

Ethical Leadership and Organizational Climate: The Experience of Iranian Nurses

Fatemeh Esmaelzadeh,¹ Abbas Abbaszadeh,² Fariba Borhani,^{3,*} and Hamid Peyrovi⁴

¹MSN, Ph.D. candidate of Nursing, Nursing Research Center, Razi Faculty of Nursing and Midwifery, Kerman University of Medical Sciences, Kerman, Iran

²Ph.D., Professor of Nursing, Department of Medical Surgical Nursing, School of Nursing and Midwifery, Shahid Beheshti University of Medical Sciences, Tehran, Iran

³Ph.D., Associate Professor of Nursing, Medical Ethics and Law Research Center School of Nursing and Midwifery, Shahid Beheshti University of Medical Sciences, Tehran, Iran

⁴Ph.D., Professor of Nursing, Nursing Care Research Center, Department of Critical Care Nursing, School of Nursing and Midwifery, Iran University of Medical Sciences, Tehran, Iran

*Corresponding author: Fariba Borhani, Shahid Beheshti University of Medical Sciences, Niyayesh Complex, Valiasr Ave, Next to Niyayesh Highway, P.O. Box 19996835119, Tehran, Iran. Tel: +98-88202520, Fax: +98-88202521, E-mail: faribaborhani@msn.com

Received 2016 November 03; Revised 2017 January 09; Accepted 2017 February 04.

Abstract

Background: As a legitimate and credible role-model, the ethical nurse leader engages in the proper structuring of the workplace and plays a significant role in improving the organizational climate. Despite the importance of the subject, no studies have yet examined the effect of ethical nursing leadership in improving organizational climates in Iran.

Objectives: The study was conducted to explore the ways for improving organizational climate through ethical leadership from Iranian nurses perspective.

Methods: The qualitative research method used in this original study was employed to explore the means of improving organizational climate through providing ethical leadership. Data were collected using deep and semi-structured interviews with 17 Iranian nurses in different categories in 2015 in Mashhad, Iran. Sampling started as purposive and then continued as theoretical sampling until data saturation. Data were analyzed based on the constant comparative analysis. In order to increase the accuracy and integrity of the data, Lincoln and Guba's criteria were used.

Results: According to the Iranian nurses interviewed in this study, the ethical leader improves the organizational climate within three dimensions including the work environment, the communication climate, and the ethical climate. The ethical leader creates organizational identification, trust, and solidarity among nurses. He/she improves the communication atmosphere through understanding and empathy, the creation of trust and the establishment of good and reasonable relationships with others. The ethical leader also develops the ethical climate to internalize ethics in the staff through facilitating ethical practice in the organization.

Conclusions: Given the context of nursing practice in Iran, this study helps develop a favorable organizational climate and improve ethics in nursing practice. Creation of an ethical climate by ethical nurse leaders can ultimately be of benefit to the patients, the organization, and the nursing profession.

Keywords: Ethics, Leadership, Organization, Climate, Nursing, Qualitative Research

1. Background

Ethical leadership contributes significantly to a healthy work environment and has great organizational and personal consequences (1, 2). Therefore, it has become a principal subject in leadership research (3). Ethical leadership is "the demonstration of normatively appropriate conduct through personal actions and interpersonal relationships, and the promotion of such conduct to followers through two-way communication, reinforcement, and decision making" (4). Bandura's theory of social learning is the theoretical basis for ethical leadership in the study. According to this theory, individuals learn by paying attention to and emulating the attitudes, values, and behaviors of attractive and credible models (4, 5). Ethical leaders must be attractive and credible role models for seeing by their followers (4). Ethical leaders are credible because

they are trustworthy and they do what they say; they are also possible sources of guidance because their attractiveness and credibility draw attention to their modeled behaviors (4, 5).

In an organizational climate where the employees are bombarded with different messages, it is the ethical leader who is the focus of attention through the frequent exchange of clear ethical messages with the followers (1). The ethical leader affects the followers' ethical behavior by setting high ethical standards and subsequent compliance with them and also by using a reward and punishment system (1, 2). Thus, he/she helps develop ethics in the organization climate. This issue is particularly important in the nursing profession since it deals with people's health and lives.

