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The Ethical Leadership Scale (ELS): Italian adaptation and exploration of the nomological network in a health care setting

**The Ethical Leadership Scale (ELS): Italian adaptation and exploration of the nomological network in a healthcare setting**

**ABSTRACT**

**Aims**: To validate the Ethical Leadership Scale by Brown, Treviño and Harrison (2005) in Italian language, and assess, in healthcare setting, whether ethical leadership is related to leader-member exchange and also job satisfaction, work engagement, cynicism, and organizational service climate

**Background**: Ethics is a key component in healthcare professions, and leaders have to encourage ethical behaviour. Unfortunately, no instrument is currently validated in Italy and the associations between this construct and the proposed measures have been under-studied.

**Method**: A cross-sectional study was conducted in a large organization offering healthcare services. All employees were invited to fill an on-line survey. The answers of 637 respondents, working in 48 centres for elderly and disabled people, were examined with exploratory and confirmatory factor analyses and aggregated at the centre level to test the association among the examined measures.

**Results**: The 10 items on the ethical leadership scale load on a single factor, negatively related to cynicism and positively related to the other examined variables.

**Conclusion**: The proposed scale is a reliable tool to assess the ethical leadership of Italian health care managers and nurse leaders.

**Implications for Nursing Management**: The scale allows to assess and monitor ethical leadership in health care workplaces. Supporting ethical leadership may stimulate employees' work attitudes and promote organizational service climate.

**Keywords:** *Ethical leadership; service climate; work engagement; burnout; scale validation.*

## INTRODUCTION

Currently, leaders' behaviour is under scrutiny after the many financial scandals recorded around the world (Den Hartog, 2015) and reported in both the scientific and business literatures (Brown, Gordon, & Rose, 2018; Plinio, Young, & Lavery, 2010). The attention paid to managers' ethical behaviour is increasing in many workplaces and, particularly, in healthcare services (Zhao & Xia, 2019). Although individuals are responsible for their own ethical behaviours, there is an increasing awareness of the important role of the ethical infrastructures of organizations (such as, ethical codes, ethical climate, or ethical culture) (Treviño, den Nieuwenboer, & Kish-Gephart, 2014). Beyond these regulatory provisions, however, at the same time, the role of leaders is recognised in actively shaping organizations to become more ethically oriented (Schaubroeck et al., 2012).

Paying particular attention to the role of managers in determining ethical conduct in healthcare organizations, in this paper we first review some definitions of ethical leadership and some of the effects of adopting an ethical style. Specifically, we will describe the conceptualization provided by Brown, Treviño, and Harrison (2005) and the different components or behaviours that have been proposed to characterize the ethical leadership construct (Resick, Hanges, Dickson & Mitchelson, 2006; Kalshoven, Den Hartog & De Hoogh, 2011). Two literature reviews (Den Hartog, 2015; Trevino et al., 2014), as well as specific studies (among others, Neves & Story, 2014; Demirtas & Akdogan, 2014), describe some of the effects of ethical leadership at the individual, group, and organizational levels, and they also highlight the availability of different measurement tools to assess ethical leadership. In this regard, we describe in some detail one of the most widely used scales in the literature (Den Hartog, 2015), the Ethical Leadership Scale (ELS) developed by Brown et al., (2005).

Taking all of this into account, this study aims to: 1) adapt and validate the ELS in the Italian language; and 2) contribute to the literature on ethical leadership by extending its nomological network. For the validation process, we focus on the construct validity of the ELS by using exploratory and confirmatory factor analyses to test its monofactorial structure and reliability. We also test the scale's convergent and discriminant validity by assuming that leader-member exchange

and cynicism are, respectively, positively and negatively related to ethical leadership. Second, considering that nomological validity examines whether the measure of a construct "exhibits relationships with measures of other constructs in accordance with relevant theory" (Edwards, 2003, p. 330), we investigate whether ethical leadership is associated with theoretically related constructs, namely employees' work engagement, job satisfaction, and organizational service climate.

