

# Examination of The Professional Values and Leadership Features of Executive Nurses

## Yönetici Hemşirelerin Mesleki Değerleri ve Liderlik Özelliklerinin İncelenmesi

Rana Can Özdemir<sup>1</sup>, Meryem Türkan Işık<sup>2</sup>, Çiler Çokan Dönmez<sup>3</sup>

<sup>1</sup>Akdeniz University, Faculty of Medicine, Department of Medical History and Ethics, Antalya, Türkiye

<sup>2</sup>Mersin University, Faculty of Nursing, Department of Fundamental Nursing, Mersin, Türkiye

<sup>3</sup>Çukurova University Medical Hospital, Department of Medical Genetics, Adana, Türkiye

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### Abstract

**Aim:** This study aims to determine the relationship between the professional values of nurse leaders and their leadership characteristics and the affecting factors.

**Method:** This study was conducted as a cross-sectional descriptive study to determine the factors affecting the professional values and leadership characteristics of nurses working as administrators in a university hospital. This study was conducted with 111 nurses in managerial positions in a university hospital. Introductory Information Form, Nurses' Professional Values Scale, and Leadership Self-Efficacy Scale were used. Kruskal Wallis H Test, Chi-square, and Mann Whitney U tests were used to analyze the frequency, percentage, mean, and standard deviation.

**Results:** Nurses' Professional Values Scale total mean score was 124.36 (SD=20.27) whereas the Leadership Self-Efficacy Scale's mean score was 120.03 (SD=11.81). There was a significant difference between education levels, autonomous decision-making status in administrative matters, the support of the nurses' decisions, and the scale's total scores.

**Conclusion:** In this study, manager nurses' attitudes toward professional values and ethical issues were positive, and their leadership characteristics were strong.

**Keywords:** Executive nurse, nurses' professional values scale, leadership self-efficacy scale, professional values, leadership.

### Öz

**Amaç:** Bu çalışmanın amacı, yönetici hemşirelerin mesleki değerleri ile önderlik özellikleri arasındaki ilişkiyi ve etkileyen etmenleri belirlemektir.

**Yöntem:** Araştırma tanımlayıcı ve kesitsel tipte olup, bir üniversite hastanesinde yönetici pozisyonunda olan 111 hemşire ile gerçekleştirildi. Veri toplama aracı; "Tanıtıcı Bilgi Formu, Hemşirelerin Profesyonel Değerleri Ölçeği, Liderlik Öz-Yeterliği Ölçeğini" içermektedir. Çalışmada verilerin analizinde frekans, yüzde, ortalama, standart sapma, Kruskal Wallis H Test, Ki kare, Mann Whitney U testi kullanıldı.

**Bulgular:** Hemşirelerin profesyonel değerleri puan ortalaması 124,36 (SS=20,27), Önderlik-öz-yeterliği ölçeği puan ortalaması 120,03 (SS=11,81)'dir. Eğitim düzeyi, yönetsel konularda özerk karar alma durumu ve alınan kararların hemşireler tarafından desteklenme durumu ile ölçek toplam puanları arasında anlamlı fark bulundu.

**Sonuç:** Yönetici hemşirelerin profesyonel değerlerinin yüksek düzeyde, etik konulara önem verdikleri bu faktörlerin liderlik özellikleri ile güçlü anlamlı bir ilişki olduğu bulundu.

**Anahtar Sözcükler:** Yönetici hemşire, hemşirelerin profesyonel değerleri, liderlik öz-yeterliği ölçeği, profesyonel değer.

**Corresponding author / Sorumlu yazar:** Rana Can Özdemir ▪ ranacan@akdeniz.edu.tr

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## Introduction

Management of nursing services in hospitals involves essential tasks of planning, execution, and evaluation of nursing services and aims to provide all necessary resources in providing nursing care to patients. In this framework, nurse managers must comply with legal requirements, provide good nursing care and evidence-based practices, supervise the nursing personnel, support professional development, and advise and motivate (Demirhan et al., 2020; Lawson, 2020).

