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Nurses' perspectives regarding the relationship between professional ethics and organizational commitment in healthcare organizations

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Abstract

Nurses' professional and ethical performances are influenced by the health organizations' environment, and high quality and holistic care can only be provided by observing the principles of professional ethics and organizational commitment. Therefore, this study aimed at investigating the relationship between professional ethics and organizational commitment in nurses. This descriptive-analytic study was conducted in hospitals affiliated to Shiraz University of Medical Sciences (SUMS) in 2019 in Iran. The study participants included 210 public ward nurses selected using the stratified random sampling method. Data were collected using Petty Professional Ethics and Allen-Meyer Organizational Commitment questionnaires, and then analyzed by SPSS V.25.

Both the mean score of the nurses' professional ethics (102.21 \pm 10.89) and the mean score of the nurses' organizational commitment (95.30 ± 16.54) were at high levels. Moreover, a direct and significant relationship was found between professional ethics and organizational commitment (P= 0.009, r = 0.179). In other words, a positive correlation was found between professional ethics and organizational commitment.

Considering the relationship between professional ethics and organizational commitment in nurses, managers should enhance nurses' level of adherence to ethical principles, organizational commitment and organizational attachment. Additionally, training courses can help improve nurses' professional capabilities, and hence enhancing the quality of providing healthcare services.

Keywords: Organizational culture; Ethics; Organizational commitment; Nursing.

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Introduction

Human resources are the most important asset of organizations. Nurses, the largest and most important human resources in healthcare organizations, play a major role in providing continuous high quality care (1). The current rapid developments in healthcare organizations have raised concerns about necessity of caring based on the professional ethics' principles. Professional ethics is a set of basic human principles and standards governing the individuals and groups' behavior. Moreover, professional ethics is a rational thinking process that targets at determining values of an organization (2), and disregarding it can question the organization's legitimacy and actions. Empowerment and adherence to principles and codes of ethics are among the concerns of human resource management in the healthcare organizations worldwide (3). According to the International Council of Nurses (ICN), nurses not only promote public health and well-being, but also protect themselves against ethical dilemmas in healthcare organizations by emphasizing on ethical planning and practicing (4). The healthcare organizations' negligence of the professional ethics and their failure in adhering to ethical principles can create problems for nurses that question their measures and reduce their job satisfaction. teamwork, and appropriate relationships with colleagues (5). However, results of various studies indicated that nurses' adherence to professional ethics was not high. Bah et al. (2018) showed that nurses' adherence to ethical values was at a low level, and they did not observe the codes of ethics (4). In other words, nurses encounter conflicts between their personal and professional values by ignoring ethical considerations, thereby resulting in their distance from patients and indifference to care provision (4).

Professional ethics and adherence to its principles influence individual's can commitment to the organization. can rarely succeed without Organizations adhering professional ethics and institutionalizing the organization's ideals and values (6). Organizational commitment is defined as believing in the organization's values and goals, feeling loyal to the organization, as well as feeling ethical requirements, heart desires, and needs to stay organization. Organizational the commitment is a type of emotional dependence on the organization; highly committed employees take their identity from the organization, participate the organization, and enjoy membership in the with organization (7).**Employees** organizational commitment can create an efficient atmosphere to improve organizational motivation, and efficiency Organizational commitment, as an employee evaluation criterion, affects nurses' intention to change their occupation, leave their occupation, absenteeism, conflicts, job stress, and clinical performance (8). To have efficient sector, human resources in the health staffs employing nursing with high organizational commitment is extremely challenging as nurses' low organizational commitment can decrease their performance and quality of care (9, 10). Safari and Yoosefpour in their study in Iran showed that enhancing nurses 'organizational commitment improved their quality of care (11).

Researchers of the present study consisted of clinical educators, and nurses who have frequently observed the weaknesses of healthcare organizations in adhering to ethical principles and organizational commitment. In addition, they have closely experienced the consequences of ignoring professional ethics and organizational commitment. professional ethics and organizational commitment can influence the quality of healthcare staff's work-life and nursing care, and to the best of our knowledge, this is the first study to investigate the relationship between professional ethics and organizational commitment on nurses.

Method

descriptive-analytical study conducted from July to October 2019 in hospitals affiliated to Shiraz University of Medical Sciences (SUMS) in Shiraz, one of the largest cities in the south of Iran. Participants, selected using stratified random sampling method, were 210 nurses working in SUMS' affiliated hospitals. The sample size was calculated as 210 based on a similar study (12), and the sample size formula using r = 0.192, confidence level of 0.95, and test power of 0.8 by Medcalc software. Inclusion criteria were as follows: being employed as a nurse, having at least a bachelor's degree in nursing, and consenting to participate in the study. Participants were excluded if they refused to continue attending or fully complete the questionnaires.