Having a tool to measure ethical leadership, together with a richer knowledge about the correlates of this construct, will allow Italian managers, nurse leaders, consultants, and scholars to assess, recognize, and articulate the ethical responsibility of supervisors, in general, and nurse leaders, in particular.

*Definitions, outcomes and measurements of ethical leadership*

In the early 1920s, scholars started to pay considerable attention to leadership styles, focusing on the appropriate conduct of leaders and the role they play as transmitters of values to followers. As a result, morality issues began to be considered a component of transformational leadership (Treviño, Brown, & Hartman, 2003), leading to extensive literature on ethical leadership.

Many leadership styles, such as transformational leadership, authentic leadership, servant leadership, and spiritual leadership, include aspects related to ethical behaviours in their definition and description (Bedi, Alpaslan, & Green, 2015; Den Hartog, 2015). However, despite the presence of ethical aspects, these styles do not focus on ethical behaviours, and they may even have unethical consequences (Barling, Christie, & Turner, 2008).

Filling a gap in the literature, Brown, Treviño and Harrison (2005) conceptualized ethical leadership as the influence leaders may have on the ethical behaviours of followers, and they defined it as "the demonstration of normatively appropriate conduct through personal actions and interpersonal relationships, and the promotion of such conduct to followers through two-way communication, reinforcement, and decision-making" (p. 120).

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In this definition, the leader is conceived of as a moral person, due to his/her own personal traits, character, and altruistic motivation, and as a moral manager who proactively influences followers' ethical behaviour (Brown & Treviño, 2006).

Over time, other conceptualizations of ethical leadership have been provided. Resick, Hanges, Dickson and Mitchelson (2006) described ethical leadership consisting of six different dimensions (character and integrity, ethical awareness, community/people-orientation, motivating, encouraging and empowering, and managing ethical accountability). Kalshoven, Den Hartog and De Hoogh (2011), instead, used seven dimensions to define ethical leadership: fairness, power sharing, role clarification, people-oriented behaviour, integrity, ethical guidance, and concern for sustainability.

Scholars have also examined why leaders who behave ethically promote the ethical behaviour of their followers. Two theories used to describe this transmission process are Social Learning Theory and Social Exchange Theory (Brown & Treviño, 2006; Brown et al., 2005; Moore et al., 2019). Social Learning Theory (Bandura, 1986) establishes that virtually anything can be learned through vicarious learning, enacted through a person who acts as a role model and uses rewards and punishments. Observing the behaviour of supervisors, employees learn which behaviours their leaders expect from them, and, once implemented, these behaviours are rewarded and reinforced. Social Exchange Theory (Blau, 1964), however, highlights that the ethical leadership behaviours implemented by supervisors create a sense of personal obligation in employees, who should be inclined to reciprocate the fair and caring treatment received from the supervisors while performing their tasks.

Communicating, acting as a role model, and rewarding and punishing specific behaviours are the main mechanisms that explain how leaders shape perceptions, norms, and behaviours of followers (Brown & Treviño, 2006). Regarding the effects of ethical leadership, the literature suggests that they are related, among others, to an enhanced sense of meaning and well-being in the workplace (Avey, Wernsing, & Palanski, 2012), organizational commitment to the organization (Lotfi, Atashzadeh-Shoorideh, Mohtashami, & Nasiri, 2018; Neves & Story, 2013), trust in organizations (Xu, Loi, & Ngo, 2014), and organizational ethical climate (Demirtas & Akdogan, 2014; Treviño et al., 2014).

Furthermore, ethical leadership seems to be positively associated with work engagement (Ahmad & Gao, 2018; Asif, Qing, Hwang, & Shi, 2019), job satisfaction (Benevene et al., 2018; Qing, Asif, Hussain, & Jameel, in press), and leader-member exchange (Walumbwa et al., 2011), and it seems to be negatively associated with employee burnout (Mo & Shi, 2017).

All these results suggest that ethical leadership is a fundamental aspect of the everyday practice and decision making of formal nurse leaders (Storch, Makaroff, Pauly, & Newton, 2013) and healthcare practitioners, and that it is urgent to strengthen and support their contribution as ethical leaders (Makaroff, Storch, Pauly, & Newton, 2014).

