Moral Courage and Psychological Empowerment among Nurses

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Ethics, moral courage, moral action, psychological empowerment, nurse
Abstract
Background: Moral courage is one of the fundamental values of nursing profession and a powerful method of coping ethical problems. Psychological empowerment is a suitable method of enabling individuals for coping mental pressures of the work environment. This study determined the correlation between ethical courage and psychological empowerment of nurses.
Methods: This was a descriptive cross-sectional study. A total of 180 nurses employed in different wards were selected randomly. Data were collected by Demographics Questionnaire, Sekerka’s Moral Courage Scale, and Spreitzer’s psychological empowerment Scale and analyzed with SPSS16 using descriptive and inferential statistics.
Findings: The results indicated that the mean score of moral courage was 21.11±69.90 and the greatest of moral courage was in dimension of “going beyond compliance”. The mean score of “psychological empowerment” was 30.9±73.58 and the greatest mean belonged to “competence”. There was a positive significant correlation between “psychological empowerment” and “moral courage and its dimensions” (P<0.05).
Conclusion: The findings suggested a correlation between moral courage and psychological empowerment. Thus, nurses’ moral courage could be enhanced by reinforcing their psychological empowerment leading to increased patient satisfaction and quality care.

Introduction
Morality is an indispensable part of human life and a subset of practical philosophy looking for the right and wrong and determining good and bad in a collection of behaviors under certain conditions [1]. The nursing profession is one of the sciences with abundant illustrative ethical aspects in the past, present, and future [2, 3]. Since distinguishing good and bad is in the bogey of ethics, the moral competency of the nursing profession may be rendered as equal to professional competency [3]. Indeed, nurses face some moral problems in their daily work that need to be resolved [4, 5]. Identification of ethical problems requires moral sensitivity[6], and also an awareness of ethical principles [7]. Nonetheless, mere moral sensitivity and knowledge will not suffice. Nurses ought to possess moral courage to perform on the basis of what is considered ethically right provided personal
values and criteria correspond to the accepted healthcare values [4].

When a person is not able to act according to the correct ethical performance, moral courage helps them to try their best to achieve their ultimate goal regardless of its consequences. To do so, they consider moral principles and perform a correct act that is not easy to do [8]. Some studies have demonstrated that moral courage is related to concepts concerning assessment of ethics under certain conditions like sensitivity to justice [9], perception of control on one’s emotions and performance such as emotional self-regulation [10], and self-efficacy [11]. Moral courage predisposes to performing ethical norms regardless of social costs [12], helping patients reduce symptoms of pain and agony, communicating effectively with patients and their families, and cooperating with physicians [13], inclination for recognizing others’ sufferings and sensitivity to them, expression of sympathy and kindness, helping the needy, doing something to decrease others’ pains and sufferings, and challenging the current situation [14].

Stress, anxiety, fear of being scolded, and rejection by colleagues and expulsion are some of the negative consequences that may be created by moral courage [15]. Moral courage helps nurses overcome many barriers like fear, thence enabling them to defend the patient effectively [16]. In their study, Day reported the rate of moral courage as low in healthcare settings and mentioned many factors such as lack of occupational certainty as barriers to nurses’ inclination to brave behaviors [17].

On the other hand, courage is the token of a powerful nurse’s good performance and quality care. Empowerment is a process completed by personal values and struggles and also by environmental factors [18]. Psychological empowerment is an appropriate solution for enabling individuals to cope with mental pressures and work stressors [19]. Studies have shown that psychological empowerment is correlated with professional satisfaction [20], exerting a predictive effect on emotional commitment [21]. The results of many studies have suggested that empowerment of personnel influences responsibility, productivity, and quality of care [22], diminishes costs, enhances organizational loyalty and confidence, and organizational entrepreneurship [23]. The findings of other studies also demonstrate that increased development and empowerment leads to reduced staff displacement,
fatigue and work leave [24], promoted quality of nursing care [25], increased patient satisfaction [20], increased occupational satisfaction, and decreased turnover of nurses [26].

