

Investigation of the Effect of Ethical Leadership Perception and Years of Working Experience on Nurses' Care Behavior: Descriptive and Cross-Sectional Study

Etik Liderlik Algısı ve Çalışma Yılı Deneyiminin Hemşirelerin Bakım Davranışlarına Etkisinin İncelenmesi: Tanımlayıcı ve Kesitsel Bir Çalışma

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ABSTRACT Objective: The most basic role of the nurse is nursing care. For this reason, it is important to determine the factors affecting the care behaviors of nurses. This study aims to determine the effect of nurses' ethical leadership perception and years of working experience on their care behavior. **Material and Methods:** This study is a single-group descriptive, cross-sectional study. This study participated 211 nurses working in different clinics in a tertiary hospital in Türkiye. Socio-demographic characteristics questionnaire form, Ethical Leadership Scale, and Caring Behaviors Inventory-24 were used in the data collection. **Results:** We found that ethical leadership and years of working experience significantly positively affected caring behavior ($\beta=0.223$, $p=0.047$). This result shows that 5.8% of the change in caring behavior occurs with the effect of ethical leadership and years of working experience ($R^2=0.058$). **Conclusion:** As a result of this study, it was found that ethical leadership, as years of working experience increase, and nursing care behaviors of nurses also increase. In addition, according to this result, the level of care behavior of those with less experience will be low. Therefore, ethical leadership training can be given to executive nurses.

ÖZET Amaç: Hemşirenin en temel rolü hemşirelik bakımıdır. Bu nedenle hemşirelerin bakım davranışlarını etkileyen faktörlerin belirlenmesi önemlidir. Bu çalışmanın amacı, hemşirelerin etik liderlik algısı ve çalışma yıllarının bakım davranışları üzerindeki etkisini belirlemektir. **Gereç ve Yöntemler:** Bu çalışma, tek grup tanımlayıcı, kesitsel bir çalışmadır. Bu çalışmaya Türkiye'de üçüncü basamak bir hastanede farklı kliniklerde çalışan 211 hemşire katılmıştır. Verilerin toplanmasında sosyodemografik özellikler anket formu, Etik Liderlik Ölçeği ve Bakım Davranışları Ölçeği-24 kullanılmıştır. **Bulgular:** Etik liderliğin ve tecrübe sürelerinin bakım davranışını önemli ölçüde olumlu etkilediği bulundu ($\beta=0.223$, $p=0.047$). Bu sonuç, bakım davranışındaki değişimin %5,8'inin etik liderliğin ve hemşirelerin tecrübe süreleri etkisiyle gerçekleştiğini göstermektedir ($R^2=0.058$). **Sonuç:** Bu çalışma sonucunda hemşirelerin çalışma tecrübesi arttıkça etik liderliğin ve hemşirelik bakım davranışlarının da arttığı saptanmıştır. Ayrıca bu sonuca göre tecrübesi az olan hemşirelerin bakım davranışı düzeyi düşük olacaktır. Bu nedenle yönetici hemşirelere etik liderlik eğitimi verilebilir.

Keywords: Ethics; nursing care; nurses; nursing supervisory

Anahtar Kelimeler: Etik; hemşirelik bakımı; hemşireler; hemşirelik yöneticiliği

Care has changed and developed with life since the existence of humanity. Care is defined as the heart of nursing and has been tried to be explained by many philosophers, theorists, and scientists.¹ Florence

Nightingale (1860) the founder of modern nursing, defined nursing care as "to be responsible for the life of the individual."² According to Henderson, the primary and unique task of the nurse is to help individ-

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uals maintain their health, continue their treatment, and die peacefully.³ Watson, who introduced the Human Care Theory, is a theorist who emphasizes and pioneers care behaviors among nurse theorists. Watson defines nursing as the “science of human care”. According to Watson, care behaviors; includes words, thoughts, feelings, appearances, actions, movements, gestures, body language, touches, and information. In addition, presenting your presence, being present, being accessible, listening authentically, accepting, making eye contact, calling the individual by their preferred name, providing comfort, and smiling are known and prominent care behaviors.⁴

Nursing service includes the effort to give the best care to patients. It is known that the most obvious evidence of care is nursing behavior.¹ The only thing that does not change in nursing is the care giving function. Nursing care is the most basic nursing role of a nurse.⁵ Therefore, it is important to determine variables that increase the caring behavior of nurses.

