# The Relationship between Ethical Leadership Behavior and Organizational Identification as Perceived by Critical Care Nurses

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*Abstract:* **Ethical leadership and organizational identification are considered the cornerstone for success of any health care setting. Most nurses look outside themselves to significant others for ethical guidance. Therefore, in the workplace, ethical leaders are considered the central source of ethical guidance. Yet, little empirical research focuses on studying ethical leadership and its relation to the organizational identification. Aim: This study aims to assess the ethical leadership behavior and organizational identification as perceived by the Critical Care Nurses. Also, assess the relationship between ethical leadership behavior and organizational identification. Methods: A descriptive correlational research design was conducted at the University Hospital. Results: the result of the present study revealed a positive significant correlation between ethical leadership behavior and organizational identification. Also, approximately 97% of the explained variance of organizational identification is related to ethical leadership behavior.**

*Keywords:* **Nurses, Critical care, Ethical, Leadership, Organizational identification.**

## I. INTRODUCTION

In the last years, ethics have received a growing amount of attention in the leadership field [1]. Ethical leader is controlled by a system of accepted beliefs and appropriate judgments rather than self-related interest, which is beneficial for followers, organizations and society [2]. Also, he is seen as fair and principled decision-maker who behaves ethically in his daily lives [3]. Brown et al, (2005) [4] defined ethical leadership as the demonstration of normatively appropriate conduct through personal actions, interpersonal relationships and the promotion of such conduct to followers through two-way communication, reinforcement and decision-making".

Several authors illustrated that ethical leadership behavior is effective in decreasing nurses' misconduct, deviant behaviors and organizational bullying in the organizations [5-7]. According to Trevino and Brown (2005) [8], leaders who act unethically will create the appropriate medium for nurses' deviant behaviors. The main building blocks of ethical leadership are the combination of integrity, ethical standards, and fair treatment of nurses [4]. Trevino and Brown (2004) [8] proposed that ethical leadership behavior promotes ethical conduct by practicing as well as managing ethics and holding everyone accountable for it. Kalshoven et al. (2011) [9] construct seven domain of ethical leadership namely: fairness, power sharing, role clarification, people orientation, ethical guidance, integrity and concern for sustainability.

According to several authors, fairness is the main part of ethical leader behavior [4, 6, 10-11]. Ethical leadership includes the fair, just, and caring treatment of followers [6]. Ethical leaders conduct with integrity and treat others fairly, create principled and fair choices, do not practice favoritism, and accept responsibility for their own actions [11]. Furthermore, power sharing is an empowering aspect of ethical leadership (12). The ethical leaders allow subordinates to share in making decision and think through the decision they make and listen to their ideas and concerns (13). Power sharing allow subordinate to be more independent on themselves rather than their leaders and more control over their work [4].

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Resick et al, (2006) [12] illustrated that role clarification is an essential component of ethical leadership for clarifying performance goals and expectations. So that nurses become aware of what is expected from them to contribute to achieving the unit's or organization's goals.

Trevino et al, (2003) [14] added that people orientation reflects to caring about, having a true concern for people respecting, and supporting subordinates and ensuring that their needs are met. Ethical guidance implies communication about ethics, explanation of ethical rules, and promotion and reward of ethical conduct among subordinates [4]. Trevino et al, (2003) [14] argue that ethical leaders clearly convey standards regarding ethical conduct. Organizations and top management set rules, standards and codes of conduct, which provide guidelines for ethical behavior that raise nurses' awareness in solving any ethical issues [15].

Integrity behaviors are described as the extent to which what one says is in line with what one does [16, 17]. Leaders who keep promises and behave consistently can be trusted or believed because they work or behave as expected [18]. Thus, ethical leaders keep their promises and act consistently, in a predictable way, which labeled as integrity [19]. Hargreaves and Fink, 2004, 2006 [20, 21] contented that concern for sustainability focusing on the development of others in the environment, distribution of responsibilities, and endurance over time. Ethical leaders provide working conditions that are honest, fair, respectful, challenging, democratic and non-paternalistic [21]. Also, they are considering the impact of their actions beyond the scope of their own workgroup, and demonstrating care about the welfare of the society [2]. Yukl (2010) [23] argues that sustainable leaders representing subordinate interests.

