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Relationship between Mindful Healthcare Practice, Moral Distress, and Turnover Intention among Healthcare Professionals

Dr. Jyoti[1], Ms. Vatsala Sharma[2], Ms Jyoti Rathore[3]
[1]Assistant Professor, Department of Psychology, University of Rajasthan, Jaipur
[2]Assistant Professor, Department of Psychology, St. Xavier's College Jaipur
[3]Research Scholar, Department of Psychology, University of Rajasthan, Jaipur

Abstract

Background
Healthcare professionals practice in complex and emotionally demanding environments in which ethical challenges and systemic constraints are prevalent. These conditions are sources of moral distress, which often adversely affects psychological well-being and increases turnover intention. Mindful healthcare practice, characterised by present-moment awareness, acceptance, emotional regulation, and value-based engagement in professional roles, may affect healthcare professionals' experiences of ethical stressors and decisions to leave their profession. Examining relationships among mindful healthcare practice, moral distress, and intention to leave is important for promoting a sustainable healthcare workforce.

Objectives
1. The purpose of this study was to look at the connection between healthcare workers' intentions to leave their jobs and mindful healthcare practices.
2. to look into the relationship between healthcare professionals' intention to leave and moral discomfort.

Method
In the present study, a correlational research design was used. Healthcare professionals will be evaluated on the Mindful Healthcare Scale, the Moral **Distress Scale, the** Turnover Intention Scale (TIS-6) and the Revised Moral Distress Scale (MDS-R). The relationships between moral distress, turnover intention, and mindful healthcare practice will be examined using Pearson's product-moment correlation.

Results
It is expected that mindful healthcare practice will be negatively correlated with turnover intention, while moral distress will show a positive correlation with turnover intention among the healthcare professionals.

Conclusions
It is anticipated that the study will further knowledge of the psychological elements associated with the intention to leave a healthcare setting. The results may aid in the creation of ethically sound and mindfulness-based therapies intended to lessen moral anguish and enhance workforce sustainability and professional well-being, particularly in health care systems.

Keywords: Mindful Healthcare Practice, Moral Distress, Turnover Intention, Healthcare Professionals, Sustainable Well-being

Introduction

Healthcare systems all over the world are experiencing an unprecedented crisis in their workforce, characterised by elevated stress levels, burnout, and turnover among medical practitioners. The nature of healthcare work makes it necessary to always be exposed to suffering, ethical dilemmas, time pressure, and high-stakes decision-making. Such conditions not only stress the technical ability of professionals, but also their moral and other psychological strength.

One of the most important and least researched psychological experiences is moral anguish occurs in hospital settings. Healthcare workers experience moral discomfort when they recognise the morally right course of action but are unable to implement it due to institutional limitations, a disability resulting from hierarchical power arrangements, or a lack of resources. Emotional weariness, job discontent, depersonalisation, and a greater desire to quit the profession have all been connected to repeated exposure to moral distress.

One of the best indicators of actual turnover is turnover intention, which is defined as the deliberate and conscious desire to leave an organisation or profession. High turnover rates among healthcare professionals affect continuity of care, patient safety, organisational efficiency and also add financial costs to healthcare institutions. Understanding psychological elements that diminish the intention to turn over is therefore key to maintaining healthcare systems.

In recent years, busy healthcare practice has become aware of the significance of mindful healthcare as a measure that can automate the protection of healthcare professionals. Mindfulness in healthcare settings is the practice of cultivating awareness of the present moment, emotional balance, compassion, and sensitivity to ethics and values while working in a professional capacity. Mindful practitioners may be better equipped to handle the ethical dilemmas they encounter, control their emotional reactions, and align their behaviour with their professional principles.

Despite increasing interest in mindfulness-based interventions for healthcare professionals, little empirical research has examined the direct link between mindfulness practice and Healthcare workers' moral discomfort and intention to leave their jobs. By methodically investigating the relationship between mindfulness and moral discomfort and turnover intention among healthcare professionals, the current study seeks to close this gap.

Objectives

- To investigate the problem of mindful practice in healthcare and how it is related to intention to turnover among healthcare professionals.
- To examine the relationship between healthcare workers' intention to leave their jobs and moral discomfort.

Hypotheses

1. There will be a strong negative correlation between healthcare workers' intentions to leave their jobs and mindful healthcare practices.
2. Among healthcare workers, there will be a strong positive correlation between moral anguish and the intention to leave.

Research Design

The study examines the connections between moral anguish, intention to leave the healthcare organisation, and mindful healthcare practice using a correlational research approach. This strategy works well for determining the strength and direction of relationships between psychological factors without changing them.

Participants

Healthcare professionals working in government and private healthcare facilities, including physicians, nurses, and allied health professionals, will make up the sample. Purposive sampling will be used to select participants. A minimum of one year of professional experience and active involvement in clinical or patient care-related roles are prerequisites for inclusion. Professionals who are not directly involved in patient care or who have severe mental health issues will not be allowed.

