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Investigating the correlation between organizational ethics and professional ethics with job burnout and organizational commitment: a cross-sectional study in the nursing staff

Azam Khanian¹, Atefeh Homayuni^{2*}, Zakiyeh Jamshidian³ and Azadeh Salehi⁴

Abstract

Background Adherence to ethical principles and standards in all health professions, especially in the nursing, can have positive outcomes. This study was conducted with the aim of investigating the correlation between organizational ethics and professional ethics with organizational commitment and job burnout in nursing staff.

Methods This cross-sectional study was conducted on the nurses working in Shahid Montazeri hospital in Najafabad city. Participants were selected by census method. An online questionnaire was used to collect the data, which consisted of demographic information, Hunt et al.'s organizational ethics questionnaire, Petty's professional ethics inventory, Maslach and Jackson's job burnout questionnaire and Allen and Mayer's organizational commitment questionnaire. Data were analyzed using t-test, one-way analysis of variance, Pearson correlation coefficient and structural equation modeling (SEM) with SPSS-27 and Amos-23 statistical software.

Results A total of 197 subjects with the mean age of 34.67 ± 7.74 years participated in this study. Most of the participants were female (89.3%) and married (77.2%). The majority of them had a bachelor's degree (86.3%) and 61.4% of the participants participated as a nurse. There were significant positive correlations between organizational ethics ($r=0.551, p<0.01$) and professional ethics ($r=0.44, p<0.01$) with organizational commitment. Also, there were significant negative correlations between organizational ethics ($r=-0.532, p<0.01$) and professional ethics ($r=-0.602, p<0.01$) with job burnout.

Conclusion Considering the importance of compliance with ethics in the workplace by nursing staff and its consequences such as increasing organizational commitment and reducing job burnout, it is suggested that hospital managers emphasize the compliance with ethics in the workplace as a model. They can also familiarize nursing staff with the principles and basics of organizational and professional ethics by holding training courses.

Keywords Job burnout, Nurses, Organizational commitment, Organizational ethics, Professional ethics

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Introduction

The concept of ethics has recently received copious attention. The knowledge of examining and valuing human virtues and behavior is called the discipline of ethics [1]. Terminologically speaking, ethics is the value-laden philosophical dos and don'ts and the benchmark for measuring the rightness or wrongness of one's behavior towards oneself, others and society [2].

For many professions, various ethical principles, rules and standards have been formulated at organizational, national and even global levels under the title of professional ethics. Those holding that profession are required to abide by these ethical rules [3]. Professional ethics refers to the general moral norms that are agreed upon in a given occupational community to deal with morally ambiguous situations and, as a result, lead to the prevention and avoidance of moral harm [4].

Professional ethics is considered as a basic element in all health professions, including nursing [3]. Historically, the nursing profession is considered ethically-laden due to the principle of the need to care for others. Nurses have more talent to face ethical issues in their work environment than other healthcare providing staff [5]. In nursing, professional ethics relates to nurses' personality traits, their virtues or correct methods and habits [4], and focus on doing the right thing and avoiding risks [6]. Adherence to ethical principles and standards at work, especially in the nursing profession, can have positive outcomes. According to the related literature, adherence to ethical principles increases the quality of medical services and patient satisfaction [7], reduces unpleasant factors in teamwork and increases job satisfaction and proper relationships among colleagues [8], increases organizational commitment and emotional attachment [9], increases spirituality in the work place [10], increases citizenship behaviors and reduces improper behaviors at work [11].

Organizational ethics is another dimension of ethics. Organizational ethics consists of regulations, standards, codes, or principles that provide the necessary instructions for correct moral and conscientious behavior as well as integrity in specific organizational conditions [12]. Organizational ethics is an important aspect of health management and provision of health services, which refers to the ethical issues of managers and supervisors that are in conflict with clinical ethical issues [13, 14]. Organizational ethics relates to the ethical issues of managers and boards of directors and behaviors shown towards patients, employees and society [15]. Esmaeeli and Abbasi [16], in a systematic review of literature on organizational ethics in the health system, contended that ethics is a key factor affecting the success of an organization. It is the driving force in improving the quality of the health system for employees and patients. King and

Scudder [17], in the United States of America, conducted a study on 238 nursing staff in educational hospitals. These researchers found that a major characteristic of a highly qualified nurse is adhering to professional ethics in the work place, abiding by rules and reporting the occasional violation of rules. They found that whenever one of the employees does something ethically righteous and is encouraged by the organization, the chances of showing more ethical behaviors are increased until the ethical behavior is internalized. Even if s/he unintentionally behaves unethically, s/he will report it and will no longer seek to hide mistakes.

