

Exploring the Mediating Role of Self-Esteem in the Relationship Between Ethical Climate Perceptions and Organizational Identification: Evidence from the Healthcare Sector

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Abstract: This study examines the impact of the perceived ethical climate on organizational identification, focusing on the mediating role of self-esteem among healthcare professionals. The research explores how perceptions of the ethical climate influence employee attachment within hospitals, where ethical considerations are paramount. Data were collected from 641 hospital employees through surveys measuring ethical climate, self-esteem, and organizational identification. The findings reveal that a positive ethical climate enhances organizational identification. However, self-esteem partially mediates this relationship, showing a slight negative correlation with organizational identification. This suggests that while an ethical climate fosters identification, higher self-esteem may encourage professional autonomy, potentially reducing organizational attachment. Enhancing the ethical work climate can strengthen employee identification, but the nuanced influence of self-esteem requires further investigation. These insights can guide healthcare organizations in developing strategies that balance employee autonomy with organizational commitment, ultimately improving both performance and patient care outcomes.

Keywords: business ethics, ethical climate, self-esteem, organizational identification, employee autonomy

Öz: Bu çalışma, sağlık sektöründe çalışan bireylerin örgütsel özdeşleşme düzeyleri ile algılanan etik iklim arasındaki ilişkiyi incelemekte ve bu ilişkide benlik saygısının aracı rolünü analiz etmektedir. Etik duyarlılığın yüksek olduğu hastane ortamlarında, çalışanların etik iklimle ilişkin algılarının örgüte yönelik kimlik geliştirme süreçleri üzerindeki etkisi ampirik olarak ele alınmıştır. Araştırmanın verileri, etik iklim, benlik saygısı ve örgütsel özdeşleşme değişkenlerini ölçmeye yönelik yapılandırılmış anketler aracılığıyla 641 sağlık çalışanından toplanmıştır. Yapılan analizler, algılanan etik iklimin örgütsel özdeşleşme üzerinde anlamlı ve pozitif bir etkiye sahip olduğunu ortaya koymaktadır. Bununla birlikte, benlik saygısının söz konusu ilişkide kısmi aracı rol üstlendiği ve benlik saygısı ile örgütsel özdeşleşme arasında zayıf ancak istatistiksel olarak anlamlı negatif bir ilişki bulunduğu tespit edilmiştir. Bu bulgu, etik bir çalışma ikliminin çalışanların örgütsel kimlik algılarını güçlendirdiğini; ancak yüksek benlik saygısına sahip çalışanların mesleki özerklik ve bireysel yetkinlik algılarının örgüte yönelik özdeşleşme düzeylerini görece sınırlayabileceğini göstermektedir. Araştırma sonuçları, sağlık kurumlarında etik iklimin güçlendirilmesinin örgütsel özdeşleşmeyi artırabileceğine işaret etmekte; bununla birlikte benlik saygısının örgütsel tutumlar üzerindeki çok boyutlu etkilerinin gelecekte yapılacak çalışmalarda daha ayrıntılı biçimde ele alınması gerektiğini ortaya koymaktadır. Çalışmanın bulgularının, sağlık kuruluşlarında çalışan özerkliği ile örgütsel bağlılık arasında dengeli yönetimi ve insan kaynakları politikalarının geliştirilmesine katkı sağlayacağı değerlendirilmektedir.

Anahtar Kelimeler: iş etiği, etik iklim, benlik saygısı, örgütsel özdeşleşme, çalışan özerkliği

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Introduction

In the contemporary healthcare environment, where organizational dynamics are critical to ensuring optimal performance and patient care, understanding the factors that influence employees' organizational behaviors is vital (Johns, 2006). Among these factors influencing such behaviors, organizational identification stands out as a key construct that shapes employees' engagement, commitment, and motivation in the organization (Ashforth & Mael, 1989). Organizational identification refers to the degree to which an employee align their identity with that of the organization, which in turn affects both their behavior and overall contribution to organizational success (Tajfel & Turner, 1986). Previous investigations have revealed the positive implications of strong organizational identification, including increased job satisfaction (Mael & Ashforth, 1992), improved job performance (Dick, Grojean, Christ, & Wieseke, 2006), and higher levels of organizational citizenship behaviors (Organ, 1988). However, the antecedents of organizational identification remain a critical area of inquiry, particularly in high-stakes environments such as healthcare, where employee commitment is closely linked to the quality of patient care and overall effectiveness of the organization (Van Dick et al., 2004; Riketta, 2005).

