

▪ **Basic Research**

**Ethical Work Climate, Moral Distress and Organizational  
Citizenship Behavior of Nurses: The Mediating Effect of Moral  
Courage**

**Nora Mahdy Atia<sup>(1)</sup> & Aisha Elsayed-ElAraby Abdelwahid<sup>(2)</sup> \***

<sup>(1)</sup> Lecturer of Nursing Administration, Faculty of Nursing, Zagazig University, Egypt

<sup>(2)</sup> Assistant Professor of Nursing Administration, Faculty of Nursing, Zagazig University,  
Egypt

\*Corresponding author: Aisha\_elaraby @yahoo.com

**Abstract**

**Background:** Nurses' behavior and organizational citizenship are significantly influenced by the ethical work environment and moral courage. Regardless of the context, nurses should be capable of providing morally sound and clinically excellent care in the absence of moral discomfort. **Aim:** to investigate the relationship between ethical work climate, moral distress, organizational citizenship behavior and moral courage among nurses. **Participants and methods:** A simple random sample of 230 nurses working in Al- Ahrar teaching Hospital, Zagazig, Egypt. This study used descriptive correlational design; four tools were used to collect the data; Hospital ethical climate scale, professional moral courage scale, moral distress scale and organizational citizenship behavior scale. **Results** revealed that 89.1% of nurses had positive perceptions of ethical work climate. Likewise, 85.4% and 83.1% of nurses had high levels of moral courage and moral distress respectively, and 47.7% of them had moderate level of organizational citizenship behavior. **Conclusion:** Ethical work climate was significantly and positively correlated to moral courage and organizational citizenship behavior, while it was negatively correlated to moral distress. **Recommendation:** Managers should improve the ethical atmosphere in hospitals by establishing an acceptable professional performance environment, and maintaining ethical relationship with nurses that help them to improve their performance. **Keywords:** Ethical work climate, Moral distress, Moral courage, Organizational citizenship behavior , Nurses.

## Introduction

In recent years, the amount of unethical activity has increased and it has caused a major loss of organization integrity and competitive advantage. These activities emphasize the significance of an ethical work climate in explaining how and why unethical behavior occurs (**Acar et al., 2018**). One of the most important difficulties in the integrity of inter-organizational relationships and the continuity of prior decisions with ethical standards is ethical atmosphere. It reflects nurses' opinions on the policies, practices and procedures which an organization awards, supports and expects in relation to ethics (**McGilles & Doran, 2018**).

The presence of an ethical climate has an impact on the total organization and nurses in particular; for the organization, it enhances productivity and efficiency of the organization's performance and encounters different ethical decision-making problems related to patients based on the availability of complex care situations (**Flinkman et al., 2018**). While it improves job performance and turnover intention for nurses, it also promotes job satisfaction and organizational commitment, and provides background for proper ethical decision making (**Lemmenes et al., 2018**).

The work climate of the unit is connected with moral courage, as it is a significant element influencing nurses' behavior and practice. Moral courage is a constant fact, it is the protection of rights and adherence to ethical values in the defense of patients' rights, even if it means losing their job (**Gallager, 2018**). Nurses with moral courage prefer organizational loyalty and patient treatment to their own interests in any situation, support others, and obey the implications of correct moral performance to achieve the desired outcome, whereas nurses with low moral courage lose moral motivation and decrease their willingness to serve patients (**Taraz et al., 2019**).

Moral courage exerts its power across hierarchical system, including leadership, structure, laws, structures of compensation, processes of socialization and decision-making (**Borhani et al., 2016**). High-quality care is delivered while acting morally and ethically, utilizing effective healthcare systems, addressing nurse retention issues, job discontent, and moral anguish against the organization (**Schluter et al., 2018**). Moral distress defined as an emotion that is expressed when the moral complexity of a situation is not leading to a resolution (**Glasberg et al., 2016**). It leads to physical and emotional issues, and also affects job retention, job satisfaction, and quality care. Medical mistakes, nursing burnout, sadness, lack of conscience, feelings of impotence, and patient avoidance, all are caused by higher degrees of moral distress. In contrast, nurses' moral distress levels fell, and their job happiness and commitment went up. Additionally, their organizational citizenship behavior also improved. (**Hartrick, 2016**).

Although organizational citizenship (OCB) behavior is not explicitly and rigidly recognized by the official organizational structure that rewards it, it typically improves

organizational functions and has a positive and significant impact on organizational effectiveness (Safari & Radi, 2014). Organizational citizenship activity affects the attitude and actions of nurses and directs their efforts towards the achievement of hospital goals and ultimately can open the way for the provision of high quality of care in health care system to prevent additional costs of care and to some degree compensate for the lack of nursing staff in hospitals (Tabrsa et al., 2016).

### **Research problem**

Since nurses are the backbone of healthcare systems, it is critical to take into account their present perspectives on the methods implemented to resolve ethical issues as they arise. In a hospital with a strong ethical culture, nurses would carry out their duties in a professional and moral manner, assist patients in converting challenge into opportunity, and enhance patient care, increase productivity and organizational citizenship behavior and commitment (Taraz et al., 2019).

