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Original Article

A study of the relationship between professional values and ethical climate and nurses' professional quality of life in Iran

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ABSTRACT

Objective: To explore the relationship between nursing professional values and ethical climate and nurses' professional quality of life.
Methods: The present study is a descriptive, cross-sectional work in which 400 nurses from various wards of hospitals in the south-east of Iran were studied. Data were collected using a questionnaire consisting of four sections: demographics, Nurses' Professional Values Scale-Revised (NPVS-R), the Hospital Ethical Climate Survey (HECS), and the Professional Quality of Life Scale (ProQOL).
Results: The total mean scores for professional values were 105.29 ± 15.60. The total mean score for the ethical climate was 100.09 ± 17.11. The mean scores for the indexes of compassion satisfaction, burnout, and secondary traumatic stress were 45.29 ± 8.93, 34.38 ± 6.84, and 32.15 ± 7.02 respectively. The relationships between professional values and the indexes of compassion satisfaction ($r = 0.56$), burnout ($r = 0.26$), and secondary traumatic stress ($r = 0.18$) were found to be positive and significant ($P < 0.001$). Also, the relationships between ethical climate and the items of compassion satisfaction ($r = 0.60$, $P < 0.001$), burnout ($r = 0.15$, $P = 0.002$) were found to be positive and significant.
Conclusion: An understanding of nurses' perception of professional values and improving the ethical climate at work can help nursing administrators identify more effective strategies toward increasing compassion satisfaction and lessening burnout and work-related stress.
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What is known?

- Professional quality of life is a multi-dimensional concept influenced by the employees' understanding of their work and organization and satisfaction with their resources, activities, and the outcome of their presence and involvement in the workplace.

What is new?

- There is a significant relationship between nursing professional values and ethical climate and compassion satisfaction, burnout, and secondary traumatic stress. Compared to the other indexes of professional quality of life, compassion satisfaction has a stronger relationship with professional values and ethical climate.

1. Introduction

Professional values are guidelines for action accepted by professional groups and experts and provide a framework for evaluation of values and beliefs which influence professional performance [1]. It is essential that nurses be familiar with professional values and how they influence professional behavior [2].

Advances in technology and the expansion of nursing roles have led to complicated ethical conflicts for professional nurses [3]. Variations in nursing roles raise the need for uniformity in values [1]. Since professional values shape the identity of the nursing profession and provide guidelines for practice, nurses' commitment to them is necessary [4,5]. Professional values form the basis of nursing and should determine the manner of nurses' interactions

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with patients, colleagues, other professionals, and the public; they also provide a framework for commitment to patients and can guarantee ethical behaviors toward giving safe and humane care [6]. Studies show that professional nursing values help with resolving conflicts, prioritizing medical measures, enhancing the quality of patient care, and increasing job satisfaction among nurses [7,8].

According to one study, nurses' perception of professional values influences their professional quality of life as these values determine nurses' motives in coping with ethical issues [5]. Professional values play a major part in whether nurses' efforts lead to feeling fulfilled and rewarded, as well as in preventing occupational burnout [9]. Compared to other nurses, nurses with positive professional values are more willing to work and, because of their interactions with and commitment to their organizations, achieve more [5].

Also, the ethical climate has a key role in determining nurses' job satisfaction and commitment [10]. There is evidence of the impact of ethical climate on care providers' job satisfaction, organizational commitment, job rotation, motivation, occupational burnout, and ethical decision-making and judgment. A positive ethical climate can improve adherence to ethical principles and organizational commitment [11]. According to Tsai & Huang, healthcare organizations can, by influencing the ethical climate in the organization, increase job satisfaction, and organizational commitment [12]. The study of Abou Hashish shows that nurses' perception of ethical climate correlates with their professional commitment: a positive ethical climate encourages higher levels of turnover, support, internalization of professional values, and principle-based reasoning [10].

