

The Relationship between Nurses' Perception of Ethical Leadership and Anti-Social Behavior through Ethical Climate as a Mediating Factor

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Abstract: Ethical leadership behaviors are critical to leaders' credibility and have meaningful influence on the attitudes and ethical conduct of nurses and ultimately on organizational performance. Ethical leadership behavior is necessary for creating an ethical climate and is the key to obliging staff nurses to decrease or prevent anti-social behavior and gaining better results. Aim of study: Investigate the relationship between nurses' perception of ethical leadership and anti-social behavior through ethical climate as a mediating factor at Alexandria Main University Hospital. Research question: Is there a relationship between nurses' perception of ethical leadership and anti-social behavior through ethical climate as a mediating factor at Alexandria Main University Hospital? Methodology: Descriptive - Correlational Research Design was conducted. Setting: Medical, Surgical Inpatient Care Units, Critical care units and its specialties at Alexandria Main University Hospital. Sampling: Non-probability, Consecutive sampling of the study subjects were included in this study 355 nurses. Tools: Three tools were used in this study, *First tool*; Ethical Leadership Work Questionnaire (ELW) included two parts; demographic data of nurses and Ethical Leadership Work Questionnaire (ELW) sheet. *Second tool*; Ethical Work Climate Questionnaire (EWC), *Third tool*; Anti-social Behavior at Work. Results: by using Structural equation Modeling ethical climate is considered partial meditated factor has indirect effect on anti-social behavior, as increase in ethical leadership by one standardized point score associated with increase in ethical climate by (0.243) standardized point score while increase in ethical climate by one standardized point score associated with decrease in anti-social behavior by (5.367) standardized point score. Conclusions: the present study revealed that ethical climate was a considered a partial mediating factor between relationship of predictor (ethical leadership) and outcome (anti-social behavior). Recommendations: Provide training programs for all administrative levels related to: Ethical leadership behavior for leaders to be considered as role models for nurses. Create equitable work environment for all nurses through maintaining an open, clear communication with all nurses.

Keywords: Anti-social behavior, Ethical leadership, Ethical work climate, Nurses.

I. INTRODUCTION

In today's rapidly changes in work environment which is happening so fast due to different factors such as globalization and technology, with such changes taking place, competition, innovation and effective leadership are considered to be the norms for organizations to stay afloat in the market (Asgharpoor, 2016; Gallagher, 2017). The concept of leadership has gained significant attention over the years, as both researchers and professionals have taken up the discussion on effective leadership style (Friedman, 2007). In the light of this, effective leadership is considering a core component for every organization to achieve its goals, sustainable growth and belong to development (Ganta & Manukonda, 2014).

Recent fraud scandals have put ethical leadership behavior high on the priority list of organizations as ethical problems that break down the trust and reputation of both leaders and organizations (Kalshoven, Den Hartog & De Hoogh, 2011). Ethical leadership behaviors are critical to leaders' credibility and have meaningful influence on the attitudes and ethical conduct of nurses and ultimately on organizational performance (Kalshoven et al., 2011; Salehnia, 2012). Also, ethical leadership behavior is fostered through a favorable ethical climate that provide ethical framework for nurses in the organization (Makaroff, Storch, Pauly & Newton, 2014). Ethical climate is necessary prerequisite for creating an ethical leadership behavior and is considered as a key to obliging staff nurses to observe anti-social behavior and gaining better results (Suhonen, Stolt, Gustafsson, Katajisto & Charalambous, 2014; Aitamaa, Leino-Kilpi, Iltanen & Suhonen, 2016).

Conceptual Research Model:

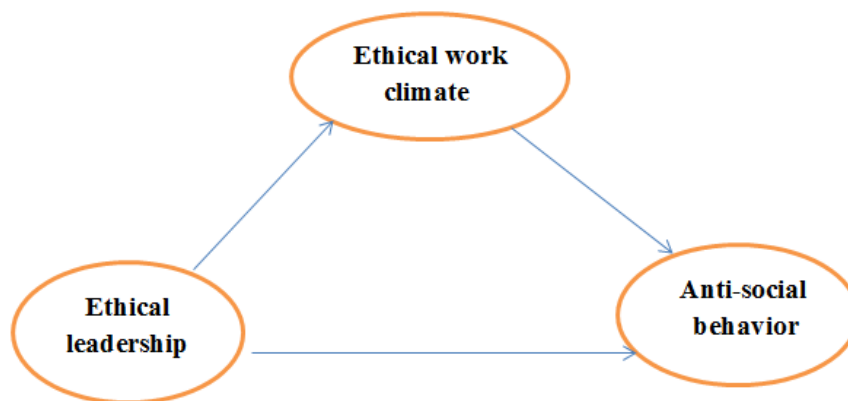


Figure (1): Conceptual Research Model

Brown, Treviño and Harrison (2005) defined ethical leadership as “the demonstration of normatively appropriate conduct through personal actions and interpersonal relationships, and the promotion of such conduct to followers through two-way communication, reinforcement, and decision-making”. Also, it focuses on valuing, supporting, inspiring human values, and provides grounds for doing their duties effectively and somehow satisfies their psychological needs (Meral, Irag & Lutifihak, 2013). Kalshoven et al. (2011) classified ethical leadership behavior into seven dimensions namely; people orientation behavior, fairness, power sharing, concern for sustainability, ethical guidance, role clarification and integrity. Ethical leadership behavior creates positive outcomes as it leads to job satisfaction, organizational commitment, tendency to report problems to supervisors, and improve the health and welfare of nurses (Ballinger & Rockmann, 2010; Holloway, 2012). Ethical leaders signal to nurses' that, doing the right thing is expected, encouraged and valued. Also, they have substantial power to create and maintain ethical norms and processes through ethical climate. (Kim & Brymer, 2011; McManus, 2014).

Ethical work climate has been defined by Alexander et al.(2017) “as the prevailing attitudes about the organization standards concerning appropriate conduct in the organization which sets the tone for decision making at all levels in all circumstances”. Also, Peterson (2002) described it as “the shared perception of what ethically correct behavior is and how ethical issues should be handled in the organization”. The creation of strong ethical climate within health care organization is considered as mediating factor affecting nurses' perception about the nature of the relational contract between nurses themselves and their organization (Ghorbani et al., 2014). Furthermore, it help nurses to feel bound to their organization, perceive that it performs well and ethically (Van Sandt, 2001). Victor and Cullen (2008) classified ethical work climate into nine dimensions namely; self-interest, efficiency, personal morality, organizational profit, friendship, organizational rules and procedures, team interest, laws and professional codes and social responsibility. Okpara and Wynn (2014) clarified that ethical climate is positively associated with nurses job satisfaction and commitment. Moreover, Sanjari, Zahedi and Larjani (2014) concluded that favorable organizational climate spread ethics in nursing practice and ultimately be benefit to patients, organization, and nursing profession as a whole. Furthermore, Sims and Brinkman (2002) described how leaders shape and reinforce the ethical climate of an organization and illustrated that ethical climate affect nurses' anti-social behavior.

LaVan and Martin (2008) defined anti-social behavior as a complex organizational phenomenon because it relates to many psychological, physical, ethical and social factors as it includes any negative behavior that brings harm, or is intended to bring harm to the organization, its nurses, or its stakeholders. These behaviors are quite diverse, ranging from non-criminal acts such as lying or spreading rumors to felonies such as theft and taking kickbacks. Therefore, there has been increasing attention to deviant or harmful behaviors at work and to the adverse impacts of those behaviors on organizational functioning (Ramos, 2006; Bruce & Nowlin, 2011). Bennett and Robinson (2000) classified workplace anti-social behavior in two major dimensions; anti-social behavior against the organization and anti-social behavior against individuals. Concerning, anti-social behavior against the organization, it includes behaviors such as "falsifying receipts" and "dragging out work to get overtime". However, anti-social behavior against individuals includes behaviors such as "playing mean pranks on coworkers" and "say something hurtful to someone at work" (Elçi & Alpkan, 2009).

Also, communicating one's values is crucial in order to be known for ethical leadership (Kalshoven et al., 2011). As Bedi, Alpaslan, and Green (2015) explain, attention has been given to defining the moral principles or qualities that leaders ought to demonstrate and adhere to the goals, but they also suggest a shift in research from issues of definition toward identifying the contents and actions of those who exercise leadership over ethics and capturing the influence that they exert. Organizations have the opportunity to offer ethics training and they should give more resources to ethics training to help its members to make ethical decisions in difficult circumstances and focus on the scope of personnel selection on the honest and reliable nurses from the pool of applicants (Peterson, 2002; Narayanan & Murphy, 2017; Tuzun, Çetin & Basım, 2017).

