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Original Article

Investigating the Relationship Between Job Adjustment and Job Self-Concept with the Mediating Role of Moral Distress in Employees of Saman Health and Treatment Network in 2024

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Abstract

Introduction: Job adjustment is a concept in occupational therapy that describes the process or outcome of the interaction among the individual, their occupation, and their work environment in response to occupational challenges. The present study aimed to investigate the relationship between job adjustment and job self-concept, with moral distress as a mediating variable, among employees of Saman County Health and Treatment Network in 2024.

Methods: This descriptive-correlational study was conducted among all employees of Saman County Health and Treatment Network. A total of 224 participants were selected through simple random sampling. Data were collected using a demographic questionnaire, the Job Adjustment Questionnaire developed by Dawis and Lofquist, Beck's Self-Concept Test (SCT), and Hamric's Moral Distress Scale. Data were analyzed using SPSS version 26 and path analysis in AMOS version 24, with maximum likelihood estimation. The significance of indirect effects was assessed using bootstrap analysis with 2000 resamples.

Results: The mean ± standard deviation scores were 116.93 ± 17.73 for job adjustment, 49.23 ± 17.84 for moral distress, and 74.69 ± 6.76 for job self-concept. A significant positive relationship was found between job adjustment and job self-concept. Job adjustment was significantly and inversely associated with moral distress. In addition, moral distress showed a significant inverse relationship with job self-concept. The indirect effect of job adjustment on job self-concept through moral distress was also statistically significant.

Conclusion: Overall, the findings indicated that job self-concept and moral distress are important factors related to employees' job adjustment. Therefore, organizational managers are recommended to provide supportive environments and educational interventions to enhance employees' job self-concept and reduce moral distress, thereby improving job adjustment.

Keywords: Job adaptability, Job self-concept, Moral distress, Health

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Introduction

In healthcare practice, work adjustment describes the process and outcome of the interaction between the individual and their profession and work environment in response to various work challenges (1). Work adjustment encompasses several components, including psychological well-being, positive interpersonal relationships, professional self-concept, adequate compensation, and perceived recognition (2). According to the theory of work adjustment, individuals strive to maintain congruence with their work environment (3). Work adjustment is essential for continued employment. Individuals expect their employment to provide job satisfaction, health, professional prestige, and fulfillment of their basic needs (3).

The central premise of the theory of work adjustment is that individuals seek to achieve and maintain congruence with their work environment (1). The individual brings their needs to the work environment, which, in turn, has certain requirements for the individual (2). Therefore, optimal work adjustment occurs when there is congruence between the individual's skills and the environment's requirements (3). Successful work adjustment enables individuals to respond adaptively to workplace challenges (4). However, like many workplace concepts, achieving such congruence is not guaranteed (5). Individuals with higher levels of work adjustment perceive their job as valued by society, enjoy work-related challenges, and experience a sense of professional autonomy (6).

One approach to achieving work adjustment is to address

personality and psychological factors, such as self-concept and self-esteem. Self-concept is a key variable in intrinsic motivation. Self-concept has been associated with self-confidence, self-perception, self-representation, and self-knowledge. Self-concept is commonly defined as the perception and evaluation of oneself in a particular domain (7). Professional self-concept is a psychological construct that encompasses descriptive feelings, perceptions, and self-assessments (8). Externally, self-concept manifests through behavioral and personality characteristics; internally, it reflects the individual's feelings about themselves and their environment. Professional self-concept also encompasses feelings, perceptions, and knowledge regarding one's abilities and social acceptance. It is associated with life satisfaction, self-interest, and self-worth, and consists of beliefs that shape perceptions and behaviors toward one's profession (9). When a profession aligns with an individual's professional self-concept, it is perceived as meaningful and valuable (10).

Another workplace-related variable is moral distress. Moral distress is characterized by pain, suffering, anxiety, sadness, and psychological distress (11). According to Jameton, moral distress occurs when an individual knows the morally correct action to take but is constrained by organizational barriers—such as time limitations, lack of support from superiors, power imbalances among staff, organizational policies, and legal restrictions—and is therefore unable to act accordingly (12). Moral distress is defined as a psychological imbalance and negative feelings resulting from the inability to act in accordance with one's moral judgment (13). In some cases, moral distress may manifest through negative emotional reactions that, if unresolved, can contribute to intentions to leave the profession (14).