Leader behaviors that are seen as more trusting promote and raise identification with the workgroup or organization [24]. Because ethical leaders are proactive, we expect such leaders to increase cooperation which, in turn, promote organizational identification [25]. Organizational identification is a key and a strong connection that reflect a psychological situation between employee and organization [26]. Riketta (2005) [27] define organizational identification as a sense of membership in which one's self concept is linked to the organization, either cognitively (e.g., feeling a part of the organization; internalizing organizational values), emotionally (pride in membership), or both.

The core of organizational identification lies in social identity theory [28]. It is admitted as the critical basic component of organizational behavior affecting nurses' satisfaction and brings organizational benefit as it is positively related to individuals' affective organizational commitment, job and organizational satisfaction, job involvement, organizational loyalty, occupational and work group attachment and extra-role behavior, and negatively related to individuals' intent to leave the organization [28]. According to Miller, Allen, Casey, and Johnson et al. (2000) [29] organizational identification makes nurses perceive the aims of organization and similarity areas in their values, shape the aims of organizations and activities and decrease the uncertainty by accepting organizational aims and values.

By reviewing the ethical leadership literature, Brown and Mitchell (2010) [30] suggests the relationship between ethical leadership and organizational identification is likely to be strong. So, the research will investigate the proposed linkage between ethical leadership and organizational identification, and introduce meaningfulness of that relationship. The concept of ethical leadership is a timely and significant topic for study (31). In a comprehensive literature review on leadership ethics, Ciulla (1995) (32) concluded that ethics should be at the center of leadership studies. According to Ciulla (1995) [32], it is the ethics of leadership that may help us answer the question of what differentiates effective from ineffective leadership. Northouse (2010) [33] also described ethics as central to leadership, citing the impact of leader influence, relationship with followers, and establishment of organizational values.

## II. MATERIAL AND METHODS

**The aim:**

This study aims to assess the ethical leadership behavior and the organizational identification of the critical care nurse. Also, assess the relationship between ethical leadership behavior and organizational identification at the University Hospital.

**Research Questions:**

What is the nurses' perception of ethical leadership behavior and organizational identification?

What is the relationship between ethical leadership behavior and organizational identification?

**Research Design:** A descriptive correlational research design was used to conduct this study.

**Setting:** the study was conducted at one hospital of Alexandria University Hospitals

**Subject:** A convenient sample was elicited including all nurses (N = 190) who were working at the Critical Care Units, and agreed to participate in this study. They were classified as; 49 professional nurses and 141 technical nurses.

**Tools:**

Two tools were used to collect the necessary data

**Tool (1):** Ethical leadership questionnaire: this tool was developed by Kalshoven et al, (2011) [9] .It consists of 38 items divided into seven domains namely: fairness (6 items), power sharing (6 items), role clarification (5 items), people orientation (7 items), ethical guidance (7 items), integrity (4 items) and concern for sustainability (3 items). The responses measured through five point likert scale ranging from (1) strongly disagree to (5) strongly agree. The overall scoring system ranging from 38 to 190; the higher score indicating higher ethical leadership behavior. Low overall leadership behavior mean ranging from (38-88), moderate (89-139), high (140-190).

**Tool (2):** Organizational Identification Scale. This tool was developed by Mael and Ashforth (1992) [34]. It consists of six items measured through five point likert scale ranging from (1) strongly disagree to (5) strongly agree. The overall scoring system ranging from 6 to 30; the higher score indicating higher organizational identification. Low overall organizational identification mean ranging from (6-14), moderate (15-22), high (23-30). In addition, demographic data including questions related to age, gender, educational level, marital status and years of experience.

**Validity and reliability:**

The study tools were translated into Arabic and tested for their content validity by a panel of five experts in the field of study accordingly, the necessary modifications were done. Also, the tools were tested for internal reliability using Cronbach's alpha correlation coefficient. The results proved two tools reliable with a correlational coefficient a = 0.85 and 0.88 for ethical leadership behavior and organizational identification questionnaire respectively, while the statistical significance level was set at $p < 0.05$.

