

## Bir Üniversite Hastanesinde Çalışan Hemşirelerin Tükenmişlik ve Etik İklim Algıları Arasındaki İlişki

### The Relationship Between Burnout and Ethical Climate Perceptions of Nursing Staff Working in a University Hospital

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**Özet:** Bu araştırma, bir üniversite hastanesinde hemşirelerin “tükenmişlik” ve “etik iklim algıları” arasındaki ilişkiyi belirlemek amacıyla yapılmıştır. **Gereç ve Yöntem:** Bu ilişki arayıcı çalışma orta ölçekli bir üniversite hastanesinde Mart 2019-Temmuz 2019 da yürütüldü. Tanımlayıcı ilişki arayıcı bu çalışmanın katılımcıları bir üniversite hastanesinde çalışan 241 hemşiredir. Veri toplamak için Sosyo-demografik veri formu, Etik İklim Anketi ve Maslach Tükenmişlik Envanteri kullanılmıştır. **Bulgular:** Çalışma grubunun ortalama düzeyde etik iklim algısına sahip olduğu saptanmıştır. Ayrıca, iş yeri ve mesleği isteyerek tercih etme durumları hemşirelerinin etik iklim algıları üzerinde kısmen etkili olmuştur. Etik iklim ile tükenmişlik arasında kısmi bir ilişki bulunmuştur. **Tartışma ve Sonuç:** Bulgularımız, her birinin hemşirelik bakım kalitesi ve hasta güvenliğini olumsuz etkilediği bilinen etik iklim algısı ve tükenmişlik arasında bir ilişki olabileceği görüşünü desteklemektedir. Kurumlarda daha iyi bir etik iklim yaratmak için eğitim, etik bazında kurumsal kurallar koyma, etik açıdan destekleyici bir çalışma ortamı oluşturma gibi müdahalelerin yapılması önerilir.

**Anahtar Kelimeler:** Tükenmişlik, etik iklim, algulamalar, hemşireler

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**Summary:** This research was conducted in order to detect the relevance between “burnout” and “ethical climate perceptions” of nursing staff in a university hospital. **Methods:** This cross-sectional correlation study was carried out in a medium size university hospital between March 2019 and July 2019. Participants of this descriptive correlational study were 241 nurses working in a university hospital. Socio-demographic data form, Ethical Climate Questionnaire and Maslach Burnout Inventory were used to gather data for determining correlations. **Results:** It was detected that the study group had an average level of ethical climate perception. Work-place and willingness to prefer profession were partially effective on ethical climate perceptions of the staff nurses. A partial correlation was found between ethical climate and burnout. **Discussion and Conclusion:** Our study group has an average level of ethical climate perception. Our results support the hypothesis that there may be a relationship between ethical climate perceptions and burnout each of which is known to deteriorate nursing care quality and patient safety. We suggest preventive interventions such as training, setting ethics based organizational rules or creating supportive practice environments in terms of ethics to generate better ethical climate in the institutions.

**Keywords:** Burnout, ethical climate, perceptions, staff nurses

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## INTRODUCTION

Ethical climate is a term that “refers to employees’ perceptions of ethical events, ethical practices, and ethical procedures” within an organization (1). Olson (1998) described that the staff nurses experience ethical climate of their workplace when they face ethical problems on the basis of the relationships they have with colleagues, patients, physicians, hospital administration and managers. These relationships are formed by varying levels of power, belonging, trust, counseling and role flexibility that are necessary conditions for ethical reflection, ethical communication and ethical problem-solving to occur (2). Sims and Keon (1997) describe the “ethical work climate” as an enduring reflection of egoism, benevolence and determined principles that frame the “acceptable” and “unacceptable” choices and decisions in an organization. “Egoism” means the self-centered tendency considering one’s own advantage and/or pleasure in his/her choices, decisions and acts (3). On the other hand, “benevolence” implies the disposition or concern to satisfy the interests of others as much as possible and the concept of the “determined principles” are the testament to internalization of universal standards, social norms and individual beliefs accepted by the administrative members of an organization (4).

