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Original Article

The relationship of job burnout to organizational commitment and moral distress in nurses

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Abstract

Background and aims: Nursing is a stressful profession that leads to job burnout in the long term. In addition to nurses and patients, organizations pay for consequences of job burnout, as well. Moral distress is also a source of potential harm to nurses. The present study was conducted to investigate the relationship of job burnout to organizational commitment and moral distress in nurses.

Methods: This descriptive, correlational study was performed on 100 nurses in Shahid Rahimi Hospital of Khorramabad who were enrolled by convenience sampling method. Data collection tools were the Maslach Burnout Inventory, Kevin-Dick and Beverly Organizational Commitment Scale, and Corley's Moral Distress Scale. Data analysis was performed by SPSS 23 using descriptive statistics, independent *t* test and ANOVA. Significance level (*P*) was considered to be <0.05.

Results: Around 84% of the participants were female and 92% worked on a rotating shift schedule. The mean ± standard deviation (SD) scores of job burnout, organizational commitment and moral distress were 78.93 ± 24.13, 47.00 ± 12.28 and 38.84 ± 12.74, respectively. Also there was a statistically significant, inverse correlation between job burnout and organizational commitment ($P=0.003$), while there was no statistically significant relationship between job burnout and moral distress ($P=0.301$).

Conclusion: Identifying and eliminating the causes of job burnout can contribute to improving organizational commitment in nurses.

Keywords: Job burnout, Organizational commitment, Moral distress, Nursing

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Introduction

Healthcare system is perceived as one of the most important aspects of sustainable health development in human communities, responsible for health maintenance, treatment and care. Achieving this goal requires healthy therapists including nurses. In most medical settings, nurses account for the largest proportion of staff (40-60% of total human resources) (1). Nursing understaffing has been introduced as a major issue of healthcare systems across the world. The demand for registered nurses in the United States is predicted to increase from 2.95 million in 2016 to 3.39 million in 2026 (2). Nursing understaffing results in job burnout. Job burnout is a syndrome, introduced by Freudenberger in 1974, characterized by three dimensions, namely, emotional exhaustion (feeling of mental depletion), depersonalization (expressing negative and emotionless reactions accompanied by being indifferent and dispassionate towards clients) as well as decreased feelings of personal adequacy (mitigated feelings of competence and success in the profession) (3). Studies have revealed that job burnout is prevalent among nurses and must be diagnosed and treated appropriately and promptly. There is some evidence that nursing is a stressful job, and nursing-induced distress brings about job burnout in the long term. A significant, direct correlation between distress and job burnout has been reported in nurses, implying that exposure to stress intensifies job burnout in nurses (4). As a cause of work absenteeism, job burnout reduces the quality of patient care, causes interpersonal conflict, and physical and mental health issues, reluctance to provide services to the patients, switching jobs and eventually job abandonment among nurses (5). If the signs and symptoms of job burnout are neglected or left untreated, both the employee and the respective organization will suffer. Fulfilling public expectations of the healthcare system requires efficient human resources, including nurses. Nurses play a pivotal role in providing the patients with high quality care (6). In a healthy organization, managers take the physical and mental health of the employees into account as important as their efficiency and productivity (7). The nurses who feel burnout would provide poor health care, which subsequently affects the organization adversely. Organizations will pay for the oncoming consequences

as well (8). Organizational commitment is the relative power of an employee to intervene in the organization (9). In other words, organizational commitment is defined as the employee's faith in organizational values and goals, loyalty to the organization, moral commitment and willingness to continue working in the organization (10). Promoting organizational commitment is considered as an effective nursing management strategy to resolve nurses' challenges at work. Nursing managers can enhance nurses' organizational commitment by applying strategies to promote their perceived organizational justice and increase their job satisfaction (11). Organizational commitment is thought to play a crucial role in the success and failure of an organization, implying that low organizational commitment can have adverse impacts on the quality of nursing care and increase the likelihood of job abandonment (12).