In addition, a pilot study was conducted on 22 nurses (10%) who were excluded from the study subjects to ensure the clarity and applicability of tools and estimate the time required to complete the study questionnaires. In the light of the findings of the pilot study, no changes occurred in the final tools.

**Data collection:**

Written approval was obtained from administrative authority in the identified setting to collect the necessary data. The questionnaires were distributed by the researchers to nurses who agreed to participate in the study. Each nurse took about 15 minutes to complete the questionnaires after given the complete instruction. Data were collected from nurses after obtaining their acceptance using the questionnaires in 6 months.

**Ethical considerations:**

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

**Data analysis:**

Data were coded by the researchers and statistically analyzed using Statistical Package for the Social Science (SPSS) version 16. Cronbach's alpha correlation coefficient was used to test study's tools for internal reliability. Frequency and percentages were used for describing demographic and professional 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 ethical leadership behavior and organizational identification.

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Linear Regression analysis (R2) was used to test the predictive power of independent variables on the dependent variable. R2 change was tested with F-test. A significant F value for R2 meant that the variables added significant prediction. The nonnormality of the dependent variable was confirmed using the Kolmogorov–Smirnov test (p < 0.000). P values <0.05 were considered significant. Pearson correlation coefficient (r) = 0.1 indicates a weak relationship, r = 0.3 indicates a moderate relationship, and r = 0.5 indicates a strong relationship.

## III. RESULT

**Table (1): Distribution of nurses according to their demographic data (n = 190)**

| Demographic characteristics | | No. | % |
|---|---|---|---|
| Age | <30 | 69 | 36.3 |
| | 30 – 40 | 76 | 40.0 |
| | 40 – 50 | 25 | 13.2 |
| | ≥ 50 | 20 | 10.5 |
| | Min. – Max. | 20.0 – 59.0 | |
| | Mean ± SD | 33.97 ± 9.38 | |
| Education | Professional nurse | 49 | 25.8 |
| | Technical nurse | 141 | 74.2 |
| Marital Status | Single | 58 | 30.5 |
| | Married | 123 | 64.7 |
| | Widow | 7 | 3.7 |
| | Divorced | 2 | 1.1 |
| Number of Children | Min. – Max. | 1.0 – 4.0 | |
| | Mean ± SD | 2.11 ± 0.77 | |
| Years of Experience | <10 | 69 | 36.3 |
| | 10 – 20 | 76 | 40.0 |
| | ≥ 30 | 45 | 23.7 |
| | Min. – Max. | 1.0 – 38.0 | |
| | Mean ± SD | 14.14 ± 8.75 | |

Table (1): Distribution of nurses according their demographic characteristics, it is clear that the mean age of nurses was 33.97 ± 9.38 years. More than one third of them (40 %) were in the age group of 30–40 years old and (10.2%) were in the age group more than 50 years. 74.2% are technical nurses. The mean year of experience was (14.14 ± 8.75), 40 % had from 10-20 years of experience and 23.7% had more than 30 years of experience. Also, about two third (64.7%) was married and had mean number of children (2.11 ± 0.77).

**Table (2): Mean percent score of nurses perception of ethical leadership behavior, its dimensions and organizational identification (n = 190)**

| Ethical leadership behavior | Min. – Max. | Mean ± SD. |
|---|---|---|
| People orientation | 16.0 – 24.0 | 17.96 ± 3.01 |
| | 32.14 – 60.71 | 39.14 ± 10.76 |
| Fairness | 21.0 – 25.0 | 22.18 ± 1.46 |
| | 62.50 – 79.17 | 67.43 ± 6.08 |
| Power sharing | 18.0 – 21.0 | 19.63 ± 1.33 |
| | 50.0 – 62.50 | 56.80 ± 5.54 |
| Concern for sustainability | 6.0 – 12.0 | 7.57 ± 2.23 |
| | 25.0 – 75.0 | 38.07 ± 18.59 |
| Ethical guidance | 15.0 – 28.0 | 17.53 ± 5.16 |
| | 28.57 – 75.0 | 37.61 ± 18.43 |
| Role clarification | 10.0 – 20.0 | 11.95 ± 3.97 |
| | 25.0 – 75.0 | 34.74 ± 19.85 |
| Integrity | 12.0 – 16.0 | 12.78 ± 1.59 |