Observing professional ethics is an effective and powerful factor in nurses’ development [27]. Ethic of care, that is one component of nursing performance, creates and promotes moral courage [7]. Although moral courage is rendered as an important element of nursing, little attention has been paid to it so that there are very few studies focusing on this topic. Hence, this study investigated the correlation between nurses’ moral courage and psychological empowerment.

Methodology
Design of the Study
This descriptive cross-sectional study conducted in 2019. The study population consisted of all nurses employed in Khatam-al-Anbia Hospital and Shahid Beheshti Hospital affiliated to Shahid Sadoughi University of Medical Sciences, Yazd, Iran. A total of 180 samples were selected randomly using sample volume formula with confidence interval of 95%, test power of 80% and the correlation coefficient of 0.18 according to the pilot study. The inclusion criteria were: holding at least a BS in nursing, at least 1 year of clinical nursing experience, and inclination for participation. The research instruments were distributed by the researcher in various work shifts and collected after completion.

Data Collection Instruments
Data were collected by Demographics Questionnaire, Sekerka’s Moral Courage Scale, and Spreitzer’s Psychological Empowerment Scale.

The Demographics Questionnaire included information on age, gender, employment status, literacy level, marital status, official position, and work experience.

The Moral Courage Scale was developed by Sekerka et al. [28]. This 15-item scale covers five aspects: moral agency, multiple values, endurance of threat, going beyond compliance, and moral goals. Each aspect includes 3 separate items. This instrument uses a 7-point Likert scale wherein each item receives 1–7 points (from never correct = 1 to always correct = 7). Thus, the score of each item may range from 3 to 21. The minimum and maximum total scores were 15 and 105, respectively. The mean score of items in each aspect and in the whole item was considered as the moral courage score [28]. The validity of Moral Courage Scale was reported as %81 in the study by Mohammadi et al. and
its reliability was estimated to be 0.85 (Cronbach’s α) using a sample volume of 30 nurses under study [29].

Spreitzer’s Psychological Empowerment Scale was used to measure nurses’ psychological empowerment. This 15-item inventory uses a 5-point Likert scale (form completely disagree = 1 to completely agree = 5) to measure 5 aspects: meaningfulness, competence, self-determination, impact, and confidence so that 3 items are devoted to each aspect. The scores of this tool ranged from 15 to 75 and a higher score indicated higher perceived psychological empowerment [30].

Content and face validities were confirmed using a qualitative method by asking the opinions of ten expert professors. The reliability of the instrument was reported as Cronbach’s α = 0.84 [31].

Data Analysis
The gleaned data were imported to SPSS16 and analyzed with descriptive statistics (frequency distribution, mean and standard deviation) and inferential statistics (independent t-test, ANOVA, and Pearson correlation coefficient). Normality of data distribution was examined by Kolmogorov-Smirnov (KS) test (P > 0.05).

Results
All 180 questionnaires were returned and analyzed. The mean age of the participants was 33.55 ± 6.07 years with a mean work experience of 2.40 ± 1.51 years. Most participants were female (79.4%), were married (81.1%), held a BS in nursing (93.9%), formally employed (61.7%), and held the post of a nurse (96.7%) (Table 1).

| Table 1: Sociodemographic characteristics of study participant |
The results revealed that nurses enjoy a high level of moral courage so that the greatest mean belonged to “going beyond compliance” and the least mean pertained to “multiple values”. Moreover, the findings demonstrated that the rate of nurses’ psychological empowerment was moderate so that the greatest mean belonged to “competence” and the smallest mean pertained to “confidence” (Table 2).

