Original Article

Nurses' Experience of Occupational Alienation in the Clinical Setting: A Content Analysis

Abstract

Background: Job alienation of nurses leads to adverse consequences such as occupational dysfunction and low quality of health-care services provided by these individuals to patients. This study aimed to explain nurses' experience of occupational alienation in the clinical setting. **Materials and Methods:** This qualitative study was conducted using the content analysis method. Data were collected via 18 in-depth and semistructured interviews from nurses working in the hospitals in Sabzevar, Iran. The participants were selected via purposive sampling and continued till data saturation. The obtained data were simultaneously analyzed using conventional qualitative content analysis. **Results:** The qualitative analysis of data content led to the extraction of the themes that reflected the nurses' experience of occupational alienation in the clinical environment. After the transcription of each interview, the obtained data were broken down into codes in the form of sentences and paragraphs related to the main concept. The codes were reviewed several times and the relevant semantic unit codes were written down and classified based on conceptual and semantic similarity. Qualitative data analysis led to the emergence of 260 initial codes, 120 subcategories, 30 main categories, and 6 themes. Finally, the main theme of the "nursing gradual separation from caring and clinical aspect" was extracted. **Conclusions:** According to the results, occupational alienation reduces the quality of patient care, weakens nurses, and reduces the continuity of their effective and active presence in the provision of care services and clinical decision-making. Therefore, managerial and organizational interventions are required to address this issue.

Keywords: *Alienation, nurses, qualitative research*

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Introduction

Efficient organizations dedicate all efforts to maintaining their human capital and ensuring their employees' mental and physical health. Nevertheless, occupational alienation is among the key influential factors in staff's physical and psychological health. In general, occupational alienation refers to the reaction of workers to workplace conditions.[1] This concept is recognized as a major source of stress in an organization.[2] According to Marx, alienation causes the individual to become isolated and detached from the product of their work, thereby giving up on the desire for self-expression and control over their professional fate. Under such circumstances, the individual would be unable to accurately perform their duties, which, in turn, reduces their occupational satisfaction.[3] Several individual and environmental factors are involved in occupational alienation. In this regard, Boer introduces six dimensions for occupational alienation, including cultural estrangement, powerlessness, normlessness, self-hatred, social isolation, and meaninglessness. Occupational alienation separates the staff from the work environment cognitively, and the employees experiencing occupational alienation just exploit their occupation and avoid independence, responsibility, and career advancement. In other words, they will become uncommitted to their career.[1,4] Organizational support is a significant and influential factor in occupational alienation.[3] While the importance of supporting nurses in the provision of high-quality health-care services has been emphasized in several studies, much attention has not been paid to the concept of support from the perspective of nurses.[5] Today, reduced organizational support along with the subsequent reduction in the organizational commitment of nurses has resulted in numerous problems, including increased turnover, low occupational motivation, and deteriorated

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How to cite this article: Salehian M, Goli H, Yazdimoghaddam H. Nurses' experience of occupational alienation in the clinical setting: A content analysis. Iran J Nurs Midwifery Res 2023;28:715-22.

Submitted: 01-Nov-2021. **Revised:** 23-Jul-2023.
Accepted: 24-Jul-2023. **Published:** 09-Nov-2023.

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DOI: 10.4103/ijnmr.ijnmr_407_21
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staff performance, which, in turn, may diminish the quality of health-care services and returns of hospitals.[6] This is mainly due to the fact that economic needs are not the only factor that may increase the motivation of employees, but non-economic factors also affect staff's occupational satisfaction and motivation;[7] consequently, in such a context, dissatisfaction with the organization may lead to occupational alienation. Nurses play a crucial role in patient care, and their profession requires a significant sense of commitment and high precision. Therefore, any deficiency will directly affect the quality and quantity of medical care and ultimately the health of individuals and the community.[2]

Occupational alienation is associated with complications such as lack of motivation, hopelessness, anxiety, and depression, which bring about dire consequences about the performance of employees and adversely affect organizational performance and nursing care quality.[8] Despite research in this regard, the subject has not been much assessed among nurses, who tolerate severe tensions during patient-care process. According to the literature, nurses are at a higher risk of burnout due to the importance and sensitivity of their job, which may reduce their work quality and lead to emotional, behavioral, and even organizational responses. Most importantly, it may affect patients and their family members.

