

Strategies to promote a positive ethical climate from the perspective of hospital nurses

Estratégias para promoção do clima ético positivo sob a perspectiva de enfermeiros hospitalares

Estrategias para promover un clima ético positivo desde la perspectiva de los enfermeros hospitalarios

Grazielle de Lima Dalmolin¹, Taís Carpes Lanes¹, Mariane Buligon Facin¹,
Thais Costa Schutz¹, Rafaela Andolhe¹, Flávia Regina Souza Ramos¹

¹Universidade Federal de Santa Maria, Santa Maria, Brazil; ²Universidade Federal de Santa Catarina, Florianópolis, Brazil

ABSTRACT

Objective: to analyze strategies for promoting a positive ethical climate from the perspective of hospital nurses. **Method:** qualitative and descriptive exploratory study, carried out with 182 nurses from a university hospital in southern Brazil. Data collection occurred through a sociodemographic and employment questionnaire and an open question about strategies for promoting a positive ethical climate. The data was organized using the Atlas TI 8.0 software, version 2019, and thematic analysis of the data was applied. It received approval from the Research Ethics Committee of the institution involved. **Results:** the macro category “Work organization” listed items on team relationships, management, continuing education and working conditions. The macro category “Ethical dimension of work” referred to demands, personal and professional values, expression and moral sensitivity. **Conclusion:** strategies for better working conditions and organization, as well as the treatment of ethical issues and interpersonal relationships promote a positive ethical climate.

Descriptors: Nurses; Hospitals; Workplace; Working Conditions; Education; Ethics.

RESUMO

Objetivo: analisar as estratégias de promoção do clima ético positivo sob a perspectiva de enfermeiros hospitalares. **Método:** estudo qualitativo e descritivo exploratório, realizado com 182 enfermeiros de um hospital universitário do sul do Brasil. A coleta dos dados ocorreu por meio de um questionário sociodemográfico, laboral e uma pergunta aberta sobre estratégias de promoção do clima ético positivo. A organização dos dados ocorreu no *software* Atlas TI 8.0, versão 2019, e aplicou-se análise temática dos dados. Recebeu aprovação do Comitê de Ética em Pesquisa da instituição envolvida. **Resultados:** a macro categoria “Organização do trabalho” elencou itens sobre as relações na equipe, gestão, educação permanente e condições de trabalho. A macro categoria “Dimensão ética do trabalho” se referiu a exigências, valores pessoais e profissionais, expressão e sensibilidade moral. **Conclusão:** as estratégias de melhores condições de trabalho e organização, bem como o tratamento das questões éticas e relações interpessoais promovem o clima ético positivo.

Descritores: Enfermeiros; Hospitais; Local de Trabalho; Condições de Trabalho; Ética.

RESUMEN

Objetivo: analizar las estrategias para promover un clima ético positivo desde la perspectiva de los enfermeros hospitalarios. **Método:** estudio cualitativo y descriptivo exploratorio, realizado junto a 182 enfermeros de un hospital universitario del sur de Brasil. La recolección de datos tuvo lugar mediante un cuestionario sociodemográfico y laboral y una pregunta abierta sobre estrategias para promover un clima ético positivo. Los datos se organizaron por medio del *software* Atlas TI 8.0, versión 2019, y se aplicó análisis temático de los datos. Recibió la aprobación del Comité de Ética en Investigación de la institución involucrada. **Resultados:** la macro categoría “Organización del trabajo” enumeró ítems sobre las relaciones en el equipo, la gestión, la educación continua y las condiciones de trabajo. La macro categoría “Dimensión ética del trabajo” hacía referencia a exigencias, valores personales y profesionales, expresión y sensibilidad moral. **Conclusión:** las estrategias para mejores condiciones de trabajo y organización, así como el tratamiento de las cuestiones éticas y las relaciones interpersonales promueven un clima ético positivo.

Descriptor: Enfermeros y Enfermeras; Hospitales; Lugar de Trabajo; Condiciones de Trabajo; Educación; Ética.

INTRODUCTION

It is currently observed that a large number of nurses work in inadequate conditions due to the specificities of the environment and the activities performed¹. Physical and emotional exhaustion, low pay and lack of appreciation are factors associated with nurses’ work conditions and compromise care, as well as worker safety and health¹.

In this sense, issues related to work organization must be discussed for worker health to be fully addressed, such as: work conditions, interpersonal relationships and treatment of ethical issues². Therefore, it is essential to know the

This study was supported in part by the *Conselho Nacional de Desenvolvimento Científico e Tecnológico – Brasil (CNPq)*, Universal Notice, process #422701/2018-1.

Corresponding author: Taís Carpes Lanes. E-mail: taislanes_rock@hotmail.com

Scientific editor: Cristiane Helena Gallasch; Associate editor: Helena Maria Scherlowski Leal David

aspects that constitute the work environment, such as the ethical climate that encompasses the organization, management, conditions and relationships involved in its context³.

