

Bridging the Gap between Ethical Climate and Nurses' Service Behaviors: the Critical Role of Professional Well-Being

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Abstract: Although the importance of nurses' service behaviors has been increasingly emphasized, few studies accounted for how organizational or individual antecedents affect nurses' psychological processes to implement service behaviors. Additionally, they mainly focused on the one side of role-prescribed service behavior and ignored the effect on extra-role service behavior. This study seeks to explore the relationship between ethical climate and nurses' service behaviors from a comparative view, of the role-prescribed and extra-role service behavior and examine the mediating effect of nurses' professional well-being (as characterized by positive attitudes toward work, specifically harmonious work passion and obsessive work passion). Survey data from 378 nurses in China indicate that nurses' harmonious work passion mediated the effects of ethical climate on both their role-prescribed and extra-role service behavior; however, obsessive work passion only mediated the effect of ethical climate on role-prescribed service behavior. Managerial implications and future research directions are discussed in this study.

Keywords: Service behavior; professional well-being; work passion; ethical climate

1 Introduction

As there is considerable emphasis on the provision of patient-centered service in all aspects of health care [1], growing research attention is being devoted to factors contributing to providing high quality service [2]. Empirical evidence shows that, to the extent nurses are able to deliver high-quality care and service; patients are more likely to generate favorable evaluations of service encounters [3], and experience higher satisfaction [4,5], which, in turn, affect organizational effectiveness and performance [6]. Therefore, it is important to understand what predicts nurses' service behaviors.

Nurses' service behavior describes a moral philosophy with core values: considering patients' needs, wants, and preferences [7]. On this account, nursing is an "ethical laden practice" [8]. However, the ethical consideration of nurses' service behaviors has been ignored by previous researchers [9]. Moreover, climate determines how individuals behave by influencing how they think and feel about certain aspects of their environment [10], but researches in service behaviors considering the ethical aspect of climate remains limited. Ethical climate is "the shared perceptions of what ethically correct behavior is and how ethical issues should be handled" [11,12], which is an essential element in affecting nurses' behaviors and practices [13]. However, there's little attention to examine how the organizational ethical climate affect nurses' psychological processes to implement service behaviors, and the mechanism of this process is still dimness. Additionally, researchers have theorized and empirically supported that there are two types of employee behaviors, such as role-prescribed and extra-role behaviors [14,15,16]; Nevertheless, the existing studies



have been limited in being mainly focused on either role-prescribed or extra-role behaviors, but not both concurrently.

Additionally, improving the professional well-being of health care providers cannot be neglect as it is directly linked to effective and safe nurses' care service [17]. Professional well-being broadly defined as autonomy, aspiration and professional competence [18] represents one of the most important aspects of efficient psychological functioning. These concepts tap aspects of job-related motivation, ambition, self-efficacy and achievement. Previous research findings indicated that declines in professional well-being are associated with decreased quality of patient care [19], which means professional well-being may be the nurses' psychological processes to implement service behaviors. Often overlooked is the fact that professional well-being is a multidimensional construct and the indicators of it are broad and complex, such as exhaustion [17], burnout [19,20], job satisfaction/dissatisfaction [17,19,21], work stress [20], intentions to turnover [19], work engagement [17], and so on. To today, however, the roles of indicators of professional well-being in service behaviors of nurses remain largely unaddressed.

Some authors have suggested that having a passion for an activity represents an important type of high involvement in activities that may lead to sustainable positive effects on professional well-being [22]. According to Fowler [20], professional well-being is characterized by positive attitudes toward work, and work passion is an individuals' strong inclination toward work activities in which they invest time and energy [23]. Then, we focus on the motivations component and use work passion as the operationalized nurses' professional well-being in the following sections.

To address the abovementioned gaps in research on service behavior, this study aims to contribute to extant literature in three ways. First, we extend prior research on service behavior into the nursing ethics context and offer a more nuanced conceptualization of nurses' service behavior as kind of patient-oriented ethical behavior. Second, by applying the theories of work passion [24,25], which include both harmonious work passion (HWP) and obsessive work passion (OWP), this study offers a finer-grain examination of the effect of professional well-being in the relationship between ethical climate and nurses' service behaviors. Finally, and most importantly, this study examines the relationship from a comparative view of the role-prescribed and extra-role service behavior, and the application of the dualistic model of work passion allows a thorough understanding of how each of the work passion types would relate to role-prescribed and extra-role service behavior, respectively. The practical goal of this study is to develop prevention programs and implement intervention measures that will benefit professionals who work in healthcare environments.

