

# Perception on Whistleblowing on the Ethical Climate in the Workplace among Nurses in a Government Hospital

Odette M. Mantilla, RN<sup>1</sup>, Joan P. Bacarisas, DM, MAN, RN<sup>2</sup>

Graduate School of Allied Health Sciences, University of the Visayas

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## ABSTRACT

Whistleblowing plays a critical role in ensuring ethical standards and patient safety within healthcare institutions. Nurses, being frontline providers, are in a vital position to report unethical behavior; however, their willingness to whistleblow is influenced by the prevailing ethical climate in the workplace. Despite increasing awareness of ethical concerns in nursing practice, limited studies in the Philippine context, particularly in government hospital settings, have investigated the relationship between nurses' perceptions of whistleblowing and the ethical climate. This study aimed to determine the relationship between the nurses' demographic profile, their perception of whistleblowing, and the ethical climate in a government hospital. A quantitative descriptive-correlational design was utilized. Total enumeration sampling was employed, involving 151 staff nurses who met the inclusion criteria. Data were collected using two standardized instruments: the Whistleblowing Questionnaire adapted from Park et al. (2020) and the Ethical Climate Questionnaire adapted from Victor and Cullen (1988). Descriptive statistics summarized the levels of whistleblowing and ethical climate, while Pearson's *r* and Chi-square tests assessed relationships among variables. Results revealed that nurses perceived a high level of both whistleblowing and ethical climate. Significant relationships were found between area of assignment and both variables. A moderate positive correlation was observed between whistleblowing perception and ethical climate. These findings affirm the relevance of the Theory of Planned Behavior and Ethical Climate Theory in understanding nurses' ethical actions. To address these insights, a Whistleblowing and Ethical Climate Enhancement Plan was proposed.

**Keywords:** Whistleblowing, Ethical climate, Nurses, Theory of planned behavior, Ethical climate theory, Predictive study, Hospital Ethics

## INTRODUCTION

The ethical climate in the workplace plays an important role in promoting a safe, respectful, and supportive environment for nurses. It refers to the shared perception of ethical norms, values, and decision-making processes that guide professional conduct within an organization. A positive ethical climate allows nurses to work with confidence and moral clarity, knowing that their institution upholds fairness, integrity, and patient safety, while an unethical climate may discourage reporting of wrongdoings and increase stress and burnout among nurses (Vahidi et al., 2025).

In nursing practice, the ethical climate influences how nurses respond to morally challenging situations, such as witnessing improper medication administration or breaches of infection control. A supportive environment encourages nurses to report concerns without fear, whereas a climate marked by mistrust may cause hesitation due to possible professional consequences (Borrelli et al., 2023). Closely related to ethical climate is whistleblowing, which refers to reporting unethical or unsafe practices within an organization. Whistleblowing promotes accountability and patient safety but may also create tension within teams depending on how management handles such reports (Carollo et al., 2020; Hamed & Konstantinidis, 2022).

Whistleblowing has become an important issue in healthcare as nurses frequently encounter ethical dilemmas and potential misconduct in their frontline roles. However, many healthcare professionals hesitate to report

these issues due to fear of retaliation, lack of institutional support, or uncertainty about the consequences (Hamed & Konstantinidis, 2022). Despite increasing attention to ethical concerns in healthcare, limited research has examined the relationship between nurses' perceptions of whistleblowing and the ethical climate of their workplace, particularly in government hospitals where workload demands, collaboration pressures, and patient safety concerns are high. Understanding how ethical climate influences nurses' willingness to report wrongdoing can help hospital leaders strengthen systems of accountability and support. Therefore, this study aims to assess the relationship between nurses' perceptions of whistleblowing and the ethical climate in a level 2 government hospital to provide insights that may guide institutional policies, leadership practices, and ethical support mechanisms in promoting transparency, justice, and professional integrity.

## Research Questions

This study aimed to assess the interrelationship among profile, perception of whistleblowing, and ethical climate among nurses in a Level 2 government hospital in Surigao City, Philippines for the year 2025.

Specifically, this study answered the following queries:

What was the profile of the nurses in terms of:

- 1.1 age;
- 1.2. sex;
- 1.3. civil status;
- 1.4. department/unit assigned;
- 1.5. employment Status;
- 1.6. length of service in the hospital
- 1.7. formal training experience; and
- 1.8. decision to whistleblow?

What was the level of perception on whistleblowing among nurses in terms of:

- 2.1 attitude towards whistleblowing;
- 2.2 perceived social pressure;
- 2.3 confidence and ease; and
- 2.4 intention to whistleblow?

What was the perceived level of ethical climate among nurses in terms of:

- 3.1 caring climate;
- 3.2 rules climate;
- 3.3 law and code climate;
- 3.4 instrumental climate;
- 3.5 independence climate; and
- 3.6 organizational culture?

