Check for updates

Article

Nursing Ethics
2017, Vol. 24(2) 151–166
© The Author(s) 2015
Reprints and permission:
sagepub.co.uk/journalsPermissions.nav
10.1177/0969733015594667
journals.sagepub.com/home/nej

Relationship between ethical work climate and nurses' perception of organizational support, commitment, job satisfaction and turnover intent

Ebtsam Aly Abou Hashish
Alexandria University, Egypt

Abstract

Background: Healthcare organizations are now challenged to retain nurses' generation and understand why they are leaving their nursing career prematurely. Acquiring knowledge about the effect of ethical work climate and level of perceived organizational support can help organizational leaders to deal effectively with dysfunctional behaviors and make a difference in enhancing nurses' dedication, commitment, satisfaction, and loyalty to their organization.

Purpose: This study aims to determine the relationship between ethical work climate, and perceived organizational support and nurses' organizational commitment, job satisfaction, and turnover intention.

Methods: A descriptive correlational research design was conducted in all inpatient care units at three major hospitals affiliated to different health sectors at Alexandria governorate. All nurses working in these previous hospitals were included in the study ($N = 500$). Ethical Climate Questionnaire, Survey of Perceived Organizational Support, Organizational Commitment Questionnaire, Index of Job Satisfaction, and Intention to Turnover scale were used to measure study variables.

Ethical considerations: Approval was obtained from Ethics Committee at Faculty of Nursing, Alexandria University. Privacy and confidentiality of data were maintained and assured by obtaining subjects' informed consent to participate in the research before data collection.

Findings: The result revealed positive significant correlations between nurses' perception of overall ethical work climate and each of perceived organizational support, commitment, as well as their job satisfaction. However, negative significant correlations were found between nurses' turnover intention and each of these variables. Also, approximately 33% of the explained variance of turnover intention is accounted by ethical work climate, organizational support, organizational commitment, and job satisfaction, and these variables independently contributed significantly in the prediction of turnover intention.

Recommendation: Strategies to foster and enhance ethical and supportive work climates as well as job-related benefits are considered significant factors in increasing nurses' commitment and satisfaction and decreasing their turnover intention.

Corresponding author: Ebtsam Aly Abou Hashish, Nursing Administration Department, Faculty of Nursing, Alexandria University, Edmon Fremon St. Smouha, Alexandria 21527, Egypt.
Email: ebtsam_ss@hotmail.com

Keywords
Commitment, ethical climate, job satisfaction, organizational support, turnover intention

Introduction

Nursing is a profession vital to the health and well-being of all nations and is the backbone of any healthcare system.[1] Monitoring nurses' working conditions and improving the organizational climate of hospitals are likely to improve the safety of the employee and the profitability of the hospital through improved system outcomes, such as higher job satisfaction (JS), commitment, and lower turnover of the employees.[2] Also, improving nurses' working conditions will most likely promote patient safety.[3] Media reports continually detail the nursing shortage, and its consequences suggest hospitals in many developed countries are short-staffed, with nurses overworked due to overtime and double shifts and faced with increased patient loads. This results in job dissatisfaction, low morale, and emotional exhaustion, all of which may increase nurse turnover.[4,5] Specifically, World Health Organization indicated that nursing in Egypt is one of the professions that has seen little change over the past years. Also, little institutional recognition or support in the work place in addition to nurses' shortage and turnover combined with insufficient nursing funding hinder the decision makers from setting rules to support nursing. Healthcare organizations are now challenged to retain nurses' generation and to understand why they are leaving their nursing careers prematurely. Specific aspects of the work environment that led to a decision to leave were the lack of support, guidance, and of concerns from hospital management.[6]

There is a paucity of research in examining the factors of nurses' work environment and its association with nurses' intent to leave their jobs.[7] Interest in nursing and healthcare ethics has emerged because of an increased awareness of the complex ethical problems in healthcare. Moreover, the importance of creating an ethical climate (EC) in a hospital setting has been described in nursing literature. EC is considered as an important component of organizational climate. Current literature suggests that the way nurses perceive their work environment can affect their attitudes about ethical issues and their ethical decision-making.[8,9] In addition, perceived organizational support (POS) was found to influence nurses' commitment, JS, and turnover intention. High levels of employees' POS create feelings of obligation to the organization as well as make them feel they have to return the employers' commitment by engaging in behaviors that support organizational goals.[10] Moreover, research has shown that increased commitment improves work performance, JS and reduces absenteeism and turnover.[11]

Yet, to the knowledge of the current researcher, no published national study in Egypt has explored the nature of the explicit relationship that could exist among ethical work climate, and POS, nurses' organizational commitment (OC), JS, and turnover intention in hospitals. Therefore, it is a timely topic for research.[2] Acquiring knowledge about the effect of ethical work climate and level of POS and factors amenable for change in the work environment can help organizational leaders to deal effectively within dysfunctional behaviors and make a difference in enhancing nurses' dedication and loyalty to their organization.[9,12]

Conceptual framework

This study was guided by the conceptual framework developed by Filipova[12] which proposed the relationship between certain organizational variables (i.e. ethical work climate and POS) and other mediating variables (i.e. employees' commitment and JS) and a dependent variable (i.e. turnover intention). The following paragraphs will clarify their operational definitions according to measurement tools and proposed linkage.

More specifically, Victor and Cullen defined ethical work climate as "the shared perceptions of what ethically correct behavior is and how ethical issues should be handled." They identified five EC types that

were further verified by Martin and Cullen. These types were labeled as instrumental, caring, independence, professional (law and code), and rules. In instrumental climate, the needs and interest of others are of less concern and the primary goal is to serve the organization's interests or provide personal benefits. Caring climate, concerns for how people perceive support from organizations' practices and strategies. Independence climate, indicates that employee should act on deeply held personal moral convictions when they make ethical decisions. Professional (Law and code) climate is through which the organization supports principled decision-making based on external codes such as the law or professional code of conduct. Rules-oriented climate is the one in which organizational decisions are perceived to be guided by a set of local rules or standards such as codes of conduct.[13,14]

Enhancement of ethical work climate could be related to the degree of organizational support available to employees. According to Eisenberger et al., the concept of POS refers to "employees developed global beliefs concerning the extent to which the organization values their contributions and cares about their well-being." In other words, POS stands for employee's beliefs about a certain degree of the organization's commitment toward their employees.[10] Allen et al.[15] reported that POS mediated the relationship between human resource practices and OC and suggested that employees feel an obligation to help those who helped them.

