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Ethical Leadership and Nursing Work Environment as Predictors of Nurses' Flourishing

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Abstract:
Background: A supportive work environment reinforces values-driven practices that facilitate ethical leadership development. Together, these factors create a virtuous cycle that enhances nurses' experiences and outcomes while promoting flourishing. **Aim:** This study aimed to examine if ethical leadership and the nursing work environment are predictors of nurses' flourishing at Ismailia Medical Complex. **Design:** A descriptive predictive correlational design was utilized. **Setting:** The study was conducted. **Subjects:** A sample of 214 nurses participated in the study. **Tools of data collection:** Data were collected using the Ethical Leadership at Work Questionnaire, the Practice Environment Scale of the Nursing Work Index, and the Flourishing Scale. **Results:** Nurses perceived high levels of ethical leadership and evaluated their work setting as a favorable nursing practice environment. Furthermore, nurses reported high mean flourishing scores. Multiple linear regression analysis revealed a significant predictive relationship between the independent variables (ethical leadership and practice environment) and the dependent variable (flourishing). **Conclusion:** Ethical leadership and a favorable nursing practice environment significantly predict nurses' flourishing. **Recommendations:** Healthcare administrators should emphasize ethical practices in workplace culture and leadership behaviors while creating supportive work environments through fairness in policies, decision-making, and resource allocation.

Keywords: Ethical leadership, Flourishing, Nursing work environment, Nurse well-being & practice environment.

Introduction:
Nursing plays a crucial role in today's complex and ever-changing healthcare landscape. Nurses are essential for providing patient care, promoting health, and ensuring the overall effectiveness of healthcare systems worldwide **(National Academies of Sciences, Engineering, and Medicine et al., 2021)**. As the need for healthcare grows, nurses' health and job satisfaction have become major concerns for healthcare organizations, policymakers, and researchers. This heightened focus on nurse well-being has led to a growing interest in their overall flourishing, which includes personal and professional growth, engagement, and a strong sense of purpose and meaning in their work **(Romppanen & Häggman-Laitila, 2017; Jarden et al., 2020; Xiao et al., 2022)**.

Flourishing represents an optimal state of psychological well-being characterized by continuous development, fulfillment of potential, and the cultivation of attributes that are both personally meaningful and professionally rewarding **(Keyes, 2007; Curren et al., 2024)**. Within the nursing profession, flourishing is not merely a desirable state but a workplace condition that can enhance nurses' intrinsic motivation, productivity, and commitment to their roles **(Demerouti et al., 2015)**.

Ethical leadership is a leadership style that combines moral ideals and effective interpersonal behavior. It has been found as a significant element affecting nurses' well-being. Ethical leaders demonstrate integrity and justice by encouraging open communication and participative decision-making **(Brown et al., 2005)**. This leadership style is especially important in healthcare settings because it preserves ethical norms and fosters an environment favorable to positive outcomes for patients, nurses, and organizations as a whole **(Sharifabad et al., 2018)**. Ethical leadership enhances trust, psychological safety, and professional development among nurses, hence fostering their well-being **(El-Gazar & Zoromba, 2021)**.

The nursing work environment further influences nurses' flourishing. This environment, defined by organizational characteristics such as staffing adequacy, opportunities for professional growth, involvement in governance, supportive leadership, and collaborative relationships with colleagues, has a significant impact on whether professional practice is facilitated or hindered. A supportive work environment fosters autonomy and competence,

fundamental psychological needs associated with well-being and flourishing **(Kohnen et al., 2023; Dumitriu et al., 2025)**.

The relationship between ethical leadership and the nursing work environment is dynamic and complementary. Ethical leaders contribute to positive work environments through the implementation of fair policies and equitable resource distribution, along with chances for professional development. A supportive work environment facilitates the development of ethical leadership by reinforcing values-driven practices. These factors jointly establish a virtuous cycle that improves nurses' experiences and outcomes while also promoting their potential for flourishing **(Si et al., 2023; Plouffe et al., 2023; Liu et al., 2025)**.

Significance of the study:

The concept of flourishing that extends beyond job satisfaction to encompass professional fulfillment and well-being remains underexplored in nursing contexts **(Edgar & Pattison, 2016; Rosa et al., 2023)**. However, the literature does not comprehensively understand how ethical leadership and nursing work environments function together to predict nurses' flourishing. Most studies have not examined these factors together **(El-Gazar & Zoromba, 2021; Mahran et al., 2022)**. Subsequently, the current study aimed to examine if ethical leadership and the nursing work environment are predictors of nurses' flourishing at Ismailia Medical Complex.

