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Ethical Climate and Overtime as Determinants of Moral Courage in Hospital Nursing Staff

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Abstract

Moral courage represents a vital quality that enables nurses to effectively manage ethical challenges, fulfill their professional responsibilities toward patients, and consistently uphold core ethical standards. This trait can be shaped by a range of influences, including personal attributes, professional elements, organizational conditions, and leadership dynamics. The current study sought to identify the key predictors of moral courage in nurses practicing in hospital settings. In 2018, a cross-sectional observational study was performed involving 267 nurses from six hospitals in northern Iran. Participants were recruited using simple random sampling. Data collection involved a demographic questionnaire and two standardized instruments: a validated measure of moral courage and another to evaluate the ethical climate. Linear regression was used to identify predictors of moral courage.

The participants obtained a mean moral courage score of 87.07 ± 15.52 and a mean ethical climate score of 96.12 ± 17.17. Findings revealed that ethical climate and monthly overtime hours together explained 16% of the variance in nurses' moral courage scores. The study emphasizes the critical need to develop a strong ethical workplace environment and to reduce overtime hours as effective strategies for strengthening nurses' moral courage. These outcomes have important implications for clinical nursing practice and for healthcare organizations aiming to promote ethical standards.

Keywords: Moral courage, Ethical climate, Nurses, Overtime

Introduction

Nurses regularly confront complex ethical dilemmas during routine practice that put their moral values to the test [1-3]. Such situations often involve clashing beliefs and principles that can directly affect the standard of patient care [4-7]. Moral courage is therefore indispensable, as it empowers nurses to act ethically and demonstrate bravery when advocating for optimal patient outcomes [8, 9].

This concept has been central to the nursing profession since the days of Florence Nightingale, where compassion was regarded as one of its foundational pillars [3]. It enables practitioners to prioritize ethical decision-making centered on the patient's welfare [10].

Moral courage is characterized by the willingness to maintain ethical integrity and take principled action amid dilemmas, even when external pressures encourage unethical conduct [11]. According to Sekerka, it involves

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the determination to perform ethical duties and show compassion despite potential risks [12]. Nurses who exhibit moral courage consistently choose the right course of action, regardless of threats such as job loss, social isolation from peers, or other personal repercussions. They remain committed to ethical standards, even when standing alone. Evidence indicates that moral courage is necessary for nurses to successfully resolve ethical conflicts, meet their professional duties to patients, and comply with established ethical guidelines [13]. Numminen *et al*. [14] outlined the core elements of moral courage in nursing as authentic presence, moral integrity, accountability, honesty, patient advocacy, dedication with persistence, and willingness to accept personal risk. Moral sensitivity, conscience, and accumulated experience act as essential foundations that foster moral courage, ultimately leading to both personal growth and professional empowerment. In related research, moral courage was described as taking appropriate measures, safeguarding patient rights, and applying ethical principles in care delivery despite personal dangers and pressures [6].

Moral courage can be understood as the readiness to act justly, defend ethical values, and deliver care in alignment with moral principles, even when personal risks are involved [15]. This attribute plays a significant role in alleviating ethical distress [16, 17], supporting individual and career development [18, 19], and encouraging continuous learning and skill enhancement [12]. It demands unwavering dedication to ethical ideals, particularly in demanding situations. In its absence, the quality of nursing care may decline, potentially resulting in moral distress or compromised ethical practice [19].

Bandura's social cognitive theory (SCT) posits that personal characteristics, individual behavior, and environmental factors continuously interact and influence one another [20]. Previous studies have shown that personal and professional variables [21], organizational culture, and leadership approaches [22] can significantly affect the cultivation of moral courage among nurses. Additionally, the ethical climate within an organization serves as a major determinant of moral courage [21, 23]. Modern healthcare institutions often operate in intricate moral contexts that can profoundly impact overall performance. Hannah *et al*. [24] argued that certain personal qualities are required to strengthen positive behaviors in the face of ethical controversies.

Moreover, rapid technological developments, evolving treatment modalities, financial constraints, limited hospital bed capacity, heightened patient awareness of rights, stricter regulatory oversight, and evolving health policies have collectively heightened the demand for a healthier ethical climate [21]. An ethical climate helps staff recognize ethical issues and provides clear guidelines for distinguishing appropriate from inappropriate behavior [25].