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|---|---|---|
| | 50.0 – 75.0 | 54.87 ± 9.93 |
| **Overall ethical leadership behavior** | 99.0 – 146.0 | 109.60 ± 18.02 |
| | 40.13 – 71.05 | 47.11 ± 11.85 |
| **Organizational identification** | 15.0 – 34.0 | 20.88 ± 6.60 |
| | 12.50 – 60.0 | 27.21 ± 16.50 |

This table illustrates that the nurses perceived low mean percent score of overall ethical leadership behavior (47.11 ± 11.85) represented in all dimensions in the following ordered fairness (67.43 ± 6.08), power sharing (56.80 ± 5.54), integrity (54.87 ± 9.93), people orientation (39.14 ± 10.76), concern for sustainability (38.07 ± 18.59), ethical guidance (37.61 ± 18.43),  and finally role clarification (34.74 ± 19.85). concerning organizational identification, this table reveals that the nurses perceived low mean percent score of organizational identification (27.21 ± 16.50) with Min-Max (15.0 – 34.0) and Mean ± SD (20.88 ± 6.60).

**Table (3): Correlation matrix between overall ethical leadership behavior, its dimensions as perceived by nurses and their organizational identification (n = 190)**

| | | Organizational identification | People orientation | Fairness | Power sharing | Sustainability | Ethical guidance | Role clarification | Integrity | Overall ethical leadership behavior |
|---|---|---|---|---|---|---|---|---|---|---|
| **People orientation** | r | 0.977* | | | | | | | | |
| | p | <0.001* | | | | | | | | |
| **Fairness** | r | 0.915* | 0.895* | | | | | | | |
| | p | <0.001* | <0.001* | | | | | | | |
| **Power sharing** | r | 0.562* | 0.623* | 0.231* | | | | | | |
| | p | <0.001* | <0.001* | 0.001* | | | | | | |
| **Sustainability** | r | 0.971* | 0.999* | 0.870* | 0.661* | | | | | |
| | p | <0.001* | <0.001* | <0.001* | <0.001* | | | | | |
| **Ethical guidance** | r | 0.980* | 0.989* | 0.951* | 0.507* | 0.979* | | | | |
| | p | <0.001* | <0.001* | <0.001* | <0.001* | <0.001* | | | | |
| **Role clarification** | r | 0.980* | 0.989* | 0.951* | 0.507* | 0.979* | 1.0* | | | |
| | p | <0.001* | <0.001* | <0.001* | <0.001* | <0.001* | <0.001* | | | |
| **Integrity** | r | 0.980* | 0.989* | 0.951* | 0.507* | 0.979* | 1.0* | 1.0* | | |
| | p | <0.001* | <0.001* | <0.001* | <0.001* | <0.001* | <0.001* | <0.001* | | |
| **Overall ethical** | r | 0.978* | 1.0* | 0.921* | 0.637* | 0.999* | 0.987* | 0.987* | 0.987* | |
| | p | <0.001* | <0.001* | <0.001* | <0.001* | <0.001* | <0.001* | <0.001* | <0.001* | |

r: Pearson coefficient                              *: Statistically significant at p ≤ 0.05

This table reveals that there was a highly positive significant correlation between overall ethical leadership behavior, its related dimensions and organizational identification where p= 0.001. Also, it is obvious that there was a highly positive significant relation between all dimensions of ethical leadership behavior and each other's where p= 0.001.

**Table (4): Single Linear regression**

| | B | SE | Beta | t | p |
|---|---|---|---|---|---|
| **Overall ethical** | 1.367 | 0.019 | 0.982 | 71.825* | <0.001* |
| **R2 =0.965,adjusted R2=0.965, SE =3.10, F =5158.854*, p<0.001*** | | | | | |

R: coefficient of regression                    B: Unstandardized Coefficients

SE: Estimates Standard error                    Beta: Standardized Coefficients

t: t-test of significance                              F,p: F and p values for ANOVA test

*: Statistically significant at p ≤ 0.05

Table 4 illustrates regression coefficient value between ethical leadership behavior as independent variables and organizational identification as a dependent variable where R2 = 0.965. This means that approximately 97% of the explained variance of organizational identification is related to ethical leadership behavior where the model is significant (F = 5158.854, p < 0.001).