Ethical climate in the organization is intrinsically a significant component of the whole organizational climate and can play a determinative role in the provision of nursing care (5). The ethical climate helps nurses to take the alternatives into consideration and make decisions about acceptable and non-acceptable behaviors while assessing problems (6). Negative perceptions about the ethical climate of the staff nurses may lead less level of provided care and treatment (7). On the other hand, enhancing the ethical climate has a potential for reaching better nursing practices and care (8). In a study carried out by Hwang and Park (2014), it was identified that an enhanced ethical climate of supportive practice environments in healthcare institutions helped nurses to better cope with problems and decrease nursing errors. Moreover, positive perceptions about ethical climate may also reduce the tendency of nurses to change their jobs or leave their profession (9).

Burnout among nurses is another common factor having a significant negative impact on the quality of patient care that may threaten patient safety or reduce patient satisfaction (10,11). The multidimensional theory of burnout identifies three core components which are “emotional exhaustion”, “depersonalization”, and “reduced personal accomplishment” (12). Different kinds of relationship with people at work and the job-person fit have been recognized as key factors in the development of burnout (13).

Although nurses’ perceptions of the ethical climate and burnout seem to be two separate factors effective on nursing care quality and patient safety, it is possible that negative impact of ethical climate on patient care and treatment might be via burnout. In order to check the hypothesis above-mentioned, studies investigating the relationship between ethical climate perceptions and burnout are needed. However, necessary data about this relationship is very limited in literature. Faelens et al. (2014) indicated that positive ethical climate was associated with lower levels of emotional exhaustion aspect of burnout (14). It is clear that we need much more study findings obtained from different parts of the world to have more reliable conclusions about ethical climate perception-burnout relationship. There has been no study performed among Turkish nurses on this purpose so far. The most powerful reason to conduct the current research was to add our results to the above-mentioned related literature.

The aim of this study was to detect the ethical climate perceptions and related factors among staff nurses in a university hospital, and to investigate relationship between ethical climate perceptions and burnout.

## METHODS

### *Design*

This cross-sectional correlation study was carried out in a medium size university hospital between March 2019 and July 2019.

### *Sampling and setting*

The target population was composed of nurses working at clinics of a university hospital including administrative nursing staff (n=301). Willingness to participate in the study was the unique participation criterion. A total of 60 nurses, who did not accept to participate or those who do not meet the requirements to gather a reliable data (for example owners of the missing or incomplete forms) were excluded from the study. The remaining 241 nurses (80.0 % of the target population) formed the study group.

### *Measures*

The researchers prepared a data gathering form including three parts: a socio-demographic data form, Maslach Burnout Inventory and the Ethical Climate Questionnaire. There was a written explanatory document about the aim and design of the study for the respondents in the cover page of the form.

#### A Socio-Demographic Data Form

The socio-demographic data form comprised of the questions about sociodemographic characteristics such as age, gender, workplace, marital status and having children as well as willingness to choose nursing as a profession (Table 1).

#### Maslach Burnout Inventory (MBI)

The MBI was developed originally by Maslach and Jackson (1981) (15). It was translated into Turkish and validated by Ergin (1992) (16). The MBI is a tool that evaluates burnout in three dimensions with three subscales: “emotional exhaustion”, “depersonalization” and “personal accomplishment”. High level of burnout is associated with high scores in emotional exhaustion, depersonalization indicators and low scores in personal accomplishment (17). In the MBI, the researchers evaluated the scores of each subscale separately. Therefore, the relation determined between the three dimensions of burnout was not indicated with an overall score. Three different scores were counted for each participant (16,17). The MBI further examines the reactions of the participants just as burnout into three dimensions: “emotional exhaustion”, “depersonalization”, and “personal accomplishment”. Possible minimum and maximum scores to be obtained from the scale are calculated from “0 to 36 for emotional exhaustion”, “0 to 20 for depersonalization”, and “0 to 32 for personal accomplishment”. High scores in emotional exhaustion and depersonalization subscales and low scores in personal accomplishment subscale point out high levels of burnout. In Turkish version, there is no “standardized cutoff points for score interpretation” (15, 16). Although the “reliability coefficients” in the original scale were .90, .79, .71, the coefficients in Turkish version were detected as .82, .60, and .80, respectively (16). In addition to values for the reliability coefficients, the Cronbach’s alpha value of MBI was found 0.80 in our study.