Due to the nature of nursing profession, nurses usually encounter a large number of ethical issues. Among them, moral distress, first introduced by Jameton, is considered as a potential cause of harm to nurses (13). According to Jameton, when a person knows what a moral act is but is unable to do so due to organizational constraints, including time constraints, lack of nursing support, power imbalance between physicians and nurses and organizational policies associated with legal constraints, he/she may experience moral distress (13). The high level of moral distress is associated with increased job demand and decreased job control (14). To cope with moral distress, nurses use their biopsychosocial capacities. However, as this condition persists, along with the breakdown of resistance in nurses, consequences such as decreased job satisfaction and job burnout will appear; ultimately, as stressful situation continues, nurses affected by moral distress are more likely to abandon their job (15). Studies have revealed inconsistent results regarding the relationship between job burnout and organizational commitment and moral distress. Mohseni et al have reported an inverse correlation between job burnout and organizational commitment (16). Furthermore, Rohollahi et al reported a significant, inverse correlation between job burnout and organizational commitment (17). Nonetheless, Asadi et al have argued that there is no statistically significant relationship between organizational commitment and moral distress (18). On the contrary, the study of Shafiei et al indicated that there was a significant, direct correlation between moral distress and job burnout (19). In the study of de Lima Dalmolin et al, a weak correlation was noticed between moral distress and job burnout (20). Moreover Anami et al reported a statistically significant direct correlation of three factors, i.e., employment status, shift work and the type of hospital, to moral distress (21).

Dropout and changing the field of study are frequent among nursing students, and job change, job abandonment and workplace absenteeism are frequently reported in nurses. These issues result in disruption of healthcare service provision, and given that the problem must initially be identified to prevent resulting consequences and raise awareness about job burnout, organizational commitment and moral distress among nurses in medical settings, knowledge about the relationship among them can enhance the quality of patient care, increase job satisfaction, and improve organizational commitment among nurses and reduce healthcare costs. Although Khorramabad, the capital of Lorestan province, west Iran has five general hospitals with a relatively large number of nursing staff, no study has yet been conducted to investigate this issue in these hospitals. Many complaints have been reported by nursing staff of the hospitals, yet their moral distress and organizational commitment have not yet been examined. Therefore, the present study was conducted to investigate the relationship of job burnout to organizational commitment and moral distress in nurses working in a hospital in Khorramabad.

Methods

Setting and samples

In this observational (descriptive-correlational) study nurses working in different wards, including emergency, poisoning, intensive care unit, internal medicine and surgery, of Shahid Rahimi hospital of Khorramabad in the first half of 2019 were enrolled by convenience random sampling. The number of all nurses working in the studied hospital was obtained from the nursing office and each of them was given a special code; then 100 people were selected by lot. The researchers referred to different wards of the hospital in the morning shifts for 7 days, in the evening shifts for 5 days, and in the night shifts for 3 days to administer the questionnaire. Inclusion criteria were volunteering to participate in the study, work experience of at least one year and holding no managerial responsibilities (head nurse, supervisor, the senior nurse manager, etc). Exclusion criteria were a history of mental disorders and chronic diseases such as severe low back pain, severe headaches and migraines. Having made necessary coordination with the ward officials and the educational and clinical supervisors, researchers administered the questionnaires to the nurses on a daily basis.

Instruments

A four-section questionnaire was used to collect data. The first section was a researcher-made checklist of demographic characteristics including gender, age, marital status, education level, employment status, ward, shift work and monthly salary. The second section was Maslach Burnout Inventory (MBI). The scale was developed by Maslach in 1988 and consists of 25 items rated on an 8-point Likert scale from one (never) to seven (every time) to examine four dimensions of job burnout. Items 1-9 are aimed to assess emotional exhaustion; items 10-17 to examine personal performance, items 18-22 to assess depersonalization, and items 23-25 to

