SAĞLIK ve HEMŞİRELİK YÖNETİMİ DERGİSİ
JOURNAL of HEALTH and NURSING MANAGEMENT
Özgün Araştırma
Original Article

The Effect of Nurses' Ethical Sensitivity on Organizational Silence in the COVID-19 Outbreak

COVID-19 Küresel Salgınında Hemşirelerin Etik Duyarlılıklarının Örgütsel Sessizliğine Etkisi

Hilal Kuşcu Karatepe

SHYD 2022;9(2):285-297
doi:10.54304/SHYD.2022.33255

Cite as: Kuşcu Karatepe H. The effect of nurses' ethical sensitivity on organizational silence in the COVID-19 outbreak. Journal of Health and Nursing Management. 2022;9(2):285-297.

Abstract

Aim: This study aimed to determine the effect of ethical sensitivity on nurses' organizational silence during the COVID-19 pandemic.
Method: The cross-sectional design study was conducted with 384 nurses who were selected by non-probability random sampling and working in different healthcare institutions in Turkey in June-August 2020. It was used an online survey including the Nurse socio-demographic and occupational characteristics, Ethical Sensitivity Scale and the Organizational Silence Scale. Data were analyzed with descriptive, correlation, and linear regression analysis using SPSS 21 package program.
Results: It was determined that ethical sensitivity significantly and positively affected general organizational silence (β=.235; p<.001). It had a significant and positive effect (β=.323; p<.001; β=.324; p<.001) on acquiescent and prosocial silence sub-dimensions, while it had significant and negative effect (β= -.269; p<.001) on defensive silence sub-dimension.
Conclusion: In the study, ethical sensitivity was found to have a significant impact on organizational silence. It is recommended that nurse managers contribute to the development of ethical sensitivity in nurses.

Keywords: COVID-19, ethical sensitivity, nurse, nursing management, organizational silence.

Öz

Amaç: Bu çalışma, COVID-19 pandemisinde etik duyarlılığın hemşirelerin örgütsel sessizliğine etkisini belirlemeyi amaçlamıştır.
Yöntem: Kesitsel tasarımdaki çalışma, Haziran-Ağustos 2020'de, Türkiye'de farklı sağlık kurumlarında çalışan, olasılıksız gelişigüzel örnekleme yoluyla seçilen 384 hemşire ile gerçekleştirilmiştir. Hemşirelerin sosyodemografik ve işle ilgili özellikleri, Etik Duyarlılık Ölçeği ve Örgütsel Sessizlik Ölçeği'ni kapsayan çevrimiçi anket kullanılmıştır. Veriler, SPSS 21 paket programı kullanılarak tanımlayıcı, korelasyon ve doğrusal regresyon analizi ile analiz edilmiştir.
Bulgular: Etik duyarlılığın, genel örgütsel sessizlik üzerinde anlamlı ve olumlu etkisinin olduğu belirlenmiştir (β=,235; p<,001). Sessizlik alt boyutları; kabullenici ve toplum yararına sessizlik üzerinde anlamlı ve olumlu (sırasıyla β=,323; p<,001; β=,324; p<,001), savunmacı sessizlik üzerinde anlamlı ve olumsuz (β=-,269; p<,001) etkisi bulunmuştur.
Sonuç: Çalışmada, etik duyarlılığın örgütsel sessizliği önemli ölçüde etkilediği belirlenmiştir. Yönetici hemşirelere, hemşirelerin etik duyarlılıklarını geliştirmelerine katkı sağlamaları önerilmektedir.

Anahtar Sözcükler: COVID-19, etik duyarlılık, hemşire, hemşirelik yönetimi, örgütsel sessizlik.

Recieved / Geliş:
08.01.2022
Accepted / Kabul:
11.08.2022
Published Online / Online Yayın:
25.08.2022

Corresponding author / Sorumlu yazar:
Hilal Kuşcu Karatepe
Osmaniye Korkut Ata University, Faculty of Health Sciences, Department of Nursing, Osmaniye, Turkey
✉ hilalkuscukaratepe@hotmail.com
ORCID: 0000-0001-9237-2714

Introduction

During the pandemic, nurses face the pressure of complexity and workload because of inadequate preparation, unprecedented high volume of critically ill patients (Smith, Ng & Cheung, 2020), having to constantly care for infectious patients, uncontrolled transmission (American Nurses Association, 2020), rapid changes (Brown, Trevino & Harrison, 2005), and limited resources (Smith et al., 2020). Nurses have little time and an extremely difficult environment to consider the ethical aspects involved in their decision-making processes. This can lead to poor professional judgment (Upton, 2018) and ethically blind decisions (Suhonen & Scott, 2018) in the face of increased physical and emotional demands. Nurses may also face distressing ethical dilemmas or judgments against their professional values, called 'rationing care' (Schubert et al., 2013) or 'care accommodation' (O'Donnell & Andrews, 2020), as they must prioritize care in complex and intense environments. These difficulties faced by nurses may affect their attention to ethics in practice (Farsi, Dehghan-Nayeri, Negarandeh & Broomand, 2010). Moreover, health professionals who are in the frontline of healthcare emphasize the consideration of daily ethical issues, interdisciplinary tensions, and systemic concerns added to the ethics of medical cases. This situation is worrisome (Faghanipour, Monteverde & Peter, 2020; Hossain & Clatty, 2021).

Ethics, as a response to crises, can help improve nurses' performance, prevent, or improve the threat to patient and employee safety of the COVID-19 pandemic. Ethical sensitivity is a key component of ethical action and a personal disposition in ethical decision-making (Kim & Park, 2019; Lotfi, Atashzadeh-Shoorideh, Mohtashami & Nasiri, 2018; Lützén, Dahlqvist, Eriksson & Norberg, 2006; Mekhum, 2020; Zhao & Xia, 2018). It includes the ability to deal with ethical issues. The ethical sensitivity of nurses is very important and essential in terms of creating individual and organizational strategies, enabling them to develop professional behaviors, ethical decision-making skills, professional satisfaction with the quality of care (Dalla Nora, Zoboli & Vieira, 2017), effective and ethical care for patients (Hunt, 1997; Lützén, Blom, Ewalds-Kvist & Winch, 2010; Schluter, Winch, Holzhauser & Henderson, 2008; Weaver, 2007) However, its decrease or absence in the face of complex situations such as pandemics may cause ethically inconsistent care in nursing practices that are incompatible with the professional obligations of nursing (Milliken, 2018). Nurses, therefore, need support, coaching, and reassurance that "less than adequate care" given in the name of social welfare is not unethical or done to intentionally harm patients (Faghanipour et al., 2020; Hossain & Clatty, 2021). Otherwise, this may lead to increased ethical distress, burnout, and turnover in nurses (Atashzadeh, Ashktorab & Yaghmaei, 2012). It can reinforce undesirable behaviors such as organizational silence.