In healthcare organizations, improving the ethical climate results in better efficiency and resolution of disputes and ethical issues [13]. In other words, by making the work environment ethical, organizations can improve their employees' job satisfaction. Managers in organizations can, by understanding the relationship between ethical climate and efficiency, manage situations better, and display ethical behaviors in their organizations [14].

A satisfactory ethical climate can create a positive attitude in an employee toward his/her work and keep him/her in the organization for longer periods [15]. On the other hand, if nurses are not supported by the ethical climate of the hospital in performing their duties, they may refuse to do their job and provide effective care to patients [15].

Professional quality of life is a multi-dimensional concept influenced by the employees' understanding of their work and organization [16] and satisfaction with their resources, activities, and the outcome of their presence and involvement in the workplace [17]. In other words, professional quality of life is the understanding of an organization's personnel of the mental and physical conditions of their work environment which is based on their attitude toward their professional life [16].

A high-quality work environment is known as the prerequisite of the empowerment of human resources in a healthcare system [18]. Employees with a higher professional quality of life have a stronger organizational identity, better job satisfaction and performance [16], and greater commitment to working. By causing burnout and job dissatisfaction, dissatisfaction with one's professional quality of life potentially results in employees' loss of motivation, increased absence from work, psychological distress, and resignation [19]. Thus, attention to variables that influence the professional quality of life will make for a more humane work environment where not only the personnel's basic needs but also higher-level needs for consistent growth and advanced performance are considered [18]. Recently, because of the close relationship between the concepts of professional quality of life on one hand and nurses' professional and clinical performance and clinical competence on the other, the various dimensions of professional quality of life have been receiving more consideration [5]. One of the main goals of healthcare organizations today is improving the professional quality of life, which can, in turn, affect efficiency and other aspects of work; in other words, healthcare administrators can improve organizational efficiency by addressing the factors which affect the personnel's professional quality of life [18].

It can be concluded that nurses' professional quality of life is an influential factor in their job satisfaction and willingness to stay in their jobs. Poor working conditions and low salaries in Iran have caused many nurses to immigrate to other countries or become involved in jobs unrelated to healthcare. Research on factors that influence nurses' professional quality of life can provide nurse administrators with invaluable data that will guide them in their choice of strategies toward improving nurses' professional quality of life which, in turn, will lead to higher job satisfaction and better nursing care. A review of the literature did not yield any studies on the relationship between professional values and ethical climate and nurses' professional quality of life on the other. Accordingly, the present study aims to investigate the relationship between professional values and ethical climate and nurses' professional quality of life.

2. Methods

2.1. Research design and setting

The present study was a descriptive, cross-sectional study that examined the relationship between professional values and ethical climate and nurses' professional quality of life. This study was conducted in different internal, surgical, and special wards of Fasa University of Medical Sciences teaching hospitals (Valiasr Hospital and Dr. Ali Shariati Hospital) in Fars province, Iran.

2.2. Study population

The study subjects were 400 nurses practicing in non-special wards (internal and surgery), special wards (CCU, ICU, dialysis, pediatric, and psychiatric) of teaching hospitals affiliated with a university of medical sciences in the south-east of Iran. The study population consisted of all the nurses employed in the above-mentioned wards. The inclusion criteria for nurses were having at least a bachelor's degree in nursing and a minimum of 6 months' experience of work in a hospital ward. The exclusion criteria were failure to complete the questionnaire or partial completion of the questionnaire and not being physically or emotionally prepared to cooperate due to fatigue from work.

2.3. Data collection

The subjects were sampled according to the census method. The total number of nurses who were in practice in the university hospitals of Fasa at the time of the study was 421 according to the statistics produced by the nursing management of Fasa University of Medical Sciences. Thirteen of those nurses were excluded from the study due to various reasons: maternity leave (6 nurses), unpaid leave (4 nurses), and postgraduate studies (3 nurses). Also, 3 were excluded due to their partial completion of the questionnaire, and 5 refused to participate. Thus, 400 questionnaires were completed overall.

