# Correlation of Moral Courage and Organizational Commitment in Operating Room Nurses

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**ABSTRACT**

**Objective:** Moral courage distinguishes real moralists from hypocrites and indicates the commitment of nurses to their patients. Organizational commitment can also influence this commitment. Therefore, the present study aimed to investigate the correlation between moral courage and organizational commitment of operating room nurses working in the teaching hospitals of Arak University of Medical Sciences.

**Methods:** This cross-sectional correlational study was conducted on 136 operating room nurses who were selected using the convenience sampling method. The required data were collected through demographic information form, the organizational commitment questionnaire of Allen and Myer, and the professional moral courage scale by Sekerka and colleagues. The collected data were analyzed using SPSS (version 21) for descriptive and correlational analyses.

**Results:** The mean scores of moral courage of operating room nurses were 62.5±6.5 and in 101.86±13.7 organizational commitment. Moreover, moral courage did not have a statistically significant relationship with organizational commitment (P>0.05). The moral courage and organizational commitment of the participants differed significantly in terms of their type of employment (P<0.05) and age (P<0.05).

**Conclusion:** Given the high mean score of moral courage and organizational commitment in operating room nurses, it can be said that nurses tend to show moral behaviors. On the other hand, the low score of the endurance of threat indicates that operating room nurses do not receive the necessary support from the organization for their courageous behavior. Therefore, the support of senior managers is essential for the occurrence of such behaviors.

**Keywords:** Nursing ethics; moral obligations; efficiency organizational; operating room nursing; courage (Siriraj Med J 2021; 73: 183-190)

## INTRODUCTION

Employees are the backbone of the organizations and hospitals. The nurses play a very important role in the improvement of health productivity.[1] The sensitivity of this role is even more clear in the operating room since the provision of quality care to unconscious patients requires a high level of commitment. Operating room nurses have delicate responsibilities as members of the treatment team.[2] Respect for the basics and values, commitment to the organization, and adherence to professional and ethical principles are more essential, sensitive, and important in this profession.[3] However, mostly due to their increasing responsibilities and patients number, social justice, access to healthcare services limitations

and personal or organizational barriers prevent them from doing moral behavior easily and poses challenges to them regularly.[2,4]

The operating room is a delicate yet stressful environment. Interpersonal conflicts are common in this environment and avoiding them requires management planning and adherence to ethical solutions. Congestion, congestion, work pressure, insomnia and fatigue, stress Unwanted actions cause challenges such as moral distress. One of the influential factors in nurses' decision-making in the face of this moral distress is moral courage and commitment.[5] These moral characteristics create moral comfort and increase professional solidarity in the practice.[3] Moral courage motivates nurses to do the right thing and accept the consequences, even if it is difficult for them.[6] Sekerka (2009) defines the five aspects of moral courage as 1) moral agency which is the desire to show moral behavior and have a strong will to do the right thing, 2) multiple values which refers to the ability to use multiple values in the process of making a moral decision and adherence to one's beliefs despite external desires or demands, 3) endurance of threat which means showing moral behavior despite real or imaginary dangers or threats, 4) going beyond compliance which indicates that a person should pay attention to the rules and their purpose, and also go beyond the limits of obedience to do the right, logical, or appropriate thing, and 5) moral goal which means having the motivation to perform tasks that require making decisions that are accompanied by virtues such as forethought, honesty and justice.[7] Proper moral performance of operating room nurses and their commitment to the patients require considerable moral courage.[8]

Organizational commitment means the individual's desire to continue working and serving in an organization, so that the organization becomes part of their identity.[9] According to McQuarrie (2004), the organizational commitment of employees depends on various factors, such as individual, occupational, organizational, and extra-organizational factors.[10] Investigation of the influential factors on organizational commitment can help an organization improve its performance and attract capable employees. In this regard, moral courage is one of the individual factors that can affect organizational commitment.[11]

Allen and Mayer (1998) proposed a three-part organizational commitment model.[12] In this model, commitment determines the relationship between the individual and the organization and consists of three aspects, namely 1) affective commitment which means emotional attachment of the employees to the organization

that gives them a sense of identity and keeps them involved, thereby employees with this type of commitment tend to stay in the organization, 2) continuance commitment that refers to the imagined cost of leaving the organization, and 3) normative commitment that indicates staying with the organization as the duty of someone who is a part of that organization.[12,13] Organizational commitment has a great impact on the efficiency and productivity of an organization.[14] People with higher organizational commitment show less absence, delay, and tendency to leave, have a better performance, and are more enthusiastic.[15]