Organizational silence is the behavior of employees deliberately avoiding information, ideas, and opinions about important situations or problems of the organization for various purposes (Donaghey, Cullinane & Dundon, 2011; Van Dyne, Ang & Botero, 2003). This issue is considered even more important for organizations that provide health care services, where mistakes can lead to serious consequences including human life (Hekim, 2019; Özçınar, Demirel & Ozbezek, 2016). Vane Dyne has classified organizational silence as acquiescent, defensive, and prosocial silence (Van Dyne et al., 2003). The outputs that are related to silence in an organization have been frequently questioned in recent years (Hekim, 2019; Özçınar et al., 2016). In the literature, education level, age, gender, position, experience, bias, and the desire to maintain the existing structure are examined as individual antecedents (Boufounou & Avdi, 2016; Harmanci Seren, Topcu, Eskin Bacaksiz, Unaldi Baydin, Tokgoz Ekici & Yildirim, 2018), whereas, a climate of distrust, obedience to group behaviors, managerial neglect, and delays in responses, the ineffectiveness of policies, uncertainties in the reporting process, taboo issues that are forbidden to be discussed, and hierarchical structure are examined as organizational antecedents (Harmanci Seren et al., 2018; Manafzadeh, Ghaderi, Moradi, Taheri & Amirhasani, 2018; Milliken, Morrison & Hewlin, 2003; Premeaux & Bedeian, 2003; Vakola & Bouradas, 2005; Walumbwa & Schaubroeck, 2009). There is also evidence that the COVID-19 pandemic has also effects (Chaofan, Qiaobing, Debin & Shiguang, 2021).

Breaking the organizational silence among frontline hospital staff and even raising their voices has become more important in the process of ensuring patient and staff safety. The global pandemic has caused increased negative patient outcomes and placed health care quality at risk. These conditions required stronger involvement of nursing staff in clinical management, awareness, information exchange, communication, and public safety (Fawaz, Anshasi & Samaha, 2020; Henriksen & Dayton, 2006). On the other hand, ethical dilemmas that have increased and diversified with the pandemic (Ferraresi, 2020; Lai, Ma & Wang, 2020; Maves et al., 2020; White & Lo, 2020) increased the ethical sensitivities of staff. Although practitioners in organizations constantly devote effort and resources to developing ethical behavior, it is unknown how effective this is in preventing employee silence. It is a known fact that previous studies have made valuable contributions to the relations between ethics and silence (Akbarian, Ansari, Shaemi & Keshtiaray, 2015; Beheshtifar, Borhani & Nekoei-

Moghadam, 2012; Bommer & Jalajas, 1999; Çaliskan & Pekkan 2016; Edwards, Zwarts, Yamamoto, Callaerts & Mackay, 2009; He, Peng, Zhao & Estay, 2019; Lam & Xu, 2019; Meydan, Koksal & Kara, 2015; Rafferty & Griffin, 2006; Sankovic, 2018; Vakola & Bouradas, 2005; Yavarian, Abad & Lou, 2017; Yıldız, 2013) However, beyond the knowledge, there is a significant gap in the relationship between ethical sensitivity and silence of nurses during the pandemic. In addition, the study was created by using the theoretical views of Rule Utilitarianism Theory (Yanmiyan, 2021), Social Change Theory (Bahar, 2019), Expectations Theory, Cost-Benefit Analysis Theory, Self-Adaptation Theory, and Spiral of Silence (Çevik & Yüncü, 2021). In this context, it is anticipated that the study will contribute to the ethical sensitivities of nurses during the pandemic by discussing its effects on organizational silence from a theoretical and practical point of view. For this reason, the fine line between ethical sensitivity and organizational silence will be examined more carefully and proactively.

Method

Aim and Hypotheses: The study aimed to determine the effects of ethical sensitivity on the organizational silence of nurses in the COVID-19 pandemic. The hypotheses determined in this direction were as follows:

H_1: Ethical sensitivity affects organizational silence in a statistically significant way.

H_2: Ethical sensitivity significantly affects the acquiescent silence sub-dimension.

H_3: Ethical sensitivity significantly affects defensive silence sub-dimension.

H_4: Ethical sensitivity significantly affects prosocial silence sub-dimension.

Design: A cross-sectional design was used in this study.

Sample: The sample selected by non-probability random sampling consisted of nurses working in different health institutions in Turkey and volunteering to participate. The questionnaire data were obtained from 400 nurses. Since 16 questionnaires were not filled out properly, 384 questionnaires were included in the analysis. The study comprised a total of 400 nurses who volunteered to participate. Post hoc power analysis based on R2 was performed with the G * Power (3.1.9.4) program. The standard effect size (large effect) and power of the four independent variables were determined to be f 2: .42 and .99 (99%), respectively. This indicates that the study sample size is sufficient.

Measures: *Nurse Socio-demographic and occupational characteristics:* Nurses' gender, marital status, age, education level, total professional experience, professional experience in their institution, weekly working hours, recommending the profession, and choosing the profession were included.
Moral Sensitivity Questionnaire (MSQ): It was developed by Lützén, Johansson, and Nardström (2000) and adapted into Turkish by Tosun (2018). The scale consists of 30 items and six dimensions: autonomy, beneficence, holistic approach, conflict, practice, and orientation. The scale was 5-point Likert and was scored between "1=Strongly Disagree and 5=Strongly Agree". In Tosun's study (2018), the Cronbach Alpha value of the scale was .83 and it was .87 in this study.
Organizational Silence Scale (OSS): The scale, which was developed by Sehitoglu and Zehir (2010) based on the studies of Van Dyne et al. (2003), and whose validity and reliability studies were conducted, consists of 14 items. Scale sub-dimensions are "Acquiescent Silence", "Defensive Silence", "Prosocial Silence". It is a 5-point Likert and each item is scored between 1-5. In the study conducted by Sehitoğlu and Zehir (2010), the Cronbach Alpha values in the sub-dimensions of the scale ranged from .68 to .85, and it was .89 in this study.

Data Collection: The online questionnaire was shared on various social media platforms involving nurses. Questionnaires filled in by nurses who gave consent to participate online reached the researchers anonymously. There was no information on the identities of the participants in the questionnaire. The time to fill out the questionnaire was approximately 10 minutes.