As a dimension of organizational climate, ethical climate reflects the prevailing ethical norms and expectations within the institution [26, 27]. Victor and Cullen were the first to propose a formal theory of ethical climate, classifying it into five distinct types: caring, independence, law and code, rules, and instrumental [28]. Olson conceptualizes ethical climate as the way nurses perceive ethical concerns in their working environment. In essence, it reflects how individuals view their organization, which, in turn, shapes their attitudes, behaviors, and overall professional conduct [29]. Strong ethical principles foster mutual respect and integrity among team members, contributing to greater job satisfaction and institutional success [25].

Furthermore, a positive ethical climate has been linked to enhanced staff motivation, stronger organizational loyalty, and improved staff retention [21]. It also cultivates a greater sense of belonging and reduces feelings of disconnection, thereby supporting better organizational outcomes [30]. In contrast, a weak ethical climate may result in staffing shortages, reduced motivation, and increased dissatisfaction among nurses [21]. Research conducted in Iran indicates that nurses generally perceive the hospital's ethical climate as moderate [13]. Nevertheless, limited research has focused on identifying the specific predictors of moral courage in this population. Hence, the present study was designed to explore the predictors of moral courage among hospital nurses.

Materials and Methods

This research adopted a cross-sectional observational design and was conducted across all teaching hospitals in northern Iran, from December 2018 to September 2019. The study population comprised all clinical nurses employed at these institutions. The smallest required sample size was computed with G*Power (version 3.0.10) based on a 10% correlation between moral courage and ethical climate, $\alpha = 0.05$, 90% power, an effect size of 0.2, and a 10% margin of error. These parameters resulted in a final sample size of 267. Using a

random number table, 267 nurses were randomly selected from six hospitals (out of 1480 clinical nurses overall). Exactly 45 nurses were picked from each hospital after the researcher obtained the official nursing staff roster from the hospital's nursing management office and applied random selection. The work shift for each selected nurse was then identified, and the questionnaires were distributed accordingly during that shift. At the conclusion of the shift, completed forms were retrieved; any unfinished questionnaires were collected from the participant on their next available shift. Due to 10 incomplete submissions, 7 additional nurses were randomly selected from the participating hospitals to provide completed responses. Participants had to meet the following inclusion criteria: possession of at least an Associate or Bachelor's degree in nursing, at least one year of clinical experience, and active employment in one of the study hospitals throughout the research period. The only exclusion criterion was incomplete questionnaire submission.

Data collection tools

Data were gathered using three separate instruments: a demographic questionnaire, the Professional Moral Courage Scale (PMC), and the Hospital Ethical Climate Survey. The PMC, developed by Sekerka *et al*. [12], assesses moral courage across five dimensions: moral agency, multiple values, enduring threats, going beyond compliance, and moral goals. Each dimension includes three statements answered on a 7-point Likert scale (1 = not at all to 7 = always). Possible scores range from a minimum of 15 to a maximum of 105, with a midpoint of 4 representing "sometimes." Greater scores on this 15-item instrument reflect stronger moral courage. Both the average item response and the overall score serve as indicators of the participant's level of moral courage [12]. The Persian translation of the PMC was psychometrically tested by Mohammadi *et al*. [31], yielding a content validity index (CVI) of 81%. The overall Cronbach's alpha reliability for the scale was reported as 0.85.

The Hospital Ethical Climate Survey, introduced by Olson *et al*. in 1998, consists of 26 statements that assess five aspects of ethical climate: relationships with peers (4 items), patients (4 items), managers (6 items), the hospital itself (6 items), and physicians (6 items). Each item is rated on a 5-point Likert scale from 1 (almost never true) to 5 (almost always true) [32]. Higher total scores correspond to a more favorable perception of the ethical climate. Reliability of the Persian version was previously established by Mobasher *et al*. (2008), with a Cronbach's alpha coefficient of 0.9 [33]. In the present study, both instruments achieved a Cronbach's alpha value of 0.91. Formal approval to use these scales was received from the original developers before data collection.

Statistical analysis

Statistical analyses were conducted using SPSS Software (version 22). Normality of continuous quantitative variables was examined using the Kolmogorov–Smirnov test. Simple linear regression served as the initial method to explore potential predictors of moral courage. Any variable showing statistical significance in the simple regression was subsequently included in a multiple linear regression model. The variance inflation factor and Durbin–Watson tests were applied to verify the absence of multicollinearity and confirm residual independence ($P < 0.05$). The proportion of missing data was evaluated through the "Multiple Pattern" command. The overall response rate for the questionnaires reached 97%.

Results and Discussion

Analysis indicated that the average age of male nurses stood at 31.56 (SD = 8.08, 95% CI: 29.33 to 35.76), which was lower than the mean age of female nurses at 34.45 (SD = 7.65, 95% CI: 33.35 to 41.50). Demographic profiles of the participating nurses are summarized in **Table 1**.