2 Literature Review and Hypotheses

2.1 Ethical Climate and Service Behavior

In nursing research, service behavior refers to the caring or helpful behavior of nurses directed towards the patients, which is kind of patient-oriented ethical behavior [26]. Especially in the context of healthcare environments, nurse's role-prescribed service behavior (RSB) is defined as the extent to which nurses understand the patient's needs and desires and can therefore help or provide solutions for patients [16], as well as extra-role service behavior (ESB) is described as the extent to which nurses' non-compulsive, helpful and constructive behaviors involving serving and helping patients [9,27]. Both RSB and ESB are discretionary in nature and have a strong flavor of service orientation that involves satisfying patients with job-related issues [28].

However, what causes nurses' service behaviors? According to Bandura's social cognitive theory [29], the behavior of individuals is the reciprocal result of interaction with environmental factors, such as organizational expectations, and the behavior itself. Because the ethical climate in nursing is the nurses' perceptions of handling ethical issues in their work setting [30], we believe that it is an essential environmental factor in affecting nurses' service behaviors. Current literature suggests that ethical climate not only affects which issues organizational members consider to be ethics-related, but also determines the ethical standards that members use to understand, weigh, and resolve such issues [31]. On one side, as the effect of ethical climate occurs through formal culture, including leadership, structure, policies, reward

systems, socialization mechanisms, and decision-making processes [30], we propose that ethical climate will lead to higher levels of RSB. On the other side, as the ethical climate also occurs through the informal atmosphere, manifesting itself in behavioral norms, role models, rituals, historical anecdotes, and languages [30,32], we propose that ethical climate will lead to higher levels of ESB.

Hypothesis 1a: Ethical climate is positively related to RSB.

Hypothesis 1b: Ethical climate is positively related to ESB.

2.2 Mediation Effect of Work Passion

Vallerand et al. [24] defined passion as a strong inclination toward an activity that one likes, finds important, and in which one invests time and energy. Later, Zigarmi et al. [25] proposed a process model for the formulation of employee work passion, in which employee work passion stems from both the individual's perceptions of job conditions and organizational conditions, and results in organizational role behaviors and job role behaviors. As ethical climate is a typical workplace climate as organizational condition, and work passion appears to be adaptive to contextual influences [33]. Together, the above reasoning suggests that organizational ethical climate will have effect on nurse's work passion.

When it comes to the consequence of work passion, researchers have empirically supported the link between work passion and employee performance [34]. However, the existing studies have predominantly focused on role-prescribed behaviors [34,35], with no research to date examining the link between work passion and ESB. RSB is described as required or expected nurse's service behavior which is derived from implicit norms in the working environment or from explicit duties and responsibilities prescribed in hospital documents [16,36]. As RSB is nurse's task performance, it is obviously a kind of job role behavior. Besides, because ESB is made up of discretionary behaviors directed toward the organization or patients in nursing care that exceed formal job requirements [16,27], it's similar to organizational citizenship behaviors and it is a kind of organizational role behavior. According to Zigarmi and his colleagues' [25,37] work passion model, both organizational role behaviors and job role behaviors are the consequence of employees' work passion, so do the RSB and ESB. Taken together, the above reasoning suggested that passionate nurses are more likely to display RSB and ESB.

Recent research has advanced and empirically supported a dualistic model of work passion that includes two distinct types: HWP and OWP [24,38]. The main difference between the two passion types is in the way how the activity is internalized in a person's identity [23,39]. HWP results from autonomous internalization of a favorite activity into one's identity; individuals willingly engage in the activity and sustain it in harmony with other aspects of their lives [24]. In contrast, OWP from controlled internalization of an activity and is driven by intra- or interpersonal pressures, such as the need for self-esteem, acceptance or rewards [35,40].