assess conflict in the workplace. The third section was a standard scale of organizational commitment developed by Kevin-Dick and Beverly. This scale consists of 15 items rated on a 5-point Likert scale from 5 (strongly agree) to 1 (strongly disagree) to assess three dimensions of organizational commitment. Items 1-6 are aimed to examine pride, items 7-10 to evaluate goals, and items 11-15 to assess participation. The fourth section of our instrument was a standard moral distress scale. The scale was developed by Corley, Alvik, Gorman and Klor in 2001, and consists of 38 items. In 2014, it was translated into Persian by Arab and Barzegari and reduced to 18 items. In the present study, the 18-item, Persian version was used. Its items are rated on a 5-point Likert scale from 0 (never) to 4 (A great deal). Content validity was used to investigate the validity of the tools, and the four questionnaires were approved by 22 professors of nursing and medicine. The validity and reliability of the MBI in domestic and international publications have been definitively confirmed. In the study of Wickramasinghe et al, the reliability of the subscales of MBI was obtained higher than 0.85 using Cronbach's alpha coefficient (22). Ebrahimi et al reported its reliability as being roughly 0.87 (23). In the present study, the Cronbach's alpha coefficient of the MBI was calculated at 0.80. In the study of Mohseni et al, the reliability of the organizational commitment scale was obtained higher than 0.7424 (16). Zahedi et al also reported its reliability to be 0.86 (24). In the present study, the Cronbach's alpha coefficient of the organizational commitment scale was calculated at 0.90. In the study of Abbaszadeh et al, the internal reliability of the moral distress scale was calculated to be around 0.93 (25). In the present study, the Cronbach's alpha coefficient of the organizational commitment scale was calculated at 0.90.

Data Analysis

Statistical analyses were performed using SPSS version 23. Significance level (P) was considered to be < 0.05. Descriptive statistics including frequency, percentage, and mean ± standard deviation (SD) as well as inferential statistics, e.g., Pearson's correlation coefficient (to examine relationship of burnout to organizational commitment and moral distress), independent t test and ANOVA (to examine relationship between demographic characteristics and job burnout, organizational commitment and moral distress) were used to conduct data analyses.

Results

In this study, 100 nurses working in Shahid Rahimi Hospital of Khorramabad were studied, of whom 16 (16%) were male. The mean ± SD age of our participants was 28.72 ± 4.09. Around 51% of the nurses were married and 95 (95%) had bachelor's degree. Forty-one (41%) nurses were officially employed. Ninety-two (92%) participants worked on a rotating shift schedule and 67 (67%) had a monthly salary of 2-3 million tomans (Table 1). According to the independent t test and ANOVA results, although there was no significant difference in the mean job burnout scores between the studied groups with respect to demographic characteristics ($P < 0.05$), the mean job burnout score was higher in nurses paid 3-4 million tomans per month than in other nurses ($P = 0.042$). Moreover, there was no significant difference in the mean score of organizational commitment with respect to demographic characteristics ($P < 0.05$). Interestingly, while there was no significant difference in the mean score of moral distress in terms of demographic characteristics ($P < 0.05$), the mean score of moral distress was higher in nurses who worked on a rotating shift schedule than in nurses working on a fixed shift schedule ($P = 0.049$) (Table 1).

The mean ± SD scores of job burnout, organizational commitment and moral distress were 87.87 ± 93.24, 47.00 ± 12.28 and 38.84 ± 12.74, respectively. The level of organizational commitment and moral distress was less than 50% (Table 2).

According to the Pearson's correlation coefficients, there was a statistically significant, inverse correlation between job burnout and organizational commitment, so that as the level of job burnout increased, the level of organizational commitment decreased ($P = 0.003$). No statistically significant relationship was observed between job burnout and moral distress ($P = 0.301$) (Table 3).

Discussion

The findings of the present study demonstrated that the mean job burnout score of nurses was 93.28. In the study of Ranjbar et al conducted on 196 nurses working in Shahid Sadoughi hospital in Yazd, the average job burnout score was obtained 81.7 (26). In another study done by Fumis et al on 283 staff working in intensive care units in Sao Paulo, Brazil, job burnout was reported as being severe in 23.1% of staff (27), which is not in agreement with the present study. The reason for this difference can be differences in work conditions and organizational climate, use of different scales and variable personality characteristics such as values and beliefs. In Iran, there is a greater need for healthcare professionals especially nurses due to nurse understaffing, particularly in clinical wards, and also the growing prevalence of chronic diseases, which has increased the length of hospital stay, Nurse understaffing in clinical settings has caused an increase in workload due to the creation of conditions such as fatigue, less opportunity for rest, and preoccupation, as well as increased medical errors and conflicts with managers and colleagues among nurses, which could also be one of the reasons for the high job burnout level in our study.