Was there a significant relationship between:

- 4.1 profile and level of perception on whistle blowing;
- 4.2 decision to whistle blow and their perception on whistle blowing;
- 4.2 profile and level of ethical conflict; and
- 4.3 level of perception on whistleblowing and ethical conflict among nurses?

What whistleblowing and ethical climate enhancement plan for nurses was proposed based on the findings of the study?

## Statement of Null Hypothesis

**H<sub>01</sub>:** There was no significant relationship between the profile and the level of perception on whistleblowing among nurses.

**H<sub>02</sub>:** There was no significant relationship between the profile and the level of ethical conflict among nurses.

**H<sub>03</sub>:** There was no significant relationship between the level of perception on whistleblowing and ethical conflict among nurses.

## REVIEW OF RELATED LITERATURE AND STUDIES

**Whistleblowing of Nurses.** Whistleblowing is considered an ethical responsibility of nurses because it protects patient safety and upholds professional integrity. As frontline healthcare providers, nurses may witness unsafe practices, negligence, or misconduct, and reporting these issues reflects their advocacy role and commitment to patient welfare (Ibrahim, 2024; Wiisak et al., 2023). Although whistleblowing can improve accountability and strengthen the ethical climate of healthcare organizations, it may also expose nurses to risks such as retaliation, emotional stress, and strained relationships (Lim et al., 2021; Wiisak et al., 2022). In the Philippine healthcare context, ethical leadership and organizational culture significantly influence nurses' willingness to report wrongdoing, while corruption, fear of retaliation, and lack of institutional support may discourage reporting (Hechanova & Manaois, 2020; Cuadrado, 2025; Pascual et al., 2023).

Studies show that a supportive ethical climate strengthens nurses' intention to whistleblow by promoting moral courage, professional accountability, and adherence to ethical standards (Gök & Aydın, 2023; Gunawan et al., 2022). Organizational justice, leadership support, and clear communication channels also influence reporting behavior, while unit culture and leadership style can either encourage or suppress ethical action (Al Ali et al., 2020; Xu et al., 2021). In addition, personal and professional characteristics such as age, experience, and workplace factors including ethical orientation and organizational protection systems affect nurses' willingness to report misconduct, highlighting the importance of supportive environments in promoting ethical reporting (Çekiç et al., 2023; Ismaile et al., 2023; Latan et al., 2023)..

**Intention to Whistleblow.** Recent empirical studies show that nurses' intention to engage in whistleblowing is influenced by organizational, ethical, and personal factors. Organizational support and ethical leadership increase nurses' willingness to report wrongdoing, while unresolved moral distress and fear of retaliation may lead to ethical silence (Ammari et al., 2024; Zare-Kaseb et al., 2025). Ethical awareness, job involvement, and supportive leadership also strengthen moral courage and motivate nurses to report unethical practices as part of their advocacy for patient safety and care quality (Wang et al., 2022; Rohaninasab et al., 2025). However, barriers such as lack of protection policies and organizational silence may discourage reporting, highlighting the importance of transparency, ethical training, and protective systems in fostering whistleblowing behavior. Overall, whistleblowing among nurses is strongly shaped by organizational culture, leadership, job satisfaction, and perceived consequences of speaking out, emphasizing the need to strengthen ethical environments that promote openness and accountability in healthcare organizations (Noh et al., 2024).

**Ethical Climate Among Nurses.** The ethical climate within hospitals significantly influences nurses' professional behavior, ethical decision-making, job satisfaction, and retention. A supportive ethical environment promotes fairness, transparency, and integrity, enabling nurses to uphold professional standards and provide quality patient care, whereas a poor ethical climate may lead to moral distress, emotional exhaustion, and turnover intentions (Ammari & Gantare, 2025; Simha & Pandey, 2021). Ethical leadership plays a central role in shaping this environment by fostering trust, accountability, and engagement among healthcare staff (Aloustani et al., 2020; Mishra & Tikoria, 2021). Studies also show that a positive ethical climate strengthens job satisfaction, reduces stress, and improves staff retention while enhancing moral courage, ethical sensitivity, and ethical decision-making (Ozdoba et al., 2022; Kim et al., 2023; Kim & Chae, 2020). Ethical climate further influences nurses' willingness to report unethical practices, as supportive leadership, clear policies, and institutional protection encourage whistleblowing, whereas fear of retaliation and lack of support discourage ethical reporting (Hart, 2005; Amini et al., 2019; Jafree, 2017; Lim & Pascual, 2021). Overall, a strong ethical

climate promotes psychological safety, ethical responsibility, and professional accountability in nursing practice (Dela Cruz & Tolentino, 2022).