In today's world, the individual performance of employees is affected by ethical issues and human interactions that should be prevalent in organizations.[16] Nurses face challenges when they are unable to do their job properly due to structural and internal constraints. One of these challenges is moral distress, in which it is not possible to achieve the intended moral goals.[2]

The reason for such ethical challenges is considered to be the decline in the quality of care provided and insufficient support, which can put nurses at risk and confront them with moral conflict.[17] Nurses in the face of these conditions, according to the extent Organizational commitment as a mediator may react differently, for example, becoming indifferent to circumstances and avoiding appropriate services.[18] Organizational commitment as a mediator can affect the effectiveness and quality of services. On the other hand, nurses need courage in ethical practice to overcome their personal fears. Therefore, for nurses who have courageous moral performance.[19] Commitment to the patient is more important than the concerns they may have about their own risk.[20] Given that the operating room is one of the most essential, useful and common clinical space, it is a meeting place for professionals and professionals who provide vital services and care to a wide range of patients in a coordinated team. One of the important components of operating room nurses is the category of moral decision making, which has moral courage and professional commitment that makes moral decision making stronger.[21] also due to lack of enough studies conducted on moral courage and organizational commitment, the present research aimed to determine the correlation between moral courage and organizational commitment of nurses in operating rooms affiliated with Arak University of Medical Sciences, Iran, in 2019.

## MATERIALS AND METHODS

This cross-sectional-correlational study was conducted on all of 136 operating room nurses who worked in the operating rooms affiliated Arak University of Medical Sciences. Purposeful sampling was done. After obtaining

permissions, the researcher referred to the operation rooms of hospitals. Informed consent was obtained from nurses and they were assured that the information in this questionnaire will remain anonymous and confidential. researcher distributed questionnaire among the operating room nurses. The researcher was ready to answer any ambiguities in the questions. The participation in the study is voluntary for nurses and fortunately, all of them were willing to participate in the study and respond rate was 100%.

The inclusion criteria consisted of the educational level of high school and above as well as ≥6 months of work experience. The data collection tool was a three-part questionnaire. The first part was the demographic information of the participants, which included age, sex, education, work experience, employment status and marital status. Because there was no nurse with widowed and separated marital status in the study, marital status was divided into two groups: married and single.

The variables of age and work experience were collected qualitatively, so each of them was classified into four groups. **Permanent employment**, means employees who have very high job security, are employed to hold government responsibilities and are legally under the supervision of the country's employment system. In **temporary –to permanent employment**, individuals are subject to a contract under which they are employed in a government agency, which allows them to be formally employed if they continue and are satisfied with their performance. **Recruitment plan employment**, also includes graduates of clinical disciplines who are required to work for double the length of their studies in educational and medical centers, with certain salaries and benefits. In **under –a-contract employment**, individuals under a contract who have certain rights and duties must work temporarily at that center for a certain period of time.

The second part of the questionnaire investigated moral courage by using the professional moral courage questionnaire designed by Sekerka and colleagues (2009). This questionnaire contains 15 phrases regarding the five dimensions including ,moral agency, multiple values, endurance of threats, going beyond compliance, and moral goals, each of which includes three separate questions.[7] This questionnaire was scored based on a Likert scale from 1 (never) to 5 (always). Therefore, the total score of the questionnaire ranged from 15 to 75 and the moral courage score was the mean of the scores of all the phrases. In a study conducted by Mohammadi and colleagues.[22] the content validity index of this questionnaire was obtained at 81% and the Cronbach's alpha was calculated at 0.85. Therefore, after obtaining permission from Mohammadi

and colleagues, the same version of the questionnaire was used in the present study.[22] Cronbach's alpha was measured again in the present research using a sample of 20 people which was obtained at 0.77, 0.83, 0.71, 0.7, 0.84 regarding the aspects of moral agency, multiple values, endurance of threats, going beyond compliance, and moral goals, respectively. Furthermore, the total Cronbach's alpha coefficient was obtained at 0.78.

