

A Study on Influence of Psychological Distress and Job Satisfaction on Psychological Wellbeing Among Nurses

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Abstract

Evidences have shown negative relationships between psychological distress and psychological well-being, job satisfaction, and psychological well-being among nurses; however, to the best of our knowledge, no study before now has investigated the interaction of these variables (psychological distress and job satisfaction) on the psychological well-being of nurses. In addition, the present study examined how psychological distress and job satisfaction influence the psychological well-being of nurses. The pool of participants consisted of one hundred and twenty (120) nurses in the Federal Teaching Hospital, Beaklike, Nigeria. Their ages ranged from 24 to 51 years, M=34.00; SD=08.30, and the data collection lasted from May to June 2023. The participants completed several self-report questionnaires, such as the Kessler Psychological Distress Scale (K10), the Minnesota Satisfaction questionnaire, and the Psychological Well-being Scale (PWS). The results of the analysis of variance (ANOVA) showed that psychological distress significantly influenced psychological well-being among nurses, and job satisfaction also significantly influenced psychological well-being among nurses, while no significant interaction influence was recorded on the impact of psychological distress and job satisfaction on psychological well-being among nurses. We concluded that the working conditions of nurses should be reviewed to ascertain these psychosocial factors that elicit psychological distress and job dissatisfaction. This will improve nurses' mental well-being and quality of patient care.

Kew Words: distress; job satisfaction; nurses; psychological well-being; well-being

Introduction

The investigation of psychological distress in the nursing field has evolved over several decades now. While some researchers found psychological distress to be a prognosticator of psychosomatic function and poor quality of life, others found that its presence triggers a risk of heart disease and poor immunity. ^{1,2} In 2016, about 543 million people were found to experience psychological distress due to depression and anxiety. ³ Psychological distress indicates an "undifferentiated group of symptoms ranging from anxiety and depressive symptoms to functional impairment, personality traits (confusing and troubling), and behavioural problems". ⁴ It is a common occurrence among nurses, as it is perceived as a temporary or episodic manifestation of unwanted psychological experiences in the form of specific stressors, such as disturbed sleep, constipation, chronic pain, excessive tiredness, memory loss, decreased sexual drive, and can be handled either by adopting or

eliminating the stressor. ⁵ Substantial studies have shown that psychological distress among nurses is on the increase since nurses are constantly faced with providing healthcare for chronically ill patients, which is emotionally draining, therefore exposing them to poor sleep patterns, and a lack of support, which affects their overall well-being, family life, social relationships, resulting in work absences, and a low quality of general health services. ^{2,6,7} Approximately 70% of nurses undergo distressing experiences such as tension, anxiety, depression, sadness in social life and the workplace, and when compared to the general populace, there is a high frequency of mental health disorders among healthcare workers as they are prone to depression and stress. ^{8,9} Since previous studies have established that psychological distress impacts negatively on the lives of nurses and in turn affects patients' quality of care, this may also influence whether or not nurses

are satisfied with their jobs. Job satisfaction among nurses plays a vital role in patients' care. Job satisfaction refers to the extent to which job conditions meet an individual's needs; the higher the balance of satisfaction over dissatisfaction, the greater the likelihood of the employee playing vital role in achieving organizational goals.¹⁰ It goes beyond the subjective nature of the job to collective working conditions such as working hours, salaries and other remunerations, living conditions, level of occupational hazards, etc. It has been identified that different factors such as positive interpersonal relationships (loyalty, sharing of common values, trust), and quality of care correlate with job satisfaction, as when nurses identify patient care to be crucial in their work, job satisfaction improves.¹¹ Also, balanced workload, reward for effort, and well-thought-out roles and responsibilities are factors associated with higher levels of job satisfaction, while dissatisfaction with the quality of work, attending to a larger number of patients, inadequate work empowerment, and poor leadership are associated with burnout and poor job satisfaction among nurses.^{12, 14} When workers enjoy their working conditions, it improves their mental well-being, thereby increasing job productivity. Psychological well-being postulates a state in which an individual becomes productive due to self-acceptance, having life goals, relating properly with others, being independent, having control over the environment, and personal growth.¹⁵ It captures individuals' perceptions of the quality of their mental health, where they are resourceful, can manage daily stressors, and are productive both to themselves and to society at large. Previous empirical studies suggest different factors that influence psychological well-being, including coping strategies, individual characteristics, self-concept, social support, stigma, religiosity factors, personality, psychological stress, quality of life, and self-efficacy.^{15,16} Among these factors, social support, coping strategies, psychological stress, and religiosity have been found to directly influence an individual's psychological well-being.¹⁷