In general, nursing is an ethics-based profession in

which moral and ethical subjects take precedence over the protocols of patient care (6, 7), and any negligence in observing nursing ethics can affect the best and most scientifically-based nursing care (8). In recent years, the subject of nursing ethics has attracted greater attention of the experts in this profession in Iran, and many researchers have conducted various studies in this regard. Also, experts have provided mechanisms for greater compliance with ethics in nursing practices, such as the development of the Code of Ethics for Nurses by the Iranian Nursing Organization in 2011 (9). Nevertheless, the challenges faced by Iranian nurses affect their proper compliance with ethical standards in practice (10). These challenges are mostly caused by the shortage of nurses, job dissatisfaction, poor social status, and curriculum deficiencies about the subject of ethics (6, 11), leading to consequences such as occupational burnout and increased job turnover (10). Nonetheless, an improved organizational climate can contribute to reducing these consequences. Previous studies suggest that a favorable organizational climate in the nursing profession is associated with reduced absenteeism, job turnover, and occupational accidents as well as increased productivity and job satisfaction (12, 13), which can then improve the nurses' compliance with ethical standards in practice.

Organizational climate described as "a group of measurable characteristics directly or indirectly perceived by members in the work environment" is therefore related to the employees' perception of their work environment (14). In other words, the employees' perception of the organizational features such as the process of decision making, leadership, and norms in the workplace is defined as organizational climate (15). As a legitimate and credible role-model to the employees, the ethical leader engages in the proper structuring of the workplace (1, 2) and therefore, he/she plays a significant role in improving the organizational climate. Despite the importance of the subject, no study has yet examined the effect of ethical nursing leadership in improving organizational climate in Iran. Some studies have assessed ethical climate in nursing in Iran. However, most of them have used quantitative approaches, and no study was found on the issue of ethical leadership in nursing with qualitative approach. Considering that the organizational climate is the climate perceived by the employees (16), the present qualitative study explored Iranian nurses' statements and descriptions so as to document their experiences and perspectives.

2. Methods

2.1. Aim

The aim of the present study was to explore the ways for improving organizational climate through ethical leadership from Iranian nurses perspective.

2.2. Design

This manuscript presents a part of a grounded theory study that explored the experiences of Iranian nurses about the ethical leadership. This manuscript reports the ways for improving organizational climate through ethical leadership. Qualitative methods of data collection and analysis were used because the study's intention was to gain an in-depth understanding of the experiences of nurses about the subject, not to quantify the facts (17, 18). Qualitative methodology was used because the ethical leadership process is complex and both of ethical leadership and organizational climate are likely to have a symbolic and subjective component (16, 19).

2.3. Sample

For accessibility reasons, the participants were selected from the employees of governmental teaching hospitals affiliated to Mashhad University of Medical Sciences, Mashhad, Iran. The study began with purposive sampling and continued with theoretical sampling based on the primary analysis of the interviews. Since everyone in nursing can be an ethical leader (20) or can have at least one experience about ethical leadership in his/her professional education period or work, all nurses who were working full-time in the selected hospitals were considered as potential participants. The nurses who consented to share their experiences of ethical leadership were introduced to the researchers by nurse practitioners and were then interviewed. The inclusion criteria were: willingness to participate in research, and having at least six months experience in nursing. To achieve maximum variation sampling, the nurses with various nursing experiences in terms of the length of experience, type of ward and position in nursing were chosen and all of them had experiences in rotating shift patterns. Data collection began with nursing managers consisted of head nurses, supervisors, and matrons and then continued with nurses and one head nurse, according to the codes and categories for filling the probable gap in them. Participants were introduced to the researchers by other employees who were recognized by compliance with ethics in their practices.

2.4. Data Collection

The interviews were conducted within a nine-month period from September 2014 to May 2015. All the interviews were carried out at a certain time and place most convenient for the participants. One of the researchers who was responsible for conducting the interviews first introduced herself to the participants and continued with a brief explanation about the subject and objectives of the study. If the candidate consented to participate, the researcher collected demographic information. The interviews were in-depth and semi-structured and began with general questions and continued with the main research questions, including:

“As an ethical nurse leader, how do you go about creating a favorable organizational climate for nurses?”

“How was the organizational climate created by your favorite ethical leader?”

“Please tell us about your experiences as an ethical nurse leader about improving the organizational climate of your workplace.”

