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Effects of ethical leadership on bullying and voice behavior among nurses

Mediating role of organizational identification, poor working condition and workload

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Abstract

Purpose – This study aims to investigate the effects of ethical leadership on employee's bullying and voice behavior, considering poor working conditions, organizational identification and workload as mediating variables.

Design/methodology/approach – Questionnaire survey design was used to elicit responses of 564 nurses from hospitals located in various cities of Pakistan.

Findings – Analysis through structural equation modeling proved that ethical leadership has a positive and significant impact on both organizational identification and voice behavior, but a negative and significant impact on workload, poor working conditions and bullying at the workplace. Furthermore, organizational identification, poor working conditions and workload proved to be partial mediators.

Originality/value – The study adds value to the limited literature on ethical leadership, bullying and voice behavior in nursing. Additionally, organizational identification, workload and poor working conditions have not previously been examined as mediators.

Keywords Health care, Organizational identification, Nursing, Bullying, Employee voice, Ethical leadership, Workload, Working conditions, Poor working condition

Paper type Research paper

Introduction

Workplace bullying has become a major concern in the nursing profession (Laschinger and Nosko, 2015). Bullying refers to offensive, intimidating, abusive or insulting behavior that makes others feel humiliated or demeaned and ultimately undermining self-confidence and creating stress (Embree and White, 2010; Hutchinson *et al.*, 2010; Yildirim and Yildirim, 2007). It is estimated that workplace bullying costs around $17-36 billion to business organizations across the globe. However, its widespread effect is neither recognized nor reported (Moore *et al.*, 2013). According to Stagg *et al.* (2013), every sixth employee experience bullying in the workplace, at least once in his/her life. Nevertheless, bullying is considered as the most chronic issue in the health-care sector, specifically in the case of nurses. It is reported that bullying is a major issue as almost 27-85 per cent of the nurses are

bullied, whereas in the case of newcomers the percentage is even detrimental, i.e. 90 per cent (Smith *et al.*, 2010; Waschgler *et al.*, 2013). The problem is common across the globe, as it is noticed that in the UK almost 80 per cent of the nurses have experienced bullying by their coworkers (Lewis, 2006). While 70 per cent in North America (Vessey *et al.*, 2009) and 33 per cent nurses in Canada have faced bullying (Laschinger *et al.*, 2010). Likewise, it is reported that 50 per cent of the nurses have ever faced such situation (Shiwani and Elenin, 2010).

Considering the nature and existence of mistreatment at work, it is expected that the victims may have negative feelings toward work and organization (Hoel *et al.*, 2010). Razzaghian and Shah (2011) reported that victims of bullying and mistreatment are found to be dissatisfied with the job, experience stress and burnout. These apprehensions ultimately influence overall hospitals' performance (Patten, 2005). Considering the adverse consequences of bullying, it has become essential for the authorities (specifically leaders) to avert these transgressions. The role of the leader is considered significant as leaders can have influence on both employees and on the system. They set personal examples and develop culture and environment that influences both employees and organizations (Kaufman *et al.*, 2014). Nevertheless, link between leadership and environment in nursing is still under investigated (Stouten *et al.*, 2010). More specifically, there is a dearth of literature that focus on the relationship among leadership, job design and problems like bullying.

As bullying is a negative state that could be believed as something unethical at work (Vessey *et al.*, 2009), it is expected that ethical leadership style may work well in transmuting to a desired state. According to Brown *et al.* (2005, p. 120), ethical leadership is "the demonstration of normatively appropriate conduct through personal actions and interpersonal relationships, and the promotion of such conduct to followers through two-way communication, reinforcement, and decision-making". Gallagher and Tschudin (2010, p. 224) defined ethical leader is "[. . .] one who demonstrates commitment to ethical practices in their everyday work and act as ethical role models for others". Ethical leaders are categorized as individuals with higher level ethical standards, integrity and veracity (Makaroff *et al.*, 2014), it is therefore to believe that such leaders are likely to discourage bullying and mistreatment at work.

