

Original article

## Association of ethical climate and labor variables among hospital nurses\*

Associação do clima ético e variáveis laborais entre enfermeiros hospitalares

*Asociación de clima ético y variables laborales entre enfermeros hospitalarios*

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### Abstract

**Objective:** to verify the association between the ethical climate and labor variables among hospital nurses. **Method:** cross-sectional study with nurses from a university hospital in Rio Grande do Sul, Brazil. A labor questionnaire and the Hospital Ethical Climate Survey - Brazilian Version were used for collection. Descriptive and analytical statistics were used. **Results:** two hundred and sixty-nine (269) nurses participated in the study. Among the socio-labor variables, education, work sector, work shift, leadership position, satisfaction in the work sector, absence from work, intention to leave employment and intention to leave nursing were associated with one or more factors of the ethical climate scale, that is, peers, patients, managers, hospitals and physicians, and also with a variable of general ethical climate. **Conclusion:** the ethical climate is associated with variables of training, working conditions, satisfaction and intention to leave work, which calls attention to the need to invest in healthy work environments. **Keywords:** Ethics; Nursing; Ethics, Nursing; Occupational Health; Working Conditions

### Resumo

**Objetivo:** verificar a associação entre o clima ético e as variáveis laborais entre enfermeiros hospitalares. **Método:** estudo transversal com enfermeiros de um hospital universitário do Rio Grande do Sul, Brasil. Utilizou-se para coleta um questionário laboral e o *Hospital Ethical Climate Survey*-Versão Brasileira. Empregou-se estatística descritiva e analítica. **Resultados:** participaram do estudo 269 enfermeiros. Dentre as variáveis sóciolaborais, escolaridade, setor de trabalho, turno de trabalho, o cargo de chefia, satisfação no setor de trabalho, afastamento do trabalho, intenção de deixar o emprego e intenção de

deixar a enfermagem estiveram associados a um ou mais fatores da escala de clima ético, isto é, pares, pacientes, gerentes, hospital e médicos, e ainda a uma variável de clima ético geral. **Conclusão:** o clima ético está associado a variáveis de formação, condições de trabalho, satisfação e intenção de deixar o trabalho, o que remete à necessidade de se investir em ambientes saudáveis de trabalho.

**Descritores:** Ética; Enfermagem; Ética em Enfermagem; Saúde Ocupacional; Condições de Trabalho

## Resumen

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**Objetivo:** verificar la asociación entre el clima ético y variables laborales entre enfermeros hospitalarios. **Método:** estudio transversal con enfermeros de un hospital universitario de Rio Grande do Sul, Brasil. Para la recolección de datos se utilizó un cuestionario laboral y *the Hospital Ethical Climate Survey*–Versión Brasileña. Se utilizó estadística descriptiva y analítica. **Resultados:** Participaron del estudio 269 enfermeros. Entre las variables socio-laborales, la educación, el sector de trabajo, el turno de trabajo, el puesto directivo, la satisfacción en el sector de trabajo, la ausencia del trabajo, la intención de dejar el trabajo y la intención de dejar la enfermería se asociaron con uno o más factores en la escala de clima ético, es decir, pares, pacientes, directivos, hospital y médicos, y también una variable de clima ético general. **Conclusión:** el clima ético está asociado a variables de formación, condiciones de trabajo, satisfacción e intención de dejar el trabajo, lo que indica la necesidad de invertir en ambientes laborales saludables.

Descriptores: Ética; Enfermería; Ética en Enfermería; Salud Laboral; Condiciones de trabajo

## Introduction

Human life is a great web of connections, where each individual intertwines with the world around him. These relationships are organized as a true intertwining capable of connecting people with the environment in which they live, with the workspace and with the different people who are part of this scenario.<sup>1</sup>

This connection is possible in environments conducive to dialogue, autonomy and decision-making, in which trust and acceptance of the individual perceptions of each person involved are required, seeking ethical exercise and discussions in their multiple dimensions. That is, interconnections and with them decision-making are ethical actions and require an interdisciplinary dialogue.<sup>1</sup>