The ethical climate refers to workers' perception of their work conditions and interpersonal relationships, which can affect their moral attitudes and decision-making³. Furthermore, the ethical climate is considered as a type of organizational climate in which workers share their ethical perceptions about the work environment, influencing the moral issues, beliefs and ethical behaviors of workers^{4,5}.

It should be noted that the ethical climate can be classified as positive or negative when considering its cyclical relationship together with elements of the organizational climate, ethical expressiveness and worker health, and depending on the perception of workers⁵. In other words, an environment with effective communications between healthcare teams, managers, patients and family members, sensitivity, respect and shared moral deliberations lead to a positive perception of the ethical climate. On the contrary, an environment with fragile professional relationships, restriction of autonomy, work overload, lack of materials and scarcity of care policies and protocols configure a scenario of negative ethical climate³.

The organizational context and the characteristics of the individuals who work in the work environment can determine the ethical climate in the workplace¹. In turn, the positive or negative perception of the ethical climate influences the development or not of moral distress, job satisfaction and turnover intention among health professionals⁴. When professionals find themselves in a situation in which they are unable to perform their ethically appropriate role due to factors that constrain their human or professional action, they are more predisposed to perceiving a negative ethical climate and subsequently at greater risk of developing moral distress, demonstrating the occurrence of the relationship between these two variables⁶.

In corroboration, Swedish nurses observed and highlighted how much the perception of the ethical climate can influence the work environment, predominantly evaluating it as negative mainly due to team relationships and work conditions⁷. Furthermore, other nurses suggested that the ethical climate has a strong influence and is also influenced by issues such as moral distress, high turnover in the sector, and even job abandonment⁸. In this sense, it is observed that the ethical climate, whether classified as negative or positive, interferes with worker health and the risk of illness^{3,9}.

In the meantime, with the aim of improving the perception of the ethical climate, Iranian nurses made some suggestions, such as: prospecting interest in the environment and work activity among nurses; create a sense of organizational identification through trust and solidarity among colleagues; and strengthen leadership so that recommendations are effective¹⁰. Given this, it is important to highlight that ethical leadership in the organization is fundamental, given that the ethical leader must be able to help promote a positive ethical climate through communication, observing local demands through the adequate scope of treatment and conduct of ethical care issues^{3,4}.

Therefore, institutions and management need to reorganize the work structure with a view to offering workers a healthier place, ensuring the safety of patients and workers, increasing professional satisfaction and promoting a positive ethical climate³. Likewise, involving different aspects, especially with regard to managers, health professionals and patients, is essential to know how nurses perceive the importance of improving the ethical climate⁵.

In this context, the following research question was outlined: What are the strategies for promoting a positive ethical climate from the perspective of hospital nurses? Thus, the objective was to analyze strategies for promoting a positive ethical climate from the perspective of hospital nurses.

METHOD

This is a qualitative exploratory-descriptive study carried out in the sectors of a university hospital in the south of Brazil, from April to June 2019. The institution is located in the state of Rio Grande do Sul, and according to information on its website, it has 403 beds, 100% served by the Unified Health System (*Sistema Único de Saúde - SUS*), characterized as a teaching, general, public and tertiary hospital.

The population consisted of 303 nurses, of which 182 agreed to participate in the study. The inclusion criterion established included nurses with a minimum of one month of experience in the hospital studied, and leave or absence for any reason during the data collection period as the exclusion criterion.

Convenience sampling was used in which all nurses were invited to participate. They were approached in their work environment, being able to answer the questionnaire at the time or hand it in later. Three attempts were made to obtain the completed questionnaire on different days and times. Data collection was performed from April to July 2019, in the morning, afternoon and night shifts at the workplace, according to the participants' time availability.

The collectors (Doctorate students, Master’s students and scientific initiation scholarship holders) were previously trained by the lead researcher, and they also received an instruction manual. The Informed Consent Form (ICF) was given to each participant during data collection, signed in two copies by the participant and the lead researcher, with one copy remaining for each person involved. The ICF informed the participant about their right to privacy and to withdraw from participating in the study at any time without prejudice to the participant.

The questionnaire used for the study was composed of a sociodemographic and labor characterization section: gender, age, education and length of work at the institution, a brief contextualization on the concept of ethical climate, and an open question: “Name three main recommendations to improve the ethical climate in this work unit”, which was analyzed qualitatively.

The data was entered into an Excel database, and later imported into the Atlas TI version 8.0 qualitative analysis software program of 2019 as an analysis aid tool. The characterization data were analyzed using descriptive statistics, with frequency distribution and mean and standard deviation. The data resulting from the open question was analyzed through thematic content analysis, in which the documents were initially read in general, followed by coding through the separation and analysis of responses and the creation of codes. The collected data was subsequently categorized by organizing the strategies into categories, which in the end constituted the macro-categories as presented in the results¹¹.

The content of the interviews was coded into elements which refer to the first analysis of the participants’ response units, which were then grouped into micro-categories which constituted the macro-categories, all referring to positive ethical climate promotion strategies.