The Ethics Committee affiliated with SUMS

approved this research (Medical Ethic No: IR. SUMS. REC.1398.1086), and introduction letters were sent to the hospitals' managers for necessary coordination. Prior to the study, all participants were provided with a cover letter explaining the study's purpose and data collection procedure. Then, informed written consent was obtained from all participants, and they were guaranteed the confidentiality of the data, anonymity as well as their voluntary participation in the study.

To collect data, Petty professional ethics and Allen-Meyer organizational commitment scales were administered along with the demographic information questionnaire. The professional ethics questionnaire, developed by Petty in 1993, includes four dimensions: interest in work, perseverance in work, healthy human relationships at work, and participation in work. Attainable scores on this questionnaire ranged from 23 to 115 such that higher scores indicate higher professional ethics. Scores within the range of 23-46, 47-69, and 70-115 indicated low, moderate, and levels of the good professional ethics, respectively. Content validity of this questionnaire was confirmed by an expert panel of professionals, and its construct validity was corroborated by factor analysis method. Cronbach's alpha value to measure the total internal consistency of this tool was 0.96. Interest in work, perseverance in work, healthy human relationships at work, and participation in work had Cronbach's alpha values of 0.85, 0.79, 0.87, and 0.74, respectively (13, 14). Moreover, Sheikhzakaryaie and Atashzadeh-Shoorideh showed that the total reliability of this tool was

85%. For the following four dimensions, healthy human relationships at work, perseverance in work, interest in work, and participation in work, the reported reliability indices were 79%, 91%, 84%, and 86%, respectively (15).

The Allen-Meyer organizational commitment questionnaire (1990) contains 24 items with three main dimensions of affective (indicating the individual's emotional dependence on the organization), continuance (including costs of leaving the job), and normative commitment (showing the obligation and sense of duty to stay in the organization). The respondents' scores could range from 24 to 168. Respectively, a score within the ranges of 120-190, 60-90, and 0-60 showed high, moderate, and organizational commitment. low Reliability coefficients of the affective, continuance, and normative commitment dimensions were 0.86, 0.79, and 0.75, respectively. Validity of this questionnaire was also confirmed by 15 experts, and its structural validity was verified by confirmatory factor analysis (16, 17). In the study by Nabizadeh et al., the internal consistency was assessed using Cronbach's alpha coefficient (18). Based on their findings, ($\alpha = 0.87$) for the total tool, ($\alpha =$ 0.82) for the emotional commitment, ($\alpha =$ 0.89) for the continuous commitment, and ($\alpha =$ 0.75) for the normative commitment dimension were obtained. The tool's stability was evaluated using the retest method at 14day intervals for all the organizational commitment tools (r = 0.89) as well as the continuous commitment (r = 0.93), emotional commitment (r = 0.93), and normative commitment (r = 0.87) dimensions (18).

Using SPSS software version 25, descriptive

statistics (percentage, mean, and standard deviation) and analytical statistics (t-test and Pearson and Spearman correlation coefficient) were used to analyze the data. According to Kolmogorov-Smirnov test, data had a normal distribution, and the level of significance was considered at 5%.

Results

Demographic characteristics

From 210 nurse participants, 156 were female (74.3%), 129 were married (61.4%), and 189 had a bachelor's degree (90%). The mean age of nurses was 31.11 ± 6.74 years, and their mean work experience was 7.46 ± 5.89 years (Table 1).

Table 1- Participant's demographic information

Variable	Number		
	(Percentage %)		
Marital status			
Single	81 (38.6)		
Married	129 (61.4)		
Gender			
Male	54 (25.7)		
Female	156 (74.3)		
Education level			
Bachelor's degree	189 (90)		
Master's degree	21 (10)		
Type of employment			
Permanent employment	60 (28.6)		
Contractual employment	40 (19)		
Temporary to	29 (13.8)		
permanent employment	_, (,		
Conscription law's employment	72 (34.3)		
Corporate employment	9 (4.3)		

Based on the independent t-test results, mean scores of the professional ethics and organizational commitment were not significantly diverse in different gender and marital status groups. However, a significant difference was found between the participants' organizational commitment and level of education, and organizational commitment was higher in nurses with a bachelor's degree (Table 2).