One critical factor that may influence organizational identification is how employees perceive the ethical climate within the workplace. This refers to the collective understanding among employees regarding the moral quality of the organization's practices, decisions, and behaviors (Victor & Cullen, 1988). It encompasses how employees perceive the standards of right and wrong within their workplace, and how these standards guide their actions and responses to organizational challenges (Kaptein, 2011). Previous studies have suggested that a positive ethical climate can enhance organizational identification by promoting an environment of trust, fairness, and mutual respect (Zagenczyk, Purvis, Cruz, Thoroughgood, & Sawyer, 2021; Valentine & Fleischman, 2008). In healthcare, where ethical considerations are particularly prominent, the ethical climate can significantly influence how employees perceive their roles and align themselves with the organization's objectives (DeConinck, 2011).

Self-esteem, a key component of organizational behavior, refers to an individual's overall assessment of their self-worth and abilities (Rosenberg, 1965). In the workplace, self-esteem plays a significant role in influencing employees' perceptions and attitudes towards their tasks, affecting their overall engagement and motivation (Pierce & Gardner, 2004; Blitzer, Petersen, & Rogers, 1993). High self-

f-esteem is typically associated with positive outcomes, including increased job satisfaction (Judge & Bono, 2001), higher job performance (Pierce & Gardner, 2004), and greater organizational commitment (Blitzer et al., 1993). Nevertheless, the importance of self-esteem in mediating the relationship between perceived ethical climate and organizational identification remains underexplored and warrants further investigation (DeConinck, 2011; Zagenczyk et al., 2021).

This study seeks to fill the existing gap by exploring the role of self-esteem as a mediator in the relationship between perceptions of ethical climate and organizational identification within the healthcare sector. The healthcare industry, with its high demands and complex ethical challenges, provides a unique setting for exploring how these variables interact (Victor & Cullen, 1988; Wimbush, Shepard, & Markham, 1997; Teresi, Pietroni, Barattucci, Giannella, & Pagliaro, 2019). Hospital employees, including doctors, allied health professionals (e.g., Physiotherapist, Pharmacist), technical staff (e.g., laboratory technician, anesthetist) and managerial personnel, work in an environment where ethical concerns are paramount (DeConinck, 2011; Valentine, Greller, & Richtermeyer, 2006). Understanding how perceptions of ethical climate affect organizational identification and how self-esteem influences this relationship can provide valuable insights into strategies for improving employee engagement, morale, and retention in the healthcare sector (Zagenczyk et al., 2021).

Given the critical role that organizational identification plays in the functioning of healthcare organizations, this study contributes to the literature by emphasizing the importance of an ethical work climate in fostering strong organizational identification (Mael & Ashforth, 1992) (Riketta, 2005) and the potential mediating role of self-esteem (Pierce & Gardner, 2004; Kahn, 1990). This research aims to offer practical implications for hospital management by emphasizing the importance of cultivating a positive ethical climate to enhance organizational commitment and, ultimately, improve patient care outcomes (Kaptein, 2011; Valentine & Fleischman, 2008). Moreover, the findings could guide the development of organizational practices that promote both individual and collective well-being within healthcare institutions (Tang & Gilbert, 1994; Kreiner & Ashforth, 2004).

In conclusion, this study not only sheds light on the interplay between ethical climate, self-esteem, and organizational identification, but also underscores the significance of these variables in the unique context of hospital environments, where employee motivation and engagement are crucial to organizational success and patient satisfaction.

Theoretical Framework

Ethical Climate

The term ethics refers to the principles that guide what is regarded as right or wrong, beneficial or harmful, and acceptable or unacceptable (Engel, Blackwell, & Miniard, 1995: 914). Conversely, the concept of ethical climate describes how organizational members perceive and assess the organization's internal and external environment (Haller, 1971: 27). Ethical behavior and practices involve evaluating the correctness or incorrectness of all actions, including those of managers, employees, and investors, in the operations of organizations (Aksoy & Erdil, 2017: 134).