Ethical Considerations: Ethical approval was obtained from a state university (dated 19.03.2020 and numbered E.1895). Approval was obtained from the relevant authors for the scales used in data collection. Participants were informed about the purpose and scope of the research on the first page of the online questionnaire. An explanation was added to the beginning of the questionnaire including the purpose of the study, that the participation in the study is voluntary, and the answers will be received anonymously by the researchers. A system setting was made that allows each participant to fill out the questionnaire once.

Data Analysis: Descriptive statistics, Pearson correlation analysis, and regression analysis methods were used for demographic variables and scale scoring. The analysis was performed using SPSS (version 26.0 IBM). Research data showed a normal distribution (Skewness=-.436 to .419; Kurtosis=-.937 to .400) (Tabachnick & Fidell, 2013). Simple regression (Enter method) analysis was performed to determine the effects of ethical sensitivity on organizational silence and subdimensions.

Limitations: This study also has limitations that could be further developed in future research. It is a cross-sectional design that is not perfect enough to draw clear conclusions in terms of causal effect. It represents a snapshot of a single point and therefore does not capture changes resulting from the evolving pandemic response. A longitudinal design can be used in future studies. Subjective bias may not be avoided as data is collected through a self-report questionnaire. Results from a combination of self-report, peer report, and executive report will be more convincing. The results of this study are limited to the responses given by the nurses in the sample group. It is recommended to work with larger and different sample groups.

Results

Table 1. Socio-demographic and occupational characteristics of nurses (N=384)

Gender**	**n**	**%**
Female	317	82.6
Male	67	17.4
Marital Status**		
Married	230	59.9
Single	154	40.1
Age***		
20-25	122	31.8
26-30	70	18.2
31-35	40	10.4
36-40	134	34.9
41 and above	18	4.7
Educational Level***		
Associate	164	42.7
Undergraduate	194	50.5
Graduate	26	6.8
Total Professional Experience***		
0-1 years	31	8.1
2-5 years	103	26.8
6-10 years	137	35.7
11 years and above	113	29.4
Professional Experience in the Institution***		
0-1 years	190	49.5
2-5 years	96	25
6-10 years	68	17.7
11 years and above	30	7.8
Weekly working hours***		
40-45	180	46.9
46-50	65	16.9
51 and above	139	36.2
Recommending the profession**		
Yes	176	45.8
No	208	54.2
Choosing the profession**		
Willingly	264	68.8
Unwillingly	120	31.3

The socio-demographic and occupational characteristics of the nurses are presented in Table 1. Of nurses, 82.6% are women, 59.9% are married, 34.9% are in the 36-40 age range and 50.5% are undergraduates. The total professional experience of 35.7% is between 6-10 years, the professional experience of 49.5% in their institution is 0-1 years, the weekly working hours of 46.9% is between 40-45. It was determined that 54.2% of them did not recommend their profession and 68.8% of them chose their profession willingly.

Table 2. Organizational silence and ethical sensitivity mean score statistics and pearson correlation (N=384)

	Min-Max	Mean	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
(1) Organizational Silence	1-5	2.14±0.81	1	.849**	.263**	.876**	.235**	.088	.246**	.119*	.264**	.249**	.105*
				.000	.000	.000	.000	.085	.000	.020	.000	.000	.040
(2) Acquiescent Silence	1-5	2.60±1.02		1	-.068	.733**	.323**	.220**	.285**	.180**	.375**	.272**	.231**
					.181	.000	.000	.000	.000	.000	.000	.000	.000
(3) Defensive Silence	1-5	1.70±0.92			1	-.141**	-.269**	-.264**	-.260**	-.176**	-.295**	-.124*	-.347**
						.006	.000	.000	.000	.001	.000	.015	.000
(4) Prosocial Silence	1-5	2.13±1.52				1	.324**	.154**	.362**	.177**	.351**	.293**	.225**
							.000	.003	.000	.000	.000	.000	.000
(5) Ethical Sensitivity	1-5	3.79±0.60					1	.887**	.855**	.808**	.732**	.855**	.809**
								.000	.000	.000	.000	.000	.000
(6) Autonomy	1-5	3.87±0.61						1	.698**	.699**	.567**	.699**	.742**
									.000	.000	.000	.000	.000
(7) Benevolence	1-5	3.76±0.80							1	.647**	.585**	.670**	.660**
										.000	.000	.000	.000
(8) Holistic Approach	1-5	3.98±0.57								1	.381**	.736**	.715**
											.000	.000	.000
(9) Conflict	1-5	3.14±1.01									1	.533**	.434**
												.000	.000
(10) Practice	1-5	3.67±0.83										1	.604**
													.000
(11) Orientation	1-5	4.21±0.66											1

**p<.05, **p<.001*

The mean score of nurses' organizational silence and ethical sensitivities, and the Pearson correlation relationship between the scales are shown in Table 2. The total mean score of nurses was 3.79±0.60 for ethical sensitivity, 3.87±0.61 for autonomy, 3.76±0.80 for benevolence, 3.98±0.57 for a holistic approach, 3.14±1.01 for conflict, 3.67±0.83 for practice, and 4.21±0.66 for orientation. The mean total score was 2.14±0.81 for organizational silence, 2.60±1.02 for acquiescent silence, 1.70±0.92 for defensive silence, and 2.13±1.52 for prosocial silence. There is a positive correlation between ethical sensitivity and organizational silence (r= .235; p<.001), acquiescent silence (r=.323; p<.001), and prosocial silence (r= .324; p<.001). It was determined that there was a negative relationship between ethical sensitivity and defensive silence (r= -.269; p<.001).

The effect of ethical sensitivity on organizational silence and its sub-dimensions is presented in Table 3, Figure 1.

Ethical sensitivity in nurses significantly and positively affects acquiescent silence (β=.323; p<.001), and the explained variance ratio R2 value is .104 (Model 1). The effect of ethical sensitivity on defensive silence (β= -.269; p<.001) is significant and negative, and the explained R2 value is .072 (Model 2). The effect of organizational silence on prosocial silence (β=.324; p<.001) is positive and its R2 value is .105 (Model 3). The variance R2 value, which explains a significant and positive effect of ethical sensitivity on the overall organizational silence (β=.235; p<.001) is .055 (Model 4; Table 3, Figure 1).