**Profile and Whistleblowing.** Studies indicate that demographic characteristics influence nurses' intention to engage in whistleblowing. Age and professional experience affect how individuals perceive and report ethical violations, with older and more experienced nurses showing stronger willingness to report misconduct (Al-Haddad et al., 2021; Dela Cruz & Mateo, 2020). Gender, job role, and educational attainment also influence whistleblowing behavior, as female employees, supervisory staff, and those with higher education demonstrate stronger ethical reasoning and confidence in reporting systems (Miceli & Near, 2013; Park & Blenkinsopp, 2009). These findings support the Theory of Planned Behavior, which explains that whistleblowing intention is shaped by individual beliefs, social norms, and perceived control influenced by demographic and experiential factors (Ajzen, 1991).

**Profile and Ethical Climate.** Nurses' demographic and professional profiles influence how they perceive and respond to the ethical climate of their workplace. Factors such as age, experience, and role shape how nurses identify with ethical climate profiles, while person–organization fit and workplace spirituality strengthen ethical conduct, prosocial motivation, and commitment to professional standards (Zhang et al., 2023; Al Halbusi et al., 2021; Otaye-Ebede et al., 2020). Perceptions of organizational support and positive ethical climate further enhance organizational identification and affective commitment, while crises such as the COVID-19 pandemic revealed variations in moral distress based on professional roles (Zagenczyk et al., 2021; Donkers et al., 2021). In contrast, variables such as age, sex, and length of service are less predictive of ethical climate perception, suggesting that organizational context and professional roles play a stronger role in shaping ethical awareness and judgment than individual characteristics (Zare-Kaseb et al., 2025).

**Whistleblowing and Ethical Climate.** Whistleblowing is strongly influenced by the ethical climate of the workplace, as ethical norms and leadership guide how nurses respond to wrongdoing. Nurses with strong ethical values are more likely to report unethical incidents when organizations promote fairness, accountability, and professional responsibility, while climates focused on egoism reduce the likelihood of reporting (Çekiç et al., 2023; Hadiyati & Yusup, 2020). A positive ethical climate also strengthens job satisfaction, trust, and self-efficacy, which increases employees' confidence to report misconduct (Nur et al., 2024). Studies show that supportive and transparent ethical environments promote psychological safety and encourage nurses to report unethical practices (Sonmez & Yildirim, 2023; Peyman et al., 2022). Ethical leadership further strengthens whistleblowing behavior by fostering trust and open communication, emphasizing the role of nurse leaders and administrators in creating a climate that supports ethical decision-making and reporting of wrongdoing (Kim & Park, 2021).

## RESEARCH METHODOLOGY

**Design.** The study utilized a quantitative descriptive-correlational research design. In this study, the descriptive component of the study focused on identifying patterns and summarizing characteristics of the nurses' responses, while the correlational component determined the strength and direction of associations between nurses' perception of whistleblowing and the ethical climate of their institution.

**Environment.** This study was conducted in a level 2 government hospital located in Surigao City, Philippine.

**Respondents.** The respondents of this study were only 232 nurses.

**Sampling Design.** This study used a complete enumeration.

**Inclusion Criteria and Exclusion Criteria.** The study included all registered nurses actively employed in the level 2 government hospital during the period of data collection, regardless of department, rank, position, or employment status, including those assigned to direct or indirect patient care roles, provided they voluntarily gave informed consent. The study excluded individuals without a valid and active nursing license, those not employed in the institution during the study period, nurses who were on leave, resigned, retired, or separated from service, and those employed for less than three months to ensure sufficient exposure to the hospital's

workplace environment and ethical climate. Nurses who declined participation or withdrew consent were also excluded to maintain voluntary participation and ethical compliance.

**Instrument.** This study used a three-parts: the respondents’ demographic and professional profile, perception of whistleblowing, and perceived ethical climate. Part I gathered data on the respondents’ demographic and professional characteristics such as age, sex, civil status, department assigned, employment status, length of service, training experience, and decision to whistleblow. Parts II of the instrument measured the nurses’ perception of whistleblowing using twelve (12) statements categorized into four domains: attitude, perceived social pressure, confidence and ease, and intention to whistleblow, adapted from the Theory of Planned Behavior (Ajzen, 1991). Each item was rated on a five-point Likert scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree) to assess how nurses perceive and intend to respond to unethical behavior in the workplace. Part III measured the nurses’ perception of the ethical climate in their workplace using twenty-six (26) items adapted from the Ethical Climate Questionnaire (ECQ) by Victor and Cullen (1988). The instrument assessed six dimensions of ethical climate: caring, rules, law and code, instrumental, independence, and organizational culture, with each item rated on a five-point Likert scale ranging from 1 (Completely False) to 5 (Completely True).