Leadership is a required and expected competency in nurses at all levels of nursing services, especially executive nurses. Nursing leadership is a process in which the nurse affects other nurses to achieve certain goals in providing nursing care to the patient or healthy individual. It also is a process that covers planning, organization, management, supervision, evaluation, and coordination of nursing services to meet the highest level of nursing care in the health institution (Ardahan and Konal, 2017). Being open to self-development and effectively guiding colleagues and teammates are among the competencies of leadership behaviors (Yılmaz and Kantek, 2016; Glassman and Withall, 2018; Mota et al., 2021).

It is necessary for nurses to have personal and professional values and to act by professional, ethical principles while fulfilling their responsibilities. Ethical attitude paves the way for professional behavior and allows nurse managers to plan the most beneficial patient services within their duties and legal obligations. Moon et al. (2014) defined professional values as standards accepted by practitioners and professional groups that guide education and practices and influence beliefs and attitudes. It is essential to cultivate professional values that aid professional socialization, quality nursing care, decision-making ability, and professional identity (Aloustani et al., 2020; Moon et al., 2014).

In this constantly developing and changing field of health, nurse managers have the responsibility of effectively planning and implementing managerial activities, evaluating, creating, and maintaining a positive and healthy work environment for their colleagues, creating a positive nursing culture, being a leader, and managing this process depending on professional values (Aloustani et al., 2020; Hakko and Madenoğlu Kivanç, 2018; Lehtonen et al., 2018; Mota et al, 2021; Tiryaki Şen et al., 2019; Ünalı Baydın et al., 2017).

Nurse managers should fulfil their professional roles by undertaking leadership roles and keeping their professional values at the highest level to ensure and increase the satisfaction of both nurses and patients. This study determines the relationship between executive nurses' professional values and leadership characteristics in a leading position at a university hospital and the affecting factors.

## Method

**Aim:** This study aims to determine the relationship between the professional values of nurse leaders and their leadership characteristics and the affecting factors.

**Design:** This study was conducted as a cross-sectional descriptive study to determine the factors affecting the professional values and leadership characteristics of nurses working as administrators in a university hospital in Turkey.

**Sample and Participant:** The study population consisted of 138 nurses working as administrators at a university hospital between June 1 and July 1, 2021. The sample was calculated to be at least 107 executive nurses, considering a moderate relationship between the study's sample size and the scales used with a type 1 error of 5% and test reliability of 95% (<https://www.openepi.com/> program). Each participant signed an informed consent. The study sample included 111 nurse managers who agreed to participate and filled out the questionnaire.

**Data Collection Forms:** *Introductory Information Form:* This form consists of thirteen questions about the demographic characteristics of the participants and related questions about the subject. The researchers prepared it after conducting a literature study (Kaya and Kantek, 2016; Ünalı et al., 2017).

**Nurses' Professional Values Scale:** This scale was developed by Weis and Mary Schank (2000), and its validity and reliability study was conducted by Şahin Orak and Ecevit Alpar in 2012. The 44-item version of the scale is used to examine nurses' views of ethical rules, and the reduced version to thirty-one items is used to explore nurses' values. In this study, the 31-item version was used. A high score on the Likert-type scale (extremely important: 5; not important: 1) indicates that nurses attributed higher importance to professional values and ethical issues. The total score on the scale ranges between 31 and 155. The sub-dimensions on the scale are human dignity, responsibility, activism, safety, and autonomy. Cronbach's Alpha value was 0.95. The Cronbach's Alpha value of our study was 0.97.

**Leadership Self-Efficacy Scale:** The scale was developed by Bobbio and Manganeli (2009), and a study on its validity and reliability was conducted by Cansoy and Polatcan (2018). The scale is a seven-point Likert-type scale (strongly disagree: 1, strongly agree: 7) consisting of 19 items and one dimension. Higher scores on the scale show that nurses' beliefs about being able to display leadership behaviors are stronger. The Cronbach's Alpha coefficient value of the scale was 0.92. The Cronbach's Alpha value of our study is 0.95.

