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The Influence of Ethical Climate on The Organizational Commitment of Nurses in Government Hospitals in Padang, Indonesia

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ABSTRACT

Commitment of nurses to hospitals remains a challenge in human resource management. One factor influencing organizational commitment is ethical climate, an individual's perception of values, norms, and moral standards in the work environment. A positive ethical climate is believed to increase nurses' loyalty and emotional attachment to the institution. This study aims to analyze the effect of ethical climate on organizational commitment among nurses in government hospitals in Padang City, Indonesia. This is a quantitative explanatory study with a sample of 69 nurses who met the inclusion criteria, taken by proportional random sampling. Data were collected using a questionnaire and analyzed with SmartPLS. The results showed a significant positive effect of the ethical climate of benevolence and principles (caring, independent, law and code, rules) on organizational commitment (T-statistic 7.715; P value 0.000; sample mean 0.745, R square 0.440), and there was no effect of instrumental climate on organizational commitment. A positive ethical climate that reflects caring, compliance with rules, and the principle that every action and decision is based on personal or professional standards can strengthen nurses' commitment to the organization. Strengthening ethical culture is important in building sustainable and quality-oriented health services.

INTRODUCTION

The growth of hospitals in Indonesia has experienced rapid development in recent years. Data shows that hospitals increased from 2,083 in 2012 to 2,820 in 2018, driven by the National Health Insurance policy and the increasing need for health services in the community (Kementerian Kesehatan Republik Indonesia, 2019). This condition has led to increasingly tight competition between government hospitals, national private hospitals, and foreign hospitals in capturing the increasingly open healthcare market. Hospitals are not only required to improve the quality of service but also to strengthen their human resource management strategies (Sunari & Mulyanti, 2023).

Based on data from Badan Pusat Statistik Kota Padang (2022), the number of private general hospitals increased from 7 in 2016 to 9 in 2022, while government general hospitals decreased from 6 to 5 in the same period; along with the expansion of the National Health Insurance (JKN) coverage through BPJS Kesehatan which gives participants the right to choose hospitals based on classification and region, improving the quality of services and human resource capacity in government hospitals is very strategic so that BPJS patients do not only prioritize private, but also see state

hospitals as a reliable, affordable, and high-quality alternative.

Nursing is a profession with many people working in a hospital, so nursing services greatly influence the quality of services in a hospital (Yuliani & Katim, 2017). One important aspect of human resource management is organizational commitment. It states that individuals with high organizational commitment will demonstrate positive behavior towards the organization, give their best, make sacrifices, have high loyalty, and desire to stay in the organization.

Organizational commitment is a situation where an employee takes sides with certain goals and desires to maintain membership in the organization (Robbins & Judge, 2014). Organizational commitment consists of affective commitment, continuance commitment, and normative commitment (Meyer & Allen, 1991). Low commitment will impact employee turnover, high absenteeism, slower employee work, lower performance quality, less seriousness in staying in the organization, and lower loyalty to the organization (Priansa, 2016).

Organizational commitment among nurses remains a problem, including in government hospitals. Research at a government hospital in Sukabumi found that 59.7% of nurses had low organizational commitment (Gozali, 2022). Research at a hospital in South Jakarta found that 60.2% of nurses had low organizational commitment (Aulia & Rita, 2021).

Organizations that want to maintain their survival must pay attention to the economic and non-economic aspects. One of the non-economic aspects is that organizations must pay attention to social and ethical behavior, which is responsible for the survival of their organization. Ethical climate has been studied for more than two decades in organizational behavior and business literature (Victor & Cullen, 1988; Treviño et al., 1998). The collective results of many studies indicate that the perceived climate within an organization influences the likelihood of unethical behavior and ineffective outcomes, and thus organizational commitment (Martin & Cullen, 2006).

Ethical climate plays a key role in developing the context of employee work. The ethical climate is a term that refers to a set of norms within an organization that determine how individuals in the organization behave and decide what is ethical and unethical. The five types of ethical climate are caring, law and code, rules, instrumental, and independent (Robbie & Praharjo, 2020).