Ethical leadership (EL) is “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.”⁶ The ethical leader is a commitment to ethical principles within the organization and they become ethical role models for other employees.⁷ Bandura’s social learning theory assumes that new “behaviors can be acquired by observing and imitating others.”⁸ According to this theory, nurses observe, learn, and imitate the behaviors of ethical leaders, who are ethical role models who act with high ethical standards, and ultimately act ethically.⁹ Leaders are role models for behavior because of their position. Therefore, they can inculcate ethical behavior among their followers through their ethical behavior. Thus, they can create an expectation of ethical behavior among their followers.¹⁰ Recent studies have shown that EL increases nurses’ job satisfaction, job commitment, organizational citizenship, organizational justice, and psychological empowerment.¹¹⁻¹⁵ In addition, it has been determined that EL reduces the nurse error rate, work-family conflict, and turnover intention.^{11,16,17} In

addition, some studies show that the quality of care of experienced nurses is high, medication errors are less, and patient drop-out rates are lower, showing that EL increases nurses’ service behavior.¹⁸ Dehghani-Tafti et al., showed that EL and psychological empowerment increase caring behavior.¹⁹

There are very few studies examining the relationship between nurses’ EL behaviors and nurses’ care behaviors. Also, there is not enough research in the literature investigating the effects of EL and years of working experience on nurses’ care behavior. The primary purpose of this study is to indicate the effect of EL on caring behavior. The second aim of the study is to show the effect of EL and its experience on caring behavior.

RESEARCH QUESTIONS

Does EL affect the nursing behavior of nurses? Do EL and working year experience affect nurses’ care behavior?

MATERIAL AND METHODS

Scales whose validity and reliability were tested before were used in the study. The research includes a questionnaire application in which the person evaluates herself/himself. It took approximately 15 minutes to fill out the questionnaire. Participants filled out the questionnaire themselves. The data of the study were collected between January and February 2022. The research was carried out in a tertiary hospital in a city in western Türkiye.

PARTICIPANTS

The population of the research is 484 nurses working in different clinics in a tertiary hospital. The “Hierarchical Multiple Regression Sample Size Calculator” was utilized to compute the sampling size of the study.²⁰ We took the standard values of the expected effect size of 0.15, power level of 0.8, and probability level of 0.05. This allowed us to reach the minimum sample size of 112 participants for our computational model. Two hundred thirty seven questionnaires were distributed to the participants by convenience sampling method. A total of 26 questionnaires were not taken into consideration because 12 nurses refused to participate in the research. Also,

14 nurses filled out the questionnaires incompletely due to the workload in the clinic where they worked. At the end of the study, 211 questionnaires were found suitable for statistical analysis. Inclusion criteria were as follows: having worked at the hospital for at least 1 year, being a nurse, and a written consent agreement to participate in the research. Exclusion criteria from the study: less than one year of job experience, time off during the research, and refusal to be included in the research. Data on the socio-demographic characteristics of nurses is indicated in Table 1.

ETHICAL APPROVAL

Participants were informed about participation in the study, storage, and data processing for research purposes, and their consent was obtained. We obtained consent from each participant before answering the surveys. Researchers voluntarily participated in the study. They were given the right to leave the research at the desired time. We got official permission from the hospitals where the research was conducted. We got Kütahya University of Health Sciences Non-Invasive Clinical Research Ethics Committee approval (date: December 22, 2021; no: 2021/17). The study complied with the Declaration of Helsinki. Involvement in the study was anonymous and voluntary.

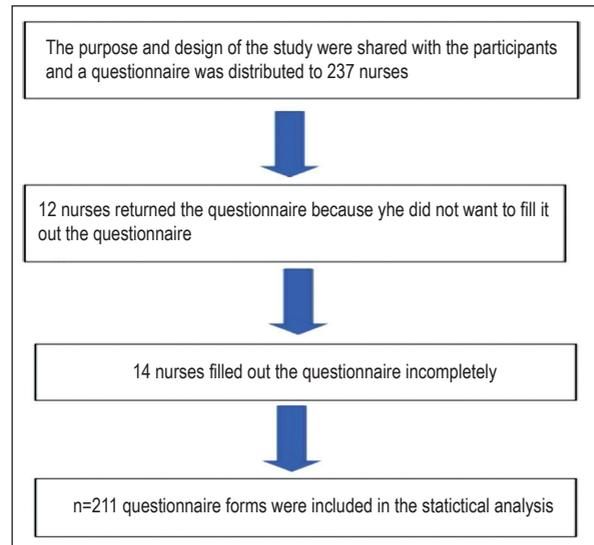


FIGURE 1: Working diagram.

Data collection was carried out in 2 months. Writing the research report and reflecting on the processes were reported according to the criteria of CONSORT.²¹ The progress of the study is shown on the flow chart (Figure 1).