The third part of the questionnaire consisted of the standard questionnaire of organizational commitment designed by Allen and Myer (1990) and contains 24 items.[12] The validity of this questionnaire was confirmed in a study by Dehghani and colleagues (2015).[23] The same version of this questionnaire was used in the present study with a permission of the researcher. Moreover, the reliability of the questionnaire was confirmed using a sample of 20 nurses and the Cronbach's alpha coefficient was obtained 0.72 for continuance commitment, 0.8 for affective commitment and 0.71 for normative commitment, respectively. Furthermore, the total Cronbach's alpha coefficient was obtained at 0.76. This questionnaire measures the organizational commitment and is scored based on a Likert scale from 1 (strongly disagree) to 7 (strongly agree). This questionnaire consisted of 24 items which were divided into three subscales, namely continuance commitment (8 items), affective commitment (8 items), and normative commitment (8 items).[12]

The required permissions for the conduction of the research were obtained from the Research Deputy and Arak University of Medical Sciences and hospitals (IR. ARAKMU.REC.1398.092). The ethical considerations were respected since the purpose of the study was explained to all the participants and they were assured that their information would be kept confidential. Therefore, the published data were kept confidential and in compliance with publication ethics. Also, the participation of nurses in the study was voluntary and if they did not want to participate in the study or did not want to continue to cooperate, they could leave in the study freely without any consequences. Data were collected from all hospitals in 30 days. Collected data were analyzed in SPSS software (version 21) using, descriptive statistics contain frequency, frequency percentage, mean, standard deviation, and statistical tests contain Pearson correlation coefficient test, one-way analysis of variance, and independent t-test. The Kolmogorov-Smirnov used to test normal distribution.

## RESULTS

Most age category of nurses were within 31-40 years and in 8-14 their work experience category. (The

variables of age and work experience were qualitatively collected in four groups). The range of participant's age was 20-59 years. The minimum and maximum work experience of the participants was 1-30 years. In total, 136 nurses participated in this study, 87.5% of whom were female. Moreover, 68.4% of them were married, while 31.6% were single. The mean score of the moral courage in operating room nurses was 62.5±6.5 which is considered a high level. Furthermore, the mean score of the organizational commitment was 101.86±13.7 which is considered high as well.

There was a significant relationship between the mean score of the aspects of moral courage and the type of employment (P<0.05), so that the mean scores of the aspects of the endurance of threat, going beyond compliance, and the lowest of moral goals were contractual employment and highest in the formal employment groups. In addition, the scores of different age groups regarding the affective aspect of the organizational commitment had a significant difference with each other (P<0.05). The most scores of affective commitment were observed in the age ranges of 20-30 and the least in the 40-50 years. Table 1 shows a summary of the demographic information of the participants and the mean score of moral courage and organizational commitment.

Among the various aspects of moral courage, the highest and lowest mean scores were observed in moral agency (13.76±1.63) and endurance of threat (11.32±1.89). Furthermore, regarding organizational commitment, the highest mean scores of continuance commitment were perceived (36.21±8.02) and lowest in (31.50±5.35) affective aspects. Table 2 shows the collected data on the aspects of moral courage and organizational commitment. There was no significant relationship between the moral courage and organizational commitment of operating room nurses (P>0.05). Moreover, no significant relationship was detected between the various aspects of moral courage and those of organizational commitment (P>0.05). The correlation coefficient of the relationship between the aspects of moral courage and those of organizational commitment of operating room nurses is shown in Table 3.

## DISCUSSION

In the present study, the mean score of moral courage in the operating room nurses was high. This finding is consistent with the results of previous studies conducted in Iran.[24] However, the obtained score of moral courage was low in a study performed by Day (2007).[25]

The discrepancy between the results of this study and the Day study helps us to know that the type of work environment, moral climate of the medical center, organizational culture and the level of support of managers and organizations for nurses, can play a very important role in increasing moral courage.[26] Therefore, the high score of moral courage of operating room nurses in this study indicates that they always act based on the best scientific interest and the best rational needs of patients.

Regarding moral courage, the highest mean scores were observed in moral agency and the lowest in endurance of threat. In previous studies[27,28] on moral courage, the lowest mean score was observed in the endurance of threat, which is consistent with the results of the present study. Low endurance of threat is of great importance since the organizational factors and performance of the people working in operating rooms can have a great impact on the behavior of nurses and pose ethical challenges and dilemmas to them. Operating room nurses see themselves as moral agents and tend to show moral behaviors that are associated with virtues, such as forethought, honesty, and justice. However, the pressure and fear of moral challenges reduce their endurance of threats. The low score of this aspect could indicate that nurses do not feel supported by the organization for their courageous behavior.