Henle (2005) suggested that nurses' deviation at work does not depend on the personality or the individual characteristics of nurses rather, it relies on the working environment within the organization. Organizational environment portrays the traits and characteristics of an organization (Di Stefano, Scrima & Parry, 2017). It also has an effect on employee motivation and employee behavior (Di Stefano et al., 2017). The study that was done in Pakistan (2018) to examine the root causes for the anti-social behavior in the government sector of Pakistan (Waseem, 2018) after a comprehensive study, it is concluded that there can be multiple factors that are responsible for creating anti-social behavior, e.g. financial pressures, lower job satisfaction, organizational injustice, organization environment, employee perception (Waseem, 2018). Peterson (2002) found a positive correlation among the type of anti-social behavior and the ethical work climate of the organization, he demonstrates that nurses are less likely to engage in political deviance when they feel that their organization illustrated that ethical work climate affect nurses' anti-social behavior organization that is concerned for their welfare. Furthermore, Sims and Brinkman (2002) described how leaders shape and reinforce the ethical work climate.

II. SIGNIFICANCE OF THE STUDY

Anti-social behavior in organizations is increasingly becoming an important problem for nurse leaders and health care organizations (Meral et al., 2013). These behaviors negatively affect on both staff nurses' performance and the performance of others who are subjected to these behaviors (Zaghini et al., 2016). A previous study revealed that 63.3% of staff nurses were exposed to violence, with relatively high levels of physical and psychological violence into the workplace. The highest percentage of violence was verbal abuse as one type of psychological violence (Shaaban, 2011). Along with growing pressure, aggression may also build up within the workplace, making violence between staff nurses more likely (Kim & Brymer, 2011). Moreover, in recent years occupational stress has been assumed as epidemics proportions, affecting staff nurses in health care organization and 71.3% of staff nurses perceived the heights frequency and severity of stress in their workplace (AboElala, 2012). These entire can be considered as leading factors for staff nurses' anti-social behavior. Therefore, creating an ethical work climate through developing an ethical leadership behavior in the health care organizations can be a highly significant for modeling this behavior.

III. MATERIAL AND METHODS

The study aimed to:

Investigate the relationship between nurses' perception of ethical leadership and anti-social behavior through ethical climate as a mediating factor at Main University Hospital at Alexandria.

Research Question:

Is there a relationship between nurses' perception of ethical leadership and anti-social behavior through ethical climate as a mediating factor at Alexandria Main University Hospital?

Research design:

Descriptive - Correlational Research design was utilized.

Research setting:

The study was executed in Medical, Surgical Inpatient Care Units and its specialties with bed capacity 1370 beds and Critical Care Units with 147 beds capacity at Alexandria Main University Hospital. Medical Inpatient Care Units and its specialties include 25 units, Surgical Inpatient Care Units and its specialties include 17 units and Critical Care Units include 13 units.

Subjects:

1- The study was included 355 nurses who worked at the previous mentioned settings regardless of their age, gender, qualification and experience.

Sample size:

Non-probability, Consecutive sampling of nurses were included in this study (n=355) who were working in the previously selected setting with experience more than 6 month and were available during time of data collection and distributed as follow 92 nurses in Medical Inpatient Care Units, 121 nurses in Surgical Inpatient Care Units and 142 nurses in Critical Care Units, based on power analysis:

1. Total population of nurses N=754
2. Acceptable error = 5% and $\alpha = 0.05$
3. This test (Epi-Info program) denotes that confidence coefficient = 99% with sample size (n=355).

Tools for data collection:

The data was collected through:

1st Tool: Ethical Leadership Work Questionnaire (ELW): This tool was developed by Brown et al. (2005) and validated by Kalshoven et al. (2011). It was adopted by the researcher to measure ethical leadership behavior of first-line nurse managers as perceived by nurses. It consisted of 36 items classified into seven dimensions namely: people orientation (7 items) fairness (6 items), power sharing (6 items), concern of sustainability (3 items), ethical guidance (7 items), role clarification (3 items) and integrity (4 items). The response was measured on a 5-point likert scale ranging from (1) strongly disagree to (5) strongly agree. The reversed score was applied for negative statements (9 items). The overall score level range from (36 to 180). Mean percent score of more than 66.6% indicates high perception of nurses about their ethical leadership behavior, mean percent score from 66.6% to 33.3% considered as moderate perception while mean percent score less than 33.3% regarded as low perception of nurses about ethical leadership behavior.

2nd Tool: Ethical Work Climate Questionnaire (EWC): It was developed by Victor and Cullen (1987) and then updated by them which the most recent version of this tool that developed by Cullen et al. (1993) were used to measure the ethical work climate as perceived by nurses. It consisted of 36 items that are classified into nine dimensions: self-interest, efficiency, personal morality, organizational profit, friendship, organizational rules and procedures, team interest, laws and professional codes and social responsibility. Each dimension composed of 4 items. The response was measured on 6 point likert scale ranged from (0) completely false to (5) completely true. The reversed score was applied for negative statements (5 items). The overall score level ranging from (0 to 180). Mean percent score of more than 66.6% indicates high perception of nurses about their ethical work climate, mean percent score from 66.6% to 33.3% considered as moderate perception while mean percent score less than 33.3% regarded as low perception of nurses about their ethical work climate.

