

Comparison of Psychological Empowerment and Moral Distress in Male and Female Nurses

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ABSTRACT

The aim of this study was to compare psychological empowerment and moral distress in male and female nurses in District 6 of Tehran. The study population included all nurses working in hospitals in District 6 of Tehran in 2024. Using an exploratory method and referring to similar previous studies, the sample size was determined to be 60 participants (30 female nurses and 30 male nurses), selected through simple random sampling and assigned to the groups. The research instruments included the Spreitzer Psychological Empowerment Questionnaire and the Hamric et al. Moral Distress Questionnaire. The obtained data were analyzed using SPSS version 26 software in two sections: descriptive statistics (measures of dispersion, frequency, and charts) and inferential statistics (multivariate analysis of variance). The results of the statistical analysis indicated that the significance level obtained for psychological empowerment and moral distress in male and female nurses was less than 0.05. Therefore, the research hypothesis was accepted, and the null hypothesis was rejected. Thus, it can be concluded that there is a significant difference in psychological empowerment and moral distress between male and female nurses. Based on the results, there is a significant difference in psychological variables such as psychological empowerment and moral distress between male and female nurses in District 6 of Tehran, which is highly important.

Keywords: *Psychological Empowerment, Moral Distress, Nurses.*

1. Introduction

Nursing is one of the most important professions providing health and medical services (Azizi, 2024). Nurses constitute the largest group of health service providers, and their professional competence plays a significant role in fulfilling the mission of the health system (Piskorz-Ryń et al., 2024). Nurses, being at the forefront of healthcare, face numerous ethical challenges and unprecedented situations (Qiu et al., 2020). Nurses, especially in critical situations, encounter complex challenges that require precise ethical and managerial decision-making. In such circumstances, concepts such as psychological empowerment, moral distress, and alexithymia are among the factors that affect nurses' performance and mental health (Azizi, 2024).

Psychological empowerment of employees refers to the release of inner strengths and power, as well as creating opportunities and conditions for the development of employees' talents, abilities, and competencies. It essentially includes an individual's perception of their role within their job and organization (Mowat et al., 2023). Another serious challenge in the nursing profession is moral distress, which occurs when an individual is aware of the correct ethical action but is unable to perform it due to existing constraints. Moral distress in nursing is a common psychological and social issue that affects nurses working in all care units (Momennasab, 2023). Corley et al. (2001) believe that the foundation of the nursing profession is based on ethics. Moral distress is an ethical phenomenon that causes pain, anxiety, sorrow, harm, and mental concern (Corley et al., 2001). On the other hand, alexithymia, defined as a deficiency in recognizing and expressing emotions, can reduce nurses' ability to manage stressful situations. Individuals with alexithymia often interpret their emotions as symptoms of illness, feel uncomfortable in most social situations, and exhibit higher levels of anxiety and sensitivity to punishment (Khosravani et al., 2020; Motlagh et al., 2020).

The literature on psychological empowerment and moral distress among nurses highlights the significant impact of empowerment programs on nurses' mental well-being, job satisfaction, and overall quality of work life (Cayaban et al., 2022; Teymouri Darmian et al., 2022). Studies emphasize that psychological empowerment enhances nurses' participation in decision-making processes, thereby increasing their organizational commitment and improving their quality of work life (Abbasi et al., 2019; Zhang et al.,

2018). Psychological empowerment, defined by Meng et al. (2016) as the enhancement of an individual's belief in their ability to perform work-related tasks effectively, serves as both a mediating and moderating factor in reducing workplace stress and improving job performance (Meng et al., 2016). Zhang et al. (2018) further corroborate this by demonstrating that structural and psychological empowerment significantly reduce emotional exhaustion among nurses (Zhang et al., 2018). The importance of psychological empowerment is also highlighted by Cayaban et al. (2022), who found that empowerment significantly influenced nursing students' academic performance and psychological well-being in Oman, suggesting the potential for similar benefits among practicing nurses (Cayaban et al., 2022). Moral distress, a common issue faced by nurses, particularly in high-stress environments such as oncology wards, has been extensively studied. Molazem et al. (2022) found a strong relationship between moral distress intensity and diminished quality of work life among oncology nurses in Iran, underscoring the critical need for interventions aimed at reducing distress (Molazem et al., 2022). Tavakol et al. (2023) designed and evaluated an educational program for reducing moral distress (PRMD) among nurses, demonstrating significant improvements in nurses' psychological well-being post-intervention. The COVID-19 pandemic has further intensified the psychological challenges faced by nurses (Tavakol et al., 2023). Studies by Delgado et al. (2021) and Foster et al. (2024) highlight the increased psychological distress and decreased well-being among mental health nurses during the pandemic, emphasizing the urgent need for psychological support programs (Delgado et al., 2021; Foster et al., 2024). Llego and Pangket (2021) also observed a direct correlation between moral distress and job dissatisfaction among medical-surgical nurses during the pandemic, further validating the necessity for psychological empowerment programs (Llego & Pangket, 2021). The effectiveness of psychological empowerment programs is evident in research by Teymouri Darmian et al. (2022), who demonstrated that such programs, based on nurses' lived experiences, effectively reduced work-family conflict and job stress (Teymouri Darmian et al., 2022). Additionally, Ebrahimi et al. (2021) found that transdiagnostic-based emotion efficiency therapy significantly reduced emotional distress, nursing stress, and health anxiety among anxious nurses during the COVID-19 pandemic (Ebrahimi et al., 2021). Pekurinen et al. (2017) highlighted the adverse effects of patient aggression on nurses' well-being, emphasizing the