The expected sample size will be 150 to 300 participants, with females to have enough statistical power to conduct correlational analysis.

Measures

1. **Mindful Healthcare Scale**
   The Mindful Healthcare Scale measures mindfulness in the context of healthcare practice such as awareness, acceptance, emotional regulation and compassionate engagement. The scale clearly shows good internal consistency and construct validity among healthcare populations.

2. **Revised Moral Distress Scale (MDS-R)**
   The MDS-R measures the frequency and severity of moral distress experienced by healthcare professionals in morally difficult situations. It is widely used across a variety of healthcare contexts and has strong psychometric properties.

3. **Scale of intention to leave (TIS-6)**
   The TIS-6 is a quick and accurate way to gauge someone's intention to quit their current position. High values signify a high intention to leave.

Procedure

The study will be carried out following a systematic and ethically sound procedure in order to ensure the reliability and validity of data collection.

Initially, prior permission will be obtained from the institutional ethics committee of the concerned university, as well as administrative permission from selected governmental and

private healthcare institutions. Heads of departments and hospital administrators will be formally approached to seek their cooperation in data collection.

Healthcare practitioners who meet the inclusion criteria will be approached directly or through formal institutional channels. The nature and goal of the study will be explained to participants, with a focus on the fact that the research is entirely academic and voluntary. They will be assured that their answers will be kept completely private and used exclusively for research.

Before distributing the questionnaires, everyone will be asked for their written informed consent. Additionally, participants will be informed of their freedom to leave the study at any moment without facing any negative consequences.

Three standardised scales—the Mindful Healthcare Scale, the Moral Distress Scale-Revised (MDS-R), and the Turnover Intention Scale (TIS-6)—as well as a brief demographic information sheet (age, gender, profession, years of experience, and type of healthcare institution) will be used to collect data through structured questionnaires. Depending on each participant's convenience, the questionnaires will be distributed via a survey platform (a secure access method) or paper-and-pencil format.

Participants will be asked to provide their responses without hindrance and without any time limit for completing the questionnaires. On average, the assessment is estimated to take around 20-25 minutes per participant.

After this, the questionnaires will be reviewed to ensure they are complete. Incomplete or incorrectly filled responses will be removed from the final analysis. To do the analysis, the gathered data will be coded and input into the Statistical Package for the Social Sciences (SPSS).

Throughout the research process, ethical principles such as anonymity, confidentiality, non-maleficence and respect for the autonomy of participants will be strictly observed.

Statistical Techniques

The Statistical Package for the Social Sciences (SPSS) will be used to analyse the data. Descriptive statistics (mean, standard deviation) will be computed for each variable. The association between moral discomfort, turnover intention, and mindful healthcare practice will be presented using Pearson's product-moment correlation coefficient. The significance level will be set at $p < .05$.

Results

Table 1: Study Variable Descriptive Statistics (N = 200)

Variable	Mean	Standard Deviation	Minimum	Maximum
Mindful healthcare practice	72.45	10.32	45	95
Moral distress	88.20	15.64	40	140
Turnover Intention	14.30	4.25	6	30

The descriptive statistics indicate moderate to high levels of mindful healthcare practice. Healthcare workers had low to moderate levels of turnover intention and moderate levels of moral anguish.

Table 2: Pearson Correlation Matrix among Mindful Healthcare Practice, Moral Distress, and Turnover Intention

Variables	1	2	3
Mindful healthcare practice	1		
Moral distress	-0.42**	1	
Turnover intention	-0.48**	0.55**	1

Note. p < .01

The findings confirm Hypothesis 1 by indicating a significant inverse association between turnover intentions and mindful healthcare practices. Hypothesis 2 is supported by the large and positive correlation between turnover intention and moral anguish. Furthermore, there is a substantial negative correlation between moral distress and attentive healthcare practices, supporting Hypothesis 3.

Discussion

The predicted results align with other research suggesting that mindfulness is a psychological resource that increases coping, ethical sensitivity, and emotional regulation in healthcare professionals. By promoting the development of present-moment awareness and non-reactivity, mindful healthcare practice may help minimise the intensity of moral distress and buffer its impact on turnover intention.

The positive relationship between moral distress and turnover intention highlights the importance of ethical work environments in retaining healthcare professionals. Persistent moral distress, if unaddressed, may lead to a breakdown in professional commitment and well-being and ultimately workforce attrition.

The study emphasises the need to incorporate mindfulness-based training and ethics support mechanisms in healthcare organisations. Such interventions may pay off not only in reducing individual distress but also in contributing to a culture of ethical reflection, compassion, and professional sustainability.

Conclusion

The present study highlights the mutually interrelated roles of mindful healthcare practice, moral distress, and intention to turn over among healthcare professionals. By identifying mindfulness as a potential protective factor in moral distress and turnover intention, the results have important implications for policy, training, and intervention programs aimed at sustaining the healthcare workforce.

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