The notion of ethical climate, first explored by Victor and Cullen, encompasses typical organizational practices and procedures. According to them, it refers to the perceptions shared within an organization regarding the appropriate behaviors in overcoming challenges when they arise (Victor & Cullen, 1988: 101). Ethical climate aids employees in assessing issues and exploring various options. Furthermore, it guides employees in determining appropriate and inappropriate conduct (Barnett & Schubert, 2002: 281). Another interpretation characterizes the ethical climate as behaviors that are anticipated, endorsed, and rewarded within organizational settings (Schneider & Rentsch, 1988: 183).

Ethical Climate and Organizational Outcomes

All organizational values related to notions of right and wrong contribute to the ethical climate, which guides employees in evaluating ethical dilemmas and distinguishing appropriate from inappropriate behaviors (Cullen, Victor, & Stephens, 1989: 50; Barnett & Schubert, 2002: 281). A robust ethical climate has been shown to reduce employee stress, enhance job satisfaction and motivation, and foster stronger organizational commitment, thereby positively influencing performance and turnover-related outcomes. By promoting trust, shared values, and integrity, a positive ethical climate strengthens employees' morale and commitment, enhances organizational performance, and reinforces competitive advantage (Çakıroğlu & Başpınar, 2021: 1909).

Empirical evidence consistently supports the link between ethical climate and organizational identification. Lopez (2009: 595) argued that perceptions of an ethical work climate enhance organizational identification and individual success. Similarly, DeConinck (2011) found that organizational identification was positively associated with responsibility and trust, adherence to ethical norms, and ethical

practices. While some studies report divergent findings—such as Tuna and Yeşiltaş (2014: 114), who observed reduced identification under certain ethical climates research in healthcare contexts largely indicates a positive relationship. For instance, Yaman (2021: 101) identified organizational identification as a mediator between ethical climate perceptions and key organizational outcomes, and Zagenczyk et al. (2021: 1) demonstrated that a strong ethical climate amplifies the positive effects of organizational support on affective commitment and organizational identification, underscoring the critical role of ethical climates in fostering employee attachment and alignment with organizational values.

Hypothesis 1: *Perceived ethical work climate will be positively related to Organizational Identification.*

Self-Esteem

Self-esteem refers to how an individual perceives their overall competencies (Rosenberg, 1965). It represents an individual's overall assessment and evaluation of their own worth and capabilities. Korman (1976) defined self-esteem as the degree to which individuals view themselves as capable and worthwhile, suggesting that people's reactions to their experiences depend on their level of self-esteem. Coopersmith (1967) described that the concept of "self" is intricate and multifaceted, encompassing a range of attributes and capacities. These include both external manifestations, such as the body, and internal aspects, such as feelings and beliefs. Self-esteem is one of several self-concepts that have been incorporated into the field of organizational science (Pierce, Gardner, Cummings, & Dunham, 1989: 625).

According to Simpson and Boyle (1975: 897-898), self-esteem consists of three main dimensions. Global self-esteem is usually defined as how an individual feels about their overall worth as a person. Specific self-esteem involves assessments conducted in specific life contexts, such as social interactions, gender relations, education, and professional environments, or assessments based on specific facets of the individual, such as intelligence, personality, and social skills. Task-specific self-esteem involves the assessment of one's competence and worth specifically concerning particular sets of behaviors or actions within defined situations.

Self-Esteem as Mediator in Work Contexts

Self-esteem significantly influences employee attitudes and behaviours in organizational settings (Korman, 1970; Brockner, 1988). Prior research indicates that

self-esteem is associated with a wide range of work-related outcomes, including job performance, motivation, organizational citizenship behavior, organizational commitment, and job satisfaction (Pierce & Gardner, 2004: 591). Thus, self-esteem functions as an important psychological resource that shapes how employees evaluate their roles, contributions, and effectiveness within the organization.