The mean score of organizational commitment in operating room nurses was high which was consistent with the results of the studies performed by Azari and colleagues[29] and Khosravani and colleagues[15] in Amol, Iran. However, according to the findings of the majority of previous studies[30-34] the organizational commitment of nurses was moderate. This inconsistency could be due to a variety of factors, such as differences in working conditions, work environments, organizational rules and regulations, and the level of awareness of nursing managers regarding the ways to improve organizational commitment.

The highest mean scores of organizational commitments in operating room nurses were observed in the continuance and lowest in affective commitment. Based on the findings of the study performed by Khosravani and colleagues[30] the highest mean score was observed in the aspect of affective commitment which is not consistent with the results of the present study. The finding of the present research could be due to the desire of nurses to remain a member of the organization regarding their awareness of the cost of leaving it since they need their job and if they leave it, they will lose everything. Low mean score of affective commitment indicates their lower attachment to the organization which means that they are only motivated to work in that organization since they do not have better job opportunities.

**TABLE 1.** Mean scores of moral courage and organizational commitment of participants according to their demographic characteristics.

| Variable | | Number (%) | Average score ± standard deviation of moral courage | Average score ± standard deviation of organizational commitment |
|---|---|---|---|---|
| Work experience | Less than 5 years | 52 (38.2) | 62.28 ± 6.30 | 105.05 ± 9.41 |
| | 8-14 years | 61 (44.9) | 62.14 ± 6.72 | 100.21 ± 14.70 |
| | 15-22 years | 14 (10.3) | 63.71 ± 6.78 | 96.29 ± 11.38 |
| | 23-30 years | 9 (6.6) | 63.66 ± 6.83 | 103.33 ± 25.73 |
| | total | 136 (100) | 62.47 ± 6.52 | 101.87 ± 13.78 |
| Statistics | | | ANOVA | ANOVA |
| P - value | | | 0.81 | 0.11 |
| Marital status | Married | 93 (68.4) | 62.11 ± 6.76 | 102.27 ± 14.11 |
| | Single | 43 (31.6) | 63.20 ± 6 | 100.97 ± 13.12 |
| Statistics | | | T - test | T - test |
| P - value | | | 0.37 | 0.61 |
| Education Status | Diploma | 1 (0.7) | 59 ± 0 | 112 ± 0 |
| | Associate | 40 (29.4) | 61.36 ± 7.02 | 102.15 ± 14.22 |
| | Bachelor | 91 (66.9) | 63.14 ± 6.30 | 101.76 ± 13.24 |
| | Master | 4 (2.9) | 59 ± 5.71 | 99 ± 24.5 |
| | Total | 136 (100) | 62.47 ± 6.52 | 101.87 ± 13.78 |
| Statistics | | | ANOVA | ANOVA |
| P - value | | | 0.32 | 0.87 |
| Age | 20 – 30 | 55 (40.4) | 62.66 ± 6 | 104.43 ± 9.30 |
| | 31 – 40 | 62 (45.6) | 62.12 ± 7.10 | 100 ± 14.83 |
| | 41 – 50 | 13 (9.6) | 63.92 ± 6.67 | 98.53 ± 16.84 |
| | 51 years and up | 6 (4.4) | 61 ± 5.32 | 104.83 ± 25.90 |
| | Total | 136 (100) | 62.47 ± 6.52 | 101.87 ± 13.78 |
| Statistics | | | ANOVA | ANOVA |
| P - value | | | 0.76 | 0.25 |
| Gender | Female | 119 (87.5) | 62.87 ± 6.48 | 101.74 ± 14 |
| | Male | 17 (12.5) | 59.64 ± 6.39 | 102.70 ± 12.39 |
| Statistics | | | T - test | T - test |
| P - value | | | 0.057 | 0.79 |
| Employment Status | Permanent | 62 (45.6) | 64.04 ± 6.37 | 98.82 ± 16.73 |
| | Under-a-contract | 6 (4.4) | 55.67 ± 5.69 | 107.83 ± 15.11 |
| | Temporary-to permanent | 22 (16.2) | 60.13 ± 6.24 | 104.04 ± 10.26 |
| | Recruitment plan | 46 (33.8) | 62.3 ± 6.22 | 104.15 ± 9.47 |
| | Total | 136 (100) | 62.47 ± 6.52 | 101.87 ± 13.78 |
| Statistics | | | ANOVA TUKEY HSD | ANOVA TUKEY HSD |
| P - value | | | 0.04 | 0.11 |