An important factor in convincing the employees of any organization to continue to work in highly tense and stressful conditions is organizational commitment [18]. Organizational commitment represents the degree of one's conformity and belongingness to the organization, and it is the link of people to the organization which is determined by three factors: strong belief and acceptance of goals and values of organization, the desire to work hard for the organization and the desire to stay with the organization even in critical conditions [19]. Organizational commitment, as an employee evaluation index, affects nurses' intention to change jobs, leave jobs, absenteeism, conflicts, job stress, and clinical performance [20]. To have efficient human resources in the health sector, it is very challenging to employ the nursing staff with high organizational commitment, because nurses' low organizational commitment can reduce their performance and quality of care [21, 22]. Professional ethics is a major factor that affects organizational commitment. The results of Haji et al.'s study [23] on nurses of a hospital in Mahabad showed a positive relationship between nurses' professional ethics and organizational commitment during the COVID-19 pandemic. The results of a study by Mohammadimehr et al. [24] on nurses in Ilam hospitals showed a significant positive relationship between professional ethics and dimensions of organizational commitment.

Due to the exhaustive nature of care provision for patients and their high emotional expectations, nurses are known as a population at the high risk of job burnout [25, 26]. Job burnout, as the main feature of job stress, is a kind of delayed reaction to chronic stressors in the workplace [27], which has many adverse effects on the individual and the organization of affiliation, as well as on society in the long term [28]. Job burnout for nurses causes a decrease in nurses' work efficiency, physical and behavioral changes, a decrease in the quantity and quality of services provided to patients, and dissatisfaction with nursing services [29]. The most common definition of job burnout was proposed by Maslach et al. (2001), who considered it a psychological symptom with three dimensions of emotional exhaustion, depersonalization, and

reduced personal accomplishment. Burnout is marked by fatigue or emotional exhaustion, which manifests itself as a sense of pressure and depletion of emotional resources. Depersonalization is a negative and indifferent response to people who are usually the recipients of services and care, and it represents one's negative attitude towards the client. It involves a sense of personal inadequacy in feeling worthy and successful at a task. It is a negative perception of oneself in accomplishing a certain task [30]. The results of Rivaz et al.'s study [31] of nurses working in adult ICUs in Shiraz hospitals showed that moral climate was significantly and negatively correlated with the frequency and intensity of burnout in nurses. Grabowski et al. [32] in their study found that the dimensions of work ethics and organizational commitment were negatively correlated with job burnout. Important predictors that can reduce burnout are work as a moral duty, the value of hard work, work as the main value of life, and ethics as dimensions of work ethics and emotional commitment.

Concerning professional ethics in nurses, there have been many national and international studies, yet concerning adherence to organizational ethics in health institutions and the relationship between professional ethics, especially organizational ethics with organizational commitment and job burnout, there is a need for further research. Since nurses constitute the largest medical population in the health system [33], there is a strong need for them to abide by ethical standards [34]. Considering the importance of managers' and supervisors' adherence to organizational ethics, as well as the nursing staff's adherence to the principles of professional ethics to improve the quality of patient care, the present study was conducted to investigate the relationship between professional ethics and organizational ethics with job burnout and organizational commitment among the nursing staff of Shahid Montazeri Hospital in Najaf-Abad. Therefore, the following hypotheses were proposed:

1. Demographic variables can predict job burnout among nursing staff;
2. Demographic variables can predict organizational commitment among nursing staff;
3. Organizational ethics can predict job burnout among nursing staff;
4. Professional ethics can predict job burnout among nursing staff;
5. Organizational ethics can predict organizational commitment among nursing staff;
6. Professional ethics can predict organizational commitment among nursing staff.

Methods

Study design and population

The present research was descriptive and correlational in type. The research population was the nursing staff working at Shahid Montazeri Hospital in Najaf-Abad (located in Isfahan province) in 2024.

Sample size and sampling procedure

From the entire research population, 197 subjects were selected as the sample based on Morgan's table.

Census method was used and all nurses were entered to the study. The inclusion criteria were willingness to participate in the study and having more than six-months work experience and the exclusion criteria were: having time pressure for participation (due to high workload) and were unwilling to answer the survey.

At first, we obtained the required permission from the hospital's managements in order to gathering data. Then, online questionnaires were designed to collect the data. Questionnaires were distributed to nursing staffs in different wards and different work shifts (morning, evening and night). Supervisors and head-nurses in each ward presented some explanations about the objectives of the study and how to fill out the questionnaires. They asked the participants to sign a consent form and assured them to keep their information confidential by the research team.

Instrumentation

A demographic characteristics questionnaire and the following self-report tools were used to measure research variables. The demographic characteristics evaluated were: sex, marital status, education level, age, years of experience, ward of affiliation and work position.

Organizational ethics questionnaire

It was developed by Hunt et al. [35] in 1989 and is comprised of 5 items (e.g., "The managers of the company I work for often show behaviors I consider unethical."). The scoring of the questionnaire is on a 7-point Likert scale, where "strongly disagree" gets a score of 1 and "strongly agree" gets a score of 7. Items 1 and 2 are reversely scored. The minimum and maximum scores that can be obtained in this questionnaire are 7 and 35, respectively. A higher score indicates higher organizational ethics. The reliability coefficient of this questionnaire in the present study was estimated using Cronbach's alpha test and was found to be 0.802.