From this perspective, the ethical climate is the perception of the ethical aspects that guide the work context, in which ethical issues are discussed and, according to the disposition of those involved, this approach influences decision-making.<sup>2</sup> It creates an atmosphere based on principles of benevolence, which promotes respect among individuals and affects the behavior of professionals in the face of ethical dilemmas, as well as their professional commitment to making conscious choices, both for themselves and for patients.<sup>3</sup>

The positive ethical climate is associated with good relationships between physicians,

patients, nurses and management, favoring the work process.<sup>2,4</sup> Positive relationships favor decision-making and the ability to perceive adverse situations in health scenarios.<sup>5</sup>

Another crucial aspect is that when perceiving the positive or negative ethical climate, it is possible that those involved - managers, professionals, employees and even patients - seek appropriate strategies to deal with the situation. These strategies have the function of strengthening the positive ethical climate and minimizing the negative ethical climate. Therefore, it is essential to establish clear and efficient communication between all those involved, in order to avoid noise.<sup>5-6</sup>

Some authors state that there is a significant relationship between the perception of the hospital climate and the moral sensitivity of nurses, which interferes with the ethical climate and, if this is negative, results in the intention to leave work. This interferes with institutional commitment and belonging and sometimes hinders the work process.<sup>7-8</sup>

Thus, it is clear that there are few studies on the relationship between the ethical climate and labor variables, with a greater focus on worker health and moral sensitivity,<sup>7-8</sup> especially in the Brazilian context, since the ethical climate in nursing is still incipient in this country. Studies in the international literature show a significant association ( $<0.05$ ) between ethical climate and work experience, position of responsibility, nursing turnover, years of experience and age.<sup>9-10</sup>

In view of the above, the objective was to verify the association between the ethical climate and labor variables among hospital nurses.

## **Method**

Cross-sectional study conducted with nurses working in a public hospital in Rio Grande do Sul, Brazil. This institution has approximately 400 beds and is a health reference for its region, providing medium and high complexity care in different specialties and inpatient units.

The study population comprised 303 nurses linked to the institution. However, to reduce possible biases, the minimum sample size was estimated by calculating the sample for a finite population, based on the population, sampling error of 5%, and estimated percentage of 50%; which resulted in a minimum of 171 participants.<sup>11</sup> The sampling method used was non-probabilistic for convenience. Nurses with at least one month of work were included and nurses who were on leave or absence from work during the data collection period were excluded.

The collection took place from April to June 2019, by collectors linked to the research

group, previously trained. After presenting the Informed Consent Form, the nurses were invited to answer the survey, which were addressed in their environment and working hours where they could choose to answer the instrument at the time or deliver it later. After delivery, a time was scheduled with the participants to collect the completed instruments, with a maximum of three collection attempts being made on different days and times.

The collection instrument included a labor questionnaire and the Hospital Ethical Climate Survey – Brazilian Version (HECS-BV).<sup>5</sup> The socio-labor questionnaire involved the variables sex, age, education, employment bond, work sector, work shift, management position, leave from work, time of institution, satisfaction in the work sector, intention to leave employment and intention to leave nursing.

The HECS-VB was developed in the North American context in 1998<sup>2</sup> and adapted and validated for use in Brazil in 2019,<sup>5</sup> with 0.93 internal reliability. The instrument aims to evaluate the perception of the ethical climate in the workplace among nurses. It consists of 26 items distributed in five factors: pairs (4 items: 1, 10, 18, 23); patients (4 items: 2, 6, 11 and 19); managers (6 items: 3,7,12,15,20 and 24); hospital (6 items: 4, 8, 13, 16, 21, and 25) and physicians (6 items: 5, 9, 14, 17, 22 and 26).<sup>2</sup>

The instrument consists of a five-point Likert scale with the response options: 1= almost never true; 2 = rarely true; 3 = sometimes true; 4 = often true and 5= almost always true.<sup>2,5</sup> The literature recommends the analysis of the ethical climate through the mean of the five factors, with positive values greater than and equal to the mean of 3.5.<sup>5,12-13</sup>

The data were organized in the Epiinfo® software, version 6.4, with independent double typing and verification of errors and inconsistencies. The statistical software PASW Statistics® (Predictive Analytics Software, from SPSS Inc., Chicago - USA) 17.0 was used for the analysis. Descriptive statistics were used, with absolute (N) and relative (%) frequency distribution for categorical variables, and measures of central tendency and dispersion for quantitative variables. Subsequently, mean comparison tests were performed using the t-test and ANOVA with Tukey's *post hoc*, with a p value considered significant when less than 0.05. The distribution of normality was verified by the Kolmogorov-Smirnov test.