OC has been viewed as a dimension of organizational effectiveness, which contributes to increased nurses' perceived effectiveness through work performance and reducing turnover.[11] Although there are a variety of definitions, OC is becoming synonymous with the Mowday et al. definition. They defined OC as the relative strength of an individual's identification with and involvement in a particular organization. It indicates the affective attachment to the organization. "Conceptually, it can be characterized by at least three factors: (a) a strong belief in and acceptance of the organization's goals and values; (b) a willingness to exert considerable effort on behalf of the organization; and (c) a strong desire to maintain membership in the organization."[16]

Employees' commitment and JS also have always been important issues for healthcare administrators. To have high level of OC, performance, and effectiveness, it is vital for both employee and employer to have high level of satisfaction.[17] JS can be described as a pleasurable emotional state resulting from the appraisal of one's job, and an affective reaction and an attitude toward one's job.[18] JS can be an important indicator of how employees feel about their job, as well as a predictor of work behaviors. It decreases absenteeism, improves work climate and productivity, and enhances performance. However, the dissatisfaction of employees will lead to less work commitment, physical withdrawal, or retreating from the organization emotionally or mentally, as well as high turnover from the organization.[18,19]

Nurses' turnover intention refers to the relative strength of an individual's intent to leave an organization.[20] Nurses reported that their intent to leave current nursing job leave their current nursing job position either to transfer to another job position within the healthcare organization or to terminate employment with the healthcare organization to seek employment elsewhere.[21] A large degree of employee turnover is highly detrimental to both the organization as well as the employees. Turnover and its intention have an impact over the organization's costs relating to recruitment and selection, personnel process and induction, training of new personnel, and above all, loss of knowledge gained by the employee while on job. Additionally, it results in understaffing which in turn leads to decreased effectiveness and productivity of the remaining staff. Turnover may have a negative impact on the employee as well. Most often, turnover intention is consequential to actual quitting behavior. Hence, it is imperative to understand the determinants of turnover intentions to arrest the outflow of key personnel and retain organization in a competitive edge.[22]

Research works in the West, not the East, are rich with these constructs. The development and validation of constructs have been provided by Western countries and the United States and scholars point out the need for studies about EC, POS, JS, and OC outside these countries. Also, there is a lack in the number of literature reviews that dealt with the analysis of the relationship between EC, POS, JS, and OC for employees in Egypt. This called for the researcher to test this relationship in the Egyptian culture and hospital environment.[23]

Research hypotheses

From this conceptualization among variables, ethical work climate, organizational support, commitment, and JS can be considered the independent variables in this study and nurses' turnover intention the dependent variable. The hypotheses of the study are as follows:

Hypothesis 1. Nurses' perception of overall ethical work climate is positively related to each of POS, their commitment, as well as JS.

Hypothesis 2. Nurses' turnover intention is negatively related to each of ethical work climate, POS, their commitment, as well as JS.

Hypothesis 3. Ethical work climate, organizational support, commitment, and JS independently contribute significantly in the prediction of nurses' turnover intention.

Aim of the study. The purpose of this study was twofold:

1. To determine the relationship between ethical work climate, and POS, nurses' OC, JS, and turnover intention.
2. To explore how nurses perceive ethical work climate, and POS, OC, JS, and turnover intention in their hospitals.

Research questions

1. What is the relationship between nurses' perception of ethical work climate, and organizational support, their OC, JS, and turnover intention?
2. How do nurses perceive ethical work climate, and POS, OC, JS, and turnover intention in their hospitals?

Methods

Research design and setting

A descriptive correlational research design was used to conduct this study. The study was conducted in all inpatient care units at three major hospitals affiliated to different health sectors in Alexandria governorate; The Main University Hospital (hospital A, nonprofit hospital) is affiliated to university health sector. It is the largest teaching hospital in Alexandria that provides free nursing and medical services for patients coming from many governorates. Ras Al-Teen hospital (hospital B, governmental hospital) is affiliated to Ministry of Health. It is one of the largest and most famous governmental hospitals that provides free nursing and medical services for patients. Al-Salama Private Hospital (hospital C, for-profit hospital) is affiliated to private health sector. It is the largest and most known private hospital that provides paid medical services for all patients. All of these hospitals play major role in ensuring comprehensive healthcare services, including medical, surgical, emergency, and multispecialty care.

Participants

All staff nurses working at the previously mentioned hospitals and willing to participate in the study were included (N = 500). Their numbers were classified as follows: hospital A, n = 315; hospital B, n = 168; and

hospital C, n = 112. The included 325 technical nurses had diploma of technical nursing and 175 professional nurses had bachelor of nursing science.

Tools of the study

1. *Ethical Climate Questionnaire (ECQ)* developed by Victor and Cullen[13] was used to measure nurses' perceptions of EC in their hospital settings. It consisted of 26 items including five EC dimensions: instrumental (7 items), caring (7 items), independence (4 items), professional law and code (4 items), and rules (4 items). Responses were measured on a 6-point Likert scale ranging from "6," *completely true*, to "1," *completely false*. Higher mean of an EC dimension reflects a higher level of nurses' perception of it.
2. *Survey of Perceived Organizational Support (POS) developed by Eisenberger et al*.[24] It is a 6-item scale used to measure nurses' perception of whether the organization appreciated their contributions and treated them favorably or unfavorably in differing circumstances. Responses were measured on a 5-point Likert scale ranging from "5," *strongly agree*, to "1," *strongly disagree*. High mean indicates high organizational support perceived by nurses.
3. *Organizational Commitment Questionnaire (OCQ) developed by Mowday et al*.[16] It is a 9-item version used to measure nurses' perception of commitment toward their organization. Responses were measured on a 5-point Likert scale ranging from "5," *strongly agree*, to "1," *strongly disagree*. The higher the mean, the greater the nurses' OC.
4. *Index of Job Satisfaction (JS) developed by Curry et al*.[25] It is a 6-item scale used to measure nurses' perception of overall satisfaction with their job. Responses were measured on a 5-point Likert scale ranging from "5," *strongly agree*, to "1," *strongly disagree*. High mean indicates greater overall nurses' JS.
5. *Turnover Intention scale developed by Cammann et al*.[20] It is a 3-item scale used to measure nurses' intention to leave their job. Responses were measured on a 5-point Likert scale ranging from "5," *strongly agree*, to "1," *strongly disagree*. The higher the mean, the greater the nurses' intention to leave.