HWP is associated with a voluntary or autonomous internalization of the work [24], meaning that nurses freely and voluntarily view the service behaviors as important because of characteristics of the work itself. Nurses who are harmoniously passionate about their work do it because they choose to, not because of any pressures or outcomes deriving from the work. As such, they view the work as important and significant to them, and they will engage in both RSB and ESB. Empirical evidence also shows that harmoniously passionate individuals are likely to spend more time dealing with work-related issues and doing things that are not technically required of them [41,42]. Overall then, we expect that HWP will be positively related to both types of service behaviors, and it will mediate the positive relationship between ethical climate and RSB and ESB, respectively.

Hypothesis 2a: HWP will mediate the effect of ethical climate on RSB.

Hypothesis 2b: HWP will mediate the effect of ethical climate on ESB.

There is limited research linking OWP to work performance, especially to the different types of service behaviors; thereby leaving gaps in understanding the nature of this relationship. According to conservation of resources theory [43], obsessively passionate nurses may participate in work-related activities, including both role-prescribed and extra-role behaviors, because they perceive these activities to be instrumental in

gaining desired resources. To maximize their resource gains, obsessively passionate nurses will engage in higher levels of RSB and ESB. Based on the above, we propose that OWP will be positively related to both types of service behaviors, and it will mediate the positive relationship between ethical climate and RSB and ESB, respectively.

Hypothesis 3a: OWP will mediate the effect of ethical climate on RSB.

Hypothesis 3b: OWP will mediate the effect of ethical climate on ESB.

With the theory of work passion as the theoretical framework, the aim of the present study is to investigate the mediating effects of nurses' work passion, both HWP and OWP on ethical climate as well as nurses' RSB and ESB. It was hypothesized that ethical climate relates to nurses' service behaviors. Moreover, nurses' HWP and OWP are mediators between ethical climate and nurses' RSB and ESB, respectively. The full theoretical model is presented in Fig. 1.

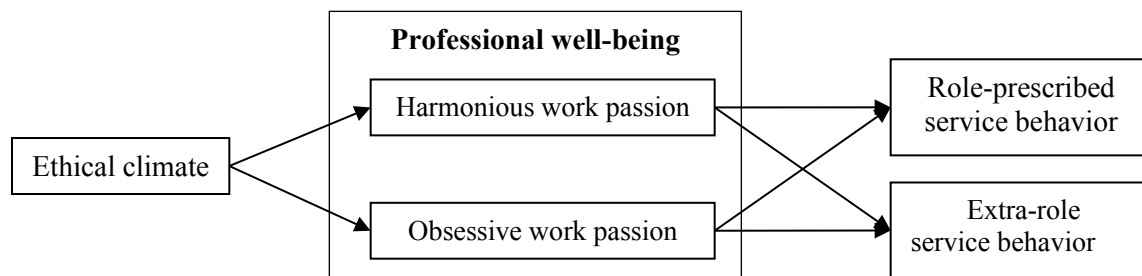


Figure 1: Conceptual model of the study

3 Methods

3.1 Data Collection and Sample

A pilot test was conducted for the initial questionnaire after being developed by a team of three doctors in management and medical. Based on the type of related questions, the length of the questions, the answer options, and the time to complete the questionnaire in the feedback, the questionnaire was modified and improved, resulting in the final questionnaire.

As WeChat is the most widely and frequently used social communication tool for general public in China, this makes it possible to administer questionnaires via WeChat [44]. We pushed the link of survey questionnaire to the WeChat users who are nurse working in the hospitals from the third author's WeChat account. The questionnaires were distributed by WeChat with the snowball sampling method. Each receiver was asked to forward the questionnaire link to their nurse colleagues through friends' network on WeChat, and ultimately, 439 questionnaires were collected. The invalid questionnaires were excluded based on the following exclusion criteria: repeated IP address in the response and completion time being too short (less than 200 seconds).

A total of 61 invalid questionnaires were excluded, resulting in 378 valid questionnaires from 12 provinces in China. Among the nurses, 94.7% were female, was young (89.9% under age 40), and had received collegiate education (52.7% had a bachelor's degree or above). Tab. 1 contains the data describing these samples.