On the other hand; nurses working in Al- Ahrar teaching hospital face a lot of challenges such as limited resources, work pressure, value-conflicts and moral distress at the workplace, that affect job satisfaction and the efficiency of their performance as well as patient care and safety. Consequently, the goal of this study was to explore the relationship between ethical work climate, moral distress, organizational citizenship behavior and moral courage among nurses.

### **Aim:**

The present study aimed to explore the relationship between ethical work climate, moral distress, organizational citizenship behavior and moral courage among nurses.

### **Research hypotheses:**

- H1. Moral courage will mediate the relationship between ethical work climate and organizational citizenship behavior
- H2. Moral courage will mediate the relationship between ethical work climate and moral distress.

### **Methods**

**Design:** A descriptive correlational design was used to achieve the aim of the current study.

**Setting:** This study was conducted at Al-Ahrar Teaching Hospital, Zagazig, Egypt, which encompasses five floors involving different departments providing free treatment, such as: emergency, Orthopedic Nephrology, Ophthalmology, Cardiology, Tumors, Open Heart Surgery I.C.U. Operation room, Internal Medicine, Cardiology, Endoscopy, Gynecology & Obstetric, General Surgery, with a total number of 500 staff nurses and total capacity of 480 beds.

**Subjects & Sampling:** A simple random sample of 230 nurses providing direct patient care in the mentioned hospital. The researchers place all of the nurses' names in a container and collected until they had the necessary number of nurses.

**Exclusion Criteria:** Staff nurses with less than three months' experience in Al-Ahrar Teaching Hospital and who were presently undergoing orientation were excluded from the study. The study did not include staff nurses who were not directly involved in caring for patients.

**Sample size** was estimated using the following formula [ $n = N / 1 + N (e)^2$ ] (Yamane, 1967); at confidence interval 95%, margin of errors 5.0%, a total population size of 500 staff nurses. The required sample size was 230 staff nurses.

**Instruments:**

Four tools were used to collect data for this study.

**Tool I: Hospital Ethical Climate Scale (HECS):** It consisted of two parts as follows: The first part: Personal characteristics of nurses; such as gender, age, specialty, marital status and years of experience. The second part: Hospital Ethical Climate Scale developed by Olson (1998) to measure nurses' perceptions of ethical climate in hospital work environment. It consists of 26 items grouped under five domains identified as: relationship with [peers (4 items), with patients (4 items), with physicians (5 items), with hospital (4 items) and with managers (6 items)]. The response was based on a five-point Likert scale, ranging from 1 (almost never true) to 5 (almost always true). The higher the score value, the more positive ethical climate perception. The total scores of the scale range from 26–130. In this analysis, a score was recognized positive perception if it was  $\geq 78$ , and negative if it was  $< 78$  (Jahantigh et al., 2015). The Cronbach's alpha coefficient ranged 0.81-0.92.

**Tool II: Professional Moral Courage Scale:** developed by Sekerka et al., (2009) to assess and quantify the construct of moral courage among nurses. It consists of 15 items grouped under five dimensions identified as: moral agency, multiple values, endurance of threats, going beyond compliance and moral goals. Each dimension has three items. The response was measured on a five-point Likert scale ranged from 1 (never) to 5 (always). The overall scores of the scale range from 15–75. Scores from 0 to  $\geq 39$  indicated a low level and scores  $\geq 40$  recognized a high level. Cronbach alpha coefficient was 0.85, that demonstrated a reasonable degree of internal reliability.

**Tool III: Moral Distress Scale of Nurses:** developed by Hamric et al., (2012) to assess moral distress level of nurses. It included 21 items and divided into four dimensions as following: moral distress related to [physicians (5 items), nursing practices (5 items), hospitals policies (5 items) and futile care (6 items)]. The responses were measured on five-point Likert scale ranged from 0 (never) to 4 (always). Overall scores range from 0–120 for the scale. A score was considered high if it was  $< 60\%$  and low if it was  $< 60\%$ . Cronbach alpha coefficient was 0.94.

**Tool IV: Tool 4: Organizational Citizenship Behavior (OCB):** developed by Organ (1988) in Podsakoff et al., (1990). It consists of 24 items grouped under five

domains as following: Altruism (5 items), courtesy (5 items), sportsmanship (5 items), civic virtue (4 items) and conscientiousness (5 items). Responses were measured on a five-point Likert scale ranging from 1 (Strongly disagree) to 5 (Strongly agree). Overall scores vary from 24–120. Scores < 96 revealed a high level, a moderate level indicated from 72 to 95, and a low level indicated < 72 (**Metwally et al., 2018**). Cronbach alpha coefficient was 0.96.

***Field work:***

Data collection extended five months from the middle of October 2021 to the end of March 2022. Through group discussions, the researchers explained the study's purpose to the nurses. Under the researchers' supervision, each nurse was given the chance to finish the questionnaire. It took about 25 to 30 minutes to finish the questionnaire form.