**Data Collection:** The participants were informed about the study. Questionnaires were sent via e-mail, and data was collected between June and July 2021. Filling out the questionnaire took approximately 15-20 minutes.

**Ethical Consent:** Permission was obtained from the ethics committee of a university (Number: 152, date: 24.02.2021) and the university hospital (Number: E-18649120-044-16363 Date: 01.05.2021) to conduct the study. Before data was collected, consent was obtained from the participants after the purpose of the research was explained in accordance with the Helsinki Declaration. Participants were informed that their participation was voluntary and their answers would be kept confidential and evaluated only as scientific data.

**Analysis of Data:** The descriptive data from the study was analyzed using frequency, percentage, mean, and standard deviation. Parametric or non-parametric tests were used to evaluate the normal distribution in comparing data. Kruskal Wallis H Test, test statistics U, and chi-square were used to analyze the differences in the Leadership Self-Efficacy Scale and Nurses' Professional Values Scale scores. Kruskal Wallis test was used in data analysis, and Bonferroni corrected Mann Whitney u test was used for pairwise comparison for significantly changing variables. Non-parametric comparison statistics were used to determine differences in the Leadership Self-Efficacy Scale and Nurses' Professional Values Scale scores according to management preferences. A statistically significant difference level was accepted as  $p < 0.05$ .

**Limitations:** The location and sample of this study are the main limitations. The study comprised 138 nurses working as administrators at a university hospital in southern Turkey. The study was conducted with a limited sample. Therefore, it is not possible to generalize. In this study, the nurses worked in a managerial position in a university hospital. There are a limited number of nurses in executive positions in an institution.

## Results

### Sample characteristics

The mean age of the nurse managers was 39.69 (SD=7.7, min=23, maximum=52), and 91.9% (n=102) were female. Only 9.9% (n=11) were health vocational high school graduates or had an associate degree, 58.6% (n=65) had an undergraduate degree, and 31.5% (n=35) had a graduate degree. The average years worked in the profession was 19.1 (SD=8.2), the average years worked in the institution was 15.5 (SD=9.2), and the average years working as a manager was 7.3 (SD=6.5). 6.3% (n=7) of the participants worked as health care services directorate, 48.6% (n=54) as responsible nurse in the unit, and 45.0% (n=50) as responsible assistant nurse.

The reasons for choosing the nursing profession were having job opportunities 22% (n=19.8), family request/friend suggestion 28.8% (n=32), nursing being the ideal profession 23.4% (n=26), the university entrance exam score was sufficient for this department/chosen by coincidence 27.9% (n=31). When asked if they were being supported about the decisions they have taken, 46.8% (n=52) said "yes," 15.3% (n=17) said "no," and 37.8% (n=42) were "undecided." When asked about the adoption of their decisions by their subordinates, 63.1% of the participants (n=70) stated "yes" and 36.9% (n=41) as "no".

**Table1. Total and sub-dimension score distribution of the scales**

	M (SD)	Min	Max
<b>Nurses' Professional Values (NPVS)</b>			
Human dignity score	44.71 (8.08)	26	55
Responsibility Score	27.55 (5.00)	18	35
Activism score	19.67 (3.49)	13	25
Safety Score	16.19 (2.68)	12	20
Autonomy Score	16.22 (3.17)	9	20
NPVS Total score	124.36 (20.27)	82	155
<b>Leadership Self-Efficacy Scale (LSE)</b>			
LSE total score	120.03 (11.81)	86	133

M (SD)= Mean (Std. Deviation), Min=Minimum, Max=Maximum

### Nurses' Professional Values Scale and Leadership Self-Efficacy Scale Mean Scores

Participants' Professional Values Scale subdimension mean scores are as follows: human dignity 44.71 (SD=8.08), responsibility 27.55 (SD=5.00), activism 19.67 (SD=3.49), security 16.19 (SD=2.68), and autonomy 16.22 (SD=3.17). Nurses' Professional Values Scale total mean score was 124.36±20.27 whereas the Leadership Self-Efficacy Scale's mean score was 120.03 (SD=11.81) (Table 1).