Table 1: Demographic characteristics (n = 378)

<i>Demographics</i>	<i>Classification</i>	<i>Frequency</i>	<i>Percent</i>	<i>Cumulative Percent</i>
Gender	Female	358	94.7	94.7
	Male	20	5.3	100.0
Age (years)	≤ 20	27	7.1	7.1
	21-30	217	57.4	64.6
	31-40	96	25.4	89.9
	> 40	38	10.1	100.0
Clinical tenure (years)	≤ 5	182	48.1	48.4
	6-10	115	30.4	78.6
	11-15	35	9.3	87.8
	16-20	12	3.2	91.0
	> 20	34	9.0	100.0
Education level	Certificate (technical school)	47	12.4	12.4
	Junior college	132	34.9	47.4
	Bachelor's degree	192	50.8	98.1
	Master's degree or above	7	1.9	100.0
Professional title	Primary nurse	176	46.6	46.6
	Junior nurse	132	34.9	81.5
	Senior nurse	70	18.5	100.0
Employment type	Formal stuff	112	29.6	29.6
	Contracted stuff	215	56.9	86.5
	Temporary stuff	51	13.5	100.0
Position	Clinical nursing nurse	291	77.0	77.0
	Unit manager	78	20.6	97.6
	Supervisor or director	9	2.4	100.0
Nature of the hospital	Public hospital	289	76.5	76.5
	Private hospital	89	23.5	100.0

3.2 Measures

All the measures were prepared in Chinese. As items of ethical climate and work passion were originally developed in English. We employed back-translation procedures [45] to translate the items into Chinese. No significant differences in language were identified.

3.2.1 Ethical Climate

Following Abou's research [46], respondents completed the ethical climate questionnaire (ECQ) created by Victor et al. [12] to measure nurses' perceptions of ethical climate in their departments. The scale consisted of 24 items including five dimensions: instrumental (6 items), caring (5 items), independence (5 items), professional law and code (4 items), and rules (4 items). Responses were measured on a 5-point Likert scale ranging from 1 = strongly disagree to 5 = strongly agree. A higher mean of ethical climate reflected a higher level of nurses' perception of it. Sample items were, "In this department, the law or ethical code of their profession is the major consideration", and "Our major concern is always what is best for the other person". Cronbach's α for ECQ was 0.915 in the research, which achieves an acceptable level of reliability.

3.2.2 Work Passion

The work passion scale has been developed by Vallerand et al. [24], which is a 7-point Likert-type scale composed of 14 items with the following sub-dimensions: HWP (7 items, e.g., “My work allows me to live a variety of experiences”) and OWP (7 items, e.g., “I am emotionally dependent on my work”). The scale is appropriate for China [47]. The Cronbach’s alpha for HWP and OWP were 0.932 and 0.924, respectively.

3.2.3 Service Behavior

Nurses’ service behavior was measured using the eight items scale developed by Chen [48]. The service behavior scale consisted of two dimensions: RSB and ESB. All the items were rated on a 5-point Likert scale (1 = strongly disagree to 5 = strongly agree). Higher scores indicated a higher degree of service behavior. An example item for RSB is: “I can satisfy the needs of patients with pleasure in my duties” and a sample item for ESB includes “When the patient is in need, I can provide additional services voluntarily.” Cronbach’s α for RSB and ESB were 0.919 and 0.829, respectively.

3.3 Data Analysis

We used SPSS 25.0 in data analysis. Descriptive analyses (means and standard deviation) were performed to describe the participants’ demographic characteristics. Pearson correlation analysis was used to determine the relationships among the variables. We subsequently adopted Preachers’ et al. [49] bootstrapping SPSS macros PROCESS 3.0 for establishing confidence intervals (CIs) for multiple indirect effects. The CI can then be used as a test of whether an indirect effect differs from zero, that is, whether inclusion of a proposed mediator significantly reduces the effect of ethical climate on nurses’ service behaviors.

4 Results

4.1 Descriptive Statistics

The descriptive statistics and correlations for ethical climate, HWP, OWP, service behavior, RSB and ESB were provided in Tab. 2. An inspection of the correlations reveals that ethical climate was positively related to HWP ($r = 0.395$, $p < 0.01$), OWP ($r = 0.425$, $p < 0.001$), service behavior ($r = 0.695$, $p < 0.001$), RSB ($r = 0.692$, $p < 0.001$) and ESB ($r = 0.575$, $p < 0.001$). The results also indicated that HWP was positively correlated with RSB ($r = 0.734$, $p < 0.001$) and ESB ($r = 0.475$, $p < 0.001$). Nurse’s OWP was positive related to his or her RSB ($r = 0.405$, $p < 0.001$) and ESB ($r = 0.462$, $p < 0.001$). Thus, this conceptual model and the collected data were suitable to conduct further data analysis.

