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Nurses' perception of ethical climate and job satisfaction

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Abstract

The high turnover of nurses has become a universal issue. The manner in which nurses view their organization's ethical climate has direct bearing on their job satisfaction. There is little empirical evidence confirming a relationship between different sorts of ethical climate within organizations and job satisfaction in Iran.

The aim of this study was to determine the correlation between nurses' perception of ethical climate and job satisfaction in the Teaching Hospital of Kerman University of Medical Sciences.

A descriptive analytical design was used in this study. The sample consisted of 275 nurses working in 4 hospitals affiliated with the Kerman University of Medical Sciences. The instruments used in this study included a demographic questionnaire, Ethical Climate Questionnaire (ECQ), and Job Satisfaction Scale (JS). Data analysis was carried out using Pearson's correlation, one-way ANOVA, T-test and descriptive statistic through Statistical Package for Social Science (SPSS), version 16.

Across the five dimensions of ECQ the highest mean score pertained to professionalism (mean = 13.45±3.68), followed by rules climate (mean = 13.41±4.01), caring climate (mean = 12.92±3.95), independence climate (mean = 11.35±3.88), and instrumental climate (mean = 8.93±2.95). The results showed a positive correlation among ethical climate type of: professionalism (p=0.001), rules (p=0.045), caring (p=0.000), independence (p=0.000) with job satisfaction, and no correlation was found between instrumental climate and job satisfaction.

The result of this research indicated a positive correlation among professionalism, caring, rules, independence climate and job satisfaction. Therefore managers of hospitals can promote nurses' job satisfaction by providing ethics training programs that establish a working team and a culture that strengthens team spirit among nurses.

Keywords: Ethical climate, Job satisfaction, Nurses.

Introduction

Iran, similar to most other countries, is faced with the issue of nursing shortage. An Iranian government report indicates that although health care facilities need 220,000 nurses in order to deliver optimal nursing care, the stock of nursing workforce is only 90,026 in Iran. Additionally, according to the Iranian Nursing Council data, approximately 10,000 nurses are employed in non-health related sectors, and 200 nurses immigrate to other countries annually due to poor work conditions, low salary, low benefits and unsuitable working conditions. The increasing turnover of nurses has made job satisfaction an important issue in nursing studies. Job satisfaction is explained as

"the feelings a worker has about his or her job experiences related to previous experiences, current expectations, or available alternatives" (1). In other words, general job satisfaction is the amount of pleasure an employee has with the job (2), and can differ from employee to employee and is a subject widely researched in organizations (3).

Current researches indicate that employee job satisfaction is associated with perceptions of types of the organizational climate (4). According to Littell, organizational climate is the most important factor contributing to job satisfaction in service occupations. Among the existing organizational climates, ethical climate plays an important role in employees' performance (5). One study in Nigeria showed that an organization could increase its employees' job satisfaction by developing the proper ethical climate (6). Other studies demonstrated that organizational ethical climate is related to higher job satisfaction and lower intention to leave the job, less burnout, suitable workloads and increased adherence to organization (7-9). Since ethical climate can be influenced by culture, work environment, and religion, it can vary from one country to another. Therefore, this study is trying to investigate the moral atmosphere in one specific culture.

Although numerous studies have examined nurses' job satisfaction in Iran, it seems there has not been adequate research on the relationship between ethical climate and job satisfaction. This investigation was conducted in order to examine the types of ethical climate existing in hospitals and their relationship to job satisfaction among nurses in Teaching Hospitals of Kerman University of Medical Sciences; subsequently this study prompted a question:

What is the relationship between nurses' perception of ethical climate and job satisfaction?

Theory of ethical climate

The concept of ethical work climate was first introduced by Victor and Cullen (10). One dimension of work climate is defined as "the shared perceptions of what is ethically correct and how ethical issues should be handled within an organization" (11).