All principles of Resolution 466/2012 of the National Health Council were met, and the research protocol was approved by the local Research Ethics Committee (*Comitê de Ética em Pesquisa - CEP*) on July 10, 2018.

RESULTS

A total of 182 nurses participated in the study, of which 89% were female (n=162), and 11% male (n=20). They had a mean age of 41.15(±9.54) years, and their working time at the institution ranged from one month to 37 years. Furthermore, 68.1% had children (n=124), 5.5% had nursing degree (n=10), 56% specialization in nursing degree (n=102), 31.3% Master’s (n=57) and 7.1% Doctorate degree (n=13).

Through the data analysis, it was observed that the strategies regarding the ethical climate highlighted by the research participants consisted of two macro-categories, namely: “Work Organization” and the “Ethical Dimension at Work”. The strategies categorized into macro-categories, micro-categories and their elements are presented in Figure 1.

| Macro-categories | Micro-categories | Elements |
|----------------------------------|--|---|
| Work organization | Team relationships | Communication |
| | | Teamwork |
| | | Conflicts and resolutions |
| | Management | Hierarchy and leadership |
| | | Relationships and principles |
| | Permanent education | Training |
| | | Knowledge |
| | Work conditions | Hospital infrastructure and supply |
| Overload and turnover | | |
| Ethical dimension of work | Values and vindications/ Requirements | Responsibility |
| | | Autonomy |
| | | Respect |
| | | Equality |
| | | Normative pact |
| | Expression and identity | Appreciation and recognition |
| | | Commitment and awareness |
| | | Professional behavior |
| | Moral sensitivity | Patient as the center of care |
| | | Empathy and professional presence in care |

Figure 1: Presentation of macro-categories, micro-categories and their elements. Santa Maria, RS, Brazil, 2019.

Assertive syntheses (integrating insights) were constructed from the categories, as represented in the results infographic seen in Figure 2.

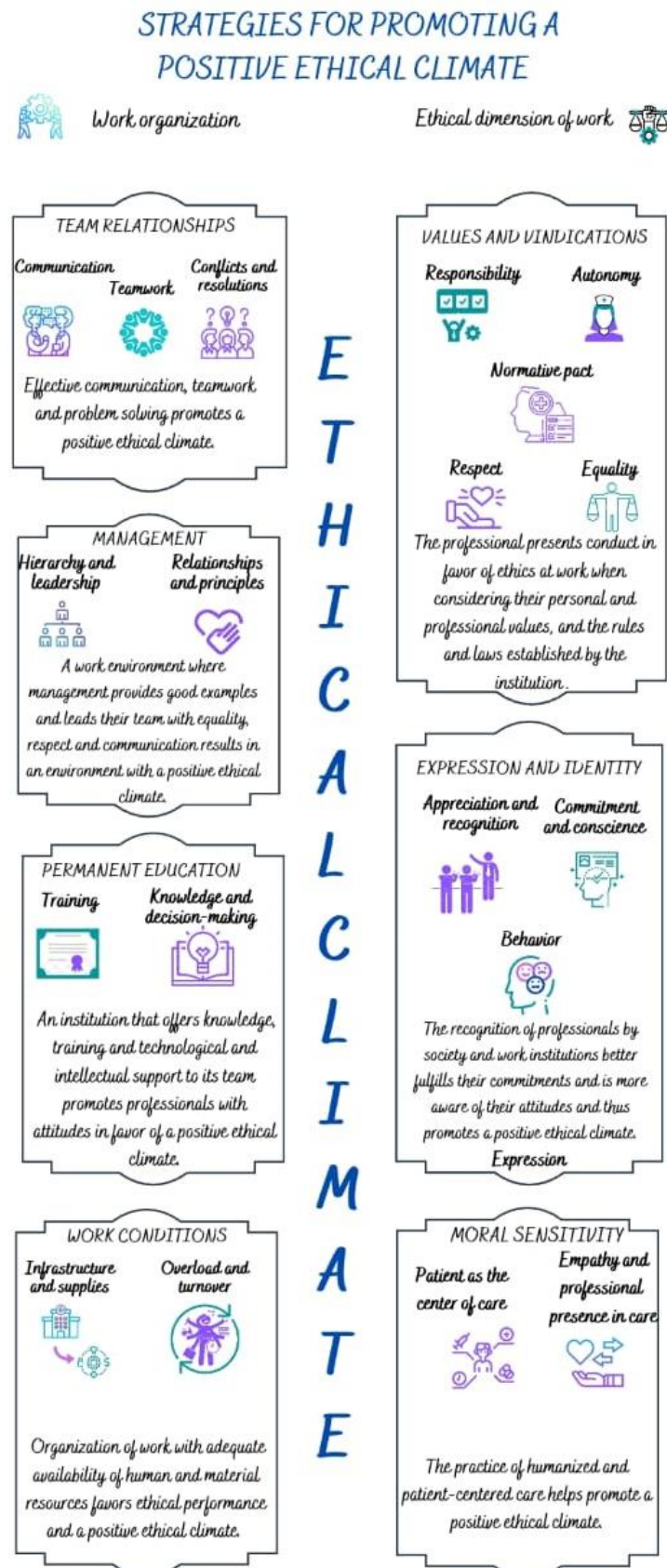


Figure 2: Strategies for promoting a positive ethical climate. Santa Maria, RS, Brazil, 2019.

