

Original Research Article

The Relationship between Hospital Ethical Climate, Job Satisfaction, and Intent to Turnover among Nurses

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Abstract

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Nurses are fundamental to the delivery of quality patient care. As health care demand from nurses becomes increasingly difficult, they face challenging ethical issues in patient care, perceive limited respect in their work climate, and are gradually dissatisfied. The relationship between hospital ethical climate factors and job satisfaction and intent to turnover has rarely been considered so this study was conducted to examine the nurses' perception of ethical climate existing in hospitals and its relationship to job satisfaction and intent to turn over among nurses in Saudi Arabia. Data were collected using self-administered online questionnaires of 150 convenient nurses from social media private groups in Saudi Arabia. Respondents reported positive perception of hospital ethical climate. Results showed significant correlation between hospital ethical climate and nurse job satisfaction and correlation also with nurse intent to turnover. In conclusion investing in hospitals ethics support and resources for nurses and creating a positive ethical climate for nursing practice might lead to more job satisfaction of nurses, and possibly reduce turnover intentions. This could accordingly have a positive effect on patient care quality.

Keywords: Environment, Ethical climate, Hospital Climate, Intent to turnover, Job satisfaction, Nurses

INTRODUCTION

The idea that an organization has a distinct and identifiable 'ethical climate' has been a topic for investigation in the business literature since the 1960s and has very old theoretical strength and operational ability. Its transference into health care organizations has been a more recent phenomenon. It can be defined according to Olson (1998) as "the perceived environment within an organization that promotes ethical reflection, and allows for inquiry, debate, and expression of differing viewpoints, while promoting each individual's values and mutual trust" (p. 345). McDaniel (1998) and Olson (2002) both argue that the ethical climate is an important aspect of the organizational climate and that a positive ethical climate is needed to support professional nursing practice. Additionally, ethical climate is perceived as an organizational variable that can be manipulated in order

to improve the health care environment and provide the context for ethical decision making (Schluter et al., 2008).

Job satisfaction among health care professionals is important issue particularly because they affect turnover rates, staff retention and eventually the quality of patient care (Atencio et al., 2003; Kalliath and Morris, 2002). Recently, there has been a high turnover of the nurses. This continuous replacement of nursing staffs unconstructively affects not only the nursing care standards but also the quality of the patient care. Job dissatisfaction was the most common cause for the nurses to give up their job, which led to high turnover and shortage of the nurses (Marriner, 1980). 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"

(Zare et al., 2009). In other words, general job satisfaction is the amount of pleasure an employee has with the job (Dendaas, 2004), and can differ from employee to employee and is a subject widely researched in organizations (Farsi et al., 2010). Current researches indicate that employee job satisfaction is associated with perceptions of types of the organizational climate (Urden, 1999).

Hospital Ethical climate and Job satisfaction have been studied in several industrial countries for decades, but have only been investigated in some developing countries in the past 2 decades (Zuraikat and McCloskey, 1986; Al-Ma'aitah et al., 1999). Many factors are reported to affect job satisfaction among nurses, such as workload, incentives, job security (Misener et al., 1996). But the area of hospital ethical climate and its relation to job satisfaction in the Arab culture remain poorly researched and the majority of the work remains unpublished (Abu-Dahrieh, 1989; Abu-Ajamieh, 1991; Bolad et al., 2000, unpublished data). According to Mrayyan and Acorn (2004) Unclear role expectations, burnout, and turnover are common practice issues. In another study Mrayyan (2005) mentioned that there are few previous nursing studies that address the influence of hospitals' characteristics on nurses' job satisfaction.

