Ethical Climate and Associated Factors: Systematic Literature Review
Ethical Climate: Systematic Review

RAFAELA SCHAEFER, PRISCILA PEREIRA DA SILVA LOPES, CAMILA GOULART DOMINGUES, MARTINA TEIXEIRA ORTEGA, FRANCINE FERREIRA RIBEIRO, MANOELA ZEN RAMOS

rafaschaefer@unisinos.br
pri08silva@gmail.com
cgoulartd@gmail.com
martinaortega@edu.unisinos.br
francineferreiraribeiro@hotmail.com
manoelaramos99@gmail.com

Abstract: An organization's ethical climate reflects organizational practices, procedures, and policies with moral consequences and demonstrates the influence of the workplace on ethical practice. The aim of this article is to analyse ethical climate in health care facilities and the factors associated therewith. This is a systematic literature review. The searches were conducted in January 2023 in the Embase, Scopus, PUBMED, and BVS databases using the keyword 'hospital ethical climate survey'. Studies that had administered the 26-item scale in its original, translated or adapted version to health care professionals and described their respective scores were included. Studies that used the HECS in a reduced form, as well as theoretical studies, reviews, theses, and dissertations, were excluded. Twenty-three studies published between 2009 and 2022 were selected. The mean score for organisational ethical climate was 3.51, and scores ranged from 3.19 to 3.82, with the less ethical climate scores for the 'physicians' subscale and the highest scores for the 'peers' subscale.

The organizational ethical climate showed a statistically significant association with sociodemographic and work variables: a positive ethical climate reduces moral distress, burnout, mistakes, and intention to leave the job, while it increases job satisfaction, ethical leadership, perceptions of quality, competence, and empowerment. The organizational ethical climate can affect the decision-making and ethical behaviour of health care professionals, thus influencing workplace well-being and the quality of care delivered. Actions to promote a positive ethical climate should be implemented.

Keywords: Institutional Ethics; Nursing; Occupational Health; Systematic Review; Ethical Climate.

INTRODUCTION

The work environment may serve as a trigger for occupational suffering, as factors such as lack of resources, work overload, emotional exhaustion, and occupational turnover, among others, require difficult decisions that affect care and morale, especially in the health sector. In this sense, health workers are often exposed to occupational stress that leads to physical and mental health problems.[1] Occupational stressors arise from aspects of the organization, the work system, and the quality of human relationships.[2]

Accidents and occupational diseases cause an annual loss of 4% of global gross domestic product (GDP), and mental illnesses such as stress are the second leading cause of absenteeism in Europe.[3] A risk-free work environment is essential to workers' health and quality of life. This includes attention to the ethical challenges experienced by these professionals and the negative consequences that result from these experiences.

In this context, Ethical Climate, defined as perceptions of how ethical issues are experienced and resolved in the workplace, is an important phenomenon to study, as it relates to satisfaction, well-being, commitment, and performance in the workplace.[4-6] Ethical climate encompasses the context in which ethical behaviour and decision-making take place, and it is therefore part of an organizational culture that influences not only the ethical dimension of workers, but also their professional practice. Therefore, ethical climate is considered an indicator of the quality of practices, procedures, organizational policies, and continuity of ethical behaviour in the workplace, as it is one of the most important factors in shaping and influencing workers' relationships and attitudes.[5-8]

Several instruments have been developed to measure ethical climate, the most used is the Hospital Ethical Climate Survey (HECS). The HECS, developed by Olson[9] for health care and health care professionals, consists of 26 items and is divided into five subscales that assess ethical climate considering the relationships between nurses and their peers, physicians, patients, hospitals, and managers. The higher the score, the more positive the ethical climate. With scores ranging from 1 (almost never true) to 5 (almost always true), the cut-off point for a positive ethical climate is 3.5. The scale has already been translated and validated for use in several countries.[10]

A positive ethical climate is characterised by the ability of an organization to meet the requirements and satisfy the needs of patients, support family members, and communicate with the work team, demonstrating its relationship with aspects of quality of care and professional satisfaction. Therefore, it is important to measure and assess the variables that can determine a negative ethical climate in health care facilities, as well as to identify the factors that promote a positive ethical climate. The administration of the HECS and the description of its results in publications may lead to improvements in the ethical climate in health care settings and support new studies on this topic.[11-12] Therefore, the aim of this article is to analyse ethical climate in health care facilities and the factors associated therewith.