Research shows that the ethical climate significantly influences organizational commitment (Mansoara & Armanu, 2021). Research conducted by Schwepker (2001) shows that if employees view the ethical climate in their organization positively, it can positively influence organizational commitment. Employees who view the ethical climate of their organization as a means of making employees behave ethically tend to be more committed to their organization.

Preliminary data from a type C government hospital in Padang revealed several issues, such as a below-ideal BOR of 60%, reflecting low utilization of inpatient services. Furthermore, nurse discipline issues were identified, as well as nurses' willingness to move to other organizations if offered better opportunities.

Based on the background and phenomena, documentation studies, and interviews conducted at a government hospital in Padang, the researcher was interested in conducting this research. The aim was to analyze the influence of ethical climate on organizational commitment among nurses in a government hospital in Padang.

LITERATURE REVIEW AND HYPOTHESIS DEVELOPMENT

Organizational commitment

Allen and Meyer (1993) state that organizational commitment is a psychological state that characterizes the employee's relationship with the organization and the implications that influence whether the employee will remain in the organization or not. According to Porter et al. (1974), organizational commitment is reflected in three key aspects: a strong belief in and acceptance of the organization's goals and values, a willingness to put forth significant effort on behalf of the organization, and a strong intention to remain part of the organization. Meyer and Allen (1991) developed the concept of organizational commitment by identifying three important dimensions of employee commitment: affective commitment, continuance commitment, and normative commitment.

Affective Commitment

Affective commitment relates to members' emotional connection to their organization, identification with it, and involvement in its activities. Organizational members with high affective commitment will continue to be members of the organization because they truly desire to do so.

Continuance Commitment

Continuance commitment relates to organizational members' awareness that leaving the organization will result in a loss. Organizational members with high continuance commitment will continue to be members of the organization because they feel a need to be members.

Normative Commitment

A moral dimension based on a sense of obligation and responsibility to the employing organization. Normative commitment reflects a feeling of attachment to remaining with the organization. Organizational members with a very high normative commitment will remain members of the organization because they feel compelled to do so. Normative commitment to an organization can develop from the pressures individuals experience during their initial socialization within the organization. Furthermore, this commitment can arise from receiving something valuable from the organization that is difficult to reciprocate. Another contributing factor is the psychological contract, which is the mutual trust between the individual and the organization that both will provide positive feedback (Meyer & Allen, 1997).

Meyer and Allen (1991) emphasized that one can better understand the employee's relationship with the organization when all three components are considered together. This comprehensive view helps explain not only why employees stay, but also the quality of their attachment and motivation within the organization.

Ethical climate

Ethical climate is a type of organizational work climate, best understood as a group of prescriptive climates reflecting organizational procedures, policies, and practices with moral consequences (Cullen et al., 2003; Martin & Cullen, 2006). According to Victor and Cullen (1988), there are three ethical categories: egoism, benevolence, and principle. Individuals who fall into the egoism category are characterized by all decisions intended to maximize personal interests. Meanwhile, individuals who fall into the benevolence category are characterized by the fact that everything they do or decide is an activity intended for the common good. Finally, individuals who fall into the principal category are characterized by the fact that all individual activities and decisions are based on personal or professional standards.

Victor and Cullen identified five types of ethical climate that tend to appear more commonly, thus becoming the primary source of data used in the meta-analysis. The five ethical climate types are called caring, independent, law and code, rules, and instrumental. The descriptions that follow are derived from Victor and Cullen (1988), Cullen et al. (2003), Wimbush and Shepard (1994), and Martin and Cullen (2006).

Caring

This climate focuses on the benevolence ethics criterion and is based on concern for others. In this climate, individuals are genuinely interested in each other's well-being and the well-being of others inside and outside the organization who may be affected by their ethical decisions.

Independent

This dimension encompasses the principal ethical criterion. According to this ethical climate dimension, people act based on their own personal moral convictions based on a well-considered set of principles.

Law and Code

The law and code dimension is associated with the principal ethical criterion. This climate is based on the perception dimension and requires employees to adhere to their profession's or other authorities' codes and regulations. In decision-making situations within a law and code climate, employees are assumed to make decisions based on mandates from external systems such as the law, the Bible, or a professional code of ethics.