There was a significant relationship between Nurses' Professional Values Scale human dignity sub-dimension score ( $r=0.942$ ;  $p<0.001$ ), responsibility score ( $r=0.909$ ;  $p<0.001$ ), activism score ( $r=0.914$ ;  $p<0.001$ ), security score ( $r=0.781$ ;  $p<0.001$ ), autonomy score ( $r=0.873$ ;  $p<0.001$ ) and Nurses' Professional Values Scale total score ( $r=0.463$ ;  $p<0.001$ ) and Leadership Self-Efficacy Scale score ( $p<0.05$ ). There was no significant relationship between the Nurses' Professional Values Scale sub-dimension and the total score between the number of years worked as a manager and in the institution ( $p>0.05$ ).

### Analyses of the study's variables

A statistically significant difference was found between the Nurses' Professional Values Scale score, human dignity, activism, autonomy sub-dimensions, and educational status. This difference is significant between human dignity ( $t=0.035$ ;  $p<0.05$ ), activism ( $t=0.020$ ;  $p<0.05$ ), autonomy sub-dimensions ( $t=0.008$ ;  $p<0.01$ ), and high school/associate degree and undergraduate and graduate education groups. A significant difference was found between undergraduate and graduate educational groups and the total Nurses' Professional Values Scale score ( $t=-2.852$ ;  $p<0.01$ ). There was no statistically significant difference between the Leadership Self-Efficacy Scale and the responsibility and safety sub-dimensions of the Nurses' Professional Values Scale and educational status groups ( $p>0.05$ ). Also, there was no statistically significant difference between the Leadership Self-Efficacy Scale and Nurses' Professional Values Scale scores and managerial positions ( $p>0.05$ ).

There was no statistically significant difference between the Nurses' Professional Values Scale total score and sub-dimensions and the autonomous decision-making status of the nurse managers ( $p>0.05$ ). A statistically significant difference was found between the Leadership Self-Efficacy Scale and the administrator's autonomous decision-making status. This difference was between those who said "yes" and "I am undecided" to autonomous decision making ( $t=-3.316$ ;  $p<0.01$ ), and those who said "no" and "I am undecided" ( $t=-2.446$ ;  $p<0.05$ ) to be able to make autonomous decisions.

**Table 2. Comparison of Nurses' Professional Values Scale sub-dimension and total score with Leadership Self-Efficacy Scale total score and other descriptive variables**

	Human dignity Mean	Responsibility Mean	Activism Mean	Safety Mean	Autonomy Mean	NPVS total score Mean	LSE total score Mean
<b>Educational Status</b>							
Health Vocational High School-Associates Degree <sup>a</sup>	48.36	54.77	46.00	58.23	41.95	47.91	53.91
Undergraduate <sup>b</sup>	49.99	50.72	49.82	53.97	49.85	50.16	55.38
Graduate <sup>c</sup>	69.56	66.20	70.63	59.07	71.84	69.39	57.80
KW	9.129	5.318	10.793	0.639	13.262	8,893	0.181
p	<b>0.010*</b>	0.070	<b>0.005**</b>	0.726	<b>0.001**</b>	<b>0.012*</b>	0.914
	c>a		c>a		c>a	c>a	
<b>Autonomous decision-making in administrative matters</b>							
Yes <sup>a</sup>	59.73	61.70	57.93	61.33	57.99	60.27	61.62
No <sup>b</sup>	48.48	45.62	55.19	50.21	52.57	48.83	59.38
Undecided <sup>c</sup>	51.66	48.30	50.80	45.05	53.11	49.64	35.41
KW	2.470	5.613	0.842	5.164	0.692	3.101	11.362
p	0.291	0.060	0.656	0.076	0.707	0.212	<b>0.003**</b>
							a>c
<b>The state of being supported by the institution in the decisions made</b>							
Yes <sup>a</sup>	57.97	61.57	57.06	60.72	61.90	60.14	62.02
No <sup>b</sup>	43.53	35.56	47.76	37.41	39.97	39.24	52.12
Undecided <sup>c</sup>	58.61	57.38	58.02	57.68	55.18	57.65	50.12
KW	3.035	8.546	1.348	7.001	6.137	5.589	3.485
p	0.219	<b>0.014*</b>	0.510	<b>0.030*</b>	<b>0.046*</b>	0.061	0.175
		a>b		a>b	a>b		
<b>Adoption of the decisions made by the subordinates</b>							
Yes	58.26	60.71	58.35	60.71	60.12	60.14	61.49
No	52.13	47.96	51.99	47.96	48.96	48.94	46.63
U	-1.641	-0.972	-1.010	-2.027	-1.784	-1.769	-2.352
p	0.101	0.331	0.313	<b>0.043*</b>	0.074	0.077	<b>0.019*</b>