To date, most of the studies on occupational alienation have been quantitative while this phenomenon cannot be assessed using predefined questionnaires since nurses are one of the most important medical group with great responsibility toward patient care; therefore, in-depth studies are required in this respect. This study was then designed aiming to gain a deep insight into nurses' experience of occupational alienation to obtain a clear image of the phenomenon and its influential factors through a qualitative study.[9] In addition, attempts were made to explain nurses' experience of occupational alienation in the clinical setting using the qualitative content analysis approach.

Materials and Methods

Since the main objective of this study was to determine nurses' experience of occupational alienation in the clinical setting, we applied a qualitative approach to discover human feelings and the hidden meaning in their daily life experiences.[10] In addition, we used the content analysis approach in order to gain a deeper insight into the influential factors in nurses' experience of occupational alienation. The participants were selected via purposive sampling from the clinical nurses and head nurses in various wards of the hospitals in Sabzevar, Iran, from February 2019 to October 2020. Sabzevar is a city, in Razavi Khorasan Province, approximately 220 km (140 mi) west of the provincial capital Mashhad, in northeastern Iran. Sabzevar is connected to Tehran and Mashhad by road. At present, Sabzevar University of Medical Sciences comprises 5 schools of Medicine, Paramedical Sciences, Health, Nursing and Midwifery, and Jovein Nursing School, admitting students in 21 fields of study [EMS associate degree, 14 Bachelor of Science (B.Sc), 5 Master of Science (M.Sc), and 1 Doctor of Medicine 1 (MD)] covering the education of about 1700 students, with 120 faculty members. There are 4 hospitals affiliated to Sabzevar University of Medical Sciences including Heshmatie (10 wards), Vasei (9 wards), Emdad (7 wards), and Mobini (5 wards). Sabzevar University of Medical Sciences enjoys wards of cardiac surgery, radiotherapy, chemotherapy, and nuclear medicine; Heshmatieh Specialty and Subspecialty Hospital provides even more services for the treatment of clients. The inclusion criteria of the study were as follows: (1) holding B.Sc. degree in nursing, (2) willingness to share experiences, (3) having the power of the required verbal communication to provide the researcher with complete information, and (4) minimum work experience of 1 year as a clinical nurse. Data were collected via in-depth, face-to-face, and semistructured interviews, which started with an open and general question and then continued with a focus on the dimensions of job alienation based on the nurses' responses. The open question was: "Please describe a routine workday, especially in terms of patient care at the bedside." Following that, other questions were asked concerning the research objective, including "In which areas do you have job autonomy?", "Do you feel a lack of dependence in the work environment?", "How have you been treated in such situations?", "How have you felt in such situations?", "What kind of challenges do you face at work?", "How do you deal with these challenges?", and "What solutions do you recommend for such problems?". Data collection continued until reaching saturation (i.e., obtaining no new information).

Each interview session took between 45 and 90 min depending on the tolerance and desire of the participants. As the study progressed, the interviews were continued based on the questions arose, so open coding was used, and the researcher directed the questions based on subcategories, until main categories were created.[11] All major interviews were conducted prior to the outbreak of the COVID-19 pandemic, and only the last four complementary interviews were conducted during the COVID-19 period, which were conducted through telephone in coordination with the nurse due to health protocols. Data analysis was performed using qualitative content analysis of conventional type as recommended by Hsieh and Shannon.[12] After the transcription of each interview, the obtained data were broken down into semantic units (codes) in the form of sentences and paragraphs related to the main concept. The semantic units were reviewed several times and the relevant semantic unit codes were written down and classified based on conceptual and semantic similarity.[13]

To increase the credibility and reliability of the results, the methods used by Lincoln and Guba's (1985) were

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used. These two researchers postulated that four criteria of conformability, credibility, dependability, and transferability were required for the consistency and strength of qualitative data.[11] Therefore, in addition to ensuring the conformability, credibility, dependability, and transferability, continuous manipulation of the data and confirmation of the data by the participants, the allocation of sufficient time to study, and the open and sympathetic relationship with the participants were also considered as other factors of data validation to determine the conformability. Precision was taken in collecting, implementing, and recording data and allocating sufficient time for data collection. To determine the dependability, each of the two members of the research team coded the interviewers separately. The interviews and the initial coding and contents were reviewed by the participants, research colleagues, and three experts qualified in the field of qualitative research. Choosing the maximum variance sampling (such as age, gender, employment status, work history, and place of work), from different medical centers, increased the study validity and transferability of data. Ethical considerations in this study include obtaining permission from the ethics committee, explaining the purpose of the research, the purpose of using the tape recorder, how to collect data from participants and attract their cooperation, obtaining written consent for informed participation, and ensuring retention. The anonymity of the participants, the answers to the questions, the right to refuse to continue the research, and the information were sufficient. The credibility of the results was ensured by repeated and long-term review of the analysis over 1 month.[14] Data were analyzed using MaxQDA12 software.