In measures from (2) to (5), nurses were asked to indicate how strongly they agreed or disagreed that the items described their organizations or their attitudes. Permission was obtained to use study measures.

In addition, questions about demographic and work-related characteristics for nurses were added including, questions related to unit, age, education, years of experience, and marital status.

Validity and reliability

All study tools were tested for internal reliability using Cronbach's alpha correlation coefficient. The results proved tools to be reliable with a correlational coefficient α of 0.902 and α of 0.879 for ECQ and Survey of Perceived Organizational Support, respectively. For OCQ, Index of Job Satisfaction, and Turnover Intention scale, α was 0.877, 0.879, and 0.822, respectively, while the statistical significance level was set at $p < 0.05$.

Tools were translated into Arabic language to be suited for Egyptian culture and tested for content validity and relevance in Egyptian hospital settings along with the fluency of the translation by five academic members in the field of study including two Professors and one Lecturer from Nursing Administration Department and Professor and Assistant Professor from Medical-Surgical Nursing Department. Accordingly, some items were modified to be more clearer. In addition, a pilot study was conducted on 50 nurses

(10%) who were excluded from the study subjects, to ensure the clarity and applicability of tools and to estimate the time required to complete the study questionnaires. In the light of the findings of the pilot study, no changes occurred in the tools.

Data collection

Written approval was obtained from administrative authority in the identified hospitals to collect the necessary data. The questionnaires were distributed by the researcher to nurses who agreed to participate in the study. Each nurse took about 30 min to complete the questionnaires. Data were collected from nurses using the study questionnaires after obtaining their acceptance in a period of 7 months, 2014.

Ethical considerations

Approval was obtained from Ethics Committee at Faculty of Nursing, Alexandria University. The researcher explained the aim of the research to all participants. Their privacy and confidentiality of data were maintained and assured by obtaining subjects' informed consent to participate in the research before data collection. The anonymity of participants was granted.

Data analysis

Data were coded by the researcher and statistically analyzed using SPSS (Statistical Package for the Social Science) version 20. Cronbach's alpha correlation coefficient was used to test study's tools for internal reliability. Frequency and percentages were used for describing demographics and work-related characteristics. Arithmetic mean and standard deviation (SD) were used as measures of central tendency and dispersion, respectively, for quantifying variables under the study. Pearson correlation coefficient analysis (r) was used to test the nature of the relationship between study variables. Student's t-test was used to compare the means of two groups of nurses, and one-way analysis of variance (ANOVA) (F) was used to compare the mean scores of nurses' groups among studied hospitals. Regression analysis (R^2) was used to test the predictive power of independent variables on the dependent variables. R^2 change was tested with F-test. A significant F-value for R^2 meant that the variables added significantly improved the prediction. All statistical analyses were performed using two-tailed tests and an alpha error of 0.05; p values less than 0.05 were considered significant.

Response categories. To increase clarity and meaningfulness of response categories, the categories have been collapsed; thus, response categories ''strongly agree and agree'' and ''strongly disagree and disagree'' were collapsed into broader categories of agreement and disagreement. Also, the EC response categories ''completely and mostly true'' and ''completely and mostly false'' were collapsed into broader categories of true and false, respectively.

Value of mean:
<2.5 indicates low level of each variable; 2.5–3.75 indicates moderate level of each variable;
>3.75 indicates high level of each variable.
Value of Pearson correlation coefficient:
$r = 0.1$ indicates a weak relationship; $r = 0.3$ indicates a moderate relationship;
$r = 0.5$ indicates a strong relationship.

Result

Background characteristics of the participants

The valid response rate in this study was 78.5% (550 nurses from 700). The highest percentage of nurses (47.2%) were less than 30 years old. A total of 33.0% of them were aged between 30 and 40 years old, while 4.8% were above 50 years old. Of them, 57.0% are working at inpatient care units, while 43.0% of them are working at intensive care units. About two-thirds of nurses (65%) had diploma of technical nursing school, while 35% of them had bachelor of nursing science. The highest percentage of nurses (48.4%) had more than 10 years of experience, while 32.6% of them had less than 5 years of experience. Of the nurses, 52.4% were married, while 47.6% were single.

Perception of study variables

Table 1 shows that there is a positive significant correlation between nurses' perception of overall ethical work climate and each of their organizational support ($r = 0.2$, $p < 0.001$), their OC ($r = 0.3$, $p < 0.001$), as well as JS ($r = 0.161$, $p < 0.001$). Also, there is a positive significant correlation between POS and each of OC ($r = 0.6$, $p < 0.001$) and JS ($r = 0.42$, $p < 0.001$). In addition, there is a positive strong significant correlation between OC and JS ($r = 0.7$, $p < 0.001$). However, there is a negative weak significant correlation between nurses' intention to turnover and each of overall ethical work climate ($r = -0.2$, $p = 0.003$), organizational support ($r = -0.1$, $p = 0.158$), OC ($r = -0.2$, $p < 0.001$), and JS ($r = -0.3$, $p < 0.001$).

Table 2 reveals regression coefficient value among independent variables and dependent variable where $R^2 = 0.33$, $F = 14.743$, $p < 0.001$*. This means that approximately 33% of the explained variance of turnover intention is accounted by ethical work climate, Perceived organizational support, OC, and JS, and these latter variables independently contributed significantly in the prediction of turnover intention. Ethical work climate and Perceived organizational support added about 22% and 23% of the explained variance of turnover intention, respectively. Also, OC and JS added about 44% and 41% of the explained variance of turnover intention, respectively.