Next, the strategies mentioned by the participants are presented based on the two macro-categories of “Work organization” and “Ethical dimension of work” and their respective elements.

Work organization

This macro-category addresses micro-categories about team relationships, management, permanent education and work conditions to promote a positive ethical climate, as well as elements relating to communication, teamwork, conflicts and resolutions, hierarchy and leadership, relationships, training, knowledge and decision-making, infrastructure, overload and turnover. Next, each of the micro-categories and their elements are presented.

Team relationships

The “Team relationships” micro-category encompasses the elements of “Communication”, “Teamwork” and “Conflicts and resolutions”.

For those interviewed, the relationship between professionals in a work environment is crucial to its good functioning, as it encompasses several factors such as communication, sharing of knowledge, respect for colleagues, teamwork and joint decision-making.

The Communication element emerged both positively and negatively in several statements from professionals. The nurses highlighted that communication interferes with the ethical climate of the unit and that they feel good communication is lacking, citing it as a strategy to improve the ethical climate. There is a deficit in care when communication between professionals is absent, a gap for both the patient and the healthcare professional, causing conflicts, confusion and disagreements:

“Greater proximity and exchange of information between nursing and medicine, since both only want what is best for the patient, which does not seem to be the case when one fails to communicate with the other about what is happening [...]” (05)

“Avoid gossip and confrontations between colleagues.” (58)

“Having more dialogue between a multidisciplinary team”. (59)

Another element highlighted by the interviewees was Teamwork, which represents teamwork itself, respect for colleagues, the integration of all professionals and the appreciation of their opinions and suggestions.

Relationships between professionals experience much dissuasion, contrary to what is seen as a condition for obtaining a positive ethical climate in the hospital environment, meaning communication, respect, and mainly teamwork, which seems weakened to them:

“Hold periodic team meetings and not only when necessary [...]” (09)

“Collegiality and less criticism [...]” (18)

“Respect decisions and conduct between colleagues.” (19)

“Trust between teams.” (36)

“[...] respect the different opinions of colleagues and some care situations or administrative situations to be resolved.” (05)

“Work as a team (difficulty depending on the shift)”. (58)

The results point to the presence of another striking element, Conflicts and resolutions, in which professionals report that the ethical climate in the work unit is directly affected by conflicts in the team and difficulty in solving problems. Team conflict resolution rarely occurs adequately, and most of the time some professional feels harmed due to the recurring emergence of conflicts caused by poor communication.

“[...] resolve problems in the best way for the entire team.” (11)

“When there are disagreements between colleagues, resolve them directly and solely with the parties involved before taking them to higher management.” (32)

“Trust between teams; adequate mediation of conflicts [...]” 36

“Decisions must be made together with the team and not individually, which causes moral suffering in the worker.” (96)

Management

The “Management” micro-category encompasses the elements of “Hierarchy and leadership” and “Relationships and principles” in the hospital environment.

The hierarchy element is important from the perspective of the interviewees, as there is little respect from professionals regarding management guidelines, in addition to leadership being little present at work.

Furthermore, some nurses feel deprived of the support of management and superiors, while others feel privileged, which constitutes a failure in relationships and principles, especially those of equal treatment between peers and work relationships. Through the strategies mentioned by the nurses, it was reported that a change in communication with management would favor an ethical climate, as well as improve the leadership posture, promoting a more egalitarian and respectful relationship with the team, as mentioned in the interviews.

"Respect the hierarchy." (02)

"Boss/management has the attitude of a leader." (128)

"The head of the unit imposes himself in the face of conflicting situations [...] The head of the unit provides feedback on decisions and situations that requested their attention [...] there is no differentiation of treatment between the different work regimes". (14)

"The head of the unit needs to behave as such [...] Problems should not be treated with differentiation from colleague to colleague". (23)

Permanent education

The "Permanent education" micro-category encompasses the elements of "Training" and "Knowledge". The term education focuses on training, improvement of techniques, knowledge provision through the institution, as well as technological and intellectual support for decision-making in the interviews. However, given the strategies mentioned by the interviewees, it was observed that there is a failure on the part of the institution and also of the professionals, as courses and training present more comprehensive themes and have inflexible schedules when offered.

"Nurses become more trained and use available resources to improve the quality of care." (12)

"The team should have courses equally distributed to everyone to complete them." (39)

"Address the topic "nursing ethics/ethical climate" in the units; promote listening space, in addition to administrative meetings/permanent education". (53)

"Improvement courses; relationship workshops." (75)

"Professionals must have knowledge and study what they are talking about, not expect to acquire knowledge when it is offered by the institution; express and defend your opinions." (81)

Work conditions

The "Work Conditions" micro-category encompasses the elements that represent "Infrastructure and hospital supplies" and "Overload, turnover and staffing". The physical organization of the work environment, its structural dynamics, the supply of materials constituting the infrastructure element and hospital supplies stand out; as well as team sizing and its entire organizational structure, constituting the element of overload and turnover.