METHOD

This is a systematic review of the literature based on the guidelines of the PRISMA checklist.[13] The research question follows the PICO model (population=health professionals; intervention=HECS; control=not included; and outcome=ethical climate): 'What is the ethical climate score of health professionals measured by HECS?'

The search was conducted in January 2023 in the Embase, Scopus, PubMed, and Virtual Health Library (*Biblioteca Virtual em Saúde* - BVS) databases, using the name of the scale as the descriptor/keyword: 'Hospital Ethical Climate Survey'. The inclusion criterion for the study was as follows: administration of the HECS in its original, translated or adapted version to health professionals working in health care facilities and description of the respective score. Studies that used the HECS in a reduced version, theoretical studies, reviews, theses, and dissertations were excluded. Search was performed by two authors independently. Considering risk of bias assessment, all the articles analysed had a cross-sectional design, however the studies control for confounding factors and stratify their analyses, which increases confidence.

During the study visualisation stage, a spreadsheet was created with information about each study: author(s), year of publication, journal, title, design, context, participants, version, and scale score which had its average calculated considering the sum of all studies and subscales. Also, associated factors were identified resulting from the obtained p-values < 0.05, considering the effect measure of mean difference. The extracted data were analysed, and the results are described below.

RESULTS

A total of 161 studies were found, which were analysed and compared in pairs to compile this review. Of these, 23 were deemed eligible after reading titles, abstracts, and full text (Figure 1).
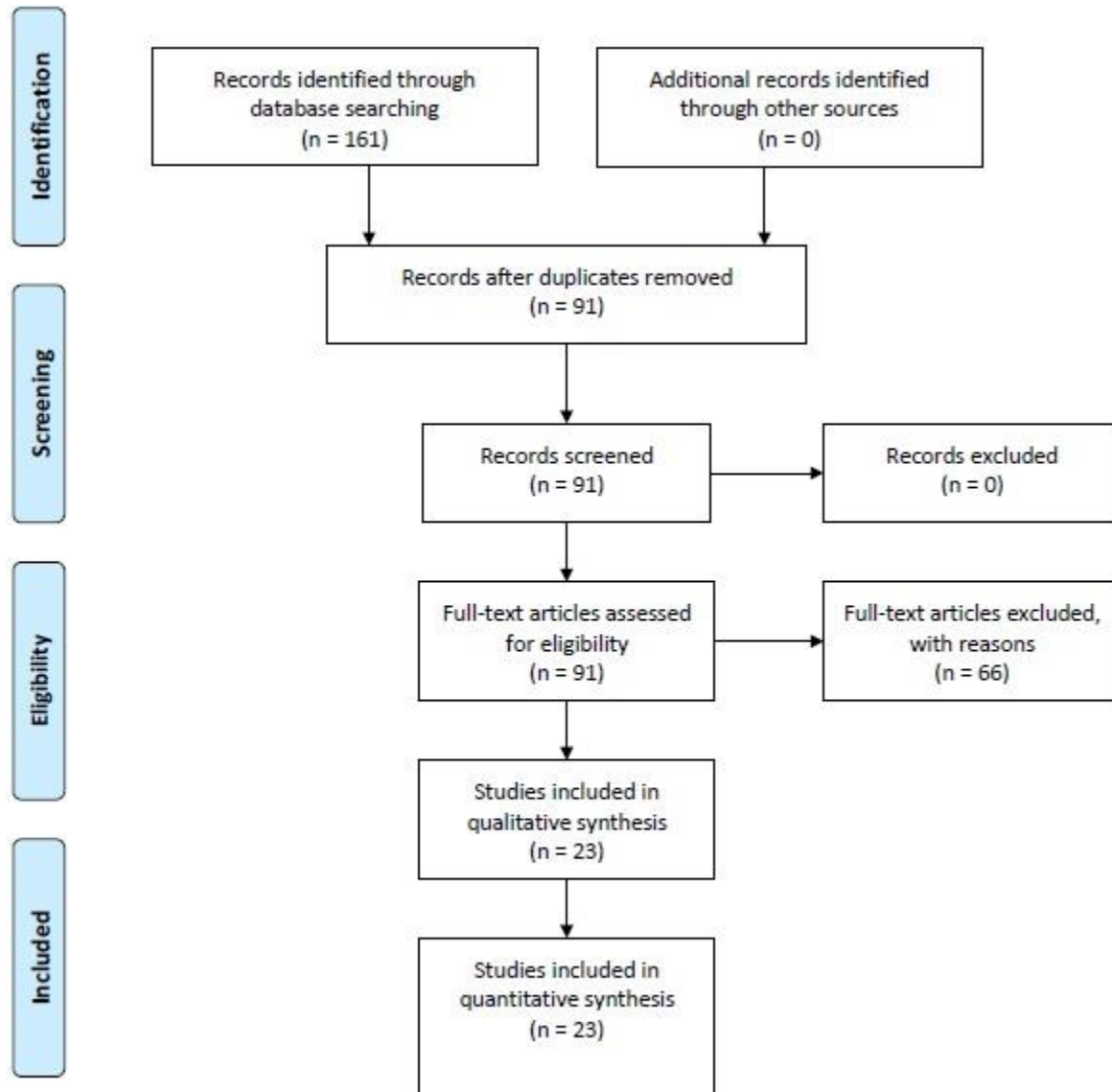
Figure 1. Selection process of studies by applying inclusion and exclusion criteria (Moher et al., 2009).

