

Original Article

Cultural Adaptation and Validation of the Questionnaire “Ethical Leadership Scale” In Greek

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Abstract

Background: Nowadays, ethical leadership in the health sector, and especially in nursing, is crucial due to its positive effect on the ethical climate. Ethical climate is an important variable that affects the employees' working environment, contributing to their retention and commitment. Its absence leads to immoral or deviant behavior, which affects in a negative way nurses, patients and, ultimately, the health care organization itself. The issue of ethical leadership has not been studied in Greek public hospitals.

Objective: To provide a cultural adaptation and validation of the questionnaire “Ethical Leadership Scale” in Greek.

Methods: A reliability and validity analysis was performed in a sample of healthcare workers in Greece. Data were collected between April 15 and May 15 of 2022 and a convenience sample was obtained. Reliability and validity of the questionnaire were assessed with a test-retest study and exploratory factor analysis.

Results: The final study included 100 healthcare workers. Most of the participants were females (89%), aged 36-45 years old (60%) and married (83%). Only 5% of the participants had a MSc/PhD degree, while most of them had 11-30 years of experience (67%). Our one-factor model explained 72.7% of the variance and confirmed the initial one dimension of the questionnaire. Face validity of the questionnaire was excellent. Spearman's correlation coefficients for the 10 items of the questionnaire were perfect ($r > 0.99$ and $p\text{-value} < 0.001$ in all cases). Cronbach's coefficients alpha for the questionnaire were 0.96 in both measurements.

Conclusions: The questionnaire “Ethical Leadership Scale” was proven reliable and valid in a sample of healthcare workers in Greece. Its use can significantly contribute to the shaping of an administrative framework in public hospitals, through an ethical leadership team that will further influence the behavior of nurses and promote optimal, holistic, patient-centered care.

Key words: Ethical leadership; public health care settings; nurses; scale validation; Greek

Introduction

The issue of ethical leadership is crucial for the success, sustainability, and quality of health care services, as well as for the shaping of the professional ethical climate in general, including both the advancement of virtuous

practice and the control of immoral/deviant behavior of health care providers.

Ethics asks questions concerning the nature of value judgments and the distinction between good and evil. Leadership is all about positive influences on employees' behavior (Yukl, 2002). Ethical leadership deals with what is

wrong and right in an organizational or professional context, establishing social and moral responsibilities (Piccolo et al., 2010). It has a positive effect on moral climate (Mayer, et al., 2010; Demirtas & Akdogan, 2015; Treviño et al., 2014), organizational commitment (Aryati et al., 2018) and behavior (Avey et al., 2011), and improves the relationship between manager and employees (Avolio & Bass, 1995). Effective and inspiring leaders are often expected to rely on idealistic and persuasive ways of communication when motivating subordinates (Bass, 1985). However, ethical behavior, as perceived by employees through personal actions and interpersonal relationships, is decisive for a leader's credibility and ability to make a significant impact (Brown et al., 2005). The leader, therefore, must be possessed by normative ethical principles, that is, to show consistent behavior according to the general expectations within the organizational work context (Piccolo et al., 2010; Brown & Treviño, 2006; Cummings & Schwab 1973), whereas altruism must be the main motivator (Brown et al., 2005). Eventually, ethical leadership can be defined as the kind of leadership that develops ethical codes, respect for fellow human beings and colleagues, honesty, trustworthiness, justice, democracy in decision-making, friendly working environment, courtesy and reflection, cooperation with different people, participation in administrative processes, maintaining all the moral values which reflects into actions (Mihelic et al., 2010). This kind of leadership can promote the creation of an ethical climate, namely, to attribute an ethical content to the perceptions that prevail over typical practices and processes of the organization, (Victor & Cullen, 1988).