**Table (5): Relation between ethical leadership behavior as perceived by nurses and their organizational identification with their demographic data (n = 190)**

| | N | Overall ethical leadership | Organizational identification |
|---|---|---|---|
| | | Mean ± SD. | Mean ± SD. |
| **Education** | | | |
| **Professional nurse** | 49 | 41.98 ± 10.90 | 28.21 ± 17.57 |
| **Technical nurse** | 141 | 41.47 ± 9.86 | 26.86 ± 16.16 |
| **t(p)** | | 0.308(0.758) | 0.493(0.622) |
| **Age** | | | |
| **<30** | 69 | 40.37 ± 9.07 | 25.25 ± 14.85 |
| **30 – 40** | 76 | 43.42 ± 11.19 | 30.33 ± 18.11 |
| **40 – 50** | 25 | 38.55 ± 7.20 | 21.50 ± 12.08 |
| **≥ 50** | 20 | 42.73 ± 11.44 | 29.25 ± 18.44 |
| **F(p)** | | 2.035(0.110) | 2.379(0.071) |
| **Marital Status** | | | |
| **Single** | 58 | 40.53 ± 8.76 | 24.91 ± 14.60 |
| **Married** | 123 | 42.26 ± 10.79 | 28.58 ± 17.42 |
| **Widow** | 7 | 40.23 ± 9.69 | 25.36 ± 15.71 |
| **Divorced** | 2 | 36.84 ± 2.79 | 16.25 ± 1.77 |
| **F(p)** | | 0.579(0.630) | 0.979(0.404) |
| **Years of Experience** | | | |
| **<10** | 69 | 40.41 ± 9.05 | 25.36 ± 14.80 |
| **10 – 20** | 76 | 42.29 ± 10.68 | 28.59 ± 17.27 |
| **≥ 30** | 45 | 42.27 ± 10.70 | 27.72 ± 17.71 |
| **F(p)** | | 0.750(0.474) | 0.716(0.490) |

t, p: t and p values for Student t-test

F,p: F and p values for ANOVA test

This table concludes that there was no statistical significant difference between all demographic characteristics in the term of age, marital status and years of experience and ethical leadership behavior and organization identification.

## IV. DISCUSSION

In the contemporary world, health care organizations are striving for higher performance from their health care providers especially nurses. This higher performance can only be achieved by providing nurses a satisfied workplace, fair treatment, and appraisal that can be obtained through ethical leadership behaviors [35]. Many authors thought that ethical leadership is a uniquely important because leaders have an impact on the organization and its performance [12, 36-38].

Also, ethical leadership behavior has a pivotal and essential role in nurses' organizational identification [13]. Based on this, the present study revealed that there was a positive significant relation between ethical leadership behavior and organizational identification. Also, approximately 97% of the explained variance of organizational identification is related to ethical leadership behavior. This result goes in the same line with, Köse and Köse (2016) [40] that concluded the same results. Walumbwa et al (2011) [13] clarified that ethical leadership was positively and significantly related to organizational identification, Besides, Kanungo (2001) [41] illustrated that ethical leadership is believed to direct and guide organizational members towards goals and objectives, which benefit the organization, its members, other stakeholders, and society.

Brown et al. (2005) [4] described ethical leaders as honest, trustworthy, fair and caring. Such leaders make principled and fair choices and structure work environments justly. In addition they are transparent and engage in open communication, promoting and rewarding ethical conduct among followers. Also, Mendonca (2001) [42] conceptualized that leadership, in its true sense, is evaluating the needs and expectations of the followers and drawing inspiration from these needs and expectations in order to materialize the vision of providing the organization and the followers with the best service which are missing characteristics of our leaders as perceived by studied nurses. So, the finding of the present study concluded a low ethical leadership behavior consequently leads to low nurses' organizational identification as it creates unwelcoming working environment that considered a media for nurses' stress and deviant behaviors.