The interviews lasted from 30 to 100 minutes with a mean duration of 45 minutes and they were recorded with participants' permission. Field notes were also written to complete the data collection and to compensate for any gap in the extracted codes. They were completed immediately following each interview. The notes were sometimes about details of the events that occurred during the process. Data saturation was achieved at interview 17 when new concepts were no longer emerging (21).

2.5. Data Analysis

The interview transcripts were analyzed using constant comparative analysis (22). The interviews were transcribed verbatim into Microsoft Word 2007. The researcher first listened to the recorded interviews and read the field notes and interview transcriptions several times to ensure accuracy and then analyzed them following each interview. Then, codes were allocated to the sections. The codes summarized the meanings that were attributed to what participants said. This was done in parallel with further data collection to enable the questions to be refined for future interviews. The codes were then reviewed, and each item was checked and compared with the rest of the data and in the light of the development of new codes on subsequent transcripts, they were then discussed in the research team. This procedure was repeated until no new codes were emerging. Using a similar process, the coded data were grouped into broader categories with the highest level of abstraction (22). To ensure the accurate inclusion of all data in the extracted categories and to improve the classification of the data, the transcripts and the extracted codes were reviewed several times.

2.6. Data Rigor

As per Lincoln and Guba's criteria, the credibility of the data was ensured through measures such as individual interviews, choosing participants from various nursing experiences, and peer checking. To facilitate transferability, characteristics of participants and the process of data collection and analysis were clearly described and enough quotes were provided to ensure that the findings fit the data. To ensure the conformability of the data, the comments made by qualitative research experts experienced in nursing ethics were implemented. The dependability of the data was ensured through constant comparative analysis of the data, clarification of the data analysis process and peer reviewing (18).

2.7. Ethical Considerations

The study was approved by the ethics committee of Kerman University of Medical Sciences under the code k/93/488. To comply with the code of ethics, the participants were first briefed about the objectives of the study and then ensured of the confidentiality of their data and their right to withdraw from the study at any time and any stage. They were also informed about the process of accessing the final results. At the end, they submitted their informed written consents to participate in the study.

3. Results

A total of 17 nurses were interviewed, including one matron, four supervisors, four head-nurses, seven nurses, and one M.Sc. student in nursing who was also working as a supervisor. Table 1 presents the demographic information of the participants. The participants' age ranged from 28 to 54 years (mean: 40.65, SD: 8.09) and their length of nursing experience was 6 to 27 years (mean: 16:24, SD: 6.52).

A total of 120 codes were extracted from the interviews after eliminating the repetitive and integrating the similar codes. The constant comparison and analysis of the codes ultimately led to ten subthemes and three main themes (Table 2). The extracted themes expressed the nurses' perceived concepts and meanings about the means of improving organizational climate through ethical nurse leadership. Before the explanation of themes, it should be noted that according to participants statements, “ethics” means compliance with the principles of ethics, for example, making ethical decisions or holding ethical values (honesty, justice, etc.) in nursing practices. Being confident or paying attention to patient's privacy are other examples of ethical behaviors. It seems that in their opinion, ethics means to behave in nursing practices in a manner consistent with what is right and ethical in the nursing profession.

Table 1. Demographic Information of Participants

Number	Gender	Age	Years of Work Experience	Work Experience				Current Position	Current Ward	Last Previous Ward	Last Previous Position
				Matron	Supervisor	Head nurse	Nurse				
P1	Female	35	13	-	✓	✓	✓	S	Management	ICU	HN
P2	Female	33	10	-	✓	✓	✓	HN	ICU	Management	N
P3	Female	28	6	-	✓	-	✓	S	Management	Emergency	S
P4 ^a	Male	38	10	-	✓	✓	✓	S and NS	Management	Emergency	HN
P5	Female	54	27	✓	✓	✓	✓	M	Management	Management	S
P6	Female	53	25	✓	✓	✓	✓	S	Management	Management	M
P7	Female	50	23	✓	✓	✓	✓	S	Management	Eye operation room	H
P8	Female	44	19	-	-	✓	✓	HN	Open Heart Surgery ICU	Open Heart Surgery ICU	N
P9	Female	52	26	-	-	✓	✓	HN	Nephrology	Open Heart Surgery ICU	HN
P10	Female	38	15	-	✓	✓	✓	N	Poisoning	Trauma	HN
P11	Female	36	12	-	-	-	✓	N	Poisoning	Poisoning	N
P12	Female	39	15	-	-	-	✓	N	Skin	Dialysis	N
P13	Male	33	10	-	-	-	✓	N	Emergency	Emergency	N
P14	Female	47	23	-	-	✓	✓	HN	Urology	Urology	HN
P15	Female	38	15	-	-	-	✓	N	Nephrology	Children	N
P16	Female	31	10	-	-	-	✓	N	Open Heart Surgery ICU	Emergency	N
P17	Male	42	17	-	-	-	✓	N	Open Heart Surgery ICU	Open Heart Surgery ICU	N