Employee withdrawal from the workplace, whether actually leaving the unit or organization, or psychologically leaving by thinking and talking about quitting, is termed "intent to turnover" (Kacmar et al., 1999). Kacmar et al. (1999) reported that organizational commitment is a construct that has been measured in several studies in relation to intent to turnover. In general, the issue of intent to turnover and causative that factors influencing it is being actively pursued in the literature. So it is worthwhile to give more attention to a better understanding of this subject so that the patient care challenges of nurse turnover can be reduced in a time of shortages of staff nurses. Factor such as hospital ethical climate that is contributing to Job dissatisfaction and eventually to quit the job may facilitate the development of educational programs, specific support methods, and organizational structures that foster nurses' ethical practice and reduce the likelihood of them leaving a position, the specialty, or the profession of nursing.

The importance of creating an ethical climate in a hospital setting has been described in nursing literature (Olson, 1998; Desphande et al., 2006). Yet, limited research focuses on existence of distinct ethical climates in a healthcare setting (Joseph and Deshpande, 1997). Although numerous studies have examined nurses' job satisfaction in Kingdom of Saudi Arabia (KSA), it seems there has not been adequate research on the relationship between ethical climate, job satisfaction, and intent to turnover. This study was conducted in order to examine the nurses' perception of ethical climate existing in hospitals and its relationship to job satisfaction and intent

to turn over among nurses in KSA; subsequently this study prompted questions:

- 1- What is the nurses' perception of hospital ethical climate?
- 2- What is the relationship between nurses' perception of hospital ethical climate and their job satisfaction?
- 3- What is the relationship between nurses' perception of hospital ethical climate and their intent to turnover?

MATERIALS AND METHODS

Design and Instruments

A descriptive, correlational study design was used to assess the relationships between the variables that may not be manipulated as they occur naturally (Polit and Hungler, 1995). Using three self-administered surveys, Hospital Ethical Climate Scale by Olson L. (1998) (HECS), and Job Satisfaction Survey by Spector P. (1998) (JSS), and a portion of the Quality of Work Life Measurement tool by Lyons (1971) (QWL) to assess the intent to turnover, along with a demographic data tool (DDS). Data were obtained for statistical analysis. A Likert-type scale to determine a subject's experience with the concepts under study was used for each tool. Each survey is a quantitative measure of the major variables, ethical climate, job satisfaction, and intent to turnover as defined earlier in the introduction. The demographic form of this study was designed by the researcher. The variables included in this form were: gender, level of education, age, years of clinical experience, and their work sector. The questionnaires translated to Arabic language and in order to avoid the problems inherent in translation, this study used a combination of Brislin (1970) model for translating and back-translating instruments and committee approach. One bilingual expert translated the instruments from English to Arabic and a second bilingual expert back-translated blindly. A panel of three experts in the area of health care workforce management measured the face validity of the translated questionnaire. Responses to the surveys were converted into scores that were then statistically analyzed for descriptive, correlational information.

Pilot study

A pilot study including 25 participants was conducted to determine the psychometric properties of the research instrument, and to identify the understanding difficulties, and the length of time required to complete the instrument. The instrument was submitted to a panel of three Nursing experts for validity. Few changes were suggested by the panel of experts concerning rephrasing

of some words, and wording of sentences in some items. The results of the pilot study for reliability showed that Cronbach's alpha = .910 for the HECS, $\alpha = .932$ for the JSS and $\alpha = .943$ for QWL. Also the results of the pilot study showed that nurses spent a mean of 35 minutes for completion of the instruments.

Ethical considerations

Approval for conducting the study was obtained from the IRB committee in the faculty of nursing at Princess Nourah Bint Abdulrahman University. The permission for primary researcher to join the nurses social media private groups was taken from the groups' administrators for the purpose of explaining the study to the groups' members and assure anonymity and confidentiality. Study participation was voluntary. Survey includes signified informed consent before starting of the questionnaire. Responses were anonymous and non-traceable to individual nurses. post introducing the study and the requirements of participation (inclusion criteria) along with the researcher email and telephone for further explanations were distributed in a message along with a link of the questionnaires to the members in each group. Nurses were asked to participate by completing the questionnaires and submitting the completed forms, then the primary researcher left the groups before getting any response to assure the privacy, and autonomy of the participants.