Aim of the study:

The current study aimed to examine if ethical leadership and the nursing work environment are predictors of nurses' flourishing

Objectives:

1. Assess ethical leadership levels at Ismailia Medical Complex.
2. Assess nursing work environment at Ismailia Medical Complex.
3. Assess nurses' flourishing at Ismailia Medical Complex.
4. Find out if ethical leadership and the nursing work environment are predictors of nurses' flourishing at Ismailia Medical Complex.

Research question:

Are ethical leadership and the nursing work environment predictors of the nurses' flourishing at the Ismailia Medical Complex?

Methods:

Study design:

A descriptive predictive correlational design was utilized to conduct this study.

Study setting:

The study was conducted at the Ismailia Medical Complex, a 460-bed facility affiliated with Egypt Healthcare Authority. The complex consists of 24 departments, including: emergency, operations (emergency, endoscopic, ophthalmology, neurological, cardiothoracic, blood vessels, major, obstetrics and gynecology), various intensive/specialized care units (ICU 1 & 2, cardiac, intermediate, cardiothoracic, pediatric, neonatal), and general inpatient units (pediatric, cosmetology, oncology, surgery, gastrointestinal tract, internal medicine, obstetrics and gynecology, and orthopedic).

Subjects:

Target population: All staff nurses of inpatient departments in the Ismailia Medical Complex (480) nurses.

Sampling technique: A voluntary response convenient nonprobability sampling technique was used.

Sample size: The sample size is calculated according to the formula of **(Thompson, 2012).**

$$n = \frac{N \times p(1-p)}{\left[\left[N-1 \times \left(d^2 \div z^2\right)\right] + p(1-p)\right]}$$

$$= \frac{480 \times 0.5(1-0.5)}{\left[\left[480-1 \times \left(0.05^2 \div 1.96^2\right)\right] + 0.5(1-0.5)\right]}$$

213.6= 214

n = sample size = 213.6 = 214 nurses

N = population size = 480

d = the error rate is 0.05

z = the standard score corresponding to the significance level is 0.95 and is equal to 1.96

p = availability of property and neutral = 0.50

Tools of data collection:

Three tools were used in this study:

Tool (1): It is divided in to two parts as follows:

Part (I): Demographic data sheet:

It was developed by the researchers. It includes questions about sex, age, marital status, department, qualifications, and years of experience.

Part (II): Ethical Leadership at Work Questionnaire:

The researchers adopted the ethical leadership at work questionnaire. It was developed by **Kalshoven et al. (2011)**. It consists of 38 items that assess seven distinct dimensions of ethical leadership: fairness (6 items), power sharing (6 items), role clarification (5 items), people-orientation (7 items), integrity (4 items), ethical guidance (7 items), and concern for sustainability (3 items). The questionnaire has shown good psychometric properties, such as content validity, construct validity, and reliability. The Cronbach's alpha coefficients for the seven

dimensions range from 0.81 to 0.96 (Kalshoven et al., 2011). The Ethical Leadership at Work Questionnaire in the current study has a total reliability coefficient (Cronbach's Alpha) of 0.78.

Scoring System:

Respondents evaluate each item using a 5-point Likert scale, with 1 indicating "Strongly Disagree" and 5 indicating "Strongly Agree." Scores for each dimension are calculated by averaging the ratings of items within it, and an overall ethical leadership score can be obtained by averaging all 38 items **(Kalshoven et al., 2011)**. The scoring system for participants' responses is calculated by adding up the scores of all items. The total score from (38-114) means a low level of ethical leadership, and the total score from (115-190) means a high level of ethical leadership.

Tool (2): Practice Environment Scale of the Nursing Work Index:

The researchers adopted the practice environment scale of the nursing work index. It was developed by **Lake (2002)**. It is a widely used instrument for measuring the nursing practice environment in healthcare settings. It consists of 31 items distributed across five subscales: Nurse Participation in Hospital Affairs (9 items), Nursing Foundations for Quality of Care (10 items), Nurse Manager Ability, Leadership, and Support of Nurses (5 items), Staffing and Resource Adequacy (4 items), and Collegial Nurse-Physician Relations (3 items). The scale demonstrates strong psychometric properties. Its validity has been confirmed through factor analysis. The internal consistency (Cronbach's alpha) ranged from 0.71 to 0.84 for subscales and 0.82 for the composite score (**Lake, 2002)**. The total reliability coefficient (Cronbach's Alpha) for the Practice Environment Scale of the Nursing Work Index in the current study was 0.93.