***Content validity:***

After the tools were translated into Arabic; a panel of experts (5 professors) from the academic nursing staff, at Zagazig University performed face and content validity. According to their opinions all needed adjustments were done.

***Pilot study:***

It was carried out before starting the actual data collection to confirm clarity, understanding, and applicability of the tools. Additionally, to estimate the required time to complete the questionnaire sheet. The pilot study was carried out on 23 staff nurses (10% of the study sample), selected randomly and excluded from the main sample and the necessary modifications were done.

***Administrative and ethical consideration:***

The study was approved by Ethics Committee and dean of the Faculty of Nursing, Zagazig University. Verbal and written explanation of the nature and aim of the study have been explained to nurses included in the study. The researchers informed the participants that their participation is absolutely voluntary; they could refuse without any rational, they aren't forced to write their names with emphasis on confidentiality of information as it would be used for the research purpose only.

***Statistical analysis:***

Data entry and statistical analysis were performed using the Statistical Package for Social Science (SPSS), version 21.0. Cleaning of data was done to ensure there is no missing or inappropriate data. Data were displayed using descriptive statistics in the form of frequencies and percentages for categorical variables, and means and standard deviations for continuous variables. Pearson correlation analysis was used for assessment of the inter-relationships between total scale scores. Multiple Linear inner regression analysis was used to assess the mediation effect.

**Results**

## I. Descriptive statistics and correlations

**Table 1** presents that, less than half of nurses' age were between 30 to < 40 years (69.6%) with a mean of  $35.27 \pm 8.38$ . Furthermore, the majority of them were female, married, had less than 10 years of experience, and had Bachelor of nursing (77.4%, 53.5 %, 66%, and 54.8% respectively).

**Table 2** demonstrates study variables' mean scores; the highest mean scores of ethical work climate were for relationship with hospitals and physicians ( $17.39 \pm 4.69$  &  $17.23 \pm 5.16$  respectively). With total mean score of ethical work climate ( $77.33 \pm 22.19$ ).

Concerning domains of moral courage, the highest mean scores were for moral agency and going beyond compliance ( $11.05 \pm 3.38$  &  $11.03 \pm 3.17$  respectively). As well, the total mean score was  $53.48 \pm 15.04$ . Concerning the domains of moral distress, the highest mean scores were for moral distress related to physicians and that related to nursing practices ( $19.84 \pm 2.90$  &  $18.29 \pm 2.99$  respectively), with total mean score of moral distress ( $69.29 \pm 10.62$ ). With regard organizational citizenship behaviors, the highest mean scores were for altruism and courtesy ( $19.60 \pm 2.49$  &  $18.50 \pm 2.94$  respectively) and the total mean score was  $85.08 \pm 12.09$ .

**Figure 1** demonstrates that 89.1% of nurses reported a positive perception of ethical work climate.

**Figure 2** illustrates that more than three quarters of nurses demonstrated high levels of moral courage and moral distress (85.4% & 83.1% respectively).

**Figure 3** displays that 47.7% of nurses had a moderate levels of organizational citizenship behaviors.

**Table 3** shows that, ethical work climate was significantly and positively correlated to moral courage, and organizational citizenship behaviors ( $r=0.651$  &  $r=0.493$ , at  $P=0.000$ , respectively), while it was negatively correlated to moral distress ( $r=-0.263$ , at  $P=0.000$ ). Likewise moral distress was negatively correlated with moral courage and organizational citizenship behaviors ( $r=-0.269$  &  $r=-0.631$  at  $P=0.000$ ).

**Table 4** proves no statistically significant relationships between nurses' personal and job characteristics with all study variables, where  $P - \text{value} > 0.05$ .

## II. Mediation analysis

Regression results have been used according to instructions given by **Preacher and Hayes (2008)**. **Table 4** shows ethical work climate (independent variable) was significantly correlated to organizational citizenship behavior and moral distress (dependent variables). Hence, the **first** condition of mediation is fulfilled. Next, there is a significant negative correlation between moral courage (mediator) and organizational citizenship behavior and moral distress (dependent variables). These results support the **second** condition of mediation. Next, moral courage (mediator) was significantly correlated to ethical work climate (independent variable), hence, the **third** condition of mediation is supported.

---

**Fourth** condition is explained in **table 5**; as it is evident when moral courage was included in the ethical work climate – organizational citizenship behaviors' interaction model, the regression coefficient of ethical work climate was reduced from  $\beta= 0.341$ ,  $p = 0.000$  to  $\beta=0.042$ ,  $p= 0.547$  (no significance), it proves that moral courage is a complete mediator in the relationship between ethical work climate and organizational citizenship behavior.

Additionally, as illustrated in **table (6)** when moral courage was involved in ethical work climate – moral distress interaction model, regression coefficient of ethical work climate was decreased from  $\beta= - 0.070$ ,  $p = 0.001$  to  $\beta= - 0.025$ ,  $p= 0.141$  (no significance). Consequently, the moral courage style has a complete mediation effect on the relationship between ethical work climate and nurses' moral distress.