Keighobadi et al. (2014) investigated the relationship between moral distress and emotional exhaustion among nurses and reported high levels of moral distress (11). Taber & Blankemeyer (2015 investigated work adjustment and professional self-concept as predictors of professional behaviors and found that both variables significantly predicted active professional participation (15). Although various studies have examined these variables separately, few have investigated their relationships. Given the importance of work adjustment and its impact on healthcare professionals in direct contact with patients, this study examined the relationship between work adjustment and professional self-concept. Specifically, we investigated the mediating role of moral distress in this relationship among employees of Saman County Health and Treatment Network in 2024.

Method

The study population of this analytical cross-sectional study comprised all healthcare professionals working in Saman County Health and Treatment Network. The sample size was determined using the Cochran formula. The total population comprised 540 healthcare professionals, from which a sample of 224 was selected with a 5% margin of error. Eligible participants were approached in their workplace, invited to participate, and provided with the questionnaires. Informed consent was obtained from all participants. They completed the questionnaires during their free time, preferably at times when they were not experiencing moral distress and their duties were not interrupted. Ethical approval was obtained from the Ethics Committee of Share-kord Islamic Azad University (approval code: IR.IAU.FALA.REC.1403.006).

Inclusion and Exclusion Criteria

Inclusion criteria were: (a) employment in Saman County Health and Treatment Network and (b) having at least one year of work experience.

Exclusion criteria were: (a) incomplete questionnaires, (b) being on temporary assignment or leave during the study period, and (c) declining to participate.

Data Collection Tools

Data were Collected Using Four Questionnaires

- A demographic questionnaire that collected information on age, gender, and educational level.
- The work adjustment questionnaire, developed by Dawis and Lofquist (1984). It consists of 36 items designed to assess work adjustment and its underlying factors. The questionnaire measures seven subscales: advancement (items 2, 24, 28), comfort (items 1, 3, 4, 5, 6, 7, 14, 15, 18, 20, 29, 30, 31), position/status (items 8, 9, 25, 32), altruism (items 10, 11, 13, 33, 34), safety (items 12, 16, 19, 26, 35, 36), autonomy (items 17, 27), and adjustment style (items 21, 22, 23). The items are scored on a five-point Likert scale ranging from 1 (very little) to 5 (very much). Total scores range from 36 to 180 and are categorized into three levels: 36–71 (weak), 72–107 (average), and 108–180 (excellent). Shahrbi Farahani (2012) reported a reliability coefficient of 0.84 and confirmed the questionnaire's validity (16).
- Beck's Self-Concept Test (SCT). Beck's Self-Concept Test (BSCT) is a 25-item self-report scale that measures negative self-concept. According to Beck (1976), it is one of three cognitive tools used in the diagnosis of depression. BSCT differs from other self-esteem and self-concept measures in that it requires individuals to compare themselves with people they know, rather than against absolute standards. Scores range from 1 to 5, with norms established by Beck and colleagues for patients with anxiety and depression. Depending on the item content, responses are scored from 1 (top) to 5 (bottom) or in reverse order. Each item has five response options, scored from 1 (first option) to 5 (last option). The total score is calculated as the sum of all item scores and ranges from 25 to 125. Total scores are categorized into three levels: 25–50 (weak self-concept), 51–75 (average self-concept), and 76–125 (strong self-concept). Baghouli et al. (2017) reported a Cronbach's alpha of 0.88 and a test-retest reliability coefficient of 0.80 for BSCT

(17). They also reported a validity coefficient of 0.55, indicating acceptable concurrent validity.

- Moral Distress Test. Hamric et al.'s Moral Distress Scale (MDS) comprises 18 items rated on a five-point Likert scale ranging from 1 (never) to 5 (always). The total score is calculated as the sum of all item scores and ranges from 18 to 90. Scores of 57.5–96 indicate a low level of moral distress, 96.1–192 indicate an average level, and 192.1–288 indicate a high level. Motevallian et al. (2008) assessed the scale's validity and reliability and reported a Cronbach's alpha of 0.86 (18).

Reliability of Instruments

To assess the instruments' internal consistency, Cronbach's alpha was calculated for each questionnaire. The coefficients were as follows: work adjustment = 0.82, professional self-concept = 0.79, and moral distress = 0.87. These coefficients indicate acceptable internal consistency for all three instruments, as all values exceed the commonly accepted threshold of 0.70.

Data Analysis

The normality of the variables was assessed using the Kolmogorov–Smirnov test. Data were analyzed descriptively and inferentially. Descriptive statistics, including frequencies, means, and standard deviations, were calculated using SPSS version 26. A one-sample *t*-test was used to compare the sample means with the theoretical mean. The theoretical mean for each questionnaire was calculated as the midpoint of the possible score range: (minimum possible score + maximum possible score) ÷ 2. Accordingly, the theoretical mean was 108 for the work adjustment questionnaire (36 items × 1–5 scale), 75 for the professional self-concept questionnaire (25 items × 1–5 scale), and 54 for the moral distress questionnaire (18 items × 1–5 scale). Pearson's correlation coefficient was used to examine linear relationships between variables. Path analysis was performed using AMOS version 24 with maximum likelihood estimation to assess the structural relationships among variables and the mediating role of moral distress. The significance of indirect effects was assessed using bootstrapping with 2,000 resamples. The significance level was set at 0.05 for all tests.