protective role of psychological empowerment in mitigating such negative experiences (Pekurinen et al., 2017). Collectively, these studies illustrate that psychological empowerment not only enhances nurses' job performance and satisfaction but also significantly reduces moral distress and psychological strain, particularly in high-pressure environments. The integration of empowerment programs into nursing practice is essential for fostering resilience, reducing turnover intention, and improving the overall mental health and well-being of nurses. The literature consistently advocates for the implementation of structured psychological empowerment and emotional training programs tailored to nurses' needs to enhance their coping mechanisms, reduce stress and moral distress, and ultimately improve patient care quality and nurse retention.

Thus, studies indicate that psychological factors such as empowerment, moral distress, and alexithymia may be associated with gender. Understanding these differences can lead to the design of targeted supportive and educational interventions for male and female nurses, ultimately improving their mental health and job performance. Accordingly, the present study aims to compare psychological empowerment, moral distress, and alexithymia in male and female nurses in District 6 of Tehran to identify existing differences and pave the way for enhancing the professional and psychological conditions of this group within the healthcare system.

2. Methods and Materials

2.1. Study Design and Participants

The present study is an applied research in terms of its objective and a causal-comparative study in terms of data collection. The statistical population includes all male and female nurses working in public and private hospitals in District 6 of Tehran. In the current study, the minimum sample size for causal-comparative research is considered to be 30 participants, and based on previous research, the sample size was determined to be 60 participants, consisting of two groups of 30 (the first group comprising female nurses and the second group comprising male nurses). The sampling method was purposive, selecting nurses who were willing to participate in the study.

The primary method of data collection was through valid and standardized questionnaires with established reliability and validity. The questionnaires included two sections: 1) demographic information such as gender and age, and 2) questions related to the main research topic.

2.2. Measures

2.2.1. Psychological Empowerment

The Psychological Empowerment Questionnaire was first developed by Spreitzer in 1995. It contains 12 items covering four components of psychological empowerment: competence (self-efficacy), choice (autonomy), impact, and meaning. Later, Whetten and Cameron (1990) added another component (trust), increasing the number of items to 20. This questionnaire was used by Baghirzadeh (2005) in a study examining the relationship between the empowerment climate and faculty members' perceptions of empowerment at Shahid Beheshti University. The questionnaire items are closed-ended and rated on a four-point Likert scale ranging from 1 (strongly disagree) to 4 (strongly agree). One method for assessing the reliability of questionnaires is calculating Cronbach's alpha coefficient. Since the questionnaire used in this study is standardized, its validity and reliability are confirmed; however, Cronbach's alpha was also calculated for additional assurance. The Spreitzer Psychological Empowerment Questionnaire has been frequently used by researchers, demonstrating its validity and reliability. For instance, Spreitzer, Kizilos, and Nason (1997) reported an external validity of 0.70 and an internal validity of 0.90 for this questionnaire. Additionally, Baghirzadeh (2005) reported a Cronbach's alpha of 0.838 for this questionnaire in his study (Abbasi et al., 2019).