However, a profound look at the nursing literature shows that there is a dearth of academic research literature focusing on ethical leadership and its possible outcomes. Out of the few studies, Walumbwa *et al's*. (2012) work reported that ethical leadership in nursing profession offers better returns in the shape of high performance and voice behavior. However, the link between ethical leadership in bullying is largely unattended. Gallagher and Tschudin (2010) commented that ethical leaders show commitment to ethical values, thus creating a workplace designed with such traits, and offering positive individual and hospital outcomes. While valuing the need of such investigation Storch *et al.* (2013, p. 150) commented that, "[. . .] the limited attention directed toward ethical leadership of formal nurses leaders". It is, thus assumed that ethical leadership can bring positive and desirable changes in the nursing profession and the most desirable of all is the extra role behavior (Gagne and Deci, 2005). Nurses in particular are a profession, which must continue to deliver patient care despite circumstances (Islam *et al.*, 2017), and their ability to raise issues and prevent adverse events is critical. Therefore, understanding of their likelihood to positively contribute to their voice is especially pertinent (Stouten *et al.*, 2010). In a recent study Cheng *et al.* (2014) investigated the association between ethical leadership and extra role behavior through the explanatory role of intrinsic motivation; however, links to bullying have not yet been established. Thus, this study proposed that ethical leaders motivate employees for positive responses and remove negative events (e.g. bullying) and deleterious working environment (e.g. work overload). Therefore, this study focuses workload and working

conditions as two main aspects in shaping such an environment that could reduce bullying and enhance employee voice in the health-care sector.

Theory building and hypotheses development

Ethical leadership and voice behavior

Employee voice is the employees' response in terms of suggestions, opinions, concerns and ideas about work-related issues with intentions to improve the working environment and overall organizational processes. It denotes an individual's tendency vigorously talk about change and productive ideas. More specifically, voice is defined as a "behavior that emphasizes expression of constructive challenge with the intent to improve rather than merely criticize" (Van Dyne and LePine, 1998). Voice behavior is socially based as it promotes change by facilitating constructive change intentions. However, it is to share that challenging the status quo and raising voice for change create social risks (LePine and Van Dyne, 2001). Therefore, there lies the need of organizational and management support to mitigate such risks and get best out of voice behavior.

Considering social exchange theory (henceforth SET; Blau, 1964) and organizational support theory (henceforth OST; Eisenberger et al., 1986) as the baseline, it is assumed that such support from the hospital and its agents (e.g. leadership, management) makes nurses reciprocate (Gouldner, 1960), positively in shape of voice for all undesired situations. Cropanzano and Mitchell (2005) valued the role of such exchange and their strength as basis for voice. Built on the lines of social exchanges, ethical leadership is believed to work as support factor making nurses reciprocate in shape of ethical response and productive voice. Ethical leader (leader with high ethical standards) is seen as the one who sees the greater good of organizations, employees and stakeholders (Brown and Treviño, 2006; Brown et al., 2005; Treviño et al., 2003). In line with SET and OST, ethical leader provides an ethical framework which is reciprocated by followers in shape of positive outcomes (Chan and Mak, 2012). Being supervisees of ethical leader, followers are likely to receive more care and support, which is likely to be reciprocated by attitudes being valued by supervisors (Tangirala et al., 2007). Past studies have proved that ethical leaders fetch positive response from followers in shape of behavior and performance by building interpersonal relations of mutual trust (Gu et al., 2015; Liu et al., 2013; Masterson et al., 2000). Moreover, followers in certain sense perceive leader and supervisor as organizational agent and representative (Blanc and Gonzalez-Roma, 2012), thus believe that ethical leader support and care is association of organizational support (Eisenberger et al., 2002). Individuals with such beliefs are believed to reciprocate constructively by providing suggestions and advice (Fuller et al., 2006; Liang et al., 2012; Maynes and Podsakoff, 2014; Raub, 2008; Van Dyne and LePine, 1998; Van Dyne et al., 2003). The same is believed true for nurses, as it is expected that leaders' ethical response will make nursing staff reciprocate with positive behavior by raising voice for improvement and development of hospital services:

H1. Ethical leadership will be positively related to nurses' voice behavior.

Ethical leadership and bullying

Literature on workplace bullying has focused the role of leaders in eradicating it and its deleterious consequences (Hoel et al., 2010; Leymann, 1996). This study argues that by encouraging favorable working environment and communicating about ethics, leaders should be able to reduce bullying. Ethical leaders not only create an environment of ethics and harmony but also improve the way followers' behavior at work (Mayer et al., 2009; Singhapakdi et al., 1999). Brown et al. (2005, p. 130) argued that ethical leaders engage in

"demonstrating integrity and high ethical standards, considerate and fair treatment of employees, and holding employees accountable for ethical conduct". Therefore, to be perceived as ethical, leaders need to be trustworthy, honest, fair dealings, ethical in personal life and principled in decision-making (Treviño *et al.*, 2003). Therefore, ethical leaders need to work with ethical values in their professional as well as personal life. While behaving so, they should not only encourage fair behavior at the workplace but also present themselves as role models for their subordinates.

