The Relationship Between Moral Courage and the Perception of Ethical Climate in Hospital Nurses

Hamideh Hakimi
Islamic Azad University of Lahijan
noushin mousazadeh (somaye87@gmail.com)
Mazandaran University of Medical Science
Hamid Sharif Nia
Mazandaran University of Medical Sciences
Roghieh Nazari
Mazandaran University of Medical Sciences
Maryam Dehghani
Hamadan University of Medical Sciences

Research note

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Abstract

Objectives

This study is conducted with the aim of the relationship between moral courage and the perception of ethical climate in hospital nurses.

Results

The study was carried out as descriptive-correlation study in 2019. The subjects were 267 nurses working in hospitals who were selected through simple random sampling. Questionnaire was used to collect data. The mean scores of moral courage and ethical climate in nurses were 87.07±15.52 and 96.12±17.17 respectively. The findings showed that 16% of moral courage score in nurses was attributed to ethical climate and overtime work hours per month. Although, ethical climate and overtime work hours were the main factors in moral courage, not a notable percentage of the variance of moral courage was attributed to them. Therefore, there is a need to determine other factors in moral courage.

Introduction

In their daily activities, nurses encounter problems and issues that might be inconsistent with their moral values [1-3]. In other words, nurses might face with controversial beliefs and values in doing the right thing and these might affect providing quality nursing care [4-7]. It is essential therefore, to have moral courage as a strategy to reinforce ethics and doing courageous deeds in nursing care [8, 9]. Studies have shown that as ethical doers, nurses need moral courage to manage ethical challenges, honor professional commitment to patients, and work based on ethical codes [10] The concept of moral courage was introduced during Florence Nightingale era and among all personal merits and specifications, the principle of nursing is benevolence [3].This characteristic allows an individual to act ethically[11].

Sekerka defines moral courage as the ability of doing ethical work and showing benevolence regardless of external risks [12].In another study, moral courage was defined as doing the right deed, protecting rightfulness, and performing based on ethical principles in providing health care to patients despite personal risks and threats [13].In fact, moral courage alleviates ethical distress[14, 15], leads to personal and professional development [16, 17], and motivates gaining skills and preserving knowledge in individuals [12].In addition, moral courage is a personal trait and the person who has it insists on their ethical values and commitments. Without moral courage, provision of nursing care is degraded and leads to moral distress or unethical behavior [17].

According to Bandura's social cognitive theory (SCT), there is a mutual relationship among personal factors, behavior, and environment and these factors constantly affect each other [18]. Studies have shown that personal and professional factors [19], organizational culture, and leadership style [20], can affect moral courage in nurses. It appears that ethical climate of organization also affects moral courage

[19, 21]. Advanced organizations are featured with complicated moral environment that clearly affects the performance of organization. Hannah (2011) showed that people need to have specific traits to improve their behaviors in the face of controversies [22].

In addition, technological advances and changes in therapeutic methods and intervention, limited budgets and decrease in hospitalization capacity, increase of awareness in patients about their rights, reinforcement of supervision systems and health policies and regulations have led to several changes that emphasize on a better ethical climate [19].Ethical climate helps individuals to assess the problems and also acts as a guide for making decision about acceptable and unacceptable behaviors [23].

Ethical climate is a component of organizational climate and as a part of organization character, represents ethics in the organization [24, 25].Ethical standards in organization promote respect and honesty among personnel and increase job satisfaction and organizational success [23].

Moreover, ethical climate enhances motivation in employees, improves organizational commitment, and preserve personnel, [19].It also creates a sense of ownership and attenuates loneliness in employees, which in return adds to the performance of organization [26].On the other hand, improper ethical climate is a factor in understaffed wards, loss of motivation, and job dissatisfaction in nurses [19]. Studies in Iran have shown that nurses' perception of ethical climate in hospital was at moderate level [10]. Limited studies have examined the relationship between moral courage and moral climate and the severity of this relationship, so the present study have been conducted to determine the relationship between moral courage and moral climate in nurses working in hospitals.