The selected studies were published between 2009 and 2022, with most publications occurring in 2019 (n=5) and 2022 (n=5). The most frequent journal of publication was *Nursing Ethics* (n=9). The context in which most studies were conducted was that of a hospital setting, and three studies included other settings such as nursing homes and homes for the elderly. The participants in all selected studies were nurses, mostly women. In terms of geographic region, studies were conducted in European, Asian, and North American countries, with no reference to studies conducted in South America, Central America, or Africa (Table 1).

Table 1. Characterisation of selected studies.

Author/Year	Journal	HECS	Country	Health Service	N e % woman
Dziurka et al. 2022[14]	BMC Nursing	Polish	Poland	Hospital	N=558 (96,2%)
Fradelos et al. 2022[15]	Nursing Forum	Greek	Greece	Hospital	N=286 (77,3%)
Latimer et al. 2022[16]	Journal of Health Psychology	Original	USA	Hospital	N=248 (91,5%)
Matsuishi et al. 2022[17]	Plos One	Japanese	Japan	Hospital	N=310 (68,4%)
Okumoto et al. 2022[18]	Plos One	Japanese	Japan	Hospital	N=605 (92,7%)
Jiang et al. 2021a[19]	International Journal of Nursing Sciences	Chinese	China	Hospital	N=219 (80,4%)
Jiang et al. 2021b[20]	BMC Medical Ethics	Chinese	China	Hospital	N=399 (84,5%)
Tehranineshat et al. 2020[21]	International Journal of Nursing Sciences	Persian	Iran	Hospital	N=400 (65,6%)
Aloustani et al. 2020[22]	BMC Nursing	Persian	Iran	Hospital	N=250 (82,2%)
Rivaz 2020[23]	Investigación y Educación en Enfermaria	Persian	Iran	Hospital	N=212 (65,6%)
Asgari et al. 2019[24]	Nursing Ethics	Persian	Iran	Hospital	N=142 (77,5%)
Constantina et al. 2019[25]	Nursing Ethics	Greek	Greece and Cyprus	Hospital	N=235 (84,2%)
Jang & Oh 2019[26]	Nursing Ethics	Korean	South Korea	Hospital	N=263 (100%)
Ozden et al. 2019[27]	Nursing Ethics	Turkish	Turkey	Hospital	N=285 (87,7%)
Altaker et al. 2018[28]	American Journal of Clinical Care	English	USA	Hospital	N=238 (90%)
Lemmenes et al. 2018[29]	Nursing Ethics	English	USA	Hospital	N=475 (91,1%)
Numminen et al. 2015[30]	Nursing Ethics	Finnish	Finland	Not specific	N=318 (91%)
Suhonen et al. 2015[31]	Nursing Ethics	Finnish	Finland	Hospital, nursing homes and residences	N=874 (95%)

Hwang e Park 2014[32]	Nursing Ethics	Korean	South Korea	Hospital	N=1826 (99,5%)
Khalesi et al. 2014[33]	Journal of Medical Ethics and History of Medicine	Persian	Iran	Hospital	N=187 (91%)
Suhonen et al. 2013[34]	Journal of Advanced Nursing	Finnish	Finland	Hospital, nursing homes and residences	N=874 (95%)
Silén et al. 2011[35]	Journal fo Clinical Nursing	Swedish	Sweden	Hospital	N=249 (91%)
Pauly 2009[36]	Nursing Ethics	English	Canada	Hospital	N=374 (94%)

Source: prepared by the authors.