This is parallel to Trevino and Brown (2005) [43], who found that leaders who act unethically create the appropriate medium for employees' deviant behaviors. Also, Brown et al. (2005) [4] clarified that ethical leadership is related to various favorable nurses' outcomes and therefore, it is considered an important factor that shapes nurses' ethical behaviors. In addition, Elçi et al (2012) [44] found negative significant relation between ethical leadership behaviors and stress level and turnover intention. Zhu et al. (2004) [45] stated that ethical leaders are expected to be more likely to consider each nurse's developmental needs and to place them in positions where they can experience work role fit and a sense of meaning in their jobs. When the leader satisfies such expectations, it can also contribute to the self-improvement of the employees and their enhancing of their own job skills.

Furthermore, Eisenbeiss (2012) [46] gave an insight on, in any organization when leader depicts the above-mentioned characteristics; nurses feel trust in the decisions of the leader and feel secure working in the organization. Thus, the nurses willingly reciprocate by working voluntarily beyond their job description and supporting the organization in achieving the overall objective in term of effectiveness and efficiency. Khan et al. (2017) [47] showed that ethical leadership is practiced in the organization at the moderate level. Singh and Rathore (2014) [48] voiced that ethical leadership plays a vital role in shaping the attitude and behavior of employees.

Based on the previous, it isn't surprising that nurses' age, marital status, years of experience, education and working units has no significant difference on nurses' perception toward ethical leadership behaviors and organizational identification. This may be due to, similarity in working environment and conditions create similar culture from one generation to other so built slightly similar leaders' characteristics. This supported by Demirtas and Akdogan (2014) [49], that emphasized on the influence of ethical leadership behavior spreads through the work context and social contagion process in order to shape the ethical climate. In other words, if managers act in an honest and trustworthy way, these behaviors then build a virtuous cycle in which ethical leadership behavior perpetuates an ethical work climate that allows flourishing. Moreover, Curtis et al (2011) [50] concluded that the environments that don't support nursing's goals for the good of the patient. In those environments, there are frequently no leaders who are role models for addressing the issues or barriers to good care. Nurses in those environments don't feel as though they control their own practice or workplace.

## V. CONCLUSION AND RECOMMENDATIONS

Finally, based on the results of this study it can be concluded that ethical leadership behaviors have a serious and essential role on enhancing nurses' organizational identification. Also, having an ethical leadership will help the organizations to sustain in their competitive worldwide. So, it is recommended that the hospital should develop their leaders through conducting training programs and workshops about how to be effective ethical leaders through practicing and maintaining open channels of communications and interactions to enhance their staff.

### ACKNOWLEDGEMENT

### REFERENCES

[1] Neubert M, Carlson D, Kacmar M, Roberts J, and Chonko L. The Virtuous Influence of Ethical Leadership Behavior: Evidence from the Field. JBE 2009; 90 (2):157–70.

[2] Fred W and John S. Leader personality traits and employee voice behavior: Mediating roles of ethical leadership and work group psychological safety. Journal of Applied Psychology 2009; 94(5): 1275-86.

[3] Demirtas O, Hannah S, Gok K, Arslan A, Capar N. The Moderated Influence of Ethical Leadership Via Meaningful Work, on Followers' Engagement, Organizational Identification, and Envy. JBE 2017; 145 (1): 183–99.

[4] Brown E, Trevino K, Harrison A. Ethical Leadership: A Social Learning Perspective for Construct Development and Testing. Journal of Organizational Behavior and Human Decision Processes 2005; 97 (2): 117-34.

[5]   Miao Q, Newman A, Yu J, Xu L. The Relationship Between Ethical Leadership and Unethical Pro-Organizational Behavior: Linear or Curvilinear Effects?.  JBE 2013; 116 (3):  641–53

[6]   Mayer D, Aquino K, Greenbaum R, Kuenzi M. Who displays ethical leadership and why does it matter: An examination of antecedents and consequences of ethical leadership. Academy of Management Journal 2012; 55 (1): 151–71.