3rd Tool: Anti-social Behavior at Work Tool: Tool was developed by De Vellis (1991) it composed of 28 items and updated by Bennett and Robinson (2000) to 18 items to assess anti-social behavior of nurses. It was adopted by the researcher. This tool classified into two major dimensions; anti-social behavior against the organization (12 items) such as falsifying receipts and dragging out work to get overtime and anti-social behavior against individuals (6 items) such as playing mean pranks on coworkers and say something hurtful to someone at work. The response was measured on 5 point

likert scale range from (1) never to (5) always. The overall score level range from (18 to 90). Mean percent score of more than 66.6% indicates the highest nurses' social behavior, mean percent score from 66.6% to 33.3% considered as moderate perception while mean percent score less than 33.3% regarded as low perception of nurses about their anti-social .

Additionally, Demographic data sheet: was developed by the researchers including age, gender, marital status, qualification and years of experience.

Methods:

1- An official permission was obtained from the Faculty of Nursing and the hospital administrators at Alexandria Main University Hospital to collect the necessary data.

2- Tool I, III translated into Arabic, and tested for their face validity by five experts from Faculty of Nursing, Alexandria University and the necessary modifications were done. Based on their opinion 2 items was removed from role clarification dimension of tool I and modified likert scale of anti-social behavior from 7 point to 5 point likert scale for simplifying data collection and easy response of nurses.

3- Tool I, II, and III were tested for their reliability to measure the internal consistency using Cronbach's alpha Correlation Coefficient test. The result of three tools revealed that they were reliable with value of $r=0.886$ for ethical leadership work questionnaire, $r = 0.924$ for anti-social behavior at work. Tool II was translated into Arabic and tested for validity and reliability by Sheba (2015), it was reliable with value been (0.802) and repeat in this study $r= 0.950$.

4- Pilot study was carried out on 10 % of nurses (n=36) rather than the study subjects in order to check and ensure the clarity, applicability, and feasibility of the tools and identify obstacles and problems that was encountered during data collection and estimated the time needed to fill each questionnaire and the necessary modifications was done.

5- Ethical considerations:

- Before embarking in data collection, the agreement was obtained from Ethical Committee at Faculty of Nursing, Alexandria University, Main University hospital at Alexandria and each study participant after explanation the aim of the study and assuring that the confidentiality of data, privacy and anonymity of data has been maintained.
- Written consent from the study subjects was obtained.
- The subjects' rights to withdraw from the study were assured.

IV. STATISTICAL ANALYSIS

Data collected from the studied subject was revised, coded and entered using Personal Computer (PC). Computerized data entry and Statistical analysis were fulfilled using the Statistical Package for Social Sciences (SPSS) version 22. Data were presented using descriptive statistics in the form of mean and S.D. Independent sample t-test (t): it is a parametric statistical test that used to compare the mean for two independent groups for numeric data and following normal distribution. One Way ANOVA test (F- ratio): it is a parametric statistical test that used to compare the mean for quantitative data of more than two independent groups which follow a normal distribution. Analyzing the data by structural equation modeling (path analysis) with SPSS Amos 23 to confirm that the measurement model had adequate fit. a statistically significant relationship must exist between the mediator and the outcome. Considering, a goodness-of-fit test is conducted to determine whether there is also an indirect effect between the predictor and the outcome, this call partial mediation model.

V. RESULTS

Table 1 showed that the mean score of nurses' age was (35.72 ± 9.84) . Moreover, slightly more than half of nurses (52.4%) were in the age group range from 20-30 years old. While (10.4%) of them had more than 50 years old. The majority of nurses (80.8%) were females. According to marital status of (51.5%) nurses were married. However, the lowest percentage (2.5%) was widow. In relation to nurses' educational level, (42.3%) of nurses had Diploma of Technical Secondary School of Nursing. On other hand, about one- third (33.0%) had Bachelor of Nursing Science.

Regarding working units, (40%) were working in Critical Care Units, around one third of them (34.1%) were working in surgical inpatient Care Units and 25.9% of them were working in Medical inpatient Care Units.

Concerning, mean score of nurses' years of experience in nursing career was (13.45±8.39), about one-third of nurses (31.3%) had experience either less than 5 years or more than 20 years, while, the lowest percentage of nurses (14.6%) had experience from 11 years to less than 20 years. According to mean score of nurses' years of experience in the current unit was (8.59±7.83), the highest percentage of nurses (48.5%) had less than 5 years of experience and the lowest percentage of them (14.6%) had experience from 11 years to less than 20 years.