According to social learning theory (henceforth, SLT), individuals learn new behaviors, values and attitudes through reinforcement and observing their role models at workplace (Bandura, 1977). It can be drawn from the SLT that ethical leaders (considered as credible models) could change the employees' behaviors. In a similar fashion, Kohlberg (1969) suggests that, "development of morality is dependent on role models".

Presenting a three-way model of bullying, Baillien *et al.* (2009) discussed work environment as one aspect that may encourage bullying. Following the notion, leaders may encourage or refrain their subordinates to bully colleagues. Considering the role of ethical leader this study assumes that such leaders are role models for their ethical behavior and they tend to discourage bullying. Moreover, nurses may learn from their ethical leaders and imitate behavior of their leaders (ethical) and refrain from such behavior. It is hypothesized as follows:

H2. Ethical leadership will negatively relate to workplace bullying at hospitals.

Mediating role of working condition and work overload
Studies on the topic of work design have focused on the stable attributes of work environment as a tool to design and control it, however, social characteristics have not been examined frequently in this regard (Morgeson and Campion, 2003). According to Humphrey *et al.* (2007), social characteristics (e.g. leadership) are imperative to study as such traits have direct bearing on well-being. Wrzesniewski *et al.* (2003) valued the role of leaders as pivotal for deigning jobs. According to the recent study of Piccolo *et al.* (2010), leaders with ethics positively influence the work environment as they enhance the individual's feeling of significance. Specifically, ethical leaders place ethics and fairness at prime consideration while designing jobs, as they are concerned with the well-being of their followers (Brown and Treviño, 2006). While designing a job, both quantitative and qualitative aspects need to be considered. Quantitative aspects of the work environment are associated with keeping employees' workload acceptable, whereas qualitative aspects are concerned with the working conditions where an individual need to perform their job (Humphrey *et al.*, 2007). Ethical leaders (with moral and ethical character) are believed to influence both these aspects, as they always value well-being of their follower at first instance. This argument is further strengthened by the findings of Stouten *et al.* (2010) who noticed that ethical leaders, being focused on well-being, consider the expectations and wishes of their followers while designing jobs and working environment.

Considering SLT as the foundation stone, this study assumes here that ethical leaders in hospitals will become a role model for followers and they will adapt positive and ethical behavior. Additionally, it is also believed that their presence will ensure provision of positive qualitative and quantitative work environment. Based on the above arguments, it is hypothesized that:

H3. Presence of ethical leadership at hospitals will negatively influence nurses' perceptions of poor working condition.

H4. Presence of ethical leadership at hospitals will negatively influence nurses' perceptions of work overload.

According to the three-way workplace bullying model of Baillien *et al.* (2009), working conditions and workload influence employees' level of stress. Such perceptions (i.e. stress) may lead to the feelings of lack of ethical awareness (i.e. bullying). In a most recent study, Udod *et al.* (2017) also emphasized increased role of nurses' responsibilities as their workload is increasing, and they have to work in poor working conditions. Leaders with less focus on employees' workload and poor working conditions not only create disparity between job design and economic goals but also demoralize employees (Stouten *et al.*, 2010; Merton, 1968). Schweitzer *et al.* (2004) commented that pressure to accomplish tasks in less time leads employees to use unethical ways to accomplish such tasks, and in such situations, failure to accomplish goals is believed to be responded by bullying and workplace aggression. Therefore, this study assumed that the three-way model of bullying can be extended by incorporating working conditions and workload as the aspects of the work environment. Thus, it is hypothesized that:

H5. Poor working condition mediates the relationship between ethical leadership and bullying.

H6. workload mediates the relationship between ethical leadership and bullying.