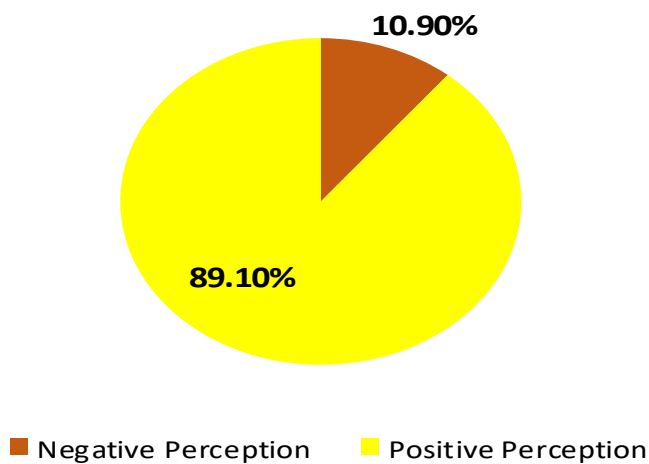
**Table (1).Personal characteristics of studied staff nurses (n=230)**

Personal and job characteristics	No	%
<b>Age in year:</b>		
< 30	40	17.4
30 - < 40	160	<b>69.6</b>
$\geq 40$	30	13
<b>Mean <math>\pm</math> SD</b>	<b>35.27 <math>\pm</math>8.38</b>	
<b>Gender:</b>		
Male	52	22.6
Female	178	<b>77.4</b>
<b>Marital status:</b>		
Single	99	43
Married	<b>123</b>	<b>53.5</b>
Widowed	8	3.5
<b>Experience (in years):</b>		
< 10	152	<b>66</b>
$\geq 10$	78	34
<b>Mean <math>\pm</math> SD</b>	<b>7.68 <math>\pm</math>5.03</b>	
<b>Educational qualification:</b>		
Nursing diploma	28	12.5
Technical diploma in nursing	76	33
Bachelor of nursing	126	<b>54.8</b>

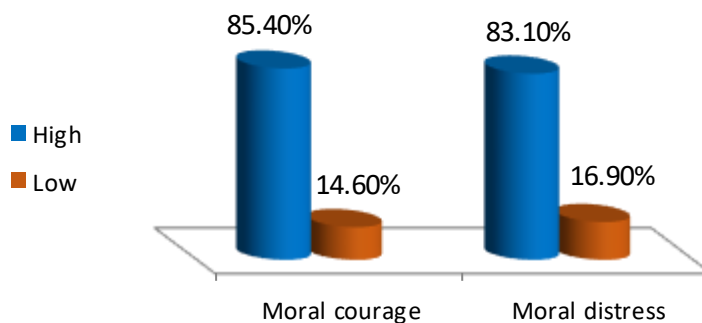
**Table (2). Distribution of Different Study Variables' Mean Scores as Reported by Studied staff nurses (n=230)**

<b>Study variables</b>	<b>Mean</b>	<b>±</b>	<b>SD</b>
<b>Ethical work climate domains; relationship with:</b>			
• Peers	14.40	±	4.34
• Patients	12.78	±	3.17
• Physicians	<b>17.23</b>	±	<b>5.16</b>
• Hospitals	<b>17.39</b>	±	<b>4.69</b>
• Managers	15.53	±	4.83
<b>Total mean score</b>	<b>77.33</b>	±	<b>22.19</b>
<b>Professional moral courage domains</b>			
• Moral agency	<b>11.05</b>	±	<b>3.38</b>
• Multiple values	10.43	±	2.98
• Endurance of threats	10.11	±	2.60
• Going beyond compliance	<b>11.03</b>	±	<b>3.17</b>
• Moral goals	10.86	±	3.00
<b>Total mean score</b>	<b>53.48</b>	±	<b>15.04</b>
<b>Moral distress domains: related to:</b>			
• Physicians	<b>19.84</b>	±	<b>2.90</b>
• Nursing practices	<b>18.29</b>	±	<b>2.99</b>
• Hospital's policies	16.11	±	2.25
• Futile care	15.05	±	2.48
<b>Total mean score</b>	<b>69.29</b>	±	<b>10.62</b>
<b>Organizational citizenship behaviors' domains:</b>			
• Altruism	<b>19.60</b>	±	<b>2.49</b>
• Courtesy	<b>18.50</b>	±	<b>2.94</b>
• Sportsmanship	17.02	±	3.04
• Civic virtue	14.57	±	2.49
• Conscientiousness	14.97	±	3.30
<b>Total mean score</b>	<b>85.08</b>	±	<b>12.09</b>