Scoring System:

A 4-point Likert scale is used to score each item, with 1 being "strongly disagree" and 4 being "strongly agree." Subscale scores are calculated as the mean of item scores within each subscale, while the composite score is the mean of the five subscale scores. Any subscale with a mean score of 2.5 or higher shows a favorable practice environment **(Lake, 2002)**. Consistent with many other studies, a practice environment is classified as unfavorable if the mean score of only 0–1 subscales is above 2.5; mixed if the mean score of two or three subscales is above 2.5; and favorable if the mean score of four or five subscales is above 2.5 **(Friese, 2005; Friese et al., 2008; Patrician et al., 2010)**.

Tool (3): Flourishing Scale:

The researchers adopted the flourishing scale. It was developed by **Diener et al. (2009)**. It consists of eight items, each representing a distinct aspect of human functioning: purpose and meaning, supportive relationships, engagement, contribution to others, competence, self-acceptance, optimism, and respect from others. The scale demonstrates strong psychometric properties. Factor analysis revealed a single-factor structure, suggesting that the scale measures a unified construct of psychological well-being. The internal consistency (Cronbach's alpha) is 0.87. The total reliability coefficient (Cronbach's Alpha) for the Flourishing Scale in the current study was 0.94.

Scoring System:

Respondents rate their agreement with each statement on a 7-point Likert scale, ranging from 1 (strongly disagree) to 7 (strongly agree). The total score is calculated by summing the responses to all eight items, resulting in a possible range of 8 to 56. Higher scores indicate higher levels of psychological well-being and flourishing **(Diener et al., 2009)**.

Pilot study:

A pilot study was carried out on 10% (21) of the study participants to confirm the applicability and feasibility of instruments, to identify the obstacles and problems, and to take the needed measures to manage these obstacles and problems when collecting data. They were excluded from the target population. The pilot study also helped the researchers in estimating the time consumed for fulfilling the study tool (30 minutes).

Fieldwork:

The preparation phase involved translating the study questionnaires into Arabic and back-translating them into English to ensure instrument validity. Additionally, the researchers reviewed relevant local and international literature pertaining to the research problem.

Data collection spanned four months, from November 2024 through February 2025. Prior to administration, researchers provided participants with a brief overview of the study's purpose and objectives. Questionnaires were then distributed to the nursing staff, with researchers maintaining open communication throughout the process to clarify any ambiguities or questions. The average completion time for the study instruments was approximately 30 minutes.

Ethical considerations:

The study proposal was approved by the Research Ethical Committee at the Faculty of Nursing, Suez Canal University, with approval number ($\frac{292}{9\backslash 2024}$).

Ethical considerations regarding data confidentiality were taken by the researchers, and written informed consent was taken from the nurses before commencing the study. We informed the participants

that we would only use their questionnaire answers for research purposes. Furthermore, their answers will not be shared with anyone outside the study team. Additionally, the ethical and legal principles were applied in the current study through maintaining justice and autonomy for participants of the study. Furthermore, the subjects of this study had full autonomy to withdraw from it at any time.

Statistical analysis:

Data were entered, coded, and prepared for analysis using the Statistical Package for the Social Sciences (SPSS) version 22.0. Normality of distribution was assessed using the Kolmogorov-Smirnov test at the 0.05 significance level. The test results indicated significant departures from normality ($p < 0.001$); therefore, non-parametric statistical methods were employed where appropriate.

Descriptive statistics, including frequency distributions, means, medians, and standard deviations, were calculated to characterize the study variables. Chi-square tests were used to examine associations between categorical variables, while Spearman's rank correlation coefficient was applied to assess relationships between socio-demographic characteristics and study variables. Multiple linear regression analyses were conducted to address the research questions. Statistical significance was set at $p < 0.05$ for all analyses.