Table 3. The effect of ethical sensitivity on organizational silence and sub-dimensions (N=384)

Model	Independent Variable	Dependent Variable: Acquiescent Silence					95% Confidence Interval	
		Unstandardized Coefficients		Standardized Coefficients				
		B	SE	Beta (β)	t	p	LL	UL
Model 1	(Constant)	.543	.313		10.733	.000**		
	Ethical sensitivity	.544	.082	.323	6.663	.000**	.429	.660
	*R= .323; R^2=.104; Adjusted R^2= .102; F=44.390; p=.000***							
		Dependent Variable: Defensive Silence						
Model 2	(Constant)	3.260	.289		11.298	.000**		
	Ethical sensi-tivity	-0.410	.075	-.269	-5.449	.000**	-.495	-.321
	*R= .269; R^2=.072; Adjusted R^2= .070; F=29.687; p=.000***							
		Dependent Variable: Prosocial Silence						
Model 3	(Constant)	-0.932	.465		-2.004	.040*		
	Ethical sensi-tivity	0.809	.121	.324	6.684	.000**	.658	.964
	*R= .324; R^2=.105; Adjusted R^2= .102; F=44.675; p=.000***							
		Dependent Variable: Prosocial Silence						
Model 4	Constant	0.957	0.256		3.739	.000**		
	Ethical sensi-tivity	.0315	0.067	.235	4.717	.000**	.227	.402
	*R= .235; R^2=.055; Adjusted R^2= .053; F=22.254; p=.000***							

**p<.05; **p<.001*

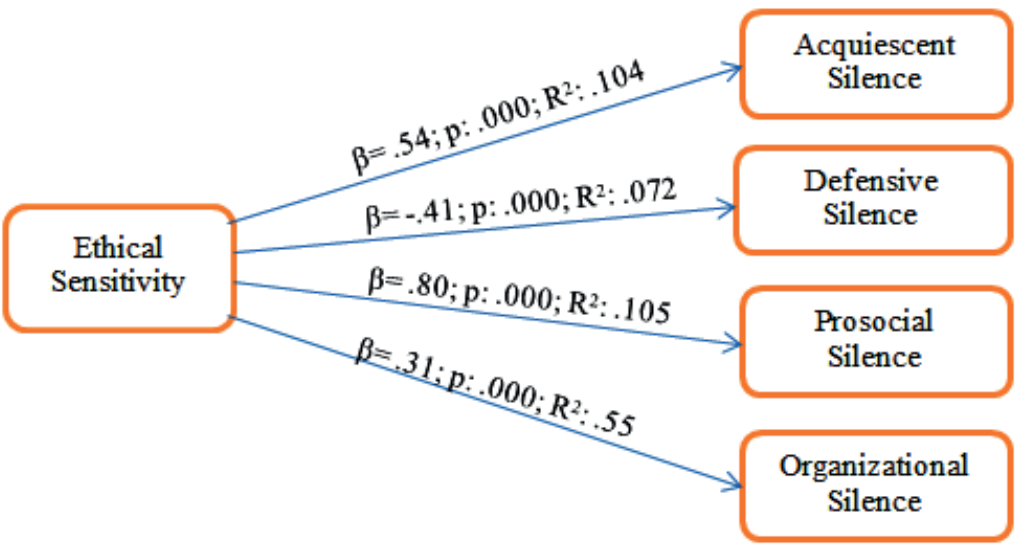

Figure 1. The effect of ethical sensitivity on organizational silence

Discussion

It is anticipated that the study will have a theoretical and practical contribution by focusing nurses' ethical sensitivities and by discussing its effects on organizational silence during the COVID-19 pandemic. To make a change during this period, some nurses spoke out, while others remained silent. Employee voice is constructive, helpful, and productive while challenging the status quo is difficult and creates social risks (LePine & Van Dyne, 2001; Sherf, Parke & Isaakyan, 2021). Moreover, it is from bottom to top. To voice one's opinion may not be easy. It should also be noted that academicians argue that employee silence has two dimensions, either beneficial or harmful to organizations. This discussion is important for this study. Because the findings support different dimensions.

The silence level of the nurses is low in this study similar to the results of Labrague and De Los Santos (2020), Yalçın, Göktepe, Türkmen & Özcan (2020), Aktaş ve Şimşek (2014). The prosocial silence dimension, based on altruism or cooperative motives, and the acquiescent silence dimension scores were found to be close to each other and higher compared to defensive silence. During the pandemic, nurses may have remained silent to protect privacy, to keep the public away from panic, to reduce conflicts in the face of sudden uncertainties, and not to complicate the work of administrators. Silence can sometimes help reduce managerial information overload and interpersonal conflicts and provide information privacy in the work environment (Lam & Xu, 2019; Tangirala & Ramanujam, 2008; Wang, Xiao & Ren, 2021). Nurses who experience acquiescent silence may think that they will not be able to find a response to their voices in the face of current workload, confusion, fear, helplessness, and uncertainty. This futile prospect may later have led to acquiescent silence because the pandemic has left humanity helpless. Scientists, including administrators, had a hard time understanding what was going on. On the face of it, nurses have become silent practitioners. This result can be interpreted based on Morrison's voice/silence decision-making model. Morrison suggested that the interaction between an employee's prosocial behavior and uselessness and threat is critical in deciding to speak out (Morrison, 2014; Wynen, Kleizen, Verhoest, Lægreid & Rolland, 2020). Employees may override their prosocial goals and turn them into acquiescent silence, fearing that their voice will not be considered or result in negative consequences. According to a study conducted in a different sector, there was no difference in the defensive silence and prosocial silence levels of the employees (Tangirala & Ramanujam, 2008).

However, the entire scientific community needed nurses' opinions and wanted to learn from their experiences. Their participation has become more important than ever. At this point, individual and organizational support can be effective. It was hypothesized that a supporting factor that enables nurses to respond with an ethical and productive voice may be the core value and ethical sensitivity, stemming from the individual predisposition of the employees. In the study, it can be said that the ethical sensitivity of the nurses is high. In previous studies, it was found that nurses showed moderate or low levels of ethical sensitivity in Turkey (Basar & Cilingir, 2018; Dasbilek & Avsar, 2019; Ertug, Aktas, Faydali & Yalcin, 2014; Fırat, Karataş, Barut, Metin & Sarı, 2017; Karaçar, Bademli & Özgonul, 2020; Mert Boğa, Aydin Sayilan, Kersu & Baydemir, 2020; Tazegün, & Çelebioğlu, 2016; Turan, Elçi & Eminoglu, 2021). The pandemic may have increased the sensitivity. Additionally, ethical sensitivity explained 23% of organizational silence. It positively affected the prosocial dimension at the highest rate. This result can be interpreted as those sensitive employees are open to ethical approaches and can see the bigger picture, targeting the well-being of the hospital, colleagues, and patients in their behavior (Al Halbusi, Ruiz-Palomino, Jimenez-Estevez & Gutiérrez-Broncano, 2021; Brown & Treviño, 2006). At the lowest level, it negatively affected the defensive silence dimension. This result can be interpreted as employees who adhere to ethical standards are less afraid of the possible negative personal consequences of talking about work-related problems. Studies have found that frequent changes create uncertainty and threat perception about future structures and increase the tendency of individuals to remain silent to avoid possible negativities, disagreements, and conflicts (Bommer & Jalajas, 1999; Vakola & Bouradas, 2005). Rafferty and Restubog (2011), on the other hand, argued that just like in the current crisis, continuous changes create uncertainty and stress, which can further increase defensive silence. Lam and Xu (2019) found in their study that the power distance between managers and employees increases defensive silence. Wang and Hsieh (2013) revealed that ethical climate and high organizational support reduce defensive silence.

