Original Article

The relationship between moral courage and quality of work life among nursing staff in Bam hospitals

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ABSTRACT

Introduction: Nowadays, nurses require moral courage to face the ethical problems. Since facing the challenges may result in adverse consequences, such as quitting the job, which reduce the quality of healthcare services provided to patients. Therefore, drawing the attention to the quality of work life is one of the important factors in maintaining and attracting employees; whereas, the promotion of quality of work life is considered as an important factor to ensure the stability of the health system. Methods: This is a descriptive-analytical study of correlation type. The research community was all nurses in Bam hospitals in 2018; they were 205 people selected by census sampling method. In the present study, the Professional Moral Courage Scale by Sekerka (2007), and Quality of Nursing Work Life Survey by Brooks and Anderson (2005) were used. Data were analyzed using SPSS23 and through Pearson correlation coefficient and independent t-test. Findings: 88.6% of the participants were female and 80.1% were married. The study results showed there was no relationship between education level and moral courage, and quality of work life ($p>0.05$). There was no relationship between job titles ($p>0.05$), employment status ($p>0.05$) and moral courage, and quality of work life. The relationship between quality of work life and workplace was significant ($p<0.05$). Given the statistical results, there was no significant relationship between the moral courage and the quality of work life. Conclusion: Moral courage and quality of work life among nurses in Bam are not at a desirable level; therefore, careful planning by healthcare management is necessary to promote them so that we can improve nurses' conditions and the quality of healthcare provided to patients.

Keywords: moral courage, quality of work life, nurses

Introduction

Morality is a set of individuals' inner and spiritual traits which are manifested in actions and behaviors as a result of inner morality [1]. In other words, morality is the distinction between right and wrong, and then doing the right and quitting the wrong. Moral observance is important in all professions, but it is of particular importance in nursing profession [2]. Experts of organizational ethics have suggested the development of ethical power in the workplace as an organizational need [3]. Several factors can hinder the implementation of this organizational need and one is the lack of moral courage [4]. Courage has many branches and moral courage is the most important one; that is doing the right thing in facing the moral challenges. Moral courage means doing the right without fear and in accordance with ethics and values; it means overcoming fear and adhering to values [5], and following the inner principles for doing the right thing and taking into account the interests without considering the threat [6]. Nowadays, nurses, due to their professional status and their role, face ethical and spiritual

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problems more than ever [7, 8] and in this condition, nurses need moral courage as the ethical agents who are responsible for the proper management of the ethical problems and for the reaffirmation of their professional commitment to patients [9]. When a person is unable to perform the proper act of morality, moral courage helps him to strive to achieve the ultimate goal regardless of its consequences and by taking into account ethical principles, he does the right thing which is not easy to do [10]. The lack of attention to ethical issues faces the nurses' performance with complex ethical problems in healthcare environments; likewise, facing these challenges, the nurses may suffer adverse consequences such as stress or quitting the job [11] and since nurses are an integral and important part of any system [12], the widespread shortage of nurses, high rates of career change [13], and the intention to quit the job among nurses [14] have direct and indirect effects on patients and healthcare organizations [15] and have reduced the quality standard of healthcare provided to patients [14] which has become a major global issue [13]. Drawing attention to Quality of Work Life (QWL) is an important factor in maintaining and attracting employees that is the prevention of the career change and quitting the job in different systems; likewise, QWL in hospitals is highly considered by many organizations and the promotion of nurses' QWL is regarded as an important factor to ensure the stability of the health system [16]. QWL is one of the most important variables recently considered by many managers who seek to improve the quality of their human resources [17], such a consideration emphasizes the importance of QWL [18]. QWL is related to employees' satisfaction with various needs, including resources, activities, and the outcomes resulted from the company and the person's presence in the workplace [17]. Improving QWL among the staff, especially in nursing profession that nurses are in constant contact with people is important [19] because the results of the studies show high-quality employees have a more consistent organizational identity and higher job satisfaction and performance, and they are less likely to quit their jobs [20].

Sekerka et al. (2009) pointed out that nurses act with moral courage when they are faced with conditions that directly threaten patients' healthcare [21]. Murray and Aultman (2008 and 2010) stated that nurses have not been courage enough to face ethical challenges [22, 23]. In the study by Black (2011), approximately 34% of nurses did not report patient's condition despite the fact that they knew about the potential damage [24]. Research results by Dargahi (2008) in Tehran showed that the two thirds of nurses are not satisfied with their QWL and they are dissatisfied with most aspects of their work life [25].