KW: Kruskal Wallis H Test and Mann whitney u test with Bonferroni correction, U: Mann Whitney U Test

\*p< 0.05, \*\*p< 0.01

**Table 3. Relationship between HPDS total score, sub-dimension and LDS total score**

	Human dignity score	Responsibility score	Action score	Security score	Autonomy score	HPDS total score	
LSE total score	r	0.942	0.909	0.914	0.781	0.873	0.463
	p	<0.001	<0.001	<0.001	<0.001	<0.001	<0.001

Spearman r: correlation, \*p< 0.05

A statistically significant difference was found between the Nurses' Professional Values Scale total score, responsibility, trust, autonomy sub-dimensions, and the status of being supported by the institution for the decision made. There is a difference between responsibility (t= -2.788; p<0.01), trust (t=-2.602; p<0.01), and autonomy scores (t=-2,487; p<0.05) and those who have said "yes" and "no" to being supported by the institution in professional decisions. In addition, there is a difference between trust (t=-2.206; p<0.05) and responsibility sub-dimension scores (t=-2.488; p<0.05) and those who stated "no" and "I am undecided" about being supported in professional decisions by the institution (Table 2). There was no statistically significant difference between the Leadership Self-Efficacy Scale and Nurses' Professional Values Scale sub-dimensions of human dignity and activism, and the groups thought they were supported in their decision (p>0.05). A statistically significant difference was found between the Leadership Self-Efficacy Scale and Nurses' Professional Values Scale safety sub-dimensions and the status of being supported by subordinates (Table 2; p<0.05).

## Discussion

This study revealed that manager nurses attach importance to professional values and ethical issues. When the Nurses' Professional Values Scale sub-dimensions were examined, mean scores of autonomy and safety sub-dimension, which includes protection of self and society, were high. The mean scores in other sub-dimensions requiring decision-making on behalf of the patient and the profession were lower. Nurse managers were found to be more reluctant, especially in ethical issues that would require decision-making while providing nursing services. Studies have found that executive nurses feel empowered and exhibit a professional attitude (Lehtonen et al., 2018; Salmela et al., 2017;). In a survey conducted, the primary concern of all participating nurse managers was patient safety. Patient-centered care was accepted as an essential component in patient advocacy, and attaching importance to ethical issues was valued (Liukka et al., 2018). In a study by Ulrich et al. (2019) with more than 8000 nurses conducted between 2013-2018, the two most important characteristics of manager nurses noted by clinic nurses were "being effective in making decisions that affect the quality of patient care" and "being valuable partners in policy-making, managing clinical care, evaluating and leading organizations". Manager nurses having high levels of professional values and autonomy will enable them to be role models in making the right decision on behalf of the patient, increasing the quality of care, having a say in developing institutional policies, being leaders, and assuming important roles in ensuring institutional balance. Placing importance on professional ethical values and being autonomous will enable nurse managers to stand stronger among other health professionals and defend the profession's requirements more efficiently. As in other studies, our study found that nurses' total professional value attitude scores were high. It is seen that they also get high scores in terms of autonomy.