Among nurses, studies have shown that different factors influence their levels of psychological well-being, such as work-family interference and emotional demands that induce greater anxiety and depression, thereby lowering their mental well-being. Another study found that work overload, lack of career development, and lack of recognition were positively related to low well-being and burnout among healthcare professionals.¹⁸ A more recent study that examined psychological well-being among nurses during the COVID-19 pandemic indicated that psychological well-being increased with working experience, as nurses with fewer years in service indicated poor mental well-being compared to nurses with more working years. The study also found that pandemics or other health emergencies can induce psychological distress among health workers, but those with a high level of mental well-being were able to cope with the distress and commitment to duties.¹⁷ The above outcomes indicate that psychological well-being is a positive psychosocial tool that should be utilized in improving quality of life and quality of patient care among healthcare professionals, but the extent to which these factors such as psychological distress and job satisfaction influence psychological well-being is yet unknown.

The present study

Evidences have shown negative relationships between psychological distress and psychological well-being, job satisfaction, and psychological well-being among nurses; however, to the best of our knowledge, no study before now has investigated the interaction of these variables (psychological distress and job satisfaction) on the psychological well-being of nurses. In addition, the present study aims to examine how psychological distress and job satisfaction influence the psychological well-being of nurses. We hypothesized that (1) psychological distress will significantly influence psychological well-being among nurses, (2) job satisfaction will significantly influence psychological well-being among nurses, and (3) the interaction of psychological distress and job satisfaction will significantly influence psychological well-being among nurses.

Methods and Materials

Participants

The total number of participants in this study consisted of 120 nurses at the Federal Teaching Hospital, Beaklike, Nigeria. Participants' eligibility included: (a) must be a nurse; (b) must be 18 years of age and older; (c) must be physically fit; and (d) must consent to willingly participate in the study. The results show that the age mean of the participants was 34.00years (SD=08.30, ranging from 24 to 51 years). Among the participants, 34 (28.3%) were males, 86 (71.7%) were females, 41% were married, and 59% were single.

Instruments

Psychological distress was measured using the Kessler Psychological Distress Scale (K10), developed by Kessler (2003). The instrument is a 10-item Likert format numbered 1-5, intended to yield a global measure of psychological distress based on questions about anxiety and depressive symptoms. The scale is positively scored from 10 to 50, low (10, 15), moderate (16, 21) and high (22, 50). This instrument has a reliability of .87 and a Cronbach alpha coefficient of .92, while in the present study we obtained an alpha coefficient of .77. Job satisfaction was measured using the Minnesota Satisfaction Questionnaire developed by Weis (1967). The instrument measures individuals' levels of job satisfaction such as intrinsic satisfaction, extrinsic satisfaction, and general satisfaction of employees. The 20-item instrument is scored on a 5-point Likert-type scale ranging from 1 (not satisfied) to 5 (extremely satisfied), with the higher score indicating a great deal of satisfaction. The instrument has demonstrated a Cronbach alpha coefficient of .88 and a reliability coefficient of .93.