In work contexts, individuals' responses to organizational actions, climates, and relational dynamics largely depend on the level of self-esteem they developed through their experiences with the organization. Studies addressing organizational identification, citizenship, trust, climate, culture, job satisfaction, and member-organization relationships emphasize the pivotal role of organization-based self-esteem in shaping employees' perceptions and behavioral responses (Yüner, 2018: 779). This highlights the importance of self-esteem as a mediating mechanism linking organizational conditions to individual attitudes and behaviors.

Hypothesis 2: *Perceived ethical work climate will be positively related to self-esteem.*

Organizational Identification

Organizational identification represents a specific form of social identification through which individuals define themselves as members of an organization (Schwarz, 2017: 520; Dukerich, Golden, & Shortell, 2002: 507). In this process, individuals' interests gradually converge with organizational interests, and organizational goals become integrated with personal objectives (McGregor, 1967: 170; Tolman, 1943: 141). When an individual's self-concept shares attributes with those perceived to characterize the organization, this cognitive and psychological connection is conceptualized as organizational identification. Accordingly, organizational identification reflects the extent to which individuals align their personal identity with the defining characteristics of the organization and perceive these attributes as integral to their own sense of self (Dutton, Dukerich, & Harquail, 1994: 239).

Organizational identification also entails a strong sense of belonging and emotional attachment, whereby individuals perceive themselves as integral members of the organization and interpret organizational successes and failures as personal experiences (Mael & Ashforth, 1992: 103; Buchanan, 1974: 533). This affective bond can be understood as a psychological merger between the individual and the organization, reinforcing the meaningfulness of work and enhancing intrinsic motivation (van Knippenberg & Sleebos, 2006: 572). Employees with strong organizational identification are more likely to remain in the organization, demonstrate extra-role behaviors, and exert effort toward achieving organizational

goals (İřcan, 2006: 161; Miao, Eva, Newman, & Schwarz, 2019: 78). Prior research further suggests that organizational identification is associated with positive outcomes such as creativity, organization-based self-esteem, motivation, and high performance (Lipponen, Bardi, & Haapamäki, 2008; Shamir & Kark, 2004; Hall, Schneider, & Nygren, 1970; Cicero & Pierro, 2007).

The relationship between organizational identification and self-esteem has been widely examined in the literature. Ashforth and Mael (1989: 31) argued that when organizational identity is perceived as attractive, individuals' self-esteem increases, thereby fostering identification. Empirical studies have demonstrated that self-esteem either moderates or directly relates to organizational identification across different contexts. For example, Fuller et al. (2006) showed that self-esteem moderated the relationship between perceived external image and organizational identification among healthcare workers, while Kark, Shamir, and Chen (2003: 251) reported a positive association between self-esteem and both organizational and personal identification. Similarly, Brocker et al. (1998: 400) identified a positive relationship between self-esteem and organizational identification across multiple field studies, including healthcare settings. Pierce and Gardner (2004: 610) further suggested that organization-based self-esteem frequently functions as a mediating mechanism linking organizational antecedents to key attitudinal and behavioral outcomes.

Hypothesis 3: *Self-Esteem will be positively related to organizational identification*

Hypothesis 4: *Self-esteem mediates the relationship between perceived ethical work climate and organizational identification, such that higher levels of self-esteem strengthen the association between perceived ethical work climate and organizational identification.*

Methodology

Research Goal

The primary aim of this study is to examine the impact of ethical work climate on organizational identification and to explore the mediating role of self-esteem in the relationship between ethical climate and organizational identification. To test the hypotheses, a survey was conducted using structured questionnaires.