Rules

The rules dimension is associated with the principal ethical criterion. This dimension relates to the company's accepted and established rules of conduct. A set of local rules or standards, such as a code of ethics, guides organizational decisions.

Instrumental

An instrumental climate involves an egoistic criterion primarily based on maximizing self-interest. Individuals believe that decisions made serve the interests of the organization or provide personal gain.

Ethical Climate and Organizational Commitment

Organizational commitment is linked to variables related to morality because the concept of organizational commitment carries moral overtones, such as feelings of identification and mutual commitment (Coughlan, 2005; Schrag, 2001). Employees who perceive their organization as incorporating ethical considerations into

organizational decision-making will exhibit a strong desire to remain with the organization. This may occur, especially when employees perceive that their personal ethical values align with those of the organization (Schwepker, 1999; Sims & Kroeck, 1994). Martin and Cullen (2006). Through a meta-analytic review, Martin and Cullen (2006) grouped the impacts of the ethical climate into four main categories: dysfunctional behavior, job satisfaction, psychological health, and organizational commitment. Schwepker (2001) asserted that positive perceptions of an ethical climate can increase employee commitment to an organization. Employees tend to be more loyal when they perceive their work environment encourages ethical behavior. A study by Cullen et al. (2003) found that a benevolent-based ethical climate is positively related to organizational commitment, while an egoistic climate is negatively related.

Research conducted by Tsai and Huang (2008) links the dimensions of ethical climate with overall organizational commitment, and the dimensions of organizational commitment found that a caring climate significantly and positively influences only normative commitment. Independent, low, and code climates do not influence organizational commitment. Rules climates only influence normative commitment. Instrumental climate significantly and negatively influences affective commitment and overall organizational commitment, but it also has a positive and significant influence on continuance commitment. The study showed that only a few types of ethical climates influence the dimensions of organizational commitment and overall organizational commitment.

Based on the literature review above, the researcher wants to see the influence of the type of ethical climate of benevolence and principles consisting of caring, independent, law and code, and rules, with overall organizational commitment and egoistic climate, namely instrumental climate, with overall organizational commitment. The hypothesis of this study is that the ethical climate of benevolence and the principles of "caring, independent, law and code, and rules" have a significant positive influence on organizational commitment. However, the instrumental climate has a significant negative influence.

RESEARCH METHODS

The type of research used is explanatory quantitative. The population in this study was comprised of civil servant nurses in one of the government hospitals in Padang. The sample in this study was 69 nurses using the Lameshaw formula with a proportional random sampling technique. The sample criteria were work experience of more than one year and a minimum education level of D3. The location of this research was one of the type C government hospitals in Padang, Indonesia. Data collection used an ethical climate questionnaire (Victor & Cullen, 1988), consisting of 14 questions, and using a five-point Likert scale ranging from (1) very wrong to (5) very true and an organizational commitment questionnaire (Meyer & Allen, 1991) containing 10 questions and using a five-point Likert scale ranging from (1) very disagree to (5) very agree. For questions number 8, 9, and 10, the scoring was reversed.

Data analysis using SmartPLS. The data analysis process using SmartPLS involves several stages. The first stage is outer model testing, which aims to evaluate the validity and reliability of the measurement model's indicators and constructs. Next, goodness-of-fit testing is conducted to assess how well the model can predict and reflect the data, while also determining the overall feasibility of the model. Finally, inner model testing is used to analyze causal relationships and test the significance of the influence between exogenous and endogenous variables in the structural model (Muhson, 2022).

The results of the validity and reliability tests with SmartPLS indicate that the ethical climate and organizational commitment questionnaire has valid and reliable indicators. The validity value is seen from the outer loading value, AVE value, and the square of AVE. The outer loading value of the ethical climate is between 0.550 and 0.912 (greater than 0.5). The outer loading value of the organizational commitment variable is in the range of 0.516 to 0.876 (greater than 0.5). The AVE value for ethical climate and organizational commitment is between 0.518 and 0.800 (greater than 0.5), and the square root value of AVE is in the range of 0.719 and 0.894 (greater than 0.7). The reliability test of ethical climate and organizational commitment is seen from the composite reliability value, where the composite reliability value ranges from 0.913 to 0.941 (greater than 0.7).

