Hospital Ethical Climate and Job Satisfaction among Nurses

Subjects: Nursing

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Ethical climate can be defined as a set of behaviors, emotions and impressions characteristic for a given organization and shaped by a number of factors, such as professional values, norms, views, and cultivated tradition. The concept of the Ethical Climate Theory (ECT) dates back to the 1980s. The ECT authors, B. Victor and J.B. Cullen, classified the following five types of climate: caring, independent, rules, rights referred to as professional, and instrumental.

Keywords: ethical climate; job satisfaction; nurses; scoping review

1. Introduction

Ethical climate can be defined as a set of behaviors, emotions and impressions characteristic for a given organization and shaped by a number of factors, such as professional values, norms, views, and cultivated tradition. The concept of the Ethical Climate Theory (ECT) dates back to the 1980s. The ECT authors, B. Victor and J.B. Cullen, classified the following five types of climate: caring, independent, rules, rights referred to as professional, and instrumental $^{[\underline{1}]}$. The term ethical climate was redefined by referring to nursing staff perceptions of how ethical issues are addressed in their specific work environment $^{[\underline{2}]}$. The level of ethical climate is largely determined by the relationships between nurses and colleagues, patients, physicians, managers, and the hospital $^{[\underline{3}]}$. Ethical climate is the foundation upon which professional nursing delivery is based $^{[\underline{4}]}$.

Job satisfaction is a feeling of pleasure or lack of satisfaction with one's job duties shaped by many factors including salary, working conditions, work experience, personal development, and many others closely related to the ethical climate of the institution where the employee is employed [5].

Over the past two decades, there has been a growing interest among researchers in the concept of ethical climate in the nursing environment and more specifically, its relationship with job satisfaction $^{[\underline{0}]}$. Research in this area is being conducted worldwide, namely in Iran $^{[\underline{5}][\underline{7}][\underline{8}]}$, Ethiopia $^{[\underline{9}]}$, South Korea $^{[\underline{10}]}$, Turkey $^{[\underline{11}][\underline{12}]}$, Finland $^{[\underline{13}]}$, Egypt $^{[\underline{14}]}$, Taiwan $^{[\underline{15}]}$, Israel $^{[\underline{17}]}$, Bosnia and Herzegovina $^{[\underline{18}]}$, and the USA $^{[\underline{19}][\underline{20}]}$.

Two questionnaires are mainly used to assess the level of ethical climate: the Ethical Climate Questionnaire (ECQ) compiled by Victor and Cullen in 1988 and the Hospital Ethical Climate Survey (HECS) created by Olson in 1995. Both of these tools are validated and show good psychometric properties: Cronbach's alpha for ECQ is 0.86 to 0.92, and for HECS is $0.91^{\frac{[3][21]}{2}}$. Job satisfaction is assessed by means of the Minnesota Job Satisfaction Questionnaire (MSQ $^{\frac{[22]}{2}}$, Index of Job Satisfaction (JS) $^{\frac{[23]}{2}}$, the Job Satisfaction Index $^{\frac{[24]}{2}}$, and the Manual for the Managerial Job Satisfaction Questionnaire $^{\frac{[25]}{2}}$, which have shown to have acceptable reliability and validity.

According to Victor and Cullen's conception, the instrumental climate promotes the mission of the organization but is focused on maximizing the interest of individual employees $^{[\underline{1}]}$. This translates into a highly competitive work environment; therefore, this type of climate is the least desirable in a health care unit $^{[\underline{7}]}$. The caring type of climate is characterized by concern for others and consideration of their needs, which fosters teamwork supporting organizational effectiveness through decision making that should reflect maximum benefit to all stakeholders $^{[\underline{16}]}$. The climate of rules or principles encourages adherence to policies and procedures that outline the organization's norms and expectations for the personnel employed. The creation of internal regulations is intended to improve decision making as this remains in the interest of the organization. In the climate of independence, employees can be expected to follow their personal and moral beliefs. Based on this, each individual decides for themselves what is right and wrong $^{[\underline{16}]}$. In contrast, the climate of rights and codes, also known as the climate of professionalism, refers to the fundamental criterion of ethics. For this climate, the first issue to consider is whether the decision made by a nurse/midwife is a violation of laws and codes. Nurses and

midwives are required to strictly adhere to the law, professional standards, and code of ethical professional behavior as the fundamental issue of the profession $\frac{[17]}{}$.