In this study, after obtaining permission from the authorities at Fasa University of Medical Sciences and submitting the ethical license to the administrators at the university hospitals, the researchers made arrangements with the supervisors of various units

and the head-nurses of the morning, afternoon, and night shifts. Next, from complete lists of the practicing nurses, those who met the inclusion criteria of the study were selected and asked to complete the questionnaire after they had been introduced to the objectives of the study. The study lasted from January 2018 to February 2019, and the data collection stage spanned 4 months. Each questionnaire was completed in 20–30 min. At the time of completion, one of the researchers was present to answer any questions the study subjects had.

2.4. Study instruments

In addition to a section on demographics, the questionnaire consisted of Schank and Weis' Nurses' Professional Values Scale-Revised, Olson's Hospital Ethical Climate Survey, and Stamm's Professional Quality of Life Scale.

2.4.1. Nurses' Professional Values Scale-Revised

Nurses' Professional Values Scale-Revised (NPVS-R) consists of 26 items which address the following dimensions: caring (9 items: 16, 17, 18, 20, 21, 22, 23, 24, 25), activism (5 items: 4, 10, 11, 19, 26), trust (5 items: 1, 2, 9, 14, 15), professionalism (4 items: 5, 6, 7, 8), and justice (3 items: 3, 12, 13). Scoring is based on a 5-point Likert scale: not important (1 point), slightly important (2 points), fairly important (3 points), important (4 points), and very important (5 points). The score range is between 26 and 130, with higher scores indicating the respondent's better familiarity with nurses' professional values. Designed and standardized by Weis and Schank to measure nurses' perception of professional values, this scale is reported to possess sufficient reliability and validity in their studies [20,21]. In their examination of the psychometric properties of the Persian version of the scale, Parvan, Hosseini, and Zamanzadeh (2012) had several university board members and English teachers verify the accuracy of the translation. The face and content validities of the scale were measured according to the views of a panel of experts consisting of master's degree nurses and Ph.D. nursing professors. The necessary revisions were made accordingly. The reliability of the scale was supported with a Cronbach's α coefficient of 0.91 [6]. The authors obtained permission for the use of research instruments.

2.4.2. The Hospital Ethical Climate Survey (HECS)

The Hospital Ethical Climate Survey was developed by Olson in the U.S. in 1998 [22]. The scale consists of 26 items which address 4 dimensions: nurses' relationships with peers (items 1, 10, 18, 23), physicians (items 5, 9, 14, 17, 22, 26), hospital (items 2, 6, 11, 19), and managers (items 3, 7, 12, 15, 20, 24). This instrument measures the respondent's perception of the ethical climate in a hospital ward on a 5-point Likert scale: never (1 point), seldom (2 points), occasionally (3 points), often (4 points), almost always (5 points). The minimum and maximum scores are 26 and 130 respectively. A score of 78 or above indicates the respondent's positive attitude toward the ethical climate of the hospital (a satisfactory climate), while a score of below 78 signifies an unsatisfactory ethical climate. Olson reports a Cronbach's α coefficient of 0.91 for the 26 items of the scale [22]. The first Persian version of the scale was translated and used by Mobasher et al., in 2008 [23]; they reported a 0.92 Cronbach's α coefficient for the scale. Khazani et al. (2013) tested the questionnaire on 30 subjects and reported internal consistency of 0.93 [11]. To determine the content validity of the scale, Joulaee et al. (2009) used the views of 8 university board members. After making the necessary changes according to the professors' comments, the researchers had the scale reassessed by two other experts in the field who confirmed its validity. In Joulaee's study, the reliability of the instrument is supported by a Cronbach's α coefficient of 0.88 [15,24].

2.4.3. The Professional Quality of Life Scale

The Professional Quality of Life Scale was developed by Stamm in 1996. The subscales of the instrument are compassion satisfaction, burnout, and secondary traumatic stress which yield three disparate scores without a total score. Each subscale consists of 10 questions—thus the instrument is comprised of 30 items which are scored on a 5-point Likert scale. The cut-off points for each item are 22 and 44: a score of 22 or below for each subscale shows low compassion satisfaction, burnout, or secondary traumatic stress; a score of between 23 and 41 is considered average, and scores exceeding 42 indicate high levels. The reliability and validity of the scale have been examined in various countries [25]. In the study of Gorji et al. (2018), after being translated, the Persian version of the instrument was examined by 20 university professors: the overall content validity of the instrument (S-CVI) was found to be 0.91. Construct validity was tested and supported via exploratory and confirmatory factor analyses. The reliability of the instrument was supported with a Cronbach's α of 0.73 [26].