All ethical precepts of research involving human beings were respected according to Resolution 466/12,<sup>14</sup> and the study was evaluated and approved by the local Research Ethics Committee on July 10, 2018, under opinion number 2,764,702.

## Results

The population of this study was 303 nurses, but 11.2% (n=34) refused to participate or were on leave, with a participation of 88.8% (n=269). Of the 269 participants, 88.1% (n=237) were female, and had a mean age of 40.6 (SD=8.6) years.

Nurses, in general, evaluated the ethical climate positively, with a mean of 3.68 (SD 0.55).

Table 1 shows the association between the ethical climate and labor variables.

**Table 1** – Association between ethical climate and labor variables of nurses working in the hospital environment (n=269). Santa Maria – RS Brazil, 2020.

Variable	Ethical climate												
	Factor 1 Peers		Factor 2 Patients		Factor 3 Managers		Factor 4 Hospital		Factor 5 Physicians		General ethical climate		
	n	M(SD)	p	M(SD)	p	M(SD)	p	M(SD)	p	M(SD)	p	M(SD)	P
<b>Education</b>													
Degree	18	3.86 (-0.67)	0.43	3.84 (-0.59)	0.61	3.83 (-0.81)	0.53	3.35 (-0.65)	<b>0.06</b>	3.04 (-0.87)	<b>&lt;0.01</b>	3.58 (-0.61)	0.21
Specialization	157	4.08 (-0.58)		3.75 (-0.59)		3.90 (-0.85)		3.43 (-0.72)		3.18 (-0.68)		3.67 (-0.54)	
Master	80	4.07 (-0.51)		3.74 (-0.46)		3.81 (-0.97)		3.31 (-0.75)		3.37 (-0.66)		3.66 (-0.55)	
PhD	14	4.12 (-0.57)		3.92 (-0.44)		4.17 (-0.80)		3.86 (-0.57)		3.76 (-0.64)		3.97 (-0.52)	
<b>Employment bond</b>													
SLR	114	4.11 (-0.57)	0.93	3.80 (-0.55)	0.76	3.84 (-0.95)	0.24	3.47 (-0.76)	0.66	3.42 (-0.70)	<b>&lt;0.01</b>	3.73 (-0.57)	0.93
CLL	155	4.03 (-0.56)		3.74 (-0.55)		3.91 (-0.83)		3.36 (-0.70)		3.14 (-0.68)		3.64 (-0.53)	
<b>Work sector</b>													
Emergency Unit	28	3.80 (-0.68)	<b>0.03</b>	3.64 (-0.68)	0.80	3.44 (-0.91)	<b>&lt;0.01</b>	3.28 (-0.90)	0.05	3.26 (-0.67)	<b>&lt;0.01</b>	3.48 (-0.68)	0.12
Medical clinic	27	4.05 (-0.62)		3.78 (-0.78)		3.90 (-1.04)		3.54 (-0.66)		3.24 (-0.67)		3.70 (-0.62)	
Gynecology	34	3.85 (-0.59)		3.60 (-0.63)		3.78 (-0.94)		3.24 (-0.79)		2.95 (-0.73)		3.48 (-0.6)	
Intensive care	54	4.15		3.75		4.10		3.37		3.20		3.71	