Mediating role of organizational identification

The concept of organizational identification is derived from the social identity theory (SIT) originated by Tajfel and Turner (1979, p. 104). According to Mael and Ashforth (1992), organizational identification is the "perception of oneness with or belongingness to an organization, where the individual defines him or herself in terms of the organization(s) in which he or she is a member". This sense of oneness enables individuals to consider organizational goals as their own (Ellemers *et al.*, 2004; Van Knippenberg, 2000), which in turn motivate individuals to increase their and organizational performance (Qi and Ming-Xia, 2014). Furthermore, individuals who are strongly identified with their organization define their sense of oneness as organizational identity. It could also be aligned with OST that organizations' agent (i.e. leaders) establishes perception of support among its subordinates (i.e. nurses here) to develop sense of oneness. Therefore, this study argued that leaders' ethical behavior (as an organizational agent) may develop the sense of oneness among the nurses. In general, ethical behavior of the leaders may positively contribute in developing their subordinates' identification with the organization. It is hypothesized that:

H7. Ethical leadership will be positively related to organizational identification.

It is also expected that one's identification with organization will influence employees' voice; organizational identification may stimulate followers to work for organization, as they own its goals and objectives (Mael and Ashforth, 1992; Van Knippenberg, 2000). To achieve those goals, individuals always raise voice for all unfavorable and undesired elements that may hinder achievement of performance goals. Such behavior is most often beyond one's job duties and responsibilities and one's identification with organization is believed to predict such extra role behavior positively (Riketta and Dick, 2005).

As ethical leader works proactively, it is expected to increase cooperation (Cremer and Knippenberg, 2003; Dukerich, Golden and Shortell, 2002) and will promote both identification and voice behavior are influenced by the ethical leader. It is also believed that ethical environment created by leader ensures psychological safety at work, which increases

one's identification with organization (De Cremer, Brebels, and Sedikides 2008; Sluss and Ashforth, 2008) and also increases their propensity to raise voice (Qi and Ming-Xia, 2014). Drawing on these lines, this study assumes that ethical leadership in hospitals will also increase nurses' identification with organization, which in result will increase their voice behavior, which is hypothesized as follows:

H8. Organizational identification will partially mediate the relationship of ethical leadership and employee voice in hospitals.

Workplace bullying is the work-related problem where employees of the same organization threaten or harm others (Hutchinson *et al.*, 2010), but bullying is believed to be infrequent when individuals are identified with organization. According to Van Knippenberg (2000), individuals with strong identification see organizational goals as their own, and they exert extra role behaviors in accomplishing those goals (Islam *et al.*, 2016). Extra role behavior includes helping other (i.e. peers) beyond their formal job descriptions to accomplish their organizational objectives (Islam *et al.*, 2016). Therefore, it might be assumed that while exerting efforts in achieving organizational goals, employees help one another and this ultimately discourage bullying in the workplace. Thus, it is hypothesized that:

H9. Organizational identification will mediate the relationship between ethical leadership and workplace bullying.

Methods
Participants and procedure
According to Pakistan Nursing Council (PNC), there are more than 51,000 registered nurses across the country. As most of these nurses are working in larger hospitals located in big cities of the country, this study was conducted on hospitals located in five provincial capitals (Gilgit Karachi, Lahore, Peshawar and Quetta). In all, 1,000 questionnaires were distributed to elicit responses of nursing staff, but only 575 responses were received. However, 11 questionnaires were considered redundant; thus, only 564 questionnaires were used for the final analysis.

Majority (i.e. 471 – 76.4 per cent) of the respondents were female, with the average age between 25-34 years (39 per cent), having a masters' degree (48 per cent). On average, the majority of the respondents were having an experience of 2-3 years (38 per cent) with their current organization, with the total experience of <5 years (49 per cent).

Measures
This study used already well-established and accepted measures to operationalize variables of the study. Ethical leadership was operationalized with ten-item, five point Likert scale (i.e. 1-strongly disagree to 5-strongly agree) of Brown *et al.* (2005). It covered items like "My manager sets an example of how to do things the right way in terms of ethics". It was considered useful, as it has shown high reliability value (0.83). Work overload scale of Furda (1995) was used, as it also showed high value of Cronbach's alpha (i.e. 0.82). This scale covers items like "My work requires working very hard". Both working conditions and organizational identification were operationalized with five-item scale of Le Blanc *et al.* (2000) and Smidts *et al.* (2001), respectively. Both showed acceptable reliability values (i.e. 0.75 and 0.79, respectively), with items like "My work environment is not suitable for my tasks" and "I feel strong ties with my organization". Employee voice and bullying were assessed through six and nine item scales of Van Dyne and LePine (1998) and Notelaers and

Einarsen (2008). Both these scales showed high reliability values (0.83 and 0.76), thus were found useful. Exemplary items of both the scales include "I develop and make recommendations concerning issues that affect my work" and "if you look back over the past six months, how often did it happen that people insulted you?"