Although qualitative methodologies have been used to investigate ethical leadership (Barkhordari-Sharifabad, Ashktorab, & Atashzadeh-Shoorideh, 2018; Makaroff et al., 2014), reliable and valid questionnaires are also available to quantitatively measure the ethical leadership of managers and supervisors. The first and most widely used tool for assessing ethical leadership is the Ethical Leadership Scale (ELS) developed by Brown, Treviño and Harrison (Brown et al., 2005). It consists of a mono-dimensional, 10-item instrument, rated on a 5-point Likert scale (from strongly disagree to strongly agree). It may be used in different types of organizations, and it covers the three core components of ethical leadership proposed by these authors (acting fairly, allowing voice, and rewarding ethical conduct). Another mono-dimensional scale is the Ethical Leadership Questionnaire developed by Yukl, Mahsud, Hassan and Prussia (2011), while a multi-dimensional scale is the Ethical Leadership at Work questionnaire, proposed by Kalshoven, Den Hartog and De Hoogh (2011).

Although all these instruments are effective tools to measure ethical leadership (Den Hartog, 2015), the brevity and adaptability of the ELS to multiple contexts makes it one of the most versatile and widely used instruments to assess ethical leadership. In fact, the meta-analysis conducted by Bedi, Alpaslan, and Green (2015) includes about 100 studies that used the ELS. In addition, the scale has good reliability, with Cronbach's alphas close to or above .90 (Brown et al., 2005; Mayer, Aquino, Greenbaum, & Kuenzi, 2012; Walumbwa et al., 2011). In Italy, to our knowledge, only one study has

been published using a version of the ELS adapted to the context of volunteering (Benevene et al., 2018). Thus, it is an important priority to make available an Italian version of the ELS validated in a study in healthcare organizations.

*Objectives*

This study aims to: (a) test the mono-dimensionality, reliability (alpha and composite reliability), and convergent and discriminant validity of the Italian version of the ELS; and (b) extend the nomological network of this construct by testing the relationships between ethical leadership and the other constructs measured in this study. In particular, the construct validity will be assessed by conducting exploratory and confirmatory factor analyses of the scale; the convergent and discriminant validity will be assessed by correlating, respectively, the ELS with a measure of leader-member exchange and cynicism; for the nomological validity, the ELS will be correlated with measures of employees' job satisfaction and work engagement, as well as organizational service climate.

Building on multilevel theory (Klein & Kozlowski, 2000), we assume that leaders and supervisors typically manage a group of followers who, over time, tend to share perceptions of their leader's behaviours and the work attitudes and work behaviours that are influenced by his/her ethical leadership style. For this reason, to test, respectively, convergent and discriminant validity, we hypothesized that ethical leadership, as perceived by employees coordinated by the same supervisor and working in a same unit or centre, would be positively related to leader-member exchange (*Hypothesis 1*) and negatively related to cynicism (*Hypothesis 2*). To test the nomological validity, we hypothesized that ethical leadership would be positively related to job satisfaction, work engagement, and organizational service climate, as experienced by that group of employees (*Hypothesis 3*).

**METHOD**

*Research design and participants*

The study consists of a cross-sectional research conducted in a large private organization specialized in personal care services in Northern Italy. Except 4% of administrative staff in the headquarter, the 96% of employees work in the care services. An online survey was proposed to all the employees of the centres, composed by healthcare personnel, professional nurses, social assistants, the managers of the service and other roles involved in the functioning of the centres. Our survey was answered by 678 employees working in centres or houses for elderly and disabled people. Considering that our hypotheses were at the centre level, we took into account only respondents working in centres where at least four employees answered the survey, resulting in 637 employees, working in 48 centres. They took part in the study voluntarily and did not receive any form of financial or non-financial compensation. They all received information about study aims, data treatment, and anonymity, and they could withdraw from the study at any time. The board of directors and the ethical supervisory board of the company approved the study.