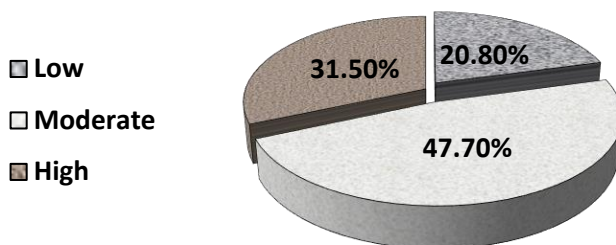




**Figure (1)** Nurses' Perception as Regards Ethical Work Climate (n=230).



**Figure (2)** Levels of Moral Courage and Moral Distress among Nurses (n=230).



**Figure 3:** Levels of Organizational Citizenship Behaviors among Nurses (n=230).

**Table (3):** Correlation Matrix Between Study Variables as Reported by Studied Nurses (n=230).

Study variables	Ethical work climate		Moral courage		Moral distress	
	R	P	R	p	R	P
Moral courage	0.651**	0.000				
Moral distress	-0.263**	0.000	-0.269**	0.000		
Organizational citizenship behavior	0.493**	0.000	0.719**	0.000	-0.631**	0.000

\*\* Correlation is highly significant where  $p < 0.01$  level

**Table (4):** Relation between nurses' personal and job characteristics and study variables (n=345)

Study Variables	Ethical work climate			Moral courage			Moral distress			Organizational citizenship behaviors		
	Mean	±	SD	Mean	±	SD	Mean	±	SD	Mean	±	SD
Age in years												
< 30	72.39	±	14.02	60.42	±	9.88	89.59	±	12.74	11.92	±	3.52
30 - < 40	64.36	±	13.92	62.56	±	10.72	87.05	±	10.04	10.59	±	1.20
≥ 40	68.79	±	12.61	61.10	±	10.09	85.12	±	11.62	12.62	±	2.70
ANOVA F test---- -P-value	0.70—0.34			0.58—0.71			1.57—0.33			0.43—0.60		

**Table (4) (Cont'd):** Relation between nurses' personal and job characteristics and study variables (n=345)

<b>Gender:</b>												
Male	67.23	±	14.30	65.94	±	10.54	87.21	±	12.20	11.86	±	3.48
Female	69.71	±	16.12	49.94	±	8.92	86.69	±	11.81	11.20	±	3.23
<b>Independent t-test---P-value</b>	1.99—0.05			0.93—0.30			0.46—0.81			1.56—0.10		
<b>Marital status:</b>												
Single	67.12	±	15.21	62.38	±	10.11	88.31	±	11.02	11.56	±	2.86
Married	69.15	±	14.73	65.49	±	7.88	86.81	±	12.33	11.78	±	3.51
Widowed	78.19	±	17.35	63.23	±	8.85	88.67	±	10.34	8.17	±	2.85
<b>ANOVA F test----P-value</b>	1.15—0.21			0.22—0.57			0.45—0.53			1.35—0.22		
<b>Years of experience</b>												
< 10	68.78	±	15.88	60.63	±	10.27	87.17	±	11.92	12.70	±	2.56
≥ 10	67.39	±	15.81	60.80	±	9.95	86.88	±	12.50	12.64	±	2.14
<b>Independent t-test---P-value</b>	0.70—0.32			0.14—0.67			0.22—0.82			0.13—0.79		
<b>Educational qualification:</b>												
Nursing diploma	67.96	±	15.28	60.52	±	11.94	87.07	±	10.13	15.94	±	4.15
Technical diploma in nursing	68.54	±	16.39	61.28	±	11.26	85.34	±	12.46	13.68	±	3.46
Bachelor of nursing	68.25	±	15.09	59.23	±	8.89	83.33	±	11.91	12.44	±	2.66
<b>ANOVA F test----P-value</b>	0.04—0.95			1.21—0.29			1.17—0.30			0.43—0.65		

\*Statistically significant at  $P < 0.05$ , \*\* Highly statistically significant at  $P < 0.01$ .

**Table (5). Regression Analysis to Study the Mediating Effect of moral courage on the Relationship between ethical work climate and organizational Citizenship Behavior (n=230)**

Items	R	R2	Unstandardized coefficient		t	sig
			$\beta$	Std. Error		
Ethical work climate	0.286	0.082	0.341	0.058	5.84**	0.000
Organizational citizenship behavior	0.432	0.186	0.042	0.070	0.602	0.547
Moral courage			0.312	0.045	6.98**	0.000

\*Statistically significant at  $p < 0.05$ , \*\* Highly statistically significant at  $p < 0.01$

**Table (6). Regression Analysis to Study the Mediating Effect of moral courage on the Relationship between ethical work climate and moral distress (n=230).**

Items	R	R2	Unstandardized coefficient		t	sig
			$\beta$	Std. Error		
Ethical work climate	0.075	0.006	0.070	0.022	-	0.001
Moral distress	0.187	0.035	- 0.025	0.017	-1.47	0.141
Moral courage			0.047	0.014	-	0.001
					3.39**	

\*Statistically significant at  $p < 0.05$ , \*\* Highly statistically significant at  $p < 0.01$

## Discussion

Ethical work climate in the organization is vital to increase organizational effectiveness and productivity and improve the quality of management and performance. Ethical climate of the organization can affect the ethical courage of employees, decrease moral distress and improve the behavior of nurses towards organization (**Glasberg et al., 2016**). Consequently, this study intended to explore the relationship between ethical work climate, moral courage, moral distress and organizational citizenship behavior among nurses at Al - Ahrar Teaching Hospital.