**Data Gathering Procedures.** The research proposal was first submitted to the University of the Visayas Graduate School for technical and ethical review, followed by a title defense and design hearing. After approval, transmittal letters were sent to the Dean of the College of Allied Health Sciences and the Chief of Hospital to request permission to conduct the study, and the protocol was submitted to the University of the Visayas Institutional Review Board and the hospital’s Ethics Committee for clearance. Upon receiving the Notice to Proceed, the researcher coordinated with the Nursing Service Office to obtain the list of registered nurses for sampling, and the validated questionnaire was prepared in Google Forms. During data collection, hardcopies of the questionnaires were distributed to nurses in different hospital units, respondents were informed about the study and their rights, and completed questionnaires were collected and compiled. After data gathering, responses were reviewed, encoded, and analyzed using descriptive and inferential statistics, and all electronic data were securely stored and later permanently deleted after the final defense to ensure confidentiality and ethical compliance.

**Statistical Treatment of Data.** The statistical data were analyzed. The frequency distribution and simple percentage were used to present the personal and professional characteristics of the nurses such as age, sex, civil status, department assigned, employment status, and length of service. Mean score and standard deviation were used to determine the level of perception on whistleblowing and the perceived ethical climate of the respondents. Chi-square and Cramer’s V were used to assess the significant relationship between the nurses’ personal characteristics and their perception on whistleblowing, as well as the relationship between personal characteristics and perceived ethical climate. Pearson r was used to determine whether there is a significant correlation between the nurses’ perception of whistleblowing and the ethical climate in the workplace.

**Ethical Considerations.** Ethical considerations are an essential component of any research study. The research study was submitted to the ethics committees of both the university and the hospital, and ethical approval was obtained prior to the start of data gathering to ensure that the welfare of the respondents was protected.

**Presentation, Analysis, And Interpretation Of Data**

Table 1 Profile of the Nurses

Profile	<i>f</i>	%
<b>Age</b>		
18 to 25 years old (young adult)	48	20.70
26 to 44 years old (adult)	159	68.50
45 years old and above	25	10.80
<b>Sex</b>		
Male	60	25.90
Female	172	74.10

<b>Civil Status</b>		
Single	127	54.70
Married	102	44.00
Separated	3	1.30
<b>Area of Assignment</b>		
EMD	15	6.50
EREID	9	3.90
FW	2	.90
Hemodialysis Unit	16	6.90
ICCU	14	6.00
Intensive Care Unit	19	8.20
Medical Ward	80	34.50
OB	3	1.30
OBG	14	6.00
OPCEN	7	3.00
Out-Patient Department	24	10.30
Pedia Ward	17	7.30
PICU	3	1.30
Surgical Ward	9	3.90
<b>Employment Status</b>		
Job Order	88	37.90
Regular	144	62.10
<b>Length of Service in the hospital</b>		
Below 1 year	17	7.30
1 to 3 years	114	49.10
4 to 6 years	25	10.80
7 to 9 years	21	9.10
10 years or more	55	23.70
<b>Formal Training Experience</b>		
No	175	75.40
Yes	57	24.60
<b>Decision to Whistleblow</b>		
No	53	22.80
Yes	179	77.20

Note.  $n=232$ .

As shown in Table 1, the respondents were primarily adult nurses aged 26 to 44 years, mostly female and single, reflecting the common demographic composition of the nursing workforce. They were assigned to various clinical units, with the medical ward having the largest proportion, and most were regular employees with varying lengths of service, many having one to three years of experience. Only a small portion had formal training on ethical practices or whistleblowing, which may influence their confidence in recognizing and reporting ethical violations. Studies indicate that mid-career nurses demonstrate stronger ethical reasoning and confidence in ethical decision-making (Ozdoba et al., 2022), while the willingness to report wrongdoing is influenced by ethical leadership, managerial support, and psychological safety in the workplace (Ibrahim et al., 2025; Abdelaliem et al., 2024). However, hesitation to whistleblow may occur due to fear of retaliation, job insecurity, or unclear reporting systems (Elsehrawy, 2025). Overall, the demographic and professional profile of the respondents reflects a diverse nursing workforce with generally positive intentions toward whistleblowing but limited formal ethics training, factors that shape nurses' perception of ethical climate and their willingness to report unethical practices (Borhani et al., 2024; Ibrahim, 2024).

