Professional Ethics, Employee Engagement, and Healthcare Performance

Chinta RickyKrupakar Rao[1]*, Dr. Anil Kumar Chillimuntha[2], Prosperous Nongsiej[3]

[1] Research Scholar, PhD General (Management), Martin Luther Christian University, Shillong, Meghalaya, India

mybusinessstuff1@gmail.com

[2] Professor, Department of Management (President & CEO) Metas Group, Martin Luther Christian University, Shillong, Meghalaya, India

[3] Assistant Professor, School of Economics, Commerce and Management, Martin Luther Christian University, Shillong, Meghalaya, India

Abstract: The present study aimed to study the correlation between professional ethics, employee engagement and health care performance among doctors and nurses in selected multi-specialty private hospitals of Pune. The study used a quantitative cross sectional survey with 352 participants (246 doctors and 106 nurses). For data analysis descriptive statistics, reliability analysis, independent samples t-test, correlation, ANOVA and regression were used. The results indicated that there were significant difference between doctors and nurses in their mean values of perceived professional ethics, workplace values and performance in the measured dimensions with higher mean values by the nurses. Ethical conduct, positive work cultures, and staff engagement are identified as crucial factors to enhance professional effectiveness, patient outcomes and healthcare efficiency.

Keywords: Professional Ethics, Employee Engagement, Healthcare Performance

INTRODUCTION

Healthcare is now, and is growing, to be the leading industry in terms of GDP, employment and social welfare contributions in India. The Indian healthcare sector includes medical facilities, medical diagnostic tools, medicines, medical insurance, online health consultation, medical tourist, and telemedicine. The healthcare delivery system is basically divided into the public sector and the private sector, with many of the secondary, tertiary and specialist health care being delivered by the private sector. The India Brand Equity Foundation (IBEF, 2026) projects that the health sector in India will be at US$638 billion by 2025, reflecting a rapid growth of the health sector in terms of demand and investment. The sector is estimated to be

worth US$372 billion in 2023. The healthcare industry will see a massive growth of over $100 billion by 2032, from a value of approximately $98.98 billion in 2023.

The healthcare sector is growing and has many reasons for its expansion: increased awareness of health, shifting trends in disease, increased demand for specialists, improvements in technology, greater numbers of insured individuals, and an increase in public and private funding. There are also a large number of people employed in health care sector in India. As of February 2026, there were over 39.40 lakh nursing workers, 7.52 lakh AYUSH practitioners, and 13.88 lakh registered allopathic physicians in India, according to IBEF (2026). Therefore, the health workforce is crucial to ensuring the security, reliability and continuity of healthcare.

Along with the development of the healthcare industry, the complexity of healthcare work has also grown. The healthcare industry demands high standards of patient safety and service quality with a workload that includes emotional requirements, new technologies, ethical issues and the requirement to attend to an increasing number of patients, which puts significant strain on healthcare workers. Thus, health care infrastructure, medical technology and funding are not the only factors that account for performance. For a successful healthcare outcome, it is vital that healthcare staff have the right knowledge, motivation, ethics, commitment and involvement.

New studies have confirmed the growing importance of healthcare professionals to an organisation's success. The healthcare sector in India has more than 6 million employees in 2024 and is expected to generate more than 6.3 million jobs by 2030, IBEF (2026) reported. Besides, healthcare facilities still have a number of issues and medical staffs are not sufficiently qualified. With these transformations comes a host of new challenges for healthcare businesses, including a shortage of skilled employees, increasing patient needs, and the swift development of healthcare technology. As a result, studying employee engagement and performance has become more crucial.

Another crucial organisational factor in this situation is professional ethics. Issues related to patient privacy, autonomy, respect, equity, safety, informed consent, professional accountability and treatment quality are commonplace in healthcare. Ethical behaviour is not only about adhering to professional standards, it is also about staff and supervisors having trust

in patients, patients having trust in staff and supervisors, and patients having trust in other parties in the healthcare system.

Suhonen et al. (2023) included 61 research with a total of over 17,000 participants to analyse the ethical atmosphere in the healthcare industry. The study found that ethical climate in healthcare settings and countries is quite variable. This demonstrates the effects that local factors of the organisations could have on the people's perception of ethics in the workplace. Significance of this discovery is that how the healthcare workers respond to the rules of the company may correlate with their beliefs of fairness, ethics, and leadership support in the workplace.