Results:

Table (1): Descriptive statistics of study sample

Age													
20 - <25		**25 - <30**		**30 -<35**		**35 - <40**		**40 - <45**		**45 - <50**		**50 - <55**	
No	**%**	**No**	**%**	**No**	**%**	**No**	**%**	**No**	**%**	**No**	**%**	**No**	**%**
51	23.8	100	46.7	13	6.1	13	6.1	16	7.5	18	8.4	3	1.4

Experience															
< 1 year		**1 - <5**		**5 - <10**		**10 - <15**		**15 - <20**		**20 - <25**		**25 - <30**		**30 - <35**	
No	**%**	**No**	**%**	**No**	**%**	**No**	**%**	**No**	**%**	**No**	**%**	**No**	**%**	**No**	**%**
20	9.3	79	36.9	60	28	9	4.2	7	3.3	15	7	21	9.8	3	1.4

Educational level					
Diploma degree		**Technical institute of Nursing**		**Bachelor degree of Nursing**	
No	**%**	**No**	**%**	**No**	**%**
44	20.6	125	58.4	45	21

Marital status							
Single		**Married**		**Divorced**		**Widowed**	
No	**%**	**No**	**%**	**No**	**%**	**No**	**%**
67	31.3	137	64	3	1.4	7	3.3

Sex			
Male		**Female**	
No	**%**	**No**	**%**
28	13.1	186	86.9

Table (2): Correlation among age, experience, educational level and study variables (n=214)

Study variables	**Ethical leadership**		**Practice environment**		**Flourishing**	
	rho	**P value**	**rho**	**P value**	**rho**	**P value**
Age	0.084	0.223	0.086 -	0.0211	0.113	0.099
Experience	0.060	0.381	0.078 -	0.256	0.121	0.077
Educational level	0.059	0.388	0.134	**0.050***	0.033 -	0.627

Correlation is significant at 0.05 level r by spearman's test

Table (3): Relation among sex, marital status and study variables (n=214)

Study variables	**Ethical leadership**		**Practice environment**		**Flourishing**	
	Chi-square	**P value**	**Chi-square**	**P value**	**Chi-square**	**P value**
Sex	66.18	0.4	53.54	0.77	24.86	0.77
Marital status	207.42	0.21	182.86	0.55	74.86	0.92

Significance at 0.05 level

Table (4): Mean scores of ethical leadership and its' items (n=214)

Items	Minimum	Maximum	Total score (M ± SD)	Average item score (M ± SD)
Fairness	6.00	30.00	20.94 ± 3.58	3.57 ± 0.6
Power sharing	6.00	27.00	15.77 ± 4.09	2.29 ± 0.8
Role clarification	5.00	25.00	16.02 ± 2.88	3.47 ± 0.63
People orientation	8.00	35.00	26.45 ± 4.80	3.99 ± 0.87
Integrity	4.00	20.00	15.28 ± 3.25	3.85 ± 0.75
Ethical guidance	7.00	35.00	27.93 ± 5.91	4.00 ± 0.85
Concern for sustainability	3.00	15.00	12.05 ± 2.91	4.02 ± 0.96
Ethical leadership at work	39.00	173.00	134.44 ± 19.33	3.54 ± 0.51

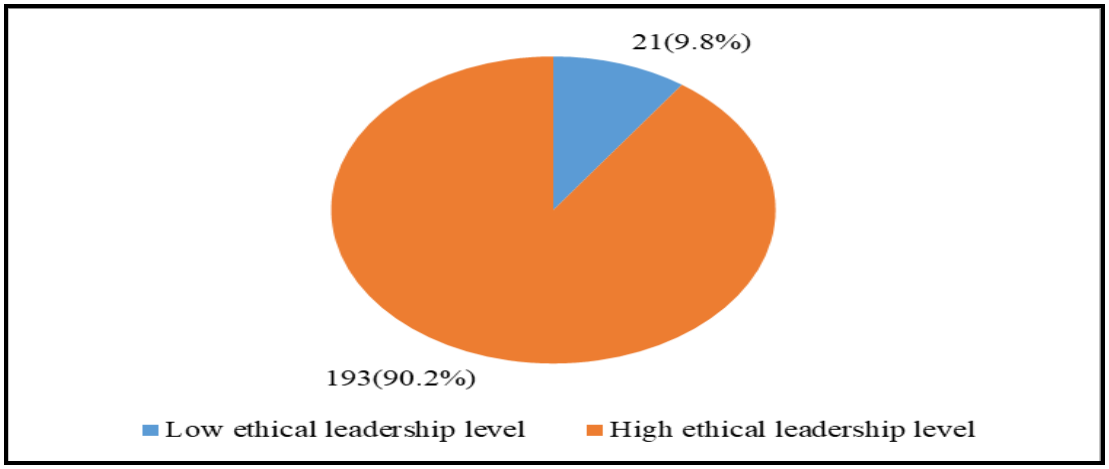

Figure (1): Levels of ethical leadership as perceived by nurses (n=214)