2.5. Statistical analysis

The collected data were analyzed using SPSS v.22. The descriptive statistics of frequency, percentage, mean, and standard deviation were used to describe the subjects' demographics and scores for professional values, ethical climate, and nurses' professional quality of life. Also, Pearson's correlation coefficient was used to examine the relationship between the subjects' total scores for professional values, ethical climate, and the indexes of nurses' professional quality of life. To determine the most influential variable in the status of the indexes of nurses' professional quality of life, the researchers employed the general multivariate linear model. In the present study, P-values of below 0.05 were considered as significant.

2.6. Ethical consideration

The present study has been approved by the ethics committee of the University of Medical Sciences (IR.FUMS.REC.1398.034). All the participants were informed about the objectives of the study and completed the informed consent form. The participants were assured of the anonymity and confidentiality of their information.

3. Results

In the present study, the nurses' mean age and mean work experience were 34.9 ± 0.31 and 10.72 ± 0.27 years respectively. Table 1 shows the frequency distribution and percentage of the nurses' demographics.

The total mean score for professional values was found to be 105.29 ± 15.60. The mean scores for the domains of professional values including caring, activism, trust, professionalism, and justice were 37.71 ± 0.29, 19.2 ± 0.16, 20.05 ± 0.15, 16.05 ± 0.13, and 12.37 ± 0.94 respectively.

The total mean score for the ethical climate was found to be 100.09 ± 17.11. The mean scores for the domains of ethical climate including peers, physician, hospital, and management were 15.8 ± 0.13, 22.96 ± 0.20, 15.77 ± 0.13, and 23.33 ± 0.20 respectively.

The mean scores for the indexes of compassion satisfaction, burnout, and secondary traumatic stress were 45.29 ± 8.93, 34.38 ± 6.84, and 32.15 ± 7.02 respectively.

The results of Pearson's correlation coefficient showed that there was a significant, direct relationship between the total mean scores for professional values and ethical climate (r = 0.60,

Table 1
Demographics of the nurses in the study ($N = 400$).

Characteristics		n(%)
Sex	Male	160 (40.0)
	Female	240 (60.0)
Academic degree	Bachelor of Science in Nursing (BSN)	358 (89.5)
	Master of Science in Nursing (MSN)	42 (10.5)
Marital status	Married	280 (70.0)
	Single	120 (30.0)
Ward	Special	165(41.3)
	Non-special	235(58.6)
Age(years)	20–29	94(23.5)
	30–39	215(53.8)
	>40	91(22.8)
Work experience(years)	1–10	206 (51.5)
	11–20	176 (44.0)
	21–30	18 (4.5)

$P < 0.001$).

According to the results of the general multivariate linear model, there was a significant, direct relationship between professional values and the indexes of compassion satisfaction ($r = 0.56$, $P < 0.001$), burnout ($r = 0.26$, $P < 0.001$), and secondary traumatic stress ($r = 0.18$, $P < 0.001$). Similarly, there was a significant, direct relationship between ethical climate and the indexes of compassion satisfaction ($r = 0.60$, $P < 0.001$), burnout ($r = 0.15$, $P = 0.002$), and secondary traumatic stress ($r = 0.07$, $P = 0.123$) (Table 2).

4. Discussion

The results of the present study show that there is a significant relationship between nursing professional values and ethical climate. Also, there is a significant relationship between nursing professional values and ethical climate and compassion satisfaction, burnout, and secondary traumatic stress. Compared to the other indexes of professional quality of life, compassion satisfaction has a stronger relationship with professional values and ethical climate. Moreover, compared to professional values and demographics, an ethical climate is more influential in determining the index of compassion satisfaction. Presently, there are not many studies on the relationship between professional values and ethical climate on one hand and nurses' professional quality of life on the other, and the existing studies address each of these variables separately or about other factors.