The results of the present study and similar studies demonstrate a high prevalence of job burnout among nurses. In general, nursing is taken into account as a very challenging and demanding career because it requires speed and constant interaction with different groups of healthcare professionals. Most importantly, the nursing

Table 1. Comparison of mean ± standard deviation (SD) scores of job burnout, organizational commitment and moral distress in terms of demographic characteristics in nurses working in Shahid Rahimi hospital of Khorramabad

Demographic characteristics	Number	Mean ± SD score of burnout	*P* value	Mean ± SD score of organizational commitment	*P* value	Mean ± SD of moral distress	*P* value
Gender	Male (n: 16)	28.81 ± 93.12	0.345	12.04 ± 43.18	0.922	11.86 ± 41.81	0.415
	Female (n: 84)	23.20 ± 86.94		12.26 ± 47.72		12.89 ± 38.27	
Age (y)	Under 25 (n: 28)	20.84 ± 83.59	0.985	8.71 ± 52.66	0.810	56 ± 30.56	0.279
	26-30 (n: 41)	25.52 ± 89.79		11.1 ± 44.75		10.16 ± 38.56	
	31-35 (n: 26)	24.83 ± 82.45		11.04 ± 44.44		11.9 ± 36.28	
	Over 35 (n: 5)	3.88 ± 75.5		1.41 ± 52.44		4.94 ± 28.12	
Marital status	Single (n: 47)	23.44 ± 83.51	0.217	12.92 ± 46.19	0.247	38.27 ± 13.81	0.723
	Married (n: 5)	24.50 ± 91.64		11.48 ± 47.19		39.09 ± 11.84	
	Widow/widower (n: 2)	24.04 ± 97.00		15.55 ± 61.00		45.50 ± 13.43	
Education	Bachelor's degree (n: 95)	23.47 ± 88.64	0.474	46.41 ± 12.29	0.112	12.74 ± 38.24	0.121
	Bachelor's degree (n: 4)	40.78 ± 82.25		58.25 ± 4.78		6.44 ± 50.75	
	Ph.D (n: 1)	00.00 ± 61.00		58.00 ± 00.00		00.00 ± 48.00	
Employment status	Official (n: 41)	26.48 ± 86.85	0.939	12.14 ± 46.85	0.960	13.09 ± 39.21	0.458
	Contractual (n: 10)	20.56 ± 88.50		9.10 ± 45.20		8.90 ± 36.60	
	Corporate and contractual (n:7)	27.56 ± 93.14		14.24 ± 47.14		8.75 ± 45.71	
	Apprenticeship (n:42)	22.63 ± 87.97		13.10 ± 47.54		37.85 ± 13.63	
Ward	Emergency (n:28)	23.33 ± 95.50	0.330	13.33 ± 45.64	0.811	11.43 ± 40.85	0.742
	Poisoning (n:10)	20.82 ± 94.10		19.79 ± 42.00		18.38 ± 35.00	
	Intensive care (n:32)	25.13 ± 82.64		12.45 ± 46.66		13.62 ± 39.19	
	Internal-surgical (n:30)	24.30 ± 88.23		11.21 ± 49.15		12.86 ± 36.26	
Shift work	Morning (n: 4)	23.14 ± 89.75	0.916	2.21 ± 57.25	0.163	17.83 ± 34.00	0.049
	Evening (n:3)	16.86 ± 94.33		8.71 ± 55.00		6.50 ± 27.66	
	Night (1)	00.00 ± 75.00		00.00 ± 57.00		00.00 ± 12.00	
	Rotating (n: 92)	24.62 ± 87.78		12.40 ± 46.18		12.30 ± 39.70	
Monthly salary	2-3 million tomans	22.61 ± 88.67	0.042	12.12 ± 48.14	0.218	12.33 ± 38.77	0.580
	3-4 million tomans	25.58 ± 89.70		12.47 ± 43.90		13.85 ± 38.23	
	Over 4 million tomans	25.32 ± 53.66		11.50 ± 52.33		12.09 ± 46.33	