*Procedure*

This study is part of a larger study required by the organization to assess the well-being of workers and the attention to the service provided to customers. All the employees of the cooperative received an email informing them about the study and inviting them to complete the questionnaire. The email assured participants that they were free to participate, or not, in the study, and it included a link to the online questionnaire, composed of self-report measures made available on the organizational intranet. A period of three weeks was given to answer the questionnaire. One reminder was sent before the deadline, and a one-week extension was granted at the end to give employees another opportunity to participate. By agreeing to fill in the questionnaire, participants provided their informed consent.

Data collection and analyses in this study were carried out in agreement with the Helsinki Declaration (and subsequent revisions) and the Italian regulations on data protection and privacy (Law number 196/2003). The ELS was translated into Italian by two experts on the topic, and it was back-translated into English by a native English speaker and two non-Italian master students with an

excellent mastery of both Italian and English language. The two versions were compared and discrepancies were resolved through discussion.

*Measures*

The questionnaire included the scales described in the following paragraphs.

*Ethical Leadership*: Employees' perceptions of the ethical behaviour of the director or coordinator of the centre were assessed with the Ethical Leadership Scale by Brown, Treviño and Harrison (2005). It consists of 10 items, rated on a 5-point Likert response scale (from *Strongly Disagree* to *Strongly Agree*). An example of an item is: "My supervisor discusses business ethics or values with employees". Table 2 displays the complete list of items in both English and Italian.

*Organizational Service Climate*: Organizational service climate was assessed using the measure of service climate validated by Carrasco, Martínez-Tur, Peiró and Moliner (2012) and adapted to Italian by Zappalà, Martínez-Tur and Mariani (2018). This measure assesses the importance the organization attributes to providing good service to customers or clients. It is composed of 16 items rated on a 7-point Likert scale (from *Strongly Disagree* to *Strongly Agree*), four items for each of the four dimensions of the measure, which are: global service climate, customer feedback, customer orientation, and managerial practices. *Global service climate* is an overall measure of the service climate in the organization. An example of an item is: "Employees are provided with tools, technology, and other resources to support the delivery of quality work and service". *Customer feedback* refers to the relevance and use of customers' feedback. An example of an item is: "Opinions and complaints of service users are taken into account in an effort to improve". *Customer orientation* describes employees' effort to meet users' needs and expectations about service quality, whereas *Managerial practices* refers to the efforts that supervisors make in supporting and rewarding service quality actions of their workers. Examples of items for these dimensions are: "The decisions always

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take service users into consideration"; and "My immediate boss thinks providing excellent service quality is more important than anything else".

*Work engagement*: Work engagement, defined as employees' positive state of mind, characterized by vigour, dedication, and absorption (Schaufeli, Salanova, González-Romá, & Bakker, 2002), was assessed with the 9-item version of the Utrecht Work Engagement Scale (Schaufeli, Bakker, & Salanova, 2006). The 7-point response scale ranges from 0 (*Strongly disagree / never*) to 6 (*Strongly agree / every day*). An example of an item is: "I am enthusiastic about my job".

*Job satisfaction*: Employees' perception of satisfaction with their job was assessed, following Wanous, Reichers and Hudy (1997), with a single item that investigates this dimension using an overall approach. The item asked "Overall, how satisfied are you with your job?"; and answers are given on a 7-point Likert scale (1 = *Not at all*, 7 = *Very much*).

*Leader-Member exchange*: The dyadic relationship between employees and their direct supervisor was assessed with the Italian adaption of the Leader-Member Exchange scale by Graen and Uhl-Bien (1995). The 7 items on the scale, rated on a 7-point Likert scale (1 = *Completely disagree*, 7 = *Completely agree*), refer to different aspects of the relationship with the supervisor from the point of view of the employees. An example of an item is: "I have a good working relationship with my supervisor".

*Cynicism*: Cynicism, a negative, hostile, or excessively detached response to the job, was assessed with the 5 items from the cynicism dimension of the Maslach Burnout Inventory - General Survey, developed by Maslach, Jackson and Leiter (1996), and validated in Italian by Borgogni, Galati, Petitta and Centro Formazione Schweitzer (2005). The 7-point response scale ranged from 0 (*Never*) to 6 (*Every day*). An example of an item is: "I have become less enthusiastic about my work".