Sample and Data Collection

The survey for this study was conducted among employees working in university hospitals located in the Aegean region of Türkiye. University hospitals were selected due to their complex organizational structures and strong high ethical sensitivity, which make them particularly suitable for examining ethical work climate and organizational identification. The healthcare sector was chosen because ethical considerations and organizational commitment are especially salient in this context. The Aegean region was preferred as it hosts a diverse yet accessible group of university hospitals, allowing for a heterogeneous yet manageable research setting. Data on ethical work climate, self-esteem, and organizational identification were collected directly from hospital employees through self-administered questionnaires, ensuring the use of primary data. The questionnaires were distributed to hospital staff across different occupational groups, including physicians, nurses, allied health professionals, technical staff, administrative personnel, and support staff, and participation in the study was voluntary. A total of 720 questionnaires were distributed across the hospitals, and 664 were returned. After excluding 23 incomplete or invalid responses, the final sample consisted of 641 respondents, yielding a response rate of 89.03%. Figure 1 presents the conceptual model of the study.

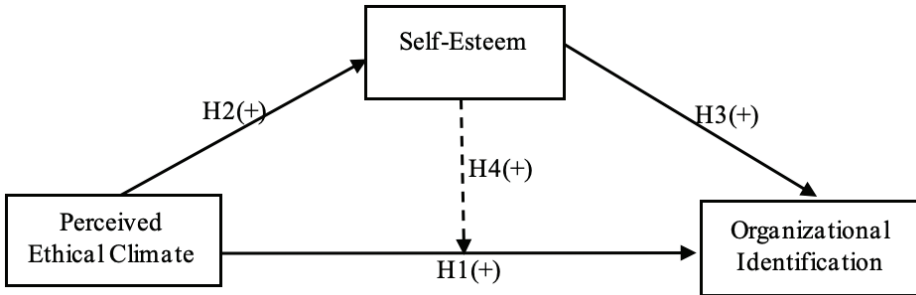


Figure 1: Conceptual Model

Measurements

The study was conducted in a Turkish-speaking environment. Three separate scales were used to measure the three variables. The questionnaire utilized a five-point Likert scale to measure each item, allowing participants to express their level of agreement or disagreement with the statements presented. The validity and reliability of the original scales were established by their developers and have been validated in previous research. Additionally, permission to use the Turkish adaptations of

the original scales was obtained via email from the researchers responsible for the adaptations.

To measure the ethical climate, the seven-item **Ethical Work Climate Perception Scale** developed by Schwepker et al. (1997) was employed. The Turkish adaptation, including its validity and reliability assessment, was conducted by Özdemir and Batga (2021; $\alpha = 0.83$).

To assess **Organizational Identification**, the six-item questionnaire developed by Mael and Ashforth (1992) was adapted into Turkish by Tak and Çiftçiođlu (2009, $\alpha = 0.83$).

The **Rosenberg Self-Esteem Scale (RSES)**, developed by Rosenberg (1965), contains 63 items across 12 subscales. The first 10 items, measuring self-esteem, were adapted into Turkish by Çuhadarođlu (1986, $\alpha = 0.71$). For this study, those 10 items were used to assess participants' levels of self-esteem.

To assess the factorial validity of the study measures, confirmatory factor analysis (CFA) was conducted on the full sample ($n = 641$). The three-factor measurement model, consisting of ethical work climate, organizational identification, and self-esteem, demonstrated an acceptable fit to the data ($\chi^2/df = 6.69$, CFI = 0.84, TLI = 0.81, RMSEA = 0.095). All factor loadings were statistically significant and in the expected directions, supporting the construct validity of the measurement instruments.

Analysis and Results

Table 1

Demographic Variables

		n	%
Gender	Male	276	43,3
	Female	361	56,7
Education Level	Primary Education	30	4,7
	Secondary Education	147	23,1
	Associate Degree	199	31,3
	Bachelor's Degree	183	28,8
	Postgraduate Degree	77	12,1

Age (years)	1946-1964	12	1,9
	1965-1979	231	36,3
	1980-1999	342	53,8
	2000s and beyond	51	8,0
Tenure (years)	Less than 1 year	43	6,8
	1-5 years	184	29,0
	6-10 years	196	30,9
	11-15 years	110	17,3
	16-20 years	68	10,7
	21 years and above	34	5,4
Role in the Hospital	Doctor	74	11,6
	Allied Health Professionals (e.g., Physiotherapist, Dietitian, Pharmacist)	71	11,1
	Health Services Staff (e.g., Nurse, Midwife)	187	29,4
	Administrative Personnel (clerk)	136	21,4
	Technical Personnel (e.g., Laboratory Technician, Radiologic Technologist, Audiologist, Anesthesia Technician)	80	12,6
	Managerial Staff	11	1,7
	Other Roles (e.g., Security, Cleaning, Kitchen Staff)	78	12,2
Employment Status	Permanent Staff	373	58,6
	Contracted	169	26,5
	Permanent Worker	72	11,3
	Subcontractor	23	3,6

Note: Due to missing responses, totals may vary across variables. The data were collected between January 20, 2023, and April 1, 2023.