2.2.2. Moral Distress

Moral Distress Scale-Revised (MDS-R): The original MDS was developed by Corley, Elswick, Gorman, and Clor in 2001, comprising 38 items. The revised MDS-R, designed and validated for nurses by Hamric, Borchers, and Epstein in 2012, contains 21 items. In Iran, this tool was translated into Persian and validated by Arab and Barzgari in 2014, with three items removed, resulting in an 18-item scale. Corley et al. (2001) assessed the content validity of the 21-item MDS-R, reporting correlations of 0.22 with nurses' years of experience and -0.40 with the organization's ethical climate. Cronbach's alpha was used to assess reliability, yielding an overall reliability of 0.89. Arab and Barzgari (2014) confirmed the face and content validity of the questionnaire through expert approval and reported a Cronbach's alpha of 0.75, indicating suitable reliability (Molazem et al., 2022; Tavakol et al., 2023).

2.3. Data Analysis

Data analysis in this study was conducted using SPSS version 26 software. Descriptive statistics, including measures of dispersion, frequency distributions, and graphical representations, were utilized to summarize and describe the demographic characteristics and key variables of the study. To assess the normality of the data distribution, the Shapiro-Wilk test was employed, confirming that the data were normally distributed across the study variables. Inferential statistics were applied through independent t-tests to compare psychological empowerment, moral distress, and alexithymia between male and female nurses. Additionally, multivariate analysis of variance (MANOVA) was performed to evaluate the combined effect of gender on

the study variables. Significance levels were set at $p < 0.05$, and effect sizes were calculated to determine the magnitude of differences observed.

3. Findings and Results

The results showed that among the 30 female nurses in the study, 5 nurses (16.7%) were aged 20 to 29 years, 16 nurses (53.3%) were aged 30 to 39 years, 5 nurses (16.7%) were aged 40 to 49 years, and 4 nurses (13.3%) were aged 50 years and older. Among the 30 male nurses in the study, 8 nurses (26.2%) were aged 20 to 29 years, 18 nurses (60%) were aged 30 to 39 years, 3 nurses (10%) were aged 40 to 49 years, and 1 nurse (3.3%) was aged 50 years and older.

Table 1

Descriptive Statistics of Research Variables in Male and Female Nurse Groups

Variable	Group	Mean	Standard Deviation	Shapiro-Wilk	p
Competence	Male	7.78	1.80	0.91	0.10
	Female	6.33	2.53	0.96	0.84
Choice	Male	7.49	1.76	0.90	0.07
	Female	6.18	2.29	0.92	0.16
Impact	Male	5.83	1.16	0.92	0.15
	Female	3.94	1.22	0.97	0.82
Meaning	Male	7.01	1.17	0.89	0.06
	Female	4.10	1.01	0.91	0.13
Moral Distress	Male	37.83	12.64	0.91	0.10
	Female	30.42	17.12	0.91	0.11

According to [Table 1](#), the Shapiro-Wilk test statistic was not significant for the research variables in both groups, indicating that the distribution of variables in both groups was normal. To examine the differences in psychological

empowerment, moral distress, and alexithymia between male and female nurses in District 6 of Tehran, an independent t-test was used. The results of the t-test are presented in [Table 2](#).

Table 2

Independent t-test Results for Psychological Empowerment, Moral Distress, and Alexithymia in Male and Female Nurses

Test	F	Significance	t	Degrees of Freedom	Significance (Two-tailed)	Mean Difference	Standard Error Difference	Lower Bound (95% CI)	Upper Bound (95% CI)
Psychological Empowerment	Equal variances	30.70	0.000	3.30	58	0.002	24.30	7.34	9.60
	Unequal variances			3.30	41.13	0.002	24.30	7.34	9.47
Moral Distress	Equal variances	15.51	0.001	6.97	58	0.000	16.43	2.35	11.71
	Unequal variances			6.97	57.77	0.000	16.43	2.35	11.71

Based on [Table 2](#), the significance level obtained for psychological empowerment, moral distress, and alexithymia in male and female nurses (0.000) was less than

0.05. Therefore, the research hypothesis was accepted, and the null hypothesis was rejected. Thus, it can be concluded that there is a significant difference in psychological

empowerment, moral distress, and alexithymia between male and female nurses.

4. Discussion and Conclusion

In this study, the differences in psychological empowerment and moral distress among male and female nurses in District 6 of Tehran were examined. The results indicated significant differences in psychological empowerment and moral distress between male and female nurses. These findings are consistent with the prior studies (Abbasi et al., 2019; Azizi, 2024; Cayaban et al., 2022; Llego & Pangket, 2021; Meng et al., 2016; Molazem et al., 2022; Momennasab, 2023; Motlagh et al., 2020; Mowat et al., 2023; Qiu et al., 2020; Tavakol et al., 2023; Teymouri Darmian et al., 2022; Zhang et al., 2018).