Table (1): Distribution of nurses according to their demographics characteristics: (n = 355)

	No.	%
Age in Years		
20-30	186	52.4
31 – 40	71	20.0
41 – 50	61	17.2
>50	37	10.4
Mean ± SD	35.72 ± 9.84	
Gender		
Male	68	19.2
Female	287	80.8
Marital Status		
Single	151	42.5
Married	183	51.5
Divorced	12	3.4
Widow	9	2.5
Level of Education		
Secondary Technical Nursing Diploma	150	42.3
Technical Health Institute Diploma in Nursing	86	24.2
Bachelor of Nursing Science	117	33.0
Other (Post Graduate Diploma & Master of Nursing Science)	2	0.6
Working Units		
Medical Inpatient Care Units	92	25.9
Surgical Inpatient Care Units	121	34.1
Critical Care Units	142	40.0
Years of Experience in Nursing Career		
<5	111	31.3
5 – 10	81	22.8
11 – 20	52	14.6
>20	111	31.3
Mean ± SD	13.45 ± 8.39	
Years of Experience in Current Working Unit		
<5	172	48.5
5 – 10	55	15.5
11 – 20	52	14.6
>20	76	21.4
Mean ± SD	8.59 ± 7.83	

Table 2 clarified that nurses' perceived moderate mean percent score of overall ethical leadership behavior (60.18±15.99) represented in its all dimensions in the following order; concern sustainability, role clarification, ethical guidance, integrity, fairness, power sharing and people orientation where, (66.83±22.82, 66.57±22.29, 63.76± 20.73, 61.47±27.05, 57.10±22.98, 56.40±17.38, 56.01±16.32) ,respectively.

Table (2): Mean score percentage of nurses' perception of ethical leadership. (n = 355)

Ethical leadership work (ELW)	Total score	% score
People orientation		
Min. – Max.	7.0 – 35.0	0.0 – 100.0
Mean ± SD.	22.68 ± 4.57	56.01 ± 16.32
Fairness		
Min. – Max.	6.0 – 30.0	0.0 – 100.0
Mean ± SD.	19.70 ± 5.52	57.10 ± 22.98
Power sharing		
Min. – Max.	10.0 – 30.0	16.67 – 100.0
Mean ± SD.	19.54 ± 4.17	56.40 ± 17.38
Concern sustainability		
Min. – Max.	3.0 – 15.0	0.0 – 100.0
Mean ± SD.	11.02 ± 2.74	66.83 ± 22.82
Ethical guidance		
Min. – Max.	7.0 – 35.0	0.0 – 100.0
Mean ± SD.	24.85 ± 5.80	63.76 ± 20.73
Role clarification		
Min. – Max.	3.0 – 15.0	0.0 – 100.0
Mean ± SD.	10.99 ± 2.75	66.57 ± 22.92
Integrity		
Min. – Max.	4.0 – 20.0	0.0 – 100.0
Mean ± SD.	13.88 ± 4.33	61.74 ± 27.05
Overall		
Min. – Max.	50.0 – 169.0	9.72 – 92.36
Mean ± SD.	122.7 ± 23.03	60.18 ± 15.99

Interpretation of mean percent: Low mean (0-33.2%), moderate mean (33.3%-66.6 %) and high mean (66.7 -100%).

Table 3 clarified that nurses' perceived moderate mean percentage score of overall ethical work climate (64.16± 14.39) represented in its all dimensions in the following order; organization rules and procedures, efficiency, personal morality, laws and professional codes, social responsibility, friendship, team interest, organizational profit and self-interest where, (74.52± 20.33, 73.41±20.79, 69.58±20.03, 68.75±22.13, 60.80±21.77, 60.17±24.18, 56.49±14.67, 47.92±25.81), respectively.

Table (3): Mean score percentage of nurses' perception of ethical work climate (n = 355)

Ethical work climate	Total score	% score
Self interest		
Min. – Max.	0.0 – 20.0	0.0 – 100.0
Mean ± SD.	9.58 ± 5.16	47.92 ± 25.81
Efficiency		
Min. – Max.	2.0 – 20.0	10.0 – 100.0
Mean ± SD.	14.68 ± 4.16	73.41 ± 20.79
Personal morality		
Min. – Max.	0.0 – 20.0	0.0 – 100.0
Mean ± SD.	13.92 ± 4.01	69.58 ± 20.03
Organizational profit		
Min. – Max.	1.0 – 20.0	5.0 – 100.0
Mean ± SD.	11.30 ± 2.93	56.49 ± 14.67
Friendship		
Min. – Max.	0.0 – 20.0	0.0 – 100.0
Mean ± SD.	12.16 ± 4.35	60.80 ± 21.77
Organizational rule sand procedure		
Min. – Max.	0.0 – 20.0	0.0 – 100.0
Mean ± SD.	14.90 ± 4.07	74.52 ± 20.33