Table 2: Mean and SD of moral courage and psychological empowerment and its dimensions
| Variable                        | Mean  | SD   |
|--------------------------------|-------|------|
| **Moral courage**              | 90.69 | 11.21|
| Moral agency                   | 18.21 | 2.51 |
| Multiple value                 | 17.72 | 2.68 |
| Endurance of threat            | 17.97 | 2.86 |
| Going beyond compliance        | 18.48 | 2.31 |
| Moral goal                     | 18.30 | 2.58 |
| **Psychological empowerment**  | 58.73 | 9.30 |
| Competence                     | 13.32 | 1.72 |
| Self-determination             | 12.85 | 1.59 |
| Impact                         | 11.60 | 2.38 |
| Meaning                        | 11.35 | 2.35 |
| Confidence                     | 9.60  | 4.83 |

The findings indicated a positive significant correlation between “psychological empowerment” and “moral courage and its dimensions” (P < 0.05). Besides, there was a significant correlation between moral courage and all dimensions of psychological empowerment except for “confidence” (P < 0.05) (Table 3).

Table 3: Correlation between moral courage and its dimensions with psychological empowerment and its dimensions
### Variables

| Variables                | Psychological empowerment | Competence | Self-determination |
|--------------------------|--------------------------|------------|--------------------|
|                          | r  | P     | r       | P     | r       | P     |
| Moral courage            | 0.29 | 0.00** | 0.22 | 0.002** | 0.31 | 0.00** |
| Moral agency             | 0.23 | 0.002** | 0.23 | 0.002** | 0.24 | 0.001** |
| Multiple value           | 0.36 | 0.00** | 0.18 | 0.01** | 0.28 | 0.00** |
| Endurance of threat      | 0.19 | 0.009** | 0.17 | 0.02* | 0.23 | 0.001** |
| Going beyond compliance  | 0.21 | 0.004** | 0.21 | 0.004** | 0.33 | 0.00** |
| Moral goal               | 0.26 | 0.00** | 0.19 | 0.009** | 0.27 | 0.00** |

**Correlation is significant at the 0.01 level (2-tailed)

*Correlation is significant at the 0.05 level (2-tailed).

The results of Pearson Correlation Coefficient Test showed a significant correlation between age and moral courage ($r = 0.181, P = 0.015$) and between work experience and moral courage ($r = 0.230, P = 0.002$) so that moral courage increased with increasing age and work experience (Table 4).

The rate of moral courage and psychological empowerment was higher among the married, those with MSc degree, head nurses/supervisors, and formally employed personnel. Moral courage score was greater in male whereas psychological empowerment score was higher in female, albeit, the difference was not statistically significant ($P > 0.05$) (Table 4).

Table 4: Determining the correlation between moral courage and psychological empowerment scores and demographic variables
| Variables          | Morale courage | Psychological empowerment |
|-------------------|----------------|--------------------------|
| Age               | r=0.230        | P=0.002**                |
|                   |                | 0.120                    |
|                   |                | 0.110                    |
| Work Experience   | r=0.181        | P=0.015*                 |
|                   |                | 0.115                    |
|                   |                | 0.123                    |
| Gender            | Female Mean (SD) 90.58 (11.36) P=0.002** 58.86 (9.55) |
|                   | Male Mean (SD) 91.10 (10.73) P=0.002** 58.24 (8.35) |
|                   |                | 0.717                    |
| Marital Status    | Single Mean (SD) 87.88 (14.96) P=0.002** 57.32 (13.41) |
|                   | Married Mean (SD) 91.34 (10.09) P=0.002** 59.06 (8.08) |
|                   |                | 0.471                    |
| Level of Education | Bachelor's Degree Mean (SD) 90.57 (11.34) P=0.002** 58.68 (9.35) |
|                   | Master's Degree Mean (SD) 92.50 (6.28) P=0.002** 59.63 (8.81) |
|                   |                | 0.724                    |
| Employment status | Formal Mean (SD) 91.71 (9.66) P=0.002** 59.30 (7.94) |
|                   | Compulsory service course Mean (SD) 88.97 (15.40) P=0.002** 57.58 (13.14) |
|                   | By contract Mean (SD) 89.15 (10.65) P=0.002** 58.09 (8.66) |
|                   |                | 0.572                    |
| Formal position   | Nurse Mean (SD) 90.63 (11.34) P=0.002** 58.60 (9.33) |
|                   | Supervisor and head nurse Mean (SD) 92.50 (6.28) P=0.002** 62.50 (8.24) |
|                   |                | 0.315                    |

**Correlation is significant at the 0.01 level (2-tailed)

*Correlation is significant at the 0.05 level (2-tailed).