Sample and Setting

The sample size and added sufficient number for anticipated dropping out of participants was 200 registered nurses. A convenient sample of registered nurses was recruited through social media from well-known nurses groups (Face book, Twitter, LinkedIn, and Whatsapp). Those nurses were working in hospitals from different sectors private, governmental, and military. The survey was administered through an online survey platform survey Monkey, 150 completed surveys were received electronically with a response rate of 75%. The study was conducted between 15 February and 30 March, 2016. The nurses who invited to participate were Saudi registered nurse with a minimum Diploma degree; agree to give informed consent to participate; had at least one year of experience; and be able to read, write, and comprehend the Arabic language in a competent way.

Data Analysis

Data were analyzed using SPSS (version 22). The

significance level was set at (0.01). A number of data analysis procedures were used including means, standard deviations, frequencies (for the variables of nurses' perception of hospital ethical climate, job satisfaction, and intention to leave the job), Pearson's correlation coefficient was the statistical tool selected to assess the 2nd and 3rd questions of the research.

RESULTS

Characteristics of the sample

Table (1) shows that from the 150 sample participants, 59% (n=89) were females and 41% (n=61) males with a mean age of 25 years old (SD=4.5, R=21-35). The table also shows that majority of participants 82% (n=123) hold a Bachelor degree, only 5% (n=7) were master prepared, and 13% (n=20) of the participants had Diploma. Years of experience as registered nurses ranged between 6 months and 13 years with a mean of 4 years and a standard deviation (SD) of 3.9.

Perception of Hospital Ethical Climate

Table (2) shows the mean scores for each item in HECS ranged from a lowest of 2.12 for item #22 "Physicians ask nurses for their opinions about treatment decisions." to a highest of 3.85 for item #4 "Safe patient care is given on my unit". The highest five items in progressive order were (4, 14, 7, 9, 20). While the lowest five items were (22, 18, 17, 24, 21) three of them related to relationship with physician. The total mean score of HECS was satisfactory with 3.30.

The relationship between hospital ethical climate and job satisfaction and intent to turnover

The overall levels of job satisfaction and intention to turnover were examined using descriptive statistics. The results showed that the mean of overall job satisfaction was moderate (mean = 2.7). Similarly, the mean of intention to turnover was moderate (mean = 2.1). The correlations between hospital ethical climate score, the job satisfaction, and the intent to turnover were examined using the Pearson correlation coefficient as shown in table (3). The correlation between the hospital ethical environment and the intention to turnover was negatively significant ($r = - 0.167$); which means that nurses who perceived their hospital ethical environment as positive reported low intention to turnover. The findings also showed a strong correlation between job satisfaction and hospital ethical environment ($r = 0.61$); which means that

Table 1. Description of demographic characteristics. N=150

Variables	Range	Mean(SD)	Median	% (n)
Gender			Female	
Female	-	-		59% (89)
Male				41% (61)
Educational Level			BSC	
Diploma	-	-		13 % (20)
BSC				82 % (123)
MSN				5 % (7)
Sector			Private	
Governmental	-	-		53.5% (80)
Private				13% (20)
Military				33.5% (50)
Age in years	21-35	25 (4.2)	-	-
Years of Professional Experience	6 months-13 years	4 years (3.9)	-	-