Control variables
Detert and Burris (2007) found that age, gender and qualification may influence one's bullying and voice behavior, thus needed to be controlled in this study.

8

Result
Confirmatory factor analysis
Confirmatory factor analysis was run to examine the factor structure, discriminant and convergent validity of the measures. The values of the Table I shows a good fit of six factor model (i.e. ethical leadership, voice behavior, bullying, poor working conditions, work overload and organizational identification): $x^2 = 349.30$, df = 159, x^2/df = 2.19, CFI = 0.96, GFI = 0.93, TLI = 0.92, RMSEA = 0.049. In addition, the statistically significant loading on the heads of indicators demonstrate that measures were distinguished, thus meeting the criteria of the discriminant validity. The model where the poor working conditions and work overload item were considered on a single factor ($x^2 = 443.69$, $\Delta x^2 = 94.39$) and the model where organizational identification and bullying were considered on a single factor ($x^2 = 498.58$, $\Delta x^2 = 149.28$) showed a poor fit index.

Descriptive statistics
Table II displays the values of standard deviation, mean and correlation among variables. Ethical leadership was positively and significantly related to organizational identification ($r = 0.35$, $P < 0.01$) and employee voice behavior ($r = 0.46$, $P < 0.01$), and negatively related

Description	x^2	df	GFI	TLI	CFI	RMSEA	x^2/df
Standard values	–	–	≥0.9	≥0.9	≥ 0.9	≤0.08	<5
Hypothesized model	349.30	159	0.93	0.92	0.96	0.049	2.19

Notes: GFI = goodness of fit index; CFI = comparative fit index; TLI = Tucker-Lewis index; RMSEA = root mean square error of approximation

Table I.
Confirmatory factor analysis

Variables	Mean	SD	1	2	3	4	5	6
1. EL	3.86	0.68	(0.86)					
2. WL	4.26	0.76	−0.19**	(0.79)				
3. WC	3.98	0.79	−0.21**	0.17**	(0.81)			
4. OI	3.72	0.53	0.35**	0.18**	0.22**	(0.82)		
5. VB	3.68	0.91	0.46**	0.19**	0.26**	0.57**	(0.75)	
6. Bul.	4.43	0.83	−0.43**	0.24**	0.23**	−0.19**	−0.25**	(0.88)

Notes: EL = ethical leadership; WL = work overload; WC = working conditions; OI= organizational identification; VB = voice behavior; Bul.= bullying; SD = standard deviation; () = Cronbach's alpha; **$p <$ 0.01

Table II.
Mean, standard deviation, Cronbach's alpha and correlation

to work overload ($r = -0.19$, $P < 0.01$), bullying ($r = -0.43$, $P < 0.01$) and poor working condition ($r = -0.21$, $P < 0.01$). On the other side, work load and poor working condition were found to have a positive association with bullying ($r = 0.24$ and 0.23, respectively, $P < 0.01$), whereas organizational identification was found to have a negative association with bullying ($r = -0.19$, $P < 0.01$).

Hypotheses testing
The study applied structural equation modeling to test the hypotheses, where age, gender and qualification were considered as control variables. The values of path coefficient are shown in the Figure 1. The values of the model were found to be satisfactorily fit (i.e. $x^2 = 521.88$, df = 221, x^2/df = 2.36, CFI = 0.91, GFI = 0.89, TLI = 0.92, RMSEA = 0.059, P-close = 0.035). Further investigation of path analysis shows ethical leadership positively and significantly predict organizational identification ($\beta = 0.34$, $P < 0.01$) and employee voice behavior ($\beta = 0.46$, $P < 0.01$), whereas negatively predict workplace bullying ($\beta = -0.44$, $P < 0.01$), employee work overload ($\beta = -0.19$, $P < 0.01$) and poor working condition ($\beta = -0.22$, $P < 0.01$). These results support suggested hypotheses, i.e. *H1*, *H2*, *H3*, *H4* and *H7*.