According to the study results mentioned above and the similar studies in this regard, nurses often are not satisfied with their QWL and do not have enough moral courage which disrupt their ability to provide proper and sympathetic healthcare to the patients. Taking these issues into account and considering the fact that the kind of study was not conducted in Bam before, it was necessary to study the relationship between moral courage and QWL among the nursing personnel. Therefore, this study aimed to investigate the relationship between moral courage and QWL among the nursing personnel in Bam hospitals.

Methodology

This is a cross-sectional study of descriptive-analytical type and it is aimed to investigate the relationship between moral courage and QWL among the nursing personnel in Bam hospitals in 2018. The research environment is Bam hospitals and the research population is the nursing personnel in the hospital. Census method was used for sampling. Demographic characteristics and the two questionnaires of Professional Moral Courage Scale and Quality of Nursing Work Life Survey were used as data collection tools. Professional Moral Courage Scale by Sekerka et al. has 15 items with five dimensions of moral agency, multiple values, endurance of threats, going beyond compliance and moral goal, and it examines the level of professional moral courage. Each item is based on a 5-point scale from never to always, and is rated from 0 to 4 points, respectively. The total score ranges from the minimum of 0 to the maximum of 60. The mean score of items in total is considered as a moral courage score. In the study by Mohammadi et al., they reported the content validity index (CVI) of the courage questionnaire as 81% and the Cronbach's alpha coefficient as 0.85 [1]. In the present study, Cronbach's alpha for the moral courage questionnaire was α=0.89, and for each dimension of the questionnaire, it was as follows: moral agency α=0.76, multiple values α=0.71, endurance of threats α=0.86, going beyond compliance α=0.86, and moral goal α=0.72. In order to assess the nurses' QWL, Quality of Nursing Work Life Survey by Brooks and Anderson was used. The questionnaire consists of 42 questions with 4 dimensions of personal life, work design, work context, and work world. The questionnaire is scored based on as 6-point Likert scale (6 points for totally agree and 1 point for totally disagree). Therefore, the scores in this questionnaire range from 42 to 252 points. This questionnaire was used by Saber et al. (2012) in Kerman, and its validity was computed as 0.81 and its reliability coefficient using Cronbach's alpha was 0.83 [26]. 205 questionnaires were distributed among nurses in different departments of the hospitals. 166 questionnaires were returned (returnability of the questionnaires was 81%). Eventually, the collected data was entered into the computer. Data were analyzed using SPSS23 and through frequency indices. To compare the cumulative frequency of responses in three areas, the weight percent of responses in each domain was calculated in relation to total questionnaire.

Findings

Among 166 people in the present study, 88.6% of participant were female and most of them were married (80.1%). Based on the statistical results, 161 nurses had a bachelor's degree (97%) and 5 nurses had a master's degree (3%). Of 148 (89.2%)

nurses, 13 were chief nurses (7.8%) and 5 (3%) were supervisors. results showed, there was no significant difference between men and women in terms of moral courage and QWL (p>0.05). There is no significant difference between people with a bachelor's degree and people with a master's degree in terms of moral courage and QWL (p>0.05). Moreover, there was no significant difference between the people with different job titles (p> 0.05) or different marital status in terms of moral courage and QWL (p>0.05). Table 1 shows the relationship between the workplace and the moral courage and QWL. There was no significant difference between the employees working in different departments in terms of moral courage (p>0.05) but there was a significant difference in terms of QWL (p<0.05). According to Tukey's post-hoc test, the QWL of nurses working in Dialysis Department was significantly higher than their colleagues in Emergency and Surgical wards (p<0.05) but there was no significant difference between them in other wards (p>0.05). Moreover, there was no significant difference between people with different types of employment and work experience in terms of moral courage and QWL (p>0.05). Result showed, there was no significant difference between people with different types of employment in terms of moral courage and QWL (p>0.05) Table 2. Based on the results in Table 3, there was no relationship between nurses' moral courage and their QWL (p>0.05).