The study's findings revealed that the majority of nurses had a favorable opinion of the workplace's ethical climate. This conclusion might be explained by the hospitals' goal and vision being understood and shared by everyone, and commitment toward organization. The results of the previous study match with those of a Turkish study carried out by **Numminen et al., (2015)**, who examined the perceptions of newly graduated nurses about the ethical climate of their work environment, and stated that nurses generally had a favorable opinion of the ethical climate. However, these findings contradicted with a study

carried out by **Shafipour et al., (2016)**, in Iran to assess nurses' perception of the ethical climate regulating the hospital environment and found that their perception of ethical working climate was negative.

Concerning domains of ethical work climate; the highest mean score was for the relationship with hospitals; while the lowest was for relationship with patients. This may be due to the clear hospital policies which helped nurses to cope with difficult patient care problems and shared care goals in the care team, which reflects the improvement of inter-group relationships.

The previous findings of this study are consistent with those of other similar searches that have been conducted as the one performed by **Fogel (2017)**, in Chicago, to determine the relationship of moral distress, ethical climate, and intent to turnover among critical care nurses, and found that the highest mean scores of ethical work climate was for relationship with hospital. However, these findings were inconsistent with those of **Shafipour et al., (2016)** who found the highest mean scores of ethical work climate was for relationship with managers, while the lowest mean score was related to relationship with physicians.

Concerning moral courage level; the majority of the nurses had a high level of the moral courage. This result might be due to that nurses have good relationships with their supervisors. These findings are in agreement with those of a study carried out in Tehran by **Moosavi et al., (2016)**, Who studied the moral courage of nurses, and found that moral courage was stated at a high level.

As regards moral courage domains; our results revealed that the highest mean score was for moral agency; while the lowest was endurance of threats. These findings may be attributed that nurses are following rules and regulations of the hospital regarding daily tasks and seek to do everything to ensure that actions are morally sound. Such results were consistent with other previous studies, such as the one conducted in Iran by **Taraz et al., (2019)**, who investigated relationship between the hospital's ethical culture and the nurses' moral courage, and reported highest mean score for moral agency.

Regarding moral distress level; The majority of nurses expressed a high level of moral distress. This may be the result of a tight hierarchy between doctors and nurses, who are frequently seen as doctors' assistants. These findings align with those of research conducted in the United States of America by **Allen et al., (2013)** to measure the moral distress of healthcare professionals, and reported majority of nurses had a high level of moral distress In contrast to these results, in Island, **Gonzalez (2016)** explored the effects of moral distress on critical care nurses, and reported low level of moral distress.

Concerning moral distress domains, our results illustrated the highest mean score was for moral distress related to physicians; while the lowest was related to futile care. This finding may be due to That most doctors are male and most nurses are female, doctors are expected to be aggressive and behave with authority in compliance to traditional sex roles.

These findings agree with **Whitehead et al., (2014)**, in the U.S., who measured moral distress in a large one healthcare system and found that the highest mean level of moral distress was associated to physicians.

In relation to organizational citizenship behavior; slightly less than half of nurses had a moderate level of OCB. This finding may be due lack of motivation and incentives and that most of nurses seek to achieve their personal goals rather than the organizational ones. These findings are identical with a study in Iran, by **Bahrami et al., (2013)** where they examined the relationship between OCB and Organizational Justice; and mentioned moderate OCB level. On contrary, these results differ with **Altuntas and Baykal, (2014)**; they reported high OCB level.

Regarding OCB domains, the highest mean score was for the altruism; whereas the lowest was for civic virtue. Such findings could be attributed to the fact that staff nurses seek to help other people, such as coworkers, nurse supervisors, patients and even their relatives, rather than keeping up with the crucial issues within the organization. These findings agree with a study carried out by **Bahrami et al., (2013)**, who mentioned highest mean score was for altruism. On the other hand, these results differ from a study done by **Altuntaş & Baykal (2014)**, which revealed that the highest mean score was for conscientiousness; while, the lowest was for the sportsmanship.

Regarding relationships between various study variables, the current study found that ethical work climate was significantly and positively correlated to moral courage, and organizational citizenship behaviors, while it was negatively correlated to moral distress. Likewise moral distress was negatively correlated to moral courage and OCB. These results can be explained by ethical climate facilitates the discussion about patients' health issues and their solutions, which gives nurses a context for moral decision-making, helps them deal with ethical dilemmas and other sources of unhappiness, and may help them behave more responsibly within the organization.

The current findings are consistent with prior investigations, including the study undertaken by **Taraz et al., (2019)**, which clarified a considerable positive correlation between the ethical climate and nurses' moral courage. Similarly, a study conducted in Turkey by **Khalifa, et al., (2018)**, to determined effects of ethical climate on organizational citizenship behavior, revealed that ethical climate has significant and positive effect on organizational citizenship behavior.