Table 2: Descriptive statistics

Variables	Mean	SD	1	2	3	4	5
1. Ethical climate	3.55	0.720	1				
2. HWP	4.72	1.483	0.395***	1			
3. OWP	3.69	1.535	0.425***	0.598***	1		
4. Service behavior	4.02	0.799	0.695***	0.717***	0.492***	1	
5. RSB	4.27	0.851	0.692***	0.734***	0.405***	0.911***	1
6. ESB	3.59	1.022	0.575***	0.475***	0.462***	0.820***	0.511***

N = 378 observations; * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$ (2-tailed)

4.2 Hypothesis Testing

To further investigate the relationship between ethical climate and nurses’ service behaviors, we conducted two multiple mediation analyses with ethical climate as the independent variable; one with RSB as the dependent variable and one with ESB, as well as HWP and OWP as mediators. Figs 2 and 3 present

the regression coefficients for the analyses of the relationship between ethical climate and the two types of service behaviors. Tab. 3 presents the total effect, the direct effect, individual indirect effects and the total indirect effects on service behaviors.

Table 3: Total, direct and indirect effects of ethical climate on service behavior

Effects	Role-prescribed service behavior					Extra-role service behavior				
	B	Se	t	p	BCa 95% CI	B	Se	t	p	BCa 95% CI
Total effect	0.710	0.050	14.224	0.000	[0.612, 0.809]	0.679	0.070	9.714	0.000	[0.665, 0.479]
Direct effect	0.503	0.041	12.172	0.000	[0.421, 0.584]	0.467	0.071	6.543	0.000	[0.326, 0.607]
Total indirect effect	0.208	0.038			[0.129, 0.281]	0.213	0.040			[0.135, 0.292]
HWP	0.278	0.042			[0.195, 0.357]	0.145	0.041			[0.068, 0.227]
OWP	-0.070	0.022			[-0.116, -0.033]	0.068	0.041			[-0.010, 0.149]
Model Summary	$R^2 = 0.532, F(9,368) = 46.528, p < 0.001$					$R^2 = 0.259, F(9,368) = 14.291, p < 0.001$				

Note: N = 378. BCa 95% CI: bias corrected and accelerated 95% Confidence Interval. Number of Bootstrap Resample: 5000

Fig. 2 and Tab. 3 indicate that ethical climate significantly predicted HWP ($\beta = 0.823$; CI 95% = [0.608, 1.039]; $p < 0.001$), OWP ($\beta = 0.856$; CI 95% = [0.626, 1.086]; $p < 0.001$) and RSB ($\beta = 0.503$; CI 95% = [0.421, 0.584]; $p < 0.001$). Hence, Hypotheses 1a was supported. After adding HWP and OWP into the regression equation, the total effects of ethical climate on RSB was 0.710, (CI 95% = [0.612, 0.809]; $p < 0.001$), the indirect effect of HWP was 0.278 (CI 95% = [0.195, 0.357]) and the indirect effect of OWP was -0.070 (CI 95% = [-0.116, -0.033]). The indirect effect of HWP and OWP were significant at a 5% level since the CIs 95% did not contain zero, which proved that HWP and OWP were significant mediators of the effect of ethical climate on RSB. Therefore, Hypothesis 2a and 3a were supported.

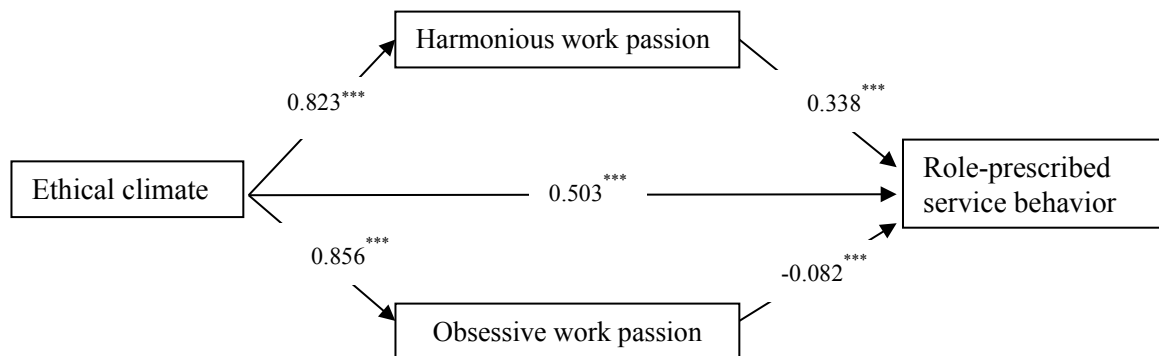


Figure 2: Effects of ethical climate on mediators and direct effects on role-prescribed service behavior