A different approach to the concept of ethical climate is presented by Linda Olson, who defines it as individuals' perceptions of organizational actions regarding ethical decision making and considerations that include aspects of power, trust, and interpersonal relationships within the organization [3]. On this basis, five types of relationships have been distinguished that significantly affect the ethical climate in the work environment and they regard relationships with colleagues, patients, managers, doctors, and the hospital.

Factors that shape the ethical climate of a health care unit include leadership styles and behaviors that foster ethical choices and actions beginning at the highest level of management. Thus, the key role is played by the leader who creates standards of conduct for an ethical climate in nursing practice ^[2]. Elements of the organization such as its history, mission, vision, and value system are reflected in various measures of ethical climate. Ethical climate in itself is not static because it undergoes dynamic changes depending on the aforementioned factors ^[2].

2. The Level of Ethical Climate and Job Satisfaction of Nurses in Health Care Units

In the study by Ulrich ^[20], nurses and social workers employed in hospital rated the ethical climate in the work environment as bordering or neutral but unsatisfactory. Furthermore, more than half of those surveyed indicated that there were some ethical difficulties they were helpless to deal with. Moreover, many of those surveyed indicated feelings of tension, fatigue, and depression. Lack of organizational support on ethical issues may result in nursing staff leaving the workforce. Nursing staff and social workers with higher education manifested more disappointment with their job duties. Health care professionals having a certain amount of knowledge, qualifications, and skills were able to perceive, discuss, and communicate ethical issues in their work environment. However, a difficult access or complete lack of access to resources and unsupportive ethical climate generated feelings of resentment, dissatisfaction, and moral distress manifested by, among other things, decisions made by others, feelings of guilt, or disregard for them ^[20]. Additionally, for Tehran nurses working in a teaching hospital ^[8], ethical climate was at an average level, as was job satisfaction. However, it was noted that nurses' teamwork triggered more professional satisfaction than individual work, which could indicate the synergistic effect when working in a group. Nurses with professional degrees and those who recently started their work in hospital rated the level of ethical climate as "rather positive". This is associated with, among other things, having higher education, skills and competencies, job satisfaction, and lower quit rates of nursing staff ^[13].

Factors determining the perceptions of ethical leadership among nursing staff included gender, acquired education, qualifications and skills, place of work (hospitals, outpatients along with private ones), length of service, and number of patients cared for $^{[12]}$. In addition, sociodemographic variables such as ethnicity, age, the type of department where the nurses work, and their salary affected job satisfaction of the nursing staff $^{[9]}$.

3. Types of Ethical Climate and Their Relationship to Nursing Staff Job Satisfaction

Taking into account five types of ethical climate $^{[1]}$, a statistically significant relationship was found between four types of ethical climate (caring, independence, rules, and professionalism) and job satisfaction. In contrast, no relationship was found between the instrumental type of ethical climate and job satisfaction $^{[7]}$. There are contradictory results regarding the impact of ethical climate of rules on job satisfaction. In the study by Dinc $^{[18]}$, job satisfaction was significantly affected by two types of ethical climate, caring (positive) and rules (negative). On the other hand, Abadiga $^{[9]}$ showed that there was a positive correlation between the rules and law climate and job satisfaction which translated into the elimination of ambiguity when dealing with ethical issues and an increase in job satisfaction among nursing staff. Additionally, Karaca $^{[11]}$ found that respondents who were satisfied with their jobs scored statistically higher on ethical climate dimensions such as caring, independence, rules, and law. No statistically significant relationship was observed between nurses' perception of ethical climate and their intention to leave their jobs.