The overall mean score for organisational ethical climate was 3.51 for all studies analysed and ranged from 3.19 for physician's subscale to 3.82 for peer's subscale. Studies conducted in a hospital setting had lower mean scores for ethical climate (n=20; M =3.49) than studies that included other care contexts such as nursing homes and homes for the elderly (n=3; M=3.85) (Table 2).

Table 2. Description of the total and subscale means of the selected studies.

Author/Year	'Peers'	'Physicians'	'Patients'	'Hospital'	'Manager'	Total
Dziurka et al. 2022[14]	4,02	3,27	3,83	3,41	3,59	3,62
Fradelos et al. 2022[15]	3,81	3,16	3,68	3,28	4,01	3,59
Latimer et al. 2022[16]	x	x	x	x	x	3,39
Matsuishi et al. 2022[17]	2,72	2,55	2,85	2,47	2,42	2,58
Okumoto et al. 2022[18]	4,07	3,30	3,80	3,50	3,75	3,64
Jiang et al. 2021a[19]	4,49	4,33	4,48	4,44	4,50	4,45
Jiang et al. 2021b[20]	4,48	4,32	4,46	4,41	4,48	4,43
Tehranineshat et al. 2020[21]	3,95	3,83	x	3,94	3,88	3,85
Aloustani et al. 2020[22]	x	x	x	x	x	2,96
Rivaz 2020[23]	3,93	3,14	3,94	3,10	3,75	3,93
Asgari et al. 2019[24]	3,72	1,58	3,29	2,61	3,80	3,51
Constantina et al. 2019[25]	3,99	3,06	3,74	3,40	3,88	3,58
Jang & Oh 2019[26]	4,01	3,61	3,69	3,46	3,98	3,59
Ozden et al. 2019[27]	x	x	x	x	x	3,56
Altaker et al. 2018[28]	x	x	x	x	x	3,90

Lemmenes et al. 2018[29]	3,94	2,93	3,60	2,97	3,04	3,22
Numminen et al. 2015[30]	4,33	3,74	4,10	3,54	3,50	3,84
Suhonen et al. 2015[31]	4,29	3,58	3,96	3,64	3,94	3,85
Hwang e Park 2014[32]	3,70	3,00	3,60	3,30	3,80	3,50
Khalesi et al. 2014[33]	2,90	2,46	2,80	2,62	3,04	2,75
Suhonen et al. 2013[34]	x	x	x	x	x	3,85
Silén et al. 2011[35]	4,20	3,60	3,70	3,30	3,80	3,70
Pauly 2009[36]	4,12	3,35	3,71	3,11	3,40	3,48
Total	**3,82**	**3,19**	**3,65**	**3,29**	**3,60**	**3,51**

Source: prepared by the authors.

Different factors have been identified that are statistically associated with the means of ethical climate. Some of them showed controversial results, as age and experience. While in most of the studies analysed increasing age is related to lower perceptions of ethical climate[18,23,29], there also is on study that found increasing age related to higher perceptions of ethical climate[32]. Regarding to experience, there is one study where professionals with the less and the most experience showed higher levels of ethical climate[32], which is confirmed by other two studies[15,18].

Ethical climate was more positive among participants who described themselves as female[18], white[29], married[32], with a higher level of education[25], who have had specific ethics education[18] and who worked in of health care settings other than hospitals[31,34]. Among those who worked in hospitals, the ethical climate varied according to the characteristics of the hospital: it was higher in large and general hospitals when compared to small and teaching hospitals[32], higher in critical care when compared to emergency[29] and higher in operating room when compared to other units[18]. Managers and preceptors rated ethical climate more positively than did nurses[32] and those whit lower incomes rated ethical climate more negatively[14] (Table 3).