Psychological Well-being was measured using the Psychological Well-being Scale (PWS), as developed by Ryff, (1995). The instrument consists of a 42-item Likert-type response representing six domains of psychological well-being namely: Autonomy (items: 1, 7, 13, 19, 25, 31, 37); Environmental Mastery (items: 2, 8, 14, 20, 26, 32, 38); Personal Growth (items: 3, 9, 15, 21, 27, 33, 39); Positive Relations (4, 10, 16, 22, 28, 34, 40); Purpose in Life (items: 5, 11, 17, 23, 29, 35, 41); and Self-acceptance (items: 6, 12, 18, 24, 30, 36, 42). Items 3, 5, 10, 13, 14, 15, 17, 18, 19, 23, 26, 27, 30, 31, 32, 34, 36, 39, and 41 were indirectly scored. In terms of scoring, scores for each domain are summed up, and a higher score indicates a great deal of the domain. This instrument has a reliability of .94 and a Cronbach alpha coefficient of .77.

Procedure

The researchers approached the nurses of the tertiary healthcare institution during one of their clinical meetings and explained themselves and the purpose of the study. The participants were given the right to accept or decline participation in the study. Those who consented were handed the instruments and were further instructed to submit the forms to the Matrons of their units when done. The researchers visited each unit weekly to collect the forms, and only well-filled forms were scored and served as data in the present study. The data collection lasted for 2 months (May-June 2023).

Ethical Consideration

The researchers obtained ethical clearance from the institution's research ethics committee. (Ethics clearance number: AEFUTHA/45/04-19-2023).

Data analysis

We employed descriptive statistics to ascertain whether the demographic variables, e.g., gender, age, and marital status, were correlated with the major variables. Also, in order to examine whether (a) psychological distress will significantly influence psychological well-being among nurses, (b) job satisfaction will significantly influence psychological well-being among nurses, and (c) the interaction of psychological distress and job satisfaction will significantly influence psychological well-being among nurses, analysis of variance (ANOVA) statistics were employed.

Results

	Psychological Distress			Job Satisfaction		Psychological Wellbeing	
	Low	Moderate	High	Low	High	Low	High
Total							
Score	1062	432	483	4248	2619	2046	21021
Mean	*13.62	18.00	26.83	52.44	67.15	136.40	200.20
SD	1.41	1.32	3.17	7.66	5.43	12.96	18.70

Table 1: Data Summary Table

Table 1 explains that participants with low levels of psychological distress had 53.0% of the total scores while those with moderate and high levels of psychological distress had 21.9% and 24.4% respectively. Participants with

low levels of job satisfaction reported 61.9% of the total scores while 38.1% had high levels of job satisfaction. Lastly, participants with low levels of psychological wellbeing had 8.9%, while those with high levels of psychological wellbeing had 91.1%.

Table 2: ANOVA Summary Table

SOV	SS	DF	MS	F-RATIO	SIG. LEVEL	F
A (Psy. D)	13019089.82	2	6509544.92	25.82	P <.01	>4.79
B (Job. S)	4817141.41	1	4817141.41	19.12	P <.01	>6.85
C (Interaction)	385381.87	2	192690.94	0.76	P <.01	<4.79
S/AB (Error)	27982291.12	111	252092.71			
Total	46203904.23	116				

According to the Table2, psychological distress had a statistically significant influence on psychological wellbeing, (F=25.82, df=111, p<.01). This significant influence indicates that the nurses’ dominant low levels of psychological distress were influential on their states of psychological wellbeing. The result of table 2 above implies that job satisfaction had a statistically significant influence on psychological wellbeing (f=19.12, df=111, p.01). This implies that nurses’ dominant low levels of job satisfaction were influential on their states of psychological wellbeing. Finally, according to the Table2, there was no statistically significant interaction influence of psychological distress and job satisfaction on psychological wellbeing (f=0.76, df=111, p<.01). This indicates that the influence of the levels of job satisfaction on psychological wellbeing among Nurses did not vary according to the levels of psychological distress and vice-versa.