Materials And Methods

The present study is a descriptive-correlational study. The study was carried out in all educational-treatment hospitals located in Rasht City from December 2018 to September 2019. Study population consisted of all nurses working in the hospitals. Minimum sample size was determined in G.Power (3.0.10) with moral courage and ethical climate correlation equal [10], $\alpha = 0.05$, test power equal to 90%, effect size equal to 0.2, and 10% leaves. Therefore, the sample size was obtained equal to 267, who were selected from six hospitals by stratified random sampling method. Initially, a quota was allocated to hospital nurses based on the number of nurses working in each hospital. Then, the nurses of each hospital were randomly selected. Inclusion criteria included at least BSc of nursing, one year of work experience, and working in one of the hospitals at the time of study. The exclusion criterion was failure to fill out the questionnaires.

To conduct the study after obtaining permission from the Vice Chancellor for Research of Mazandaran University of Medical Sciences and approval of the ethics committee and make the necessary coordination with the managers of the hospitals, the researcher referred to the hospital wards and introduced himself, the purpose of the study and how to answer the questionnaire. Participants were explained and if they wished to participate in the study and obtained written informed consent from them, a questionnaire was given to them and they were assured about maintaining anonymity and it was noted

that not participating in the research had no consequences. It will not have a negative effect on their working conditions and they can leave the study whenever they want.

The data were collected by three forms including a demographics form, Professional Moral Courage Scale (PMC), Hospital Ethical Climate Survey, between December 2019 and January 2020. The first time, the PMC was introduced by Sekerka et al. (2009). This scale has fifteen statements and five dimensions namely moral agency, multiple values, endures threat, goes beyond compliance and moral goals. The PMC designed based on Likert's seven-point scale (not at all = 1, always = 7). The mid-point is "sometime = 4," and minimum and maximum scores are 15 and 105 respectively. The mean score of statements and total score of the tool represents moral courage of respondent [12]. The Persian version of the professional moral courage was psychometric evaluation by Mohammadi et al. (2014). The content validity index (CVI) structure was 81%. Cronbach's alpha coefficient for the entire questionnaire was 0.85 [27].

Ethical Climate Standardized Questionnaire was designed in 1998 by Olson et al. This questionnaire has 26 items and five dimensions including relationship with peers, patients, managers, hospital, and physicians. Five point Likert scale was employed for the responses. The scales ranged from 1 (almost never true) to 5 (almost always true) [28]. Reliability of Persian version evaluated by Mobasher and et all (2004), The Cronbach alpha was reported equal 0.9 [29]. In this research Cronbach alpha values of two instruments was equal to 0.91. The designers of the tools gave their permissions for using the tools beforehand.

Data analysis was done using SPSS (v.22). Kolmogorov Smirnov (KS) test was used to examine normal distribution of the quantitative continuous data. Simple linear regression was used to analyze predictive variables of moral courage. The variables that were significant in simple linear regression were tested with multiple linear regression at the same time. Multiple consistency and independence test among the remainders was examined using variance inflation factor and Durbin-Watson tests ($p<0.05$). The level of missed data was determined using "Multiple Pattern" command. Total response rate of the questionnaires was 97%.

Results

The mean age of men 31.56 (SD=8.08, CI%95=29.33-35.76) was less than that of women 34.45 (SD=7.65; CI%95=33.35-41.50). The demographics findings of the nurses are listed Table 1.

Table 1- Demographics of the participants

Demographics	N(%)
Gender	
F	213 (79.8)
M	54 (20.2)
Marital status	
Married	191 (71.5)
Unmarried	76 (28.5)
Education	
Associates' degree	12 (4.5)
Bachelors' degree	239 (89.5)
Masters' degree	16 (6)
Employment	
Formal	106 (39.7)
Contractual	80 (30)
Special plan	42 (15.7)
Temporary	39 (14.6)
Participation in ethics congress	
Yes	91 (30.3)
No	186 (69.7)
Satisfaction with salary	
Low	179 (67)
Moderate	88 (33)
Satisfaction with managers	
Low	128 (47.9)
Moderate	129 (48.3)
High	10 (3.7)
	Mean(SD)
Age	33.86(SD= 7.86)
Experience in the current ward	6.08 (SD=5.09)

Nursing experience	9.90 (SD=6.65)
Overtime work per month (hrs)	58.10 (SD=36.65)

The mean score of moral courage and ethical climate were 87.07 (SD=15.52; CI%95=85.22-88.96) and 96.12 (SD=17.17; CI%95=92.05-96.19) respectively. The results also revealed a significant relationship between age, gender, marital status, and overtime work in month, satisfaction with managers, ethical climate and moral courage. Still, the regression analysis showed that the only remaining variables in the model were overtime work hours per month and perception of ethical climate (Table 2).