In terms of implications for practice, a more positive ethical climate was associated with less occurrence of errors[32], less intention to leave the job[30,32], less moral distress[14,16,28,35-36], less burnout[17,23], and less moral dilemmas[14]. In addition, a more positive ethical climate was associated with more individualized care[14,34], greater job satisfaction[24,26,27,30], greater ethical leadership[22,27], greater self-perception of competence[30], greater satisfaction with quality of care[20,30], greater self-perception of empowerment[28], greater organizational virtue behaviour[22], greater quality of professional life[15,17,19,21], and greater ethical sensitivity[20] (Table 3).

Table 3. Factors associated with the means of organisational ethical climate in the selected studies.

Variables	Description	Author/Year
Age	↑ Age ↓ Ethical Climate	Lemmenes et al. 2016;[29] Rivaz 2020;[23] Okumoto et al. 2022[18]
	↑ Age ↑ Ethical Climate	Hwang e Park 2014;[32]
Gender	Female ↑ Ethical Climate	Okumoto et al. 2022[18]
Skin color	↑ White ↓ Non white	Lemmenes et al. 2016;[29]
Marital status	↑ Married	Hwang e Park 2014;[32]
Academic education	↑ Educational level ↑ Ethical Climate	Constantina et al. 2019;[25]
	↑ Ethics Education ↑ Ethical Climate	Okumoto et al. 2022[18]
Health Service	↑ Nursing homes and residences ↓ Hospitals	Suhonen et al. 2015;[31] Suhonen et al. 2013;[34]
	↑ Large hospitals	Hwang e Park 2014;[32]
	↑ General Hospital ↓ Teaching Hospital	Hwang e Park 2014;[32]
	↑ Critical care ↓ Emergency	Lemmenes et al. 2016;[29]
	↓Operating Room ↑ Other units	Okumoto et al. 2022[18]
Experience	↓↑ Experience ↑ Ethical Climate	Hwang e Park 2014;[32]
	↓ Experience ↑ Ethical Climate	Okumoto et al. 2022[18]
	↑ Experience ↑ Ethical Climate	Fradelos et al. 2022[15]
	↑ Residency preceptor	Hwang e Park 2014;[32]
Occupation	↑ Managers ↓ Assistance professionals	
Salary	↓ Ethical Climate ↓ Salary	Dziurka et al. 2022;[14]
Implications for practice	↑ Ethical Climate ↓ Errors	Hwang e Park 2014;[32]
	↑ Ethical Climate ↓ Intention to leave the job	Hwang e Park 2014;[32] Numminen et al. 2015;[30]
	↑ Ethical Climate ↓ Moral Distress	Silén et al. 2011;[35] Pauly et al. 2009;[36] Altaker et al. 2018;[28] Dziurka et al. 2022;[14] Latimer et al. 2022;[16]
	↑ Ethical Climate ↓ Burnout	Rivaz 2020;[23] Matsuishi et al 2022;[17]
	↑ Ethical Climate ↓ Moral Dilemmas	Dziurka et al. 2022;[14]
	↑ Ethical Climate ↑ Individualized care	Suhonen et al. 2013;[34] Dziurka et al. 2022;[14]

↑ Ethical Climate ↑ Job satisfaction	Asgari et al. 2019;[24] Ozden et al. 2019;[27] Numminen et al. 2015;[30] Jang e Oh 2019;[26]
↑ Ethical Climate ↑ Ethical leadership	Ozden et al. 2019;[27] Aloustani et al. 2020;[22]
↑ Ethical Climate ↑ Self-perception of competence	Numminen et al. 2015;[30]
↑ Ethical Climate ↑ Satisfaction with the quality of care	Numminen et al. 2015;[30] Jiang et al. 2021b;[20]
↑ Ethical Climate ↑ Empowerment self-perception	Altaker et al. 2018;[28]
↑ Ethical Climate ↑ Organizational virtue behavior	Aloustani et al. 2020;[22]
↑ Ethical Climate ↑ Quality of professional life	Tehranineshat et al. 2020;[21] Jiang et al. 2021a;[19] Matsuishi et al 2022;[17] Fradelos et al. 2022;[15]
↑ Ethical Climate ↑ Ethical sensitivity	Jiang et al. 2021b;[20]

Source: prepared by the authors.