Discussion

The present study examined the influence of psychological distress and job satisfaction on psychological well-being among nurses. The results showed that psychological distress significantly influenced psychological well-being among nurses. Hence, the hypothesis which stated that there will be a statistically significant influence of psychological distress on psychological well-being among nurses was supported. It further indicates that the presence of psychological distress negatively influences an individual’s mental well-being, especially for people who perform stressful jobs like nurses. This outcome supports the findings of other studies where its existence is linked to disturbed sleep, decreased sexual drive, low quality of life, mental health disorders, depression, and stress among nurses. ^{2, 5, 9} Exposure to risky working conditions such as taking care of chronically ill patients, patients with communicable diseases, or patients with conditions that can be contracted by the nurses through sharp objects used on patients can induce mental stress, which in turn affects their psychological well-being. Nurses who take care of patients who hardly survive their conditions, such as cancer, or patients with relapsing conditions like Schizophrenia and Substance Use Disorder (SUD), are likely to suffer burnout, stress, and mental fatigue, which is likely to affect their mental well-being. Thus, a constant review of the working conditions of nurses by providing them with training and retraining on the best global standards for handling patients with chronic illness or relapsing conditions, and making available trained psychologists

to work directly with them will help in eliminating psychological distress among nurses. Job satisfaction positively influenced psychological well-being among nurses. This indicates that being satisfied with work helps nurses develop good psychological well-being. Hence, the hypothesis which

stated that there will be a statistically significant influence of job satisfaction on psychological well-being among nurses was supported. This result supports the findings of other studies where the presence of job satisfaction induced good psychological well-being among nurses. ¹⁹ Job dissatisfaction among nurses has been linked to burnout, emotional exhaustion, low personal accomplishment, and personalization, which induced poor psychological well-being. ²⁰ Several studies have reported the existence of job satisfaction among nurses across the United States of America, the United Kingdom, South Africa, and Nigeria. ^{21, 24} When job conditions meet employees’ needs, it is likely to boost such employees’ mental well-being thereby increasing productivity and zeal to meet the organization’s goals. Job satisfaction is no doubt an integral part of every organization, especially those in the health sector. When nurses are satisfied with their working conditions and their mental health improves, they value their lives and that of their patients. Hence, health facilities are expected to incorporate friendly working conditions for nurses, conditions that will enable them to achieve their personal goals, grow, and be satisfied with work. No significant interaction influence was recorded on the impact of psychological distress and job satisfaction on psychological well-being among nurses. This shows that the interaction between psychological distress and job satisfaction does not affect the psychological well-being of nurses. Hence, the hypothesis which stated that there will be a statistically significant interaction influence on psychological well-being among nurses was not supported. Being the first study to explore the interaction between psychological distress and job satisfaction on psychological well-being among nurses, psychological distress alone has a negative interaction with psychological well-being thereby affecting their ability to be productive at work, achieve their personal goals, or achieve organizational goals. On the other hand, the presence of job satisfaction among nurses goes a long way to boost their productive level, thereby elevating their mental well-being. However, according to the present study, the interaction between these variables (psychological distress and job satisfaction) does not affect the psychological well-being among nurses, which may be due to the age range of the participants, as the majority were

young, their educational qualification, or the period of data collection (post-pandemic period) when the nurses have survived the most stressful period (the COVID-19 pandemic) and may have developed posttraumatic growth. Similarly, ¹⁷ found that even though a pandemic or other health emergencies could elicit mental stress, health professionals must be mentally balanced to resist such stress. There are limitations in the present study that we must highlight. Firstly, 120 participants were recruited for this study. Secondly, we use a single institution, i.e., all our participants were recruited from the federal teaching hospital, Abakaliki, Nigeria, and this may affect the generalization of the results. Lastly, we adopted a cross-sectional research design, and data collection was done using self-report questionnaires that assessed causal inferences, which may affect the outcome of the study.

Conclusion

The present study explored the influence of psychological distress and job satisfaction on psychological well-being among nurses. To the best of our knowledge, this is the first study to explore the interactive effect of psychological distress and job satisfaction on psychological well-being among nurses. The outcome of this study serves as a contribution to the body of scientific literature. The study suggests that a constant review of the working conditions of nurses, by providing them with training and retraining on the best global standards for handling patients with chronic illnesses or relapsing conditions and making available trained psychologists to work directly with them, will help in eliminating psychological distress among nurses. Also, all hospitals are expected to incorporate friendly working conditions for nurses, conditions that will enable them to achieve their personal goals, grow, and be satisfied with work.

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Conflict of interests

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