When ethical leadership fails, immoral or deviant behavior reduces the organization's value efficiency, productivity and quality of services (Thomas et al., 2004; Henle, 2005; Dunlop & Lee, 2004; Litzky et al., 2006), has a negative impact on the public's opinion (Litzky et al., 2006), and, consequently, increases the financial/legal costs (Thomas et al., 2004; Henle, 2005; Dunlop & Lee, 2004; Litzky et al., 2006). Researchers describe deviant behavior as deviation in the workplace (Robinson & Bennett, 1995), antisocial (Giacalone & Greenberg, 1997), or organizationally bad

behavior (Vardi & Weitz, 2003), which lead to violations of organizational and social norms (Robinson & Bennett, 1995). Nowadays, special attention is given to the ethical behavior of leaders, especially within health care settings (Zhao & Xia, 2019).

Social learning theory argues that ethical leadership can influence employees' or subordinates' ethical conduct at work through a broad range of psychological matching processes that the term role-modeling covers, including observational learning, imitation, and identification (Brown et al., 2005; Bandura, 1999). One of the first philosophers to give prominence to the importance of role-modeling is Aristotle, who suggests in his *Nicomachean Ethics* that "*The spirit of morality is awakened in the individual only through the witness and conduct of a moral person*" (Gini, 1998).

Health services are intangible. A key element of nursing science is the orientation towards the well-being of the patient. Therefore, the ethical care in nursing is an integral and essential part of patient-centered care. Nurses with ethical commitment are bound to ethical situations and focus on achieving the desired outcome for patients (Woods, 1999). The World Health Organization describes Nursing as the pillar of care and points out its essential role in achieving global universal health coverage and other health goals (WHO, 2020).

On the other side, global problems are encountered (OECD, 2010; GHWA, 2014; Noola et al., 2010), which require long-term strategies to protect health care workers and boost productivity-efficiency so as to achieve higher resource utilization (GHWA, 2014; WHO, 2016). In Greece, the structure and mode of operation of the National Health Care System have implications for employees, organizations and the quality of care that is provided (Mpellali et al., 2007; Needleman et al., 2002; Aiken et al., 2002; Vahey et al., 2004). Studies report that nurses identify barriers to the application of ethical principles, mainly streaming from the work environment (Hariharan et al., 2006; McDaniel, 1998; Ulrich et al., 2010). All of the above require a redefinition of health services so as to increase their effectiveness, based on a deeper understanding of human resources and motivational factors (Simone, 2015).

Upon recognizing the crucial importance that ethical leadership plays in Nursing, the next main goal is its evaluation. Various scales for measuring ethical leadership appear in the literature (Brown et al., 2005; Resick et al., 2006; Kalshoven et al., 2011; Yukl et al. 2013). This study aims at the cultural adaptation and validation of the Ethical Leadership Scale (ELS) by Brown et al. (2005) in Greek. ELS is a flexible and widely used scale within health contexts (Den Hartog, 2015). A recent meta-analysis (Bedi et al., 2015) reports more than 134 studies that used ELS in different types of organisms. It consists of a short, one-dimensional, 10- point questionnaire, graded on a 5-point Likert scale (from strongly disagree to strongly agree). The participants are asked to evaluate their leaders. The scale has good reliability, with Cronbach's α close to or up to 0.90 (Brown et al., 2005; Walumbwa et al., 2011; Mayer et al., 2012). To the best of our knowledge, up to this date there is no published Greek study that uses ELS. Therefore, its validation and usage in health care settings is considered important.

Methods

Study design: We conducted a cross-sectional study in a Greek public hospital. Primary data were collected by using questionnaires. The method of convenience sampling was used as the sampling strategy.

Ethical issues: The study was conducted in accordance to the deontological guidelines applied in research ethics topics. The Council Director and the Scientific Council were informed in writing and approved the implementation of the study, after examining all methodological issues. Participants were provided with an information sheet explaining the purpose and methodology of the study, where it was also clearly stated that their involvement was anonymous, on a voluntary basis. Completion of the questionnaire implied consent to participate.