DISCUSSION

Most studies on ethical climate have been conducted with nurses in hospital contexts. This fact is to be expected, as the scale was originally developed for this purpose, and the development of the topic has therefore not yet reached other areas in the same way.[37] Studies with other health professionals and in other contexts are less numerous.[10] Considering that the contribution from the perspective of all those involved in health care it's relevant[38] and that investigate ethical climate in other health contexts may promote knowledge to qualify the health system and promote quality of care[39], new studies should be conducted.

No studies were found analysing the ethical climate in South America, Central America, or Africa. In countries like Brazil, healthcare faces important daily challenges, which are more serious in poor areas and areas with difficult access. Scarce resources and long working hours are some of the difficulties faced, making workers' health a public health problem[40], which reinforces the need to study the ethical climate in these countries.

The overall mean ethical climate found in this review (3,51) was above the cut-off point (3,50) to be considered equivalent to a positive ethical climate. In fact, there are few studies that find negative ethical climates, but it is necessary to pay attention to borderline values that, despite describing positive ethical climates, highlight many fragile points that can be improved. Mutual among those whit the lower ethical climate scores is the poor relationship between physicians and nurses. The lack of collaboration between them can contribute to the fragmentation of care and the occurrence of errors, which affects patient safety and also has an impact on staff satisfaction and health.[41-42] It's important to address this finding, may be even starting on educational level, promoting teamwork, mutual respect and developing collaboration skills.

Although some results differed between studies, such as age and experience, the implications for practice were common to several of them, mainly related to moral distress, job satisfaction and quality of professional life. The health profession is inherently challenging, considering the complexity of the activities performed, which often take place in an unfavourable environment and are associated with stress factors. The feeling of not receiving support from peers, other professionals and management and not having space to actively participate in the work process supports these findings of a negative ethical climate.[43]

Therefore, studies that determine the level of ethical climate and identify related factors are important to understand the phenomenon and to support actions to promote it. The initiatives carried out so far essentially involve the promotion of teamwork, with discussion sessions on ethical issues of practice[44], workshops to reflect on the problems faced by the team,[45] and moral reflection.[46] Evidence that these actions are having a significant effect on improving the ethical climate are rarer[47-49], highlighting another gap in knowledge and the need for systematization and evaluation of these interventions.

CONCLUSION

The ethical climate is an important phenomenon related with important aspects of care, such as errors, intention to leave, moral distress, burnout, among others. Promote a positive ethical climate can enhance job satisfaction and quality of care. Therefore, it's important we try to expand the scope of studies on this topic for more health professionals and more contexts of health practice so that we can contribute to the quality of the health system as a whole.

Identifying and understanding the different aspects related to a positive or negative ethical climate is important in order to deepen knowledge of the phenomenon and thus promote the implementation of measures that can improve the ethical climate in organizations. Promoting a positive ethical climate means enabling professionals to recognise and deal with ethical issues that affect different aspects of practice, collaborate and receive support from the institution where he works.

REFERENCES

1. Gonçalves CR, Da Cruz MT, Oliveira MP, et al. Human resources: critical factor for primary health networks. *Saúde Debate* 2014; 38(100): 26-34.

2. Neto EMN, Xavier ASG and De Araújo TM. Factors associated with occupational stress among nursing professionals in health services of medium complexity Factores asociados al estrés laboral entre profesionales de enfermería en servicios de salud de mediana complejidad. *Rev Bras Enferm* 2020; 73(Supp 1): e20180913.

3. International Labour Organization. The Prevention of Occupational Diseases. Geneva: 2013.

4. Almeida JG and Porto JB. Ethical climate index: evidence of validity of the Brazilian version. *RAM* 2019; 20(3): 190030.

5. Teresi M, Pietroni DD, Barattucci M, et al. Ethical Climate(s), Organizational Identification, and Employees' Behavior. *Front Psychol* 2019; 10: 1356.

6. Ribeiro PECD, Porto JB, Puente-Palacios K, et al. Ethical climate within organizations: validity evidence of a measure's scale. *Temas Psicol* 2016; 24(2): 415-425.