Abbreviations: HN, Head-Nurse; M, Matron; N, Nurse; NS: Nursing Student; S: Supervisor.
^a P4 now is Master of Science student in nursing.

Table 2. Main Categories and Subcategories of Means of Improving Organizational Climate Through Ethical Nurse Leadership

Main Category	Sub-Categories
The work environment	generating interest in the work environment
	creating a sense of organizational identification
	creating trust
	creating organizational solidarity
The communication climate	understanding and empathy
	cooperation
	communication and synergy
The ethical climate	facilitating ethical performance
	creating an ethical climate
	institutionalizing ethics in nursing practice

3.1. The Work Environment

One of the main themes discussed by the participants was “the work environment”, consisting of the subthemes of “generating interest in the work environment”, “creating a sense of organizational identification”, “creating trust”, and “creating organizational solidarity”.

As for the subtheme of “generating interest in the work environment”, the interviewed nurses claimed that a stressful work environment contributes to the nurses’ poor care of the patients and emphasized that an ethical leader increases their enthusiasm for attending the workplace by reducing their stress and work pressure and creating a friendly, happy and varied climate at work.

Participant 8 (head nurse): “I sometimes try to bring variety into the workplace just to cheer up everyone through, for instance, celebration and gathering or planning camping trips.”

P16 (nurse): “Even though we work in a very busy department of the hospital, I always come to work with enthusiasm because of the friendly climate our head nurse has created.”

The next subtheme was “creating a sense of organizational identification”. According to the participants, not only does the ethical leader identify him/herself with the organization, but he/she also generates the same feeling in the rest of the personnel through creating stable work conditions and offering benefits to the staff.

P6 (supervisor): “She considered the workplace as her own and identified herself with it. That’s why she had long-term plans for everything”.

P7 (supervisor): “She offered her staff certain benefits to make them further identify with their workplace; it

helped them increase their efficiency and compliance with ethics.”

“Creating trust” was another subtheme discussed by the nurses. The participants revealed that an ethical leader trusts his/her staff and also tries to foster their trust in him/herself as well as in the system.

P6 (Matron): “Whatever happened in the ward, I would ask the head nurse to report it to me, and that was enough. Because I trusted my head-nurses and tried to gain their trust in return”.

“Creating organizational solidarity” was another subtheme extracted from participants’ statements. The interviewed nurses explained that an ethical leader tries to create and maintain solidarity by setting mutual targets for everyone. For instance, he/she creates a climate in which everybody considers the patient as the center of all the activities and thus, maintains organizational solidarity through supporting and encouraging him/her staff.

P6 (Matron): “To maintain solidarity, I always tell my staff that we should all work for the patient and know that the patient is the target of all our activities.”

P7 (supervisor): “Solidarity is lost if I don’t support my staff. For instance, when I promise to help a member of the staff solve her work problems, I make sure I keep my promise so that fixing her problems won’t become her goals.”

3.2. *The Communication Climate*

The second theme discussed by the nurses was “the communication climate”, which included the subthemes of “understanding and empathy”, “cooperation”, and “communication and synergy”.

Regarding the subtheme of “understanding and empathy”, the interviewed nurses explained that an ethical leader understands their work conditions, work pressure, needs, and problems and thus tries to find appropriate solutions.

P8 (head nurse): “The staff would accept someone as their ethical leader if he/she has worked in their shifts and is familiar with the conditions, problems, and pressures of their job; that is, someone who understands them.”

P3 (supervisor): “I say, they are also human, and have a bunch of personal problems. They are not machines with set programs. So, I also have to try to help lessen their problems.”

Another subtheme was “cooperation”. According to the participants, an ethical leader emphasizes cooperation between the various members of the organization and builds a good rapport with her superiors, colleagues and the company divisions and also supports those who cooperate with others.