Table 2. The mean ± standard deviation (SD) scores of job burnout, organizational commitment and moral distress in nurses working in Shahid Rahimi hospital of Khorramabad

Variable	Number	Mean ± SD
Job burnout	100	87.93 ± 24.13
Organizational commitment	100	47.00 ± 12.28
Moral distress	100	38.84 ± 12.74

Table 3. Relationship of job burnout to organizational commitment and moral distress in nurses working in Shahid Rahimi hospital of Khorramabad

Variable	Organizational commitment		Moral distress	
Job burnout	R	*P*-value	R	*P*-value
	-0.29	0.003	0.105	0.301

profession requires constant attention and interaction with patients and their relatives, who often experience critical conditions. Obviously, the presence of job burnout symptoms and signs in nurses decrease their efficiency and job satisfaction, which is considered as the starting point to lose motivation to pay attention to clients and to function effectively. Regarding the relationship between job burnout and demographic variables, namely age, gender, employment status, type of department, monthly salary, and shift work, only a statistically significant relationship was observed between job burnout and monthly salary. As stated earlier, nurses earning with higher salary have been reported to experience lower job burnout levels. This finding can highlight the importance of considering adequate and appropriate salaries for nurses.

In the study of Payami Bosari, the relationship of age, marriage and salary adequacy and work experience to job burnout was statistically significant (28). In the study of Esfandiari, the mean burnout score of female nurses was lower than that of male nurses, which is probably due to more family-related and professional responsibilities of male nurses and the negative attitude of society towards their professional position and imposing comparably more psychosocial pressure on them due to job profitability (29). The reason for this difference to the present study's findings could be that the studies of Payami Bosari and Esfandiari were performed in all hospitals of Sanandaj and

Zanjan, respectively, but the present study was performed in one hospital in Khorramabad.

The other variable investigated in the current study was organizational commitment. The mean organizational commitment score was calculated at 47 in our study, which is unfortunately less than 50%. In the study of Ranjbar et al, the average organizational commitment score was reported to be 75.4, which is considered a moderate level for the variable (26).

In the study of Ahmad and Oranye to compare empowerment, job satisfaction and organizational commitment between Malaysian and British nurses, 81.33% of Malaysian nurses had a high level of organizational commitment and 68.10% of British nurses had a moderate level of organizational commitment (30).

The differences in the results of this study and other studies may be due to the possible differences in leadership style, human resources management, and the quality of nurses' relationships with supervisors and hospital officials in different settings. Since various factors are effective in promoting organizational commitment of employees, it seems necessary for managers to increase the level of workplace attachment and organizational commitment in nurses by holding training classes with regards to factors such as delegation, clarification of responsibilities and correct evaluation of staff performance to make them more capable and improve the quality of healthcare services.

Inadequate level of organizational commitment in nurses is associated with consequences such as job abandonment, which can cause serious damage to hospital activities. Due to the low average level of organizational commitment of our participants, it is necessary for senior healthcare managers to identify the factors that hinder high organizational commitment and strategies to strengthen this parameter.

In the study of Tohidi et al in 278 nurses, and the studies of Karabulut et al and Mohseni et al (2015), similar results were obtained; accordingly, there was a significant, inverse correlation between job burnout and organizational commitment (31-32,16). In contrast, Ranjbar et al reported that increased job burnout was associated with better organizational commitment (26). One of the reasons for the difference between the results of the study of Ranjbar et al and the present study could be the different tools used to assess organizational commitment in the two studies.

In this study, the reason for the significant, inverse correlation between job burnout and organizational commitment can be the fact that organizational commitment is more related to the individuality, identity and knowledge of the person in the organization. The cognition and identity make the individual consider himself as a part of the organization. An employee committed to his/her organization owes his/her identity to the organization, blends into it and enjoys participating and being a member of it. Such person will experience less stress and subsequently less job burnout. The system for promotion and salary policy of staff is recommended to be designed in such a way as to improve organizational justice and consequently enhance staff's organizational commitment. Besides that, taking into account the opinions and recommendations of staff and applying them to resolve the problems of the organization would be regarded as an important step to improving their organizational commitment.