7. Naiyananont P, Smuthranond T. Relationships between ethical climate, political behavior, ethical leadership, and job satisfaction of operational officers in a wholesale company, Bangkok Metropolitan region. *KJSS* 2017; 38(3): 345–351.

8. Elçi M and Alpkan L. The impact of perceived organizational ethical climate on work satisfaction. *J Bus Ethics* 2009. 84(3): 297–311.

9. Olson LL. Hospital nurses' perceptions of the ethical climate of their work setting. *Image J Nurs Sch* 1998; 30:345–349.

10. Kosenvuori J, Numminem O and Suhonen R. Ethical climate in nursing environment: A scoping review. *Nurs Ethics* 2019; 26: 327-345.

11. Asgari S, Shafipour V, Taraghi Z, et al. Relationship between moral distress and ethical climate with job satisfaction in nurses. *Nurs ethics* 2019; 26: 346–356.

12. Valladares PSDA, De Vasconcellos MA and Di Serio LC. Innovation Capability: a sistematic review of the literature. *Rev Adm Contemp* 2014; 18: 598–626.

13. Page MJ, McKenzie JE, Bossuyt P, et al. The PRISMA 2020 statement: and updated guideline for reporting systematic reviews. *BMJ* 2021; 372: n71.

14. Dziurka M, Ozdoba P, Olson L, et al. Hospital ethical climate survey - selected psychometric properties of the scale and results among polish nurses and midwives. *BMC Nurs* 2022; 21:295.

15. Fradelos EC, Alexandropoulou CA, Kontopoulou L, et al. The effect of hospital ethical climate on nurses' work-related quality of life: A cross-sectional study. *Nurs Forum* 2022; 57:244–251.

16. Latimer AL, Otis MD, Mudd-Martin G, et al. Moral distress during COVID-19: The importance of perceived organizational support for hospital nurses. *J Health Psychol* 2022; 1-14.

17. Matsuishi Y, Mathis BJ, Hoshino H, et al. PERSonality, Ehical, and PROfessional quality of life in Pediatric/Adult Intensive Nurses study: PERSEPRO PAIN study. *Plos One* 2022; 1-23.

18. Okumoto A, Yoneyama S, Miyata C, et al. The relationship between hospital ethical climate and continuing education in nursing ethics. *Plos One* 2022; 1-15.

19. Jiang W, Zhao X, Zhou Q, et al. Hospital ethical climate associated with the professional quality of life among nurses during the early stage of COVID-19 pandemic in Wuhan, China: A cross-sectional study. *Int J Nurs Sci* 2021; 8: 310-317.

20. Jiang W, Zhao X, Jiang J, et al. The association between perceived hospital ethical climate and self-evaluated care quality for COVID-19 patients: the mediating role of ethical sensitivity among Chinese anti-pandemic nurses. *BMC Med Ethics* 2021; 22:144.

21. Tehranineshat B, Torabizadeh C and Bijani M. A study of the relationship between professional values and ethical climate and nurses' professional quality of lide in Iran. *Int J Nurs Scienc* 2020; 7: 313-319.

22. Aloustani S, Atashzadeh-Shoorideh, Zagheri-Tafreshi M, et al. Association between ethical leadership, ethical climate and organizational citizenship behavior from nurses' perspective: a descriptive correlational study. *BMC Nursing* 2020; 19:15.

23. Rivaz M, Asadi F and Mansouri P. Assessment of the relationship between nurses' perception of ethical climate and job burnout in intensive care units. *Nurs Res Educ* 2020; 38(3): e12.

24. Asgari S, Shafupour V, Taraghi Z, et al. Relationship between moral distress and ethical climate with job satisfaction in nurses. *Nurs Ethics* 2019; 26(2): 346-356.

25. Constantina C, Papastavrou E and Charalambous A. Cancer nurses' perceptions of ethical climate in Greece and Cyprus. *Nurs Ethics* 2019; 26(6): 1805-1821.

26. Jang Y and Oh Y. Impact of ethical factors on job satisfaction among Korean nurses. *Nurs Ethics* 2019; 26(4): 1186-1198.

27. Özden D, Arslan GG, Ertuğrul B, et al. The effect of nurses' ethical leadership and ethical climate perceptions on job satisfaction. *Nurs Ethics* 2019; 26(4): 1211-1225.