[7]   Stouten J, Baillien E, Van den Broeck A, Camps J, De Witte H, Euwema M. Discouraging bullying: The role of ethical leadership and its effects on the work environment. JBE 2010; 95 (1): 17–27.

[8]   Trevino L and Brown M. Managing to be Ethical: Debunking Five Business Ethics Myths.  Academy of Management Executive 2004; 18 (2):  69–81.

[9]   Kalshoven K, Den Hartog D, De Hoogh A. Ethical leadership at work questionnaire (ELW): Development and validation of a multidimensional measure.  The Leadership Quarterly Journal 2011; 22 (1): 51–69.

[10]  Den Hartog D and De Hoogh A. Empowerment and leader fairness and integrity: Studying ethical leader behavior: From a levels-of-analysis perspective. European Journal of Work and Organizational Psychology 2009; 18 (2): 199−230.

[11]  De Hoogh A and Den Hartog D. Ethical and despotic leadership, relationships with leader's social responsibility, top management team effectiveness and subordinates' optimism: A multi-method study. Leadership Quarterly Journal 2008; 19 (3): 297−311.

[12]  Resick C, Hanges P, Dickson M, Mitchelson J.  A cross cultural examination of the endorsement of ethical leadership. JBE 2006; 63(4): 345−39.

[13]  Walumbwa F, Mayer D, Wangc P, Wang H, Workman K, Christensen A. Linking ethical leadership to employee performance: The roles of leader–member exchange, self-efficacy, and organizational identification. Organizational Behavior and Human Decision Processes 2011; 115 (2):204–13

[14]  Trevĭo L, Brown M, Hartman L. A qualitative investigation of perceived executive ethical leadership: Perceptions from inside and outside the executive suite. Human Relations Journal 2003; 56: 5−37.

[15]  Yukl G, Mahsud R, Hassan Sh, Prussia G. An improvement measure of ethical leadership. Journal of Leadership and Organizational Studies 2011; 20(1) 38– 48

[16]  Palanski M and Yammarino F. Integrity and leadership: Clearing the conceptual confusion. European Management Journal 2007; 25 (3): 171−84.

[17]  Palanski M and Yammarino F. Integrity and leadership: A multi-level conceptual framework. The Leadership Quarterly 2009; 20 (3): 405−20.

[18]  Simons T. Behavioral integrity: The perceived alignment between managers' word and deeds as a research focus. Organizational Science Journal 2002; 13(1): 18−35.

[19]  Yukl G. Leadership in organizations.6th ed. Englewood Cliffs, NJ: Prentice Hall; 2006.

[20]  Hargreaves A and Fink D. Seven principles of sustainable leadership. Journal of Educational Leadership 2004; 61: 8−13.

[21]  Hargreaves A and Fink D. Sustainable leadership. San Francisco: Jossey-Bass.2006

[22]  Michaelson J. I want your shower time: Drowning in work and the erosion of life. Business and Professional Ethics Journal 2005; 24(4): 7–26.

[23]  Yukl G. Leadership in organizations. 6th ed. Upper Saddle River, NJ: Prentice Hall.2010

[24]  Tyler T. The psychology of legitimacy: A relational perspective on Voluntary deference to authorities. Personality and Social Psychology Review 1997; 323–45.

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**International Journal of Novel Research in Healthcare and Nursing**
Vol. 5, Issue 2, pp: (42-51), Month: May - August 2018, Available at: www.noveltyjournals.com

[25] Cremer D and van Knippenberg D. How do leaders promote cooperation? The effects of charisma and procedural fairness. Journal of Applied Psychology 2002; 87(5): 858–66.

[26] Yildiz K. Analysis of the Relation of Teachers' Organizational Identification and Organizational Communication. Educational Sciences: Theory & Practice. Educational Consultancy and Research Center 2013; 13 (1): 264-72

[27] Riketta M. Organizational identification: A meta-analysis. Journal of Vocational Behavior 2005; 66 (2): 358-84.

[28] Hogg M and Reid S. Social Identity, Self-Categorization, and the Communication of Group Norms. Communication Theory Journal 2006; 16 (1): 7-30.