A scoping assessment of ethical leadership in healthcare institutions was also carried out by Singh and Vashist (2024), who included 22 papers. Results including staff resilience and voice behaviour, as well as decreases in adverse events and prescription mistakes, were connected with ethical leadership, according to their study. The results indicate that ethical leadership could promote safer and more welcoming environments in healthcare settings for patient care.

One such variable that could impact staff attitude and health outcomes is professional ethics and ethical leadership. Employees in the healthcare sector are more likely to trust, commit and invest their efforts in their organization when they believe they are working in an organization that is fair, transparent, and morally responsible. It is possible that an employee's dedication and performance may be affected if they feel that their organization is not acting with morality, that it is not being fair to the employees, or that it is not supporting the employees sufficiently.

Engagement of Healthcare Professionals

Employee engagement is a term used to talk about how much employees value the work, on three fronts – mental, emotional and behavioral. Professionals in the healthcare industry have direct patient contact and are tasked with providing vital clinical and support services, making engagement a top priority for healthcare businesses. An employee that's passionate about his or her role is more likely to be an engaged employee, and thus more likely to step up, take ownership, and drive the company to achieve its objectives.

Participation in healthcare is important, as previous empirical studies have shown. In the study by Prins et al. (2010), perceived medical mistakes were lower for highly engaged trainees than for those with burnout syndrome (N = 2115, Dutch resident doctors). The results indicated that

the mental health problems of healthcare workers have a significant impact on the quality of services and patient outcomes.

In a similar vein, Laschinger and Leiter (2006) looked at the workplaces of nurses and tried to figure out what factors led to burnout, engagement, and patient safety. Their investigation gave some initial evidence for the notion that patient safety and nurse satisfaction are impacted by their work environment.

This initial conclusion has been bolstered by further studies. Vargas-Benítez et al. (2023) conducted a meta-analysis and systematic review to explore the association between job burnout and job engagement among nurses. With an impact value of −0.46 (95% CI −0.58 to −0.31; $p < 0.001$), their research, which included nine quantitative studies, found a significant negative correlation between burnout and job engagement. Healthcare quality improved, job engagement increased and there was less burnout when appropriate interventions were made in the workplace, the authors found.

Through a comprehensive literature analysis of nurse manager leadership and staff nurses' job engagement, Alluhaybi et al. (2023) provided more evidence of the relevance of organisational elements in employee engagement. The review of 11 research and 12 papers concluded that supportive leadership was related to increased nurse engagement and reduced turnover rates.

Aungsuroch et al. (2024) performed a systematic study that focused on the elements that affect nurses' involvement in their job in hospital settings. A total of 61 articles from research publications (2019-2024) were included in this study. Five major areas of factors were discovered to be of concern: person, organization, job/position, work-life balance and work environment. The authors realized there was a need to review them in a holistic approach to insure involvement and improve patient-care.

This finding indicates that participation goes beyond being a personal characteristic of healthcare workers. How workers are treated in their workplaces has an effect on this. A number of aspects can influence employees' willingness and ability to remain engaged in their work, such as leadership, staffing, workload, communication and autonomy, recognition, social support and organisational values.

Similarly, Midje et al. (2024) did a systematic study to explore the reasons and consequences affecting the job involvement of nurses. The Job needs-Resources approach can be used to

understand the engagement of healthcare workers, emphasizing the importance of the needs of the job as well as the resources available.

Therefore, healthcare organisations need to create work environments that support workers by offering them more employees, supportive leadership, recognition, professional freedom, working together in teams, and ethical business practices, alongside financial rewards. Employee engagement can lead to improved dedication to patient-centered care, communication and collaboration.

Employee Performance in the Healthcare Profession

Employee performance has a direct impact on the efficiency of the organization and the results for patients in the healthcare business, which is both fast-paced and customer-centric. The quality of a health care provider is measured by how well they perform their tasks, in terms of thoroughness, accuracy, timeliness, and efficiency. Healthcare workers do not just work to be productive, they also need to communicate, act professionally, cooperate with peers and customers, make patients happy, follow clinical procedures and keep patients safe.

As healthcare companies see an increasing demand for treating patients on an individual basis, staff productivity has become a major concern. Caring for many patients at the same time, while maintaining the level of safety and quality expected, is a difficult task for healthcare facilities. Therefore, employees require knowledge and skills in interpersonal skills, ethics and organizational skills, as well as in technical skills.