**TABLE 2.** Mean score of aspects and total score of moral courage and organizational commitment of operating room nurses.

| | Dimensions | Frequency | Lowest score | Highest score | Mean | Standard deviation |
|---|---|---|---|---|---|---|
| Moral courage | Moral agency | 136 | 4 | 15 | 13.76 | 1.63 |
| | Multiple values | 136 | 7 | 15 | 12.54 | 1.90 |
| | Endures threat | 136 | 5 | 15 | 11.32 | 1.89 |
| | Goes beyond compliance | 136 | 6 | 15 | 11.96 | 2.03 |
| | Moral goal | 136 | 6 | 15 | 12.88 | 1.78 |
| | Total moral courage | 136 | 46 | 75 | 62.46 | 6.53 |
| Organizational Commitment | Affective | 136 | 12 | 44 | 31.50 | 5.35 |
| | Continuance | 136 | 11 | 56 | 36.21 | 8.02 |
| | Normative | 136 | 12 | 53 | 34.15 | 5.97 |
| | Total organizational commitment | 136 | 36 | 145 | 101.86 | 13.77 |

**TABLE 3.** Correlation coefficient of the relationship between the aspects of moral courage and those of organizational commitment in operating room nurses.

| | 1. | 2. | 3. | 4. | 5. | 6. | 7. | 8. | 9. | 10. |
|---|---|---|---|---|---|---|---|---|---|---|
| 1. Affective | | | | | | | | | | |
| 2. Continuance | .226** | | | | | | | | | |
| 3. Normative | .299** | .237** | | | | | | | | |
| 4. Total organizational commitment | .649** | .773** | .688** | | | | | | | |
| 5. Moral agency | -0.06 | -0.05 | -0.01 | -0.06 | | | | | | |
| 6. Multiple values | -0.05 | 0.04 | 0.04 | 0.02 | .281** | | | | | |
| 7. Endures threat | -0.15 | -0.06 | 0.08 | -0.06 | .200* | .385** | | | | |
| 8. Goes be yond compliance | -0.06 | -0.08 | -0.06 | -0.09 | .283** | .361** | .468** | | | |
| 9. Moral goal | -0.12 | -0.07 | 0.09 | -0.05 | .326** | .379** | .475** | .520** | | |
| 10. Total moral courage | -0.12 | -0.06 | 0.04 | -0.07 | .567** | .689** | .728** | .765** | .765** | |

**Note:** N= 136, * $p<0.05$, ** $p<0.01$

In line with the findings of the present study, the results of another study which was conducted in Iran (2015) indicated that there was no significant correlation between moral courage and organizational commitment in operating room nurses.[35] However, according to the results of another study conducted by Mokhtaran (2015) in Iran, courage, as one of the aspects of the performance of managers, has the most positive and significant effect on the organizational commitment of the employees.[36] In justification of this finding, it can be said that moral courage, as a personality trait, is one of the foundations of one›s personality and is a management virtue that is a precursor to professional ethics behavior in organizational environments.[11] On the other hand, organizational commitment is an important job and organizational attitude and is mostly influenced by social and organizational factors such as professional ethics. Many studies have shown that organizational commitment has a positive and significant relationship with professional ethics.[29,31,37] Oka and Wayne›s research shows a positive and significant relationship between professional ethics and organizational commitment.[38] Thus, social factors such as organizational commitment are not directly related to individual factors such as moral courage.[29]

According to the results, moral courage had a significant relationship with only one of the demographic characteristics which is the type of employment. Moreover, people who are formally employed show greater moral courage in terms of going beyond compliance, moral goals, and endurance of threats, compared to the contractually employed group. This finding was consistent with that of the studies performed by Aultman and Marry.[39] According to Baringher,[40] some nurses show moral courage despite their young age, low work experience, and type of employment; however, generally, older age and formal employment increase job security, decisive behaviors, and moral courage in nurses.