Ethical considerations

This article is derived from a research in nursing approved by Sabzevar University of Medical Sciences with the code 97201 and ethics code: IR.MEDSAB.REC.1397.101. In accordance with national regulations, written informed consent was obtained from each enrolled participant. The participants were informed on the ethical considerations of the study prior to the interviews and assured of the confidentiality terms. Participation was entirely voluntary, and they were allowed to terminate the survey at any time they desired. All survey responses were entirely anonymous.

Results

In total, 18 in-depth and semistructured interviews were conducted (14 main interviews and 4 complementary interviews) on the participants including nurses, head nurses, and shift supervisors in different wards (e.g., internal, gynecology, emergency, intensive care units, coronary care units, and burn injuries) of the hospitals affiliated to Sabzevar University of Medical Sciences. There are four hospitals affiliated to Sabzevar University of Medical Sciences including Heshmatie (10 wards), Vasei (9 wards), Emdad (7 wards), and Mobini (5 wards). The participants included 12 female and 2 male nurses aged 27–42 years with work experience of 3–20 years [Table 1].

Qualitative data analysis led to the emergence of 260 initial codes, 120 subcategories, 30 main categories, and 6 themes (final categories). The themes included "decreased quality of care due to the erosive system of registration and documentation," "deterioration of clinical performance following failure to design a specific nursing job description," "nurses' passivity in performance and clinical decision-making," "acquisition of the required professional competencies for developing a sense of power and satisfaction," "adherence to the continuity of patient care resulting from nurses' moral commitment," and "the need for the effective participation of nurses in the development of clinical services." Ultimately, the main theme of the "nursing gradual separation from caring and clinical aspect" was extracted [Table 2].

Table 1: Demographic characteristics of participants

Number	Workplace nurse	Age (years)	Gender		Marital status		Work experience
			Female	Male	Single	Married	
1	Pediatric section	30	✓			✓	4
2	Internal section	32	✓			✓	7
3	Gynecological section	41	✓			✓	16
4	Surgery section	30	✓		✓		6
5	Neurosurgery section	30	✓			✓	7
6	Neonate section	33	✓			✓	6
7	Heart section	32	✓		✓		6
8	Emergency section	39	✓			✓	14
9	ICU	38	✓			✓	11
10	CCU	42	✓			✓	15
11	Burn section	39		✓		✓	20
12	NICU	40	✓			✓	16
13	Psychiatry section	35	✓			✓	10
14	Orthopedic section	27		✓		✓	3

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Table 2: List of themes and categories

Subcategories	Categories	Main themes
Disruption of direct patient care due to non-nursing work	Decreased quality of care due to the erosive system of registration and documentation	Nursing gradual separation from caring and clinical aspect
Decreased patient care due to spending more time on documentation activities		
Replacing priority of patient care with report submission		
Reduced patient care accuracy due to high volume of non-nursing work		
Feeling of futility due to repetition of unrelated tasks to patient care	Deterioration of clinical performance following failure to design a specific nursing job description	
Fatigue due to repetition of non-nursing tasks		
Waste of time and energy of nurses after performing unnecessary tasks		
Feeling uncomfortable due to mandatory nature of non-nursing tasks		
Reprimand of nurses due to improper documentation	Nurses' passivity in performance and clinical decision-making	
Inappropriate reaction of physicians to nurses' involvement in patient care		
Lack of nurses' autonomy in prescribing medications		
Being forced to endure job problems and challenges		
Lack of nurses' autonomy in care planning		
Forcing nurses to fully obey physicians' orders		
Negative reaction of nurses to compulsory unrelated tasks		
Disinterest in nursing profession due to lack of professional interactions between colleagues		
Low job motivation in nurses due to unmet professional demands		
Nurses' ability to make independent decisions regarding scheduling care tasks	Acquisition of the required professional competencies for developing a sense of power and satisfaction	
Sense of power as a result of experience and skill in performance		
Direct effect of patient care on feelings of satisfaction and usefulness		
Having professional competencies as a potential to feel empowered		
Effect of care improvement on feelings of satisfaction and usefulness		
Ethical commitment of nurses to performing correct and precise care duties	Adherence to the continuity of patient care resulting from nurses' moral commitment	
Effect of work ethics on peace of mind		
Feeling relaxed through moral commitment to care		
Facing ethical challenges with nonadherence to job commitments		
Nurses' commitment to performing duties despite job challenges		
Need to highlight nurses' role in the decision-making of treatment for patients	The need for the effective participation of nurses in the development of clinical services	
Elimination of unnecessary documentation of care		
Irresponsiveness of nursing managers to nurses' opinions about the elimination of repetitive and futile procedures		

Theme 1: A Decreased Quality of Care Due to the Erosive System of Registration and Documentation.