Professional ethics questionnaire

This questionnaire was developed by Petty [36] to measure professional ethics. It included 50 questions and 4 subscales of attachment and interest in work (questions 1–16), perseverance and seriousness at work (questions 17–29), healthy and human relationships in the workplace (questions 30–43), and collective spirit and participation in work (questions 44–50). The scoring of questions is based on a 5-point Likert scale ranging from "to a great extent" [5] to "to a little extent" [1]. Items 5, 9, 12, 15, 16, 18, 24, 25, 36, 40, 41 and 44 are reversely scored. The minimum and maximum scores that can be

obtained in this questionnaire are 50 and 250, respectively. A higher score indicates higher professional ethics. In the study of Enayati et al. [37], the reliability of this questionnaire was estimated at 0.81. The reliability coefficient of this questionnaire in the present study was calculated using Cronbach's alpha and found to be 0.946.

Job burnout questionnaire

It was developed by Maslach and Jackson [38] to measure the frequency and intensity of one's job burnout while working in human service professions along the three dimensions of emotional burnout, depersonalization and reduced personal accomplishment. This questionnaire is especially used to measure and prevent burnout in different professional populations such as nurses, teachers, etc. Akbari et al. [39] translated and validated this questionnaire in Persian language. The job burnout questionnaire contains 22 questions, 9 to explore emotional exhaustion, 8 reduced personal accomplishment, and 5 depersonalization. The questions of this questionnaire are scored on a 5-point Likert scale ranging from "to a great extent" with a score of 5 and "to a little extent" with a score of 1. Items 4, 7, 9, 12, 17, 18, 19 and 21 are reversely scored. The minimum score that can be obtained in this test is 22 and the maximum score is 110. Maslach and Jackson [38] calculated the reliability of this test for the subscales of emotional exhaustion 0.9, depersonalization 0.79 and reduced personal accomplishment 0.71. Byrne [40] also confirmed the three-factor structure of this questionnaire using a confirmatory factor analysis. The reliability coefficient of this questionnaire in the present study was calculated using Cronbach's alpha and found to be 0.905.

Organizational commitment questionnaire

It was designed in 1996 by Allen and Meyer [41]. This 24-item questionnaire has three subscales of affective commitment (questions 1–8), continuance commitment (questions 9–16) and normative commitment (questions 17–24), which are scored on a 5-point Likert scale (strongly disagree=1, and strongly agree=5). The minimum score that can be obtained in this test is 24 and the maximum score is 120. The higher the score, the higher the level of organizational commitment. The Persian version of this questionnaire has been used in many studies, and the Cronbach's alpha coefficient of this questionnaire was found to be 0.70–0.91 for affective commitment, 0.83–0.9 for continuance commitment, 0.66–0.8 for normative commitment. For the overall scale, it has been reported as 0.79–0.82 [42, 43]. The validity of this questionnaire was tested using a confirmatory factor analysis, and the composite reliability index (CR) was found to be 0.84. The average variance extracted index (AVE) was estimated at 0.6, which indicates an acceptable reliability of the questionnaire. The reliability of the questionnaire

was also tested using Cronbach's alpha, and was found to be 0.89, which indicates the appropriate reliability of this instrument [44]. The reliability coefficient of this questionnaire in the present study was calculated using Cronbach's alpha and was found to be 0.87.

Data analysis

Data were analyzed in SPSS-27 and Amos-23 statistical software. Demographic characteristics of the respondents were described using descriptive statistics including frequency and percentage. Mean, standard deviation, minimum and maximum values were calculated for continuous variables. Differences between the groups were tested by t-test and one-way analysis of variance (ANOVA). Pearson correlation was conducted to explore the relationship between variables. To test the hypotheses and discover the relationships between the variables, path analysis and structural equation modeling (SEM) were used. The level of significance was considered to be 95% ($p < 0.05$).

Ethics statement

Ethical approval was received for this study from the Ethics Committee of the Isfahan University of Medical Sciences (IR.ARI.MUI.REC.1402.315). Written informed consent was obtained from individuals who participated in this study.

Results

A total of 197 subjects with the mean age of 34.67 ± 7.74 years participated in this study. The demographic characteristics of the participants in the study are as follows: 10.7% of the participants were male and 89.3% were female. More than half of the participants were married (77.2%) and the rest were single (22.3%), or widow (10.5%). The majority of participants had a bachelor's degree (86.3%). In terms of work positions, 61.4% of the participants were nurses. The majority of participants (28.4%) had 1–5 years' experience of nursing service (Table 1).

The results of t-test showed that there was a significant difference between the mean organizational commitment scores ($df = 195$, $t = -0.449$, $p < 0.05$) and job burnout scores ($df = 195$, $t = -1.076$, $p < 0.05$) in male and female nursing staff. Mean scores on organizational commitment and job burnout were significantly higher for male than female nurses (Table 2).