Table 3 shows that nurses' perception of overall ethical work climate was represented by mean and SD of 3.28 ± 0.60, which indicates that nurses moderately agreed on the existence of and identification with ethical work climate at their working hospitals. The highest mean was related to *rules-oriented* climate represented by mean and SD of 3.45 ± 0.83, while the lowest mean was related to *instrumental* climate

Table 1. Correlation between ethical work climate, and perceived organizational support and nurses' commitment, job satisfaction, and turnover intention.

Study variables		Overall ethical work climate	Perceived organizational support	Organizational commitment	Job satisfaction
Perceived organizational support	r	0.2			
	p	0.001*			
Organizational commitment	r	0.3	0.6		
	p	0.001*	0.001*		
Job satisfaction	r	0.2	0.4	0.7	
	p	0.001	<0.001	0.001	
Turnover intention	r	−0.1	−0.1	−0.2	−0.3
	p	0.003*	0.158	0.001*	0.001*

r: Pearson coefficient.
*Statistically significant at $p \leq 0.05$.

Table 2. Regression analysis between independent variables and turnover intention.

Independent variables	R^2	p
Ethical work climate	0.22	0.04*
Perceived organizational support	0.23	0.010*
Organizational commitment	0.44	0.027*
Job satisfaction	0.41	<0.001*
Overall $R^2 = 0.33$, $F = 14.743$*, $p < 0.001$*		

R^2: regression coefficient; F: F-test (analysis of variance (ANOVA)).
*Statistically significant at $p \leq 0.05$.

Table 3. Mean and standard deviation (SD) of nurses' perception of ethical work climate, and perceived organizational support and commitment, job satisfaction, and turnover intention.

	Nurses' groups at hospitals					
Study variables	A Mean ± SD	B Mean ± SD	C Mean ± SD	Overall mean Mean ± SD	F	p
1. Overall ethical work climate	3.32 ± 0.63	3.10 ± 0.57	3.47 ± 0.50	3.28 ± 0.60	14.889*	0.001
Caring	3.38 ± 0.76	3.0 ± 0.78	3.61 ± 0.71	3.30 ± 0.79	23.693*	0.001
Law and code	3.32 ± 0.89	3.08 ± 0.94	3.71 ± 0.72	3.33 ± 0.90	17.415*	0.001
Rules	3.50 ± 0.82	3.16 ± 0.81	3.80 ± 0.71	3.45 ± 0.83	22.219*	0.001
Instrumental	3.05 ± 0.67	3.02 ± 0.60	3.14 ± 0.58	3.06 ± 0.63	1.182	0.307
Independence	3.48 ± 0.80	3.35 ± 0.81	3.26 ± 0.79	3.39 ± 0.80	3.205*	0.041
2. Perceived organizational support	2.45 ± 0.89	2.46 ± 0.62	3.03 ± 0.67	2.58 ± 0.80	24.681*	0.001
3. Organizational commitment	3.12 ± 0.80	2.83 ± 0.77	3.63 ± 0.81	3.14 ± 0.89	30.823*	0.001
4. Job satisfaction	3.24 ± 0.90	3.22 ± 0.81	3.49 ± 0.87	3.29 ± 0.87	4.023*	0.018
5. Turnover intention	2.65 ± 1.22	2.79 ± 1.21	2.86 ± 1.17	2.74 ± 1.20	1.261	0.284

P. P value of F-test (analysis of variance(ANOVA)).
*Statistically significant at $p \leq 0.05$.

represented by mean and SD of 3.06 ± 0.63. Moreover, Table 3 reveals that moderate nurses' perceptions of organizational support, commitment, JS, as well as intention turnover were represented by mean and SD of 2.58 ± 0.80, 3.14 ± 0.89, 3.29 ± 0.87, and 2.74 ± 1.20, respectively.

Furthermore, Table 3 reveals that there are significant differences among nurses' groups at the three studied hospitals regarding their perception of overall ethical work climate where $f = 14.889$, $p < 0.001$. In addition, there are significant differences among nurses' groups at the studied hospitals regarding their perception of organizational support, nurses' OC, as well as JS where p is <0.001, <0.001, and 0.018 respectively. Nurses at hospital C (for-profit hospital) expressed significant ethical work climate, organizational support, JS, and more commitment to their organization as compared to nurses in the other hospitals. However, there is no significant difference among the three hospitals regarding nurses' intention to turnover where $f = 1.261$, $p = 0.284$.

Table 4 reveals the relationship between nurses' demographics and work-related characteristics and study variable. As regards the nurses' age, there is a significant difference between nurses who were less than 30 years and who were older than 30 years regarding their perception of ethical work climate ($p = 0.008$), organizational support ($p = 0.002$), as well as turnover intention ($p = 0.001$). Younger nurses had the higher means. For the working unit, there is a significant difference between nurses who are working

Table 4. Relationship between nurses' demographics and work-related characteristics and their perception of ethical work climate, perceived organizational support, commitment, job satisfaction, and turnover intention.

Demographics and work-related characteristics	Ethical work climate Mean ± SD	Perceived organizational support Mean ± SD	Organizational commitment Mean ± SD	Job satisfaction Mean ± SD	Turnover intention Mean ± SD
Age					
<30	3.35 ± 0.54	2.70 ± 0.82	3.20 ± 0.88	3.25 ± 0.90	3.01 ± 1.15
>30	3.21 ± 0.64	2.48 ± 0.76	3.08 ± 0.89	3.33 ± 0.84	2.51 ± 1.21
^{t}p	0.008*	0.002*	0.142	0.331	<0.001*
Working units					
Inpatient	3.27 ± 0.63	2.57 ± 0.82	3.15 ± 0.90	3.33 ± 0.87	2.61 ± 1.22
ICUs	3.29 ± 0.56	2.60 ± 0.76	3.12 ± 0.87	3.23 ± 0.86	2.92 ± 1.16
^{t}p	0.678	0.696	0.743	0.224	0.004*
Education qualification					
Bachelor of nursing science	3.27 ± 0.56	2.67 ± 0.70	3.12 ± 0.93	3.25 ± 0.83	2.91 ± 1.14
Technical diploma of nursing	3.28 ± 0.62	2.53 ± 0.84	3.15 ± 0.86	3.31 ± 0.89	2.66 ± 1.23
^{t}p	0.955	0.046*	0.713	0.453	0.025*
Years of experience in nursing					
<5	3.36 ± 0.53	2.77 ± 0.75	3.28 ± 0.87	3.26 ± 0.86	3.05 ± 1.15
5–10	3.20 ± 0.53	2.62 ± 0.92	3.12 ± 0.87	3.24 ± 0.91	2.85 ± 1.10
>10	3.25 ± 0.66	2.44 ± 0.75	3.05 ± 0.90	3.33 ± 0.86	2.50 ± 1.23
^{F}p	0.065	<0.001*	0.044*	0.621	<0.001*