In addition to direct clinical care, patient care requires the recording of the measures taken in the form of a nursing report. However, the current documentation system urges nurses to record the information in the HIS system, as well as different books in addition to the patient's medical file, which is quite time-consuming; this issue adversely affects the quality of patient care. The need for the electronic and paper submission of reports is associated with reduced patient care accuracy and follow-up, which hinders the actual clinical duties of nurses (i.e., care). This theme was extracted from the four categories of "the disruption of direct patient care due to non-nursing work," "decreased patient care due to spending more time on documentation activities," "replacing the priority of patient care with report submission," and "reduced patient care accuracy due to the high volume of non-nursing work." Participant 1: "We spend a lot of time on medical file reports instead of doing a more useful task, which prevents us from taking care of patients."

Participant 7: "If there is a critically ill patient, we must spend hours writing and submitting reports in different sections of the system after doing many tasks to make them feel better. These futile tasks are mandatory and time-consuming. As a nurse, my responsibility is to take care of patients, but other tasks such as writing reports would not allow us to do our job efficiently."

Participant 13: "We have to submit an order in several sections, all of which are routine and similar tasks. However, this process prevents us from giving patients their medication on time."

Theme 2: Deterioration of Clinical Performance Following Failure to Design a Specific Nursing Job Description.

Nurses' clinical performance is gradually deteriorated due to their engagement in unrelated tasks; this is caused by the lack of an accurate description of specific nursing duties at the bedside. Feeling of futility due to the repetitive tasks that are unrelated to patient care, waste of time, efforts of nurses following unnecessary tasks,

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and feeling uncomfortable due to the mandatory nature of non-nursing work was among the experiences of the participants in this regard. This theme was extracted from the four categories of "feeling of futility due to the repetition of unrelated tasks to patient care," "fatigue due to the repetition of non-nursing tasks," "waste of the time and energy of the nurse following performing unnecessary tasks," and "feeling uncomfortable due to the mandatory nature of non-nursing work." Participant 11: "I felt useless because I had to neglect patient care, which is the most important part of our job, and carry out documentation activities and do routine tasks to complete the medical file of the patient."

Participant 5: "I do not get tired of hours of neonatal care and the related tasks. On the other hand, the documentation process irritates me."

Participant 12: "It feels horrible when I have to do a task that is of no use to the patient and is just a mandatory process. I get doubly tired."

Theme 3: Nurses' Passivity in Performance and Clinical Decision-making.

Continuous presence in clinical wards and continuity of patient care shows the importance and necessity of the sufficient independence of nurses in taking proper patient care measures and making clinical decisions. Nevertheless, nurses have drifted away from patient care and clinical decision-making for reasons such as the hierarchical treatment system and unnecessary documentation activities. This ultimately reduces nurses' motivation to continue their job and be actively present in the clinical setting.

This theme was extracted from nine categories, including the "reprimand of nurses for improper documentation," "inappropriate reaction of physicians to nurses' involvement in the patient care process," "lack of autonomy of nurses in prescribing medications," "being forced to endure job problems and challenges," "lack of autonomy of nurses in care planning," "forcing nurses to fully obey the orders of physicians," "negative reaction of nurses to the compulsion of performing unrelated tasks," "disinterest in the nursing profession due to the absence of professional interactions between colleagues," and "low level of job motivation in nurses when their professional demands are unmet." Participant 8: "We have to perform these tasks because we have been ordered to do so, and refraining from doing them will lead to the subtraction of our points."

Participant 2: "Most of the physicians get unhappy if we say something or give an opinion. We are often offended by their serious warnings in this respect."

Participant 11: "As nurses, we cannot even give an acetaminophen tablet to a patient who has fever or pain. We are not allowed to do so. We must call the physician first and ask for permission before prescribing medications."

Participant 5: "One time, I forgot to fill the vital sign chart of a patient. The next day, I was severely reprimanded by the head nurse, and my day's work suffered because I believed that these tasks were of little importance in our job."