Table (5): Mean scores of work practice environment and its' items (n=214)

Items	Minimum	Maximum	Total score (M ± SD)	Average item score (M ± SD)
Participation in hospital affairs	9.00	45.00	24.49 ± 6.59	2.72 ± 0.73
Nursing foundation for quality of care	10.00	50.00	39.39 ± 7.03	3.94 ± 0.7
Nurse manager ability, leadership, and support of nurses	5.00	25.00	17.12 ± 3.64	3.42 ± 0.73
Staffing and resource adequacy	4.00	19.00	8.97 ± 3.59	2.25 ± 0.89
Collegial nurse-physician relations	3.00	15.00	11.18 ± 2.00	3.73 ± 0.67
Practice environment	31.00	150.00	101.15 ± 16.78	3.26 ± 0.54

Table (6): Mean scores of flourishing as perceived by nurses (n=214)

Items	Minimum	Maximum	Total score (M ± SD)	Average item score (M ± SD)
Flourishing	8.00	56.00	43.27 ± 7.59	5.41 ± 0.95

Table (7): Multiple linear regression between ethical leadership, practice environment and flourishing

Dependent variable	Predictor variables	R	R square	F	F significance	B	t	t significance	VIF
Flourishing	**Ethical leadership**	**0.651**	**0.423**	**77.477**	**0.001**	**0.053**	**1.98**	**0.049**	**1.701**
	Practice environment					**0.251**	**8.15**	**0.001**	**1.701**

Table (1): Reveals that about half of the study sample (46.7%) are between 25-30 years old; about one-third (36.9%) of the study sample have 1-5 years of experience; more than half (58.4%) graduated from a technical institute of nursing; about two-thirds of the study sample (64%) are married; and the majority of the study sample (86.9%) are females.

Figure (1): Shows that the majority of nurses (90.2%) evaluated the level of ethical leadership as high. Only 9.8% of them evaluated the level of ethical leadership as low.

Table (2): Shows that there weren't any correlations between personnel data and study variables, except a weak positive correlation was found between educational level and practice environment (rho = 0.134– p = 0.05).

Table (3): Reveals that there is no relationship between sex and the three study variables (P value > 0.05), and also no relationship between marital status and the study variables (P value > 0.05).

Table (4): shows that the mean average score for ethical leadership and its subcategories exceeds half, except for power sharing. It was less than half (2.29).

Figure (1): Shows that the majority of the studied sample perceived a high ethical leadership level, while only 9.8% perceived a low ethical leadership level.

Table (5): Shows that the means of average scores for practice environment and all of its subcategories exceed 2.5 except for staffing and resource adequacy. It was 2.25. Based on the scoring system of the Practice Environment Scale of the Nursing Work Index, the work environment of the Ismailia medical complex is favorable. Nursing foundation for quality of care scored the highest mean score (3.94), while staffing and resource adequacy scored the lowest mean score (2.25).

Table (6): Shows that the mean of the average score for flourishing exceeds half.

Table (7): shows multiple linear regressions between flourishing and its predictors (ethical leadership and practice environment). Ethical leadership and the practice environment were considered explanatory variables. Flourishing was considered a dependent variable. The results revealed that there was a significant linear regression between predictors (ethical leadership, practice environment) and the dependent variable (flourishing) (F = 77.477, p-value for F = 0.001). The explanatory variables interpret 42.3% of the variance in flourishing (R-squared = 0.423). The B value of ethical leadership (0.053) revealed a relation between ethical leadership and flourishing (t = 1.98, P value for t = 0.049). This means that each improvement in ethical leadership by one unit is followed by an improvement in flourishing by (0.053) unit. Moreover, the practice environment's B value (0.251) demonstrated a correlation with flourishing (t = 8.15, P value for t = 0.001). The result indicates that a unit improvement in the practice environment leads to a corresponding unit improvement in flourishing. VIF = 1.701 (less than 3), so there wasn't any multiple linear problem among model variables.