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unit		(-0.53)	(-0.57)	(-0.68)	(-0.67)	(-0.70)	(-0.51)
Outpatient clinics	16	4.12	3.82	3.35	3.19	3.43	3.58
		(-0.49)	(-0.44)	(-0.82)	(-0.65)	(-0.66)	(-0.45)
Surgical Clinic	16	3.98	3.54	4.22	3.46	3.21	3.68
		(-0.4)	(-0.41)	(-0.56)	(-0.54)	(-0.47)	(-0.30)
Administration	22	4.31	4.01	4.38	3.92	3.79	4.08
		(-0.63)	(-0.48)	(-0.80)	(-0.75)	(-0.70)	(-0.56)
Hemato-oncology	32	4.17	3.89	3.54	3.34	3.38	3.66
		(-0.49)	(-0.49)	(-0.86)	(-0.77)	(-0.54)	(-0.47)
Pediatrics	8	4.03	3.53	4.41	3.54	2.56	3.61
		(-0.64)	(-0.55)	(-0.67)	(-0.77)	(-0.77)	(-0.59)
Psychiatry	10	4.05	3.87	4.40	3.65	3.68	3.93
		(-0.40)	(-0.54)	(-0.69)	(-0.43)	(-0.27)	(-0.36)
Surgery Center	22	4.20	3.90	3.78	3.33	3.17	3.68
		(-0.46)	(-0.44)	(-0.90)	(-0.80)	(-0.59)	(-0.48)
<b>Work shift</b>							
Morning	56	4.10	3.77	3.90	3.32	3.29	3.68
		(-0.57)	(-0.48)	(-0.90)	(-0.74)	(-0.66)	(-0.54)
		<b>0.01</b>	<b>0.03</b>	0.32	0.17	<b>&lt;0.01</b>	<b>0.001</b>
Afternoon	41	4.17	3.85	3.96	3.52	3.23	3.75
		(-0.53)	(-0.50)	(-0.95)	(-0.67)	(-0.77)	(-0.53)
Night	66	3.87	3.60	3.71	3.29	3.02	3.50
		(-0.61)	(-0.57)	(-0.79)	(-0.22)	(-0.67)	(-0.54)
Mixed	106	4.13	3.83	3.95	3.49	3.40	3.76
		(-0.52)	(-0.57)	(-0.90)	(-0.73)	(-0.68)	(-0.54)
<b>Management position</b>							
Yes	23	4.42	4.10	4.39	3.93	3.59	4.09
		(-0.47)	(-0.55)	(-0.78)	(-0.65)	(-0.58)	(-0.52)
		<b>&lt;0.01</b>	<b>0.01</b>	<b>&lt;0.01</b>	<b>&lt;0.01</b>	<b>&lt;0.01</b>	<b>&lt;0.01</b>
No	246	4.03	3.73	3.84	3.36	3.23	3.64
		(-0.57)	(-0.54)	(-0.88)	(-0.72)	(-0.70)	(-0.54)
<b>Absence from work</b>							
Yes	95	4.05	3.70	3.88	3.33	3.12	3.61
		(-0.52)	(-0.55)	(-0.82)	(-0.72)	(-0.70)	(-0.52)
		0.34	0.78	0.18	0.94	0.01	0.72
No	174	4.08	3.80	3.90	3.45	3.33	3.71
		(-0.60)	(-0.54)	(-0.88)	(-0.72)	(-0.70)	(-0.54)