One-Way Anova results showed that there were not significant differences in organizational commitment and job burnout mean scores according to marital status. But nursing staff in different wards and with different years of experience, reported varying amounts of job burnout. In addition, nursing staff who have diploma and nursing aide have more organizational commitment. In contrast,

Table 1 Participants' characteristics (N=197)

Characteristics	Categories	n(%)
Gender	Male	21 (10.7)
	Female	176 (89.3)
Marital status	Single	44 (22.3)
	Married	152 (77.2)
	Widow	1 (0.5)
Education level	Diploma	10 (5.1)
	Associate degree	3 (1.5)
	Bachelor's degree	170 (86.3)
	Master's degree and higher	14 (7.1)
Years of experience	< 1 year	12 (6.1)
	1–5 years	56 (28.4)
	6–10 years	28 (14.2)
	11–15 years	40 (20.3)
	16–20 years	26 (13.2)
	20 years<	35 (17.8)
Ward of affiliation	Male surgery	6 (3.0)
	CCU	9 (4.6)
	NICU	12 (6.1)
	Operating room	22 (11.2)
	CSR	1 (0.5)
	Nursing services	13 (6.6)
	Labor	10 (5.1)
	Female surgery	8 (4.1)
	Midwifery	12 (6.1)
	Children	6 (3.0)
	Emergency ward	39 (19.8)
	ICU	25 (12.7)
	Internal ward	16 (8.1)
Work position	Dialysis	18 (9.1)
	Matron	1 (0.5)
	Supervisor	9 (4.6)
	Head nurse	11 (5.6)
	Nurse	121 (61.4)
	Nurse aide	12 (6.0)
	Midwife	20 (10.2)
	Operating room staff	10 (5.1)
Anesthesia staff	13 (6.6)	

nursing staff who have Bachelor's degree, have 6–10 years of work experience, worked as a nurse and worked in internal ward experienced more job burnout (Table 3).

Descriptive statistics (mean, standard deviation, minimum and maximum values) of research variables are reported in Table 4.

The correlation matrix of the variables present in the research is presented in Table 5.

The fit indices of the model are presented in Table 6.

In general, the model fit indices (Table 6) indicate that the model has appropriate fit.

Results of Pearson correlation showed that there were significant positive correlations between organizational ethics ($r=0.551$) and professional ethics ($r=0.44$) with organizational commitment. Also, there were significant negative correlations between organizational ethics ($r=-0.532$) and professional ethics ($r=-0.602$) with job burnout ($p<0.01$).

The results of structural equation modeling are presented at Fig. 1.

First, the regression model is fitted. All the subscales and items are present in the model and the factor loading is more than 0.3 in them. The correlation between organizational ethics with job burnout is 0.23 ($p<0.01$), but the factor loading is less than 0.3, so it is removed from the model and the model is fitted again (Fig. 2).

The regression coefficients given in Table 7 indicate the effectiveness of the subscales on the main variables. As seen in Table 7, the subscales of affective commitment with a standardized estimate of 0.942, continuance commitment with a standardized estimate of 0.601 and normative commitment with a standardized estimate of 0.716 explain organizational commitment. Emotional burnout with a standardized estimate of 0.638, personal accomplishment with a standardized estimate of 0.767 and depersonalization with a standardized estimate of 0.687 explain job burnout. Question 1 with a standardized estimate of 0.481, question 2 with a standardized estimate of 0.402, question 3 with a standardized estimate of 0.526, question 4 with a standardized estimate of 0.927 and question 5 with a standardized estimate of 0.897 explain Organizational ethics. The subscales of healthy and humane relationships in the workplace with a standardized estimate of 0.591, perseverance and seriousness at work with a standardized estimate of 0.917, collective spirit and participation in work with a standardized estimate of 0.698, and attachment and interest in work with a standardized estimate of 0.93 explain professional ethics. There is a positive correlation between organizational ethics and organizational commitment ($r=0.392$). There is a negative correlation between professional ethics and job burnout ($r=-0.881$) and there is a positive correlation between professional ethics and organizational commitment ($r=0.486$).

Table 2 Compare the mean scores of organizational commitment and job burnout by gender

variable	Male	Female	T	df	p-value
Organizational commitment	71.24 ± 18.21	69.81 ± 13.22	-0.449	195	0.039
Job burnout	60.52 ± 20.35	56.79 ± 14.27	-1.076	195	0.015