New studies show a strong correlation between happy and engaged workers and productive businesses. Vargas-Benítez et al. (2023) state that there is a clear relationship between job engagement and burnout among nursing staff. The emotional and mental commitment of workers to their work increases their energy, motivation and engagement and reduces the risk of them burning out.

In a systematic review, McDermott et al. (2023) found that workplace interventions have a positive impact on the health, engagement, quality of life, resilience, and decrease in burnout, stress, anxiety and depression of healthcare workers. All interventions at the human level and organisational level (job crafting, workload reduction, peer-support technique) were assessed.

Based on these results, it's clear that measuring performance isn't the same as measuring employee happiness and engagement. However, if workers have the necessary talents, they may not be able to use them if they are overworked, under resourced or otherwise not supported by the organisation.

More and more, studies in the healthcare industry are acknowledging the correlation between leadership and success. Alotaibi et al. (2024) dug through 243 articles to analyze the literature on leadership in the healthcare field. Their conclusions highlighted the links between transformative, authentic and ethical leadership, and factors such as employee happiness and civic engagement within the workplace.

Due to the frequent need for expert judgement, ethical leadership is especially important in the healthcare industry. Singh and Vashist (2024) also identified in their scoping study that ethical leadership is associated with better employee resilience and less voice and prescription errors are a result of that. This indicates that ethical business practices can have a positive impact on employee and patient outcomes.

Professional Ethics and Employee Performance

Professional ethics develop standards of responsibility, accountability, candour, and caring that can affect staff members' performance. Workers that uphold ethical standards will adhere to all applicable regulations, safeguard patient information, acknowledge patients' rights to make their own decisions, and put their safety first. These can improve the dependability and quality of an organisation's services.

In a broad review and meta-analysis of 61 studies (including more than 17,000 healthcare professionals), Suhonen et al. (2023) have emphasized the importance of the ethical atmosphere. The study revealed that the attitudes of healthcare workers towards the ethical climate differ significantly among countries and healthcare institutions, suggesting that the attitudes are influenced by the different aspects of the organization and context.

Noh and Kim (2024) conducted a systematic study and meta-analysis on the elements associated with the ethical climate in hospitals among nurses. Their research raised the awareness that ethical issues are a common aspect of nursing practice and that there is a need for more understanding of factors that shape the ethical environment of healthcare organisations.

Thus, the moral climate in an organization is a good resource. When employees believe that management is acting in a fair manner, and that ethical standards are being applied consistently, their trust and identification with the organization will be greater. These emotional reactions have the potential to boost morale and productivity in the workplace.

METHODOLOGY

Research Design

This study is an example of a quantitative research approach. Since this study will interview patients and staff at selected private hospitals in Pune, it is considered primary research. Completing a survey is necessary.

Sampling Design

Medical practitioners from multi-specialty private hospitals in Pune, Maharashtra were selected as target population for the present study. The offline and online structured questionnaires were used to obtain data from doctors and nurses. There were 352 valid responses received and analyzed.

Methods of Data Collection

In order to gather main data, the research used a cross-sectional web-based quantitative survey approach and a structured questionnaire. The primary resources for secondary data were of Government Publications, International Organizations, Academic and Research Literature, Trade and Industry Journals, Newspapers and Magazines, Reports by Associations, Historical Documents and Public Records, & Digital and Online Sources

Data Analysis

The researcher used a combination of One-Way ANOVA, Independent Samples t-test, Pearson Correlation Analysis, Simple Linear Regression, and Cronbach's Alpha Reliability Analysis to analyze the differences among the various groups, to examine the relationships between the various study variables, to examine the predictive effects of the various study variables, and to ensure the reliability of the research instrument. The results from these statistical techniques were used to test hypotheses, interpret results, draw conclusions and make recommendations.

DATA ANALYSIS AND INTERPRETATION

Ethics based on profession

The descriptive data show that, generally, the mean score for the nurses is consistently higher than the mean score for the doctors in all statements pertaining to ethics. This implies that nurses overall are more agreeable with the ethical issues assessed in the study. These descriptive statistics, however, do not indicate if the observed differences are statistically significant. The difference between the mean scores of the doctors and nurses must be analysed using an independent samples t-test.