Table 1: Comparison of the Nurses' Score in Moral Courage and QWL in terms of Workplace

Workplace	Moral Courage Mean ± SD	QWL Mean ± SD
Emergency	48/72± 2/23	133/70 ± 33/56
Internal ward	49/25 ± 2/09	142/40 ± 26/70
Surgery	48/96 ± 2/10	130/36 ± 31/37
pediatrics	48/77 ± 2/90	133/88 ± 34/03
Neurology	50/25 ± 4/78	152/00 ± 18/20
ICU	48/25 ± 4/41	134/87 ± 28/55
CCU	48/83 ± 1/89	137/75 ± 27/55
Dialysis	48/66 ± 2/65	178/16 ± 22/28
Operating room	48/50 ± 2/42	146/33 ± 16/64
Admission	49/44 ± 1/74	165/22 ± 9/65
Neonatal	49/42 ± 5/58	151/92 ± 34/04
ANOVA	f= 0/292, p=0/989	f= 2/56, p=0/007

Table 2: Comparison of the Nurses' Score in Moral Courage and QWL in terms of Employment Type

Type of employment	Moral Courage Mean ± SD	QWL Mean ± SD
Temporary	48/71 ± 1/67	144/33 ± 27/92
Labor hire	48/91± 3/03	131/91 ± 24/45
Contractors	49/02 ± 2/85	140/46 ± 33/46
Tenure track	48/96 ± 4/46	141/37 ± 37/05
Permanent	48/89 ± 1/99	144/89 ± 30/57
ANOVA	f= 0/04, p=0/997	f= 0/94, p=0/442

Table 3: Relationship between the Dimensions of Moral Courage and QWL

	Home life	Work design	Work context	Work world	Total score
Moral agency	r= 0/01 p=0/89	r= 0/02 p=0/70	r= 0/10 p=0/19	r= 0/08 p=0/26	r= 0/08 p=0/27
Multiple values	r= 0/09 p=0/22	r= 0/15 p=0/05	r= 0/01 p=0/81	r= -0/002 p=0/98	r= 0/06 p=0/42
Endurance of threats	r= 0/07 p=0/36	r= -0/07 p=0/34	r= -0/06 p=0/44	r= -0/08 p=0/29	r= -0/05 p=0/52
Beyond compliance	r= -0/06 p=0/40	r= -0/009 p=0/90	r= 0/03 p=0/69	r= -0/04 p=0/53	r= -0/005 p=0/95
Moral goals	r= 0/04 p=0/56	r= 0/04 p=0/54	r= -0/07 p=0/31	r= -0/02 p=0/76	r= -0/03 p=0/67
Total score	r= 0/06 p=0/442	r= 0/07 p=0/36	r= -0/005 p=0/94	r= -0/04 p=0/58	r= 0/01 p=0/82

Discussion

In the present study, moral courage and QWL were examined from nurses' viewpoint. The statistics indicate the mean of QWL of nurses (140.31±31.05) is low and most of them expressed their dissatisfaction with the components of QWL. This conclusion was similar to the findings of the studies by Navidian (2014), Mosadeqrad (2011) and Jafari (2017) [15, 27, 28]. The reasons for dissatisfaction are the low number of leaves, the low number of nurses in the workplace, disrespectful manner of doctors towards nurses, and inadequate pay and benefits. The QWL can be improved through prioritizing the effective factors on QWL, increasing employees' contribution in development of organizational policies, delegation of authority, supporting of nurses (by senior managers) in their workplace, increasing their salaries and benefits and paying them justly (performance-based payment), creating of equal opportunities of promotion and improvement for all nurses, improving the workplace environment and the relationship between managers and nurses [15]. Contrary to the present study results and the studies mentioned above, Lee et al. (2015) in Taiwan evaluated QWL of nurses in hospitals at a moderate level; however, the discrepancy can justified by different statistical population, different measurement tool for QWL, different research environment, and higher payment [29]. According to Moradi (2014), factors such as size of the hospital, numbers and types of the patients, nurses' rights, hospital policies, and physical environment may affect QWL of the nurses [30]. Therefore, the type of hospital and cultural and religious differences that have a significant effect on QWL could be among the other possible reasons for this discrepancy [31]. Considering QWL, the lowest mean belonged to the personal life [21, 29]. The findings by Saber et al. (2012) in Kerman also showed the personal life dimension was very low for majority of the nurses [26]. This consistency can