Study population: The study population consists of nurses and nursing assistants of a public general hospital. Inclusion criteria were: (a) working position under nursing management, (b) nursing degree or nursing assistant certification, (c) work in clinical departments and (d) Greek Native speakers. In addition, they should have completed at least 6 months of employment in the specific

organization in order to understand its mode of operation. Response rate was 100%. All clinical wards of the hospital were included in the study.

Translation of the “Ethical Leadership Scale” questionnaire in Greek: All the elements of the questionnaire were translated into Greek. At first, two independent bilingual speakers performed the initial translation into Greek. These two translated texts were given to a third bilingual speaker in order to translate their contents into English again, so as to establish the identification of the English version with the Greek translation. After reaching an agreement, a study with 100 participants was conducted to guide the cultural adaptation and validation of the questionnaire.

Statistical analysis: After receiving the questionnaires (test), new questionnaires were redistributed to the same participants (retest reliability) to check the reliability of the initial answers. We used exploratory factor analysis to assess the construct validity of the questionnaire. Firstly, we used the varimax rotation method to assess correlation coefficients between the 10 items with an acceptable level for factor loading of 0.4. Also, one was considered an acceptable value for eigenvalues. We calculated the Kaiser-Meyer-Olkin measure and to Bartlett's test of sphericity assess the adequacy of the exploratory factor analysis. We assessed reliability of the questionnaire in two ways. First, we performed a test-retest study with 100 participants that filled the questionnaire two times. Then we calculated, Spearman's correlation coefficient for the 10 items. Also, we calculated Cronbach's coefficient alpha to assess internal reliability. We used numbers (percentages) to present categorical variables and mean (standard deviation) to present continuous variables. All tests of statistical significance were two-tailed, and p -values < 0.05 were considered as statistically significant. Statistical analysis was performed with the IBM SPSS 21.0 (IBM Corp. Released 2012. IBM SPSS Statistics for Windows, Version 21.0 Armonk, NY, USA).

Results

Demographic characteristics: Detailed demographic characteristics of the participants are shown in Table 1. Most of the participants were females (89%), aged 36-45 years old

(60%) and married (83%). Only 5% of the participants had a MSc/PhD degree, while most of them had 11-30 years of experience (67%).

Table 1.Demographic characteristics of the participants.

Characteristics	N	%
Gender		
Males	11	11
Females	89	89
Age (years)		
25-35	11	11
36-45	60	60
46-65	29	29
Marital status		
Singles	11	11
Married	83	83
Widowed/divorced	6	6
Msc/PhD		
No	95	95
Yes	5	5
Years of experience		
0-10	16	16
11-20	32	32

21-30	35	35
>30	17	17

Validity analysis: Face validity of the questionnaire was great since participants did not raise any questions or concerns about the questionnaire. The Kaiser–Meyer–Olkin measure was 0.93 and the p-value for Bartlett’s test of sphericity was <0.001, indicating that our sample was adequate to perform the

exploratory factor analysis. Results from exploratory factor analysis are presented in Table 2. We found one factor including all the 10 items of our questionnaire. Our one-factor model explained 72.7% of the variance of the questionnaire and confirmed the initial one dimension of the questionnaire.

Table 2. Exploratory factor analysis for the 10 items of the study questionnaire.

Items	Factors
	One
Listens to what employees have to say	0.85
Disciplines employees who violate ethical standards	0.73
Conducts h/h personal life in an ethical manner	0.76
Has the best interests of employees in mind	0.90
Makes fair and balanced decisions	0.86
Can be trusted	0.86
Discusses business ethics or values with employees	0.89
Sets an example of how to do things the right way in terms of ethics	0.88
Defines success not just by results but also the way that they are obtained	0.90
When making decisions, asks “what is the right thing to do?”	0.88

Values express loadings.

Reliability analysis: Cronbach's coefficient alpha for the one factor that produced from our factor analysis was 0.96 in both measurements indicating a great level of reliability. Also, according to the Spearman's correlation coefficient, the questionnaire showed excellent reliability since correlation coefficient for the 10 items was greater than 0.98 (p -value <0.001 in all cases).