Table 2 Perception on Whistleblowing among Respondents

Dimensions	Mean score	SD	Interpretation
<b>Attitude Towards Whistleblowing</b>			
1. Reporting unethical behavior is my professional duty as a nurse.	4.09	1.053	Agree
2. Whistleblowing helps protect patients and staff.	3.77	1.107	Agree
3. Reporting makes me feel that I am doing the right thing.	3.81	0.959	Agree
Factor mean	3.89	0.898	High perception
<b>Perceived Social Pressure</b>			
4. My coworkers would support me if I reported wrongdoing.	3.81	0.898	Agree
5. My supervisor would encourage me to report unethical behavior.	4.21	0.873	Strongly agree
6. Senior management values reporting of harmful practices.	4.21	0.786	Strongly agree
Factor mean	4.08	0.715	High perception
<b>Confidence and Ease</b>			
7. I am confident that I know how to report wrongdoing in the hospital.	3.99	0.888	Agree
8. I believe my identity would remain confidential if I reported.	3.68	1.083	Agree
9. I feel the hospital has strong policies to prevent retaliation.	3.91	0.878	Agree
Factor mean	3.86	0.787	High perception
<b>Intention to Whistleblow</b>			
10. I intend to report unethical activities that I observe.	3.99	0.830	Agree
11. I will use official channels if I witness wrongdoing.	3.76	1.066	Agree
12. I would speak up even if the wrongdoer is a senior staff member.	4.02	0.842	Agree
Factor mean	3.92	0.758	High perception
Grand mean	3.94	0.667	High perception

Note.  $n=232$ .

Legend: A score of 1.00 to 1.80 is very low perception of whistleblowing (strongly disagree), 1.81 to 2.60 is low perception of whistleblowing (disagree), 2.61 to 3.40 is moderate perception of whistleblowing (neutral), 3.41 to 4.20 is high perception of whistleblowing (agree), and 4.21 to 5.00 is very high perception of whistleblowing (strongly agree).

The results in Table 2, show that nurses have a high overall perception of whistleblowing, indicating that they generally view it as a necessary, ethical, and responsible action within the hospital setting. Positive perceptions were observed across the four dimensions—attitude, perceived social pressure, confidence and ease, and intention—suggesting that nurses recognize whistleblowing as part of professional accountability and are generally willing to report wrongdoing when necessary. Nurses expressed strong agreement that reporting unethical practices is a professional duty and believed that coworkers, supervisors, and hospital leaders would support such actions, which reduces fear of isolation and encourages open communication (Ibrahim, 2024; Ibrahim et al., 2025). They also indicated confidence in existing reporting mechanisms and protection systems within the hospital, although concerns about confidentiality and retaliation may still influence reporting behavior (Elsehrawy, 2025). Furthermore, nurses demonstrated strong intention to report unsafe or unethical practices even when involving senior personnel, reflecting ethical courage and commitment to patient safety, although actual reporting may still depend on leadership support, clear protection policies, and fair investigation processes (Abdelaliam et al., 2024). Overall, the results reflect a generally favorable ethical climate where nurses perceive whistleblowing as appropriate, socially supported, and manageable, while emphasizing the need for continued organizational support to ensure consistent reporting of patient safety concerns.

Table 3 Ethical Climate as Perceived by the Respondents

Dimensions	Mean score	SD	Interpretation
<b>Caring Climate</b>			
1. The most important concern is the good of all the people in the hospital.	4.44	0.830	Completely true
2. People look out for each other's good here.	4.11	0.790	Mostly true
3. What is best for everyone in the hospital is the major consideration.	4.29	0.857	Completely true
4. Our major concern is always what is best for the patients and staff.	4.51	0.750	Completely true
Factor mean	4.34	0.670	Very high perception
<b>Rules Climate</b>			
5. Everyone is expected to stick to the hospital's rules and procedures.	4.43	0.692	Completely true
6. It is very important to strictly follow the rules here.	4.55	0.663	Completely true
7. Successful people in this hospital go strictly by the book.	3.78	0.877	Mostly true
8. Employees are expected to comply with all internal policies.	4.34	0.732	Completely true
Factor mean	4.27	0.586	Very high perception
<b>Law and Code Climate</b>			
9. The law or ethical codes of the profession are the major consideration here.	4.37	0.732	Completely true
10. Everyone is expected to comply with professional standards.	4.48	0.671	Completely true
11. We strictly follow legal and ethical guidelines.	4.54	0.657	Completely true
12. Ethical behavior as defined by external codes is emphasized here.	4.27	0.778	Completely true
Factor mean	4.41	0.579	Very high perception
<b>Instrumental Climate</b>			
13. In this hospital, people protect their own interests above all else.	3.60	1.108	Mostly true
14. People are mostly out for themselves.	3.33	1.080	Somewhat true
15. There is little concern for others if it interferes with personal ambition.	3.36	1.014	Somewhat true
16. Efficiency and personal gain are more important than doing what is right.	3.01	1.342	Somewhat true
Factor mean	3.33	0.987	Moderate perception
<b>Independence Climate</b>			
17. People are expected to do what they think is right personally.	3.63	1.045	Mostly true
18. Employees are guided by their own moral beliefs.	3.84	0.927	Mostly true
19. Decisions are based on individual moral judgment.	3.71	0.926	Mostly true
20. Individuals are encouraged to rely on their own ethical judgment.	3.58	0.990	Mostly true
Factor mean	3.69	0.842	High perception
<b>Organizational Culture Climate</b>			
21. People are mostly concerned with what is right for themselves.	3.53	0.971	Mostly true
22. There is strong pressure to follow group norms even if unethical.	3.21	1.171	Somewhat true
23. Hospital leaders emphasize ethical behavior.	4.16	0.744	Mostly true
24. Colleagues are quick to point out unethical behavior.	3.82	0.892	Mostly true