The demographic composition of the participants reveals several notable patterns. Among the participants, 43.3% (276 individuals) are male, whereas 56.7% (361 individuals) are female. In terms of educational attainment, the data indicates a diverse range of educational backgrounds. Specifically, 4.7% of the participants (30 individuals) are primary school graduates, 23.1% (147 individuals) have completed high school, 31.3% (199 individuals) hold an associate degree, 28.8% (183

individuals) possess a bachelor's degree, and 12.1% (77 individuals) have pursued postgraduate education.

The distribution of participants across different generational cohorts also provides valuable insights. A small proportion of 1.9% (12 individuals) were born between 1946 and 1964, often referred to as the Baby Boomer generation. Meanwhile, 36.3% (231 individuals) belong to Generation X, born between 1965 and 1979. The largest group, accounting for 53.8% (342 individuals), comprises Millennials, born between 1980 and 1999. Additionally, 8.0% (51 individuals) of the participants represent Generation Z, having been born in 2000 or later (Lancaster & Stillman, 2010; Joshi, Denckner, & Franz, 2011; William & Howe, 1991; Ozkan & Solmaz, 2015). These demographic findings highlight the gender balance, the range of educational achievements, and the generational diversity among the study's participants, providing a comprehensive overview of the sample population.

The participants exhibit a wide range of professional experience, with their length of service at the institution spanning from less than one year to over two decades. Notably, nearly one-third have been employed for more than 10 years, while a significant portion is relatively new to the institution. In terms of job roles, the participants hold diverse positions within the hospital, with 11.6% being doctors, 11.1% allied health professionals, and 29.4% working in healthcare services. Additionally, 21.4% serve in administrative roles, and 12.6% are part of the technical staff. A small percentage hold managerial positions, while others are involved in support services such as security and cleaning. Regarding employment status, the majority of the workforce (58.6%) consists of permanent staff, though a notable proportion (26.5%) are employed on a contractual basis. There is also a smaller portion included permanent workers and subcontracted personnel, highlighting a mix of employment arrangements within the institution.

Table 2

Descriptive Statistics and Reliability Coefficients for Scale Scores

	n	Min.	Max.	Mean	SD	Skewness	Kurtosis	α
Organizational Identification	637	1.00	5.00	3.68	0.93	-0.980	0.614	0.897
Perception of Ethical Work Climate	637	1.00	5.00	4.14	0.72	-1.092	1.608	0.913
Self-Esteem	637	1.70	5.00	3.83	0.67	-0.180	-0.909	0.756

The participants' organizational identification scores ranged from 1.00 to 5.00, with a mean score of 3.68 ($SD = 0.93$). The skewness value was -0.980, and the kurtosis value was 0.614, indicating a approximately normal distribution. The Cronbach's alpha reliability coefficient for this scale was 0.897, reflecting high internal consistency. For ethical work climate perceptions, participants' scores also ranged from 1.00 to 5.00, with an average score of 4.14 ($SD = 0.72$). The skewness value was -1.092, and the kurtosis value was 1.608, indicating a slightly negatively skewed distribution. The Cronbach's alpha coefficient was 0.913, suggesting excellent reliability.

Participants' self-esteem scores ranged from 1.70 to 5.00, with a mean score of 3.83 ($SD = 0.67$). The skewness value was -0.180, and the kurtosis value was -0.909, demonstrating a approximately normal distribution. The Cronbach's alpha reliability coefficient for this measure was 0.756, indicating acceptable reliability. Skewness and kurtosis values for all variables fell within the acceptable ± 2 range, confirming that the assumption of normality was met (Hair et al., 2010; Byrne, 2010).