The professionals reported through the interviews that improvements in the sector's infrastructure are necessary to obtain a positive ethical climate in order to promote the well-being of patients and workers, as well as reducing overload and turnover, since overworked professionals are more susceptible to errors and transfers from one sector to another, without the possibility of professional stability.

"[...] better infrastructure conditions to practice nursing; (22)

"Overcrowding and inadequate infrastructure hinder humanized care [...]" (87)

"Having a bed for patients, as they are hospitalized on stretchers, which makes care difficult and harms the physical health of the professional due to the necessary posture position". (181)

Likewise, it is important that the institution provides necessary hospital supplies so that nursing can be carried out properly, however this does not always happen. Nurses often improvise equipment and materials to provide assistance, using their professional creativity.

"[...] improve the lack of basic materials, so that there is no waste of time on unnecessary improvisations [...]" (62)

"[...] Equipment in good conditions of use and in sufficient quantity, so that you don't have to choose who will use it first [...]" (100)

Overload and turnover were also highlighted in the interviews as influencing the ethical climate. Nurses described that professionals should work with less overload and practice rotation in the sector only when the professional and management agree in order to improve the ethical climate. For some nurses, turnover is a predisposition to professional burnout, both for those who are transferred and for professionals who are already working in the sector, leading to the

need to adapt the unit. Overload is also caused by inadequate staffing, with few professionals on the work schedule and lack of equality in the distribution of the team per shift.

"Keep professionals in their home sector without reassignment to other sectors, as this causes stress and overload on the team." (35)

"There shouldn't be sector rotation, we end up working more until the professional learns the routine". (39)

"Staff sizing is not followed, day shifts have 3 to 5 nurses, while night shifts have 2 nurses and rarely 3". (28)

"Large demand for service with a short time to carry out activities and bureaucracy". (34)

"Few nurses on the night shift". (56)

Ethical dimension of work

This macro-category addresses micro-categories about values and vindications/requirements, expression and identity and moral sensitivity to promote a positive ethical climate, as well as its elements: responsibility, autonomy, respect, equality, normative pact, appreciation and recognition, commitment and awareness, professional behavior, the patient as the center of care, empathy and professional presence in care.

Next, each micro-category will be presented individually with its elements.

Values and Vindications/requirements

The "Values and Vindications/requirements" micro-category encompasses the elements of "Responsibility", "Autonomy", "Respect", "Equality" and "Normative pact".

The personal and professional values of each nurse stand out, involving responsibility, autonomy, respect and equality, as well as their ethical conduct in relation to the rules established by the institution and laws that govern professional practice, according to the normative pact.

It was analyzed that values such as respect, responsibility, autonomy and equality appear as suggestions for attitudes that can make the ethical climate more positive in the work unit.

"Respect from the medical side for the autonomy of the nurse". (111)

"Strengthening nurses' autonomy". (132)

"[...] Equality/similarity of conduct (according to the institution's routines)." (170)

"Respect among professionals regardless of position." (20)

"[...] I often ask about some information about the patient and the answers are: it wasn't my time, I don't know, it was my colleague, it's not me. I feel that there is no professional attitude and no responsibility on the part of some professionals." (109)

"Maintain ethics and professional confidentiality in the face of different patient cases". (11)

"More active ethics committee, especially with terminal or seriously ill patients, without hiding anything from them, nor exposing the case through the hospital corridors". (51)

Another important element that emerged as a strategy is the normative pact, indicating that professionals must follow the institution's standards, as well as rules established by managers in each sector.

"Employees and patients must respect the institution's rules." (45)

"Respect the institution's rules and doctrines; have a commitment to work and nursing duties". (60)

Expression and identity

The "Expression and identity" micro-category encompasses the elements of "Appreciation and recognition", "Commitment and awareness" and "Professional behavior".

For nurses, recognition and appreciation of the professional is necessary to envision a more positive perception of the ethical climate, meaning to work in a profession recognized by the leadership of the institution and society, as well as to be better paid. In this sense, elements such as appreciation, recognition, commitment and awareness were highlighted as strategies that influence the ethical climate, as well as the professional behavior of nurses towards the team and patient.

