on the level of job satisfaction of psychiatric nurses.

Recommendations

- 1- Moral empowerment program for nurses is needed to develop ethical commitment among nurses.
- 2- The development of ethical principles in nursing is a necessity by developing ethical standpoint it is possible to prevent and address these cases.
- 3-Healthy working environment and improvement in work organization to increase job satisfaction and maintain the nurses' motivation and productivity.
- 4-In-service training program for nurses working at psychiatric settings to enhance their sense of coherence.
- 5-Moral distress should be included in the curriculum studied by student nurses.

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