SD: standard deviation.
^{t}p: p value for Student's t-test;
^{F}p: p value for F-test (analysis of variance (ANOVA)).
*Statistically significant at $p \leq 0.05$.

at inpatient care units and who are working at ICUs regarding their perception of turnover intention ($p = 0.004$). Nurses at ICUs had a higher intention than other nurses. For years of experience, there is a significant difference between nurses who had less than 5 years of experience and who had higher than 5 years of experience regarding their perception of organizational support and commitment ($p = 0.001$ and 0.044) as well as turnover intention ($p < 0.001$). Nurses with less than 5 years of experience had the higher mean.

Discussion

Koh and Boo[26] discovered that employees are likely to have a higher level of JS when they perceive strong top management support for ethical behavior, a favorable EC, and a strong association between ethical behavior and career success in the organization. Moreover, developing benevolent and principled ECs may help to reduce moral stress for nurses, improve moral excellence, and enhance the organization's success not only in retaining and recruiting new nurses but also in increasing employee productivity through ethical behavior.[9] This goes in the same line with the finding of this study which revealed positive significant correlations between nurses' perception of overall ethical work climate and their perception of each of POS, OC, as well as their JS. A positive relationship also was found between each variable with another. Nurses in this study reported that their hospitals' work climate is moderately ethical and supportive and their hospitals concern for them so, they fairly become to their hospitals that could increases their satisfaction with their job. This result supports hypothesis 1. It is noteworthy that ethical work climates play an important role in influencing and promoting employees' satisfaction and commitment. The higher the nurses' perception of

their organization's climate as caring, the stronger their attachment to the organization. Also, the higher the organizational support perceived by nurses, the more the nurses' commitment and JS they may feel. This result could be supported by Ahmed et al.'s[27] study which indicated that an organization having EC and supportive top management for ethical behaviors is likely to yield more favorable work-related as well as organizational outcomes. Also, Sims and Kroeck found that when employees preferred ethical work climate and their actual work climate matched, they were likely to be more satisfied and committed to the organization. On the other hand, if employees felt that their organizations' values were in conflict with their own ethical values, they were less committed to the organization.[28]

Moreover, Silverman[29] stated, a positive EC cannot be created without strong, visible, and consistent support from the administrators and management of the espoused values. Also, Filipova[12] suggested that employees who perceived higher level of organizational support reciprocated with increased OC and JS. Furthermore, Burke[30] showed that high level of POS resulted in higher level of JS. In addition, Filipova[9,12] and Koh and Boo[31] reported that organizations that foster a general ethical and caring climate which emphasized the well-being of employees can make employees feel a higher level of POS which positively influenced their commitment and JS. Moreover, Cullen et al.[32] found that nurses' perception of ethical caring climate would positively relate to their commitment because such a climate fostered greater level of cohesion, support, and internalization of professional values as well as principled reasoning. These findings support the notion that managers may be able to influence JS by influencing the EC in their organization.

In this respect, Burke, and Rhoades and Eisenberger emphasized the supportive organizations that meet the socio-emotional needs of their employees, increased performance–reward expectances, fulfilled their promises, and signaled the availability of help and support to their employees. Such need fulfillment produced a strong sense of belonging to the organization in turn, and would expect more commitment and high employee JS.[30,33] In summary, improving EC in organizations by emphasizing ethical culture is important in order to improve employee's commitment and JS and makes good business sense.

On the other hand, there is a negative significant correlation between nurses' intention to turnover and each of overall ethical work climate, POS, commitment, and JS. The higher the nurses' perception of their work climate as ethical and supportive, the higher their commitment and satisfaction, and the lower their intention to turnover. Individuals who desire an EC should be less likely to leave an organization where climate is perceived as ethical and supportive. This result supports hypothesis 2. According to Ulrich et al.,[34] a positive EC reduces nurses' intentions to leave due to the perceptions of adequate or extensive institutional support for dealing with ethical issues. Based on Ulrich et al.'s study, this study argues that in the context of employees' nature of work, compliance to the highest standards of ethical conduct is crucial in performing their jobs. Thus, when employees believed that their organizations are not emphasized and enforced on EC environment, it will encourage them to leave, since they are unable to recognize a fit between themselves and their work positions.

Also, Eisenberger et al.[24] and Rhoades et al.[35] found that beneficial treatment as represented by the EC should increase perception of organizational support, leading to felt obligation to help the organization achieve its goal, both of which should reduce turnover intention. Moreover, Hart provides strong evidence that EC was a significant factor in nurses' decisions to leave their positions or to leave the nursing profession. By creating an EC, organizations might be able to reduce undesirable turnover via greater OC.[36] In this context, many research works support the view that the longer the retained staff members have been in their jobs, the higher the level of job performance, the higher the level of JS, the higher the level of OC, the lower the level of turnover intentions, and vice versa.[37–41]

It is noteworthy, the multiple regression among independent variables and dependent variable revealed that approximately 33% of the explained variance of turnover intention is accounted by ethical work climate, organizational support, OC, and JS, and these latter variables independently contributed significantly in the prediction of turnover intention. This result supports hypothesis 3. The findings presented here

suggest that nurses' turnover intention can be a product of complex relationships among organizational and attitudinal factors, and different set of predictors, namely, ethical work climates and POS, may operate on the turnover continuum. Also, the present findings indicated that nurses' affective reactions, based upon the appraisal of their job (JS) and attachment to their organizations (OC), were important attitudinal predictors of the decision or intention to leave. Consistent with previous research works, JS and OC were included as salient attitudinal variables in the turnover intention and correlated with it. These results suggested that an institution's focus on enhancing nurses' satisfaction and commitment should reap high benefits in the retention of nurses.[9]

Previous research by Rhoades et al.[35] showed that OC and JS acted as mediators of the relationship between POS and employees' turnover. Also, Filipova[9,12] suggested that favorable ethical work climates operate via POS to increase JS and OC and to reduce turnover intention.