Table 2- Nurses' demographic information as well as its relationship with organizational commitment and professional ethics (n = 210)

	Organizational commitment		Professional ethics	
	r = 0.129		r = 0.047	
	P = 0.062		P = 0.501	
	r = -0.051		r = -0.02	
	P = 0.459		P = 0.777	
Male	96.51±16.00	r = -0.001	102.61±12.34	r = -0.055
Female	94.89±16.75	P=0.988	102.07±10.38	P=0.425
P-value	0.535	- 0,700	0.757	
Single	93.50±17.89	r = 0.56	101.91±13.01	r = -0.043
Married	96.44±15.59	P=0.451	102.40 ± 9.37	P = 0.538
P-value	0.211		0.752	
Bachelor	96.37±15.60	r = -0.125	102.31±10.60	r = -0.003
Master	85.76±21.54	P = 0.071	101.28±13.48	P=0.965
P-value	0.005* **		0.682	
	Female P-value Single Married P-value Bachelor Master	r = 0.13 $P = 0.0$ $r = -0.0$ $P = 0.4$ Male 96.51±16.00 Female 94.89±16.75 P-value 0.535 Single 93.50±17.89 Married 96.44±15.59 P-value 0.211 Bachelor 96.37±15.60 Master 85.76±21.54	$\begin{array}{c} r = 0.129 \\ P = 0.062 \\ r = -0.051 \\ P = 0.459 \\ \end{array}$ Male $\begin{array}{c} 96.51 \pm 16.00 \\ P = 0.459 \\ \end{array}$ Male $\begin{array}{c} 96.51 \pm 16.00 \\ P = 0.001 \\ \end{array}$ Penale $\begin{array}{c} 94.89 \pm 16.75 \\ P = 0.988 \\ \end{array}$ P-value $\begin{array}{c} 0.535 \\ P = 0.56 \\ P = 0.451 \\ P = 0.451 \\ P = 0.451 \\ \end{array}$ Master $\begin{array}{c} 96.37 \pm 15.60 \\ P = 0.071 \\ \end{array}$ Respectively.	$\begin{array}{cccccccccccccccccccccccccccccccccccc$

^{*}Pearson correlation coefficient was used, and significance level was considered at 0.01.

Participants' professional ethics and organizational commitment

The professional ethics' total mean score was high (102.21 ± 10.89) in nurses. The highest and lowest scores were attributed to the perseverance in work (27.41 ± 3.11) and relations in work (23.00 ± 2.30) dimensions, respectively. The participants' mean scores in dimensions of interest in work and participation in work were (24.46 ± 5.32) and (27.32 ± 3.03), respectively.

Mean score of the total organizational

commitment was high (95.30 \pm 16.54). The highest mean score was related to continuance commitment dimension (37.76 \pm 9.80), while the lowest mean score was attributed to the normative (30.61 \pm 6.63) and affective commitment (31.92 \pm 6.49) dimensions.

Correlation between professional ethics and organizational commitment

Professional ethics had a direct correlation with interest in work. In addition, organizational commitment had a very weak

^{**}Spearman correlation coefficient was used, and significance level was considered at 0.01.

^{***}Independent t-test was used, and significance level was considered at 0.05.

correlation and weak correlation with affective and normative dimensions, respectively. Organizational commitment also had a direct and very weak relationship with professional ethics and normative dimension, respectively (Table 3).

Table 3. Correlation between professional ethics and organizational commitment in nurses

Variable	Professional ethics	Interest in Work	Perseverance in work	Human relations at work	Participation in work
Total	r=0.179	r=0.304	r=0.123	r = -0.028	r=0.006
Organizational	P=0.009*	P<0.001*	P=0.076	P=0.681	P=0.926
Commitment					
Affective	r=0.228	r=0.413	r=0.071	r=- 0.025	r=0.038
Commitment	P=0.001*	P<0.001*	P=0.308	P=0.724	P=0.583
Continuance	r=0.047	r=0.065	r=0.056	r=- 0.007	r=0.004
Commitment	P=0.497	P=0.352	P=0.420	P=0.918	P=0.954
Normative	r=0.154	r=0.257	r=0.154	r=- 0.036	r = -0.027
Commitment	P=0.025*	P<0.001*	P=0.026*	P=0.600	P=0.695

Pearson correlation coefficient was used, and significance level was considered at 0.01.