Results

Demographic Characteristics

The most common age group was 31–35 years, comprising 40.2% of participants. The sample comprised 60.7% females and 39.7% males. The most common educational level was bachelor's degree (39.7%), followed by graduate degree (35.3%).

Normality Testing

The Kolmogorov–Smirnov test indicated that the data for work adjustment ($P = 0.051$), moral distress ($P = 0.087$), and professional self-concept ($P = 0.098$) were normally distributed.

Comparison with Theoretical Means

The theoretical mean for each questionnaire was calculated as the midpoint of the possible score range: (minimum possible score + maximum possible score) ÷ 2. Accordingly, the theoretical mean was 108 for the work adjustment questionnaire (36 items × 1–5 scale), 75 for the professional self-concept questionnaire (25 items × 1–5 scale), and 54 for the moral distress questionnaire (18 items × 1–5 scale). The one-sample *t*-test was therefore used to compare the observed mean scores with the theoretical means. The results are reported in Table 1.

The mean work adjustment score (116.93 ± 17.73) was significantly higher than the theoretical mean of 108 ($t(223) = 0.543$, $P < 0.001$), indicating a good level of work adjustment. The mean professional self-concept score (74.70 ± 6.76) was not significantly different from the theoretical mean of 75 ($t(223) = -0.672$, $P = 0.505$). Based on the established scoring categories, this indicates an average level of professional self-concept among participants. The mean moral distress score (49.23 ± 17.84) was significantly lower than the theoretical mean of 54 ($t(223) = -9.031$, $P < 0.001$). According to the established scoring categories, this indicates an average level of moral distress among participants.

Correlation Analysis

As shown in Table 2, all correlations were statistically significant ($P < 0.01$).

As demonstrated in Table 2, there is a significant relationship among all intended variables ($P < 0.001$).

To assess the proposed model, path analysis was conducted in AMOS version 24 using maximum likelihood estimation. The proposed model consisted of three variables: professional self-concept as the exogenous (predictor) variable, moral distress as the mediating variable, and work adjustment as the endogenous (criterion) variable. The proposed model is illustrated in Figure 1.

In this model, path analysis was used, and all study variables were entered as observed variables.

Table 3 presents the path coefficients for the study hypotheses.

Table 1. One-sample *t*-test results comparing mean scores with theoretical means

Variable	Theoretical mean	Mean ± standard deviation	*t*	df	*P*-value
Work adjustment	108	116.93 ± 17.73	0.5427	223	< 0.001
Professional self-concept	75	74.70 ± 6.76	−0.672	223	0.505
Moral distress	54	49.23 ± 17.84	−9.031	223	< 0.001

After confirming acceptable model fit, we assessed the significance of each path coefficient using *p*-values and critical ratios. At a significance level of 0.05, critical ratios greater than 1.96 or less than −1.96 were interpreted as statistically significant; values between these thresholds were considered non-significant.

To assess the significance of the hypothesis, p-values and critical ratios (CRs) were used. At a significance level of 0.05, critical ratios greater than 1.96 or less than −1.96 were considered statistically significant. Critical ratios with absolute values less than 1.96 were considered non-significant. Additionally, a *p*-value of less than 0.05 indicates that the regression weight is significantly different from zero at the 95% confidence level.

As shown in Table 3, work adjustment was significantly and positively related to professional self-concept ($\beta = 0.34$, $P < 0.001$). Work adjustment was significantly and negatively related to moral distress ($\beta = -0.530$, $P < 0.001$). Similarly, moral distress was significantly and negatively related to professional self-concept ($\beta = -0.470$, $P < 0.001$).

Mediation Analysis

Moral distress significantly mediated the relationship between work adjustment and professional self-concept. To assess the mediating effects among the study variables, we used bootstrapping.

As shown in Table 4, the indirect effect for hypothesis 4 was 0.247. The 95% confidence interval ranged from 0.187 to 0.314. Since the confidence interval did not include zero, the indirect effect was statistically significant, confirming the mediating role of moral distress in the relationship between work adjustment and professional self-concept among employees of Saman County Health and Treatment Network.