In the results obtained by Goldman [17], the level of education and seniority of nurses significantly affected the perception of the ethical climate in the work environment. The greatest discrepancies were noted in the perception of the caring and independent climate which reflected negatively on perceptions of job satisfaction. Referring to the caring ethical climate, almost all the participants in the study stated that this climate was not fully practiced so the nursing staff wished to emphasize its presence more. In addition, nurses with many years of professional practice were confirmed to show more interest in instrumental and independent climate, in contrast to those with shorter seniority.

However, Tsai [16] noted that the instrumental ethical climate had a significantly negative impact on not only nurses' overall job satisfaction but also organizational affiliation.

4. Level of Ethical Climate and Job Change or Resignation among Nurses

Strong relationships are identified between perceived ethical climate and self-assessment of one's competence and willingness to change jobs, and job satisfaction in the dimension of quality of care among nurses. The nursing staff perceiving a significantly positive ethical climate of the organization rated their own competence level as high, showed job satisfaction, and did not wish to change their place of employment $\frac{[13]}{}$. Low salary in conjunction with ethical climate correlated positively with the decision to leave the profession, while a satisfactory level of organizational climate influenced staff promotions for their performance $\frac{[14]}{}$.

Rivaz $^{[26]}$ perceived that despite the friendly ethical climate, average values were recorded for the frequency rate as well as the intensity of job burnout. Moreover, the high rate of nurse turnover and poor workplace atmosphere adversely affected the quality as well as efficiency of the care services provided. Consequently, problems arose in "nurturing" an appropriate ethical climate that was essential for success $^{[14]}$.

5. The Role of the Leader and Manager in Building and Developing an Ethical Climate

Ethical climate is not a permanent feature of a given health care unit. Its level may be in a state of flux due to, for example, changing managers who introduce new ways of managing their subordinates. In practice, nurse leaders have the responsibility of ensuring the conditions for fulfilling the organization's mission and reconciling this with the work environment on a daily basis [17]. According to a study conducted by Jang and Özden [10][12], both the ethical climate and ethical leader had a significant impact on nurses' job satisfaction. People-centered leadership led to higher job satisfaction because the nurses felt that their supervisors cared about them, respected them, and supported them. Nursing leaders contributed to the development of an ethical climate in the unit by putting ethical values first in their relationships with patients and staff members and followed ethical principles in the provision of care. An ethical climate promoted the alignment, support, and internalization of professional values [14]. The findings of Huang [15] showed that hospital managers could enhance elements of the professional environment such as conditions conducive to patient care, a climate based on rules and laws, normative commitment, and emotional commitment, ultimately leading to feelings of higher job satisfaction. However, this is not always the case and a lack of support from managers in the decision-making process, a lack of willingness to listen to the nurses' representatives, and a lack of trust and respect are reported [13].

6. Strategies Geared toward the Improvement of Nurses' Ethical Climate and Job Satisfaction

In order to improve the ethical climate in health care units, there are different actions proposed, e.g., the creation of reward/motivation systems to retain nurses in the workplace $\frac{[14]}{}$, organization of trainings, and promotion of the idea of ethical climate among nursing staff through participation in workshops, seminars, or periodic counseling to develop leadership competencies among nurses $\frac{[27]}{}$.

Additionally, Aloustani $^{[27]}$ suggested that ethical leadership and ethical dilemma management should be included in the curriculum of future nursing students. Goldman $^{[17]}$ emphasized the role of the chief nurse in shaping cohesiveness strategies based on promoting an ethical workplace climate that would encourage teamwork with consideration of their most important needs. According to Jang $^{[10]}$ an essential determinant of nurses' job satisfaction was ethical leaders who care, respect, and support them; therefore, health care units should consider moral competence when recruiting employees.

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