RESULTS

A. Respondent Characteristics

Table 1. Frequency Distribution of Respondent Characteristics

Characteristics	f	%
Age		
Late teenagers	1	1.4
Early adulthood	35	50.7
Late adulthood	29	42.0
Early elderly	4	5.8
Gender		
Man	4	5.8
Woman	65	94.2
Education		
Associate degree	43	62.3
Bachelor's degree	26	37.7
Length of work		
1-5 Years	17	24.6
6-10 Years	39	56.5
More than 10 years	13	18.8

Source: obtained from primary data

Table 1 above shows that the majority of respondents are in the early adult category (50.7%), have a D3 education level (62.3%), have worked for 6-10 years (56.5%), and almost all respondents are female (94.2%).

B. Organizational Commitment

Table 2 shows the average organizational commitment of nurses at a government hospital in Padang, which is 3.30 on a Likert scale of 1-5, which is only in the sufficient category.

Table 2. Average Organizational Commitment

Dimensions	Mean
Continuance Commitment	3.08
Normative Commitment	3.51
Affective Commitment	3.31
Mean	3.30

Source: obtained from primary data

The organizational commitment component with the highest average is normative commitment (3.51), and the lowest is continuance commitment (3.08).

C. Ethical Climate

Table 3 shows the average ethical climate in one of the government hospitals in Padang, namely 3.37 on a Likert scale of 1-5, which is in the sufficient category.

Table 3. Average Ethical Climate in

Dimensions	Mean
Caring	3.48
Independent	3.18
Law dan code	3.67
Rules	3.48
Instrumental	3.04
Mean	3.37

Source: obtained from primary data

Table 3 shows the average ethical climate in one of the government hospitals in Padang, namely 3.37 on a Likert scale of 1-5, which is in the sufficient category. The ethical

climate type with the highest average is the legal and code climate (3.67), and the lowest is the instrumental climate (3.04).

Table 4. *R Square Value*

	R *Square*
Ethical climate of benevolence and principles Organizational Commitment	0.440

Source: obtained from primary data

Table 4 shows an R Square value of 0.440, meaning that 44% of the ethical climate of benevolence and principles (caring, independent, law and code, and rules) influences commitment to nurses in one of the government hospitals in Padang; other factors influence the rest.

D. The Influence of Ethical Climate on Organizational Commitment in Nurses

Table 5 shows that the calculated T value of the ethical climate of benevolence and principles (caring, independent, law and code, and rules) on organizational commitment is 7.715 (greater than T table, T table = 1.996), P Value 0.000 (greater than 0.05) and sample mean 0.745, so it can be concluded that there is a significant positive influence between the ethical climate of benevolence and principles (caring, independent, law and code, and rules) on organizational commitment in nurses.

Table 5. The Influence of Ethical Climate on Organizational Commitment in Nurses

Causal Relationship	Sample Mean	T Statistics	P Value
The ethical climate of benevolence and principles (caring, independent, law and code, and rules) towards organizational commitment	0.745	7.715	
			0.000
Instrumental climate towards organizational commitment	-0.089	0.798	
			0.425

Source: obtained from primary data

Table 5 shows that the calculated T value of the ethical climate of benevolence and principles (caring, independent, law and code, and rules) on organizational commitment is 7.715 (greater than T table, T table = 1.996), P Value 0.000 (greater than 0.05) and sample mean 0.745, so it can be concluded that there is a significant positive influence between the ethical climate of benevolence and principles (caring, independent, law and code, and rules) on organizational commitment in nurses. The calculated T value of the instrumental climate on organizational commitment is 0.798 (smaller than the T table), P Value 0.425 (greater than 0.05), with a sample mean of -0.089, so it can be concluded that there is no significant influence of the instrumental climate on organizational commitment in nurses.

DISCUSSION

A. Organizational Commitment to Nurses

Research results found that organizational commitment among nurses at a government hospital in Padang was in the adequate category, with an average score of 3.30 on a Likert scale of 1-5. This score indicates that nurses do not yet fully develop a sense of emotional attachment, loyalty, and responsibility to the organization where they work.