STATISTICAL ANALYSIS

The statistical evaluation used SPSS 25.0 package program (IBM, USA). The analysis of the data was done by an independent statistician to avoid bias. The normal distribution fitness analysis was assessed with Kolmogorov-Smirnov test. Constant variables were shown as mean and standard deviation. Categorical variables were shown like percentages. Pearson’s correlations analysis was used to determine the relationships between the variables. Hierarchical regression analysis was used to identify the main effects of EL and experience on caring behavior. Statistically significant value was accepted as p<0.05.

DATA COLLECTION TOOLS

The data collection form includes the socio-demographic characteristics questionnaire form, “Ethical Leadership Scale (ELS)”, and “Caring Behaviors Inventory-24 (CBI-24)”.

Self-designed socio-demographic characteristics questionnaire form: Descriptive information form was prepared by the researchers. It includes ten vari-

Characteristics		X	SD
Age		32.27	8.4
Years of working experience		11.24	9.52
		n	%
Gender	Female	179	84.8
	Male	32	15.2
Marital status	Married	126	59.7
	Single	85	40.3
Education status	Vocational school of health	19	9.0
	Associate degree	32	15.2
	Undergraduate	141	66.8
	Postgraduate	19	9.0
Working shift	Day shift	40	19.0
	Night shift	3	1.4
	Day+night shift	168	79.6
Total		211	100

SD: Standard deviation.

ables, including gender, age, job experience, shift, clinic, education, etc.

ELS: The scale, was created by De Hoogh and Den Hartog. It’s translated into Turkish by Palalar Alkan.^{22,23} The scale includes 17 items. The scale consists of 3 dimensions: Ethics and justice, clarification of duties, and power sharing. Palalar Alkan found the Cronbach alpha coefficients for the sub-dimensions of the scale 0.96, 0.94, and 0.92, respectively. In this research, the ELS Cronbach alpha value is 0.96.

CBI-24: “CBI-24”, which was created by Wu et al. It’s translated into Turkish by Kurşun and Kanan and was used to measure the care behavior of nurses.^{24,25} CBI-24 consists of 24 items and four sub-dimensions. Responses to the statements vary as “1=never, 6=always”. In this research, the CBI-24 Cronbach alpha value is 0.94.

RESULTS

In the correlation analysis, the relationship between the sub-dimensions of the ELS and the sub-dimen-

sions of the care behavior scale was examined. There was a positive relationship between the ethics and justice perception, knowledge and skills ($r=148$; $p<0.05$), respectful ($r=220$; $p<0.01$), positive connectedness ($r=159$; $p<0.05$), and caring behavior ($r=177$; $p<0.05$). There was a positive relationship between the clarification of duties and assurance ($r=145$; $p<0.05$), knowledge and skill ($r=232$; $p<0.01$), respect ($r=236$; $p<0.01$), positive connectedness ($r=200$; $p<0.01$), and care behavior ($r=219$; $p<0.01$). There was a positive relationship between power-sharing with knowledge and skill ($r=140$; $p<0.05$), respectful ($r=198$; $p<0.01$), positive connectedness ($r=159$; $p<0.05$), and care behavior ($r=168$; $p<0.05$). There was a positive relationship between the EL with knowledge and skill ($r=182$; $p<0.01$), respectful ($r=233$; $p<0.01$), positive connectedness ($r=184$; $p<0.05$), and care behavior ($r=200$; $p<0.01$) (Table 2).

The regression analysis results of our model are shown in Table 3. Our research indicates that EL has a positive effect on caring behavior in Model 1 ($\beta=0.200$, $p=0.003$). 4% of the change in

TABLE 2: Correlation coefficients between ELS and CBI (n=211).

Variables	1	2	3	4	5	6	7	8	9
1. Ethics and justice	1								
2. Clarification of duties	0.778**	1							
3. Power sharing	0.837**	0.760**	1						
4. ELS	0.943**	0.900**	0.939**	1					
5. Assurance	0.116	0.145*	0.114	0.133	1				
6. Knowledge and skills	0.148*	0.232**	0.140*	0.182**	0.673**	1			
7. Respectful	0.220**	0.236**	0.198**	0.233**	0.792**	0.616**	1		
8. Positive connectedness	0.159*	0.200**	0.159*	0.184*	0.742**	0.586	0.860	1	
9. CBI	0.177*	0.219**	0.168*	0.200**	0.928**	0.777**	0.928**	0.898**	1

* $p<0.05$; ** $p<0.01$; ELS: Ethical Leadership Scale; CBI: Caring Behaviors Inventory-24.

TABLE 3: Variables related to CBI hierarchical regression analysis (n=211).