*Data Analysis*

Demographic data were analysed to describe the characteristics of the participants in the study. Then, descriptive statistics, skewness, and kurtosis were computed to assess the normal distribution of the scales.

The factorial structure of the Italian version of the ELS was assessed by performing an exploratory factor analysis (EFA) using Maximum Likelihood estimates with SPSS 25, and then a confirmatory factor analysis (CFA) with Amos 25. Before running the factor analyses, we used the SPSS random split routine to divide the total sample into two sub-samples. Sub-sample 1 (n = 322) was used to perform the EFA, and sub-sample 2 (n = 315) was used to compute the CFA, testing the factor solution resulting from the EFA. According to the literature (Hair, Black, Babin, & Anderson, 2010), a standardized loading estimate score of .50 was used as a threshold for factor loadings. Furthermore, the CFA model was assessed using the following goodness-of-fit criteria: chi-square value ($\chi^2$); Root Mean Square Error of Approximation (RMSEA); Comparative Fit Index (CFI); and Tucker-Lewis Index (TLI).

Cronbach's alpha and Composite Reliability (CR) were used to assess the reliability of the items. According to the literature, acceptable values for these two analyses has to be higher than .70 (Hair, Black, Babin, & Anderson, 2010)..

Before testing the hypotheses related to convergent, discriminant, and nomological validity, to check the possibility of aggregating the measures at the team/centre level by assessing the inter-rater agreement (IRA), we computed the $rwg_{(j)}$ index (James, Demaree, & Wolf, 1984). This index indicates the agreement among raters, in this case among the employees. In other words, the index describes the degree to which different raters provide a similar (or the same) rating for the same stimulus and, thus, whether their assessments can be considered interchangeable. Because the indexes indicated that there was enough agreement among employees from each centre, we proceeded to aggregate the scores at the centre level by computing the averages for all the study variables at the centre level. Finally, we computed the correlations, at the centre level, between the ELS and the other variables used in this research.

**RESULTS**

Results showed that 87.6% of the 637 respondents were female, and that the average age of employees was 43.74 ($SD = 10.49$), with an average tenure of 9.03 years ($SD = 7.24$). Most of the respondents (78.6%) worked in 33 centres for elderly people, and the remaining 136 (representing 21.4% of our sample) worked in 15 centres for disabled people. The response rate for the two types of centres was, respectively, 27% and 47%. Among the respondents, 58 fulfilled managerial duties, and 437 employees were healthcare personnel (15.8% of them were professional nurses). The remaining respondents performed duties of social workers, assistants, maintenance workers, educators, cooks, or administrative employees, or they did not answer the question about their role. The average number of respondents in each centre was 13 (range: 4 – 27).

Table 1 shows additional information about the participants.

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Insert here Table 1

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Table 2 reports the average value, skewness, and kurtosis scores for each item on the ELS. These latter scores are within the range of $-2$ and $+2$, supporting a normal univariate distribution for each item and for the whole ELS (Gravetter & Wallnau, 2014). The average value of the ELS in the sample is 4.05 ($SD = 0.91$).

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Insert here Table 2

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Following the data analysis procedure described above, an EFA was performed on sub-sample 1 using Maximum Likelihood estimates. The Kaiser-Meyer-Olkin (KMO) value of .95 and the Bartlett test results ($\chi^2 = 2491.77$, df $= 45$, p<.001) indicated that the sample was adequate for factor analysis.

The exploratory factor analysis showed a unique factor with an eigenvalue greater than 1, explaining 67.6% of the total variance. Factor loadings, reported in Table 3, ranged between .54 and .88.

A confirmatory factor analysis was conducted on the second sub-sample of participants. The one-factor model, accounting for 77.4% of the total variance, showed the following fit values: $\chi^2 = 104.67$, df = 35, p<.001; $\chi^2$/df = 2.99; RMSEA = .08, CFI = .97, and TLI = .95. Standardized factor loadings, reported in Table 3, ranged between .55 and .88.