Victor and Cullen reported that organizational ethical climates grow along dimensions like ethical theories (10). Major classes of ethical theory consist of egoism, benevolence, and principle. A tendency to maximize self-interest is characteristic of the egoism category of ethical theory, actual concern for the well-being of others is determined by benevolence, and allegiance to duties, rules, and laws is characteristic of the principle category of ethical theory. (11). These categories can be seen in the theory of ethical work climates proposed by Victor and Cullen. They suggested five distinct types of organizational ethical climate including

caring, professionalism, rules, independence, and instrumental (12).

Caring

Caring climate is based on the benevolence ethical criterion (7). In this climate the most important concern is what is best for others and people look out for each other's good and the primary goal is to offer the greatest good for the greatest number of people (12).

Professionalism

This dimension is related to the principle ethical criterion. In this climate, the first consideration is whether a decision violates law and codes. People are expected to strictly follow legal or professional standards and the law or ethical code of profession is the major consideration here. People are expected to comply with legal and professional standards over and above all other considerations (7, 10).

Rules

The rules climate is related to the principle ethical criterion (7). Based on this climate, it is very important to strictly follow the organizations' rules and procedures and therefore everyone is expected to do so. People in facilities with this climate strictly follow the organization policies (11).

Independence

The independence dimension is associated with the principle ethical criterion. In this climate, people are expected to follow their own personal and moral believes. Each person decides for himself or herself what is right or wrong; in other words, people are guided by their own personal ethics (7).

Instrumental

This dimension is associated with egoistic criterion and its primary goal is to provide personal benefits. In this climate people protect their own interest above anything else and are mostly out for themselves (12).

Method

A descriptive analytical design was applied in this study. In order to estimate the minimum correlation coefficient of 0.15 with %95 confidence interval, and design effect 2, the required sample size was 300 and had to be selected by non-probability quota sampling from the roster of 500 active nurses of hospitals affiliated to the Kerman University of Medical Sciences in southeast Iran. The samples of the study consisted of 275 licensed nurses who worked in medical (n=108), surgical (n= 59), critical care (n=54), and emergency (n=54) units of hospitals affiliated with Kerman University

of Medical Sciences (the names of the hospitals were: Shahid Bahonar (n=75), Afzalipour (n=98), Shafa (n=79) and Shahid Beheshti (n=23).

Three hundred questionnaires were distributed to the 4 hospitals agreeing to participate, and 280 completed questionnaires were received. After deleting missing cases, 275 questionnaires remained and constituted the sample for this study.

Inclusion criteria were: having a Bachelor or Master of Science degree in nursing; having been working as a nurse for more than 6 months on their present ward, and being employed as a full-time nurse (40 hours or more per week).

We applied three questionnaires for data collection including: demographic questionnaire, ethical climate questionnaire (ECQ), and job satisfaction scale (JS).

Participants' personal characteristics were obtained by the demographic questionnaire that contained variables such as age, gender, level of education, work unit, years of work experience, nursing role and average wage. These variables had been chosen by previous studies as well (7).

The ethical climate was measured using the 26-item ethical climate questionnaire (ECQ) developed by Victor and Cullen (13). This questionnaire outlined five different ethical climate dimensions: caring (items 1, 5, 7, 9, 15, 19), professionalism (items 4, 12, 17, 24), rules (items 2, 8, 10, 22), independence (items 3, 11, 13, 21) and instrumental (items 6, 14, 16, 18, 20, 23, 25). The items were measured on a five point Likert-type scale (0 = completely false; 5 = completely true). Some of the items were: "The most important concern is the good of all the people," "People in this hospital strictly obey the hospital policies," "In this hospital, people protect their own interests above all else," "In this hospital, the law or ethical code of profession is the major consideration." Higher scores on an ECQ dimension meant a higher level of that particular measure and vice versa. Content validity of the ECQ was verified by an expert panel including ten nursing faculties. Although the internal consistency of the ECQ had been investigated in previous studies (α=0.86 to 0.92) (12), we examined the reliability of the translated scale by alpha coefficients for each of the domain scores. Cronbach's alpha more than 0.70 indicated internal consistency. Caring (Cronbach's coefficient was 0.777); instrumental (coefficient a 0.735); independence (coefficient a 0.711); professionalism and rules (coefficient a 0.798).