				0.92)		0.72)				0.56)			
<b>Institution time</b>													
Up to 4 years	82	4.00 (-0.56)	0.51	3.67 (-0.56)	0.5	3.85 (-0.85)	0.38	(-0.56)	<b>0.04</b>	3.10 (-0.65)	<b>0.009</b>	(-0.51)	0.49
More than 4 years	187	4.10 (-0.57)		3.80 (-0.54)		3.90 (-0.90)		3.47 (-0.75)		3.33 (-0.71)		3.72 (-0.56)	
<b>Satisfaction in the work sector</b>													
Yes	245	4.09 (0.55)	<b>0.04</b>	3.80 (-0.54)	<b>0.04</b>	3.93 (-0.86)	<b>0.01</b>	(-0.70)	<b>0.001</b>	3.31 (-0.68)	<b>&lt;0.001</b>	(-0.53)	<b>&lt;0.01</b>
No	23	3.80 (-0.64)		3.52 (-0.58)		3.37 (-0.97)		(-0.70)		2.86 (-0.66)		3.25 (-0.54)	
<b>Intention to leave the job</b>													
Yes	54	4.05 (-0.5)	0.13	3.61 (-0.54)	<b>0.02</b>	3.70 (-1.02)	0.05	(-0.76)	<b>0.001</b>	3.04 (-0.76)	<b>0.01</b>	(-0.55)	<b>0.01</b>
No	215	4.07 (-0.58)		3.80 (-0.54)		3.93 (-0.84)		3.49 (-0.70)		3.31 (-0.68)		3.72 (-0.54)	
<b>Intention to leave nursing</b>													
Yes	81	4.09 (-0.53)	0.35	3.66 (-0.58)	<b>0.04</b>	3.82 (-0.97)	0.08	(-0.76)	<b>0.01</b>	3.11 (-0.71)	<b>0.03</b>	(-0.58)	0.10
No	188	4.06 (-0.58)		3.81 (-0.53)		3.91 (-0.84)		(-0.70)		3.48 (-0.69)		3.72 (-0.53)	

SLR: Single Legal Regime; CLL: Consolidation of Labor Laws. Significant association  $p < 0.05$ .

Regarding the Tukey test, in the variable education, in factor 5, it was observed that those who had a PhD differed from those who had only a degree ( $p=0.021$ ) and those who had a specialization/residence ( $p=0.017$ ), evaluating the ethical climate more positively. As for the shift, there was a difference between the night shift and the mixed shift in factors 1 ( $p=0.015$ ), 2 ( $p=0.039$ ), 5 ( $p=0.003$ ) and general ( $p=0.012$ ), that is, nurses who worked only in the night shift had a more negative perception of the ethical climate compared to the mixed shift.

Nurses who worked in administrative sectors differed, as they presented more positive means of perception of the ethical climate compared to those of the Emergency Unit in factors 1 ( $p=0.05$ ), 3 ( $p=0.005$ ) and general ( $p=0.006$ ), those of outpatient clinics ( $p=0.01$ ) and blood oncology ( $p=0.015$ ) in factor 3, those of CO/Gynecology in factor 5 ( $p < 0.001$ ) and general ( $p=0.003$ ), those of ICU ( $p=0.025$ ) and pediatrics ( $p=0.001$ ) also in factor 5. There were also

significant differences in Emergency Unit compared to ICU ( $p=0.036$ ) in factor 3, in which ICU had a positive mean, and pediatrics compared to psychiatry ( $p=0.022$ ) in factor 5, being more positive in the psychiatry unit.

Regarding the dichotomous variables, it was observed that the employment bond presented a statistical difference in factor 5, and nurses hired by the SLR regime presented a higher mean of perception of ethical climate, even if negative, compared to those of the CLL regime. Nurses who had leadership positions had a more positive perception of the ethical climate in all factors compared to those who did not have positions. As for absences, only in factor 5, those who did not have them, presented a more positive perception compared to those who had absences. The length of time in the institution was also significantly related to hospital and medical factors, in which those who were up to four years in the institution perceived the most negative climate.

Finally, the variable job satisfaction presented significant values in all factors, and those who declared themselves satisfied presented a more positive perception of the ethical climate, while those who had no intention of leaving their jobs (factors 2, 4, 5 and general) and had no intention of leaving nursing (factors 2, 4 and 5) evaluated the ethical climate more positively.

## Discussion

It was identified that the higher the level of education, the more positive the perception of the ethical climate. In this sense, it is noted that professionals with a PhD differed from those who had only an undergraduate degree or residency. The level of education can significantly interfere with the work environment. Professionals with a higher level of knowledge can contribute better in management, through deliberation and problem solving.<sup>15</sup> Some studies have reported that the level of education (bachelor's/master's/PhD) was significantly associated with the ethical climate.<sup>9,16</sup>

The work sector involves several issues that can be solved strategically when there is mutual communication between the team. It was identified that there was a significant relationship between the work sector and peer factors, managers, physicians and hospital. The highest mean was of nurses from administrative sectors, compared to the Emergency Unit, outpatient clinics, hemato-oncology, obstetric center and gynecological clinics, ICU and Pediatrics. This may be related to direct or indirect care to the patients, that is, those who are



closer have a greater perception of the problems, thus evaluating the more negative ethical climate. Unlike professionals who work with little contact with the patients, who perceive the ethical climate as more positive.<sup>15</sup> Also, there was a difference between ICU and Emergency Unit, since despite both being units that serve critical patients, the ICU presented a more positive ethical climate, which may be associated with greater control and environmental conditions.