Fig. 3 and Tab. 3 indicate that ethical climate significantly predicted HWP ($\beta = 0.823$; CI 95% = [0.608, 1.039]; $p < 0.001$), OWP ($\beta = 0.856$; CI 95% = [0.626, 1.086]; $p < 0.001$) and ESB ($\beta = 0.467$; CI 95% = [0.323, 0.607]; $p < 0.001$). Hence, Hypotheses 1b was supported. After adding HWP and OWP into the regression equation, the total effects of ethical climate on ESB were 0.679, (CI 95% = [0.665, 0.479]; $p < 0.001$), the indirect effect of HWP was 0.145 (CI 95% = [0.068, 0.227]) and the indirect effect of OWP was 0.068 (CI 95% = [-0.110, 0.149]). Only the indirect effect of HWP was significant at a 5% level since the CI 95% did not contain zero, which proved that HWP was significant mediator of the effect of ethical climate on ESB. Therefore, Hypothesis 2b was supported, while Hypotheses 3b was not.

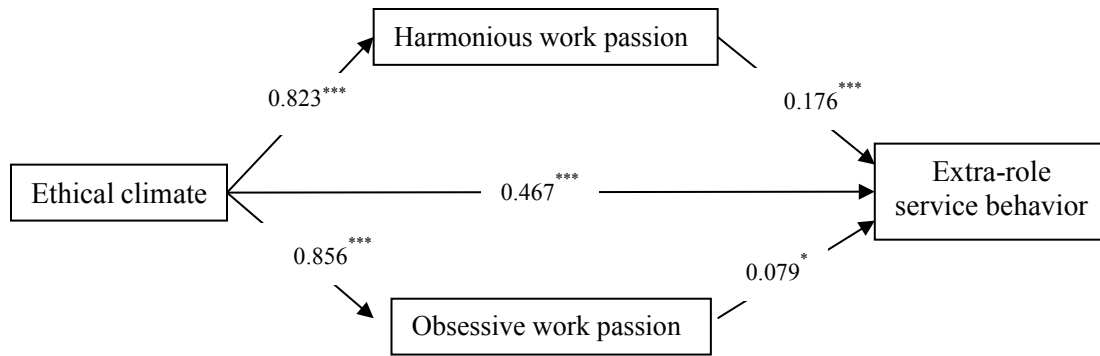


Figure 3: Effects of ethical climate on mediators and direct effects on extra-role service behavior

5 Discussion

5.1 Interpreting the Findings

Our study significantly contributes to nurses' service management literature by investigating the impact of organizational ethical climate on the two forms of nurses' service behaviors, incorporating the mediating mechanisms of two distinct types of work passion in a single parsimonious framework. Two major contributions to nurses' service management literature are as follows.

First, the results of this study demonstrate that ethical climate has direct and positive effects on both nurses' RSB and ESB, which was similar to prior results indicating perceived ethical climate enhances employees' in-role and extra-role customer service [50]. This could be due to that nurses with favorable perceptions of the organizational ethical climate are embedded in their service providing; they are motivated to have high levels of RSB and go beyond their formal role requirements for satisfying patients, since they find that they are tied to job-related tasks and are part of the department they work in and want to use benefits and opportunities in the organization. However, the study results were not consistent with studies by Leung [51] and Zhang et al. [26]; in their studies, ethical climate could not lead to in-role behavior and predict only extra-role behavior. Our findings respond to the calls and paint a more detailed picture of how organizational or individual antecedents induce employees to engage in service behaviors [52] and provide useful insights on the moral psychological mechanism of organizational environment affecting nurses' service behaviors.