Table 2. Description of Hospital Ethical Climate Scale. N=150

Variables	Range	Mean(SD)
1. My peers listen to my concerns about patient care.	1-5	3.40 (0.97)
2. My peers help me with difficult patient care issues/problems.	1-5	3.49(1.15)
3. I work with competent colleagues.	1-5	3.30 (1.00)
4. Safe patient care is given on my unit.	1-5	3.85(1.10)
5. Patients know what to expect from their care.	1-5	3.22(0.90)
6. Nurses have access to the information necessary to solve a patient care issue/problem.	1-5	3.63(0.97)
7. Nurses use the information necessary to solve a patient care issue/problem.	1-5	3.58(0.92)
8. The patient's wishes are respected.	1-5	3.50(1.0)
9. When I'm unable to decide what's right or wrong in a patient care situation, my manager helps me.	1-5	3.59(1.10)
10. My manager supports me in my decisions about patient care.	1-5	3.50(1.10)
11. My manager listens to me talk about patient care issues/problems	1-5	3.50(1.02)
12. My manager is someone I can trust.	1-5	3.41(1.10)
13. When my peers are unable to decide what's right or wrong in a particular patient care situation, I have observed that my manager helps them.	1-5	3.41(1.10)
14. My manager is someone I respect.	1-5	3.59(1.17)
15. Hospital policies help me with difficult patient care issues/problems .	1-5	3.19(1.25)
16. A clear sense of the hospital's mission is shared with nurses.	1-5	2.94(1.08)

Table 2. Continue

1.	The feelings and values of all parties involved in a patient care issue/problem are taken into account when choosing a course of actions.	1-5	3.22(0.89)
2.	Conflict is openly dealt with, not avoided.	1-5	2.25(1.04)
3.	There is a sense of questioning, learning, and seeking creative responses to patient care problems.	1-5	3.41(1.08)
4.	I am able to practice nursing on my unit as I believe it should be practiced.	1-5	3.57(1.16)
5.	Nurses and physicians trust one another.	1-5	3.00(1.17)
6.	Physicians ask nurses for their opinions about treatment decisions.	1-5	2.12(1.15)
7.	I participate in treatment decisions for my patients.	1-5	3.16(1.05)
8.	Nurses and physicians here respect each other's opinions, even when they disagree about what is best for patients.	1-5	3.00(1.17)
9.	Nurses and physicians respect one another.	1-5	3.25(1.10)
10.	Nurses are supported and respected in this hospital.	1-5	3.19(1.20)
Total mean score			3.30

Table 3. Pearson correlations for correlations. N=150

	Ethical work environment	Job satisfaction	Intent to turnover
Ethical work environment	1	0.610**	-0.167**
Job satisfaction	0.610**	1	-0.152**
Intent to turnover	-0.167**	-0.152**	1

** Correlation is significant at $\alpha=0.01$ (2-tailed)

nurses who perceived the hospital ethical environment as positive were more satisfied. The results indicated that there was a significant negative weak correlation between nurses' job satisfaction and nurses' intention to turnover ($r = -0.152$) which means that nurses who were highly satisfied their intend to turnover was low.

DISCUSSION

The overall nurses' perception of hospital ethical climate in the study was positive. It is well known that the perception of ethical climate was associated with registered nurses' decisions to leave their job or to leave the nursing profession Ulrich et al. (2007); The importance of relationships among the health care team within the work environment was demonstrated in items with the highest and lowest scores on the HECS. The

most positive perceptions were related to the nurses' opinions of their colleagues and the views that safe care was being given to their patients. Ulrich et al. (2007) presented the same result in their study that (78.3%) of the participants had the same view. In contrast, Physicians received the lowest scores which is a negative view when the nurses were asked about "Physicians asking nurses for their opinions about treatment decisions". This showed the endless power struggle between nurse and physician and the power differential between nurses and doctors that can be both a barrier to good care. Communication between professions has long been known to be a discord in facilitating an ethical climate among physicians and nurses. "Physicians and nurses are too often in conflict and/or separated from joint work for good patient outcomes" (Storch and Kenny 2007, 488). Interestingly, the question with the lowest score overall concerned with

a relationship between nurses and physician regarding cooperative decision making regarding the patient care. It appears that the participants in this study perceive that the dominance of opinions is the usual mode of action. In 1998 McDaniel identified one of three critical features of an ethical environment in health care settings as the ability of nurses to engage in discussions about patient care and treatment decision. Nurses felt subordinate to physicians, often feeling that they were not heard and had no impact on decision making (Oberle and Hughes, 2001).