Table 3

Examination of the Relationship Between Perception of Ethical Work Climate, Organizational Identification, and Self-Esteem

		Organizational Identification	Perception of Ethical Work Climate	Self-Esteem
Organizational Identification	r	1	0.391**	-0.203**
	p		0.000	0.000
Perception of Ethical Work Climate	r		1	0.115**
	p			0.004
Self-Esteem	r			1
	p			

** $p < 0.01$

The results reveal a moderate positive correlation between organizational identification and the perception of ethical work climate ($r = 0.391$, $p < 0.01$), indicating that higher levels of organizational identification are associated with a more positive perception of the workplace's ethical climate; therefore, Hypothesis 1 was supported. Conversely, a weak negative correlation is found between organizational identification and self-esteem ($r = -0.203$, $p < 0.01$), suggesting that greater

organizational identification may be linked to slightly lower self-esteem among participants. As this relationship was expected to be positive, Hypothesis 3 was not supported.

Furthermore, the perception of ethical work climate shows a weak but significant positive correlation with self-esteem ($r = 0.115$, $p < 0.01$), implying that a more positive ethical climate perception corresponds to marginally higher levels of self-esteem; thus, Hypothesis 2 was supported. Collectively, these findings highlight statistically significant relationships among organizational identification, ethical work climate perception, and self-esteem, which provide the basis for the subsequent mediation analysis.

Table 4

The Mediating Role of Self-Esteem in the Effect of Ethical Work Climate Perception on Organizational Identification

Path/effect	Bootstrap Estimates		p	95% Confidence interval		R ²	F
	B	SE		Lower	Upper		
X→Y Ethical Work Climate Perception → Organizational Identification	0.509*	0.048	0.000	0.415	0.602	0.153	114.490
X→M Ethical Work Climate Perception → Self-Esteem	0.108*	0.037	0.036	0.035	0.181	0,013	8.537
M→Y Self-Esteem → Organizational Identification	-0.349*	0.049	0.000	-0.445	-0.252	0.041	86.806
Direct Effect	0.546*	0.046	0,000	0.456	0.637		
Indirect Effect (Self-Esteem)	-0.038	0.015		-0.071	-0.012		

* $p < 0.05$

The independent variable, perception of ethical work climate, exerts a positive and significant effect on organizational identification ($B = 0.509, p < 0.05$). Ethical work climate perception also positively influences self-esteem ($B = 0.108, p < 0.05$). However, self-esteem demonstrates a negative effect on organizational identification ($B = -0.349, p < 0.05$). When analyzing the indirect effect of self-esteem on the relationship between ethical work climate perception and organizational identification, the bootstrap confidence interval does not include zero ($CI = -0.071$ to -0.012), indicating a significant partial mediation effect; thus, Hypothesis 4 was supported.

Discussion

This study explores the relationship between perceived ethical work climate, self-esteem, and organizational identification. The findings suggest that a positive ethical work climate enhances organizational identification. These findings align with previous research underscoring the role of ethical organizational environments in strengthening employee attachment and fostering commitment to the organization. By promoting shared values and cultivating trust, ethical work climates play a pivotal role in shaping employees' sense of belonging, underscoring their importance in organizational development strategies and retention efforts (Ashforth & Mael, 1989; Victor & Cullen, 1988; Valentine & Fleischman, 2008). For example, DeConinck (2011) and Zagenczyk et al. (2021) emphasize that ethical climates cultivate trust, loyalty, and identification by establishing shared values and integrity within organizations. Similarly, Valentine and Fleischman (2008) discovered that employees tend to feel a stronger sense of identification with organizations they view as ethically responsible, as such climates promote psychological safety and organizational justice. Given that this study was conducted in hospitals, the ethical environment is particularly relevant because healthcare professionals frequently encounter ethically charged situations that influence their perceptions of workplace integrity and fairness (Kaptein, 2011).