	CP	t value	p value	B (standard)	R	R ²	R ² change	F	p value
Model 1					0.200	0.040**	0.040	8.728	0.003
ELS	0.200	2.954	0.003	0.200					
Model 2					0.241	0.058*	0.018	4.001	0.047
ELS	0.221	3.269	0.001	0.223					
Years of working experience	0.137	2.000	0.047	0.137					

* $p<0.05$; ** $p<0.01$; CBI: Caring Behaviors Inventory-24; CP: Correlations partial; ELS: Ethical Leadership Scale.

care behavior occurs with the effect of EL ($R^2=0.040$). We found that EL and years of working experience had a positive effect on care behavior in Model 2 ($\beta=0.223$, $p=0.047$). This result shows that 5.8% of the change in care behavior is caused by the effect of EL and years of working experience ($R^2=0.058$).

DISCUSSION

The first purpose of this research is to indicate the effect of EL on caring behavior. The second purpose of the research is to show the effect of between EL and its experience on caring behavior. The results of this study showed that nurses' EL perceptions increased their care behaviors. In addition, the results of this study showed that nurses' EL perceptions and years of working experience increased their care behaviors.

The results of this research show the effect of EL and years of working experience on care behavior. Nursing managers' leadership styles affect the quality of care provided by the nurses and the health services that patients receive. Therefore, EL has an extremely important role.²⁶ The result of our research is that the increase in EL perception causes an increase in the level of care behavior. It supports the result of our research with the result of a study conducted in Iran.¹⁹ When evaluated ethically, the nurse should give the highest level of care to the patient. The result of the research shows that the more ethical the nurse is treated, the more ethical she will be in terms of care behavior for her/his patient. A study conducted in China showed that EL increased nurses' service behavior, ethical climate, and nurses' moral sensitivity.¹⁸ Barkhordari-Sharifabad and Mirjalili, showed that EL reduces nurses' error rate.¹⁶ Our results show that nurse managers should focus on EL when it comes to increasing the caring behavior of nurses. As a suggestion, executive nurses should develop themselves in EL.

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managers should focus on EL when it comes to increasing the caring behavior of nurses.

Recent studies show that nurses with less experience have less self-efficacy, nurses' long-term experience positively affects their cultural self-efficacy, and the quality of care of experienced nurses is higher, and fewer medication errors.²⁷⁻²⁹ These results show that nurses with a lot of experience may also have a high level of care behavior. In the opposite case, it is predicted that the caring behavior of the nurse with less experience may also be low. The result of our research shows that as the working year increases, the effect of EL on caring behavior increases. According to these results, our research results show that the results in the literature are compatible.

CONCLUSION

In this study, EL, years of working experience, and nurses' care behavior relations were examined. As a result of the research, it has been determined that EL perception and years of working experience positively affect nurses' care behavior. As a suggestion, executive nurses should develop themselves in EL. In-service training can be given to nursing managers to increase EL behavior. A study conducted in Türkiye shows that clinical mentoring practice increases caring behavior.³⁰ By providing clinical mentorship to inexperienced nurses who have just started to work, their level of care behavior can be increased. In this way, it can be ensured that the care behaviors of nurses increase. The important aspect of this research is that it is one of the rare research projects examining the effect of EL on nurses' caring behavior. The results of this research have important contributions to the international literature in a different cultural context. Since this research was conducted in Türkiye, it cannot be generalized to countries with different cultures.

Source of Finance

During this study, no financial or spiritual support was received neither from any pharmaceutical company that has a direct connection with the research subject, nor from a company that provides or produces medical instruments and materials which may negatively affect the evaluation process of this study.

Conflict of Interest

No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.

Authorship Contributions

Idea/Concept: Mustafa Nal, Burcu Nal, Fikriye Cengiz; **Design:**

Mustafa Nal, Burcu Nal, Fikriye Cengiz; **Control/Supervision:** Mustafa Nal, Burcu Nal, Fikriye Cengiz; **Data Collection and/or Processing:** Mustafa Nal, Burcu Nal, Fikriye Cengiz; **Analysis and/or Interpretation:** Mustafa Nal, Burcu Nal; **Literature Review:** Mustafa Nal, Burcu Nal, Fikriye Cengiz; **Writing the Article:** Mustafa Nal, Burcu Nal, Fikriye Cengiz; **Critical Review:** Mustafa Nal, Burcu Nal, Fikriye Cengiz; **References and Fundings:** Mustafa Nal, Burcu Nal, Fikriye Cengiz; **Materials:** Mustafa Nal, Burcu Nal, Fikriye Cengiz.

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