P14 (Head nurse): “I try to support those who cooperate better with others about shift changes and who always try to make sure the department runs smoothly. For instance, I give them priority when it’s time to write appreciation letters or when I’m scheduling the shifts.”

“Communication and synergy” comprised the next subtheme. The ethical leader respects her colleagues and has a proper and reasonable relationship with them, so that, while being strict about work, she also maintains the friendliness in her relationships. By reducing the gap between him/her and the staff, the ethical leader synergizes with the personnel to implement different programs.

P9 (Head nurse): “Our supervisor was strict at work but had a friendly relationship with us. Her behavior was a balance of assertiveness and friendliness. This might be a good example.”

P5 (Head-nurse): “I was friendly with my staff, and there was no distance between us. We did all the patient’s care and ward duties together, which is why we were all more satisfied. We all combined our thoughts, and this helped us improve our work quality.”

3.3. *The Ethical Climate*

“The ethical climate” was the third theme discussed by the nurses and involved three subthemes, including “facilitating ethical performance”, “creating an ethical climate”, and “institutionalizing ethics in nursing practice”.

With respect to the subtheme of “facilitating ethical performance”, the nurses suggested that various factors play a role in the lack of compliance with ethics in nursing practice, including fatigue, work pressure, job dissatisfaction, or dissatisfaction with life. An ethical leader eliminates or reduces these concerns so as to pave the way for an ethical nursing practice.

P12 (Nurse): “This enormous work pressure tires us out and is destructive for our work ethics. For instance, it impairs our relationship with the patient, makes for a poor follow-up of the patients, makes decision-making difficult, etc.”

P16 (Nurse): “She genuinely tried to find solutions to the problems we had in the department. So, we tried to work the way she wanted and observed all the rules she had set for the department.”

The participants believed that the personnel could be expected to perform ethically when there are standards in the workplace such as proper facilities and sufficient workforce.

P2 (Head nurse): “If I am expecting my staff to work ethically and with discipline, there must be a standard number of nurses, nurse assistants, and unit secretaries in my ward.”

The next subtheme discussed was “creating an ethical climate”. The interviewed nurses asserted that an ethical leader tries to create a workplace dominated by ethical values and regulates the work condition so that the personnel avoid non-ethical practice and thus helps prevent the formation of a non-ethical work climate.

P3 (Supervisor): “Her ward was truly ruled by ethical values. For instance, she had set out ethical guidelines that no one could disrespect.”

P14 (Head nurse): “Sometimes bad habits spread so fast. To prevent people with a non-ethical performance from joining together, I cut their ties. For instance, I make them work in different wards.”

“Institutionalizing ethics in nursing practice” was another subtheme discussed by the interviewed nurses. The participants stated that an ethical leader is an ethical person by him/herself and has internalized ethical values. She institutionalizes ethics in nursing practice through making step-by-step changes in knowledge, attitudes, and performance of the personnel.

P1 (Supervisor): “She was extremely ethical and favored ethics over everything.”

P3 (Supervisor): “When a newcomer arrives at the unit, I first assess her knowledge. Then, I show him/her what to do. And next I work on him/her attitude by repeating a proper behavior so many times that he/she instinctively knows how to do it next time, and he/she gradually learns to work the way I want him/her to do. And this is how I take the step-by-step approach.”

4. Discussion

The results of the present study show that, as a role-model for nurses, ethical leaders spread ethics in the workplace and improve the organizational climate in three areas, including the work environment, the communication climate, and the ethical climate.

The work environment is the first area that was discussed in the interviews. The participating nurses noted the efforts made by ethical leaders for creating a happy and friendly workplace and for generating interest among the nurses in their work environment. Sadeghi et al. showed that ethical leadership is associated with happiness and sense of energy at work (23). Mosahebi et al. argued that an ethical leader has an acceptable role in the increasing sense of energy and happiness among the personnel (24). It seems that an ethical nurse leader increases the nurses' interest in the work environment through creating a happy and friendly organizational climate that leads in turn to increased communication of nurses with patients or other members of the staff, improved concentration and precision, and better ethical decision-making and

thus, plays a significant role in improving the quality of patient care.

