



## **Moral distress, job satisfaction and intention to leave the profession among independently working nurses, physicians and physiotherapists in Southern Switzerland: A quantitative study**

**Author:** Scascighini, L.<sup>1</sup>, Prati, A.<sup>1</sup>, Sala De Filippis, T.<sup>1</sup>

**Institution:**

<sup>1</sup>University of Applied Sciences, Southern Switzerland

**Format & Type**

Oral, Scientific

**Background**

Switzerland and Europe are facing a shortage of qualified healthcare professionals (HCP). According to the Swiss health observatory 65'000 new health professionals are needed within 2030. The recent pandemic has shown the fragility of the Swiss healthcare system in this respect highlighting the dependence from neighbouring countries in the field of HCP. National strategies have been put in place in order to increase the number of enrolled students of nursing and medicine with the aim of educating more HCP. Little attention has been paid to the phenomenon of prematurely abandoning the profession. The literature suggests that one reason that leads HCP to prematurely abandon their position is represented by moral distress (MD) that negatively influences job satisfaction.

**Research Question / Aim**

How satisfied are community nurses, physiotherapists and GPs about their job (according to Siegrist's Effort- Reward Imbalance Scale- ERI short version)? What frequency and level of intensity of MD do participants display, according to the Italian version of the Revised Moral Distress Scale (I MDS-R)? Is there a correlation between the intention to leave and moral distress and or job satisfaction and intention to leave the profession? We aimed at investigating job satisfaction and moral distress among independent nurses, independent physiotherapists and general practitioners (GPs) practicing in Southern Switzerland.

**Method / Procedure**

A survey was undertaken among independent nurses, PTs and GPs. In spring 2020 we administered an on-line questionnaire to independent community nurses, PTs and GPs. The questionnaire included socio-demographic questions, ERI and I MDS-R. Moral distress was evaluated according to the four subscales: futile care; deceptive communication; team work and ethical misconduct. Data were analysed using SPSS 26.0 for descriptive and inferential statistics. We carried out the analysis considering profession and gender. The study was reviewed, and approved, by research ethic committee in southern Switzerland.

**Results**

We administered 880 survey with a response rate of 23.5% (N=207). The analysis showed that: 37.5% of independent nurses, 29.3% of independent physiotherapists and 34.3% of general practitioners yielded an effort-reward ratio above 1. In respect to the moral distress scale nurses, physicians and physiotherapists experienced the highest score in the subscale 'team work' (Mean 4.66, SD 3.71). Among all professionals 13.2% are considering to leave the actual professional position due to moral issues.

**Discussion**

These findings are consistent with similar findings of research carried out in western countries in hospital settings. These findings offer a new insight into healthcare professionals working with outpatients. It could be suggested that actions should be put in place in order to ameliorate the effort reward balance among all healthcare professionals. In order to decrease the level of intensity and frequency of experienced moral distress the team work among healthcare professionals should be improved.



### **Conclusion**

This study offers a unique insight into the level of job satisfaction and moral distress among professionals providing care to outpatients. Given that interprofessionality is gaining more and more attention we believe that efforts should be made in order to facilitate and support this precious team work in the outpatient setting.