"Have open and frank recognition, both by the team and by patients". (85)

"Greater appreciation of nurses starting with hospital management". (38)

"Personal awareness/individual awareness [...]" (158)

"More commitment, performance and punctuality". (61)

Care and empathy

The “Moral sensitivity” micro-category encompasses the elements “Patient as the center of care” and “Empathy and professional presence in care”. The elements in this micro-category refer to the attention offered to the patient, monitoring, dedication and empathy for the patient. For some of those interviewed, the patient being the center of care is a way of achieving a positive ethical climate:

“Improve the care given to patients by seeking to know and understand their wishes and plans.” (12)

“Involve patients and families in care management [...]” (107)

“Note that the central figure is the “patient”, the objective of health work”. (138)

Furthermore, it was observed that nurses’ empathy and participation in the patient’s therapeutic process can promote a positive ethical climate in the sector:

“Put yourself in someone else’s shoes when making a decision.” (73)

“Act empathetically towards others”. (120)

DISCUSSION

After analyzing the strategies mentioned in the interviews, they were listed according to the macro-categories: “Work organization” and “Ethical dimension of work”. The “Work Organization” presents four micro-categories: Team Relationships, Management, Permanent Education and Work Conditions and their nine elements.

The work environment can be improved through the micro-categories of team relationships and management through the elements of communication, teamwork, hierarchy and leadership, in which participants mentioned that the reducing gossip, greater proximity between nursing and quality in communication could improve the ethical climate, as well as the leader’s encouragement and initiative and respect for hierarchy.

Regarding “Team Relationships”, it is highlighted that failure in communication, gossip, disrespect among colleagues and conflicts are related to the negative ethical climate¹². In this sense, communication as a strategy is essential for good professional performance, as effective communication facilitates dialogue and interaction with the team, helping to resolve conflicts¹³. Research developed in this area reveals that communication is an influential factor for a leader to obtain positive results with the team at work, with communication being the essential element for obtaining professional satisfaction and resolving problems and conflicts¹⁴. Furthermore, it is noteworthy that disrespect, conflicts of interest and denying the opinions of other professionals are topics that originate mainly due to the lack of communication and decision-making by leaders^{14,15}.

With regard to the “Management” micro-category, it was observed through the strategies cited by nurses that leadership is a base element for any formation of teamwork, as a leader offers support so that nurses’ work is based on ethical codes and institutional protocols¹². In addition to improving the team’s conduct, the leader also has the ability to improve the unit functioning, reflecting patient care and safety¹².

Furthermore, it is noteworthy that management which provides support to improve the ethical climate is one that seeks strategies to promote dialogue in conflict resolution, involving professionals in the unit’s decisions through periodic meetings, demonstrating democratic leadership as way of administering services¹⁴. However, it is observed in the results that there is a gap between professionals and management in which nurses feel distanced from their superiors, highlighting the implementation of team meetings and leader support for health professionals as strategies to make the ethical climate positive through sector decisions.

With regard to “Permanent education”, it is clear that some professionals do not have knowledge about the topic of ethical climate, referring to the importance of training on topics that involve nurses’ work¹² in the interviews. Studies report that bosses themselves must offer knowledge to employees through workshops and counseling, as well as consider the topic of ethical climate in the training of nursing students¹⁶⁻¹⁷. By addressing the ethical climate in training, it provides students with greater knowledge on how to deal with ethical issues at work, as well as the importance of following ethical conduct based on institutional protocols^{16,17}.

However, it is observed that there is a failure in teaching and performance institutions regarding to the additional training of professionals, in which they don’t prioritize care quality, through poor focus on team knowledge and learning. Therefore, there is a deficiency in the training of nurse leaders and in the continuing education of professionals¹⁴. Furthermore, the work environment must have an adequate listening space to offer knowledge, and be an appropriate place for discussion to hold meetings and ongoing/permanent education^{14,16}.

Another highlight refers to “Work conditions”, which portrays the need to improve hospital infrastructure and supplies to promote a positive ethical climate. For those interviewed, the infrastructure is not adequate enough to provide nursing care, especially regarding the occurrence of overcrowding with hospitalizations in inappropriate places and accommodations such as stretchers, for example¹⁶. Furthermore, the lack of materials for care practice, as well as the lack of qualified professionals, is an aggravating factor for professional practice, and consequently a failure in the health service, compromising humanized care^{16,18}.

The interviewees also mentioned that work overload and turnover in the sector influence the behavior of professionals and their negative perception of the ethical climate¹⁶. Turnover in sectors is due to the organizational characteristics of the work, including relationships between the team, the intention to leave the job, ineffective communication with management and work overload¹⁶. This shows that promoting an ethical organization and communication are crucial, as they influence the positive perception of the ethical climate and worker satisfaction and consequently their health^{16,19}.

Next, the “Ethical dimension of work” macro-category presents three micro-categories: Values and Vindications/Requirements, Expression and Identity, Moral sensitivity and their 10 elements. With this, it is highlighted that “Values and Vindications/Requirements” are demands which fall into duties or responsibilities, in addition to autonomy, respect, equality and compliance with the institution’s normative pacts.

It was observed in the interviews that the element of respect was cited as a strategy to make the ethical climate more positive, as the medical team takes little account of nursing autonomy from the nurses’ perception. Therefore, the influence of the biomedical model can also be seen, whereby the doctor has supreme autonomy when making decisions about the patient¹⁷.