Table 3 One-way Anova results to compare the mean scores of organizational commitment and job burnout in terms of demographic variables

variable		Organizational commitment scores	Job burnout scores	Organizational commitment scores		Job burnout scores	
		Mean (SD)		F	p-value	F	p-value
Marital status	Single	66.68 ± 15.28	60.11 ± 16.79	1.62	0.2	1.23	0.294
	Married	70.89 ± 13.27	56.41 ± 14.44				
	Widow	73 ±	48 ±				
Education level	Diploma	84.2 ± 11.17	42.9 ± 12.96	5.682	0.001	5.385	0.01
	Associate degree	74.67 ± 10.78	47.33 ± 5.69				
	Bachelor's degree	68.51 ± 13.34	58.77 ± 14.92				
	Master's degree and higher	76.36 ± 14.69	50.36 ± 10.94				
Years of experience	< 1 year	69.42 ± 18.57	57 ± 19.4	1.895	0.097	3.352	0.006
	< 1 year	69.42 ± 18.57	57 ± 19.4				
	1–5 years	66.69 ± 13.92	60.64 ± 13.89				
	6–10 years	68 ± 14.05	63.68 ± 16.3				
	11–15 years	70.1 ± 13.76	55.58 ± 15.16				
	16–20 years	75.5 ± 12.47	53.31 ± 14.15				
	> 20 years	72.66 ± 11.43	51.28 ± 11.77				
Work position	Matron	78 ±	46 ±	6.244	0.000	10.709	0.000
	Supervisor	73.22 ± 17.38	54.22 ± 15.51				
	Head nurse	78.45 ± 10.02	46.09 ± 10.46				
	Nurse	65.82 ± 13.53	63.29 ± 13.08				
	Nurse aide	84.42 ± 10.39	42.58 ± 11.77				
	Midwife	70.8 ± 10.31	49.85 ± 16.55				
	Operating room staff	76.3 ± 9.37	45.3 ± 9.01				
	Anesthesia staff	78.92 ± 8.54	46.69 ± 7.07				
Ward of affiliation	Male surgery	73.83 ± 13.04	58.5 ± 12.21	1.589	0.092	4.315	0.00
	CCU	68.11 ± 20.84	52 ± 14.75				
	NICU	72.33 ± 9.35	49.42 ± 9.54				
	Operating room	77.54 ± 8.79	46.5 ± 8.93				
	CSR	85 ±	51 ±				
	Nursing services	75 ± 15.3	51.85 ± 15.01				
	Labor	70.3 ± 13.65	48.2 ± 20.47				
	Female surgery	67.62 ± 14.53	54 ± 15.74				
	Midwifery	73.42 ± 7.63	51.67 ± 12.06				
	Children	74.67 ± 5.95	52.5 ± 9.69				
	Emergency ward	66.05 ± 12.77	65.67 ± 13.57				
	ICU	69.28 ± 15.61	59.36 ± 13.34				
	Internal ward	65.69 ± 17.84	66.12 ± 15.58				
	Dialysis	64.44 ± 13.22	64.15 ± 15.31				

Discussion

The present study aimed to investigate the correlation between organizational ethics and professional ethics with job burnout and organizational commitment among nursing staff.

The correlation between organizational ethics and professional ethics with organizational commitment

The results showed a significant positive correlation between organizational ethics with organizational commitment and professional ethics with organizational commitment. The current finding is similar with findings

from other studies conducted by Torkaman et al. [45], Niazazri et al. [9], Zahed Babelan et al. [46], Salehi et al. [47], Enayati et al. [37], and Alirahimi et al. [48], yet not consistent with the results of the study conducted by Salehi and Dadgar [49]. Several studies have shown that an ethical work environment can be an important factor in the strong commitment of employees to an organization. Torkaman et al. [45] studied nurses in Shiraz hospitals, and showed that the mean scores of nurses' professional ethics and organizational commitment were high, and there was a significant positive relationship between professional ethics and organizational

Table 4 Descriptive statistics of research variables

	Minimum	Maximum	Mean	Std. Deviation
Age	22	56	34.67	7.745
Organizational ethics	5.00	35.00	22.75	6.658
Professional ethics	124.00	249.00	204.52	22.381
Attachment and interest in work	43.00	80.00	63.77	8.023
Perseverance and seriousness at work	27.00	65.00	51.32	6.972
Healthy and humane relationships in the workplace	34.00	70.00	59.33	6.853
Collective spirit and participation in work	18.00	35.00	30.09	3.792
Organizational commitment	34.00	109.00	69.96	13.787
Affective commitment	9.00	37.00	23.58	5.996
Continuance commitment	10.00	40.00	23.51	4.956
Normative commitment	8.00	36.00	22.87	5.316
Job burnout	26.00	101.00	57.19	15.012
Emotional burnout	11.00	45.00	27.06	8.505
Personal accomplishment	8.00	37.00	20.59	5.741
Depersonalization	5.00	20.00	9.53	3.75

commitment. The results of Niazazri et al.'s [9] study of nursing and administrative staff of a hospital in Amol showed that professional ethics has a significant and positive correlation with organizational commitment along the three dimensions. The results of Salehi et al.'s [47] study of the Red Crescent staff showed that employees' organizational ethics is significantly correlated with organizational commitment. Enayati et al. [37] examined the relationship between nurses' work ethic and organizational commitment. These researchers found that only the relationship between healthy and human relationships in the workplace of work ethic and the continuance dimension of organizational commitment was statistically significant. In a study of hospital nurses in the city of Sari, Salehi and Dadgar [49] found no statistically significant relationship between the two variables of professional ethics and organizational commitment and its dimensions from the nurses' point of view. Changes in none of the two variables examined were effective in changes of the other variable. These divergent findings can be explained by the different conditions that nurses met in the two studies (level of support provided by managers, difficulty of work, salaries and benefits, socioeconomic status, etc.), which can greatly affect organizational commitment. Professional ethics help healthcare providers bring their conscience to work, which affects their attitude towards the patient and the healthcare