Table 1. Demographics of the participants. From: The predictive factors of moral courage among hospital nurses.

Demographics		N (%)/Mean (SD)
Gender	Female	213 (79.8)
	Male	54 (20.2)
Marital Status	Married	191 (71.5)
	Single	76 (28.5)
Education	Associate's degree	12 (4.5)
	Bachelor's degree	239 (89.5)
	Master's degree	16 (6.0)
Participation in Ethics Congress	Yes	91 (30.3)
	No	187 (69.7)
Satisfaction with Salary	Low	179 (67.0)
	Moderate	88 (33.0)
	High	0 (0)
Satisfaction with Manager	Low	128 (47.9)
	Moderate	129 (48.3)

	High	10 (3.8)
Employment Status	Permanent	106 (39.7)
	Five-year contract	80 (30.0)
	Two-year contract	42 (15.7)
	Other contractual	39 (14.6)
Age (years)		33.86 (SD = 7.86)
Experience in Current Ward (years)		6.08 (SD = 6.65)
Total Nursing Experience (years)		9.90 (SD = 6.65)
Monthly Overtime Work (hrs)		58.10 (SD = 6.65)

Mean scores were recorded as 87.07 (SD = 15.52, 95% CI: 85.22 to 88.96) for moral courage and 96.12 (SD = 17.17, 95% CI: 92.05 to 96.19) for ethical climate. Results from the independent t-test demonstrated a statistically significant link between gender and moral courage scores **(Table 2)**. Moreover, Pearson correlation coefficients revealed meaningful associations between moral courage and the following variables: age, years of nursing experience, monthly overtime hours, and perceived ethical climate **(Table 3)**. In contrast, the other variables showed no significant relationship with moral courage **(Table 4)**.

Table 2. Comparison of the mean of moral courage with demographic variables (t-test). From: The predictive factors of moral courage among hospital nurses

Variables	Mean	SD	t	df	P
Gender					
Female	89.25	13.95	4.58	68.61	0.01
Male	78.75	18.75			
Marital status					
Married	88.2	14.4	2.07	264	0.07
Single	83.85	17.55			
Participation in the ethics congress					
Yes	87.6	15.06	0.44	261	0.9
No	86.7	15.06	1.03		
Satisfaction with salary					
Low	86.25	16.35	1.03	259	0.32
Moderate	88.35	13.8			

Table 3. Comparison of the mean of moral courage with demographic variables (Pearson). From: The predictive factors of moral courage among hospital nurses

Variables	r	P
Age	0.12	0.03
Experience in the current ward	-0.07	0.2
Total nursing experience	0.12	0.05
Monthly overtime hours	-0.19	0.002
Ethical climate	0.23	0.0001

Table 4. Comparison of the mean of moral courage with demographic variables (ANOVA). From: The predictive factors of moral courage among hospital nurses

Variables	Mean	SD	df	P	F
Education			4	0.57	0.73
Associate's degree	93.3	12.45			
Bachelor's degree	86.55	15.6			
Master's degree	88.2	16.65			
Employment type			4	0.1	1.94
Permanent	84	19.05			
Five-year contract	90	10.35			
Two-year contract	86.7	15.15			
One-year contract	88.95	13.35			
Satisfaction with managers			3	0.1	1.97
Low	84.45	17.7			
Moderate	88.8	13.65			
High	91.5	8.1			

However, the final multiple regression model retained only two significant predictors: monthly overtime work hours and nurses' perception of the ethical climate **(Table 5)**.

Table 5. Predictive factors of moral courage in nurses. From: The predictive factors of moral courage among hospital nurses

Regression index	Unadjusted (simple)			Adjusted (multiple)		
	B	P-value	95% CI	B	P-value	95% CI
Age	0.254	0.039	0.013 to 496	-	-	-
Gender (female/male*)	-10.42	0.001	-14.92 to -50.90	-	-	-
Marital status (Single*/Married)	-4.375	0.039	8.052 to 0.22	-	-	-
Overtime work per month (hrs)	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	0.640 to 6.635	-	-	-
Ethical climate	0.213	0.001	1.09 to 0.319	0.183	0.001	0.83 to 0.283

1. *Reference

According to the table, these two factors successfully predicted moral courage. In total, monthly overtime hours and ethical climate explained 16% of the variance in moral courage scores.