One of the findings of the present study is that there is a significant relationship between professional values and ethical climate. Even though the current literature includes works on ethical climate and professional values, the relationship between the two has not been sufficiently studied. The study of Rabia (2018) reports a positive and strong relationship between nurses' perception of professional values and the ethical climate of hospitals—the relationship between professional values and the domain of relationship with managers (one of the domains of ethical climate) is the most significant [27]. The ethical climate is a multidimensional construct that influences the staff's occupational attitude, occupational behaviors, and ethical behaviors. It seems that unethical behaviors are more likely to occur in organizations with an unsatisfactory ethical climate [28]. Fear of an unhealthy occupational or educational atmosphere leads to depreciation of the importance of the professionalism factor in professional values [1]. Emotional fatigue and depersonalization, which develop in workplaces with poor ethical climates, have an inverse relationship with professional values and personal success [27]. According to one study, nurses are less likely to observe professionalism compared to the other dimensions of professional values. This domain of professional values deals with participation in decision-making and improvement of one's profession by actively engaging in affairs related to healthcare [1]. A healthy ethical climate guarantees the institutionalization of professional values and improves the quality and safety of nursing care [27].

The findings of the present study show that there is a relationship between professional values and the indexes of nurses' professional quality of life—the relationship between professional values and the index of nurses' compassion satisfaction was found to be the most significant. Likewise, the study of Kim et al. (2015) shows that awareness of professional values and professionalism has a positive impact on nurses' professional quality of life, especially their compassion satisfaction [5]. In another study, nurses' compassion satisfaction is found to have a positive relationship with all the dimensions of professional values [29].

Professional values are criteria for practice recognized by professional groups and experts and are related to current activities in a profession. Regarded as motivational factors, professional values are reflected in individuals' attitudes and affect their choices and behaviors [1]. According to a study, the quality of care provided by nurses is influenced by their observance of professional values [8]. Professional values are rooted in personal values that are shaped by an individual's culture, family, environment, religion, and ethnicity. The acquisition of these values is a gradual and evolutionary process and extends throughout one's life. Nurses' observance of professional values will not only improve the quality of nursing care, but increase nurses' job satisfaction, professional survival, and organizational commitment [30]. In their study, Bang et al. (2011) conclude that the acquisition and internalization of professional values by nurses both enhance the quality of clinical care for patients and increases nurses' job satisfaction [31].

Professional values are the base for improvement in ethical competence in clinical environments and dealing with ethical concerns in today's world [6]. Professional values are the answer to the existing issues in the nursing profession. Today, globalization, immigration, shortage of nurses, the emergence of new diseases, a growing elderly population, and demand for quality care are complex issues that have led to ethical complications for nurses. Thus, nurses are expected to be familiar with professional values and use them as a reference point for making decisions about ethical issues [32]. The better nurses' awareness of professional values, the higher the quality of clinical care provided by them, which in turn increases nurses' job satisfaction and satisfaction of caring for patients. By implementing strategies that reinforce professional values, hospital managers can improve compassion satisfaction and lower burnout.

Table 2
The relationship between professional values and ethical climate and professional quality of life ($n = 400$, r).

Variables	Professional quality of life		
	Compassion satisfaction	Burnout	Secondary traumatic stress
Professional values	0.56*	0.26*	0.18*
Ethical climate	0.60*	0.15*	0.07

Note: *$P < 0.01$.

Defined as one's happiness at being able to do one's job as well as possible, compassion satisfaction is related to the positive feelings and inclinations which individuals have toward their job and is influenced by personality-related, organizational, social and cultural factors [33]. Compassion satisfaction is derived from nurses' efforts to maintain patient rights according to their values and beliefs. Nurses who face ethical dilemmas gain personal satisfaction from helping their patients, which influences their compassion satisfaction [5].