Table 2. The Pearson correlation matrix among study variables

Variable	Work adjustment	Moral distress	Professional self-concept
Work adjustment	1		
Moral distress	−0.530** [−0.43, −0.62]	1	
Professional self-concept	0.590** [0.50, 0.67]	−0.648** [−0.57, −0.72]	1

** $P < 0.01$

Discussion

The present study examined the relationships between work adjustment, professional self-concept, and the mediating role of moral distress among employees of Saman County Health and Treatment Network in 2024. The findings indicated that work adjustment scores were significantly above the normative mean. Specifically, participants reported favorable perceptions of professional growth opportunities, positive collegial interactions, acceptable societal recognition of their professional status, effective coping with occupational challenges, and sufficient decisional autonomy within their work environment (6).

This is consistent with Rahimi H. (2020), who documented a mean work adjustment score exceeding the baseline value of 3 (3.23 ± 0.42) among hospital personnel at Kashan University of Medical Sciences (6). Similarly, Samadifard and Narimani (2018) and Jalilian and Karimianpour (2018) reported above-average work adjustment among nurses in Ardabil public hospitals and Kermanshah University of Medical Sciences, respectively (19,20). In contrast, investigations by Hu and Zhu (2018) among nursing students in China, Tsay et al. (2013) among ICU nursing assistants in Taiwan, and Mortaghi GM. (2011) among nurses at Zanjan medical education centers yielded below-average work adjustment scores (21,22,23). These discrepancies may be attributable to variations in study populations, occupational roles, institutional contexts, or the psychometric properties of the assessment instruments employed across studies.

The results of the current study showed that the participants' mean work adjustment score was not

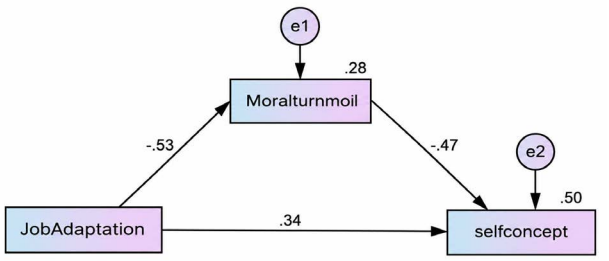

Figure 1. Standard presentation of the study model

Table 3. The results of the study's direct hypotheses (standard pathway coefficients)

Hypothesis	Pathway	Pathway coefficient (β)	Standard error (SE)	CR	**P-value	Interpretation
1	Work adjustment → self-concept	0.34	0.055	6.182	<0.001	Significant positive relationship
2	Work adjustment → distress	−0.530	0.057	−9.323	<0.001	Significant negative relationship
3	Distress → self-concept	−0.470	0.056	−8.394	<0.001	Significant negative relationship

**$P < 0.001$

Table 4. Bootstrapping results for the indirect effect (mediating role of moral distress)

Pathway	Indirect effect coefficient (β)	Standard error (SE)	Lower threshold (95% CI)	Upper threshold (95% CI)	Significance level (*P*)	Interpretation
Work adjustment →moral distress → professional self-concept	0.247	0.032	0.187	0.314	0.01	Significant direct effect

Note: Bootstrapping with 2000 resamples at a significance level of 0.05.

significantly different from the average. According to the proposed score categorization, participants' professional self-concept was average.

Karimi et al. (2019) reported a total professional self-concept score of 218.36 among participating nurses, which exceeds the mean score observed in the present study (10). Similarly, Hensel D. (2011) documented a markedly higher total score of 245.4 (24). In contrast, Golestan et al. (2023) reported a lower total mean score of 197 (25). These divergent findings may be attributable to variations in study populations, occupational roles, institutional settings, or the psychometric properties of the assessment instruments employed across investigations. Professional self-concept is a multidimensional construct influenced by biological, environmental, and educational determinants (10). Because congruence between one's profession and self-concept confers significant professional meaning and satisfaction (10), targeted educational interventions and greater occupational autonomy are essential to enhancing professional self-concept among employees. These strategic considerations warrant deliberate attention from organizational management.

The present study revealed a mean level of moral distress that was significantly below the normative threshold; however, when evaluated against the questionnaire's established categorical framework, it fell within the average range. Keighobadi et al. (2014), examining the relationship between moral distress and emotional exhaustion among nurses, reported a mean moral distress score of 4.99, indicating a high prevalence of moral distress among nursing staff (11). This discrepancy relative to our findings may be attributable to differences in study populations, individual personality characteristics, and the psychometric properties of the instruments employed. Similarly, Joolaee et al. (2012), in a study involving 210 working nurses, reported an average level of experienced moral distress (26), while Shakernia L. (2011) found that approximately 50% of nurses caring for terminally ill patients experienced moral distress (27). Collectively, these findings underscore a consistently elevated level of moral distress among healthcare professionals, particularly within nursing cohorts. Accordingly, healthcare administrators have proposed establishing institutional ethics committees and recruiting professional ethics experts as strategic interventions to mitigate moral distress among clinical staff (28). Furthermore, numerous studies have emphasized the imperative of cultivating moral sensitivity, the deficiency of which may impede the development of ethical practice and moral discernment in the workplace, ultimately compromising the healthcare system's capacity to deliver essential services and advance public health outcomes.