Consequently, the exercise of nurse autonomy begins with effective communication and knowledge exchange and experience about patient care and treatment, considering confidentiality and ethics of information exchange. In other words, the exercise of autonomy begins with respect for the colleague’s knowledge and experience, which must be included in decision-making about the patient’s treatment and care program^{14,17}.

In “Expression and identity”, the strategies for promoting a positive ethical climate included appreciation and recognition, commitment and awareness, in addition to professional behavior. The appreciation and recognition of nursing work is important for good behavior, and this appreciation must initially come from them, becoming familiar with its importance and appreciation of their professional class⁴. Therefore, the positive ethical climate is a consequence of the institution and society’s appreciation of employees, which helps in better professional conduct⁴.

In the “Care and Empathy” micro-category, the patient stands out as the center of care, as well as the empathy and presence of the professional in the care. According to the results, patient-centered care is a strategy to promote a positive ethical climate, in which the professional’s action aims to offer safe care and includes the patient in their own care¹⁵. The inclusion of patients and family members reduces the risk of incidents, as patients stop being passive recipients of care and become active, contributing to safer care and better clinical therapy²⁰. Furthermore, it is important that the professional acts in care, discussing risks, treatments, conduct, and accepting patients’ doubts and wishes, thus exercising care with empathy and humanization¹³.

Finally, as an advancement in nursing, from this study it was realized that there is a cycle in which all elements are interconnected so that there is a positive change in the ethical climate in the hospital environment. Based on the data from the present study, it is suggested that there is agreement between professionals and management so that the necessary dialogue and discussions to provide team care can occur. This relationship must seek to promote respect, autonomy, hierarchy, leadership and equality by improving interpersonal relationships. Through the strategies listed, it is understood that safe patient care, interpersonal relationships, work conditions and worker appreciation are aspects that must be improved to promote a positive ethical climate.

Study limitations

As a limitation, it is noteworthy that despite having a considerable number of participants for qualitative research, only one nursing institution was included, making it difficult to generalize the results.

CONCLUSION

From this study, it was noticed that the strategies for promoting a positive ethical climate were grouped into two macro-categories: “Work Organization” and “Ethical Dimension at Work”, which were composed of micro-categories and their identified elements through interviews with nurses. The “Team Relationships”, “Management”, “Work

Conditions”, “Values and Vindications/Requirements” micro-categories and their elements were mentioned among a larger number of interviewees as strategies for promoting a positive ethical climate in the hospital environment.

It is believed that the topic of ethical climate, together with the elements which bring professionals closer to or distance themselves from ethical expressiveness and worker health, as well as criteria that configure it as positive or negative, should be the subject of greater publicity and spaces for debate and ethical reflection, both in healthcare and teaching institutions.

Therefore, other new studies are essential to address strategies for promoting an ethical climate, as there is a lack of research in the literature on this topic, as well as covering other professional categories in different health services.