[29] Miller V, Allen M, Casey M, Johnson J. Reconsidering the organizational identification questionnaire. Management Communication Quarterly 2000; 13 (4): 626–58.

[30] Brown M and Mitchell M. Ethical and unethical leadership: Exploring new avenues for future research. Business Ethics Quarterly 2010; 20 (4): 583–616.

[31] Brown M and Mitchell M. Ethical leadership: A review and future directions. The Leadership Quarterly 2006; 17 (6): 595-616.

[32] Ciulla J. Leadership Ethics: Mapping the Territory. Business Ethics Quarterly 1995;5 (1): 5-28

[33] Northouse P. Leadership: Theory and practice. 5th ed. Thousand Oaks, CA: SAGE 2010.

[34] Mael F and Ashforth E. Alumni and their alma mater: A partial test of the reformulated model of organizational identification. Journal of Organizational Behavior 1992; 13(2), 103-23.

[35] Malik E, Ghafoor M, Iqbal K. Leadership and Personality Traits as Determinants of Organizational Citizenship Behaviour (OCB) in Banking Sector of Pakistan. World Applied Sciences Journal 2012; 20(8): 1152-8.

[36] Toor S and Ofori G. Ethical Leadership: Examining the Relationships with Full Range Leadership Model, Employee Outcomes, and Organizational Culture, JBE 2009; 90: 533–47.

[37] Piccolo F, Greenbaum R, Den Hartog N, Folger R. The Relationship between Ethical Leadership and Core Job Characteristics. Journal of Organizational Behavior 2010; 31:259–78.

[38] Kangasniemi M, Vaismoradi M, Jasper M, Turunen H. Ethical issues in patient safety Implications for nursing management. Journal of Nursing Ethics 2013; 20(8): 904–16.

[39] Bello S. Impact of Ethical Leadership on Employee Job Performance. International Journal of Business and Social Science 2012; 3(11): 228-36.

[40] Köse T and Köse S. The Effect of Ethical Leadership on Perceived Organizational Identification: The Mediating Role of Ethical Climate. The International Journal of Business &Management 2016; 4(1): 368-74.

[41] Kanungo N. Ethical Values of Transactional and Transformational Leaders. Canadian Journal of Administrative Sciences2001; 18: 257-65.

[42] Mendonca M. Preparing for Ethical Leadership in Organizations. Canadian Journal of Administrative Sciences 2001; 18(4): 216-66.

[43] Trevino K and Brown E. The Role of Leaders in Influencing Unethical Behavior in the Workplace'', in Kidwell, R.E. and Martin, C.L. (Eds), Managing Organizational Deviance, Sage Publishing, London 2005: 69–96.

[44] Elçi M, ŞenerI, Aksoy S, Alpkan L. The Impact of Ethical Leadership and Leadership Effectiveness on Employees' Turnover Intention: The Mediating Role of Work Related Stress. Procedia-Social and Behavioral Sciences 2012; 58: 289 –97.

[45] Zhu W, May R, Avolio J. The Impact of Ethical Leadership Behavior on Employee Outcomes: The Roles of Psychological Empowerment and Authenticity. Journal of Leadership & Organizational Studies 2004; 11(1):16-26.

[46] Eisenbeiss A. Re-thinking ethical leadership: An interdisciplinary integrative approach. The Leadership Quarterly 2012; 23(5): 791-808.

[47] Khan H, Yasir M, Yusof H, Bhatti M, Umar M. The relationship between ethical leadership and organizational citizenship behavior: evidence from Pakistan. City University Research Journal 2017; 45-62

[48] Singh A and Rathore N. The organization is what the leader is': An ethical leadership framework for universities and research organizations. Paper presented at the Ethics in Science, Technology and Engineering, 2014 IEEE International Symposium on.

[49] Demirtas O and Akdogan A. The Effect of Ethical Leadership Behavior on Ethical Climate, Turnover Intention, and Affective Commitment. JBE 2014; 121(2):

[50] Curtis A, De Vries J, Sheerin K. Developing leadership in nursing: exploring core factors. British journal of nursing 2011; 20 (5): 306-9.