Discussion

This study aimed to investigate relationship between professional ethics and organizational commitment in nurses. According to the findings of this work, which are consistent with those of a study by Dehghani et al. (19) in Iran, the mean score of nurses' total professional ethics was at a that high level, showing observing professional ethics was a part of the nursing profession's intrinsic nature. However, a study in Uganda indicated that nurses had a poor knowledge of basic ethical concepts (20). Another study in Iran showed that nurses' knowledge and attitudes were at a moderate level towards ethical codes, implying that nurses did not use various and available related resources appropriately (e.g., international and national codes of ethics in the nursing profession) (21). The discrepancy between our findings and other studies can be due to the differences in participants' characteristics and tools used for measuring professional ethics. In addition, professional ethics is a multidimensional phenomenon influenced by nursing education system, system's views and attitudes toward nurses, as well as social and cultural factors.

In professional ethics, the highest and lowest mean scores were related to the perseverance in work and human relations dimensions, respectively. The nurses' high level of perseverance in work can be justified by nursing profession nature, in which nurses should render high quality services to patients despite all shortcomings, many overtime hours, and shortage of the healthcare staff.

The low scores in the human relations

dimension can be due to nurses' lack of sufficient motivation, burnout, iob dissatisfaction, and lack of professional interest as well as low nurse-patient ratio. In this regard, nursing managers significantly help improve the relationships in workplace and serve as role models for system other healthcare personnel by adhering to the ethics' principles and appropriate human relationships (22).

The mean score of total organizational commitment was high among the participants; this finding was also confirmed by many studies in Iran and other countries (23-25). Staff with higher levels of organizational commitment usually have better performance with less absenteeism and delay to work, which are significantly important in sensitive occupations such as nursing (26).

Organizational commitment enables the employees to interact emotionally with the organization, feel satisfied to work for the organization, and make endeavor to reach the organization's goals (24). The results of other heterogeneous studies reported an average level of organizational commitment among nurses (27, 28). In our study, the highest mean score of commitment was related to continuance commitment dimension as individual's continuance commitment can be enhanced by increasing the number and length of training programs (e.g., in-service courses) (27). Continuous commitment appears when an individual analyzes positive and negative aspects of leaving the organization. With high levels of continuance commitment, the employees remain loyal to the occupation

because they think that starting a new job would destroy the experiences gained in the organization. However, such thought may put the organization in a position facing employees who are not motivated, creative and innovative (6).

The present study's participants seemed to adapt to the current situation to avoid financial costs of leaving the organization, possibly due to low nurses' salaries and economic problems in Iran.

The lowest mean score of organizational commitment was related to normative commitment dimension, which was confirmed by another study in Iran on nurses (18). In normative commitment, employees are faced with the situation of staying in the organization because they think it is a right and proper action. The following approaches can be effective in improving employees' normative commitment: in-service training, labor division based on the individuals' abilities and competences, as well as continuous evaluation of the personnel's performance, abilities, and capabilities (26).

This study's results showed a significant relationship between professional ethics and organizational commitment. Many studies also confirmed the relationship professional and ethical empowerment with nurses' organizational commitment (25, 29). Inconsistent with the present study, a research in Iran on nurses showed no significant relationship between professional ethics and organizational commitment (2). Based on the literature, ethical work environment can be considered to be a main affecting the performance factor and

competence of the staff (4, 30). In this regard, Karami et al. stated that hospital managers need to extensively plan to improve nurses' professional performance and organizational quality (7).

The present study showed a significant relationship between the nurses' organizational commitment and the bachelor's degree. This finding was in line with the results of a study by Nabizadeh et al. (18), but contradicted those of a study by Sheikhzakaryaie and Atashzadeh-Shoorideh (15). Usually, nurses with master's and doctoral degrees are employed universities and research centers in Iran. Moreover, nurses with a bachelor's degree have fewer job opportunities, and hence they have to work in clinical settings and are dependent the healthcare more on organizations.

Given that various factors affect nurses' professional ethics and organizational commitment, managers should consider delegating factors such as authority, clarifying responsibilities, and evaluating staff performance properly. The authorities should enhance nurses' commitment to ethics and organizational attachment through training courses to empower the nurses, thereby improving their quality of health care services.

A limitation of this study was administration of the self-report questionnaires, and hence future work can use other data collection methods such as interview and observation to increase data validity.

Conclusion

According to the study findings, nurses had high levels of professional ethics and organizational commitment, and a significant relationship was observed between these two factors. Considering the priority of high-quality care provision by nurses, nursing managers should seriously consider the effect of nurses' professional ethics and organizational commitment on organization's development. Moreover, providing a precise definition of ethical codes as well as in-service training courses for nurses can encourage them to practice on principles ethical and improve their organizational commitment.

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Conflict of Interests

The authors declare that they have not competing interest.

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