Discussion

This study determined the correlation between nurses’ moral courage and psychological empowerment. The findings showed that the participating nurses had a high degree of moral courage. This is consistent with the results of the study by Mahdavisersesht et al. [8], that reported a high mean score of nurses’ moral courage (90.36 ± 10.56). The studies by Taraz et al. [32], and Moosavi et al. [33], also reported a high rate of moral courage among nurses. Nonetheless, the study by Mohammadi et al. [29], reported nurses’ moral courage at the moderate level. In Day’s study, the rate of this variable was low [17]. The diversity of results in different studies may be attributed to
disparities in work environment, ethical atmosphere, organizational culture, organizational and managerial support, fear of social seclusion, collective thought, and lack of acceptance by the organization [34].

In the present study, the highest score of moral courage belonged to “going beyond compliance” and the lowest score pertained to “multiple values”. Some studies reported the greatest moral courage in “moral agency” [8, 32, 34]. This is not consistent with our results. Yet, consistent with our findings, in the studies by Mahdaviseresht et al. [8], and Taraz et al. [32], the lowest score of this variable pertained to “multiple values”. Nonetheless, in the study by Aminizadeh et al. [34], the lowest score of moral courage belonged to “endurance of threat”.

The high score of “going beyond compliance” indicates that nurses do not merely consider laws and regulations; rather, they progress beyond their internal capacity and consider doing what is correct and ideal [28, 35], suggesting nurses’ responsibility for their profession and patients. The low score of “multiple values” indicates nurses’ inability in ethical decision-making and coping with organizational constraints that may predispose to their moral apprehension, finally affecting their quality care [28, 32, 35]. This needs to be noted by the responsible authorities.

The findings of the present study revealed that the mean score of nurses’ psychological empowerment was at the moderate level. The results of other studies are consistent with this finding [36–40]. Ouyang et al. reported in their study the Chinese nurses’ psychological empowerment at the moderate level [38]. Moreover, another study in Egypt, suggested a moderate level of nurses’ psychological empowerment [37]. Furthermore, the findings of a systematic review demonstrated that Iranian nurses’ psychological empowerment is moderate [39]. Yet, the study by Mirkamli et al. reported Iranian nurses’ psychological empowerment at a high level [41].

In the present study, the highest score of psychological empowerment pertained to “competence” whereas the lowest score belonged to “confidence”. In the study by Zahednezhad et al. the highest mean score belonged to “competence” while the lowest mean score pertained to “self-determination” [31], which is consistent with our study in maximal score. In the study by Mirkamli et al., the maximal mean pertained to “meaningfulness” whereas the minimal score belonged to “confidence” [41], that
is consistent with our study in the minimal dimension.

The low score of nurses’ “confidence” in our study indicates that they are not sure that the powerful authorities will behave them justly, honestly, and equally; in other words, they do not feel any personal safety and security. Hence, nursing managers ought to pay due attention to this issue.

In our study, there was a direct significant correlation between psychological empowerment and its aspects/dimensions so that increased psychological empowerment resulted in nurses’ enhanced moral courage. No study was found to have exactly investigated the association between these two variables though some studied have indirectly implied it. For instance, LaSala et al. emphasize that all nurses in all roles and all work environments ought to commit themselves to creating a structurally powerful environment that supports moral courage [7]. ZahedBabelan et al. also revealed that moral behavior, with its high psychological empowerment path coefficients, can be considered as an influential and powerful factor in empowering or developing nurses [27]. Furthermore, Sadooghiasl et al. refer to ethical and scientific competence, self-construction, and rationalism as antecedents of moral courage. They also refer to protective environment and ethical climate of the organization as a factor contributing to moral courage [16]. Kuokkanen et al. describe courage, tenacity, and self-esteem as qualities of an empowered nurse. An empowered nurse is able to act under pressure, resist criticism, and act in their performance and professional positioning without any fear. Such a nurse accepts responsibility with courage in decision-making [18].