Table 1: Group Statistics for Ethics based on profession

Group Statistics					
	Profession	**N**	**Mean**	**Std. Deviation**	**Std. Error Mean**
31. Ethical understanding differs between doctors and nurses.	Doctor	246	3.20	1.130	.072
	Nurse	106	3.62	1.383	.134
32. Administrative staff are equally bound by ethics as clinicians.	Doctor	246	3.11	.976	.062
	Nurse	106	3.64	1.220	.119
33. The nature of professional role affects ethical decision-making.	Doctor	246	3.14	1.006	.064
	Nurse	106	3.66	1.337	.130
34. All professional roles equally uphold patient care ethics.	Doctor	246	3.16	1.130	.072
	Nurse	106	3.52	1.409	.137
35. Each profession interprets ethical codes differently.	Doctor	246	3.17	1.013	.065
	Nurse	106	3.61	1.306	.127

The results showed statistically significant differences between doctors and nurses for all five ethics related statements. In both situations, the mean scores reported by the nurses were significantly higher than those reported by the doctors, and signified a higher level of

agreement with the ethical problems investigated. In the selected private hospitals, the results indicate that perception of ethics is different among the professionals, with nurses showing more agreement than doctors on each dimension of ethics.

Table 2: Independent Samples Test for Ethics based on profession

Independent Samples Test										
		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
31. Ethical understanding differs between doctors and nurses.	Equal variances assumed	6.898	.009	-3.038	350	.003	-.428	.141	-.704	-.151
	Equal variances not assumed			-2.805	168.070	.006	-.428	.152	-.728	-.127
32. Administrative staff are equally bound by ethics as clinicians.	Equal variances assumed	13.414	.000	-4.371	350	.000	-.536	.123	-.777	-.295
	Equal variances not			-4.003	165.432	.000	-.536	.134	-.800	-.272

	assumed									
33. The nature of professional role affects ethical decision-making.	Equal variances assumed	16.930	.000	-3.996	350	.000	-.518	.130	-.773	-.263
	Equal variances not assumed			-3.576	158.431	.000	-.518	.145	-.804	-.232
34. All professional roles equally uphold patient care ethics.	Equal variances assumed	25.464	.000	-2.541	350	.011	-.360	.142	-.639	-.081
	Equal variances not assumed			-2.330	165.800	.021	-.360	.155	-.666	-.055
35. Each profession interprets ethical codes differently.	Equal variances assumed	14.673	.000	-3.402	350	.001	-.438	.129	-.692	-.185
	Equal variances not assumed			-3.079	161.836	.002	-.438	.142	-.720	-.157

Values based on profession

This is the group statistics reported in Table 3, which illustrates the doctors' and nurses' perceptions of values in the workplace. The data reveal that the mean scores reported by the

nurses were significantly higher compared to the doctors on all five statements relating to values of the profession, suggesting that there was more agreement among the nurses with the statements related to values.

Table 3: Group Statistics for Values based on profession

Group Statistics					
	Profession	**N**	**Mean**	**Std. Deviation**	**Std. Error Mean**
36. Professional roles determine core work values.	Doctor	246	3.13	.996	.064
	Nurse	106	3.63	1.229	.119
37. Doctors and administrative staff demonstrate different value systems.	Doctor	246	3.12	.965	.062
	Nurse	106	3.57	1.242	.121
38. Value orientation is stronger among direct-care professionals.	Doctor	246	3.18	.958	.061
	Nurse	106	3.63	1.174	.114
39. Values like accountability and compassion are upheld by both technical and clinical staff.	Doctor	246	3.15	.999	.064
	Nurse	106	3.64	1.244	.121
40. Core values like accountability vary across job roles.	Doctor	246	3.15	.958	.061
	Nurse	106	3.55	1.258	.122

Independent samples t-test was performed to test for differences between doctors and nurses as to their perceptions of value-related statements. The significance values obtained in Levene's test for equality of variances were all less than 0.05; thus the assumption of equality of variances was violated in all five statements. Hence, the results of the "Equal variances not assumed" row were taken into consideration for interpretation.