Table 5 Correlation coefficients of study variables

Variables	Organizational ethics	Professional ethics	Attachment and interest in work	Perseverance and seriousness at work	Healthy and humane relationships in the workplace	Collective spirit and participation in work	Organizational commitment	Affective commitment	Continuance commitment	Normative commitment	Job burnout	Emotional burnout	Personal accomplishment	Depersonalization
Organizational ethics	1													
Professional ethics	0.352**	1												
Attachment and interest in work	0.448**	0.916**	1											
Perseverance and seriousness at work	0.427**	0.903**	0.85**	1										
Healthy and humane relationships in the workplace	0.074	0.814**	0.58**	0.579**	1									
Collective spirit and participation in work	0.21**	0.831**	0.681**	0.647**	0.706**	1								
Organizational commitment	0.551**	0.44**	0.527**	0.558**	0.108	0.26**	1							
Affective commitment	0.585**	0.501**	0.582**	0.6**	0.174*	0.31**	0.987**	1						
Continuance commitment	0.32**	0.254**	0.313**	0.317**	0.049	0.166**	0.79**	0.572**	1					
Normative commitment	0.472**	0.338**	0.419**	0.475**	0.038	0.17*	0.845**	0.666**	0.471**	0.1				
Job burnout	-0.532**	-0.602**	-0.672**	-0.667**	-0.28**	-0.4**	-0.682**	-0.712**	-0.436**	-0.56**	1			
Emotional burnout	-0.484**	-0.421**	-0.523**	-0.528**	-0.115	-0.202**	-0.681**	-0.696**	-0.456**	-0.556**	0.891**	1		
Personal accomplishment	-0.371**	-0.612**	-0.621**	-0.616**	-0.38**	-0.478**	-0.48**	-0.499**	-0.29**	-0.411**	0.785**	0.472**	1	
Depersonalization	-0.465**	-0.518**	-0.553**	-0.529**	-0.279**	-0.412**	-0.453**	-0.508**	-0.268**	-0.353**	0.782**	0.574**	0.54**	1

**Correlation is significant at the 0.01 level / * Correlation is significant at the 0.05 level

Table 6 Model fit indices -goodness of fit

RMSEA	IFI	TLI	CFI	DF	CMIN	CMIN/DF
0.09	0.927	0.902	0.926	79	204.613	2.59

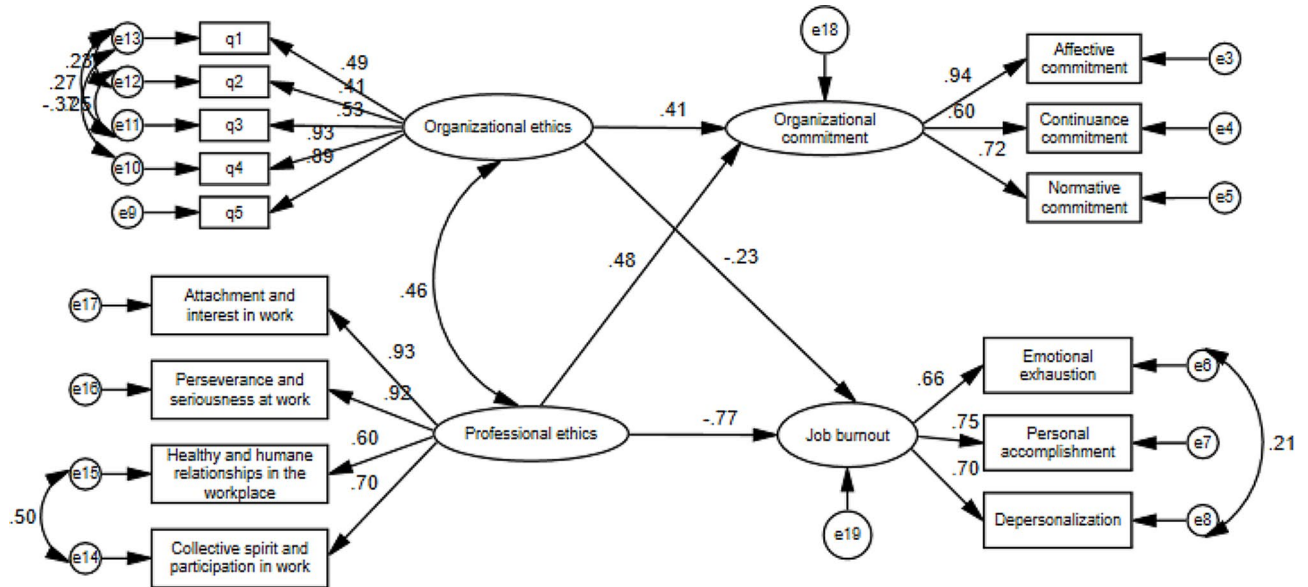


Fig. 1 The structural equation modeling (SEM) of the relationships between organizational ethics and professional ethics with organizational commitment and job burnout