Moreover, JS is critical for any organization. It is considered an important indicator of how staff members feel about their job commitment to their organization and a predictor of turnover.[42,43] Also, Stallworth[44] found that OC is the best predictor of intention to leave. Furthermore, Kalbers and Cenker[45] proved that as employees move to more senior levels, they are less inclined to leave the organization, since they gain more commitment for the organization. Based on these studies, this study argues that employees will have less intention to leave their present employers if they perceived higher commitment and felt attached toward their organizations.

In this respect, recommendations of organizational intervention strategies can be used to reduce staff turnover and improve organizational climates as there is evidence that high staff turnover and poor organizational climates negatively affect service quality and outcomes, clearly influencing the success of an organization. Many organizations, however, struggle to cultivate the climate they need to succeed and retain their most highly effective employees.[46] The working organizations can take steps to build a more positive and employee-centered climate through communication, values, expectation, norms, policies, rules, and leadership. Also, establishment of the recognition/reward programs would be an important retention strategy for nurses because nurses always had higher expectations from their organizations to recognize and appreciate their efforts and to consider their goals and values.[9,12] Low reward of employees as part of organizational climate correlated positively with turnover intention, and good organizational climate is associated with the promotion of employees on merit.[47]

Although the result of this study revealed that all nurses perceived a moderate existence of ethical work climate, organizational support, commitment, as well as JS at their working hospitals, there are significant differences among nurses' groups at the three studied hospitals regarding their perception of these variables. This result could be related to the different nature of each of these hospitals, which could create varied climate even across subunits and departments, and might affect nurses' perception. Also, the possibility of this difference in climate perceptions among the studied hospitals might be due to different degrees of bureaucracy, job functions, and shift from an emphasis on following rules, laws, and policies to reducing costs to emphasizing meeting the needs of the organization's clientele. Victor and Cullen[13] argued that since different organizations are exposed to varied mixture of operational, individual, and work factors, it was unlikely that these organizations have homogeneous climates. Also, Weber and Seger[48] found that different ECs might exist through organizations especially if comprising any different issue.

Nurses at Al-Salama Hospital (hospital C) perceived ethical work climate, feel support and committed as well as satisfied with their job in their organization higher than other nurses' groups. This could be attributed to that private hospitals tend to maintain an ethical and supportive environment to retain nurses, which could increase their economic stability and in turn increase consumer relationship and work productivity and profit. This could be supported by Banaszak-Holl et al.[49] who clarified that a possible explanation for caring and supportive climate orientation in profit hospitals is the main emphasis in these organizations by way of policy and practice and caring on providing good customer service in order to stimulate and maintain

their service and profit. This result is inconsistent with Filipova[9,12] and Agarwal and Malloy[50] who found that individuals in nonprofit health sector might perceive EC as supportive toward personal growth and well-being higher than individuals in profit sector.

Moreover, nurses in this study perceived that the most prevalent EC is rules-oriented while instrumental climate was the lowest EC. Nurses in the current study perceived that they guided by the professional work norms and rules in their work to be congruent with the professional standard to provide quality care than norms and concerns that best serve their organization itself. This result goes in the same line with Filipova's study which showed that a rules climate was the second dimension perceived by nurses followed compliance with the law and professional standards and instrumental climate was the last one. Filipova clarified that majority of nurses believed that rules-oriented climate was important "to stick to rules and procedures." However, portion of them concurred that the major responsibility in their organization was to control costs, which reflects an instrumental climate.[12] In this respect, Ells et al. recommended educational efforts such as orientation and training program on ethical issues and matters for both management and clinical staff to ensure the predominance of principled climate. This would also send a strong signal that the ethical dimensions are strongly supported.[51]

Concerning the relationship between nurses' work-related characteristics and study variables, this study revealed that young nurses who had less than 30 years old feel organizational support and ethical work climate higher than older nurses. Also, younger nurses with bachelor of nursing science who had less than 5 years of experience in nursing and working in intensive care units had higher intention to turnover than other nurses. These results could be related to nurses' more involvement in direct patient activities which increase their workload and physical demands on them, as well as rotating shifts especially in ICUs. They would search about a more beneficial job, which generates more salary and reimbursement that suited their effort. This result could be supported by Lavoie-Tremblay et al.[21] who found that younger nurses under the age of 30 years reported an imbalance between their effort at work and rewards (money, praise, and advancement opportunities), which contributed to their intent to turnover. Similarly, Flinkman et al.[52] found that younger professional nurses reported that they often thought about leaving the nursing profession because of inconvenience of shift work, demands of nursing work, and dissatisfaction with salary. In this aspect, Andrews et al.[53] identified that the factors that influence nurses' intent to turnover were: lack of flexible hours, the stress of work, pension-related expectations, and the increased pace of technological change. Also, Hart[36] found that educational reimbursement, flexible scheduling, and higher wages are significant factors in decreasing nurses' turnover intention. A study of Yin-Fah et al.[54] indicates that younger employees are obviously having higher turnover intentions than older employees. Age also has a positive association with OC.[55]

Study strengths and limitations

The research may provide a conceptual model for clarifying the relationship between ethical work climate, POS, and nurses' OC, JS, and turnover intention specifically in nursing literature. There is no published study in Egypt that investigates the relationship among these study variables, and it is considered as the first one to examine this relationship using standardized measures in Nursing. It could be a preliminary step for further research works. Further research should utilize structural equation modeling to examine the mediating effects of POS, JS, and OC with all other constructs simultaneously. Statistical consultation approved the possibility of comparison among nurses' groups according to sample size available.