In addition, the work shift can also provoke or mitigate certain negative implications related to activities and the work environment. The night shift showed negative means for hospital and medical factors. Findings from a study report that professionals who work at night need to modify their entire routine, especially that of sleep, which is mainly responsible for rest. Nevertheless, night work negatively influences the work capacity of professionals, causing physical wear, alteration of the biological cycle, reduction of cognitive capacity and task execution.<sup>17</sup> Still, night work has little support from support sectors, when compared to day shifts, this can increase physical and mental wear, and trigger work-related accidents.<sup>18-19</sup>

To minimize the negative issues arising from the workplace, it is noteworthy that the leadership position, when performed with dedication and safety, transforms the context, promoting the positive ethical climate. Otherwise, there is little performance and dissatisfaction of the team in working in certain sectors. This study showed that there was a significant relationship between the managerial position and all five factors, that is, those who hold this position perceived the positive ethical climate in their work sector. This data may be related to acting indirectly in care, and, as a manager, has greater autonomy to deliberate on issues involving the sector.<sup>20</sup>

These findings are in line with a study carried out with nurses from a university hospital, where the perception of the ethical climate was positive when related to the position of head. Managers are better able to manage the daily difficulties of the work sector, such as the professional-patient relationship. The team works according to the guidance of its head, therefore, the ethical climate is influenced by the behavior of managers that can impact job satisfaction.<sup>20</sup>

In addition, it is observed that people spend most of their lives at work, so this interaction can develop feelings of pleasure or displeasure. This makes individuals satisfied or dissatisfied with work activities, depending on their relationship with management and

colleagues. Due to dissatisfaction with work, it can trigger absence or the intention to leave the job.<sup>21</sup> A significant relationship between absence from work and the medical factor was identified, in which nurses on absence from the work had lower scores for the ethical climate.

Satisfaction in the work sector is an important factor for the proper functioning of the unit.<sup>21-22</sup> This study showed that nurses who are satisfied in their workplace have a positive perception of the ethical climate. Likewise, the literature has identified that satisfied professionals perceive the support of their managers for ethical behavior, and the strengthening and encouragement of their professional career. In addition, the development of a positive ethical climate based on ethical principles helps reduce professional stress, improves service excellence and the relationship between team and management.<sup>23</sup>

On the other hand, nurses who reported not being satisfied evaluated the negative ethical climate for medical and hospital factors, which may be associated with difficulty in communicating with physicians and institutional managers. This difficulty in communication may be associated with constraints, which impede the deliberation processes and lead to moral suffering. This can cause stress at work, so professionals feel unable to carry out their work broadly and successfully, thus, the intention to leave their jobs or nursing itself arises.<sup>24</sup>

It was observed that professionals who do not intend to leave their jobs or nursing perceived the positive ethical climate with higher means. Thus, improving the conditions of professionals and improving the ethical climate within the institution are important for patients and workers' safety.<sup>23</sup>

A limitation to be considered is that the study was conducted in a single institution, with a specific population. Therefore, it is important to exercise caution when interpreting the results, as generalization may be restricted.

In the context of nursing, as a contribution to this area, it can be observed that the ethical climate is closely linked to the elements of the work environment, influencing both the organization of tasks and the interactions between professionals. Therefore, the existence of a positive ethical climate is directly related to the support provided by the institution, since the team bases its performance on the ethical principles valued by the organization. This approach contributes significantly to ensuring quality care, as it respects the ethical aspects that guide professional practice. Thus, it is crucial to invest in improving the ethical climate in the workplace, as this plays a key role in promoting productivity and improving the performance of nursing professionals.