Professional values and abilities are essential components of managers' leadership and management competencies (Lehtonen et al., 2018; Maxwell, 2017). In this study, there is a significant relationship between the leadership behaviors of nurses and professional values. Those with high attitudes toward professional values exhibited high leadership behaviors. In our study, the nurses' beliefs about showing leadership behaviors were strong. Studies have found that executive nurses have good leadership characteristics and professional competencies (Lehtonen et al., 2018; Silva et al., 2017; Stilgenbauer and Fitzpatrick, 2019). Exhibiting a leadership approach with ethical principles provides positive psychological support, creates a safe working environment for care, and optimizes the treatment results of patients (Rokstad et al., 2015). These results are similar to the findings of our study. Executive nurses with leadership qualities contribute to professional development. Professional manager nurses must be willing and determined to share information, be more sensitive to defined role expectations, and, accordingly, have autonomy, adhere to ethical rules, and have sufficient management knowledge (Ageiz et al., 2021; Mota et al., 2021). In their qualitative study with nurse managers, Barkhordari-Sharifabad et al. (2018) stated that the general ethical competence of nurse leaders has a positive effect and motivates nurses to provide better care for patients and said that ethics-centred attitudes and virtuous behaviors have a positive impact and inspire nurses. Also, leader nurses have an extraordinary potential to influence the ethical atmosphere of the organization. In a study examining the effect of ethical leadership on nurses' service behaviors with 476 clinician nurses, Zhang et al. (2019) found that ethical leadership partially affects the relationship between ethical climate and moral sensitivity and the nursing role. In this context, it is possible to say that nurses with high professional values and care about ethical issues contribute to developing professional values, increasing professional autonomy, forming professional policies, and quality care. Our study found no significant relationship between leadership characteristics and professional values mean scores.

In this study, when the relationship between the level of education and the Nurses' Professional Values Scale total score was analyzed, the mean professional values score of the nurses with graduate education was higher. While Ageiz et al. (2021) found no significant relationship between the professional values of nurse managers and their education level, those with higher education levels had higher professional values. In our study, manager nurses with high Nurses' Professional Values Scale scores and postgraduate education also had strong beliefs about being able to exhibit leadership behaviors. Lehtonen et al. (2018) stated that the level of education is important in evaluating the competencies of executive nurses. In a study conducted with administrative nurses, most of whom have graduate degrees, it was emphasized that nurse leaders have an important role in guiding changes in the care system and that it is vital that they are willing to adopt and implement new ideas and innovations as role models (Stilgenbauer & Fitzpatrick, 2019). High-level education gives nurses the necessary knowledge and skills to provide healthcare services. Given that the participants work in a university hospital, it can be said that nurses can reflect the professional values they have acquired during their education in the management process. According to this study and other study results, it is possible to say that education level is a crucial factor in adopting professional values and implementing them in practice.

This study found no statistically significant difference between nurse managers who think they can make autonomous decisions on administrative issues and are self-confident in displaying leadership behaviors. The average responsibility and safety scores of the nurse managers who thought they made autonomous decisions were much higher than those of the other groups. Wei et al. (2019) stated that nurse leaders care about individual values being welcomed by their

teammates, effectively promoting professional development. The contributions of professional autonomy to patient care and the profession are undeniable. The autonomous decision-making of nurses in the field will empower them and their colleagues in the health care system. In institutions with professional autonomy, nursing services are carried out with higher quality, care satisfaction, and nurse satisfaction increases.

Nurses in this study who stated that the institution supported the managerial decisions they made cared more about professional values and ethical issues. There was a significant relationship between nurses' professional values scale score average and the mean scores of the nurses who stated that the institution supported their decisions who had significantly higher responsibility, autonomy, and security scores. Ulrich et al. (2019) said that there is evidence of a significant relationship between clinician nurses' perceptions of the competency of executive nurses and nurses' career satisfaction, job satisfaction, and intention to leave their current positions. Ganey stated that nurse managers have a significant and positive effect on the work environment and the quality of care (Ganey, 2017). There is an essential link between professional nurses' displaying an attitude of professional values and their support for the clinician nurse, which increases the solidarity among colleagues.