To clarify this finding, it may be said that since increasing psychological empowerment may lead to reduced mental pressures and decreased work environment stressors, and enhance the power of decision-making and performing moral behavior by the nursing staff [42–44], it can ultimately result in creation of moral courage in nurses.

The findings showed no significant correlation among demographic variables, psychological empowerment, and moral courage except that moral courage was significantly promoted with increasing age and work experience. The study by Mohammadi et al. [29], and Moosavi et al. [33], further demonstrated a positive significant correlation between moral courage and work experience that is consistent with our study. To elucidate this finding, it may be asserted that with increasing
age, individuals’ awareness of a situation is enhanced and their capacity for recognizing behaviors and their causes will increase [45]. That is why the rate of moral courage is enhanced with increasing age.

Limitations Of The Study
This study used self-reporting instruments for data collection. These instruments suffer from possibility of respondents’ fatigue and impatience in responding or shortage of time. Thus, some nurses may have not provided real answers. Another limitation was lack of control over intervening variables such as factors affecting personnel’s concentration that might have confounded the results.

Conclusion
Given the correlation found between psychological empowerment and moral courage, it may be concluded that promotion of nurses’ psychological empowerment can increase their moral courage. Consequently, organizations and nursing managers are obliged to provide some strategies like changing managerial style in clinical wards, nurses’ contribution to decision-makings, and expanding a suitable organizational culture to move towards promoting nurses’ mental power and its various aspects as far as possible. Providing the necessary prerequisites for promoting nurses’ psychological empowerment can lead to increased morally courageous behaviors, ultimately ending in improved nursing quality care.

Abbreviations
MSc: Master of Science, BS: Bachelor of Science, SD: Standard Deviation, ANOVA: Analysis of Variance, KS: Kolmogorov-Smirnov.

Declarations

Ethics approval and consent to participate
This study was approved by Committee of Ethics in Human Research at Islamic Azad University, Yazd Branch with code of ethics no.: IR.IAU.KHUISF.REC.1398.235. Having obtained the required permissions from the university and hospitals authorities, the questionnaires were distributed to study units. Ethical considerations were observed as to principles of information anonymity and confidentiality, voluntary participation, obtaining informed written consent, and explaining research goals and procedures to the participants.
Consent for publication

The article does not contain any individual’s details and consent for publication is not applicable.

Availability of data and material

Sharing the data is not possible due to an agreement with the participants on the confidentiality of the data.

Competing interests

The authors declared no conflicts of interest with respect to the research, authorship, and/or publication of this article.

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Authors’ contributions

All authors (ZKH, MB-SH, KHN, and HF) have participated in the conception and design of the study. ZKH and MB-SH contributed the data collection and prepared the first draft of the manuscript. MB-SH and KHN critically revised and checked closely the proposal, the analysis and interpretation of the data and design the article. MB-SH and HF carried out the analysis, interpretation of the data and drafting the manuscript. MB-SH and KHN has been involved in revising the manuscript critically. All authors read and approved the final manuscript.

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References

1. Mahmoodi Shan G, Alhani F, Kazemnejad A: Ethics in nurses' lifestyle: a qualitative study. Iranian Journal of Medical Ethics and History of Medicine 2009, 2(4):63-78 (in Persian).
2. Numminen O, Repo H, Leino-Kilpi H: Moral courage in nursing: A concept analysis. Nursing ethics 2017, 24(8):878-891.
3. Borhani F, Alhani F, Mohammadi E, Abbaszadeh A: Professional Ethical Competence in nursing: the role of nursing instructors. *Journal of medical ethics and history of medicine* 2010, 3:1-8.

4. Kleemola E, Leino-Kilpi H, Numminen O: Care situations demanding moral courage: Content analysis of nurses’ experiences. *Nursing Ethics* 2020:0969733019897780.