Participant 7: "In the beginning, I was fond of the nursing field during my studies and training courses. Today, my interest in the field is gradually fading away, and one of the causes is the lack of timely payments. Another reason is the improper feedbacks that are not responded to by the authorities."

Theme 4: Acquisition of the Required Professional Competencies for the Development of a Sense of Power and Satisfaction.

This theme was extracted from the four categories of "nurses" ability to make independent decisions regarding scheduling care tasks," "a sense of power as a result of experience and skills in performance," "direct effect of patient care on the feelings of satisfaction and usefulness," "having professional competencies as a potential for feeling powerful," and "effect of improvement of care on the feelings of satisfaction and usefulness." These categories indicated that following work experience, nurses achieve the required competencies in their profession, which increase their satisfaction with work and feeling of empowerment. Participant 8: "I feel empowered in nursing, especially as I can rapidly do the tasks when facing a critically ill patient. I can easily take care of patients with different diagnoses because of the experience I have gained throughout these years."

Participant 11: "I dress a burn patient in the ward for two weeks and I am really happy to see that patient leave the hospital in good general health. It makes me feel really satisfied."

Participant 4: "A non-nursing task that leads to no positive consequences makes you feel futile and useless. In contrast, taking care of patients, like the alleviation of their pain, makes you feel as if you have done a positive task."

Participant 10: "Sometimes, physicians trust me so much that they ask if there is something left from the medication order. I feel good to be useful to the patient. I feel empowered."

Theme 5: Adherence to the Continuity of Patient Care Resulting from Nurses' Moral Commitment.

Nurses continue to provide humane care to patients until the last moment since they have respect for human dignity and follow their moral and professional obligations. This theme was extracted from the four categories of the "ethical commitment of nurses to performing care duties correctly and precisely," "effect of work ethics on peace of mind," "feeling relaxed as a result of moral commitment to patient care," "facing ethical challenges when not adhering

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to professional commitments," and "nurses" commitment to performing duties despite job challenges." Participant 4: "I commit to and focus on the timely performance of the tasks on which I have dependence. I adhere to standards and do the tasks on time, especially when there is a change of position."

Participant 14: "I am fully committed to my job. A nurse must have work ethics because one wants to feel relaxed after getting home."

Participant 9: "Generally speaking, nurses are all committed to their job. We might be upset about the oppressions against us, but we never neglect our job because of it. No nurse leaves the work or overlooks the medication schedule of patients."

Theme 6: The Need for Effective Nurse Participation in the Development of Clinical Services.

The constant presence of nurses during patient care in the clinical setting shows a clear understanding of the conditions and challenges of the setting, as well as the need for cooperation and consensus regarding the management of patient care and the development of services and clinical policies. This theme was extracted from the three categories of the "need to highlight the role of nurses in the decision-making of treatment for patients," "elimination of the unnecessary documentation of care," and "irresponsiveness of nursing managers to nurses" opinions about the elimination of repetitive and futile procedures. Participant 11: "Some tasks must be performed independently and based on nurses' experience when physicians are not present in the ward. Meanwhile, our decision-making power is only limited to nursing tasks such as changing the patient's positions, giving footbaths, and assistance in physiotherapy."

Participant 5: "Some trivial tasks, such as recording vital signs in the file in addition to the main file or writing patients' names in the file are time-consuming, and nurses could have a much more effective presence in the clinical setting if such tasks did not exist."

Participant 10: "We have to follow the physician's orders and the hospital rules. However, doing trivial tasks is annoying because they are ordered by those who have never worked in the clinical setting and do not realize the importance of these tasks."

Discussion

This study aimed to evaluate nurses' experience of occupational alienation in the clinical setting. According to the obtained results, the concept of the "nursing gradual separation from caring and clinical aspect" was the core theme covering the other themes of the study. The literature review revealed the lack of qualitative research in this regard; therefore, the current research was conducted to play a key role in explaining the concept of occupational alienation in clinical wards from the perspective of nurses.

Care is recognized as the unique axis of the nursing practice, and the results of our qualitative study demonstrated that occupational alienation could hinder the actual responsibility of nurses (i.e., care) by confusing them and getting them involved in bureaucracy and the strict and inflexible orders of the hierarchical treatment system. According to Ghezali *et al.*, a positive work environment enables nurses to perform professional care effectively.[15] However, the nature of care services and their quality depend on the performance of nurses, which is affected and enhanced by job attachment, organizational commitment, and job satisfaction.