Table 4: Independent Samples Test for Values based on profession

Independent Samples Test										
		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
36. Professional roles determine core work values.	Equal variances assumed	4.052	.045	-4.065	350	.000	-.506	.124	-.751	-.261
	Equal variances not assumed			-3.742	167.095	.000	-.506	.135	-.773	-.239
37. Doctors and administrative staff demonstrate different value systems.	Equal variances assumed	12.924	.000	-3.619	350	.000	-.444	.123	-.685	-.203
	Equal variances not assumed			-3.279	162.056	.001	-.444	.135	-.712	-.177
38. Value orientation is	Equal variances	5.550	.019	-3.763	350	.000	-.449	.119	-.684	-.214

stronger among direct-care professionals.	assumed									
	Equal variances not assumed			-3.473	167.978	.001	-.449	.129	-.704	-.194
39. Values like accountability and compassion are upheld by both technical and clinical staff.	Equal variances assumed	11.583	.001	-3.952	350	.000	-.495	.125	-.742	-.249
	Equal variances not assumed			-3.626	166.070	.000	-.495	.137	-.765	-.226
40. Core values like accountability vary across job roles.	Equal variances assumed	12.097	.001	-3.264	350	.001	-.401	.123	-.642	-.159
	Equal variances not assumed			-2.934	159.696	.004	-.401	.137	-.671	-.131

Performance based on profession

Table 5 shows group statistics for comparing the perceptions of doctors and nurses, focusing on aspects of performance related at work. The findings showed that the mean scores of the nurses were higher than the mean scores of doctors in all five statements related to performance, which suggested that the nurses agreed more with the statements related to their employee performance and professional role than the doctors.

Table 5: Group Statistics for Values based on profession

Group Statistics					
	Profession	**N**	**Mean**	**Std. Deviation**	**Std. Error Mean**
41. Performance standards vary across professional categories.	Doctor	246	3.16	1.128	.072
	Nurse	106	3.63	.919	.089
42. Performance is assessed consistently across all healthcare professions.	Doctor	246	3.15	1.008	.064
	Nurse	106	3.45	1.266	.123
43. Administrative staff face unique performance challenges.	Doctor	246	3.16	.987	.063
	Nurse	106	3.63	1.214	.118
44. Each role contributes uniquely to overall hospital performance.	Doctor	246	3.13	1.043	.067
	Nurse	106	3.54	1.274	.124
45. Different professions use different metrics for success.	Doctor	246	3.15	1.098	.070
	Nurse	106	3.46	1.281	.124

As a whole, there are statistically significant differences between the answers of the doctors and the nurses to all five of the statements related to the doctors' and nurses' performances. The results indicated that the opinion of employees' performance on the selected private hospitals was significant different based on each professional role and nurses could give more positive opinions than doctors in all performance indicators measured.

Table 6: Independent Samples Test for Values based on profession

Independent Samples Test										
		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
41. Performance standards vary across professional categories.	Equal variances assumed	23.873	.000	-3.779	350	.000	-.469	.124	-.714	-.225
	Equal variances not assumed			-4.097	241.835	.000	-.469	.115	-.695	-.244
42. Performance is assessed consistently across all healthcare professions.	Equal variances assumed	8.566	.004	-2.417	350	.016	-.306	.127	-.556	-.057
	Equal variances not assumed			-2.209	164.885	.029	-.306	.139	-.580	-.033
43. Administrative staff	Equal variances	4.893	.028	-3.844	350	.000	-.474	.123	-.716	-.231

face unique performance challenges.	assumed									
	Equal variances not assumed			-3.544	167.584	.001	-.474	.134	-.737	-.210
44. Each role contributes uniquely to overall hospital performance.	Equal variances assumed	9.736	.002	-3.109	350	.002	-.404	.130	-.659	-.148
	Equal variances not assumed			-2.873	168.427	.005	-.404	.140	-.681	-.126
45. Different professions use different metrics for success.	Equal variances assumed	4.256	.040	-2.322	350	.021	-.312	.134	-.576	-.048
	Equal variances not assumed			-2.184	174.504	.030	-.312	.143	-.594	-.030

CONCLUSION

The professionals' ethical practice, employees' engagement, and healthcare performance were identified as key aspects of good healthcare delivery, the study found. Doctors had significantly lower mean scores than nurses in all the areas measured with the nurses having higher mean scores in all areas measured, except for the perception of doctors and nurses on ethics. The results indicate that increasing ethical leadership, employee support, communication, teamwork and fair performance practices are vital for boosting engagement

and professional functioning in healthcare organisations. Overall, fostering an ethical and supportive work environment can lead to improved patient care and hospital performance.

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