#### Ethical Climate Questionnaire (ECQ)

The Ethical Climate Questionnaire (ECQ) first developed by Victor and Cullen (1988) was revised by Cullen et al in 1993 (17), and the revised version of the questionnaire was adapted for Turkish population by Eser (2007) (18). The ECQ contains 36 items gathered in three dimensions that investigate 3 types of ethical climates namely, “egoistic”, “benevolence” and “determined principles.” Egoistic climate focuses on the interests of the individuals and organization, and decisions are made without taking the other individuals into account, therefore organizational commitment is supposed to be poor (1,19).

In other words, in the organizations in which egoistic climate is dominant, followed norms support the achievement of personal interests. In such organizations, unethical behavior is more common since the employees put their own interests ahead of others (1,20). Benevolence climate considers not only the interests of the individual, but also the interests of others. Decisions are made considering all alternatives, possible results and needs of all employees (6). In the principles climate, decisions are made regarding rules and

regulations, but personal interests are not ignored. Any ethical problem is solved under the light of ethical codes and principles(1).

There are 12 items for each of the three dimensions of the ECQ. The items are scored on a 5-point Likert scale as follows: 1 (completely disagree), 2 (disagree), 3 (partially agree), 4 (agree), 5 (completely agree). Of the 30 items in the ECQ, 1<sup>st</sup>, 6<sup>th</sup> and 10<sup>th</sup> items are scored reversely. Higher scores represent more egoistic, benevolent or principled climate within the institution depending on the measured dimension of the ethical climate. Cronbach's alpha values for dimensions of the "egoism", "benevolence", and "principles" were found 0.86, 0.68 and 0.85 respectively.

The data gathering forms were delivered to the participants and each participant was verbally informed about the study at time of delivery. It took approximately 10 minutes to complete a survey form.

### *Ethical considerations*

This research was approved by the Akdeniz University Clinical Researches Ethics Committee (Decision Date and Number: 27.06.2018/425).

### *Data analysis*

The data were analyzed using the IBM 21 software package. Different socio-demographic data groups regarding ECQ scores were compared using independent samples t-test and One-Way ANOVA. Pearson correlation analysis was used to investigate the relationship between the Ethical Climate Questionnaire and the Maslach Burnout Inventory scores. The significance level was accepted as p values less than 0.05.

## **RESULTS**

### *Characteristics of the participants*

All of the participants were female and the mean age was  $29.7 \pm 5.8$  years. Nearly half of the study group was married and majority of them were with children. More than two third of the nurses had a work experience of ten years or more. Almost 70% of the participants reported that they were willing while preferring nursing as profession (Table 1).

Mean ECQ scores of the study group were  $3.2 \pm 0.4$  for egoistic climate,  $3.1 \pm 0.6$  for benevolence climate and  $3.2 \pm 0.5$  for principles climate. Mean MBI scores for "emotional exhaustion", "depersonalization" and "personal accomplishment" were  $29.3 \pm 7.1$ ,  $11.4 \pm 4.37$  and  $30.3 \pm 4.6$  respectively.

**Table 1:** Demographic Characteristics of Participants (n=241)

<b>Demographic characteristics</b>	<b>n</b>	<b>%</b>
Marital Status		
Married	125	52.1
Single	116	47.9
<b>Having children</b>		
Yes	106	43.8
No	135	56.3
Work experience		
< 5 years	95	39.6
5-9 years	72	30.0
10-15 years	51	21.3
>16 years	23	9.1
<b>Work place</b>		
Internal medicine units	121	50.4
Surgeries	79	32.9
Intensive care unit	41	16.7
<b>Willingness to prefer nursing as a profession</b>		
Yes	167	67.1
No	74	32.9

*Comparison of mean ECQ scores according to socio-demographic characteristics*

Mean scores of ECQ according to socio-demographic factors are presented in Table 2. Principles climate scores of the participants who preferred the profession willingly were higher than those of the participants who started the profession unwillingly. Mean benevolence climate score was higher in intensive care unit nurses compared to the nurses working in other units. There was no additional significant difference between the other socio-demographic comparison groups (Table 2).