There was no significant relationship between leadership behavior and the support of the decisions taken by the management. The leadership behaviors of the nurses who received institutional support in their decisions were stronger. It is emphasized that leadership in nursing is not a formality. It is important in supporting and enforcing corporate projects-policies, representing and advocating the maintenance and working process (Hakko and Madenoğlu Kıvanç, 2018; Mota et al., 2021; Silva et al., 2017; Tironi et al., 2017; Tiryaki Şen et al., 2019; Ünalı Baydın et al., 2017). Executive nurses do not provide direct care to individuals in need. Still, they are responsible for carrying out activities strategically and maintaining the balance and connection between the hospital's senior management and nurses (Tironi et al., 2017). In fulfilling this responsibility, professional autonomy, professional values, ethical sensitivity, ensuring patient and nurse safety, and sufficient leadership qualities are important components. It shows that executive nurses, whose decisions are supported by the institution, are leaders at certain levels. This can be considered as an indication that professionalism and leadership are essential values in the profession. Keeping nurses in all institutions in matters related to their field will help strengthen the profession and increase employee satisfaction and the quality of patient care.

Nurses who stated in our study that their decisions were adopted by their subordinates had higher professional values and gave more importance to ethical issues. Their beliefs about showing leadership behavior were higher. Studies have shown that nurse managers use management skills more in line with institutional strategies (Harvey et al., 2019), know nurses' job strengths and encourage them to use strengths (Harvey et al., 2019; Wei et al., 2019) and use professional knowledge and experience in management (Silva et al., 2017). In studies where nurses evaluated the leadership characteristics of nurse managers, it was stated that the leadership roles of manager nurses were low, and they exhibited an attitude toward obeying the rules (Lehtonen et al., 2018; Mota et al., 2021). Ethical leadership has positively and significantly impacted corporate identity and voice behavior (Islam et al., 2019). Different studies concluded that nurse managers want to ensure that work is carried out successfully in cooperation with their subordinates by emphasizing their ideas and gaining their trust. Also, managers care about ethical values and have ethical responsibility (Salmela et al., 2017; Ünalı Baydın et al., 2017). Leader nurses, who know their subordinates' strengths and encourage them to use them will increase employee satisfaction and quality of care in the institution and contribute to professional development. In addition, this will strengthen the profession and contribute to the members having a more significant say in the health system. Health care is teamwork, and nurses are essential to this team. Team cooperation will positively affect the quality of care and patient and employee satisfaction. Nurse managers have crucial roles in providing this.

## Conclusion and Suggestions

In this study, manager nurses' attitudes toward professional values and ethical issues were positive, and their leadership characteristics were strong. Demographic variables such as age, gender, years worked as a manager, and the reason for choosing the profession did not affect the professional values and leadership characteristics. The autonomous decision-making status of nurses and the support received from the institution and their subordinates affect leadership and professional values. The active role of the nurse manager in the institution will contribute to increasing the quality of care, ensuring patient safety and satisfaction, and creating policies. Autonomous attitudes of nurse managers with professional values, knowledge, and leadership characteristics will contribute to the firm stance of nurses in the profession. They will be a role model for other team members. High ethical sensitivity will contribute to nurses being aware of ethical problems, using the ethical decision-making process effectively in solving the ethical issues they encounter and making the most beneficial decision on behalf of the patient.

Ensuring that nurses engage in scientific activities that will increase their ethical sensitivity and adoption of professional values is essential. In this context, supporting nurses working in the clinic to participate in postgraduate education and scientific activities is essential. To increase the awareness of nurses on related issues, it can be suggested to include leadership and values in in-service training.

**Ethics Committee Approval:** Akdeniz University Faculty of Medicine Clinical Research Ethics Committee approval was obtained (Date: 24.02.2021 - Number: KAEK-152).

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