Job satisfaction was measured using a job satisfaction scale (JS) developed by Brayfield and Rothe (14). The instrument consisted of 15 items related to nurses' job satisfaction asking participants to show their satisfaction levels with their job on a scale ranging from1 (strongly disagree) to 5 (strongly agree). Several factors were considered to determine the nurses' level of job satisfaction, for example satisfaction with supervisors, satisfaction with co-workers, satisfaction with pay, and satisfaction with the work itself. There was no further classification for these factors; therefore a high score indicates high job satisfaction. This was based on mean scores. Both the reliability and validity of the measures were assessed. First, validity assessments were conducted using content validity index. The validity of this questionnaire was 0.80. Content validity of ECQ was verified by an expert panel, including ten nursing faculties .The Cronbach's alpha measured for this questionnaire was 0.75, which indicates the reliability of the instrument.

Data were analyzed using the Statistical Package for Social Science (SPSS), version 16. Pearson's correlation coefficient was the statistical tool selected to assess the questions of the research. The questions were examined using an independent t-test and one-way ANOVA. All analyses were conducted at the 0.05 significance level.

Ethical approval for the study was obtained from the Ethical Committee of Kerman University of Medical Sciences. Before the subjects signed a written consent, they were provided with verbal explanation of the purpose of the study. Assurance of maintenance of confidentiality and anonymity was given.

Results

The respondents' age range was between 24-50 with mean age of 32.7 years and the most of them were female (82.2%). Approximately 53% of nurses were married. Most of them had a Bachelor of Science degree in nursing (73.2), with 1-10 years working experience (59%) and the majority of the respondents were in formal employment, and working in the medical-surgical unit.

Table 1 indicates means and standard deviations for dimensions of ethical climates. Most of the respondents identified presence of a professionalism climate. This was followed by rules climate, caring climate, independence climate, and instrumental climate. Also the mean for job satisfaction was 10.28 and standard deviation was 2.35.

In addition, the study found that most of the variables were significantly correlated (Table 2).

The strongest correlation existed between caring climate and job satisfaction. The second strongest correlation was between independence climate and job satisfaction. The third strongest correlation existed between rules climate and job satisfaction.

In addition, the study found that the correlation between professionalism climate and job satisfaction was moderate (means ranged between 0 and 20)

Finally, there was no correlation between instrumental climate and job satisfaction (Table 2).

Also, the results of this study demonstrated that demographic characteristics such as gender, work experience and educational experience influence nurses' perceived ideal ethical climate (Table 3).

Discussion

The aim of this study was to determine the correlation between ethical climate type and job satisfaction among nurses in Kerman. The results revealed that a caring climate significantly and positively influences nurses' job satisfaction.

This is consistent with Ulrich et al. finding that the nurses who believed their hospital had a caring climate were more satisfied with their job (15). Wang and Hsieh's study concluded that there is a positive correlation between interpersonal relationships and nurses' job satisfaction (16). In order to increase nurses' job satisfaction, organizations have to support establishment of an ethical climate that encourages collaboration between employees with attention to their wellbeing (17). A caring climate probably makes for greater uniformity among individuals (12). Also other studies propose that employees who think the organization cares about their interests show higher levels of support, which in turn results in increased job satisfaction. (7)

The results illustrate a positive correlation between professionalism climate and job satisfaction. This finding is in line with Koh and Boo's study and also with Tsai and Huang and Koh and Boo studies that found a relationship between professionalism climate and job satisfaction (7, 8). In professionalism climate, there is strict adherence to the codes and regulations of the profession or management. When organizations develop such a climate, they are more likely to be congruent with internalized professional norms and values, which may lead to greater job satisfaction.

In addition, other findings show that the rules climate is positively associated with employees' job satisfaction. This type of ethical climate may be a more pleasant environment to work in, because it may promote ethical values, genuineness and trust, and therefore lead to more job satisfaction (16). Tsai and Huang stated that the rules climate significantly and positively influences nurses' job satisfaction (7). Application of rules and procedures may promote ethical values such as justice, clarity, honesty and trust, and therefore influence employees' perceptions of the support received from the organization (8).