5. Murray JS: Moral courage in healthcare: Acting ethically even in the presence of risk. *Online Journal of Issues in Nursing* 2010, 15(3):Manuscript 2.

6. Weaver K, Morse J, Mitcham C: Ethical sensitivity in professional practice: concept analysis. *Journal of advanced nursing* 2008, 62(5):607-618.

7. LaSala CA, Bjarnason D: Creating workplace environments that support moral courage. *The Online Journal of Issues in Nursing* 2010, 15(3).

8. 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, 8(3):27-39 (in Persian).

9. Baumert A, Hamburger A, Schmitt M: Interventions against norm violations: Dispositional determinants of self-reported and real moral courage. *Personality and Social Psychology Bulletin* 2013, 39(8):1053-1068.

10. Brandstätter V, Jonas KJ, Koletzko SH, Fischer P: Self-regulatory processes in the appraisal of moral courage situations. *Social Psychology* 2016, 47(4):201-213.

11. Sekerka LE: Ethics is a daily deal: Choosing to build moral strength as a practice. New York: Springer; 2015.

12. Hawkins SF, Morse J: The praxis of courage as a foundation for care. *Journal of Nursing Scholarship* 2014, 46(4):263-270.
13. Grace PJ, Willis DG: Nursing responsibilities and social justice: An analysis in support of disciplinary goals. Nursing Outlook 2012, 60(4):198-207.

14. Lindh I-B, Barbosa da Silva A, Berg A, Severinsson E: Courage and nursing practice: A theoretical analysis. Nursing Ethics 2010, 17(5):551-565.

15. Corley MC, Minick P, Elswick R, Jacobs M: Nurse moral distress and ethical work environment. Nursing ethics 2005, 12(4):381-390.

16. Sadooghiasl A, Parvizy S, Ebadi A: Concept analysis of moral courage in nursing: A hybrid model. Nursing ethics 2018, 25(1):6-19.

17. Day L: Courage as a virtue necessary to good nursing practice. American Journal of Critical Care 2007, 16(6):613-616.

18. Kuokkanen L, Leino-Kilpi H: The qualities of an empowered nurse and the factors involved. Journal of Nursing Management 2001, 9(5):273-280.

19. Tangney JP, Stuewig J, Mashek DJ: Moral emotions and moral behavior. Annu Rev Psychol 2007, 58:345-372.

20. Casey M, Saunders J, O’HARA T: Impact of critical social empowerment on psychological empowerment and job satisfaction in nursing and midwifery settings. Journal of nursing management 2010, 18(1):24-34.

21. Rafiee F, Zare ZG, Adib-Hajbaghery M, Zade SB: Internet addiction and psychological strain in nursing and midwifery students. Nursing and Midwifery Studies 2020, 9(1):36.

22. DiMeglio K, Padula C, Piatek C, Korber S, Barrett A, Ducharme M, Lucas S, Piermont N, Joyal E, DeNicola V: Group cohesion and nurse satisfaction: examination of a team-building approach. JONA: The Journal of Nursing Administration 2005, 35(3):110-120.

23. Boudlaie H, Koshkijahromi A, Satarinasab R: Organizational learning and trust,
moderating rings between psychological empowerment and organizational commitment. Quarterly Journal of Management and Development Process 2012, 24(1):67-93 (in Persian).

24. Han S-S, Moon SJ, Yun EK: Empowerment, job satisfaction, and organizational commitment: comparison of permanent and temporary nurses in Korea. Applied Nursing Research 2009, 22(4):e15-e20.

25. Yamin AE, Boulanger VM, Falb KL, Shuma J, Leaning J: Costs of inaction on maternal mortality: qualitative evidence of the impacts of maternal deaths on living children in Tanzania. PloS one 2013, 8(8):e71674.

26. Seibert SE, Wang G, Courtright SH: Antecedents and consequences of psychological and team empowerment in organizations: A meta-analytic review. Journal of applied psychology 2011, 96(5):981.