25. We openly discuss ethical dilemmas.	3.88	0.859	Mostly true
26. Ethical decisions are made through teamwork and discussion.	4.26	0.781	Completely true
Factor mean	3.81	0.612	High perception
Grand mean	3.98	0.537	High perception

Note.  $n=232$ .

Legend: A score of 1.00 to 1.80 is very low perception of ethical climate (completely false), 1.81 to 2.60 is low perception of ethical climate (mostly false), 2.61 to 3.40 is moderate perception of ethical climate (somewhat true), 3.41 to 4.20 is high perception of ethical climate (mostly true), and 4.21 to 5.00 is very high perception of ethical climate (completely true).

The findings in Table 3 show that nurses perceive the ethical climate of the hospital as generally positive and supportive of ethical practice, with the highest perceptions in the caring, rules, and law and code dimensions. These results indicate that nurses believe the hospital prioritizes patient and staff welfare, follows clear policies and procedures, and emphasizes compliance with legal and professional standards. A strong caring climate encourages teamwork and compassionate care, while a strong rules climate promotes adherence to safety protocols and consistent clinical practices (Wang et al., 2022; Noh et al., 2024). The law and code dimension also reflects nurses' commitment to professional and legal responsibilities in patient care (Zare-Kaseb et al., 2025). The instrumental climate was rated moderate, suggesting that although ethical values generally guide behavior, system pressures such as workload may occasionally influence decision-making (Rohaninasab et al., 2025). Meanwhile, the independence and organizational culture climates were rated high, indicating that nurses feel confident using their moral judgment and believe that leadership encourages ethical behavior and open discussion of ethical concerns (Noh et al., 2024; Ammari et al., 2024). Overall, the findings indicate a supportive ethical climate that promotes ethical practice, teamwork, and patient safety while highlighting the importance of sustained leadership support and ethical guidance in nursing management.

Table 4 Relationship between Profile and Perceptions on Whistleblowing

Independent Variables	chi value	p value	Cramer's V value	Decision	Interpretation
Age	65.407	.428	--	Failed to reject Ho	Not significant
Sex	42.579	.100	--	Failed to reject Ho	Not significant
Civil status	79.743	.089	--	Failed to reject Ho	Not significant
Area of Assignment	4.646E2	.050	.393	Reject Ho	Significant
Employment Status	22.583	.891	--	Failed to reject Ho	Not significant
Length of service in the hospital	1.081E2	.899	--	Failed to reject Ho	Not significant
Formal training experience	45.151	.062	--	Failed to reject Ho	Not significant
Decision to Whistleblow	46.021	.052	--	Failed to reject Ho	Not significant

Legend: Significant if  $p$  value is  $< .05$ . Dependent variable: Perceptions on Whistleblowing. Cramer's V values: A value of  $>0.25$  is very strong,  $>0.15$  is strong,  $>0.10$  is moderate,  $>0.05$  is weak, and  $>0$  is no association.

Table 4 shows that most demographic and professional variables, including age, sex, civil status, employment status, length of service, and formal training, were not significantly related to nurses' perceptions of whistleblowing, indicating similar views on reporting unethical behavior regardless of personal characteristics. However, area of assignment showed a significant relationship, suggesting that nurses in high-acuity units may have stronger awareness of reporting unsafe practices due to frequent exposure to critical events (Cai et al., 2024). The findings also revealed no significant relationship between whistleblowing perception and the decision to report unethical situations, indicating that positive attitudes do not always translate into action due to barriers such as fear of retaliation and lack of supportive reporting systems (Elsehrawy, 2025; Khan, 2022).

Table 5 Relationship between Profile and Ethical Climate

Independent Variables	chi value	p value	Cramer's V value	Decision	Interpretation
Age	2.227E2	.363	--	Failed to reject Ho	Not significant
Sex	1.104E2	.418	--	Failed to reject Ho	Not significant
Civil status	2.500E2	.056		Failed to reject Ho	Not significant
Area of Assignment	1.505E2	.031	.706	Reject Ho	Significant
Employment Status	1.016E2	.654	--	Failed to reject Ho	Not significant
Length of service in the hospital	4.066E2	.805	--	Failed to reject Ho	Not significant
Formal training experience	1.223E2	.164	--	Failed to reject Ho	Not significant

Legend: Significant if p value is < .05. Dependent variable: Ethical Climate. Cramer's V values: A value of >0.25 is very strong, >0.15 is strong, >0.10 is moderate, >0.05 is weak, and >0 is no association.