Continue:

Team interest		
Min. – Max.	0.0 – 20.0	0.0 – 100.0
Mean ± SD.	12.03 ± 4.84	60.17 ± 24.18
Laws and professional codes		
Min. – Max.	0.0 – 20.0	0.0 – 100.0
Mean ± SD.	13.75 ± 3.92	68.75 ± 19.61
Social responsibility		
Min. – Max.	0.0 – 20.0	0.0 – 100.0
Mean ± SD.	13.17 ± 4.43	65.85 ± 22.13
Overall		
Min. – Max.	37.0 – 173.0	20.56 – 96.11
Mean ± SD.	115.5 ± 25.91	64.16 ± 14.39

Interpretation of mean percent: Low mean (0-33.2%), moderate mean (33.3%-66.6 %) and high mean (66.7 -100%).

Table (4) clarified that nurses' perceived low mean percent score of overall anti-social behavior at work (30.03±28.57) represented in its two dimensions in the following order; anti-social behavior against organization and anti-social behavior against individuals where, (30.79±28.43, 28.52±31.61), respectively.

Table (4): Mean score percentage of nurses' perception of anti- social behavior at work (n = 355)

Anti-social behavior at work	Total score	% score
Against organization		
Min. – Max.	12.0 – 60.0	0.0 – 100.0
Mean ± SD.	26.78 ± 13.65	30.79 ± 28.43
Against individuals		
Min. – Max.	6.0 – 30.0	0.0 – 100.0
Mean ± SD.	12.85 ± 7.59	28.52 ± 31.61
Overall		
Min. – Max.	18.0 – 90.0	0.0 – 100.0
Mean ± SD.	39.62 ± 20.57	30.03 ± 28.57

Interpretation of mean percent: Low mean (0-33.2%), moderate mean (33.3%-66.6 %) and high mean (66.7 -100%).

Table 5 illustrated that these was statistically significant moderate positive correlation between ethical leadership behavior and ethical work climate, where (r=0.608, p= < 0.001).While, it can be seen that there was statistically significant low negative correlation between ethical leadership behavior and anti-social behavior, where (r= -0.362, p= < 0.001). Also, there was significant low negative correlation between ethical work climate and anti-social behavior, where (r= -0.465, p= < 0.001).

Table (5): Correlational between nurses' perception of ethical leadership and anti-social behavior at work through ethical climate as a mediating factor (n = 355)

	Ethical leadership work (ELW)		Ethical work climate	
	r	p	r	P
Ethical work climate	0.608	<0.001*		
Anti-social behavior at work	-0.362	<0.001*	-0.465	<0.001*

r: Pearson coefficient

*: Statistically significant at p ≤ 0.05

Figure (2) illustrated that, there was a statistical significant positive relationship was found between ethical leadership and ethical climate; as increase in ethical leadership by one standardized point score associated with increase in ethical climate by (0.243) standardized point score. On other hand, there was statistical significant negative relationship between ethical climate

and anti-social behavior ; as increase in ethical climate by one standardized point score associated with decrease in anti-social behavior by (5.367) standardized point score. Also, there was statistical significant negative relationship between ethical leadership and anti-social behavior ; as increase in ethical leadership by one standardized point score associated with decrease in anti-social behavior by (0.029) standardized point score. Furthermore, there were high statistical significant positive relationships was found between ethical work climate and its dimensions; as increase in ethical climate by one standardized point score associated with increase in social responsibility by (3.190) standardized point score. Also, ethical guidance dimension of ethical leadership increase to (1.427) standardized point score when ethical leadership goes up by one standardized point score. In addition, there was high statistical significant positive relationship between anti-social behavior and its dimensions; as increase in anti-social behavior by one standardized point score associated with increase anti-social behavior against individuals by (0.546) standardized point score.