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Cronbach alpha and composite reliability indices were used to assess the reliability of the ELS. The analyses, considering the whole sample, yielded scores of .94 and .95, respectively.

Before aggregating the answers of the subordinates or collaborators reporting to the same coordinator within each centre for each scale in the study, we computed the interrater agreement across centres. The interrater agreement for the ELS was $rwg_{(j)}$ = .80. The interrater agreement scores for the other dimensions are reported in Table 4.

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Most of the interrater agreement scores were above .63, with the exception of cynicism, which was .40; accordingly, we proceeded to aggregate and compute averages scores at the centre level for all the study variables.

Correlations reported in Table 5 indicate that ethical leadership is significantly and positively related to leader-member exchange (r = .89, p < .001), and negatively related to cynicism (r = -49, p < .001), thus confirming hypotheses 1 and 2.

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Table 6 shows that the shared perceptions of ethical leadership are significantly and positively related to the four dimensions of service climate (global service climate, customer feedback, customer orientation, and managerial practices) and to work engagement (r = .51, p < .001) and job satisfaction (r = .49, p < .001), thus confirming Hypothesis 3.

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**DISCUSSION**

This study aimed to examine the psychometric properties of the Ethical Leadership Scale (ELS) developed by Brown, Treviño, and Harrison (2005) in Italian healthcare workers, and explore the nomological network of this construct.

The reliability of the ELS scale was assessed through the alpha and CR values, both above the cut-off of 0.70. The exploratory and confirmatory factorial analyses confirmed the mono-dimensionality of the scale by reporting excellent saturations and model fit (Hair, Babin, & Anderson, 2010). As far as the correlations with other measures are concerned, the analyses allowed the aggregation of the measures surveyed at the centre level, with some caution in the case of the cynicism scale, for which the rwg value of .40 suggested only weak agreement among the employees (O'Neill, 2017). Then, the significant correlations with all the study variables in the expected direction confirmed the construct validity of the ELS in its factorial, convergent, discriminant, and nomological facets. Therefore, these results confirm that the Italian adaptation of the ELS is a valid and reliable tool to assess ethical leadership in Italian health-care contexts.

The results also extend research on ethical leadership in different ways. First, this study confirms that, as already observed in the literature, the ethical leadership construct is related to work engagement (Ahmad & Gao, 2018; Asif, Qing, Hwang, & Shi, 2019), job satisfaction (Benevene et al., 2018; Qing, Asif, Hussain, & Jameel, in press), and leader-member exchange (Walumbwa et al., 2011), extending the existence of these associations to a healthcare setting. In particular, the positive relationship with leader-member exchange confirms that ethical leadership, although different, shares some characteristics with other leadership styles, which in this case is the positive orientation towards employees in order to share and implement moral and ethical behaviours (Den Hartog, 2015). Second, this research shows the negative and direct relationship between ethical leadership and cynicism. Another study conducted with employees in a pharmaceutical retail chain company found that the relationship between ethical leadership and burnout was mediated by trust in the leader (Mo & Shi, 2017). We show that a direct association is also possible, and that this association involves at least one of the components of burnout, cynicism.

Thus, the results suggest that the perception of ethical leadership contributes, also in a healthcare setting, to promoting employees' positive perception of their work experience, increasing their work engagement and job satisfaction and reducing the perception of detachment from their job.

Another important result of this study is that the ethical leadership construct is not only related to attitudes and behaviours of individual employees, but it may also have an effect at the collective level. Our results are observed at the centre level, and so the perception of ethical leadership increases employees' overall, collective perception of working in a positive workplace that is also focused on providing good service to patients and their families. The positive relationships between the ELS and the four dimensions of organizational service climate suggest that leaders who behave ethically contribute to creating and maintaining the shared perception that the organization is oriented toward providing good service to patients and customers, in line with qualifying aspects of modern healthcare services (Magelssen, Gjerberg, Lillemoen, Førde, & Pedersen, 2018; Sofarelli & Brown, 1998). Thus,

if ethical leadership was observed to be related to ethical climate (Demirtas & Akdogan, 2014; Treviño et al., 2014), this study shows that it is also related to organizational service climate.