28. Altaker KW, Howie-Esquivel J and Cataldo JK. Relationships among palliative care, ethical climate, empowerment, ando moral distress in intensive care unit nurses. *AJCC* 2018; 27(4): 295-302.

29. Lemmenes D, Valentine P, Gwizdalski P, et al. Nurses' perception of ethical climate at a large academic medical center. *Nurs Ethics* 2018; 25(6): 724-733.

30. Numminen O, Leino-Kilpe H, Isoaho H, et al. Ethical climate and nurse competence – newly graduated nurses' perceptions. *Nurs Ethics* 2015; 22(8): 845-859.

31. Suhonen R, Stolt M, Katajisto, et al. Validation of the Hospital Ethical Climate Survey for older people care. *Nus Ethics* 2015; 22(5): 517-532.

32. Hwang JI and Park HA. Nurses' perception of ethical climate, medical error experience and intention-to-leave. *Nurs Ethics* 2014; 21(1): 28-42.

33. Khalesi N, Arabloo J, Khosravizadeh O, et al. Psychometric properties of the Persian version of the "Hospital Ethical Climate Survey". *J Med Ethics Hist Med* 2014; 7:15.

34. Suhonen R, Stolt M, Gustafsson ML, et al. The associations among ethical climate, the professional practice environment and individualized care in care settings for older people. *JAN* 2013; 70(6):1356-1368.

35. Silén M, Svatesson M, Kjellström S, et al. Mosral distress and ethical climate in a Swedish nursing context: perceptions and instrument usability. *J Clin Nurs* 2011; 20: 3483-3493.

36. Pauly B, Varcoe C, Storch J, et al. Registered nurses' perceptions of moral distress and ethical climate. *Nurs Ethics* 2009; 16(5): 561-573.

37. Barina R. Ethics outside of inpatient care: the need for alliances between clinical and organizational ethics. *HEC Forum* 2014; 26(4): 309-23.

38. Pergert P, Bartholdson C, Blomgren K, et al. Moral distress in paediatric oncology: Contributing factors and group differences. *Nurs Ethics* 2019; 26(7-8):2351-2363.

39. Van Weel C and Kidd MR. Why strengthening primary health care is essential to achieving universal health coverage. *CMAJ* 2018; 16(190): e463-6.

40. Morosini MVGC. Precariousness in the labor market: particularities in the Brazilian health sector. *Trab Educ e Saúde* 2016; 14(suppl 1): 5-7.

41. Lancaster G, Kolakowsky-Hayner S, Kovacich J, et al. Interdisciplinary communication and collaboration among physicians, nurses, and unlicensed assistive personnel. *J Nurs Scholarsh* 2015; 47: 275-284.

42. Silva TWM, Velloso ISC, Araújo MT, et al. Configuration of power relations in physicians and nurses' professional practices. *Rev Bras Enferm* 2020; 73(Suppl 1): e20180629.

43. Payne J, Cluff L, Lang J, et al. Elements of a workplace culture of health, perceived organizational support for health, and lifestyle risk. *Am J Health Promot* 2018; 32: 1555-1567.

44. Silén M, Ramklint M, Hansson M, et al. Ethics rounds: an appreciated form of ethics support. *Nurs Ethics* 2014; 23(2): 203-213.

45. Fonseca BMC, Braga AMCB and Dias EC. Planning occupational health interventions in the territory: a participatory experience. *Rev Bras Saúde Ocup* 2019; 44: e36.

46. Haan MM, Gurp JLP, Naber SM, et al. Impact of moral case deliberation in healthcare settings: a literature review. *BMC Med Ethics* 2018; 19:85.

47. Pavlish C, Brown-Saltzman K, Robinson E, et al. An Ethics Early Action Protocol to Promote Teamwork and Ethics Efficacy. Dimens Crit Care Nurs 2021; 40(4):226-236.

48. Maghsoudi S, Mohsenpour M, Nazif H. Comparison of ethical decision-making and interpersonal communication skills training effects on nurses' ethical climate. *Clinc Ethics* 2021; 17(2):1-7.

49. Keshmiri F, Hoseinpour A. Assessment of The Effect of Interprofessional Professionalism Training on The Surgical Team Members' Perception of The Ethical Climate. *Research Square* 2021; 1-13.