However, the sample is not enough for generalization of findings. Future studies need to be replicated in a wider range for more generalization using more complex correlation such as multivariate and regression analysis.

Conclusion and recommendation

The result of this study concluded that there is a positive significant correlation between nurses' perception of overall ethical work climate and each of POS, OC, as well as nurses' JS. However, there is a negative significant correlation between nurses' intention to turnover and each of overall ethical work climate, organizational support, commitment, and JS. Also, the multiple regression among independent variables and dependent variable revealed that approximately 33% of the explained variance of turnover intention is accounted by ethical work climate, organizational support, OC, and JS, and these variables independently contributed significantly in the prediction of turnover intention. In addition, nurses perceived a moderate ethical work climate, organizational support, commitment, as well as JS at their working hospitals. *Based on the study findings, Hospital and nursing managers should foster the following recommendations:*

- Emphasizing organizational strategies for provision of caring and supportive work climate and reducing staff turnover. Support strategies to and enhance ECs and conducting forums for discussion of ethical issues, policies, policy processes, and institutional codes are recommended to raise the quality of ethical problem solving throughout the organization.
- Provide educational efforts such as orientation and training program on ethical issues and matters for both management and clinical staff to ensure the predominance of principled climate.
- Establish a recognition/reward programs which considered an important retention strategy for nurses. Also, provision of job-related benefits such as educational reimbursement, flexible scheduling, and work bonuses are significant factors in decreasing nurses' turnover intention and increasing their satisfaction.

Acknowledgements

I would like to thank the editor and reviewers of *Journal of Nursing Ethics*; their valuable comments helped me to refine this research article in a better form. My deepest thanks to my Professor Dr Magda Nassar, Professor of Nursing Administration, Alexandria University, for her valuable assistance in reviewing this research article. Also, I would like to thank all participants who agreed to participate in this research study.

Conflict of interest

The author declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author received no financial support for the research, authorship, and/or publication of this article.

References

1. Ulrich CM, Taylor C, Soeken K, et al. Everyday ethics: ethical issues and stress in nursing practice. *J Adv Nurs* 2010; 66(11): 2510–2519.
2. Stone PW, Larson E, Mooney-Kane C, et al. Organizational climate and ICUs nurses' intention to leave. *Crit Care Med* 2006; 34(7): 1907–1912.
3. Stone PW, Larson E, Mooney-Kane C, et al. Nurse working conditions, organizational climate, and intent to leave in ICUs: an instrumental variable approach. *Health Serv Res* 2007; 42(3): 1085–1104.
4. Aiken LH, Clarke SP, Sloane DM, et al. Hospital nurse staffing and patient mortality, nurse burnout, and job satisfaction. *JAMA* 2002; 288: 1987–1993.
5. Aiken LH, Sloane DM, Cimiotti JP, et al. Implications of the California nurse staffing mandate for other states. *Health Serv Res* 2010; 45: 904–921.

6. World Health Organization. *Egypt nursing profile*. WHO Country Office—Egypt, 2012, http://www.emro.who.int/images/stories/cah/fact_sheet/Nursing_Profile.pdf
7. El-Jardali F, Alameddine M, Dumit N, et al. Nurses' work environment and intent to leave in Lebanese hospitals: implications for policy and practice. *J Adv Nurs* 2007; 57(1): 45–58.
8. Malloy D, Hadjistavropoulos T, Fahey-Mccarthy E, et al. Culture, organizational climate and ontology: an international study of nurses. *Nurs Ethics* 2009; 16(6): 719–733.
9. Filipova A. *Licensed nursing personnel's perceptions of ethical climates in skilled nursing facilities: an empirical investigation*. Kalamazoo, MI: School of Public Affairs and Administration, Western Michigan University, 2009.
10. Eisenberger R, Huntington R, Hutchison S, et al. Perceived organizational support. *J Appl Psychol* 1986; 71: 500–507.
11. Al-Hussami M. A study of nurses' job satisfaction: the relationship to organizational commitment, perceived organizational support, transactional leadership, transformational leadership, and level of education. *Eur J Sci Res* 2008; 22(2): 286–295.
12. Filipova A. *Perceived organizational support and ethical work climate as predictors of turnover intention of licensed nurses in skilled nursing facilities*. Kalamazoo, MI: School of Public Affairs and Administration, Western Michigan University, 2007.
13. Victor B and Cullen B. The organizational bases of ethical work climates. *Admin Sci Q* 1988; 33(1): 101–125.
14. Martin D and Cullen B. Continuities and extension of ethical climate theory: a meta-analytic review. *J Bus Ethics* 2006; 69: 175–194.
15. Allen G, Shore M and Griffeth W. The role of perceived organizational support and supportive human resources practices in the turnover process. *J Manage* 2003; 29(1): 99–103.
16. Mowday T, Steers M and Porter W. The measurement of organizational commitment. *J Organ Behav* 1979; 14: 224–247.
17. Baumann A. *Positive practice environment: quality work place = quality patient care: information and action tool kit*. International Council for Nurses, 2007, http://www.icn.ch/indkit2007.pdf (accessed February 2014).
18. Leung S, Spurgeon P and Cheung H. Job satisfaction and stress among ward-based and community-based psychiatric nurses. *Hong Kong J Psychiatr* 2007; 17: 45–54.
19. Myers B. *Organizational support, perceived social support, and intent to turnover among psychiatric nurses: a mixed methods study*. A published Dissertation, University of Alabama at Birmingham, Birmingham, AL, 2010.
20. Cammann C, Fichman M, Jenkins D, et al. The Michigan organizational assessment questionnaire. Intention to turnover scale, 1979. In: Filipova A (ed.) *Perceived organizational support and ethical work climate as predictors of turnover intention of licensed nurses in skilled nursing facilities*. Kalamazoo, MI: School of Public Affairs and Administration, Western Michigan University, 2007.
21. Jha S. *Determinants of employee turnover intentions: a review*. New Delhi, India: Apeejay School of Management, 2010.
22. Lavoie-Tremblay M, Paquet M, Marchionni C, et al. Turnover intention among new nurses: a generational perspective. *J Nurses Staff Dev* 2011; 27(1): 39–45.
23. Nafei WA. Ethical climate as a moderator of the relationship between job satisfaction and organizational commitment: evidence from industrial companies in Egypt. *Int J Invest Manag Financ Innov* 2015; 1(1): 1–15.
24. Eisenberger R, Armeli S, Rexwinkel B, et al. Reciprocation of perceived organizational support. *J Appl Psychol* 2001; 86: 42–51.
25. Curry J, Wakerfield D, Price J, et al. On the causal ordering of job satisfaction and organizational commitment. *Acad Manag J* 1986; 29(4): 847–857.
26. Koh HC and Boo EH. Organizational ethics and employee satisfaction and commitment. *Manag Decis* 2004; 42(5): 677–693.