Similar to the current study, individuals with ethical sensitivity can create an ethical climate by complying with norms and processes. The ethical climate was found to be necessary to improve employee silence (Kaptein, Huberts, Avelino & Lasthuizen, 2005; Wang & Hsieh, 2013). On the other hand, a positive organizational atmosphere can provide psychological security to raise concerns. In this case, it can be said that ethical sensitivity supports being vocal rather than silent. Karabay, Sener, and Tezergil (2018) emphasized that ethical leadership cannot develop in workplaces where silence is high. From this point of view, raising a voice can be considered a moral virtue obligation (Blau & Scott, 1962; Stein, Schroeder, Hobson, Gino & Norton, 2021). He et al. (2019) found that the destructive effects of moral disengagement can be moderated by compulsory citizenship behaviors and organizational silence behavior can be largely prevented. A study of 300 employees at the Iran Mobile Telecommunications Company showed that organizational silence was significantly associated with moral behavior. In the study, it was determined that there is a positive relationship with the individual-oriented (egocentric) approach and a negative relationship with the task-oriented approach (Yavarian et al., 2017). Akbaryan et al. (2015) determined that an immature understanding of ethical responsibility causes silence. According to Beheshtifar et al., (2012) staff with an understanding of ethics plays an important role in recognition of unethical behaviors around them and increases the chance of breaking the silence. Individuals' emotions play an important role in triggering the employees' desire to act morally and speak up about observed unethical behaviors in the organizational settings (Edwards et al., 2009; Sankovic, 2018; Yıldız, 2013). Similarly, in another study, it is predicted that the ethical values of the organization will reduce the reasons and concerns that push the employees into silence, as they guide employees on how to behave in ethical dilemmas (Meydan et al., 2015). Brown and Trevino (2006) state that employees' perception of their

organization as an ethical environment and the ethical behaviors of their managers reduce organizational silence. Finally, it has been reported that employees who are faced with disruptive leader behavior or evidence of unethical, illegal action often remain silent (Lam & Xu, 2019).

Conclusion and Recommendations

In this study, the organizational silence level of the nurses was found to be low in general, and the level of ethical sensitivity was found to be high. The effects of ethical sensitivity on organizational silence were positive for prosocial and acquiescent silence and were negative for defensive silence.

Management practices are important in the creation or elimination of silence. Nurses should be allowed to share their thoughts and participate in decision-making. Nurses' abilities should be determined, and these skills should be used in the decision-making process. It should be determined why employees are silent and what their potentials are. Based on the study findings, it is important to develop nurses' ethical sensitivities. To create, maintain and develop ethical sensitivity in nurses, first of all, the nursing education curriculum should be enriched with ethical issues. Continuing education development programs should be organized, and awareness should be raised, covering all levels after graduation, including compliance with ethical rules, honesty, openness, and the benefits of justice. Case studies and case discussions can be shared with nurses. Ethical resilience development approaches can also be applied, especially regarding the pandemic, including self-management, brain restructuring, and institutional support.

Appropriate working environments should be created in the presence of ethical guidelines. All quality studies and practices must comply with ethical principles. The ethical practices of nurses should be followed regularly and embedded in nursing services policies. Nurses should be encouraged to report observed mistakes and deviations from ethical principles, and organizational culture should be created where remedial activities are implemented. Nurses should also be involved in remedial activities.

Nursing managers should set an example for nurses and encourage behavioral and attitude changes in providing an ethical climate in organizations. Managers should be committed to hiring nurses with ethical values, sharing values and beliefs, and adhering to ethical values in management practices. Social activities that support ethical sensitivity should be organized by corporate managers and should ensure that ethical dilemmas are shared. Finally, nurses who show high sensitivity should be rewarded.

Ethics Committee Approval: Osmaniye Korkut Ata University Ethics Committee approval was obtained (Date: 19.03.2020 - Number: E.1895).
Conflict of Interest: Not declared.
Funding: None.
Informed Consent: Written consent was obtained from the nurses participating in the study.

Etik Kurul Onayı: Osmaniye Korkut Ata Üniversitesi Etik Kurulu tarafından onaylanmıştır (Tarih: 19.03.2020 - Karar No: E.1895).
Çıkar Çatışması: Bildirilmemiştir.
Finansal Destek: Yoktur.
Katılımcı Onamı: Çalışmaya katılan hemşirelerden yazılı onam alınmıştır.

References

Akbarian, A., Ansari, M. E. Shaemi, A. & Keshtiaray, N. (2015). Review organizational silence factors. *Journal of Scientific Research and Development,* 2(1), 178-181

Aktaş, H. & Şimşek, E. (2014). Örgütsel sessizlik ile algılanan bireysel performans, örgüt kültürü ve demografik değişkenler arasındaki etkileşim. *Akdeniz İ.İ.B.F. Dergisi,* 28, 24-52

Al Halbusi, H., Ruiz-Palomino, P., Jimenez-Estevez, P. & Gutiérrez-Broncano, S. (2021). How upper/middle managers' ethical leadership activates employee ethical behavior? The role of organizational justice perceptions among employees. *Frontiers in Psychology*, 12, 652471. https://doi.org/10.3389/fpsyg.2021.652471

American Nurses Association. (2020). Nurses, ethics and the response to the COVID-19 pandemic. Silver Spring, MD: American Nurses Association; (2020, May 1). Retrieved from: https://www.nursingworld.org/coronavirus

Atashzadeh, S. F. Ashktorab, T. & Yaghmaei, F. (2012). Iranian intensive care unit nurses moral distress: a content analysis. *Nursing Ethics,* 19, 464-478. https://doi.org/10.1177/0969733012437988

Bahar, B. (2019). Sosyal öğrenme kuramı ve sosyal değişim kuramı perspektifinden etik liderlik. *Balkan Sosyal Bilimler Dergisi,* 8(16), 237-242

Basar, Z. & Cilingir, D. (2018). Evaluating ethical sensitivity in surgical intensive care nurses. *Nursing Ethics,* 26(7-8), 2384-2397. https://doi.org/10.1177/0969733018792739