The unknown nature of the Coronavirus, especially at the beginning of the pandemic occasionally caused the nurses, as the front line of treatment in hospitals, to develop dual emotional conflicts of giving or not giving assistance to the Corona patients owing to the possibility of getting infected or the fear of transmitting the disease to their own family members. As the pandemic continued, nurses were able to overcome their fear and were adapted with new situations, and despite their fatigue, they continued their efforts to devote care for COVID-19 patients by wearing breathtaking covers during shifts. Nurses were empowered by the support of the government and public and the acceptance of professionalism in nursing, and they felt that their profession was sacred and valued by society, and this comprehensive support facilitated the work process for them.[16]

In a study regarding job attachment and the influential factors in nursing, Keshtkaran *et al*.[17] reported strong correlations between job attachment, organizational commitment, and job satisfaction, highlighting the importance of job attachment, the associated factors, and the need for attention to this issue in the policymaking about the nursing profession.

As mentioned earlier, occupational alienation could adversely affect the performance of nurses. In a research, Amarat *et al*.[18] investigated the role of job alienation in occupational loneliness and its impact on the performance of nurses, reporting that loneliness in the workplace had a negative impact on nurses' occupational performance, and that occupational alienation exacerbated the feeling of loneliness as an intermediate variable.

In this study, job satisfaction and a sense of power were reported to result from the nurses' professional and functional competencies. In addition, occupational alienation not only affected the outcomes of nursing performance, but it also led to the gradual passivity of nurses in the provision of clinical services.

The involvement of nurses in indirect and unrelated responsibilities weakens their ability and motivation to perform their specialized tasks in the clinical setting and

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to make important clinical decisions. In this regard, Nair and Vohra[19] reported that the most important predictors of occupational alienation were the lack of significant work, poor quality of professional relationships, and inability in self-expression.

Therefore, it is recommended that an expressive work environment should be provided to nurses in line with their specific duties and abilities in order to create professional commitment and motivation. To this end, nursing managers should pay special attention to the feeling of loneliness and occupational alienation in the workplace. Furthermore, creating formal and informal support networks by nursing managers could reduce feelings of loneliness and occupational alienation and improve nurses' performance.[20]

According to Mahdad and Chiaburu, job enrichment improves employees' performance and job satisfaction. In addition, these authors observed significant correlations between occupational motivation and such occupational features as the diversity of skills, nature of the job, the importance of the job, free will, and job feedback.[4,21]

According to previous studies in this regard, the most important consequence of organizational support is the increased organizational commitment of employees.[22,23] Organizational commitment is considered essential to quality improvement and achieving organizational goals so that it could increase occupational satisfaction and reduce stress and occupational burnout in nurses.[24]

The World Health Organization has officially listed burnout in the International Disease Classification as an issue that reduces occupational productivity due to exhaustion and energy depletion. In a study aiming to determine the correlations between the psychological health components of the workplace and dimensions of occupational alienation, Mehdad *et al*.[4] reported employees job alienation decreases with increasing psychological healthy work place components.

Accordingly, occupational alienation can be reduced and eliminated by enhancing the indicators of psychological health in the workplace. Moreover, Vahida *et al*.[25] stated that occupational alienation had the most significant impact on absenteeism and turnover among nurses.

According to the results, occupational alienation reduces the quality of patient care, weakens nurses, and reduces the continuity of their effective and active presence in the provision of care services and clinical decision-making. Therefore, managerial and organizational interventions are required to address this issue.

As a limitation of this study, the participants were volunteer nurses from only nine hospitals affiliated with Sabzevar University of Medical Sciences in Iran, as mentioned earlier. Replication of the same study either in other hospitals or in other regions might provide further insight in exploring a bigger picture of the concept in perspective.

Conclusion

As essential members of the health-care team, nurses play a pivotal role in the process of patient care. Given the importance of care quality and accuracy, occupational alienation may reduce nurses' satisfaction and adversely affect the quality of care. Therefore, it is suggested that special training programs on occupational alienation should be designed and implemented by academic educational systems and hospitals as the mental and emotional needs of nurses largely influence the reduction of occupational alienation.

Acknowledgments

This article is part of a research project in nursing approved by the Sabzevar University of Medical Sciences (with Code 97201). The authors would like to express their heartfelt thanks to all the nurses who patiently recounted their experiences.

Financial support and sponsorship

Sabzevar University of Medical Sciences

Conflicts of interest

Nothing to declare.

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