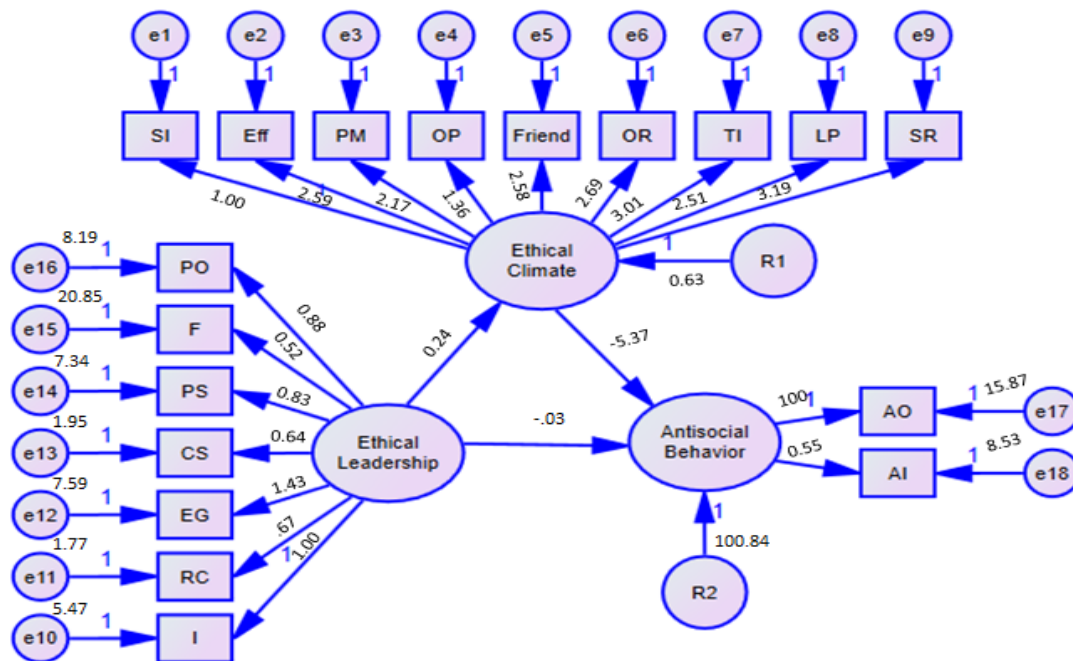


Figure (2): Structural equation modeling (path analysis) for the relationship between nurses' perception of ethical leadership and anti-social behavior through ethical work climate as a mediating factor.

VI. DISCUSSION

The previous evidences demonstrated that one of the leadership styles that have positive impact to decrease and prevent anti-social behavior and play a significant role in developing ethical work climate is ethical leadership (Brown et al., 2005; Meral et al., 2013). Also, it is believed that, a great place to work is the one where nurses trust the people they work for, have pride in what they do and follow ethical principles (Makaroff et al., 2014). Nurse Managers such as directors of nursing service, supervisors and **First-Line Nurse Managers (FLNMs)** are responsible for influencing their nurses and acting as role models for organizational and professional values (Sheba, 2015; Aitamaa et al., 2016).

In this respect, the result of the present study revealed that **more than half of nurses' perceived moderate ethical leadership behavior of (FLNMs)**. This can be due to which their FLNMs promote altruistic attitudes among nurses through role modeling, open communication which enhances identification and commitment. Also, they are responsible for clarifying responsibilities, expectations, priorities, performance goals and feedback. Thus, they feel confident and trust their FLNMs, who are supportive and express a heartfelt interest in them as professionals and respect their qualities, and competencies. In addition, FLNMs enhance nurses' decision making competences and capabilities through communicating any incidents, attributes and the outcome of this decision. So, they spread ethical values within the organization as well by emphasizing integrity, transparency, role clarification and high ethical standards, which can be

seen as the key for higher level of performance and satisfaction. This was supported by; Özden, Arslan and Ertuğrul (2017), Esmaelzadeh et al. (2017), Behzady, Naz and Bashlideh (2015), Mayer et al. (2012), and Brown et al. (2005) who clarified that nurses had a moderately positive perception of ethical leadership. Also, they concluded that FLNMs tend to be ethical leader by taking responsibility for influencing and ensuring psychological standards and ethical behavior.

Ethical leadership attempts to identify the environment that affects the behavior of the nurses. Consequently, ethical leadership and ethical work climate are considered to be a significant factor for organization success. In the light of this, **the result of this study indicated that more than half of nurses' perceived moderate ethical work climate.** This can be attributed to warm working environment which was perceived by nurses as they receive fair and adequate support from their FLNMs. Also, almost all nurses reported that they have trust and loyalty toward hospital and compliance with the law and professional standards over and above other considerations and they are expected to strictly follow legal or professional standards. Therefore, organization climate which revealed workplace matters such as, motivation, fairness, inspiration, friendship, social responsibility and satisfaction affect nurses' perception of ethical work climate. This was similar to Özden et al. (2017) who clarified that nurses had a moderately positive perception of ethical climate. Also, Bulutlar and Öz (2009) showed that nurses' perceived lower ethical work climate due to unfair treatment from hospital leaders that lead to poor communication, more conflict and tension among nurses and their leaders.