Beheshtifar, M., Borhani, H. & Nekoei-Moghadam, M. (2012). Destructive role of employee silence in organizational success. *International Journal of Academic Research in Business and Social Sciences,* 2(11), 275-282

Blau, P. M. & Scott, W. R. (1962). *Formal organizations: A comparative approach.* Oxford: Chandler

Bommer, M. & Jalajas, D. S. (1999). The threat of organizational downsizing on the ınnovative propensity of R&D professionals. *R&D Management,* 29(1), 27-34. https://doi.org/10.1111/1467-9310.00114

Boufounou, P. & Avdi, K. (2016). Financial crisis, organizational behavior and organizational silence in the public sector: A case study for Greece. *SPOUDAI-Journal of Economics and Business,* 66, 46-78

Brown, M. E. & Treviño, L. K. (2006). Ethical leadership: A review and future directions. *The Leadership Quarterly*, 17, 95-616. https://doi.org/10.1016/j.leaqua.2006.10.004

Brown, M. E. Treviño, L. K & Harrison, D. A. (2005). Ethical leadership: A social learning perspective for construct development and testing. *Organizational Behavior and Human Decision Processes,* 97, 117-134. https://doi.org/10.1016/j.obhdp.2005.03.002

Çalışkan, A. & Pekkan, N. Ü. (2016). *Örgütsel sessizliğin iş performansına etkisi: Etik ikliminin aracılık rolü.* (Kongre Kitabı, pp. 4-8). Çukurova Üniversitesi 4. Örgütsel Davranış Kongresi, Adana

Çevik, H. & Yüncü, V. (2021). Psikolojik güçlendirmenin örgütsel sessizlik üzerindeki etkisi: çalışan kadınlar üzerine bir inceleme. *MANAS Sosyal Araştırmalar Dergisi,* 10(3), 1796-1814. https://doi.org/10.33206/mjss.827408

Chaofan, L., Qiaobing, W., Debin, G. & Shiguang, N. (2021). Trauma exposure and depression among frontline health professionals during COVID-19 Outbreak in China: The Role of Intrusive Rumination and Organizational Silence. *BMC Psychiatry,* 1-18. https://doi.org/10.21203/rs.3.rs-757274/v1

Dalla Nora, C. R., Zoboli, E. & Vieira, M. M. (2017). Moral sensitivity of nurses assessed through scoping review. *Cogitare Enfermagem,* 22, e47162. https://doi.org/10.5380/ce.v22i1.47162

Daşbilek, F. & Avşar, G. (2019). Hemşirelerin kişisel değerleri ile etik duyarlılıklarının bazı değişkenler açısından incelenmesi. *Ebelik ve Sağlık Bilimleri Dergisi,* 2(2), 45-53

Donaghey, J., Cullinane, N., Dundon, T. & Wilkinson, A. (2011). Reconceptualising employee silence. *Work, Employment Society,* 25, 51-67. https://doi.org/10.1177/0950017010389239

Edwards, A. C., Zwarts, L., Yamamoto, A., Callaerts, P. & Mackay, T. F. (2009). Mutations in many genes affect aggressive behavior in Drosophila melanogaster. *BMC,* 7, 29. https://doi.org/10.1186/1741-7007-7-29

Ertuğ, N., Aktaş, D., Faydali, S. & Yalçin, O. (2014). Ethical sensitivity and related factors of nurses working in the hospital settings. *Acta Bioethic,* 20(2), 265-270

Faghanipour, S., Monteverde, S. & Peter, E. (2020). COVID-19-related deaths in long-term care: The moral failure to care and prepare. *Nursing Ethics,* 27, 1171-1173. https://doi.org/0.1177/0969733020939667

Farsi, Z., Dehghan-Nayeri, N., Negarandeh, R. & Broomand, S. (2010). Nursing profession in Iran: an overview of opportunities and challenges. *Japan Journal of Nursing Science,* 7, 9-18. https://doi.org/10.1111/j.1742-7924.2010.00137.x

Fawaz, M., Anshasi, H. & Samaha, A. (2020). Nurses at the front line of COVID-19: Roles, responsibilities, risks, and rights. *The American Journal of Tropical Medicine and Hygiene,* 103, 1341. https://doi.org/10.4269/ajtmh.20-0650

Ferraresi, M. (2020). A coronavirus cautionary tale from Italy: Don't do what we did. Boston globe. (2020, March 13). Retrieved from: https://www.bostonglobe.com/2020/03/13/opinion/coronavirus-cautionary-tale-italy-dont-do-what-we-did/

Fırat, B., Karataş, G., Barut, A., Metin, G. & Sarı, D. (2017). Acil servis hemşirelerinin etik duyarlılıklarının incelenmesi. *Dokuz Eylül Üniversitesi Hemşirelik Fakültesi Elektronik Dergisi,* 10(4), 229-235

Harmanci Seren, A. K., Topcu, İ., Eskin Bacaksiz, F., Unaldi Baydin, N., Tokgoz Ekici, E. & Yildirim, A. (2018). Organizational silence among nurses and physicians in public hospitals. *Journal of Clinical Nursing,* 27, (7-8). https://doi.org/10.1111/jocn.14294

He, P., Peng, Z., Zhao, H. & Estay, C. (2019). How and when compulsory citizenship behavior leads to employee silence: a moderated mediation model based on moral disengagement and supervisor-subordinate guanxi views. *Journal of Business Ethics,* 155(1), 259-274

Hekim, S. (2019). *Sağlık çalışanlarının örgütsel adalet algıları ile etik duyarlılıkları arasındaki ilişki* (Yüksek Lisans Tezi). Sakarya Üniversitesi İşletme Enstitüsü. Sakarya, Türkiye

Henriksen, K. & Dayton, E. (2006). Organizational silence and hidden threats to patient safety. *Health Service Research,* 41, 1539-1554. https://doi.org/10.1111/j.1475-6773.2006.00564.x

Hossain, F. & Clatty, A. (2021). Self-care strategies in response to nurses' moral injury during COVID-19 pandemic. *Nursing Ethics,* 28(1), 23-32. https://doi.org/10.1177/0969733020961825

Hunt, G. (1997). Moral crisis, professionals and ethical education. *Nursing Ethics,* 4, 29-38. https://doi.org/10.1177/096973309700400104

Kaptein, M., Huberts, L., Avelino, S. & Lasthuizen, K. (2005). Demonstrating ethical leadership by measuring ethics: A survey of us public servants. *Public Integrity,* 7, 299-311. https://doi.org/10.1080/10999922.2005.11051286