In the current study, the average moral distress score was calculated at 38.8, which is approximately moderate. There was no significant difference in the mean score of moral distress with respect to demographic characteristics. In the study of Ameri et al, the level of moral distress in 178 nurses working in the emergency departments of Ardabil hospitals was moderate, which is consistent with the results of our study. The study of Ameri et al indicated a moderate level of moral distress among the nurses under study (33). The findings of a review article on 19 studies to investigate moral distress in nurses published from 1984 to 2011, highlighted the high level of moral distress in nurses due to challenging and demanding working conditions and job burnout (34).

Differences in the results can be due to differences in the departments where the nurses work in, working conditions, experiences, and work experience of the participants. Also, another reason for these inconsistencies can be due to cultural differences in different societies and countries, the type of work environment and individual characteristics. People who are more emotionally sensitive and therefore are more affected by the patient's condition may experience more severe and recurrent distress.

In the study of Mosalanezhad et al, there was no significant relationship between demographic variables (gender, age, occupation, type of employment and history of coronary heart disease) and moral distress. The lack of correlation between demographic variables and moral distress indicates that training programs to reduce moral distress can be applied to all caregivers, providing equal care to all them (35). Studies by Lin et al and Chen & McMurray have shown that with increasing age, moral distress decreases, which is consistent with the present study's findings. As nurses age and consequently gain more and more experience, they are more likely to find ways to adapt to these problems, which can increase their capabilities to solve moral problems (36,37).

Moreover, moral distress causes conflict in nurses and prevents them from assessing and providing care to patients. These contribute to disturbing the recovery process and prolonging hospital stay of patients. In the present study, there was no statistically significant relationship between job burnout and moral distress, which is consistent with the studies of Shakerinia and Keighobadi et al (38,39). However, In the study of Fumis et al, moral distress was found to have a significant, direct correlation with job burnout (27). Inconsistent research evidence may be attributed to individual and

cultural differences and various study populations. Taken together, the levels of job burnout and moral distress are high among nurses working in different wards; available findings also show the critical importance of raising awareness of ethical components and further research with participation of nurses and nursing students to design interventional strategies to resolve these issues.

Conclusion

According to the results of the present study, there is some relationship between job burnout and organizational commitment. It seems that organizational commitment can be improved by identifying and eliminating the causes of burnout. Comprehensive studies on nurses' moral distress are also recommended.

One of the limitations of the present study was data collection using a self-report tool. Therefore, the participants' responses may be influenced by environmental factors such as busy schedule, fatigue, and lack of concentration while answering questions that were out of the researchers' control.

Application of findings in the clinic

Since a significant, inverse correlation between burnout and organizational commitment was observed, nursing managers are advised to identify the causes of burnout in nurses and design appropriate strategies to reduce it. In addition, a fair and effective system of encouragement and promotion should be implemented to improve the level of organizational commitment in nurses.

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Conflict of Interests

The authors declare no conflict of interests.

Ethical Approval

The study protocol complied with the Declaration of Helsinki and was also approved at the Research Council of the Islamic Azad University, Khorramabad Branch (ethics code: IR.IAU.B.REC.1399.051).