## CONCLUSION

The high score of average moral courage and organizational commitment of operating room nurses indicates the good implementation of ethical principles and culturally respected values of patients in the operating room. The low score of the threat tolerance variable indicates that operating room nurses do not feel the necessary support for managers for their courageous behavior.[41] Therefore, the support of senior managers in this area is essential. Considering the significant relationship between moral courage and the type of employment, it is suggested that nursing managers use the results of this study in

their decisions and prioritize the stability and certainty of nurses› employment in their planning and the use of experienced nurses put. To increase nurses ‹emotional commitment, it is recommended that managers use factors that increase nurses› motivation, such as encouraging behaviors, increasing occupational safety and health, clarifying responsibilities, and properly evaluating staff performance.

Du to using the self-report questionnaire the results of the study depend on nurses' understanding of the concept of moral courage and organizational commitment. To overcome this limitation, these concepts were first explained to them before distributing the questionnaire. Finding of a study can use in the nursing education for developing the content of nursing curricula and in planning to development of nurses' moral courage and organizational commitment.

**Conflict of interest:** None declared

## REFRENCES

1. Zafarnia N, Abbaszadeh A, Borhani F, Ebadi A, Nakhaee N. Moral competency: meta-competence of nursing care. Electron Physician 2017;9:4553-62.
2. R.ferreres A. Professionalism in the Operating Room In: Jericho BG, ed. Ethical Issues in Anesthesiology and Surgery. 1st ed., Springer, 2015.p.127-37.
3. Fazel E, Abbasioun k, Sehhat S, Jaberansari M, Akashe GH, Hesabi A, et al. Operating Room of the Base of Morality and the Basis of Humanistic Professional Duties. Iranian Journal of Surgery 2017;25:131-187.
4. Motilal C, Shashank D. Fundamental ethical issues in unnecessary surgical procedures. J Clin Diag Res 2016;10:44-55.
5. Shashi S. Ethics, errors and education in surgical operating room. Int J Eth Trauma Victimology 2015;1:2-50.
6. Rushworth M. Kidder R. Moral Courage. William Morrow, editor. New York: Harper Collins Publishers, 2005.p.320.
7. Sekerka LE, Bagozzi RP, Charnigo R. Facing Ethical Challenges in the Workplace: Conceptualizing and Measuring Professional Moral Courage. Journal of Business Ethics 2009;89:565-79.
8. Khalilzadeh Naghneh M, Zagheri Tafreshi M, Naderi M, Shakeri N, Bolourchifard F, Sedghi Goyaghaj N. The relationship between organizational commitment and nursing care behavior. Electron Physician 2017;9:4835-40.
9. Sadooghiasl A, Parvizy S, Ebadi A. Concept analysis of moral courage in nursing: A hybrid model. Nurs Ethics 2018;25:6-19.
10. Bickhoff L, Sinclair PM, Levett-Jones T. Moral courage in undergraduate nursing students: A literature review. Collegian

2017;24:71-83.

11. Khoshouei MS, Nouri A. Factor Structure of Organizational Virtuousness and the Role of Organizational Citizenship Behavior in it. Knowledge & Research in Applied Psychology 2013;14:27-35.

12. Allen NJ, Meyer JP. The measurement and antecedents of affective, continuance and normative commitment to the organization. Journal of Occupational Psychology 1990;63:1-18.

13. Karches KE, Sulmasy DP. Justice, Courage, and Truthfulness: Virtues That Medical Trainees Can and Must Learn. Fam Med 2016;48:511-6.

14. Heijkenskjod K, Ekstedt M, Lindwall L. The patient's dignity from the nurse's perspective. Nurs Ethics 2010;17:13-24.

15. Khosravani M, Khosravani M, Borhani F, Mohsenpour M. The relationship between moral intelligence and organizational commitment of nurses. Clin Ethics 2020;15:126-31.

16. Murphy L. Authentic leadership: becoming and remaining an authentic nurse leader. J Nurs Adm 2012;42:507-12.

17. Escolar-Chua RL. Moral sensitivity, moral distress, and moral courage among baccalaureate Filipino nursing students. Nurs Ethics 2018;25:458-69.