Mayer, Kuenzi and Greenbaum (2010) indicated that ethical climates served as one cue to help nurses to know what types of anti-social behaviors are (un)acceptable at the work unit. According to, Griffin and Van Fleet (2006), unfavorable culture and ethical work climate is one of the factors that trigger for anti-social behavior. **Therefore, the result of this study indicated that more than half of nurses perceived low mean percent score of anti-social behavior.** This could be related to the fact that nurses response regarding generalized compliance reflected that they were giving an honest day's work, while, they did not take extra break, obey organizational rules and regulations. They perceived themselves the most conscientious nurses, as when nurses have extra work necessary they can stay at work more than the required time. The result of this study goes in the same line with, Bayin and Terekli-Yesilaydin (2014) study that clarified the low mean percent score of anti-social behavior between nurses at University Hospital in Turkey. While, the study of Wright and Sablynski (2008) contradicted with this and revealed that nurses perceived the highest level of anti-social behavior.

Consequently, the present study revealed that there was significant moderate positive correlation between ethical leadership and ethical work climate. While, there was statistically significant low negative correlation between ethical leadership and anti-social behavior. Also, there was significant low negative correlation between ethical work climate and anti-social behavior. Moreover, ethical work climate is considered a partial mediating factor between relationship of predictor (ethical leadership) and outcome (anti-social behavior) which is not surprising. This result can be attributed to the fact of the positive correlation between most of dimensions of ethical leadership and ethical work climate and the negative correlation between all dimensions of ethical leadership and anti-social behavior. In addition, ethical leader behavior is fostered through a favorable ethical work climate that provides ethical framework for nurses in the organization and creates ethical work climate is needed to ethical leader. Hence, ethical leadership and ethical work climate are considered to be the key to oblige nurses to decrease and prevent anti-social behavior in order to gain better results.

This study goes in the same line with Meral et al. (2013) Brown et al. (2005), Mayer, Kuenzi and Greenbaum (2009), and Martin and Cullen (2006) who clarified that a negative relation between ethical leadership, ethical work climate and antisocial behaviors of nurses. Furthermore, Mayer et al. (2010) confirmed a positive relationship between ethical leadership and ethical climate. Furthermore, Esmaelzadeh, Abbaszadeh, Borhani and Peyrovi (2017), Özden et al. (2017), Bilgen (2014), Shin (2012), Mayer et al. (2010), Sonakın (2010) and Bulutlar and Öz (2009) agreed that there was positive relationship between ethical leadership and ethical climate. Of great concern that this study is paralleled to Mayer et al. (2009) and De Hoogh and Den Hartog (2008) who assumed that ethical leadership would translate into less deviance, and that low ethical leadership would evoke more deviance for all nurses alike. Lastly, (Meral et al., 2013 and Mayer et al., 2010; Makaroff et al., 2014, ethical work climate is a partial mediated factor between the relationship of ethical leadership and the antisocial behaviors of nurses. However, this result contradicts with Detert, Treviño, Burris and Andiappan (2007) who stated that there was no significant relationship between ethical leadership and anti-social behavior.

VII. CONCLUSION

To conclude, the present study revealed that there was significant moderate positive correlation between the overall mean percent score of ethical leadership as perceived by nurses and overall mean percent of ethical climate. Also, there were significant low negative correlation between ethical leadership and anti-social behavior and between ethical climate and anti-social behavior. In addition, ethical climate was a considered a partial mediating factor between relationship of predictor (ethical leadership) and outcome (anti-social behavior).

VIII. RECOMMENDATIONS

- Provide training programs for all administrative and managerial levels related to:
 - A. Ethical leadership behavior including people orientation, power sharing, fairness, integrity, transparency, ethical guidance, role clarification and interpersonal skills for leaders to be considered as role models for nurses.
 - B. Ethical work climate including importance of ethics, standards and nursing code of ethics, friendship, organization rules and procedure, characteristics of ethical work climate and ways to improve it.
- Create equitable work environment for all nurses through maintaining an open, clear communication with all nurses about the ethical behavior, ethical dilemma and identifying methods for matching organizational goals and objectives with their needs, to gain their participation and commitment for goals attainment as well as the acceptance of individual differences to motivate nurses for working hard. Therefore, encouraging self-reporting about any incident or defect in their work, which in turn build no blame culture in hospital and inform nurses about it.
- Raise nurses' awareness toward anti-social behavior and its impact on patient, nurses and organization, through attending training program related to this issue.

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