Organizational commitment that is only at an adequate level can potentially affect workforce stability, reduce motivation, and impact the quality of services provided. This condition can also increase the risk of turnover intention, which is the desire of nurses to leave the organization. As explained by Firdaus (2017), low organizational commitment correlates with high intention to leave the organization. Therefore, it is important for

hospital management to improve factors that can strengthen organizational commitment.

Research results found that the average organizational commitment among nurses in Taiwan was 3.05 on a questionnaire scale of 1-5 (Tsai & Huang, 2008). Research at Bobong Regional General Hospital (RSUD Bobong) found an average organizational commitment score of 3.52, measured using five indicators, with a standard deviation of 0.874 (Mus et al., 2017). Another study at Dadi Keluarga General Hospital, Purwokerto, showed that 41% of nurses' organizational commitment was in the moderate category (Sumarni et al., 2023).

Organizational commitment is an individual's ability and willingness to align their behavior with the needs, priorities, and goals of the organization and to act in accordance with the organization's goals or needs. The dimensions of organizational commitment include affective commitment, an emotional feeling toward an organization that fosters a desire to continue fostering and maintaining that organization; continuance commitment, the perceived economic value of remaining with an organization compared to leaving; and normative commitment, a sense of responsibility based on an obligation to remain with the organization for moral or ethical reasons (Robbins & Judge, 2014).

Strong individual commitment to the organization can avoid high employee turnover rates (Santi, 2018). Employees with low commitment will have an impact on high absenteeism, increased work slowness, lack of intensity to remain as employees in the organization, low quality of work, and lack of loyalty to the company (Prabowo, 2015).

The research results show that normative commitment is the highest dimension of organizational commitment, with a mean score of 3.51, in the good category. This indicates that nurses have a sense of moral responsibility and obligation to remain part of the organization. However, normative commitment needs to be continuously improved and maintained so that it becomes more than just a passive obligation but develops into a more meaningful form of engagement.

Continuance commitment is the lowest dimension of organizational commitment, as perceived by nurses, with a mean score of 3.08, categorized as moderate. This indicates that nurses do not feel strongly committed to the organization due to the need or consideration of personal loss if they leave the workplace. Low levels of continuance commitment can be positive, indicating that nurses do not remain solely due to fear of losing their jobs or benefits. However, it also reflects the potential for low

psychological or economic barriers to job change, which can increase the risk of turnover if not balanced by other commitment dimensions. Meyer and Allen (1991) asserted that one can better understand an employee's relationship with an organization when all three organizational components are considered together.

B. Ethical Climate

Based on the description of respondents' answers, the ethical climate in one of the government hospitals in Padang obtained an average of 3.37, categorized as sufficient. This ethical climate needs to be improved because it can influence nurses' ethical behavior, which ultimately impacts service effectiveness. Research in several academic medical centers in the United States found an average total score of 3.22 on a 5-point Likert scale for ethical climate (Lemmenes et al., 2016). Nurses perceived the ethical climate in a university hospital in Southern Brazil as positive, with an average score of 3.68 (Lanes et al., 2023). Research in one hospital in Indonesia found that 51% of female nurses perceived the organizational climate as moderate (Sahrah, 2017).

Ethical climate is a type of organizational work climate, which is best understood as a group of climates that reflect organizational procedures, policies, and practices with moral consequences (Cullen et al., 2003; Martin & Cullen, 2006). A positive work climate can increase employee job satisfaction, make them feel comfortable, and tend to stay longer in the organization. Job satisfaction is reflected in the pleasure felt when providing health services. On the other hand, if the hospital does not support the formation of a good ethical climate in the work environment, this can affect employee performance and reduce the effectiveness of health services to patients (Sidin et al., 2021).

The study results showed that the law and code climate dimension was the aspect most perceived by nurses in government hospitals, with an average score of 3.67 on a Likert scale of 1-5, which is considered good. This indicates a strong awareness of and adherence to formal standards set by organizations and the profession, which has the potential to strengthen integrity and accountability in nursing practice.