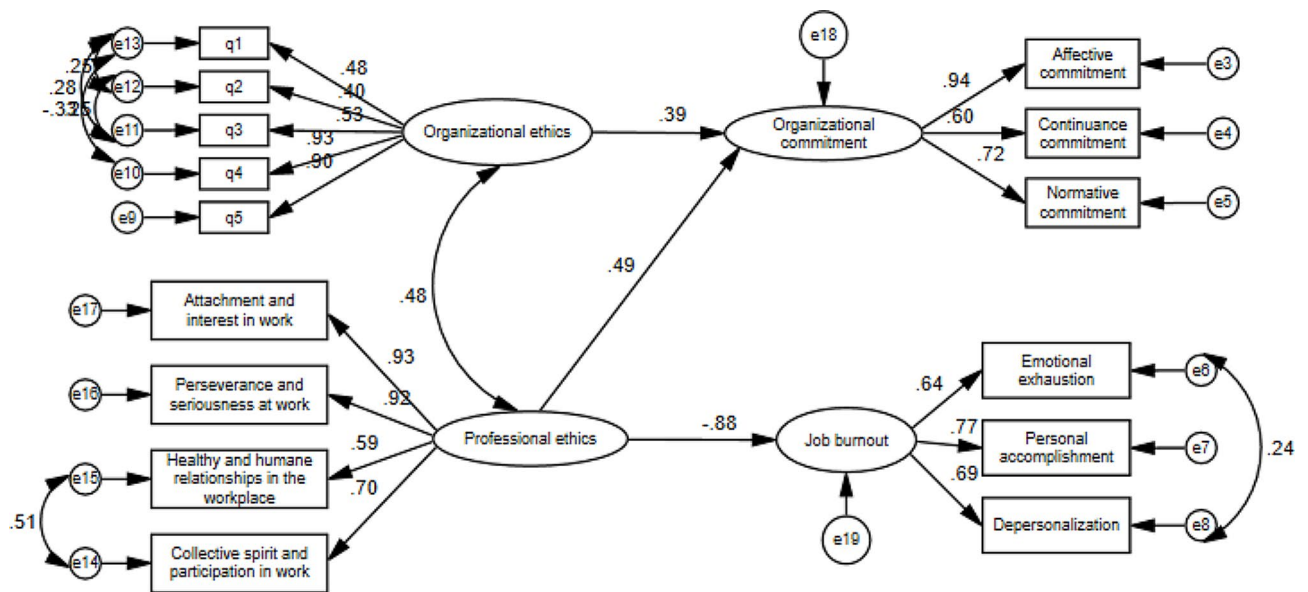


Fig. 2 The structural equation modeling (SEM) of the relationships between organizational ethics and professional ethics with organizational commitment and job burnout after removing non-significant factors

organization. Inspired by professional ethics, one decides to carry out one’s professional duties correctly and take care not to hurt the client and pave the way for a complete recovery of the patient [50]. If employees believe in all cases they are treated according to agreed-on rules of organization and there is a cooperative atmosphere around where they feel free to act while interacting and

helping each other, they begin to deeply trust the goals, regulations, managers, and colleagues, and they wholeheartedly love their organization to feel committed to [48]. Creating an ethical atmosphere improves the morale of employees, improves organizational commitment, and facilitates the training of employees and their retention in the work place. Finally, creating an organizational

Table 7 Regression weight & standardized regression weight

		Estimate	S.E.	C.R.	P	Standardized Estimate
Organizational commitment	Organizational ethics	1.399	0.237	5.907	***	0.392
Job burnout	Professional ethics	-1.806	0.237	-7.625	***	-0.881
Organizational commitment	Professional ethics	1.037	0.158	6.555	***	0.486
Affective commitment	<--- Organizational commitment	1.000				0.942
Continuance commitment	<--- Organizational commitment	0.527	0.054	9.791	***	0.601
Normative commitment	<--- Organizational commitment	0.687	0.054	12.637	***	0.716
Emotional burnout	<--- Job burnout	1.000				0.638
Personal performance	<--- Job burnout	0.624	0.068	9.238	***	0.767
depersonalization	<--- Job burnout	0.383	0.040	9.522	***	0.687
q1	<--- Organizational ethics	0.561	0.085	6.599	***	0.481
q2	<--- Organizational ethics	0.464	0.081	5.708	***	0.402
q3	<--- Organizational ethics	0.544	0.069	7.830	***	0.526
q4	<--- Organizational ethics	1.071	0.067	15.898	***	0.927
q5	<--- Organizational ethics	1.000				0.897
Healthy and humane relationships in the workplace	<--- Professional ethics	1.529	0.138	11.062	***	0.591
Perseverance and seriousness at work	<--- Professional ethics	1.555	0.120	12.959	***	0.917
Collective spirit and participation in work	<--- Professional ethics	1.000				0.698
Attachment and interest in work	<--- Professional ethics	2.818	0.233	12.109	***	0.930

atmosphere contributes to the quality of patient care outcomes and the overall success of the organization [51, 52].