Regarding the relationship between nurses' personal and job characteristic with study variables; there were no statistically significant relationships. This is due to that other factors affect studied nurses' ethical work climate, moral courage, moral distress and organizational citizenship behavior. These results do not agree with study performed in Iran by **Fedai & Develi, (2017)**, who assessed hospital's ethical climate and nurse's desired

ethical climate, explored significant relationship between nurses' personal and job characteristics with ethical work climate.

### **Conclusion**

Ethical work climate was significantly and positively correlated to moral courage and organizational citizenship behaviors, while it was negatively correlated to moral distress.

### **Recommendations**

- Managers should improve the ethical atmosphere in hospitals by establishing an acceptable professional performance environment.
- Maintaining ethical relationship with nurses that help them to improve their performance.
- Developing continuing education to promote positive ethical climate within the organization.
- Create a learning and informative environment for nurses where it makes them competent to accomplish organizational objectives.
- Further research to address issues of ethical leadership among nursing managers and creating better ethical workplace environment.

### **Acknowledgements**

We express our deepest appreciation to the administration of Al- Ahrar hospital for their support. We are also very grateful to the nurses who took part in this research.

### **References**

1. Acar, P., Yener, M.I., & Tayan, A. The effect of an ethical work climate on organizational identification an example of a logistics company. *Research Journal of Business and Management (RJBM)*; (2018) 5(1): 13-21.
2. McGilles H., & Doran, D. Nurse staffing, care delivery model, and patient care quality. *J Care Qual*; (2018), 19:2–33.
3. Flinkman, M., Leino-Kilpi, H., & Salanterä, S. Nurses' intention to leave the profession: integrative review. *Int J Nurs Stud*; (2018), 45: 727–739.
4. [Lemmenes, D.](#), [Valentine, P.](#), [Gwizdalski, P.](#), [Vincent, C.](#), & [Liao, C.](#) Nurses' perception of ethical climate at a large academic medical center. *Nurs Ethics*; (2018), 25 (6):724-733.
5. Gallager, A. Moral distress and moral courage in everyday Nursing practice. *Online J Issues Nurse*; (2018), 16(2):8.
6. Taraz, Z., Loghmani, L., Abbaszadeh, A., Ahmadi, F., Safavibiat, Z. & Borhani, F. The relationship between ethical climate of hospital and moral courage of nursing staff. *Electron J Gen Med*; (2019), 16(2):em109 ISSN:2516-3507

7. Borhani, F. Jalali, T., Abbaszadeh, A., Haghdoost, A.A., Amiresmaili, M. Nurses' perception of ethical climate and job satisfaction. *J Med Ethics Hist Med.*; (2016), 5(6):1-6.
8. Schluter, J., Winch, S., Holzhauser, K., Henderson, A.. Nurses' moral sensitivity and hospital ethical climate: a literature review. *Nurs Ethics*; (2018), May;15(3):304-21.
9. Glasberg, A.L., Eriksson, S., Dahlqvist, V., Lindahl, E., Joolae S., Jalili H., Rafiee F., Haggani H.,(2016). The relationship between nurses' perception of moral distress and ethical environment in Tehran University of Medical Sciences. *J Med Ethics Hist Med*; 4(4):56-66.
10. Hartrick, D. G. Am I still ethical? The socially-mediated process of nurses' moral identity. *Nurs Ethics*; (2016), 9: 623–635.
11. Safari, A., & Radi, F.,. The survey of the internal marketing effect on the service quality considering the citizenship behavior and organizational commitment intermediary roles. *The Scientific-Research Journal of Management Researches (Improvement and Development)*; (2014):76:81 116.
12. Tabrsa, G.h., Esma'eel, M., & Esma'eel, H. The factors effective on organizational commitment behavior in a military hospital. *The Journal of Military Medicine*; 2016: 2(12):93-99.
13. Yamane, T. *Statistics: An Introductory Analysis*. 2nd Edn., Harper and Row, New York, 1967: pp: 919.
14. Olson, L.L. Hospital nurses' perceptions of the ethical climate of their work setting. *Image J Nurs Sch.*; 1998: 30(4):345–9.
15. Jahantigh, M., Shahrakipour, M., Ghoreishinia, M., Zare, S., & Azizollah, A. Hospital's ethical climate and nurse's desired ethical climate in Ali-ebn-Abitaleb and Khatam-al-Anbia hospital of Zahedan. *Scholars Research Library. Der Pharmacia Lettre*; 2015: 7 (12): 427-431.
16. Sekerka, L.E., Bugozzi, R.P. & Charing, R. Facing Ethical challenges in the work place. Conceptualizing and good measuring professional moral courage. *Journal of Business Ethics*; 2009:89(4):565-579.
17. Hamric, A.B., Borchers, C.T., & Epstein, E.G. Development and testing of an instrument to measure moral distress in healthcare professionals. *AJOB Primary Research*; 2012:3(2): 1-9.
18. Organ, D.W. *Organizational citizenship behavior: The good soldier syndrome*. Lexington MA: Lexington Books. In Podsakoff, P. M., MacKenzie, S.B., Moorman, R.H., & Fetter, R. (1990). Transformational leader behaviors and their effects on followers' trust in leader, satisfaction, and organizational citizenship behaviors. *Leadership Quarterly Journal*; 1988:1(2): 107-142.
19. Metwally.F.G., Ataa, A.A., & Ahmed, A.K. Organizational Justice, Organizational Citizenship Behavior and Turnover Intention among Nurses: The Mediating Effect of Transformational Leadership. *American Journal of Nursing Research*; 2018: 6 (6): 576-585.