Nurses' ability to improve the quality of care depends on work settings [29]. A non-supportive organizational culture that fails to acknowledge compassion-based care and allows work overload lowers the quality of nursing care. Such characteristics as clinical expertise and commitment to ethical values indicate a nurses' professionalism at providing care [34]. The key concepts of professionalism and professional values constitute the professional qualities required for solving complex problems in organizations and increasing compassion satisfaction [5].

Another finding of the present study is the existence of a significant positive relationship between ethical climate and the indexes of nurses' professional quality of life—compared to the other indexes, compassion satisfaction has a stronger relationship with ethical climate. The ethical climate reflects the personnel's perception of the performance of their organization about decision-making and feedback [35]. In the present study, the status of the ethical climate was found to be average. Several other studies report satisfactory ethical climates [11,36]. The ethical climate is a function of organizational performance and procedures and may vary across individuals and organizations.

An ethical climate is a specific part of the overall climate in an organization. The ethical climate is defined as the values, norms, beliefs, behaviors, and habits which influence the performance of the staff in an organization. Research into the ethical climate in clinical environments is inadequate [37]. In a clinical environment, a healthy ethical climate facilitates ethical decision-making. Ethical climate correlates with the staff's job satisfaction, willingness to stay in the job, ethical distress, and quality of care [10]. The results of a systematic review study show that there is a positive relationship between ethical climate on one hand and job satisfaction, professional competence, personalized care, organizational support, organizational commitment, satisfaction with the quality of care, management of conflicts in the workplace, career beliefs, efficiency, and cooperation between doctors and nurses on the other [38].

An important factor in professional environments, ethical climate plays a major role in nurses' feeling good at work and the quality of nursing care. Compassion satisfaction, as a component of professional quality of life, is the positive outcome of helping others. The index of compassion satisfaction is the pleasant feeling which caregivers derive from providing care [39]. Oncology ward nurses who had more work experience and accepted passive adaptation models were found to suffer from greater compassion fatigue and burnout. Cognitive empathy and training and support on the part of organizations are factors that contribute to employees' compassion satisfaction. In a positive ethical climate, quality care and treatment of patients are valued by caregivers [40]. An improved ethical climate in clinical centers will result in nurses' better response to ethical tension and reduce the causes of dissatisfaction in the workplace.

In the present study, the highest score is for the domain of relationship with managers, which is consistent with the results of the study of Asgari [35]. This finding stresses the importance of the role of managers in improving the ethical climate in organizations. The imbalance between nurses and physicians in authority affects the relationship between the two and has an adverse effect on the quality of nursing care. Physicians and nurses are the main members of healthcare teams and their inter-personal and inter-group interactions must be improved for the objectives of care to be fulfilled.

Many studies validate that there is a significant positive relationship between ethical climate and nurses' job satisfaction [41,42]. According to one study, a satisfactory ethical climate enhances the personnel's motivation and, consequently, has a substantial impact on the personnel's approach to work and performance [43]. The study of Mulki (2010) reports a positive relationship between ethical climate and job satisfaction [44]. A professional atmosphere is characterized by an exceptional acceptance of codes of ethics, regulations, and management. By promoting such an atmosphere, an organization can encourage internalization of professional norms and values, which will, in turn, lead to better job satisfaction. Nurses' understanding of their received support from their organization is affected by managers' institutionalization of regulations, procedures, and ethical values, including justice, clarity, honesty, and trust [45].

The study of Mrayyam et al. (2006) shows that nurses who are satisfied with their peers, e.g. supervisors, the extent of responsibility, and participation in organizational decision-making have higher job satisfaction [46]. In a satisfactory ethical climate, individuals can have a sense of professional independence which is a major factor in job satisfaction [47]. For nursing care to improve, it is essential that the staff of the organization have a mutual understanding of their relationships [48]. In today's healthcare systems, some values shape the ethical climate in the workplace and influence nurses' efficiency [22]. The provision of compassionate care depends on not only the therapist but the members of the healthcare team and the organizational context and culture [48].