The nuanced role of self-esteem, however, diverges from conventional assumptions about its influence on organizational identification. While previous research typically posits that higher self-esteem correlates positively with organizational outcomes such as commitment and identification (Pierce & Gardner, 2004; Blitzer, Petersen, & Rogers, 1993), this study identifies a counterintuitive relationship: increased self-esteem appears diminishes organizational identification. This outcome may be explained by research suggesting that higher self-esteem can lead

to increased perceptions of personal autonomy and independence (Ryan & Deci, 2000; Kahn, 1990). In professional environments where autonomy is highly valued, such as healthcare, employees with elevated self-esteem may prioritize their professional identity over organizational affiliation, reducing their need to seek identity through the organization (Kreiner & Ashforth, 2004).

These findings align with Ashforth and Mael's (1989) social identity theory, which recognizes that professional identification can act as an alternative to organizational identification. In environments where employees prioritize professional competence and autonomy as core elements of their identity, self-esteem may strengthen their professional self-concept rather than their attachment to the organization. This perspective is further supported by research in sectors characterized by high professional autonomy, where identification with one's profession often surpasses organizational affiliation (Sluss & Ashforth, 2007; Bartels et al., 2010).

Conversely, the negative relationship between self-esteem and organizational identification challenges studies that conceptualize self-esteem as a positive mediator in organizational contexts. For instance, Pierce and Gardner (2004) argue that employees with high self-esteem are more inclined to invest in their organization and develop a sense of identification with it, as they perceive the organization to be an extension of their self-concept. However, the findings of this study suggest that this dynamic may not hold consistently, as factors such as professional autonomy appear to moderate the role of self-esteem. Yet, this study suggests that such dynamics may vary depending on contextual factors like professional autonomy, aligning with Tang and Gilbert's (1994) view that the link between self-esteem and organizational outcomes is shaped by situational influences.

This study's comprehensive sample of hospital employees, comprising doctors, nurses, allied health professionals, and administrative staff, underscores the critical role of fostering an ethical work climate in healthcare settings. The complexity of hospital environments, where employee commitment significantly affects patient care outcomes and organizational effectiveness, highlights the importance of promoting ethical climates to enhance job satisfaction, reduce turnover, and encourage behaviors aligned with organizational objectives (Valentine, Greller, & Richtermeyer, 2006; Riketta, 2005).

Establishing and reinforcing ethical codes can provide a shared moral foundation that fosters cohesion and alignment with organizational values (Kaptein,

2011; Victor & Cullen, 1988; Valentine & Fleischman, 2008; Andrews, 1989; Jose & Thibodeaux, 1999). Additionally, targeted programs to support self-esteem, designed in alignment with organizational goals, can balance personal growth with stronger organizational identification (Pierce & Gardner, 2004; Tang & Gilbert, 1994; Blitzer, Petersen, & Rogers, 1993). Frameworks that promote meaningful autonomy and decision-making further ensure employees feel valued without undermining their identification with the organization (Kahn, 1990; Zhang & Bartol, 2010; Ryan & Deci, 2000; Thomas & Velthouse, 1990). Recognizing the varying levels of professional identification across roles, implementing tailored engagement strategies that acknowledge the unique contributions of each position can further strengthen organizational identification (Ashforth & Mael, 1989; Kreiner & Ashforth, 2004; Bartels et al., 2010; Sluss & Ashforth, 2007).

In conclusion, this study underscores the significance of ethical work climates in fostering organizational identification while providing a nuanced understanding of self-esteem's mediating role. The results indicate that ethical environments promote shared values and integrity, enhancing employee commitment, satisfaction, and a sense of belonging. However, the study also reveals a complex relationship where higher self-esteem, particularly in contexts emphasizing professional autonomy, may diminish organizational identification. This finding suggests that healthcare leaders must carefully balance promoting employees' personal growth with maintaining their attachment to the organization. Future research should extend these findings by examining whether the observed relationships differ across occupational and demographic groups, such as physicians versus administrative staff, age cohorts, or working conditions. Further research across different healthcare sectors and other high-autonomy professions is needed to better understand how contextual factors shape the interaction between ethical climates, self-esteem, and organizational identification. Longitudinal studies could provide deeper insights into how changes in ethical climates and self-esteem levels influence organizational outcomes over time.

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