Similar to previous researches, we found a significant positive correlation between independence climate and job satisfaction. If individuals perceive an independence climate in their organization, they feel more professional autonomy. Autonomy is an important factor associated with nurses' job satisfaction (11). Tsai and Huang proposed that if nurses act according to their own personal and moral beliefs, their satisfaction of the job will be increased (7).

Finally, among the dimensions of the ethical climate, only instrumental climate had no impact on job satisfaction. This finding is consistent with Joseph and Deshpande's study that found no correlation between instrumental climate and job satisfaction (18). In instrumental ethical climate, actors in the organization may interpret organizational behavior to be guided by self-interest or by the interest of the organization. Several Studies have found that this dimension of ethical climate was least favored by organizational members and had negative impact on job satisfaction (13).

Also based on this study, there was no significant difference between men's and women's definition of a moral atmosphere. The result of another study in Iran indicated that there is no relationship between gender and individual perception of ethical climate (18). According to Goldman and Tabak study there is no meaningful relationship between demographic characteristics such as gender, work experience, education and moral climate (10). Another study conducted in British Colombia showed likewise that demographic variables are not associated with nurses' views about ethical climate (12).

In the current study, individuals with more work experience had more tendencies to favor independence and instrumental climate. This can be explained by the fact that independence climate reflects authority and power of the individual. Nurses with more work experience face more ethical problems while enjoying access to new technology, so in order to solve ethical issues and provide high quality care to patients they need to feel professional authority (12).

Conclusion

Nurses who participated in this study reported presence of various ethical climate types in their hospitals. Professionalism was the most reported climate by them. The rules climate was reported in second level. A rules climate ensures that all employees strictly obey company regulations, procedures, and policies. The result of this study implies that hospital administrators can positively influence job satisfaction among nurses by nurturing such a climate.

This study also demonstrated that nurses who believe their hospital has a caring climate are more satisfied with their job. Hospitals can foster a caring environment by ensuring that the major consideration is what is best for everyone in the hospital. A caring environment also exists in organizations where people look out for each other.

Training programs that emphasize utilitarian reasoning can ensure a caring environment.

In this study independence climate was preferred by nurses. An independence climate is present in organizations where employees decide for themselves what is right or wrong.

Finally, the study also indicated that climates based on self-centeredness (instrumental) have no impact on job satisfaction. Therefore, in order to increase job satisfaction, leaders should primarily generate and promote organizational goals and rules that are in line with law and professional codes (professionalism). Developing a principle of group interest (caring climate) and social responsibility among the nurses, and at the same time weakening self-interest (instrumental) type of ethical climates also seem to be effective strategies for higher levels of job satisfaction. In a nutshell, senior leaders of hospitals should raise understanding of the standards of professionalism, team work, team morale, and encourage their staff to avoid instrumentalism.

LIMITATION

Descriptive correlation studies cannot find the effect of one variable on another. Thus, in this study the relationship between types of ethical climate and job satisfaction cannot be considered as cause and effect. Due to the low number of samples, the results of this study cannot be generalized.

Table 1. Mean and standard deviations (SD) for ethical climate dimensions

Ethical climate	Mean	SD	Rank
Professionalism	13.45	3.68	1
Rules	13.41	4.01	2
Caring	12.92	3.95	3
Independence	11.35	3.88	4
Instrumental	8.93	2.95	5

Table 2. Correlation between ethical climate type and job satisfaction

Ethical climate type	Job Satisfaction	
	Pearson correlation	**P value**
Caring	0.255	0.000**
Independence	0.234	0.000**
Rules	0.214	0.001**
Professionalism	0.125	0.045*
Instrumental	0.088	0.160