Table 2- Predictors of moral courage in nurses

regression index	Not adjusted (simple)			Adjusted (multiple)		
variable	B	P Value	CI 95%	B	P Value	CI 95%
Age	0.254	0.039	0.013 to 496	-	-	-
Sex(female/male*)	-10.42	0.001	-14.92 to -50.90	-	-	-
Marital status (Single*/ Married)	-4.375	0.039	8.052 to 0.22	-	-	-
Over time	0.081	0.002	0.13 to 0.04	0.06	0.001	1.13 to 0.018
Satisfaction with management (low, moderate, high)	3.674	0.18	640 to 6.635	-	-	-
Ethical climate	0.213	0.001	1.09 to 0.319	0.183	0.001	0.83 to 0.283

As listed in the table above, the remainder variables in the model can predict moral courage. Totally, 16% of variation in moral courage is attributed to monthly overtime work hours and ethical climate.

Discussion

The predictive factors of moral courage in nurse were identified. The results showed that moral courage of nurses can be improved through improvement of moral ethics in hospital wards. Different studies have shown that ethical climate affects main organizational events such as organizational commitment, job satisfaction, and intention to change ward, moral stress, and organizational citizenship behavior [27, 30, 31]. Kappa found a definite relationship between ethical climate and individual performance of employees in organization [31]. Suhonen argued about the effects of ethical climate in organization on

moral courage [19]. Since the health system is undergoing rapid changes to meet the growing needs of society and these changes have added to the number and complicacy of ethical questions in nurses' mind, having a decent ethical climate that emphasizes on moralities, the nurses will have more courage to question work process and promote improvement of health services. As our results showed, with a descent ethical climate, moral courage increases [27]. The importance of findings lies with the fact that ethical climate can be modified like other organizational variables so that it can be used to improve health cares and prepare the ground for making ethical decisions.

Another finding was that an increase in work hours of the nurses increased moral courage significantly and trivially at the same time. Although, our search to find a study on the relationship between work hours and moral courage in nurses was not successful, an analysis by Numminen on the concept of moral courage in nurses showed that experience was a precondition for moral courage [32].This finding can be explained based on SCT that highlights the reciprocal and continuous relationship between personal factors, behavior, and environment [18].That is, the longer work hours provide more chance of social and environmental interactions, which prepares the ground for changes in personal factors like moral courage in nurses.

Regression analysis results showed that while ethical climate and work hours were predictors of moral courage in nurses, only 16% of the variance is attributed to these two variables. That is, there are other key predictors that should be found by future works.

Conclusion

Overtime work hours and ethical climate were, to some extent, predictors of moral courage in nurses. However, the share of these two factors in predicting moral courage was not notable. The officials are recommended to pay more attention to the adjustable variable of ethical climate to improve moral courage in nurses. Further works on other factors in moral courage in nurses are needed.

Limitation

The study samples included nurses from only one type of organization (educational hospital). This means that it would be difficult to generalize the results to other nurses from other fields or private or non-profit organizations.

Abbreviations

SCT: social cognitive theory, PMC: Professional Moral Courage Scale, KS: Kolmogorov Smirnov, SD: standard deviation, F: female, M: male

Declarations

Ethics approval and consent to participate

The study was started after obtaining a permission from The Research Department of Mazandaran University of Medical Science and an ethical code from the Ethics Committee (IR.MAZUNS.REC.1398.6245). Participants were explained and if they wished to participate in the study, and obtained written informed consent from them, a questionnaire was given to them and they were assured about maintaining anonymity.

Consent to publish

Not applicable

Availability of data and materials

Not applicable

Competing interests

There is no competing interest in the designing or reporting of the study.

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Authors' Contributions

NM and HH: Made substantial contributions to conception and design. NM and HSHN:

Analysis and data interpretation, Drafting the manuscript and revising it critically for important intellectual content. MD and RN: Data acquisition, Drafting the manuscript and revising it critically for important intellectual content. All authors read and approved the final manuscript.

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