Discussion

This study was conducted for the purposes of cultural adaptation and validation of the ELS questionnaire developed by Brown et al. (2005) to Greek health care settings, using a sample of public hospital nurses. The questionnaire proved to be reliable and valid in its Greek version.

The reliability of the ELS scale was assessed through the values Cronbach's α and Spearman. Both were found above 0.96, confirming the excellent reliability of the questionnaire. The suitability of the sample size was proved (0.93). Therefore, based on the results, it is confirmed that ELS is a valid and reliable tool for the evaluation of ethical leadership in the Greek healthcare organizations.

Ethical leadership is considered important according to international studies. Research results confirm that ethical leadership is associated with commitment to work, affective organizational commitment, job satisfaction, staff retention, and employee's performance and organizational identification (Asif et al., 2019; Ahmad & Gao, 2018; Benevene et al., 2018; Qing et al., 2019; Walumbwa et al., 2011; Zappalà & Toscano, 2020). A study using ELS in the health sector reveals the negative relationship of ethical leadership with cynicism and its proportional relationship with a positive perception of employees about their work but also with positive effects at a collective organizational level (Zappalà & Toscano, 2020). In other words, it affects the organizational service climate by focusing on providing better health care services for patients and their families, and also motivates health care providers to create respectful and morally patient - oriented workplaces.

Today, more than ever, there is a need for leaders who appreciate human beings, emotions, trust and beliefs, and not leaders who

abuse their position and power (Ciulla, 1996). Researchers consider ethical leadership as the center of good management and a requirement for employees' organizational activities, productivity, efficiency, and organizational commitment in general (Piccolo et al., 2010; Harman, 1999; Fulmer, 2004; Mayer et al., 2009). When leaders demonstrate ethical behavior, which aims at the ethical compliance of employees while managing them, they contribute to the voluntary compliance of all staff to the support of their decisions and ultimately, to the achievement of the short-term goals and organizational performance (Brown et al., 2005). In addition, ethical leadership is the best tool for creating a democratic environment between individuals and organizations (Held, 2006), eventually leading to a strong link between ethical and effective leadership, as well as to satisfaction of employees' expectations and community needs (Sigler & Pearson, 2000).

The basic provision of nursing is care. Nurses' global scarcity (WHO, 2020) requires adequate recruitment with quality characteristics, skills development, training and commitment of health workers to achieve the goals of sustainable development and global health (WHO, 2016). Taking into account the complex working environment of hospitals, nursing management must meet the challenges, create the conditions for smooth operation, and retain nursing staff at work by creating a work environment and culture that empowers, recognizes and rewards the work of nurses (Mpakola et al., 2015). In conclusion, a safe and supportive work environment is essential, as retaining nurses can affect cost and quality of care, productivity, workload, and working conditions (Buchan et al., 2018). With strategic planning, the role of leadership in nursing can be characterized as a cornerstone for creating and maintaining a quality health care system (Prevyzi & Kollia 2012). In terms of ethical leadership, what emerges in the eyes of employees is the leader's effort to support development, condition balancing, and create a climate of explanation (Toor & Ofori, 2009).

Conclusions: The value of ethical reasoning is that it serves as the foundation on which every organism must rely on, especially when it comes to health care organizations. In

conclusion, aiming at sustainability and organizational success, the nursing leadership should not ignore ethical rules, and positive approaches should be exposed so as to increase employee motivation, commitment, trust and performance. The literature shows that there is a need for a rigorous scientific approach to investigating the nurse's ethical leadership. The Greek version of ELS proves to be a valid and

reliable questionnaire which can be the basis for the investigation of ethical leadership in nursing in Greek hospitals. Its use can contribute valuable evidence to managers of health care organizations so as to promote ethical interventions and thoughts, collectively in the organization, and to achieve the desired goal of patient-centered care.

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