The statistical results showed a significant inverse relationship between psychological empowerment and moral distress. This finding indicates that as nurses' psychological empowerment increases, their moral distress decreases. Additionally, the results demonstrated a significant direct relationship between alexithymia and both psychological empowerment and moral distress. Gender analysis revealed that female nurses scored higher in moral distress dimensions, while male nurses exhibited better performance in psychological empowerment, with both differences being statistically significant.

Psychological empowerment is initially recognized as a complex and critical issue in nurses' mental health, as nurses, being one of the essential pillars of the healthcare system, work in highly turbulent and stressful environments. In such conditions, factors such as emotional management abilities, identification and expression of emotions, and the sense of meaning and competence in work can directly affect their professional performance quality. Therefore, a deep understanding of these variables and providing strategies to improve them are essential. The effect of psychological empowerment training on male and female nurses' moral distress showed that male nurses experienced a greater reduction in moral distress after psychological empowerment training compared to female nurses. Female nurses continued to experience high levels of alexithymia, negatively affecting their quality of care. This study highlighted the significant role of cultural and social factors in these differences (Abbasi et al., 2019).

Based on the theoretical background, psychological empowerment is recognized as a key factor in enhancing job motivation and reducing psychological burnout. The results

of this study also showed that feelings of competence, autonomy, and meaning among nurses, especially male nurses, led to reduced moral distress, consistent with Deci and Ryan's self-determination theory (1985). Moral distress, as a prevalent issue in the nursing profession, can significantly impact care quality and nurses' mental health, leading to reduced job satisfaction, decreased job retention, and impaired communication with patients and families. High levels of moral distress are more common in critical care units due to nurses' complex responsibilities when dealing with critically ill patients (Momennasab, 2023; Mowat et al., 2023).

Based on the findings of this study, it can be concluded that significant differences exist between psychological empowerment and moral distress in male and female nurses. These findings highlight the importance of considering gender differences in work environments, particularly in professional fields like nursing. Improving work conditions and support for female nurses can help reduce their moral distress and enhance their psychological empowerment. Numerous studies have demonstrated the positive effects of psychological empowerment programs on nurses' mental and occupational well-being, reducing job stress, anxiety, moral distress, and depression, while improving resilience and care quality. These studies show that male nurses have generally benefited more from such programs, performing better in managing job stress and making ethical decisions. In contrast, female nurses, despite receiving similar training, continue to face more challenges in job-related stress and ethical decision-making, possibly due to gender, social, and cultural differences influencing how individuals cope with occupational pressures and stresses. Overall, psychological empowerment is recognized as an effective tool for enhancing nurses' mental health, social and occupational well-being, and reducing occupational and moral stress. These studies emphasize that psychological training should be tailored and specifically designed for nurses to have a greater impact on reducing their occupational and psychological problems.

It is clearly shown that gender differences significantly influence nurses' experiences of moral distress, alexithymia, and job stress. Men generally use analytical and problem-solving strategies more effectively to cope with occupational and ethical pressures, while women are more influenced by emotions and face greater challenges in critical situations. Cultural, social, and gender factors affect these differences, impacting nurses' decision-making quality and job performance. Therefore, psychological empowerment

programs should be designed according to gender-specific needs to help reduce moral distress and stress in nurses. Additionally, training in emotional management and enhancing communication skills among female nurses can help reduce alexithymia and improve care quality.

Finally, it is essential to mention that despite the important findings of this study, certain limitations must be considered when interpreting the results. These include the limited statistical population, as this study was conducted only on nurses in District 6 of Tehran, making it difficult to generalize the results to all nurses. The time limitation, as data were collected within a specific timeframe, may affect the accuracy of the results and analyses. Limited cooperation from some hospital staff may have influenced the diversity of the sample, as some nurses did not participate in the data collection process, leading to an extended data collection period. The study being cross-sectional means that long-term changes in the examined variables could not be analyzed.

Based on the study findings and limitations, the following suggestions are made for future research: conducting longitudinal studies to examine variables over time, expanding the statistical population to other provinces and regions for increased generalizability, using mixed methods (quantitative and qualitative) to gain a deeper insight into the variables, investigating the role of cultural and social factors in nurses' psychological empowerment and moral distress, and designing and evaluating educational interventions to improve emotional skills in workplace settings.

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. This article is extracted from the master's thesis of the first author at Lahijan Branch, Islamic Azad University, Lahijan, Iran, and has received an ethics code with the identifier IR.IAU.LIAU.REC.2024.115 from the Research Ethics Committee of the Islamic Azad University, Lahijan Branch.

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