be due to the cultural similarities existed in the province, because the relative balance of cultural justifications in a specific culture has a major effect on members' viewpoints towards QWL in an organization and studies have shown culture has an effect on members' motivation, performance, satisfaction, stress level, and changes and transfers [32]. Another reason can be attributed to use of the same standardized tool [33]. In this study, QWL was higher for the nurses working in the Dialysis department than those working in the Emergency and Surgery departments. The high QWL in this department can be due to the fact that nurses working in this department are not to deal with patients with fatal diseases, and dialysis nurses may have higher job benefits. Moreover, the number of hospitalized patients in the dialysis department is few; hence, the shortage of nursing personnel and consequently higher workload is low since the number of nurses is in proportion to the number of patients. According to the results, QWL was not significantly correlated with demographic information. In studies by Lee (2013) and Lee (2015), there was also no relationship between QWL, age, gender and marital status [34, 35]. Moreover, in the study by Koushaki et al. (2013), there was no significant relationship between QWL, gender, age, marital status, work experience and type of employment [36]. However, the research results by Mohammadi (2017) showed that there is a significant relationship between QWL, age, marital status and employment status [19]. The reason for this contradiction can be multifaceted factors affecting QWL and stress imposed on nurses, which can change QWL [37]. The mean score of moral courage (2.90±48.92) showed that the level of moral courage in nurses was moderate; the result was consistent with the study by Mohammadi et al. (2014) and different factors such as managerial and organizational constraints can be considered as its causes. In fact, most nurses tend to be honest in practice; however, in most cases, the physical and mental barriers including management systems, force the person to suppress the intention before doing the moral act and the person prefers to be apart from the adverse consequences [1]. Whereas, moral courage was high in the study by Day (2007) and it was high in the study by Seresht et al. (2015) [9, 38]. It seems that the causes of these differences are factors such as ethical climate, organizational culture, managerial support, organizational support, fear of social isolation, organizational dissent, and groupthink about the moral courage [39], and we need to study the relationship between these variables and moral courage of the nurses. Day considers many factors such as job insecurity as barriers to courageous behaviors of nurses [38]. Consistent with to the results of Aminizadeh et al. (2017), the highest mean score of moral courage was for the moral agency dimension; the higher score of moral dimension is worthwhile since nurses regard themselves as moral agent and have the intention to perform moral behavior and the lowest score was for the endurance dimension; the low score in this dimension might be due to the fact that the nurse do not t receive organizational support for his courageous behavior [39]. In this study, there was no significant relationship between moral courage and demographic information. In the study by Seresht et al. (2015), there was also no significant relationship between moral courage, gender, marital status and education level, which was consistent with the present study results. Mohammadi, in his study (2015), states there is a significant relationship between moral courage and age, work experience, and employment status, which is inconsistent with the present study results [1]. According to Gallagher (2011), some nurses can show moral courage independent of age and work experience [40]. In the current study, there was no relationship between moral courage and QWL of the nurses. The reason for this result might be the ethical climate, the research environment, the dominant culture of the hospital, or ethnic differences. Another reason for the absence of relationship may be attributed to the use of the questionnaire as one of the limitations of the present study. Despite the explanations given about the research goals before distribution of the questionnaires, using a questionnaire for data collection with regard to nurses' mental states, could influence their responses. Moreover, the individual differences due to the different workplaces studied in this research can also affect their perceptions, which was beyond the control of researchers [19]. To this end, it is recommended that more precise methods such as interviews be used to investigate the relationship between these two variables in future studies. Another limitation of the study is the small sample size which can affect the generalizability of the results. Finally, due to the novelty of this research, not many similar studies were available, which made it difficult to discuss and compare the findings of current research with other studies. Therefore, we could reach no forgone conclusion and further research is needed in order to obtain more accurate results and to confirm the issue.

Conclusion

This study indicates that although QWL among nurses in Bam hospitals is not undesirable, it is not in a perfect and ideal condition; therefore, it is important that hospital managers, by increasing the salaries and benefits, paying them justly, improving the workplace environment, and determining the effective factors on QWL in order of priorities, provide ground for the achievement of the desirable conditions. The present study results showed that moral courage among nurses is moderate. Therefore, it is recommended that healthcare and medical organizations make careful plans in order to improve the nurses' courage and solve the existing mental and physical barriers including the management systems and lack of support for nurses from the organization. Since there is no relationship between moral courage and QWL, we recommend the researchers interested in this issue to carry out the research with the same features in other parts of the country, in order to get acquainted with the nurses' viewpoint in other parts of the country, and achieve more accurate results.