18. Schmidt B, Mcarthur E, Professional nursing values: A concept analysis. Nurs forum (AUCKI) 2018;53:69-75.

19. Gallagher A. Moral distress and moral courage in everyday nursing practice. Online J Issues Nurs 2010;16:1-8.

20. Blasdell N. The Meaning of Caring in Nursing Practice. IJNCP 2017;4:238-43.

21. Thorup C, Rundqvist E, Roberts C, Delmar C. Care as a matter of courage: vulnerability, suffering and ethical formation in nursing care. Scand J Caring Sci 2012;26: 427-35

22. Mohammadi S, Borhani F, Roshanzadeh M. Relationship between moral distress and moral courage in nurses. J Med Ethics Hist Med 2014;7:26-35

23. DehghaniI F, MM, Makarem A, Hosseini MA, Kavari SH, Rashedi V. Correlation between moral intelligence and organizational commitment of social welfare rehabilitation centers' employees-Yazd city. JHPM 2015;4:40-48

24. Mahdaviseresht R, Atashzadeh-Shoorideh F, Borhani F. Correlation between moral sensitivity and moral courage in nurses of selected hospitals affiliated to Tabriz University of Medical Sciences in 2014. J Med Ethics Hist Med 2015;8:27-39

25. Day L. courage as a virtue necessary to good nursing practice. Am J Crit Care 2007;16: 613-6.

26. Numminen O, Repo H, Leino-Kilpi H. Moral courage in nursing: A concept analysis. Nurs Ethics. 2017; 24: 878-91.

27. Moosavi S, Borhani F, Abbaszadeh A. The moral courage of nurses employed in hospitals affiliated to Shahid Beheshti University of Medical Sciences. Hyat 2016;22:339-49.

28. Aminizadeh M, Arab M, Mehdipour R. Relationship Moral

Courage to Moral Distress in Nurses the Intensive Care Unit. J Med Ethics Hist Med 2017;10:131-40

29. Niazazari K, Enayati T, Behnamfar R, Kahroodi Z. Relationship between professional ethics and job commitment. IJN 2014;27:34-42

30. Khosravani M, Khosravani M, Rafiei F and Mohsenpour M. Organizational Commitment and Its Dimensions in Nurses working in Arak's Hospitals. Medical Ethics Journal 2017;11:37-44.

31. Mohammadimehr M, Zargar Balaye Jame S, Sheikhi S, Rahmati D. The Relationship between Professional Behavior and Organizational Commitment of Nurses in Ilam Province of Iran. Payavard-Salamat 2017;11(Suppl 1):35-43.

32. Omrani A, Khosravizadeh O, Najafi B, Alirezaei S. The Correlation between Organizational Commitment of Nurses and the Quality of Hospital Services at Women's Hospital of Tehran. Rāhburdhā-yi Mudīriyyat dar Nizām-i Salāmat. 2016; 1: 35-41

33. Nabizadeh Gharghozar Z, Atashzadeh Shoorideh F, Khazaei N, Alavi-Majd H. Assessing organizational commitment in clinical nurses. Quarterly Journal of Nursing Management 2013;2:41-8 [persian].

34. Rezaei H, Bahmanbijari B, Beigzadeh A, Askari SMS, Khadir E. Job satisfaction and organizational commitment of nurses in teaching hospitals affiliated to Kerman University of Medical Sciences. Iranian Journal of Medical Education. 2017;17:245-50 [persian].

35. Sharbianiabedi A, Jalili M, Esfehaninasr A. Investigating the Relationship between Goodwill and Organizational Commitment and Silence. The Perspective of Government Management 2015:339-49 [Persian].

36. Mokhtaran M. The Influence of Good Managers on Organizational Commitment. Tomorrow's Management Journal 2015;15:66-76[persian].

37. Crigger N, Godfray N. Of courage and leaving safe harbors. Adv Nurs Sci 2011;34:E13-22.

38. Okpara J, Wynn P. The impact of ethical climate on job satisfaction, and commitment in Nigeria: Implications for management development. Journal of Management Development. 2008;27:935-50.

39. Gander F, Proyer RT, Ruch W, Wyss T. The good character at work: an initial study on the contribution of character strengths in identifying healthy and unhealthy work-related behavior and experience patterns. Int Arch Occup Environ Health 2012;85:895-904.

40. Barringer WM, Sturman CM. The effects of variable work arrangements on the organizational commitment of contingent workers. CAHRS 1998;8:98-02.

41. Patrick J, Donald M, Abhaya V. Ethical issues in surgical research. Can J Surg 2010; 53:133-6.