References

1. Chang CS, Chen SY, Lan YT. Service quality, trust, and patient satisfaction in interpersonal-based medical service encounters. BMC Health Serv Res. 2013;13:22. doi: 10.1186/1472-6963-13-22.
2. Bureau of Labor Statistics. U.S. Occupational outlook handbook. Department of Labor; 2018. https://www.bls.gov/ooh/healthcare/registered-nurse.htm#tab-6.
3. Baker LM, O'Brien KM, Salahuddin NM. Are shelter workers burned out? An examination of stress, social support, and coping. J Fam Violence. 2007;22(6):465-74. doi: 10.1007/s10896-007-9103-1.
4. Torgheh M, Aliakbari Dehkordi M, Alipour A. Effect of humour on burnout and resiliency of nurses. J Holist Nurs Midwifery. 2015;25(2):57-64. [Persian].
5. Cieslak R, Korczynska J, Strelau J, Kaczmarek M. Burnout predictors among prison officers: the moderating effect of temperamental endurance. Pers Individ Dif. 2008;45(7):666-72. doi: 10.1016/j.paid.2008.07.012.
6. Kemppainen V, Tossavainen K, Turunen H. Nurses' roles in health promotion practice: an integrative review. Health Promot Int. 2013;28(4):490-501. doi: 10.1093/heapro/das034.
7. Andreoli TE, Cecil RL, Carpenter CCJ. Andreoli and Carpenter's Cecil Essentials of Medicine. Philadelphia, PA: Saunders/Elsevier; 2014.
8. You LM, Aiken LH, Sloane DM, Liu K, He GP, Hu Y, et al. Hospital nursing, care quality, and patient satisfaction: cross-sectional surveys of nurses and patients in hospitals in China and Europe. Int J Nurs Stud. 2013;50(2):154-61. doi: 10.1016/j.ijnurstu.2012.05.003.
9. Mowday RT, Porter LW, Steers RM. Employee—Organization Linkages: The Psychology of Cmmitment, Absenteeism, and Turnover. 1st ed. Academic Press; 1981.
10. Alrowwad A, Almajali D, Masa'deh R, Obeidat B, Aqqad N. The role of organizational commitment in enhancing organizational effectiveness. Education Excellence and Innovation Management through Vision 2020; 2019. Available from: https://www.researchgate.net/publication/332697163_The_Role_of_Organizational_Commitment_in_Enhancing_Organizational_Effectiveness. Accessed February 15, 2020.
11. Chegini Z, Janati A, Asghari-Jafarabadi M, Khosravizadeh O. Organizational commitment, job satisfaction, organizational justice and self-efficacy among nurses. Nurs Pract Today. 2019;6(2):86-93. doi: 10.18502/npt.v6i2.913.
12. Zahedi F, Sanjari M, Aala M, Peymani M, Aramesh K, Parsapour A, et al. The code of ethics for nurses. Iran J Public Health. 2013;42(Suppl 1):1-8.
13. Jameton A. Nursing Practice: The Ethical Issues. Englewood Cliffs, NJ: Prentice Hall; 1984.
14. Jameton A. Dilemmas of moral distress: moral responsibility and nursing practice. AWHONNS Clin Issues Perinat Womens Health Nurs. 1993;4(4):542-51.
15. Mohseni S, Kahaki F, Ahoei M, Sanagoo A, Hosseinzehi M, Mirshekari L. The relationship between organizational commitment and silence with job burnout in medical sciences employees. Quarterly Journal of Health Breeze. 2016;5(2):54-61. [Persian].
16. Mohseni S, Kahaki F, Ahoei M, Sanagoo A, Hosseinzehi M, Mirshekari L. The relationship between organizational commitment and silence with job burnout in medical sciences employees. Quarterly Journal of Health Breeze. 2016;5(2):54-61. [Persian].
17. Rohollahi A, Moftakhari Tabrizi A, Asadi E. Investigating the relationships between organizational justice, organizational commitment and job burnout. J Mil Med. 2016;17(4):273-81. [Persian].
18. Asadi P, Niazmand F, Maleki Ziabari SM. Investigating the relationship between organizational commitment and job burnout in personnel working at the center for accident and emergency management of state of Guilan. Iran J Forensic Med. 2018;24(1):47-52. [Persian].
19. Shafiei M, Ravanipour M, Yazdankhahfard K, Mirzaei. The relationship between moral distress and burnout among nurses of Shahid Ganji hospital, Borazjan in 2015. Nursing Journal of the Vulnerable. 2016;2(5):15-26. [Persian].
20. de Lima Dalmolin G, Lunardi VL, Lunardi GL, Barlem EL, da Silveira RS. Moral distress and burnout syndrome: are there relationships between these phenomena in nursing workers? Rev Lat Am Enfermagem. 2014;22(1):35-42. doi: 10.1590/0104-1169.3102.2393.
21. Anami K, Dadkhah B, Mohammadi MA. Moral distress of nurses in emergency department of Ardabil hospitals in 2015. J Health Care. 2019;21(2):166-74. doi: 10.29252/jhc.21.2.166. [Persian].
22. Wickramasinghe ND, Dissanayake DS, Abeywardena GS. Validity and reliability of the Maslach Burnout Inventory-student survey in Sri Lanka. BMC Psychol. 2018;6(1):52. doi:

10.1186/s40359-018-0267-7.
23. Ebrahimi S, Shooshi Nasab P, Moein Fard MR. A study and comparison of time management and job burnout between active and inactive staffs of Hakim Sabzevari University. Journal of Human Resource Management in Sport. 2017;4(1):113-29. doi: 10.22044/shm.2016.877. [Persian].
24. Zahedi SA, Boudlaie H, Satari Nasab R, Koshki Jahromi A. An analysis on the relation between psychological empowerment and organizational commitment. Roshd-e-Fanavari. 2010;6(24):59-69. [Persian].
25. Abbaszadeh A, Nakhaei N, Borhani F, Roshanzadeh M. The relationship between moral distress and retention in nurses in Birjand teaching hospitals. Iran J Med Ethics Hist Med. 2013;6(2):57-66. [Persian].
26. Ranjbar M, Rafiei S, Hashmi F, Mohsen Beigi M, Miankoohi E. The relationship between organizational commitment and occupational burnout: a case study in Iranian nurses. Health Management & Information Science. 2020;7(2):84-90.
27. Fumis RRL, Junqueira Amarante GA, de Fátima Nascimento A, Vieira Junior JM. Moral distress and its contribution to the development of burnout syndrome among critical care providers. Ann Intensive Care. 2017;7(1):71. doi: 10.1186/s13613-017-0293-2.
28. Payami Bosari M. Effect of self-care program on the self-esteem of multiple sclerosis patients. J Adv Med Biomed Res. 2002;10(40):47-50. [Persian].
29. Esfandiari G. Evaluation of burnout rate of nursing staff working in Sanandaj hospitals in 2001. Sci J Kurd Univ Med Sci. 2001;6(21):33-5. [Persian].
30. Ahmad N, Oranye NO. Empowerment, job satisfaction and organizational commitment: a comparative analysis of nurses working in Malaysia and England. J Nurs Manag. 2010;18(5):582-91. doi: 10.1111/j.1365-2834.2010.01093.x.
31. Tohidi M, Pour Kiani M, Amiresmaili MR, Khosravi s. The relationship between organizational commitment and job burnout: a study on staff of selected hospitals affiliated to Kerman University of Medical Sciences. Journal of Health Based Research. 2016;2(3):299-306. [Persian].
32. Karabulut N, Ulusoy H.The Relationship of Organizational Commitment, Job Satisfaction and Burnout on Physicians and Nurses ?. HYPERLINK "https://www.researchgate.net/journal/Journal-of-Economics-and-Management-1732-1948" ournal of Economics and Management .2017;28(28):90-11
33. Ameri M, Mirhashemi B, Hosseini SS. Moral distress and the contributing factors among nurses in different work environments. J Nurs Midwifery Sci. 2015;2(3):44-9. doi: 10.7508/jnms.2015.03.007. [Persian].
34. Oh Y, Gastmans C. Moral distress experienced by nurses: a quantitative literature review. Nurs Ethics. 2015;22(1):15-31. doi: 10.1177/0969733013502803.
35. Mosalanezhad L, Abiri S, Kalani n. Moral distress level in nurses and physicians caring for patients with COVID-19: a cross-sectional descriptive study in 2020. J Educ Ethics Nurs. 2020;9(3-4):1-8. doi: 10.52547/ethicnurs.9.3.4.1. [Persian].
36. Lin F, St John W, McVeigh C. Burnout among hospital nurses in China. J Nurs Manag. 2009;17(3):294-301. doi: 10.1111/j.1365-2834.2008.00914.x.
37. Chen SM, McMurray A. "Burnout" in intensive care nurses. J Nurs Res. 2001;9(5):152-64. doi: 10.1097/01.jnr.0000347573.45553.e0.
38. Shakerinia E. Moral turmoil, burnout and mental health in nurses. Medical Figh . 2013;4(11-12):168-91. [Persian].
39. Keighobadi F, Sadeghi H, Keighobadi F, Tabaraei Y. The relationship between moral distress and emotional exhaustion in nurses. Iran J Med Ethics Hist Med. 2014;7(3):36-47. [Persian].

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