## Conclusion

The ethical climate is associated with education, work sector, work shift, management position, job satisfaction, intention to leave employment and nursing. That is, nurses who had a PhD, worked in administrative sectors, held a leadership position, were satisfied with their work and had no intention of leaving their jobs and nursing, presented more positive perceptions of the ethical climate.

This study presented important results for clinical practice by highlighting characteristics of the workplace and workers, which may imply the perception of the ethical climate, and the way in which ethical elements and conflicts, as well as decisions and deliberations are carried out in these spaces, which directly impacts the quality of the work environment. Therefore, future research, also including other team professionals, may help in strategies to promote the positive ethical climate among nurses, considering the strengthening of variables already related to the positive climate, as well as minimizing deleterious effects on those related to the negative ethical climate.

The investment of studies on organizational strategies to strengthen the positive ethical climate can be aimed at conducting discussion forums on ethical issues, training programs on ethical issues, political processes and institutional protocols for better quality of ethical problem solving in the institution.

## References

- 1 Benoit DD, Jensen HI, Malmgren J, Metaxa V, Reyners AK, Darmon M, et al. Outcome in patients perceived as receiving excessive care across different ethical climates: a prospective study in 68 intensive care units in Europe and the USA. *Intensive Care Med.* 2018; 44 (7): 1039–49. doi: 10.1007/s00134-018-5231-8
- 2 Olson LL. Hospital nurses' perceptions of the ethical climate of their work setting. *Image J Nurs Sch* 1998; 30: 345–9. doi: 10.1111/j.1547-5069.1998.tb01331.x
- 3 Alonso-Castillo MM., Armendáriz-García NA, de Jesús Alonso-Castillo MT, Alonso-Castillo BA., López-García KS. Clima ético, estrés de conciencia y laboral de enfermeras y médicos que laboran en cuidados intensivos neonatal. *Revista Latinoamericana de Bioética.* 2019; 37(2):65-76. doi: 10.18359/rlbi.4177
- 4 Minamizono S, Nomura K, Inoue Y, Hiraike H, Tsuchiya A, Okinaga H, et al. Gender division of labor, burnout, and intention to leave work among young female nurses in Japan: a cross-sectional study. *Int. J. Environ. Res. Public Health.* 2019; 16(12):2201. doi: 10.3390/ijerph16122201
- 5 Lanes TC, Dalmolin GL, Silva AM, Ramos FRS, Olson LL. Cross-cultural adaptation of the hospital ethical climate survey to Brazil. *Journal of Nursing Measurement.* 2023; 31(2):148-162. doi: 10.1891/JNM-2021-0036
- 6 Kim H, Kim H, Oh Y. Impact of ethical climate, moral distress, and moral sensitivity on turnover intention among haemodialysis nurses: a cross-sectional study. *BMC Nursing.* 2023; 22(55). doi: 10.1186/s12912-023-

01212-0

7 Saygili M, Özer Ö, Karakaya PÖ. Paternalistic Leadership, Ethical Climate and Performance in Health Staff. *Hosp.Top.* 2020; 98(1):26-35. doi: 10.1080/00185868.2020.1726848

8 Rivaz M, Asadi F, Mansouri P. Assessment of the Relationship between Nurses' Perception of Ethical Climate and Job Burnout in Intensive Care Units. *Invest. Educ. Enferm.* 2020; 38(3):e12. doi: 10.17533/udea.iee.v38n3e12

9 Fradelos EC, Latsou D, Alikari V, Papathanasiou LV, Roupá A, Balang V. Greek Nurses' Perception of Hospital Ethical Climate: A Cross-Sectional Study. *GeNeDis.* 2020; 1337:17-25. doi: 10.1007/978-3-030-78771-4\_3

10 Zahra S, Norian K, Vardanjani LR. Association between Nurses' Perception of the Ethical Climate Governing in Clinical Environment and Individual Characteristics in Teaching Hospitals of Shahrekord University of Medical Sciences. *Iranian Journal of Medical Ethics and History of Medicine [Internet].* 2020 [access 2023 jul 20];13:578-588. Available from: <http://ijme.tums.ac.ir/article-1-6337-en.html>