The results demonstrated a significant relationship between work adjustment and professional self-concept, with moral distress serving as a mediating factor among employees of Saman County Health and Treatment Network. Work adjustment is one of the most influential determinants of organizational performance, making it imperative for managers to identify its contributing factors. In this regard, Rahimi H. (2020) documented a significant positive association between psychological capital and work adjustment, suggesting that implementing strategies to enhance nurses' psychological capital may effectively improve their work adjustment. Furthermore, perceived organizational support and supportive hospital policies have been shown to increase work adjustment among nursing staff (6). Similarly, Rajabpour and Soheilinik (2021) demonstrated that subjective professional success exerts a significant positive effect on career management and work adjustment, with career management playing a significant positive mediating role in the relationship between subjective professional success and work adjustment (29). Additionally, Baghouli H. (2017) reported a significant relationship between employees' emotional intelligence and job satisfaction and found that professional self-concept is significantly associated with job satisfaction, serving as a significant predictor of job satisfaction (17).

The findings of the present study are consistent with those of Taber & Blankemeyer (2015), who demonstrated that professional self-concept and work adjustment play an essential role in predicting active work behavior, such that work adjustment predicts work self-planning, while professional self-concept provides a foundation for enhancing active professional skills and professional networks (15). Rajabi et al. (2021) reported that professional self-efficacy moderates the relationship between work adjustment and career plateauing. They found that work adjustment and its various dimensions are significantly and positively correlated with career plateauing (30). Jalilian and Karimianpour (2018) showed that psychological capital and work self-efficacy contribute to work adjustment and recommended that university managers prioritize efforts to enhance these factors among healthcare professionals (18).

Generally, when healthcare staff perceive themselves as competent and able to perform their roles, they invest more time and effort in their work and ultimately achieve more favorable outcomes (31). Consequently, they exhibit greater vigor and enhanced adjustment in fulfilling their professional duties (32). Kazemi et al. (2003) reported a significant relationship between professional self-concept and social adjustment among staff (33). According to the theory of work adjustment, which is predicated on the individual's relationship with their environment, the individual expects their profession to provide satisfaction, health, and reliability (34). The results of the present study, conducted among employees of Saman County Health and Treatment Network, revealed a significant positive relationship between work adjustment and professional self-concept, indicating that higher professional self-concept is associated with higher work adjustment. It can be inferred that work adjustment reflects the congruence between an individual's personality and the workplace

environment.

Study Limitations

Several limitations of the present study warrant consideration. First, the use of self-report questionnaires may have introduced response bias, including social desirability bias and common method variance, which could have influenced the observed relationships among variables. Second, the cross-sectional design precludes causal inferences; therefore, the identified associations should be interpreted as correlational rather than causal. Third, the study population was confined to employees of Saman County Health and Treatment Network, and data were collected at a single time point, thereby limiting the generalizability of findings to other healthcare settings, geographic regions, or temporal contexts. Fourth, the coefficient of determination (R^2) for the mediating variable, moral distress, was 0.28, indicating that work adjustment accounted for only 28% of the variance in moral distress. This suggests that a substantial proportion of the variance remains unexplained, and other potentially influential factors—such as organizational support, procedural justice, and personality traits—were not assessed in the present investigation.

Conclusion

The findings of the present study demonstrate that professional self-concept serves as a significant contributing factor to work adjustment among employees of Saman County Health and Treatment Network. Accordingly, organizational managers should establish supportive environments and provide appropriate facilitators—such as educational workshops and training courses—aimed at enhancing professional self-concept, which may in turn mitigate moral distress among healthcare personnel. Furthermore, moral distress and professional self-concept should be considered during the recruitment and selection of job applicants. Periodic screening of existing staff for changes in occupational self-efficacy is also recommended to prevent inefficient use of human resources and promote sustained workforce effectiveness.

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Authors' Contribution

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Writing – Original Draft: Masomeh Beigi
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Competing Interests

The authors declare no competing interests.

Ethical Approval

This study was approved by the Ethics Committee of Shahre-kord Azad University (approval code: IR.IAU.FALA.REC.1403.006).

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