This study then examined indirect paths to test the mediating role of work overload, organizational identification and poor working conditions. Following the guidelines of MacKinnon *et al.* (2002), this study identified calculated indirect paths by the product of the coefficients. Results reveled that poor working condition partially mediated the relationship of ethical leadership and bullying (i.e. indirect path = -0.075, $P < 0.05$). This result support suggested *H5*. Similarly, work overload was also found to perform the role of mediator between ethical leadership and bullying (i.e. indirect path = -0.05, $P < 0.05$) which supports *H6*. Mediating role of organizational identification in relationship of ethical leadership and
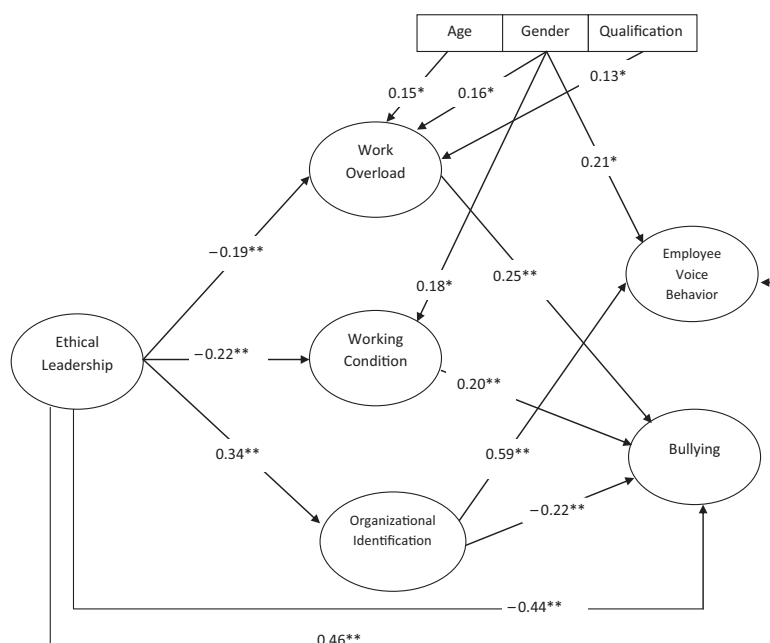

Figure 1.
Structural model

outcomes, i.e. voice behavior (*H8*) and bullying (*H9*) were also supported (indirect path = 0.20, $P < 0.01$ and indirect path = -0.074, $P < 0.01$, respectively).

Discussion, limitations and implications

This study examined the role of ethical leadership on employee voice behavior and bullying through the mediation of organizational identification, qualitative and quantitative working environment (i.e. working conditions and work overload). The results of this study showed ethical leaders design and improve the qualitative and quantitative work environment, which results in reduced bullying. Overcoming bullying is imperative, as it negatively influences employee performance and health (Mayer *et al.*, 2009; Stouten *et al.*, 2010); thus, the role of the ethical leader secures more importance.

While looking at the facts that may hamper situation of bullying, literature suggests that working environment is one of the most impelling factors (Fox and Spector, 1999). Working environment like work overload and poor working conditions prove to be fertile land for bullying to grow, whereas ethical leaders can improve such environment. According to Van Der Deof, Mbazzi and Verhoeven (2011), poor working conditions and heavy workload are the major issues of the nursing profession, and this needs to be reduced as its consequent job dissatisfaction, burnout, mental health of the nurses and adverse patient care (Tubbs-Cooley *et al.*, 2015). Working conditions are more baffling in Pakistan, as heavy workload is still a major concern for the health-care sector. According to the statistics given by PNC, there is only one nurse for 5,199 persons; similarly, nurse-patient ratio is 1:50 (Ghaffar *et al.*, 2000). Findings of the current study provide an evidence that ethical leaders not only can improve working environment, but also can be fruitful for job's social aspects (e.g. reduction in bullying). It is found that ethical leaders through morality, ethics and humility can nurture a healthy workable environment, thus can reduce bullying in the workplace (Fox and Spector, 1999). These results are in line with theoretical assumption and past studies, as Piccolo *et al.* (2010) noticed that ethical leadership not only enhances employees' autonomy but also increases their self-worth at work. Therefore, ethical leaders not only give confidence to its subordinates to work in self-directed environment but also improve physical working conditions and reduce their workload. Leader role is also well-regarded as most of the reports on bullying highlight supervisor/leader as the culprit, for instance, UNISON (1997) report highlighted that 40 per cent of employees are bullied from their leaders. Similarly, Einarsen *et al.* (2003) reported that in 80 per cent of the cases, supervisors or leaders are involved in bullying. Thus, this study provides an explanation of ways of overcoming issues like bullying through the constructive and ethical role as leaders.