**Table 2:** Comparison of Mean ECQ Scores According to Socio-Demographic Characteristics (n=241)

Socio-demographic characteristics	Ethical Climate Questionnaire		
	Egoistic Climate	Benevolence Climate	Principles Climate
<b>Marital Status</b>			
Married	3.2±0.4	3.0±0.6	3.2±0.5
Single	3.2± 0.4	3.1±0.6	3.2±0.5
p	0.996	0.110	0.720
<b>Having children</b>			
Yes	3.3±0.4	3.0±0.6	3.2±0.5
No	3.2±0.4	3.1±0.7	3.2±0.6
p	0.238	0.597	0.890
<b>Work experience</b>			
< 5 years	3.3±0.4	3.2±0.6	3.2±0.5
5-9 years	3.2±0.4	3.0±0.7	3.2±0.6
10-15 years	3.3±0.4	3.0±0.5	3.3±0.3
>16 years	3.2±0.3	3.0±0.7	3.1±0.6
p	0.802	0.324	0.405
<b>Work place</b>			
Internal medicine units	3.2±0.4	3.0±0.6	3.23±0.54
Surgeries	3.2±0.4	3.0±0.7	3.18±0.55
Intensive care unit	3.3±0.3	3.4±0.5	3.29±0.37
p	0.554	<b>0.006</b>	0.679
<b>Willingness to prefer nursing as a profession</b>			
Yes	3.2±0.4	3.1±0.6	3.3±0.5
No	3.2±0.3	3.1±0.6	3.2±0.5
p	0.067	0.975	<b>0.004</b>

*Relationship between the MBI and ECQ scores of nurses*

There were significant and mild to moderate correlations between ECQ and MBI dimension scores except for correlation between benevolence and two MBI dimensions, which are “depersonalization” and “personal accomplishment” (Table 3).

**Table 3:** Relationship between the MBI and ECQ Scores of Nurses (n=241)

	Emotional Exhaustion	Depersonalization	Personal Accomplishment
Egoistic Climate	r=-.241*	r=-.274*	r=.279*
Benevolence Climate	r=-.313*	r=-0.164	r=0.055
Principles Climate	r=-.242*	r=-.190*	r=.264*

## DISCUSSION

This research study was conducted with the aim of determining ethical climate perceptions and related factors among nurses in a university hospital, and investigating the relationship between ethical climate perceptions and burnout.

Mean scores for ethical climate perception of our study group were mild to moderate for all dimensions above-mentioned. These mean scores are very similar to those obtained in a study performed with Turkish healthcare professionals (21). In another study conducted to search the impact of ethical climate on professional performances of Turkish nurses, slightly higher mean scores were found compared to ours (22). Regarding the fact that the ethical climate is unique for each institution, it seems nonsense to try to make any generalizable decisions considering similarities or differences between the study results obtained in different contexts.

We found two parameters partially effective on ethical climate perceptions. The first one was work place and the nurses working in intensive care units had higher benevolence climate scores than others. The same result was also found in another study conducted among Turkish nurses (23). Nurses working in intensive care units work with patients, great majority of whom are not able to make decisions themselves. Therefore, in many situations including ethical dilemmas, nurses frequently need to behave and decide on behalf of their patients, or they may need to inform and guide patients' families/relatives about ethical considerations.

The second effective parameter was willingness to prefer profession, and we found higher "principles climate" scores in the participants who preferred the profession with their own will. This means, staff nurses, who preferred the profession with their own will, perceive more signs of evidence showing that rules and regulations are sought while making decisions or ethical codes are considered in case of ethical problems in their work places. Willingness to prefer the profession might lead to a positive point of view and higher sense of commitment to the profession and institution, higher reliance on ethical principles. It might also lead better job satisfaction shown to be positively related to principle climate perceptions (24, 25).