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References

1. Mohammadi S, Borhani F, Roshanzadeh M. Relationship between moral distress and moral courage in nurses. Iranian Journal of Medical Ethics and History of Medicine. 2014;7(3):26-35. [in Persian]
2. Jafari E, Khaleghkhah A, Gharibzadeh R. The mediating role of professional ethics and career anchors on the causal relationship between psychological well-being and quality of work life for nurses. Journal of Clinical Nursing and Midwifery. 2018;4(3):66-78. [in Persian]
3. Verschoor CC. Toward a corporation with conscience. Strategic Finance. 2004;85(7):20.
4. Khoshouei MS. Psychometric Properties of Professional Moral Courage Scale And it's measuring on the Basis of Demographic Characteristics. Quarterly Journal of Career & rganizational Counseling. 2014; 6(20): 44-58. [in Persian]
5. Lachman VD. Moral courage: a virtue in need of development?. Medsurg Nursing. 2007 Apr;16(2):131-3.
6. Sekerka LE, Bagozzi RP. Moral courage in the workplace: Moving to and from the desire and decision to act. Business Ethics: A European Review. 2007 Apr;16(2):132-149.
7. Epstein EG, Delgado S. Understanding and addressing moral distress. Online J Issues Nurs. 2010 Sep 1;15(3).
8. LaSala CA, Bjarnason D. Creating workplace environments that support moral courage. The Online Journal of Issues in Nursing. 2010 Sep 1;15(3).
9. 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. Iranian Journal of Medical Ethics and History of Medicine. 2015 Sep 15;8(3):27-39.[in Persian]
10. Comer DR, Vega G. Moral courage in organizations: Doing the right thing at work. ME Sharpe; 2015 May 18.
11. Tourangeau AE, Cummings G, Cranley LA, Ferron EM, Harvey S. Determinants of hospital nurse intention to remain employed: broadening our understanding. J Adv Nurs 2010; 66(1):22-32
12. U.S. Department of Health and Human Services. Projected Supply, Demand, and Shortages of Registered Nurses: 2000- 2020. [Internet]. [Cited July 2002]. Available from:http://www.ahcancal.org/research_data/staffing/Documents/Registered_ Nurse_Supply_Demand.pdf
13. Mazloumi A, Kazemi Z, Mehrdad R, Helmi Kohneh Shahri M, Pour Hossein M. Validity and reliability of WRQoL-2 questionnaire for assessment of nurses' quality of work life. Health and Safety at Work. 2017 Jun 15;7(2):143-152. [in Persian]
14. Newman K, Maylor U, Chansarkar B. The nurse satisfaction, service quality and nurse retention chain: Implications for management of recruitment and retention. Journal of Management in Medicine. 2002; 16(4-5): 271-291.
15. Jafari M, Habibi Houshmand B, Maher A. Relationship of Occupational Stress and Quality of Work Life with Turnover Intention among the Nurses of Public and Private Hospitals in Selected Cities of Guilan Province, Iran, in 2016. Journal of health research in community. 2017 Dec 15;3(3):12-24. [in Persian]
16. Lees M, Kearns S. Improving work life quality: A diagnostic approach model. Health care quarterly online case study. Longwood publishing. 2005;1(2):1-5.
17. Hesam M, Asayesh H, Roohi G, Shariati A, Nasiry H. Assessing the relationship between nurses' quality of work life and their intention to leave the nursing profession. Quarterly Journal of Nursing Management. 2012 Dec 15;1(3):28-36. [in Persian]
18. Choobineh A, Daneshmandi H, Parand M, Ghobadi R, Haghayegh A, Zare F. The Survey of quality of work life and determination of its related factors in shiraz university of medical sciences staff. Journal of Ergonomics. 2013;1(2):56-62 [in Persian].
19. Mohammadi MA, Mozaffari N, Dadkhah B, Etebari Asl F, Etebari Asl Z. Study of Work-Related Quality of Life of Nurses in Ardabil Province Hospitals. Journal of Health and Care. 2017;19(3):108-116. [in Persian]
20. Lee DJ, Singhapakdi A, Sirgy MJ. Further validation of a need-based quality-of work-life (QWL) measure: Evidence from marketing practitioners. Applied Research Quality Life. 2012. 2(4):273–287.
21. Sekerka EL, Bagozzi RP, Charnigo R. Facing ethical challenges in the workplace: conceptualizing and measuring professional moral courage. J Bus Ethics 2009; 89: 565–79.
22. Murray JS. Moral courage in healthcare: Acting ethically even in the presence of risk. Online Journal of Issues in Nursing. 2010 Sep 1;15(3).
23. Aultman J. Moral courage through a collective voice. The American Journal of Bioethics. 2008 Jun 13;8(4):67-69.
24. Black LM. Tragedy into policy: a quantitative study of nurses' attitudes toward patient advocacy activities. AJN The American Journal of Nursing. 2011 Jun 1;111(6):26-35.