The correlation between organizational ethics and professional ethics with job burnout

The present findings also showed that there is a significant negative relationship between nurses' organizational ethics with job burnout and professional ethics with job burnout. These findings are in consistent with previous studies conducted by Ebrahimi and Atazadeh [53], Sattari and Attarzadeh [54], Bourghani et al. [55], Tehranineshat et al. [56], Sheikhkanlooye Milan et al. [57], Maffoni et al. [58], Barr et al. [59] and Plouffe et al. [60]. The results of Ebrahimi and Atazadeh's study [53] of medical students in Shiraz university of medical sciences showed a negative correlation between professional ethics and job burnout. Sattari and Attarzadeh [54] and Bourghani et al. [55], in their research on teachers, found a negative and significant correlation between teachers' professional ethics and job burnout. The results of Tehranineshat et al.'s [56] study of nurses in Fasa showed a significant positive relationship between moral climate, compassion satisfaction and job burnout. The results of Sheikhkanlooye Milan et al.'s [57] study of emergency medical workers in Urmia showed a significant negative relationship between work ethics and job burnout. The results of Barr et al.'s [59] study in a sample of Australian nurses and midwives showed that moral climate is a protection against burnout. It can be argued that work ethics is an important issue that causes employee satisfaction and increases productivity. Failure to adhere to work ethics may lead to job burnout in all employees regardless of

their organizational status. Adherence to work ethics in organizations can have a significant relationship with job burnout [61]. Therefore, if the employees of an organization feel that ethics prevail in their work environment, satisfaction with the work environment will increase and less job burnout will follow [62].

Strengths and limitations

This study has some limitations that should be noted. First, this study relied on self-report measures. Second, the participants are limited to nurses working in a hospital. Another limitation of this study was the difficulty in recruiting a sufficient number of nurses from both sexes. Finally, the respondents were asked about a sensitive topic (ethics), an issue that may have led them to respond with social desirability. Despite these possible limitations, the present study had several strong points, including using the validated questionnaires for data collection. These questionnaires were translated and validated in Persian by Iranian researchers. In addition, participants with different work positions were included in the study.

Conclusion

The results of the present study showed a relationship between nurses' professional ethics and organizational ethics with organizational commitment and job burnout. Low work ethics can affect one's attitude towards jobs, organizations (hospitals) and managers, and can affect individual, group and organizational performance. The dominance of professional ethics in an organization can significantly help the organization reduce tensions and succeed in the effective realization of goals. In health-related organizations, if the employees have

proper ethics, they provide better and more comprehensive services to clients. Considering the importance of professional ethics and its impact on different aspects of the organization, it is suggested that hospital managers emphasize ethics at work and be the first to follow ethical principles to set a model for others. In-service trainings can be helpful in familiarizing nurses with ethical principles and foundations at work and in developing professional ethics and organizational ethics in the hospital. The support of managers at different levels for employees who abide by ethics can increase nurses' commitment to the organization and motivate them to strive for success as far as possible and not want to quit.

Acknowledgements

This study was funded by Isfahan University of Medical Sciences, Iran with scientific code No. 1402322. We are grateful to the all participants and supervisors for their patience, integrity and collaboration.

Author contributions

AH and AS conceptualized and designed the project. AKH and ZJ collected the data. AH analyzed the data and prepared the manuscript. All authors read and approved the final version of manuscript.

Funding

This project is funded by a research grant from the Isfahan University of Medical Sciences. The funding body (IUMS) didn't have any role in the design of the study and collection, analysis, and interpretation of data and in writing the manuscript.

Data availability

The datasets generated and analyzed during the current study are not publicly available due to confidentiality and privacy related issues but are available from the corresponding author on reasonable request.

Declarations

Ethics approval and consent to participate

Ethical approval was received for this study from the Ethics Committee of Alzahra Research Centers of the Isfahan University of Medical Sciences (IR.ARI.MUI.REC.1402.315). The participants were informed that participation in the study was voluntary and they had the right to withdraw at any time during the data collection process. Written informed consent was obtained from all participants. All methods were performed in accordance with the relevant guidelines and regulations by including a statement in the declarations.

Consent for publication

Not applicable.

Competing interests

The authors declare no competing interests.

Received: 17 June 2024 / Accepted: 1 August 2024

Published online: 13 August 2024

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