Among the factors which adversely affect the professional quality of life are unsuitable physical environment, poor relationships with other professional and non-professional groups, and inability to meet the basic requirements for work due to the insufficient participation of nurses' representatives in major management and policy-making activities [49]. The study of Ebrahiminejad et al. (2016) shows that there is a significant positive relationship between the indexes of professional quality of life, the fairness of salaries, justice, and participation in organizational decision-making on one hand and ethical culture on the other [50]. According to the study of Zareie et al. (2011), the more extensive the medical staff's internalization of work ethics and culture is, the better their professional quality of life will be. Internalization of ethics encourages professional and organizational commitment [51].

The findings of the present study show that there is a positive relationship between the variables of nurses' age and work experience on one hand and the index of compassion satisfaction on the other. On the other hand, the variables of nurses' age and work experience have an inverse relationship with the index of job burnout. Also, nurses with a bachelor's degree have a larger share of the index of burnout. Likewise, Kim et al. (2015) report a significant relationship between the indexes of compassion satisfaction and burnout on one hand and the variables of nurses' age, education, and work experience: compassion satisfaction was higher for nurses aged over 40 years, with higher education, or with work experience of over 10 years [5]. It appears that nurses with less professional experience tend to experience less compassion satisfaction and more burnout; thus, these nurses are at higher risk of having a poor professional quality of life [25,52].

The findings of the study show that burnout related to professional quality of life is higher for nurses with a bachelor's degree than for nurses with a master's degree. According to the study of Wang (2015), nurses' education and professional status have a

significant impact on their emotional exhaustion and depersonalization, both dimensions of professional burnout: nurses with lower education tend to experience more emotional exhaustion and depersonalization [53]. In contrast, the study of Abedi-Gilavandi (2019) reports that nurses with higher academic degrees often experience higher degrees of burnout [54]. In another study, nurses who are in direct contact with patients and provide care to them are found to be exposed to more emotional exhaustion and depersonalization [55]. It can be concluded that nurses with lower academic degrees and professional status have a smaller sense of achievement that nurses with higher academic degrees and professional status [53]. Wu et al. (2007) report that nurses with lower academic degrees score lower on professional competence tests [56]. Likely, the nurses with a bachelor's degree in the present study had less job satisfaction and self-confidence than the nurses with a master's degree, which results in the former's less competence as they feel that they have lower healthcare and treatment capabilities. In Iran, nurses with a master's degree or Ph.D. are often employed in administrative positions and have the authority to participate in organizational decision-making activities; thus, they tend to experience more satisfaction and less burnout compared to nurses with a bachelor's degree.

5. Limitations

One of the limitations of the present study is that it does not address the impact of the variables of financial status, place of residence, and participation in on-the-job training courses on nurses' professional quality of life. Also, the study was limited to two teaching hospitals. Therefore, it is recommended that future studies use larger subject samples and address the relationship between professional values and ethical climate on one hand and economic and cultural factors and nurses' personal and organizational performance on the other, and how they all correlate with nurses' professional quality of life.

6. Conclusion

The results of the study show that there is a significant relationship between professional values and ethical climate on one hand and nurses' professional quality of life on the other—ethical climate has a more significant impact on the professional quality of life index of compassion satisfaction. Accordingly, by paving the ground for the institutionalization of professional values and creating a satisfactory ethical climate, hospital managers and other authorities can improve nurses' professional quality of life, which will in turn increase nurses' satisfaction and the quality of care provided by them. Furthermore, it is recommended that nurses attend workshops designed to improve their interaction with their peers and managers and manner of dealing with ethical issues.

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CRediT authorship contribution statement

Banafsheh Tehranineshat: Investigation, Methodology, Software. **Camellia Torabizadeh:** Methodology, Supervision. **Mostafa Bijani:** Methodology, Supervision, Validation, Writing - review & editing.

Declaration of competing interest

There is no conflict of interest.

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Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.ijnss.2020.06.001.

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