The analysis revealed that among the nurses' profile variables, only the area of assignment had a statistically significant relationship with their perceptions of the hospital's ethical climate, indicating that nurses' views of the ethical environment vary depending on the unit where they are assigned. Nurses working in high-pressure areas such as intensive care or emergency units may encounter more ethical dilemmas due to the nature of patient care and frequent critical decision-making, which may influence perceptions of fairness, policy enforcement, and ethical support. This finding supports studies showing that unit-specific environments shape ethical perceptions and may increase moral distress and compassion fatigue (Ammari et al., 2024; Zare-Kaseb et al., 2025). In contrast, age, sex, civil status, employment status, length of service, and training experience were not significantly related to ethical climate perception, suggesting that organizational and unit-level factors have a stronger influence than demographic characteristics (Wang et al., 2022). These results highlight the need for nursing management to implement unit-specific ethical support strategies to promote a consistent ethical climate across hospital departments.

Table 6 Relationship between Perceptions on Whistleblowing and Ethical Climate

Variables	r value	p value	Decision	Interpretation
Perceptions on Whistleblowing vs. Ethical climate	.444	.000	Reject Ho	Significant

Legend: Significant if p value is ≤ .05. Dependent Variable: Ethical Climate. Pearson r interpretation: A value greater than .5 is strong (positive), between .3 and .5 is moderate (positive), between 0 and .3 is weak (positive), 0 is none, between 0 and −.3 is weak (negative), between −.3 and −.5 is moderate (negative), and less than −.5 is strong (negative).

The findings revealed a moderate positive and statistically significant relationship between nurses' perceptions of whistleblowing and their perception of the hospital's ethical climate, indicating that when nurses feel supported and confident in reporting unethical practices, they are more likely to perceive their workplace as upholding ethical standards and integrity. Hospitals that encourage open communication, protect confidentiality, and respond fairly to ethical concerns foster a culture where whistleblowing is viewed as a professional responsibility rather than a personal risk. This relationship is evident in environments where reports of incidents such as medication errors or inappropriate behavior are properly investigated and addressed, strengthening nurses' trust in the organization. Previous studies support this finding, emphasizing that ethical leadership, clear ethical guidance, and supportive reporting structures promote positive attitudes toward whistleblowing and reinforce a strong ethical climate within healthcare institutions (Cai et al., 2024; Ibrahim et al., 2025; Elsehrawy, 2025). These results highlight the importance for nursing management to maintain ethical policies, confidential reporting systems, and leadership practices that encourage transparency, accountability, and professional integrity in the workplace

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## CONCLUSION AND RECOMMENDATIONS

**Conclusion.** In conclusion, the findings of the study revealed that nurses' perceptions of whistleblowing are positively and significantly related to the ethical climate in the hospital. When nurses have a strong perception and confidence in whistleblowing, they are more likely to perceive the hospital's ethical climate as fair, supportive, and morally sound. This suggests that environments which foster transparency and protection for speaking up also promote ethical practices within the organization.

**Recommendations.** The study recommends the implementation of the Whistleblowing and Ethical Climate Enhancement Plan in the hospital where the research was conducted to strengthen ethical practices, improve whistleblowing readiness, and address unit-based differences in ethical climate, with potential adoption by other hospitals depending on institutional context. The findings may serve as reference material for nursing and health-related programs, particularly in ethics, leadership, management, and research. Hospital administrators and nursing leaders are encouraged to strengthen policies on whistleblowing by ensuring clear reporting mechanisms, confidentiality, and protection from retaliation while integrating these initiatives into institutional plans. The study may also be published and presented in academic forums, and future researchers are encouraged to conduct related studies using different methodologies and settings. The following research titles are suggested:

- a. Perception on whistleblowing and ethical climate among nurses using a larger and more diverse hospital population;
- b. Ethical climate and whistleblowing behavior among nurses using a mixed methods approach; and
- c. A phenomenological study on the lived experiences of nurses in whistleblowing within hospital settings.

### Whistleblowing and Ethical Climate Enhancement Plan

#### Rationale

A strong ethical climate and positive perception of whistleblowing are essential in promoting patient safety, professional accountability, and organizational integrity in healthcare settings. Findings revealed that nurses demonstrated high perceptions of whistleblowing and ethical climate; however, area of assignment significantly influenced both variables, indicating inconsistencies in ethical experiences across units, while the instrumental climate was rated moderate. The significant positive relationship between ethical climate and whistleblowing highlights the need to sustain and strengthen these constructs. Thus, the Whistleblowing and Ethical Climate Enhancement Plan is proposed to promote consistency across units and maintain high ethical standards and whistleblowing readiness among nurses.