Discussion:

In the discussion, we will meet the four objectives of this study. Regarding the first objective of assessing ethical leadership at Ismailia Medical Complex, the study results reflected an average mean score for ethical leadership of more than half. The majority of the study sample has a high level of ethical leadership. From the researchers' perspective, this result may be due to the fact that the ethical aspect and principles are vital to nursing practice. It is normal for ethical leadership to be an essential part of the behavior exhibited by head nurses. Furthermore, the Ismailia medical complex is one of the universal coverage hospitals that applied to be accredited by the Egyptian general authority for healthcare accreditation and regulations. The standards of this accreditation include a complete chapter on human resources and how to train, plan, motivate, and lead them. All of these causes promote the level of ethical leadership in the Ismailia medical complex.

In the same line, the mean score of ethical leadership that was evaluated by 384 nurses at public hospitals in Tehran was more than half but less than the mean score in this study **(Beiranvand et al., 2021)**. Also, **El-Gazar & Zoromba (2021)** reported a mean score of ethical leadership more than half but less than the mean score in this study. The results of **She et al. (2023)** were similar to the results in this study. They reported that the mean score of ethical leadership that was evaluated by 896 registered nurses from 11 tertiary general hospitals in Henan Province in China exceeds half, but it was more than the mean score in this study. The mean score of ethical leadership evaluated by 501 registered nurses at four well-known tertiary hospitals in Zhengzhou City, Henan Province, China, was also more than half and more than the results of this study **(She et al., 2025)**. Furthermore, **Alan et al. (2022)** reported a mean score of ethical leadership more than half and higher than the results of this study.

Many studies reported high levels of ethical leadership similar to this study**. Ali et al. (2024),** who conducted their study on 221 nurses at Alexandria New Medical Centre Hospital, reported that more than two-thirds of participants perceived a high level of ethical leadership behavior from their leaders. **Aloustani et al. (2020) & Lotfi et al. (2018)** reported that the level of ethical leadership of nursing

managers is high. Also, **Awad & Ashour (2022)** reported that nurses had a positive opinion of their leader regarding people's power sharing, fairness, orientation, role clarification, ethical advice, concern for sustainability, and honesty.

In contrast to the results of this study, **Mahran et al. (2022)** conducted their study on 240 nurses who worked in Sohag University Hospital and reported that more than half of their participants (53.3%) evaluated ethical leadership in their hospital at a low level. Also, **Khalifa & Awad (2018)** reported low nurses' perception level of ethical leadership behavior. Moreover, **Özden et al. (2017)** reported that the nurses' perceptions of ethical leadership were at a moderate level.

Regarding the subscales of ethical leadership, this study revealed that the concern for sustainability scored the highest mean score, while power sharing scored the lowest mean score. From the researchers' perspective, this result may be because sustainability has become one of the sustainable development goals. There is a significant emphasis on adopting these goals in all governmental sectors, so the concern of sustainability scored the highest mean score. Power sharing was the lowest mean score due to Arabic leaders' ongoing doubts about delegation and the concept of power sharing. Many studies reported different results. The study that was conducted by **She et al. (2024)** reported that role clarification scored the highest mean score and fairness scored the lowest mean score. **Vikaraman et al. (2021)** reported that the highest mean score was for ethical guidance and the lowest mean score for fairness. **Basoro & Nidaw (2021)** reported that the highest levels of ethical leadership related to role clarification and ethical guidance.

Regarding the second objective of the study about assessing the nursing work environment at Ismailia Medical Complex, the results indicate that the practice environment of the Ismailia medical complex is favorable. The nursing foundation's quality of care scored the highest mean score, while staffing and resource adequacy scored the lowest mean score. From the researcher's perspective, this result is due to the fact that the Ismailia medical complex is one of the universal coverage hospitals that applied to be accredited by the Egyptian general authority for healthcare accreditation and regulations. This application for accreditation makes the hospital adhere to the quality standards. The application of quality standards makes the work environment very favorable.

In the Ismailia medical complex, the nurses are represented on the administrative board and in the quality unit. They play a vital role in applying quality standards in the Ismailia medical complex. The nursing leaders lead the nursing staff by justice and fairness. There is an adequate number and mix of nursing staff in the Ismailia medical complex. The hospital's ability to attract staff nurses is high because of its high salaries and excellent reputation. The Ismailia medical complex fosters a culture of teamwork among its healthcare professionals. All of these causes make the Ismailia medical complex an ideal and favorable work practice environment for nurses.