REFERENCES

1. Amestoy SC, Oliveira AFL, Thofehrn MB, Trindade LL, Santos BP, Bao ACP. Contribuições freirianas para entender o exercício da liderança dialógica dos enfermeiros no ambiente hospitalar. *Rev. Gaúcha Enfermagem*. 2017 [cited 2022 Oct 20]; 38(1):e64764. DOI: <http://dx.doi.org/10.1590/1983-1447.2017.01.64764>.
2. Cardoso AC, Morgado L. Trabalho e saúde do trabalhador no contexto atual: ensinamentos da Enquete Europeia sobre Condições de Trabalho. *Saúde Soc*. 2019 [cited 2022 Oct 18]; 28(1):169-81. DOI: <https://doi.org/10.1590/S0104-12902019170507>.
3. Dalmolin GL, Lanes TC, Bernardi CMS, Ramos FRS. Conceptual framework for the ethical climate in health professionals. *Nurs Ethics*. 2022 [cited 2022 Oct 21]; 9(5):1174-85. DOI: <https://doi.org/10.1177/09697330221075741>.
4. TehranineshaT, Torabizadeh C, Bijani M. A study of the relationship between professional values and ethical climate and nurses' professional quality of life in Iran. *Int J Nurs Sci*. 2020 [cited 2022 Oct 10]; 7(3):313-9. DOI: <https://doi.org/10.1016/j.ijnss.2020.06.001>.
5. Lanes TC, Dalmolin GL, Silva AM, Ramos FRS, Olson LL. Cross-cultural Adaptation of the Hospital Ethical Climate Survey to Brazil. *J Nurs Meas*. 2022 [cited 2022 Oct 15]; 1(2):148-62. DOI: <https://doi.org/10.1891/JNM-2021-0036>.
6. Magalhães TA. Sofrimento moral na equipe multidisciplinar na Unidade de Terapia Intensiva Pediátrica- Uma Revisão Sistemática [monografia]. Bahia (BH): Faculdade de Medicina, Universidade Federal da Bahia; 2016.
7. Pergert P, Bartholdson C, Sandberg M. The ethical climate in paediatric oncology: a national cross-sectional survey of health-care personnel. *Psychooncology*. 2019 [cited 2022 Oct 16]; 28(4):735-41. DOI: <https://doi.org/10.1002/pon.5009>.
8. Lanes TC, Magnago ACS, Schutz TC, Carneiro AS, Morais BX, Dalmolin GL. Evaluation of ethical climate in health services: a systematic Review. *Rev. Bioét*. 2020 [cited 2022 Oct 13]; 28(4):718-29. DOI: <https://doi.org/10.1590/1983-80422020284436>.
9. Özden D, Arslan GG, Ertugrul B, Karakaya S. The effect of nurses ethical leadership and ethical climate perceptions on job satisfaction. *Nurs Ethics*. 2019 [cited 2022 Oct 03]; 26(4):1211-25. DOI: <https://doi.org/10.1177/0969733017736924>.
10. Trindade LL, Pires DEP, Mendes M, Biff D, Vandresen L, Martins MM. Recursos do Atlas.ti para pesquisas qualitativas envolvendo as cargas de trabalho. *Atas - Investigação Qualitativa em Saúde/Investigación Cualitativa en Salud*. 2019; 2.
11. Barkhordari-Sharifabad M, Ashktorab T, Atashzadeh-Shoorideh F. Ethical leadership outcomes in nursing: a qualitative study. *Nurs Ethics*. 2018 [cited 2022 Oct 01]; 25(8):1051-63. DOI: <https://doi.org/10.1177/0969733016687157>.
12. Avancini RC, Barlem ELD, Amorim CB, Rocha LP, Paloski GR. Barreiras e facilitadores para construção de um ambiente ético em um serviço de traumatologia. *Esc. Anna Nery*. 2021 [cited 2022 Oct 05]; 25(4):e20210005. DOI: <https://doi.org/10.1590/2177-9465-EAN-2021-0005>.
13. Lanes TC, Schutz TC, Pompeu KC, Pereira LA, Morais FS, Dalmolin GL. Associação do clima ético e variáveis laborais entre enfermeiros hospitalares. *Rev. Enferm. UFSM*. 2023 [cited 2023 Dec 09]; 13:e49. DOI: <https://doi.org/10.5902/2179769285179>.
14. Santos TO, Lima MAC, Alves VS, Ribeiro MCA, Alves RS, Souza MR et al. Comunicação efetiva da equipe multiprofissional na promoção da segurança do paciente em ambiente hospitalar. *Id on line Rev. Mult. Psic*. 2021 [cited 2022 Sep 29]; 15(55):159-68. DOI: <https://doi.org/10.14295/online.v15i55.3030>.
15. Aloustani S, Shoorideh FA, Tafreshi MZ, Nasiri M, Barkhordari M, Skerrett V. Association between ethical leadership, ethical climate and organizational citizenship behavior from nurses' perspective: a descriptive correlation study. *BMC Nurs*. 2020 [cited 2022 Oct 14]; 19:15. DOI: <https://doi.org/10.1186/s12912-020-0408-1>.
16. Coradini JS, Camponogara S, Moura LN, Pinno C, Beck CLC. Autonomia do enfermeiro em unidade de tratamento intensivo adulto. *R. Pesq. Cuid. Fundam. Online*. 2021 [cited 2022 Oct 10]; 13:170-6. DOI: <http://dx.doi.org/0.9789/2175-5361.rpcf.v13.8078>.
17. Silva NM, Mininel VA, Henriques SH, Limongelli AMA, Pereira AP, Chaves LDP. Facilitating and hindering aspects of the work of nurses in hospital managerial positionspositionspositionspositions. *Rev. Enf. UFSM*. 2020 [cited 2022 Oct 12]; 10(8):1-19. DOI: <http://dx.doi.org/10.5902/2179769233263>.
18. Tei- Tominaga M, Nakanishin M. Factors related to turnover intentions and injuries and accidents at work among professional caregivers: a cross-sectional study using a questionnaire. *Environ Health prev. Med*. 2020 [cited 2022 Oct 06]; 25:24. DOI: <https://doi.org/10.1186/s12199-020-00863-8>.
19. Souza MM, Ongaro JD, Lanes TC, Andolhe R, Kolankiewicz ACB, Magnago TSBS. Patient safety culture in the Primary Health Care. *Rev Bras Enferm*. 2019 [cited 2022 Oct 01]; 72(1):27-34. DOI: <http://dx.doi.org/10.1590/0034-7167-2017-0647>.

Author's contributions:

Conceptualization, GLD and TCS; methodology, GLD and TCL; software, GLD; validation, GLD, MBF and TCS; formal analysis, GLD, MBF and TCL; investigation, GLD and MBF; resources, GLD; data curation, GLD; TCL and FRSR; manuscript writing, GLD and MBF; manuscript review and editing, TCS, RA and FRSR; visualization, RA and FRSR; supervision, GLD; project administration, GLD; financial support, GLD. All authors have read and agreed to the published version of the manuscript.