Level of job satisfaction of participants was at borderline, and the participants in the study reported moderate level of intention to turnover. The results also showed a weak but significant negative correlation between intention to turnover and each of the variables job satisfaction and hospital ethical environment. These results are consistent with the studies that were conducted and found that supportive work environment and enhanced job satisfaction have a positive impact on the level of intention to stay at work (AbuAIRub et al., 2009; Ganz and Toren, 2014; Lambrou et al., 2014; Zhang et al., 2014). Hart (2005) found that a negative ethical climate was associated with registered nurses' decisions to leave their job or to leave the nursing profession.

On the other hand, the results showed a strong positive correlation between job satisfaction and hospital ethical environment. Such results were also similar with the results of other studies which also found that work environment is strongly and positively related to job satisfaction (Kaddourah et al., 2013; Zhang et al., 2014). It is necessary for nurse administrators to consider ethical work environment conditions in hospitals and create more constructive conditions; which might play a role in increasing the level of job satisfaction, which was shown to be on the borderline for participants in the present study. As workplace issues continue to be seen as a major cause of the healthcare shortage (American Association of Colleges of Nursing, 2002), the findings of this study emphasized that positive ethical climate is an important contributing factor of nurses' and social workers' job satisfaction. The results also are consistent with the study which showed the positive influence of job satisfaction, and ethical work environment on the retention of nurses (Kutney-Lee et al., 2013; Lambrou et al., 2014).

The findings of this study add to the limited body of knowledge regarding Saudi nurses' perception of ethical climate. And thus begin to provide a foundation for the development of evidence-based interventions, designed to improve the nursing profession. Implications for nurse executives and hospital administrators are a major finding in this study. The negative hospital ethical climate are related to increased intent to turnover, and the identified elements of the ethical climate, specifically

the relationships of the staff nurses to physicians, can moderate the negative effects on nurses job satisfaction, so investment in strengthening the relationship among the nurse and physicians would appear to be an effective way to make a cooperative environment which accordingly improve quality of care, and it will considered as a part of recruitment and retention strategies. The evidence from this study also suggests that educators should assess the ethical content in undergraduate and graduate nursing curricula to ensure that students are getting in specific a practical understanding of biomedical ethics and the skills necessary for working within systems to improve ethics related outcomes. In addition there is a particular need to focus on the relationships among ethical climate, recruitment and retention. Both quantitative and qualitative research is needed to understand these phenomena better and to generate evidence of the relationships between them and decisions to leave nursing.

Study limitations

The reliance on self-reports of the respondents carries the potential for demand characteristic effects. According to Waltz et al. (1991), "demand characteristic effects refer to respondents' deliberately monitoring responses to fit perceived demands...either those of the interviewer or of society" (p. 326). This potential for socially desirable responses may have been answered with the assurance of confidentiality and anonymity of all participants. Also using a convenience sample might limit the generalizability of the results. However, despite those limitations, the results of the study implicate the importance of enhancing the hospital ethical environment conditions and levels of job satisfaction; so the turnover rate among nurses will decrease gradually.

CONCLUSION

This study has the potential to contribute to the evidentiary base for the relationship between ethical climate and job satisfaction and intent to turnover. There is a persistent need for conceptual work to create a more robust understanding of hospital ethical climate in nursing practice and the relationship between ethical climate, decisions to leave positions or nursing, and the impact on patient care. Such work could contribute to the development and refinement of instrument to measure ethical climate. Furthermore, particularly to the current and future shortage of registered nurses, consideration to ethical climates in hospitals is of vital importance to the growth of quality work environments and quality patient outcomes.

ACKNOWLEDGMENT

The author gratefully acknowledge Thanks to Dr. Linda Olson for sharing her instrument.

Conflict of interest

None declared.

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