25. Dargahi H, Gharib M, Goudarzi M. Investigation of the quality of work life in nurses of the hospitals in Tehran University of Medical Sciences. Hayat Journal. 2008;13(2):13-21. [in Persian]
26. Saman S, Borhani F, Navidian A, Ramezani T, Rezvani Amin M, Kianian T. The Relationship between Quality of Work Life and Productivity of Hospital Nurses in Kerman University of Medical Sciences in 1391. Journal of Bioethics. 2012; 3(9):144-166. [in Persian]
27. Navidian A, Saber S, Rezvani Amin M, Kianian T. Correlation of quality of work life and job satisfaction in nurses of Kerman University of Medical Sciences. Journal of Health Promotion Management. 2014 Apr 15;3(2):7-15.
28. Mosadeghrad AM, Ferlie E, Rosenberg D. A study of relationship between job stress, quality of working life and turnover intention among hospital employees. Health Services Management Research. 2011 Nov;24(4):170-81.
29. Lee YW, Dai YT, McCreary LL. Quality of work life as a predictor of nurses' intention to leave units, organisations and the profession. Journal of nursing management. 2015 May;23(4):521-31
30. Moradi T, Maghaminejad F, Azizi-Fini I. Quality of working life of nurses and its related factors. Nursing and midwifery studies. 2014 Jun;3(2).
31. Bagheri-Nesami M, Kazemi A, Goudarzian AH, Nasiri F, Davari J. Association between religious coping and quality of working life in nurses. Iranian Journal of Psychiatry and Behavioral Sciences. 2017;11(1).
32. Goodman EA, Zammuto RF, Gifford BD. The competing values framework: Understanding the impact of organizational culture on the quality of work life. Organization Development Journal. 2001 Oct 1;19(3):58.
33. Jose TT, Bhat SM. A descriptive study on quality of life of nurses working in selected hospitals of Udupi and Mangalore districts Karnataka, India. Nitte University Journal of Health Science. 2014 Jun 1;4(2):4.
34. Lee YW, Dai YT, Park CG, McCreary LL. Predicting quality of work life on nurses' intention to leave. Journal of Nursing Scholarship. 2013 Jun 1;45(2):160-8.
35. Lee JS, Back KJ, Chan ES. Quality of work life and job satisfaction among frontline hotel employees: A self-determination and need satisfaction theory approach. International Journal of Contemporary Hospitality Management. 2015 Jul 13;27(5):768-89.
36. Koushki MS, Arab M. Quality of working life and its relation with productivity of nurses' performance in Shahid Beheshti University of Medical Sciences hospitals. Journal of School of Public Health and Institute of Public Health Research. 2013 Mar 15;10(4):81-90. [in Persian]
37. Mosadeghrad AM, Ferlie E, Rosenberg D. A study of relationship between job stress, quality of working life and turnover intention among hospital employees. Health Services Management Research. 2011 Nov;24(4):170-81.
38. Day L. Courage as a virtue necessary to good nursing practice. American Journal of Critical Care. 2007 Nov 1;16(6):613-6.
39. Aminizadeh M, Arab M, Mehdipour R. Relationship Moral Courage to Moral Distress in Nurses the Intensive Care Unit. Iranian Journal of Medical Ethics and History of Medicine. 2017 Apr 15;10(1):131-40. [in Persian]
40. Gallagher A. Moral distress and moral courage in everyday nursing practice. Online journal of issues in nursing. 2011;16(2).