Karabay, M., Şener. İ. & Tezergil, S. (2018). Ethical climate as a mediator between employees' organizational silence behaviors and their trust in leader: An empirical research on insurance sector employees. *International Journal of Organizational Leadership,* 7, 70-83. https://doi.org/10.33844/ijol.2018.60444

Karaçar, Y., Bademli, K. & Özgönül, M. L. (2020). Hemşirelerde Kişisel Değerler ile Etik Duyarlılık Arasındaki İlişkinin Belirlenmesi. *Türkiye Biyoetik Dergisi,* 7(2), 47-58

Kim, W. J. & Park, J. H. (2019). The effects of debate-based ethics education on the moral sensitivity and judgment of nursing students: A quasi-experimental study. *Nurse Education Today,* 83, 104200. https://doi.org/10.1016/j.nedt.2019.08.018

Labrague, L. J. & De Los Santos, J. A. (2020). Association between nurse and hospital characteristics and organisational silence behaviours in nurses: A cross-sectional study. *Journal of nursing management*, 28(8), 2196-2204. https://doi.org/10.1111/jonm.13101

Lai, J., Ma, S. & Wang, Y. (2020). Factors associated with mental health outcomes among health care workers exposed to coronavirus disease 2019. *JAMA Network Open,* 3(3), e203976-e203976. https://doi.org/10.1001/jamanetworkopen.2020.3976

Lam, L. W. & Xu, A. J. (2019). Power imbalance and employee silence: The role of abusive leadership, power distance orientation, and perceived organisational politics. *Applied Psychology,* 68(3), 513-546. https://doi.org/10.1111/apps.12170

LePine, J. A. & Van Dyne, L. (2001). Voice and cooperative behavior as contrasting forms of contextual performance: Evidence of differential relationships with big five personality characteristics and cognitive ability. *Journal of Applied Psychology,* 86, 326-336. https://doi.org/10.1037/0021-9010.86.2.326

Lotfi, Z., Atashzadeh-Shoorideh, F., Mohtashami, J. & Nasiri, M. (2018). Relationship between ethical leadership and organisational commitment of nurses with perception of patient safety culture. *Journal of Nursing Management,* 26, 726-734. https://doi.org/10.1111/jonm.12607

Lützén, K., Blom, T., Ewalds-Kvist, B. & Winch, S. (2010). Moral stress, moral climate and moral sensitivity among psychiatric professionals. *Nursing Ethics,* 17, 213-224. https://doi.org/10.1177/0969733009351951

Lützén, K., Dahlqvist, V., Eriksson, S. & Norberg, A. (2006). Developing the concept of moral sensitivity in health care practice. *Nursing Ethics,* 13, 187-196. https://doi.org/10.1191/0969733006ne837oa

Lützén, K., Johansson, A. & Nardström, G. (2000). Moral sensitivity: some differences between nurses and phycisians. *Nursing Ethics,* 7, 520-529. https://doi.org/10.1177/096973300000700607

Manafzadeh, M. A., Ghaderi, E., Moradi, M. R., Taheri, S. & Amirhasani, P. (2018). Assessment of effective organizational communication on organizational silence and organizational citizen ship behavior. *Journal of Ecophysiology and Occupational Health,* 18, 24-30. https://doi.org/10.18311/JEOH/2018/21372

Maves R. C., Downar, J., Dichter, J. R. Hick, J. L., Devereaux, A., Geiling, J. A., …& Christian, M. D. (2020). Triage of scarce critical care resources in COVID-19 an implementation guide for regional allocation: an expert panel report of the task force for mass critical care and the American College of Chest Physicians. *Chest,*158(1), 212-225. https://doi.org/10.1016/j.chest.2020.03.063

Mekhum, W. (2020). Impact of ethical leadership on organizational outcomes through mediation of emotional labor and moderation of followers' personality traits. *Systematic Review Pharmacy,* 11, 87-96. https://doi.org/10.5530/srp.2020.3.10

Mert Boğa, S., Aydin Sayilan, A., Kersu, Ö. & Baydemir, C. (2020). Perception of care quality and ethical sensitivity in surgical nurses. *Nursing Ethics,* 7(3), 673-685. https://doi.org/10.1177/0969733020901830

Meydan, C. H., Köksal, K. & Kara, A. U. (2015). Örgüt içinde sessizlik: Örgütsel etik değerlerin etkisi ve adalet algisinin aracilik rolü. *Gazi Üniversitesi İktisadi ve İdari Bilimler Fakültesi Dergisi,* 17(3), 142-159

Milliken, A. (2018). Nurse ethical sensitivity: An integrative review. *Nursing Ethics,* 25, 278-303. https://doi.org/10.1177/0969733016646155

Milliken, F. J., Morrison, E. W. & Hewlin, P. F. (2003). An exploratory study of employee silence: Issues that employees don't communicate upward and why. *Journal of Management Studies,* 40, 1453-1476. https://doi.org/10.1111/1467-6486.00387

Morrison, E. W. (2014). Employee voice & silence. *Annual Review of Organizational Psychology and Organizational Behavior*, 1, 173-197. https://doi.org/10.1146/annurev-orgpsych-031413-091328

O'Donnell, C. & Andrews, T. (2020). Care accommodation in the acute care setting: Missed care or not? *Journal of Nursing Management,* 28, 2128-2135. https://doi.org/10.1111/jonm.13025

Özçinar, M., Demirel, Y. & Özbezek, B. D. (2016). Çalışanların örgütsel adalet algıları ve örgütsel sessizlik arasındaki ilişkinin incelenmesi. *Mehmet Akif Ersoy Üniversitesi Sosyal Bilimler Enstitüsü Dergisi,* 1(13), 150-171

Premeaux, S. F. & Bedeian, A. G. (2003). Breaking the silence: The moderating effects of self-monitoring in predicting speaking up in the workplace. *Journal of Management Studies,* 40, 1537-1562. https://doi.org/10.1111/1467-6486.00390

Rafferty, A. E. & Griffin, M. A. (2006). Perceptions of organizational change: a stress and coping perspective. *Journal of applied psychology,* 91(5), 1154. https://doi.org/10.1037/0021-9010.91.5.1154

Rafferty, A. E. & Restubog, S. L. D. (2011). The influence of abusive supervisors on followers' organizational citizenship behaviours: The hidden costs of abusive supervision. *British Journal of Management*, *22*(2), 270-285. https://doi.org/10.1111/j.1467-8551.2010.0732.x

Sankovic, D. (2018). *The impact of organizational silence: motives and consequences related to failure to report observed coworkers' wrongdoing* (Doctoral dissertation). Northcentral University