The distinctive role of the ethical leader thus creates a need for the development of ethical leadership, so that the impediments related to bullying and its consequences could be reprimanded. Barkhordari-Sharifabad *et al.* (2017) in their study linked ethical leadership with bullying and commented that ethical leaders develop an ethical climate at work, which influences both nurses and patients. They commented that such leadership and climate professionally develop and nurture nurses, which brings lasting influence at the workplace. Such environment can be developed by paying attention to moralities in recruitment and selection, sharing ethical values, developing a mechanism to assess the morality at work and reinforcing such adoption. Makaroff *et al.* (2014) also valued the role of ethical leadership in mitigating negative work-related apprehensions and suggested that leaders should focus on the needs of contextual system and should be responsive toward the practitioners (nurses) needs. Moreover, leaders should tempt to provide support to nurses as the implementation of such system requires a continuous support. Gallagher and Tschudin (2010) commented that ethical leadership should be

demonstrated by nursing managers, as this profession is based on ethics and morality. Such leaders' thorough developing role models and commitment toward ethics at work can influence the working environment in nursing. Moreover, such leaders can play role of arbiter between one's personal and organizational values. Thus, there should be proper training and ethical value encouraging present system at work, which could only be developed by such leaders. Esmaelzadeh *et al.* (2017) further elaborated ethical leadership and ethical environment relation and found that it is the ethical sensitivity of leaders that makes them high or low at ethical leadership. Moreover, followers also accept influence from leaders when they feel that their leaders are highly sensitive to ethics; thus, the leader's ethical role is paramount in the nursing profession. Thus, there is a mechanism through which leaders can influence workplace and negative work-related concerns. Agheorghiesei *et al.* (2015) commented that there is a need for investigating such mechanism explaining relationship between ethical leadership and work-related outcomes. Valuing the need for such investigation, this study identified the explanatory role of organizational identification in relationship of ethical leadership and its outcomes (i.e. bullying and voice behavior), considering social identity and the notion of self-categorization as the baseline.

According to Hogg and Terry (2000), SIT predicts, "people strive for a positive self-concept and that one's identity partly consists of one's memberships in social groups for instance membership in organizations". Being an employee of a specific organization contributes to one's self-definition, as it, up to some extent, answers the question that "who I am". According to Pratt (1998), one's identification with an organization serves as a source of self-enhancement and belongingness while employees respond back with organization-oriented attitudes and behaviors. Based on the above arguments, this study concluded that employees with strong identification would express extra role behavior (e.g. voice behavior). Zhang *et al.* (2013) assumed the ethical leadership and voice behavior based on SLT. Learning focus from leaders influences followers and creates a communication channel between leadership and employees, and employees' willingness to raise a voice and communicate increases (Brown *et al.*, 2005; Walumbwa and Schaubroeck, 2009). Thus, this study helps us infer that ethical leadership can influence followers' response toward workplace (removing bullying and increasing voice) through offering better working environment and job characteristics. Furthermore, there is a self-generated mechanism, as employees identify with the organization due to such leaders and reciprocate with a greater propensity to raise voice while eliminating and avoiding bullying.

Despite being the outcome of a rigorous research study, there are some limitations associated with the study. First, the study was conducted at a single point of time that could raise a question of common method biasness. To reduce common method biasness, the study used the guidelines of Podsakoff *et al.* (2003). Second, causality is not established in this study, as bullying could have an impact on ethical leader, but all the prior research on leadership and work characteristics and existing theories correspond with the findings of this study. Second, this study mainly focuses on workplace bullying and voice behavior. Future studies should focus the impact of ethical leadership on perceived organizational support and work engagement. Finally, this study was conducted in Pakistan, where the health-care sector is not as nurtured as in developed parts of the world (i.e. poor working conditions, greater workload and high patient-nurse ratio). In conclusion, this study found ethical leaders maintaining qualitative and quantitative work environment and enhancing employees' organizational identification to discourage workplace bullying and encouraging their voice behavior for the betterment of the organization.

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