27. Ahmed B, Shad I, Mumtaz R, et al. Organizational ethics and job satisfaction: evidence from Pakistan. *Afr J Bus Manag* 2012; 6(8): 2966–2973.
28. Sims L and Kroeck K. The influence of ethical fit on employee satisfaction, commitment and turnover. *J Bus Ethics* 1994; 13: 939–947.
29. Silverman HJ. Organizational ethics in health care organizations: proactively managing the ethical climate to ensure organizational integrity. *HEC Forum* 2000; 12(3): 202–215.
30. Burke R. Nursing staff attitudes following restructuring: the role of perceived organizational support, restructuring processes and stressors. *Int J Sociol Soc Policy* 2003; 23(8–9): 129–157.
31. Koh C and Boo Y. The link between organizational ethics and job satisfaction: a study of managers in Singapore. *J Bus Ethics* 2001; 29(4): 309–324.
32. Cullen B, Parboteeah P and Victor B. The effects of ethical climates on organizational commitment: a two-study analysis. *J Bus Ethics* 2003; 46(2): 127–141.
33. Rhoades L and Eisenberger R. Perceived organizational support: a review of the literature. *J Appl Psychol* 2002; 87(4): 698–714.
34. Ulrich C, O'Donnell P, Taylor C, et al. Ethical climate, ethics stress, and the job satisfaction of nurses and social workers in the United States. *Soc Sci Med* 2007; 65(8): 1708–1719.
35. Rhoades L, Eisenberger R and Armeli S. Affective commitment to the organization: the contribution of perceived organizational support. *J Appl Psychol* 2001; 86: 825–836.
36. Hart E. Hospital ethical climates and registered nurses' turnover intentions. *J Nurs Scholarsh* 2005; 37(2): 173–177.
37. Yang JT. Antecedents and consequences of job satisfaction in the hotel industry. *Int J Hospit Manag* 2010; 29: 609–619.
38. Aghdasi S, Kiamanesh AR and Ebrahim AN. Emotional intelligence and organizational commitment: testing the mediatory role of occupational stress and job satisfaction. *Procedia Soc Behav Sci* 2011; 29: 1965–1976.
39. Alniacik U, Cigerim E, Akein K, et al. Independent and joint effects of perceived corporate reputation, affective commitment and job satisfaction on turnover intentions. *Procedia Soc Behav Sci* 2011; 24: 1177–1189.
40. Kim WG and Brymer RA. The effects of ethical leadership on manager job satisfaction, commitment, behavioral outcomes, and firm performance. *Int J Hospit Manag* 2011; 30: 1020–1026.
41. Yucel I and Bektas C. Satisfaction, organizational commitment and demographic characteristics among teachers in Turkey: younger is better? *Procedia Soc Behav Sci* 2012; 46: 1598–1608.
42. Mount G. The role of emotional intelligence in developing international business capability: EI provides traction. In: Druskat VU, Sala F and Mount G (eds) *Linking emotional intelligence and performance at work: current research evidence with individuals and groups*. Mahwah, NJ: Lawrence Erlbaum Associates, 2006, pp. 97–124.
43. Spector PE. *Job satisfaction: application, assessment, causes, and consequences*. Thousand Oaks, CA: Sage, 1997.
44. Stallworth L. Antecedents and consequences of organizational commitment to accounting organizations. *Manag Audit J* 2004; 19(7): 945–955.
45. Kalbers LP and Cenker WJ. Organizational commitment and auditors in public accounting. *Manag Audit J* 2007; 22(4): 354–375.
46. Glisson C, Dukes D and Green P. The effects of the ARC organizational intervention on caseworker turnover, climate, and culture in children's service systems. *Child Abuse Negl* 2006; 30(8): 855–880.
47. Ohly S and Fritz C. Work characteristics, challenge appraisal, creativity, and proactive behavior: a multi-level study. *J Organ Behav* 2010; 31: 543–565.
48. Weber J and Seger E. Influences upon organizational ethical sublimates: a replication study of a single firm at two points in time. *J Bus Ethics* 2002; 41: 69–84.
49. Banaszak-Holl J, Berta B, Bowman M, et al. The rise of human services chains: antecedents to acquisitions and their effects on the quality of care in USA nursing homes. *Manag Decis Econ* 2002; 23(4–5): 261–282.

50. Agarwal J and Malloy C. Ethical work climate dimensions in a not-for-profit organization: an empirical study. *J Bus Ethics* 1999; 20: 1–14.
51. Ells C, Downie J and Kenny N. An assessment of ethical climate in three healthcare organizations. *J Clin Ethics* 2002; 13(1): 18–28.
52. Flinkman M, Laine M, Leino-Kilpi H, et al. Explaining young registered Finnish nurses' intention to leave the profession: a questionnaire survey. *Int J Nurs Stud* 2008; 45(5): 727–739.
53. Andrews J, Manthorpe J and Watson R. Employment transitions for older nurses: a qualitative study. *J Adv Nurs* 2005; 51(3): 298–306.
54. Yin-Fah BC, Foon YS, Chee-Leong L, et al. An exploratory study on turnover intention among private sector employees. *Int J Bus Manag* 2010; 5(8): 57–64.
55. Ketchand AA and Strawser JR. Multiple dimensions of organizational commitment: implications for future accounting research. *Behav Res Account* 2001; 13(1): 221–251.