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

Table 3. Correlation between ethical climate type and sample characteristics

Demographic data		Caring		Instrumental		Professionalism		Rules		Independence	
		mean	P	mean	P	mean	P	mean	P	mean	P
Gender	**Female**	13.06	0.15	11.34	0.78	13.06	0.23	13.43	0.56	8.83	0.15
	Male	11.85		11.17		12.70		12.95		9.98	
Work experience	**<1yr**	13.82	0.34	12.08	0.054	13.97	0.63	13.17	0.19	8.45	0.00
	1-3yr	12.23		12.26		13.31		13.71		8.97	
	6-9yr	12.70		10.57		13.59		13.79		9.21	
	>10yr	12.32		11.11		12.33		13.74		9.25	
Educational experience	**Yes**	13.59	0.09	11.56	0.3	13.93	0.32	13.17	0.002	8.71	0.77
	No	12.56		11.19		14.06		14.27		8.78	

One-way ANOVA and T-test

References

1. Zarea K, Negarandeh R, Dehghan-NayeriI N, Rezaei-Adaryani M. Nursing staff shortages and job satisfaction in Iran: Issues and challenges. Nurs health sci 2009; 11(3): 326–31.

2. Dendaas N. The scholarship related to nursing work environments: Where do we go from here. ANS Adv Nurs Sc 2004; 27(1): 12-20.

3. Farsi Z, Dehghan-NayeriI N, Negarandeh R, Broomand S. Nursing profession in Iran: an overview of opportunities and challenges. Jon J NUrs Sci 2010; 7(1): 9-18.

4. Urden LD. The impact organizational climate on nurse job satisfaction management implication. Nurs Leadersh Forum 1999; 4: 44-8.

5. Jordan N, Leon SC, Epsten RA, Durkin E, Helgerson J, Lakin-Starr BL. Effect of organizational climate on youth outcomes in residential treatment. Resid Treat Child Youth 2009; 26: 1–15.

6. Okpara JO, Wynn P. The impact of ethical climate on job satisfaction, and commitment in Nigeria: implications for manage- ment development. J Nurs Manag Dev2008; 27(9): 935–50.

7. Tsai MT, Huang CC. The relationship among ethical climate types, facets of job satisfaction, and the three components of organizational commitment: a study of nurses in Taiwan. J Bus Ethics 2008; 80: 565-81.

8. Koh HC, Boo EHY. The link between organizational ethics and job satisfaction: a study of managers in Singapore. J Bus Ethics 2001; 29: 309–24.

9. Schwepker CH. Ethical climate's relationship to job satisfaction, organizational commitment, and turnover intention in the salesforce. J Bus Res 2001; 54: 39–52.

10. Goldman A, Tabak N. Perception of ethical climate and its relationship to nurses' demographic characteristics and job satisfaction. Nurs Ethics 2005; 17: 233-46.

11. Okpara J, Wynn P. The impact of ethical climate on job satisfaction and commitment in Nigeria: implications for manage- ment development. J Manag Dev 2008; 27: 935-50.

12. Filipova A. Perceived Organizational Support and Ethical Work Climates as Predictors of Turnover Intention of Licensed Nurses in Skilled Nursing Facilities [dissertation]. Michigan. Western Michigan University; United States; 2007.

13. Victor B, Cullen JB. The organizational bases of ethical work climates. Adm Sci Q 1988; 33(1): 101–25. 14- Brayfield AH, Rothe HF. An index of job satisfaction. J Appl Psychol 1952; 35(5): 307-11.

15. Ulrich C, O´Donnell P, Taylor C, Farrar A, Danis M, Grady C. Ethical climate, ethics stress, and the job satisfaction of nurses and social workers in the United States. Soc Sci Med 2007; 65: 1708-19.

16. Wang YD, Hsieh HH. Toward a better understanding of the link between ethical climate and job satisfaction: a multilevel analysis. J Bus Ethics 2012; 105: 535–45.

17. Dickson MW, Smith DB, Grojean MW, Ehrhart M. An organizational climate with regard to ethics: the outcome of leader values and the practices reflecting them. Leadership Q 2001; 12: 197–218.

18. Nakhaee N, Mobasher M, Garoosi S. Assessment of ethical climate of Kerman teaching hospitals. J Med Ethics Hist Med 2008; 1:6.