According to the nurses, an ethical nurse leader generates a sense of organizational identification among the nurses through offering benefits and increasing motivations. Organizational identification has been defined as perceived oneness with the organization or as the sense of belonging to the organization (25). Rewards are also considered to be an aspect of organizational climate that makes employees repeat their good practices (26). Rhodes and Eisenberger also argued that increased support improves the sense of belonging among the employees and increases their desire to stay in the job and subsidizes their willingness to leave it (27). Some researchers have also argued that ethical leaders strengthen the sense of organizational identification among the employees (24, 28). These results are consistent with the statements made by participants of the present study.

The participants also discussed the subject of the trust and argued that, through trusting the staff and being trusted by them, the ethical leader creates a favorable work environment both for the personnel and for him/herself. As a dimension of organizational climate, organizational trust is the belief in the trustworthiness of the managers (29) and is of particular importance in organizations (30), as it can maintain a bond between the leader and the followers (31). Numerous researchers have noted the importance of trustworthiness in an ethical leader and his creation of a climate indicative of trust (2, 19, 32). Brown and Trevino considered the trustworthiness to be one of the reasons for the acceptance of an ethical leader by the followers (1).

With respect to the subject of the improved work environment, the nurses also argued that an ethical leader creates organizational solidarity by setting common goals and supporting the staff. Gini argued that, by creating collaborative accountability among the staff, the ethical leader enables the move toward the achievement of common goals (33). Numerous researchers have also noted the important role of an ethical leader in generating the sense of support among the employees (34-36). Organizational support has a broad range of effects on the nursing personnel's work life, motivation, and attitude (37, 38). It leads to increased productivity, helpfulness toward other colleagues, and civil behaviors such as voluntary overtime for improving and aiding the workflow and helping others that ultimately results in the increased job satisfaction (27, 39, 40). It appears that, through supporting the nurses and creating organizational solidarity, the ethical leader creates a favorable organizational climate for them and increases their productivity.

The next theme discussed by the nurses was im-

proved communication climate, consisting of different subthemes such as understanding and empathy, cooperation, and communication and synergy. Given that nursing is a teamwork profession, this theme appears to be crucial to the ethical leaders' performance.

Regarding the subtheme of understanding and empathy, Borhani et al. argued that nursing managers can understand the nurses well and mean to resolve their problems, given that they have clinical work experience and have experienced the hardships of nursing as well (41). The ethical leader also appears to express a similar behavior to nursing managers, and through understanding the professional and organizational problems of the personnel and even their personal problems, he/she empathizes with them and tries to find solutions to their problems.

The interviewed nurses discussed the emphasis on cooperation among the staff in ethical leadership. This finding has also been confirmed in other studies on ethical leadership, such that Brown and Trevino argued that ethical leadership increases the spirit of cooperation among members of an organization (2); Mosahebi et al. also suggested that the ethical leader strengthens the sense of cooperation among the personnel (24). Brown and Trevino also claimed that the higher is the spirit of cooperation among the members of an organization, the better is their performance and the higher will be the organization's profits (2). In healthcare organizations, cooperation can lead to improved quality of nursing care.

As for the subtheme of communication and synergy, the participating nurses admitted that the ethical leader respects all people and has a good relationship with everyone. The importance of communication is evident in the nursing profession. Nicpeyma and Gholamnejad also considered a good communication with colleagues and the staff in charge of the ward as the most important factor affecting the nurses' views of their organizational climate (37). As a role-model for nurses, good communication is extremely crucial for an ethical leader. According to the definition provided for ethical leadership at the beginning of the study, ethical leadership is based on a good communication between the leader and the followers (2); and an ethical leader creates a good communication climate in the organization (2). Mosahebi et al. argued that ethical leaders establish and strengthen strong human relations through being respectful, trustworthy and paying attention to their subordinates (24). Zhu et al. believed that the ethical leader devotes particular attention to human relations and bonds in the workplace (42), which is consistent with the results obtained in the present study.

The ethical climate was the third theme discussed by the nurses, consisting of subthemes such as facilitating ethical practice, creating an ethical climate, and deploying

ethics in nursing practice.