Although the scale has been found to be an instrument that can be used in the Italian context, this study has some limitations. First, it took into account staff working in healthcare services for elderly and disabled people, but extending the validity studies to other types of health centres (such as general hospitals or other types of health services) and/or to other types of patients (such as patient with chronic illnesses, mental health issues or substance use disorders), would improve the generalizability of our results to the wider healthcare context. Second, this study tested only the construct validity of the Italian version of the ELS, without considering other forms of validity, particularly, predictive validity and concurrent validity (we used leader-member exchange, but relationships with other ethical leadership scales and/or other leadership styles should be further investigated). Third, considering our aims, we did not investigate whether employees' personal characteristics, such as gender, age, or seniority, are related to the perception of ethical leadership. Future studies should investigate this question. Finally, our results are based on employees' self-report data: independent assessments regarding, for instance, job or organizational performance or customer/guest satisfaction, should be used to investigate the impact of ethical leadership on independently assessed job or centre performance.

**CONCLUSIONS**

Currently, formal nurse leaders or coordinators of healthcare services, when confronted with decisions related to services, employees, or guests, may rely on the ethical code or ethical programs of their organization. However, the mere availability of such guidelines is not enough to guarantee that employees will adopt these perspectives and behave morally and ethically. It is even harder to assess how much leaders and team or centre coordinators behave ethically.

Researchers, formal nurse leaders, and coordinators of healthcare centres may find the Italian version of the ELS to be a valid and reliable tool to study, assess, and promote ethical leadership in

Italian-speaking employees. This may help to deliver better and more respectful service to the patients. Moreover, because ethical leadership is related to the collective perception of work engagement, job satisfaction, and organizational service climate, it may also stimulate health centres to become even more respectful and morally oriented workplaces.

**IMPLICATIONS FOR NURSING MANAGEMENT**

Our research has three relevant implications for nursing management. First, it provides a tool that managers can adopt to assess the level of ethical attitudes and behaviours perceived by employees and users when interacting with nurse leaders and service coordinators. Second, the ELS can be used when instructing nurse leaders, in order to promote self-awareness and train them to increase their ethical leadership behaviours. Third, the extension of the nomological network of ethical leadership suggests that when healthcare organizations promote this leadership style, they may also expect an increase in employees' job satisfaction and work engagement, an improvement in the service climate, and a decrease in employees' cynicism.

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**Table 1**. Demographic characteristics of the participants (N = 637)

| Variable | Frequency | Percentage |
|---|---|---|
| Gender | | |
| Male | 79 | 12.4 |
| Female | 558 | 87.6 |
| Age (years) | | |
| ≤30 | 93 | 14.6 |
| 31-45 | 250 | 39.2 |
| 46-59 | 261 | 41.0 |
| ≥60 | 33 | 5.2 |
| Type of centre | | |
| Elderly people | 501 | 78.6 |
| Disabled people | 136 | 21.4 |
| Job category | | |
| Health personnel | 437 | 68.6 |
| Social workers/assistants | 79 | 12.4 |
| Managers | 58 | 9.1 |
| Maintenance workers/cooks | 29 | 4.5 |
| Educators | 15 | 2.4 |
| Administrative employees | 10 | 1.6 |
| Not specified | 9 | 1.4 |
| Organizational tenure | | |
| ≤5 | 237 | 37.2 |
| 6-10 | 177 | 27.8 |
| 11-15 | 106 | 16.6 |
| 16-20 | 76 | 12.0 |
| ≥21 | 41 | 6.4 |