#### General Objectives

To enhance, standardize, and sustain a positive whistleblowing culture and ethical climate among nurses in a Level II government hospital.

#### Specific Objectives

**Specifically, this enhancement plan aims to:**

- a. To address unit-based differences in perceptions of ethical climate and whistleblowing;
- b. To reduce instrumental (self-interest driven) behaviors in the workplace;
- c. To strengthen nurses' confidence in whistleblowing processes and protections; and
- d. To sustain the high level of ethical climate and whistleblowing perception across all nursing units.

Areas of Concern	Specific Objectives	Activities	Persons Responsible	Resources	Time Frame	Success Indicators
Significant unit-based differences in ethical climate and whistleblowing perception	To standardize and unify ethical practices and whistleblowing support across all nursing units.	Hospital-Initiated Activities: <ul style="list-style-type: none"> <li>Conduct unit-specific ethics dialogues focusing on real ethical issues encountered per area of assignment</li> </ul>	<ul style="list-style-type: none"> <li>Chief Nurse</li> <li>Head Nurses</li> <li>Ethics Committee</li> <li>Hospital Administrators</li> </ul>	<ul style="list-style-type: none"> <li>Training modules</li> <li>Meeting rooms</li> <li>Updated Policy Manuals</li> <li>Budget for activities (Php 5,000 per unit)</li> </ul>	2nd Quarter onwards	<ul style="list-style-type: none"> <li>Approved SOPP for reporting</li> <li>Documented coaching sessions</li> <li>Conducted unit ethics dialogues</li> <li>Ethics focal persons designated</li> </ul>
Moderate presence of instrumental (self-interest-driven) climate	To minimize self-interest-driven behaviors and strengthen collective ethical responsibility	Personally-Initiated Activities: <ul style="list-style-type: none"> <li>Participation in ethics-related webinars or learning sessions.</li> </ul> Hospital-Initiated Activities: <ul style="list-style-type: none"> <li>Establish a physical and digital "Suggestion and Ethics Box" for anonymous reporting of non-formal concerns.</li> </ul>	<ul style="list-style-type: none"> <li>Staff Nurses</li> <li>Nurse Supervisors</li> <li>HR Director</li> <li>Ethics Committee</li> </ul>	<ul style="list-style-type: none"> <li>Internet access</li> <li>Seminar budget (Php 10,000 per activity)</li> <li>Physical Suggestion Boxes</li> <li>IEC materials</li> </ul>	3rd Quarter onwards	<ul style="list-style-type: none"> <li>Active use of suggestion boxes</li> <li>Seminar certificates</li> <li>Improved teamwork feedback</li> <li>Reduced reports of self-serving behaviors</li> </ul>
Need to strengthen confidence in whistleblowing confidentiality and protection	To build and maintain nurses' trust in whistleblowing systems and guarantee non-retaliation.	Hospital-Initiated Activities: <ul style="list-style-type: none"> <li>Draft and formalize a Standard Operating Procedure (SOP) for the Protection of Internal Reporters and Whistleblowers.</li> </ul>	<ul style="list-style-type: none"> <li>Legal Officer</li> <li>HR Director</li> <li>Chief Nurse</li> <li>Hospital Administrators</li> </ul>	<ul style="list-style-type: none"> <li>SOPP documents</li> <li>Online reporting platform</li> <li>Budget for seminar (Php 10,000)</li> <li>Confidential forms</li> </ul>	3rd Quarter onwards	<ul style="list-style-type: none"> <li>Formalized Whistleblower SOPP</li> <li>Reporting system established</li> <li>Policy dissemination records</li> <li>Increased confidence scores in follow-up survey</li> </ul>
Need to sustain high whistleblowing perception and ethical climate	To institutionalize a culture of ethics and ongoing ethical reporting.	Sustaining Activities: <ul style="list-style-type: none"> <li>Bi-annual review of the "Safe Reporting" SOPP to adapt to new workplace challenges.</li> <li>Annual Ethics and Integrity Week.</li> <li>Quarterly recognition of ethical role models among nurses.</li> <li>Semi-annual reassessment of ethical climate using standardized tools.</li> </ul>	<ul style="list-style-type: none"> <li>Ethics Committee</li> <li>Nursing Department</li> <li>HR Office</li> </ul>	<ul style="list-style-type: none"> <li>Survey instruments</li> <li>Mentorship Guides</li> <li>Recognition budget (Php 15,000/year)</li> <li>IEC materials</li> </ul>	Starting 4th Quarter	<ul style="list-style-type: none"> <li>Sustained/Improved survey results</li> <li>Conducted ethics week</li> <li>Recognized ethical champions</li> <li>Documented mentorship hours</li> </ul>

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