The study, conducted on 209 nurses at a military hospital in the Kingdom of Saudi Arabia, produced results similar to these. The nurses evaluated their practice environment as a favorable practice environment. All evaluated areas, as well as the overall practice environment, exceed a score of 2.5. Nurse foundation of quality of care scored the highest mean score, and nurse participation in hospital affairs scored the lowest mean score **(Ambani et al., 2020).** Also, the results of the study, which was conducted on 269 nursing assistants and nurses from one primary general-care hospital and three secondary ones in Greece, were similar to the results of the current study. In this study, the mean score of all workplace subscales exceeds 2.5 except for staff and resources adequacy. It was 2.15. This means these practice environments are favorable **(Kritsotakis et al., 2020).**

Park et al. (2018), who conducted their study on 31,650 registered nurses in 371 acute hospitals, reported similar results. All practice environment subscales exceed 2.5, which indicates that the practice environments in these hospitals are favorable. The mean score of staffing and adequacy resources was the lowest, and the mean score for nursing foundation for quality of care was the highest. Also, the study conducted on 17134 nurses in 488 hospitals in four states (California, Florida, New Jersey, and Pennsylvania) reported similar results. The participants evaluated their hospital environment as a favorable practice environment. The mean scores of all practice environment subscales exceed 2.5. The mean score of staffing and adequacy resources was the lowest, and the mean score for nursing foundation for quality of care was the highest **(Lake et al., 2024)**. The result of the study that was conducted on 178 3rd- and 4th-year nursing students at a university located in southeast Spain was similar to the result of the current study. The students evaluated the hospital environment as a favorable practice environment. The mean scores of all practice environment subscales exceed 2.5. The mean score for collegial nurse-physician relations was the highest, and the mean score for the staffing and resources adequacy was the lowest **(Rodríguez-García et al., 2021)**.

In contrast, a study conducted on 195 nurses at a public hospital in the Kingdom of Saudi Arabia found that the nurses evaluated their practice environment as unfavorable. The mean of all subscales was less than 2.5 except for one area (Collegial nurse–physician relation) **(Ambani et al., 2020)**. Furthermore, the study conducted on 116 nurses working in a public mental health hospital in Western Australia revealed that the nurses evaluated their hospital as an unfavorable work environment. The mean scores for all areas were less than 2.5, except for one area (staffing and resource adequacy) **(Redknap et al., 2016)**. The participants in the study of **Sillero & Zabalegui (2018)** evaluated their hospital as an unfavorable practice environment. Furthermore, the participants in the study of **Brofidi et al. (2018)** evaluated their hospital as an unfavorable practice environment. Only one subscale (collegial nurse–physician relationships) exceeds 2.5.

Regarding the third objective of assessing nurses' flourishing at Ismailia Medical Complex, the results revealed that the mean score of participants' flourishing was high. It exceeds three-fourths of the total score. The researchers believe that this result reflects the high levels of ethical leadership and a favorable practice environment. These factors enhance nurses' well-being and help them thrive.

The study conducted by **Cerezo et al. (2024)** reported similar results. The mean score of participants' flourishing was typical of the mean score in the current results. The study conducted by **Jarden et al. (2023)** found that the mean score of participants' flourishing in four organizations in the state of Victoria, Australia, was higher than this study's mean score. The mean score of flourishing for 260 registered nurses at governmental hospitals in Jordan was less than the mean score of participants in this study **(Khader et al., 2025)**.

Regarding the fourth objective of the study, finding out if ethical leadership and the nursing work environment are predictors of nurses' flourishing at Ismailia Medical Complex, there was a significant linear regression between predictors (ethical leadership, practice environment) and the dependent variable (flourishing). This result can be explained by the fact that ethical leadership motivates and promotes their staff, which in turn leads to increasing their loyalty to the organization and flourishing. Furthermore, the favorable work environment improves the employees' motivation and production.