Some studies in academic literature suggests that the positive ethical climate is associated with low(er) levels of emotional exhaustion and distancing, on the contrary, high(er) levels of engagement and job satisfaction (14). In our study, we found a mild to moderate correlation between egoistic climate dimension of ECQ and three burnout dimensions. Cetin, Gulec, and Kayasandik investigated the mediator role of emotional exhaustion on the interaction between the perceived ethical climate, and professionals' intention to quit the job. They found that perceived egoistic climate has a slight but not statistically significant correlation with burnout levels (26). Egoism at individual or organizational level at the workplace is considered as a "strong predictor of job dissatisfaction" (27). Accordingly, the relation between perceived egoistic climate and burnout dimensions might partly explained in the light of job dissatisfaction because the argument of the researchers is based on the studies reviewed in relevant literature and lots of the studies indicate that there is positive correlation between burnout and job satisfaction (28).

In our study, we detected a significantly negative correlation between "benevolence climate" and "emotional exhaustion". In literature, studies showing the correlation between benevolence climate and burnout dimensions also set an example for our detected value (29, 30). When staff nurses develop an atmosphere of positive and supportive relations in which the decisions are made together, their social support perceptions will be enhanced and they will cope with the stressful conditions more effectively. In such situations job satisfaction of the nurses is supposed to increase and emotional exhaustion levels will decrease.

Finally, we found a significant correlation between principles climate and burnout scores. The principled criterion reflects that a professional can make decisions justified in the sense of ethics after evaluating his/her actions in compliance with the universal and absolute principles of "right" and "wrong" (19). Moore & Moore (2014) found that the principled ethical climates in public organizations guided and provided

justification for ethical decisions and act. Principled climates focus on fostering friendship, team interest and social responsibility among the members in the organization. This corresponds most closely to the affective commitment or sense of belonging to the organization taking its source from attachment to the goals and values of the organization and emotional linkage to other members in the organization (31). In a study conducted by Koh and Boo (2001), the authors stated that perceptions of principled climates positively influenced job satisfaction. High(er) job satisfaction of the staff nurses reduces the level of burnout experienced (25). It seems logically acceptable to hypothesize that a positive ethical climate provides to decline or prevents the feeling of burnout.

### **Limitations**

One of the limitations of our study is lack of data about some parameters that may be effective on burnout such as personality characteristics of the participants, work related stress, job satisfaction, work environment and organization or social support facilities (13, 28). Such data should be considered in any study that aims to reveal association between ethical climate and burnout in order to have isolated effect and relation of these two parameters on each other. Time and a sequential progression are needed for someone to perceive ethical climate and to feel burnout in the work environment. If we try to investigate relation of these two process-based concepts, then a follow-up study instead of a cross-sectional one would give more reliable results. Therefore, another limitation of this study is its cross-sectional design. Final limitation is about the generalizability of our results. Findings obtained from a study group working a university hospital cannot be generalized to rest of the nurses even in Turkey. Multicentric studies with larger samples are needed to have more reliable data.

### **CONCLUSION**

Our study group has an average level of ethical climate perception. Working in intensive care units and willingness to prefer profession seem to be partially effective on ethical climate perceptions of the nurses. There is a mild to moderate correlation between ethical climate and burnout dimensions except for benevolence climate dimension. As a contribution to the results of limited number of studies performed in this field, our results also support the hypothesis that there may be a significant relationship between ethical climate perceptions and burnout each of which is known to deteriorate nursing care quality and patient safety. Preventive interventions such as training to better cope with ethical climate problems, setting ethics based organizational rules or creating a supportive practice environment in terms of ethics should be considered to generate better ethical climate in the institutions. Such interventions are supposed to lead lower levels of burnout and higher quality of patient care.

### **Conflict of interest statement**

None declared.

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