Schluter, J., Winch, S., Holzhauser, K. & Henderson, A. (2008). Nurses moral sensitivity and hospital ethical climate: a literature review. *Nursing Ethics*, 15, 304-321. https://doi.org/10.1177/0969733007088357

Schubert, M., Ausserhofer, D., Desmedt, M., Schwendimann, R., Lesaffre, E. Li, B. & De Geest, S. (2013). Levels and correlates of implicit rationing of nursing care in Swiss acute care hospitals-a cross sectional study. *International Journal of Nursing Studies,* 50, 230-239. https://doi.org/10.1016/j.ijnurstu.2012.09.01

Şehitoğlu, Y. & Zehir, C. (2010). Türk kamu kuruluşlarında çalışan performansının, çalışan sessizliği ve örgütsel vatandaşlık davranışı bağlamında incelenmesi. *Amme İdaresi Dergisi,* 43, 87-110

Sherf, E. N., Parke, M. R. & Isaakyan, S. (2021). Distinguishing voice and silence at work: Unique relationships with perceived impact, psychological safety, and burnout. *Academy of Management Journal*, 64(1), 114-148. https://doi.org/10.5465/amj.2018.1428

Smith, G. D., Ng, F. & Cheung, L. W. (2020). COVID-19: Emerging compassion, courage and resilience in the face of misinformation and adversity. *Journal of Clinical Nursing,* 29, 1425-1428. https://doi.org/10.1111/jocn.15231

Stein, D. H, Schroeder, J., Hobson, N. M, Gino, F. & Norton, M. I. (2021). When alterations are violations: Moral outrage and punishment in response to (even minor) alterations to rituals. *Journal of Personality and Social Psychology*. 1-30. https://doi.org/10.1037/pspi0000352

Suhonen, R. & Scott, P.A. (2018). Missed care: A need for careful ethical discussion. *Nursing Ethics,* 25, 549-551. https://doi.org/10.1177/0969733018790837

Tabachnick, B. G. & Fidell, L. S. (2013). *Using multivariate statistics*, Boston, Pearson, Boston.

Tangirala, S. & Ramanujam, R. (2008). Employee silence on critical work issues: The cross level effects of procedural justice climate. *Personnel Psychology,* 61, 37-68. https://doi.org/10.1111/j.1744-6570.2008.00105.x

Tazegün, A. & Çelebioğlu, A. (2016). Çocuk hemşirelerinin etik duyarlılık düzeyleri ve etkileyen faktörler. *İzmir Dr. Behçet Uz Çocuk Hastanesi Dergisi,* 6(2), 97-102. https://doi.org/10.5222/buchd.2016.097

Tosun, H. (2018). Ahlaki duyarlılık anketi (ADA): Türkçe geçerlik ve güvenirlik uyarlaması. *Journal of Contemporary Medicine,* 8, 316-321. https://doi.org/10.16899/gopctd.467052

Turan, Ç., Elçi, M. & Eminoğlu, G.M. (2021). Yeşil ve yeşil olmayan otel çalışanlarının örgütsel sessizlik, etik iklim ve etik liderlik algılamaları. *Erciyes Üniversitesi İktisadi ve İdari Bilimler Fakültesi Dergisi,* 60, 145-160. https://doi.org/10.18070/erciyesiibd.947363

Upton, K. (2018). An investigation into compassion fatigue and self-compassion in acute medical care hospital nurses: A mixed methods study. *Journal of Compassionate Health Care*, 5, 7. https://doi.org/10.1186/s40639-018-0050-x

Vakola, M. & Bouradas, D. (2005). Antecedents and consequences of organisational silence: An empirical investigation. *Employess Relations,* 27(5), 441-458. https://doi.org/10.1108/01425450510611997

Van Dyne, L., Ang, S. & Botero, I. C. (2003). Conceptualizing employee silence and employee voice as multidimensional constructs. *Journal Management Studies,* 40, 1359-1392. https://doi.org/10.1111/1467-6486.00384

Walumbwa, F. O. & Schaubroeck, J. (2009). Leadership personality traits and employee voice behavior: Mediating roles of ethical leadership and work group psychological safety. *Journal of Applied Psychology,* 94, 1275-1286. https://doi.org/10.1037/a0015848

Wang, Y., Xiao, S. & Ren, R. (2021). A moral cleansing process: How and when does unethical pro-organizational behavior increase prohibitive and promotive voice. *Journal of Business Ethics*, 1-19. https://doi.org/10.1007/s10551-020-04697-w

Wang, Y. D & Hsieh, H. H. (2013). Organizational ethical climate, perceived organizational support and employee silence: A cross-level investigation. *Human Relations,* 66, 783-802. https://doi.org/10.1177/0018726712460706

Weaver, K. (2007). Ethical sensitivity: state of knowledge and needs for further research. *Nursing Ethics,* 14, 141-155. https://doi.org/10.1177/0969733007073694

White, D. B. & Lo, B. A. (2020). Framework for rationing ventilators and critical care beds during the COVID-19 pandemic. *Jama,* 323(18), 1773-1774. https://doi.org/10.1001/jama.2020.5046

Wynen, J., Kleizen, B., Verhoest, K., Lægreid, P. & Rolland, V. (2020). Just keep silent… Defensive silence as a reaction to successive structural reforms. *Public Management Review* 22(4), 498-526. https://doi.org/10.1080/14719037.2019.1588358

Yalçın, B., Göktepe, N., Türkmen E. & Özcan, Ş. (2020). Hemşirelerin örgütsel sessizlik davranışları ve etkileyen etmenlerin belirlenmesi. *Sağlık ve Hemşirelik Yönetim Dergisi,* 7(3), 330-338. https://doi.org/10.5222/SHYD.2020.20092

Yanmiyan, S. (2021). Yeni medya ve iletişim çalışmalarının etik teoriler ve yönetişim bağlamında değerlendirilmesi. *Anadolu Üniversitesi Sosyal Bilimler Dergisi,* 21(3), 871-888. https://doi.org/10.18037/ausbd.1001699

Yavarian, S., Abad, H. S. E. & Lou, S. T. (2017). Forecasting organizational silence according to moral behavior styles. *Bali Medical Journal*, 6(3), 457-464. https://doi.org/10.15562/bmj.v6i3.610

Yıldız, E. (2013). Enigma of Silence in Organizations: What Happens To Whom and Why? *Beykent University Journal of Social Sciences,* 6(2), 30-44

Zhao, H. & Xia, Q. (2018). Nurses' negative affective states, moral disengagement, and knowledge hiding: The moderating role of ethical leadership. *Journal of Nursing Management,* 27, 357-370. https://doi.org/10.1111/jonm.12675