Victor and Cullen (1988) explain that a legal and code climate is a type of ethical climate associated with principled ethical standards, where nurses base their decisions on mandates from external systems such as laws and professional codes of ethics. This legal and code climate will guide employees toward

ethical behavior. According to Martin and Cullen (2006), externally based rules such as professional codes produce a positive relationship with organizational outcomes when perceived to be internalized within an organization.

The lowest-scoring ethical climate dimension was the instrumental dimension, with a mean score of 3.04, categorized as adequate. This indicates that nurses still perceive, although not dominantly, a tendency for organizational decisions to be made solely for personal or organizational gain. An instrumental climate reflects an egoistic orientation, where moral values are less of a primary consideration.

C. The Influence of Ethical Climate on Organizational Commitment

The results of statistical tests using SmartPLS to test the research hypothesis showed a significant positive influence of the ethical climate of benevolence and principles (caring, independent, law and code, rules) on organizational commitment, but no effect of instrumental climate on organizational commitment. This suggests that to increase organizational commitment among nurses in government hospitals, the ethical climate, particularly the benevolence and principles climate, must be further developed.

This study, conducted by Schwepker (2001), found a positive effect of ethical climate on employee commitment to their organization. Research by Mohamed et al. (2020) also demonstrated a statistically significant correlation between ethical climate and organizational commitment. Other research findings indicate a positive and significant correlation between nurses' perceptions of the overall ethical work climate and their perceptions of organizational commitment (Hashish, 2017).

The strength of the relationship between the ethical climate of benevolence and principles with organizational commitment can be seen from the R Square value, where in this study the R Square value was obtained = 0.440, meaning that the ethical climate influences organizational commitment in nurses in government hospitals by 44% and the rest is influenced by other factors that were not studied. Sopiah (2008) stated that there are five factors that influence organizational commitment, namely the existence of a culture of openness, job satisfaction, personal opportunities for development, organizational direction, and work rewards that are in accordance with needs.

Improving the ethical climate in hospitals is essential to increasing organizational commitment. Creating a culture that encourages open communication and ethical discussions can improve nurses' perceptions of the ethical climate (Taraz et al., 2019). Leaders must embody personal virtue and morality, enhance supervisor trust, and establish clear rules and procedures, which significantly affect nurses' trust and commitment (Noh & Jung, 2016).

CONCLUSION

This study shows that the organizational commitment of nurses in one of the government hospitals in Padang is still considered adequate (mean 3.30), and the ethical climate is also in the adequate category (mean 3.27). There is a significant and positive influence between the ethical climate of benevolence and principles on organizational commitment, with a contribution of 44%. The better the ethical climate of benevolence and principles, the higher the nurses' commitment to the organization. These findings indicate that values such as caring, fairness, integrity, and adherence to the code of ethics are not only moral aspects, but also effective managerial strategies for building nurses' loyalty and attachment to the institution. Implementing a strong ethical climate can also create a healthier work environment, reduce the potential for internal conflict, and increase job satisfaction and teamwork.

Human resource management in government hospitals is advised to build a strong ethical culture through fair leadership, open communication, and a reward system that encourages ethical behavior. It is also crucial to create a caring work environment, establish clear and consistent rules, and ensure that every decision is made in the mutual interest of the hospital, employees, and patients. The implementation of laws and professional codes of ethics needs to be strengthened. Comprehensive and sustainable policy implementation is expected to increase nurse commitment, strengthen a professional work culture, and support service quality and organizational sustainability.

This study has several limitations. First, the scope of the study was limited to one government hospital in Padang City, so the results cannot be generalized to all hospitals in other regions. Second, the quantitative approach using self-report questionnaires may introduce bias in respondents' perceptions. Third, the study only measured perceptions at a single point in time (cross-sectional), thus failing to capture the dynamics of changes in ethical climate or commitment over time.

For future research, it is recommended that the scope be expanded to several

government and private hospitals to ensure more representative results and allow for cross-institutional comparison. Furthermore, using a mixed methods approach would enrich understanding of the context of ethical climate through in-depth interviews or observations. Longitudinal research could also be considered to examine changes in perceptions and commitment over time and identify other contextual factors such as leadership style, job satisfaction, and workload that may influence the relationship between ethical climate and organizational commitment.

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