**Table 2**. Descriptive statistics for each item on the Ethical Leadership Scale (N = 637)

| Items | Mean (SD) | Skewness | Kurtosis |
|---|---|---|---|
| 1. *Listens to what employees have to say (*Ascolta ciò che gli impiegati hanno da dire) | 4.22 *(1.05)* | -1.47 | 1.54 |
| 2. *Disciplines employees who violate ethical standards* (Prende azioni disciplinari per i lavoratori che violano gli standard etici) | 3.69 *(1.24)* | -0.72 | -0.37 |
| 3. *Conducts his/her personal life in an ethical manner* (Conduce la sua vita personale in una maniera etica) | 4.34 *(0.94)* | -1.32 | 1.07 |
| 4. *Has the best interests of employees in mind* (Ha in mente i migliori interessi per i lavoratori) | 3.88 *(1.16)* | -0.95 | 0.16 |
| 5. *Makes fair and balanced decisions* (Prende decisioni eque ed equilibrate) | 3.91 *(1.18)* | -0.93 | -0.01 |
| 6. *Can be trusted* (Ci si può fidare di lui/lei) | 4.16 *(1.12)* | -1.33 | 0.98 |
| 7. *Discusses business ethics or values with employees* (Discute l'etica o i valori aziendali con i lavoratori) | 4.10 *(1.08)* | -1.19 | 0.76 |
| 8. *Sets an example of how to do things the right way in terms of ethics* (Indica esempi di come fare le cose nel modo giusto in termini etici) | 4.12 *(1.08)* | -1.23 | 0.89 |
| 9. *Defines success not just by results but also the way that they are obtained* (Definisce i successi non solo in termini di risultati ma anche in base a come questi sono stati ottenuti) | 3.99 *(1.10)* | -1.00 | 0.31 |
| 10. *When making decisions, asks "what is the right thing to do?" (*Quando prende decisioni, chiede "qual è la cosa giusta da fare?") | 3.87 *(1.25)* | -0.96 | -0.08 |
| Mean of the scale *(SD)* | 4.05 *(0.91)* | -1.08 | 0.65 |

**Table 3.** Factor loadings of Exploratory and Confirmatory Factor Analyses in the two sub-samples
($N_1 = 322$; $N_2 = 315$)

| Items | Sample 1 (EFA) | Sample 2 (CFA) |
|---|---|---|
| Item 1 | .82 | .83 |
| Item 2 | .56 | .62 |
| Item 3 | .54 | .55 |
| Item 4 | .88 | .84 |
| Item 5 | .88 | .88 |
| Item 6 | .87 | .87 |
| Item 7 | .83 | .80 |
| Item 8 | .84 | .85 |
| Item 9 | .87 | .88 |
| Item 10 | .83 | .85 |

**Table 4.** Means, standard deviations, Cronbach alphas, and rwg(j) interrater agreement of the study variables (N = 637)

| Variables | M | SD | Alpha | rwg$_{(j)}$ |
|---|---|---|---|---|
| 1. Ethical Leadership | 4.05 | 0.91 | .94 | .80 |
| 2. Global service climate | 5.28 | 1.26 | .84 | .75 |
| 3. Customer feedback | 5.78 | 1.20 | .85 | .79 |
| 4. Customer orientation | 5.72 | 1.34 | .91 | .75 |
| 5. Managerial practices | 5.57 | 1.54 | .94 | .63 |
| 6. Work engagement | 4.97 | 0.98 | .92 | .92 |
| 7. Job satisfaction | 5.85 | 1.13 | - | .63 |
| 8. Leader-Member exchange | 5.09 | 1.64 | .94 | .57 |
| 9. Cynicism | 1.38 | 1.31 | .72 | .40 |

**Table 5.** Correlations of ethical leadership with leader-member exchange (LMX) and cynicism related to, respectively, convergent and discriminant validity (N = 48 centres)

|  | LMX | Cynicism |
| --- | --- | --- |
| Ethical leadership | .89*** | -.49*** |

*** p <.001.

**Table 6.** Correlations between ethical leadership and other variables, related to nomological validity (N = 48 centres)

|  | Organizational service climate | | | | Work engagement | Job satisfaction |
| --- | --- | --- | --- | --- | --- | --- |
|  | Global service climate | Customer feedback | Customer orientation | Managerial practices |  |  |
| Ethical leadership | .71*** | .74*** | .70*** | .92*** | .51*** | .49*** |

*** p <.001.