Second, the multiple regression analysis results support the idea that nurses' work passion is mediator between ethical climate and nurses' RSB and ESB. A crucial finding of this study is that different types of work passion play different roles in the mediating process. More specifically, HWP mediated the effects of ethical climate on both their RSB and ESB; however, OWP only mediated the effect of ethical climate on RSB. The existing studies have predominantly focused on RSB (e.g., [52], with little attention to examining the link between work passion and ESB [41]. This work contributes to extant research by examining the relationship from a comparative view of the RSB and ESB. Moreover, only a few studies [34,40] have attempted to explain the effect of OWP on RSB, they found that HWP but not OWP to predict task performance, and the effect of OWP on extra-role performance remains speculative [53]. Therefore, based on the dualistic model of work passion, this research provides a deeper understanding of ethical climate–service behaviors relationships.

5.2 Theoretical and Practical Contributions

As nursing managers can use our results to help them improve services behavior and thereby increase the nursing quality, this study is important to nurses' service management and research.

First, as nursing is an “ethical laden practice” [8], we extend prior research on service behavior into the nursing ethics context and offer a more nuanced conceptualization of nurses' service behavior as kind of patient-oriented ethical behavior. Social desirability is the tendency of individuals to deny socially

undesirable traits and behaviors and to admit to socially desirable ones [54]; in existing studies, there were few empirical studies of ethical behavior due to its social desirability. The introduction of nurses' service behavior as a specific ethical behavior into the field of nursing ethics research will reduce the sensitive nature of ethics research effectively [9], and it will expand the theoretical domain of nurse service behavior theory and enrich the research results of nursing ethics.

Second, by applying the theories of work passion [24,25], this study offers a finer-grain examination of the effect of professional well-being in the relationship between ethical climate and nurses' service behaviors. What's more important, we use work passion as the operationalized nurses' professional well-being and integrate the work passion theories of Vallerand et al. [24] and Zigarmi et al. [25] in one model; we testified the process model of work passion and the organizational antecedents (ethical climate)-work passion-consequence (RSB and ESB) relationships, as well as distinguished the two different passion forms: harmonious and obsessive passion. The proposed model provides a more in-depth and comprehensive understanding of the interrelationships between ethical climate, two types of work passion and two forms of service behaviors.

Third, this study has examined the relationship from a comparative view of the RSB and ESB. A multiple regression analysis supported the relationship between ethical climate and service behaviors. More specially, ethical climate affect nurses' RSB through both HWP and OWP, however, ethical climate affected nurses' ESB only through HWP. Thus, if healthcare institutions want to increase the nurses' service behaviors, they should pay more attention to cultivating ethical climate, and then, they can increase nurses' work passion to provide nursing care that goes beyond existing role expectations and formal job descriptions. Especially focus on nurturing of HWP in nurses, the managers should design the work for the nurses in a manner, which appears to be meaningful and stimulating to create interest and value for the job leading to enhanced harmonious passion.

5.3 Limitations

There were a few limitations in this study that may have affected its outcomes. One potential limitation is that all variables were measured via self-report with survey methodology leading to possible response bias from each respondent [55]. Second, this research has adopted a variable-centered approach like prior research test service behaviors. A variable-centered approach assumes that employee provide each dimension of service behaviors equally. In fact, different dimension plays different role. A person-centered approach can explore insights into service behaviors by using latent profile investigation and, specifically, can understand the typologies of service behaviors. Finally, the present study focuses centrally on the motivation component of professional well-being in the relationship between ethical climate and service behaviors. Future research could examine a wider range of the interrelationship of organizational and individual factors in relation to nurses' service behaviors.

6 Conclusion

The results of this study suggest that ethical climate of the workplace positively affects nurses' RSB and ESB. Although OWP negatively affected RSB, the total effect of ethical climate on nurses' RSB through both HWP and OWP was positive. In addition, ethical climate positively affected nurses' ESB only through HWP. Understanding the link between ethical climate and service behaviors is useful for generating strategies to motivate nurses, such as ways in which hospital administrators and nursing managers can nurture and sustain nurses' professional well-being.

Healthcare institutions should pay more attention to cultivating ethical climate, and then, they can increase nurses' professional well-being to provide nursing care that goes beyond existing role expectations and formal job descriptions. Additionally, hospital administrators and nursing managers should design the work for the nurses in a manner, which appears to be meaningful and stimulating to create interest and value for the job leading to enhanced harmonious passion.

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