27. Zahed Babelan A, Gharibzadeh R, Gharibzadeh S, Mortezazadeh Giri AA: The role of mediator psychological empowerment, the relationship between professional ethics and work engagement of nurses. Journal of Education and Ethics in Nursing 2016, 5(2):55-62 (in Persian).

28. Sekerka LE, Bagozzi RP, Charnigo R: Facing ethical challenges in the workplace: Conceptualizing and measuring professional moral courage. Journal of Business Ethics 2009, 89(4):565.

29. 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).

30. Spreitzer GM: Psychological empowerment in the workplace: Dimensions, measurement, and validation. Academy of management Journal 1995, 38(5):1442-1465.
31. Zahednezhad H, Manoochehri H, Zaghari Tafreshi M, Farokhnezhad Afshar P, Ghanei Gheshlagh R: **Relationship between organizational justice and nurses’ psychological empowerment.** *Iran Journal of Nursing* 2015, **28**(93):78-86 (in Persian).

32. Taraz Z, Loghmani L, Abbaszadeh A, Ahmadi F, Safavibiat Z, Borhani F: **The relationship between ethical climate of hospital and moral courage of nursing staff.** *Electronic Journal of General Medicine* 2019, **16**(2):em109.

33. Moosavi SS, Borhani F, Abbaszadeh A: **The moral courage of nurses employed in hospitals affiliated to Shahid Beheshti University of Medical Sciences.** *Journal of hayat* 2017, **22**(4):339-349 (in Persian).

34. 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, **10**(1):131-140 (in Persian).

35. Hannah ST, Avolio BJ, Walumbwa FO: **Relationships between authentic leadership, moral courage, and ethical and pro-social behaviors.** *Business Ethics Quarterly* 2011, **21**(4):555-578.

36. Azizi SM, Heidarzadi E, Soroush A, Janatolmakan M, Khatony A: **Investigation the correlation between psychological empowerment and assertiveness in nursing and midwifery students in Iran.** *Nurse education in practice* 2020, **42**:102667.

37. Ibrahim MM, El-Magd MHA, Sayed HY: **Nurse’s psychological empowerment and perceived autonomy in university and teaching hospitals at Menofia Governorate/Egypt.** *Journal of Nursing Education and Practice* 2014, **4**(9):59.

38. Ouyang Y-Q, Zhou W-B, Qu H: **The impact of psychological empowerment and organisational commitment on Chinese nurses’ job satisfaction.** *Contemporary*
nurse 2015, 50(1):80-91.

39. Royan S, Alikhani M, Mohseni M, Alirezaei S, Khosravizadeh O, Moosavi A: Nurses’ psychological empowerment in Iran: A systematic review and meta-analysis. Annals of Tropical Medicine and Public Health 2017, 10(6):1558.

40. Wagner JI, Cummings G, Smith DL, Olson J, Anderson L, Warren S: The relationship between structural empowerment and psychological empowerment for nurses: a systematic review. Journal of nursing management 2010, 18(4):448-462.

41. Mirkamli S, Nastiezaie N: The relationship between psychological empowerment and job satisfaction of nursing staff. The Journal of Urmia Nursing and Midwifery Faculty 2010, 8(2):104-113 (in Persian).

42. Chang L-C, Shih C-H, Lin S-M: The mediating role of psychological empowerment on job satisfaction and organizational commitment for school health nurses: A cross-sectional questionnaire survey. International Journal of Nursing Studies 2010, 47(4):427-433.

43. Laschinger HKS, Finegan J, Shamian J, Wilk P: Workplace empowerment as a predictor of nurse burnout in restructured healthcare settings. Longwoods Review 2003, 1(3):2-11.

44. Martin S, Hatcher T, Akroyd D: The Relationship between Nurses’ Environmental and Psychological Empowerment on Psychological Strain in Critical Care Nursing Work Environments. North Carolina North Carolina State University: Unpublished dissertation; 2007.

45. Flesner MK, Rantz MJ: Mutual empowerment and respect: Effect on nursing home quality of care. Journal of nursing care quality 2004, 19(3):193-196.