11 Callegari-Jacques, S. M (2018). *Bioestatística: princípios e aplicações.* Porto Alegre: Artmed.

12 Lanes TC, Dalmolin GL, Silva AM, Schutz TC, Magnago TSBS, Andolhe R. Nurses' assessment of the ethical climate of a university hospital in the South of Brazil. *J Res Nurs.* 2023;28(1):23-35. doi: 10.1177/17449871231152081

13 Altaker KW, Howie-Esquivel J, Cataldo JK. Relationships Among Palliative Care, Ethical Climate, Empowerment, and Moral Distress in Intensive Care Unit Nurses. *Am J Crit Care.* 2018; 27 (4): 295-302. doi: 10.4037/ajcc2018252

14 BRASIL. Ministério da Saúde. Conselho Nacional de Saúde. Resolução nº466, de 12 de dezembro de 2012. Brasília, DF: Ministério da Saúde, 2013. Disponível em: <http://conselho.saude.gov.br/resolucoes/2012/Reso466.pdf>. Acesso em: 20 jul. 2020.

15 Okumoto A, Yoneyama S, Miyata C, Kinoshita A. The relationship between hospital ethical climate and continuing education in nursing ethics. *Plos one.* 2022. doi: 10.1371/journal.pone.0269034

16 Gilvari T, Abbaszadeh A, Borhani F, Mohamadi P, Saberi N. Relationship of the Hospital Ethical Climate with Nurses' Attitude to Interprofessional Collaboration. *Journal of Clinical & Diagnostic Research.* 2019;13(11). doi: 10.7860/JCDR/2019/42752.13324

17 McAndrew NS, Schiffman R, Leske J. Relationships among Climate of Care, Nursing Family Care and Family Well-being in ICUs. *Nursing Ethics.* 2019; 26 (7-8): 2495-2510. doi: 10.1177/0969733019826396

18. Morgan TL, Faught E, Ross-White A, Fortier MS, Duggan M, Jain R, et al. Tools to guide clinical discussions on physical activity, sedentary behaviour, and/or sleep for health promotion between primary care providers and adults accessing care: a scoping review. *BMC Primary Care.* 2023; 24(140). doi: [10.1186/s12875-023-02091-9](https://doi.org/10.1186/s12875-023-02091-9)

19 Ghasemi HSE, Ghobadi A, Hajibabae F, Hajrajabi A, Aryamloo P. The relationship between organizational ethical climate and components of nursing error reporting in selected hospitals of Tehran University of Medical Sciences in 2020. *Journal of Nursing Management.* 2022; 30(7):2291-2300. doi: 10.1111/jonm.13875

20 Santos TA, Nunes DO, Pereira RB, Góes MMCSR, Ferreira IQBP, Santos SD, et al. Associação entre variáveis relacionadas à precarização e afastamento do trabalho no campo da enfermagem. *Ciência & Saúde Coletiva.* 2020; 25 (1): 123-33. doi: 10.1590/1413-81232020251.28242019

21 Asgari S, Shafipour V, Taraghi Z, Charati JY. Relationship between moral distress and ethical climate with job satisfaction in nurses. *Nursing Ethics.* 2019; 26 (2): 346-56. doi: 10.1177/0969733017712083

22 Schutz TC, Lanes TC, Villagran CA, Bernardi CMS, Dalmolin GL. Fatores associados ao clima ético em ambiente hospitalar. *Research, Society and Development.* 2021; 10(2): e36910212577, 2021. doi: 10.33448/rsd-v10i2.12577

23 Taraz Z, Loghmani L, Abbaszadeh A, Ahmadi F, Safavibiat Z, Borhani B. The relationship between ethical climate of hospital and moral courage of nursing staff. *Electron J Gen Med.* 2019;16(2):em109. doi: 10.29333/ejgm/93472

24 Ozden D, Arslan GG, Ertugrul B, Karakaya S. The effect of nurses' ethical leadership and ethical climate perceptions on job satisfaction. *Nursing Ethics.* 2019; 26(4): 1211-1225. doi: 10.1177/0969733017736924

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