The present study sought to determine the predictive factors influencing nurses' moral courage and to evaluate their overall level of moral courage. Results indicated that nurses exhibited a high degree of moral courage, aligning with outcomes reported in earlier investigations [34-38]. Previous studies have identified links between moral courage and variables such as age, professional experience, employment type, and attendance at ethics training sessions [35, 36]. In contrast, other research found no meaningful associations among these factors and moral courage [34].

Determining the elements that forecast moral courage holds great importance for establishing an environment conducive to nurturing this essential human quality within the nursing workforce. In the current research, several variables—including age, gender, marital status, monthly overtime hours, satisfaction with supervisors, and ethical climate—showed correlations with moral courage. Nevertheless, only monthly overtime hours and the perception of ethical climate emerged as actual predictors. These outcomes imply that strengthening the ethical climate across hospital units could effectively elevate nurses' moral courage.

Ethical climate has been shown to significantly influence multiple workplace outcomes, including organizational loyalty, job satisfaction, willingness to transfer to another unit, moral distress, and organizational citizenship behaviors [31, 39, 40]. It has also been directly connected to individual job performance within institutions [40]. Suhonen *et al*. [21] discussed the role of organizational ethical climate in shaping moral courage. Consequently, efforts to enhance the ethical climate within hospitals are likely to foster conditions that support greater moral courage among nursing staff.

Healthcare systems worldwide are experiencing swift transformations in response to expanding societal demands. These shifts have multiplied both the frequency and intricacy of ethical issues confronting nurses. A supportive, ethical climate that prioritizes moral principles can equip nurses with the confidence to challenge existing procedures and drive positive change in healthcare delivery. The present findings align with a prior study linking a favorable ethical climate to higher levels of moral courage among nurses [31]. This indicates that ethical climate is a modifiable factor that can improve healthcare quality and support sound ethical choices.

An additional result from this investigation revealed that increased working hours were significantly associated with elevated moral courage among nurses. Although no dedicated research has specifically examined the relationship between working hours and moral courage in nursing, Numminen *et al*. [14] proposed, in an analysis of the moral courage concept, that accumulated experience serves as a necessary foundation for its development. In contrast, several other studies reported no notable relationship between working hours and moral courage [34, 35]. The current observation can be interpreted through the lens of social cognitive theory (SCT), which emphasizes the ongoing mutual interactions among personal attributes, behavior, and surrounding conditions [20]. Extended work hours create additional chances for social and environmental engagement, potentially encouraging positive shifts in personal qualities such as moral courage.

Regression modeling demonstrated that although ethical climate and monthly working hours functioned as predictors of moral courage, they collectively explained only 16% of the observed variation. As a result, subsequent studies should aim to uncover additional influential predictors of moral courage in the nursing population. Although overtime hours and ethical climate exerted some effect, their overall contribution remained limited. Organizations are therefore advised to concentrate on the modifiable factor of ethical climate as a practical means of boosting moral courage. Additional investigations are required to examine other potential influences on nurses' moral courage.

Conclusion

Moral courage constitutes a fundamental element of the nursing profession, given its substantial contribution to effective patient care and clinical decision-making. For this reason, actively fostering moral courage is critical. The present study identified monthly overtime hours and the workplace ethical climate as two factors that influence this attribute. Further exploration of additional organizational features and their potential links to moral courage is warranted. By placing moral courage at the forefront as a key driver to elevate the standard of nursing care, healthcare institutions can improve their overall effectiveness and long-term viability.

It should be emphasized that efforts to strengthen moral courage among nurses must extend beyond individual initiatives. Healthcare organizations bear responsibility for cultivating a supportive workplace that actively encourages and recognizes ethical conduct. This objective can be realized by instituting clear policies and protocols that champion ethical practice, implementing targeted training initiatives focused on ethical reasoning, and fostering an institutional culture of open dialogue and transparency.

In summary, this research highlights the value of advancing moral courage within the nursing workforce. By recognizing influencing factors such as overtime hours and workplace ethical climate, organizations can implement targeted measures to bolster performance and sustainability. Moreover, the advancement of moral courage should represent a shared organizational commitment rather than relying solely on personal endeavor.

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Conflict of Interest: None

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Ethics Statement: The study was conducted after obtaining permission from the Research Department of Mazandaran University of Medical Science and an ethical code from the Ethics Committee (IR.MAZUNS.REC.1398.1054). After coordinating with the hospital managers, the researcher proceeded to the hospital wards, where he introduced himself, explained the purpose of the study, and provided instructions on completing the questionnaire. The participants were informed about the study's purpose and provided written informed consent before completing the questionnaire. Anonymity was maintained, and participants were assured that non-participation would not negatively affect their working conditions or have any consequences.

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