Regarding ethical leadership as a predictor of flourishing, the study results were supported by **Khader et al. (2025),** who reported that leadership behavior improves flourishing among nurses. Certain character strengths in leaders, including empathy, moral courage, and honesty, are associated with ethical leadership behavior, which fosters psychological flourishing and enhances performance **(Sosik et al., 2019)**. Leaders, who demonstrate trust and prioritize the followers' growth, contribute to their flourishing **(Cherkowski et al., 2018; Rehal & van Nieuwerburgh, 2022).**

In the same line, other studies relate ethical leadership with factors or elements of flourishing. **Gabriunas (2017)** reported that ethical leadership is positively linked to desirable outcomes, such as different employee attitudes and behaviors, while decreasing negative outcomes, such as deviance and turnover intention. Much research indicates that ethical leadership promotes job satisfaction among employees **(Abou Hashish, 2017; Barkhordari-Sharifabad et al., 2018; Demirsoy, 2020; Özden et al., 2017; Zappala & Toscano, 2020)** and performance **(Barkhordari-Sharifabad et al., 2018; Bayer & Sahin, 2020)**. Perceived leadership among nurses affected their job satisfaction and well-being **(Mc Carthy et al., 2019)**. Leadership could improve nurses' perception of well-being and working conditions **(Raso et al., 2020)**.

Also, **Jambawo (2018)** reported that ethical action by leaders leads to greater effectiveness and efficiency in employees. An ethical leadership concerns itself with the development and growth needs of employees and puts them in positions where they can experience meaningful and appropriate job roles in their careers. Ethical leaders treat the employees with dignity and respect, which leads to an employee sense of job meaning and increases the alignment of individual goals with organizational goals **(Lotfi et al., 2018)**. Ethical leaders have a significant impact on the work behavior, well-being, and performance of employees **(Nogueira et al., 2019)**. Head nurses' ethical leadership helps nurses to find meaning for their work and increase their work engagement **(Mostafa & Abed El Motalib, 2020)** and well-being **(Si et al., 2023)** while significantly reducing their tendency to leave and emotional exhaustion **(McKenna & Jeske, 2021)**.

Many studies supported the current results regarding the work practice environment as a predictor of flourishing. **Chevalier et al. (2021)** reported that positive workplace elements, such as leadership and organizational support, bolster personal resources such as psychological capital and ultimately promote flourishing in the workplace. Perceptions of workplace support lead to facilitating the acquisition of resources such as psychological capital and encouraging reciprocating behaviors, thereby promoting flourishing at work **(Imran et al., 2020; Ho & Chan, 2022)**. Researchers suggest that poor working conditions reduce employees' capability sets.

This reduction negatively impacts employee flourishing **(Murangi et al., 2022)**.

In the same line, many studies relate the work practice environment with factors or elements of flourishing. Research supports that favorable practice environment factors, such as adequacy of health resources, positive physician-nurse relations, and support from nursing leaders, positively contribute to lower levels of emotional exhaustion **(Stone et al., 2019)** and high levels of job satisfaction **(Aiken et al., 2018; Xiaoyu et al., 2020)**. Work environment factors have a pronounced impact on the nurses' well-being **(Stroup, 2025)**. Poor practice environments have negative consequences on nurses **(Swiger et al., 2017)**, while favorable practice environments are linked to better job outcomes, including less burnout, higher job satisfaction, and less intention to leave the job **(Ambani et al., 2020)**. The five components of the nursing practice environment, as identified by **Lake (2002)**, have a direct correlation with increasing staff satisfaction and retention **(Redknap et al., 2016)**.

Limitations of the Study:

This study should acknowledge some limitations. Firstly, the convenience sampling technique may have resulted in selection bias, as participation was voluntary and may not fully represent all nurses at the facility. Secondly, the regression model explains 42.3% of the variance in flourishing, indicating that other unmeasured factors contribute to nurses' flourishing and warrant further investigation in future research.

Conclusion:

Based on the findings of this study, it can be concluded that ethical leadership and a favorable nursing practice environment are significant predictors of nurses' flourishing at Ismailia Medical Complex. The majority of nurses perceived high levels of ethical leadership and evaluated their practice environment as favorable. Also, both ethical leadership and a favorable nursing practice environment significantly predict nurses' flourishing.

Recommendations:

From the results of this study, these recommendations can be suggested to the administrative board of the Ismailia medical complex to promote the ethical leadership and the work practice environment, which in turn will improve the flourishing of nurses:

- Conduct Training programs for nurse managers on ethical leadership.
- Observe ethics in the workplace and in leadership behavior.
- Act as guidance to solve nurses' problems.
- Define the role and the scope of responsibilities and duties for nurses and all staff members.
- Distribute power across all levels of the organization to prevent its concentration.
- Create and maintaining a supportive and healthy work environment through fairness and justice in policies, judgments, and decision-making.
- Emphasize including nurses on the administrative board of the hospital.
- Emphasize including nurses in different hospitals' committees.
- Encourage teamwork spirit among health care professionals.

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