Various studies have noted the link between underlying factors such as work pressure and the organizational climate, which negatively affect issues such as job fatigue, job turnover, and occupational accidents (12, 13). Nicpeyma and Gholamnejad also proposed disproportionate workloads as one of the factors affecting nurses' negative attitudes toward the organizational climate (37), as they cause fatigue and job burnout (12). Stone et al. also argued that having a sufficient nursing workforce is one of the factors affecting the nurses' positive attitude toward the organizational climate (13). Many experts have emphasized how work standards serve as a dimension of organizational climate and affect the performance of the members of an organization (43-45). Aiken, Clarke, and Sloane argued that organizational and management support is the key to an improved quality of patient care (46). It is, therefore, reasonable for nurses to expect their ethical leader to pave the way for the development of proper ethical practices.

The ethical climate is an important part of the organizational climate or culture (47) reflecting the organizational guidelines and rules on ethics (48). The ethical climate is in fact proposed as a framework for ethical decision-making in clinical settings (38, 47) that is required for supporting professional nursing measures (49, 50). The participating nurses acknowledged that the ethical leader tries to spread the ethics in the ward by setting specific rules and guidelines and attempting to prevent non-ethical behaviors among the staff. These results are also consistent with the results of several previous studies (1, 51, 52).

The participants also discussed the importance of ethical orientation in the ethical leader; an ethically oriented person implies an individual who has internalized ethics and tries to create an ethical climate in the organization and thus internalize her ethical orientation in the followers as well. Bahcecik and Ozturk argued that establishing ethical behaviors in an organization depends first and foremost on the management policies' and procedures' respect for ethical values (53). Other studies have also emphasized the importance of an ethical orientation in ethical leaders (54, 55). Numerous researchers have also described an ethical leader as a person who has ethical values and tries to spread these values within the organization as well (1, 2, 19). According to Brown and Trevino, "Ethical leaders do not just talk a good game"; rather, they consider ethics an important part of their leadership plan and build the relationship with their staff according to their ethical principles and seek to perform ethical behaviors actively (2). In fact, through the internalization of ethics in their staff and their ethical empowerment, the ethical leader plays a crucial role in the institutionalization of ethics in different

members of an organization (55) and ultimately deploying ethics in nursing practices.

4.1. Research Limitation

Given the study's qualitative approach, the findings of the study cannot be easily generalized to organizations or organizational cultures that are different from the nursing profession in Iran. Repeating this study in other organizations is therefore recommended.

4.2. Conclusion

An ethical leader is a person who spreads ethics in an organization by acting as the personnel's role-model. According to the Iranian nurses interviewed in this study, the ethical leader improves the organizational climate within three dimensions, including the work environment, the communication climate, and the ethical climate. The ethical leader creates organizational identification, trust, and solidarity among nurses by creating standard work conditions and generating interest in the work environment. He/she improves the communication climate through understanding and empathy, creation of trust, and establishment of good and reasonable relationships with the nurses. The ethical leader also develops the ethical climate and attempts to internalize ethics in the staff through facilitating ethical practice in the organization.

4.3. Implication for Health Policy/Practice/Research/ Medical Education

The results of the present study can help the development of a favorable organizational climate for nurses and the spread of ethics in nursing practice and can ultimately be of benefit to the patients, the organization, and the nursing profession. This study helps develop a favorable organizational climate and improve ethics in nursing practice through the creation of such environment by managers and nursing leaders.

Acknowledgments

This manuscript is part of a Ph.D. dissertation in nursing approved by the Nursing Organization of Iran that was performed with the collaboration of Kerman University of Medical Sciences (code k/93/488). The authors would like to thank all the collaborators and participants in this study.

Footnotes

Authors' Contribution: Study concept and design, Fatemeh Esmaelzadeh, Abbas Abbaszadeh, Fariba Borhani, Hamid Peyrovi; Analysis and interpretation of data, Fatemeh Esmaelzadeh, Abbas Abbaszadeh, Fariba Borhani, Hamid Peyrovi; Drafting of the manuscript, Fatemeh Esmaelzadeh, Abbas Abbaszadeh, Fariba Borhani, Hamid Peyrovi; Revision of the manuscript for important intellectual content, Fatemeh Esmaelzadeh, Abbas Abbaszadeh, Fariba Borhani, Hamid Peyrovi; Study supervision, Abbas Abbaszadeh, Fariba Borhani, Hamid Peyrovi.

Conflict of interest: The authors declare that there is no conflict of interest regarding the publication of this paper.

Funding/Support: This study was supported by Nursing Organization of Iran with the collaboration of Kerman University of Medical Sciences (code k/93/488).

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