20. Preacher K.J. & Hayes A.F. Asymptotic and resampling strategies for assessing and comparing indirect effects in multiple mediator models. *Behav. Res. Methods.* 2008; 40, 879–891.
21. Numminen, O., Leino-Kilpi, H., Isoaho, H., & Meretoja, R. Ethical climate and nurse competence – newly graduated nurses' perceptions. *Nursing Ethics*; 2015;22(8) 845–859.
22. Shafipour, V., Yaghoobian, M., Shafipour, L., & Heidari, M. Nurses' perception of the ethical climate in the Iranian hospital environment *Journal of Nursing and Midwifery Sciences*; 2016;3(4): 37-43.
23. Fogel, K.M. The relationship of moral distress, ethical climate, and intent to turnover among critical care nurses. Ph.D Dissertation in Philosophy. University of Chicago; 2017.
24. Moosavi, S.S., Borhani, F., & Abbaszadeh, A. The moral courage of nurses employed in hospitals affiliated to Shahid Beheshti University of Medical Sciences. *Hayat Journal of School of Nursing and Midwifery, Tehran University of Medical Sciences*; 2016;22(4):339-349.
25. Allen, R., Cohn, T., Velasco, R., & Forges, E. Moral distress among health care professionals at health system. *JONA'S Healthcare Law, Ethics, and Regulation* ; 2013;15 (3) :111-118.
26. Gonzalez, J. Exploring the presence of moral distress in critical care nurses". Master's Thesis, Dissertations, Graduate Research and Major Papers Overview. 184. Available at: <https://digitalcommons.ric.edu/etd/184>; 2016.
27. Whitehead, B., Herbertson, R., Hamric, B., Epstein, E., & Fisher, M. Moral Distress Among Healthcare Professionals: Report of an Institution-Wide Survey. *Journal of Nursing Scholarship*; 2014; 47: (2), 117–125.
28. Bahrami, M.A., Montazerifaraj, R., Gazar, S.H., & Tafti, A.D. Relationship between Organizational Perceived Justice and Organizational Citizenship Behavior among an Iranian Hospital's Employees. *Electronic Physician Journal*; 2013;6(2): 838-844.
29. Altuntaş, S., & Baykal, U. Organizational citizenship behavior levels of nurses and effective factors. *organizational citizenship behavior in Nurses Journal*; 2014; 2 (1): 89-98.
30. Khalifa, S.M.A., Hassan, N., & Awad, A. The relationship between organizational justice and citizenship behavior as perceived by medical-surgical care nurses. *Journal of Nursing and Health Science*; 2018;7 (4): 31-37.
31. Fedai, M., & Develi, A. Ethical climate and organizational citizenship behavior. *International Journal of Human Resource Studies* ISSN 2162-3058; 2017;7 (1): 35- 51.

**الملخص العربي**

**مناخ العمل الأخلاقي، الانزعاج الأخلاقي، وسلوك المواطنة التنظيمية لدى الممرضات: التأثير الوسيط للشجاعة الأخلاقية**

**المقدمة:** يعتبر مناخ العمل الأخلاقي والشجاعة الأخلاقية من العناصر المهمة التي تؤثر على تصرفات الممرضات ومواطنتهم التنظيمية. ومع ذلك، مهما كانت الظروف البيئية، يجب أن تكون الممرضات مؤهلات في غياب الضيق الأخلاقي لتقديم رعاية عالية الجودة أخلاقياً وسرياً.

**الهدف من الدراسة:** دراسة العلاقة بين مناخ العمل الأخلاقي، والشجاعة الأخلاقية، والضيق الأخلاقي، وسلوك المواطنة التنظيمية لدى الممرضات.

**تصميم البحث:** تصميم ارتباط وصفي. منهجية البحث: أجريت هذه الدراسة في مستشفى الاحرار التعليمي، تم اخذ عينة عشوائية بسيطة من 230 ممرضة، أدوات جمع البيانات: تم استخدام 4 أدوات: استبيان مناخ العمل الأخلاقي، مقياس الشجاعة الأخلاقية المهنية، مقياس الضيق الأخلاقي، مقياس سلوك المواطنة التنظيمية.

**أظهرت نتائج الدراسة** ان 89.1% من الممرضات لديهم تصورات إيجابية لمناخ العمل الأخلاقي. وبالمثل، كان 85.4% و 83.1% من الممرضات يتمتعن بمستويات عالية من الشجاعة الأخلاقية والضيق الأخلاقي على التوالي، وكان 47.7% منهن يتمتعن بمستوى معتدل من سلوك المواطنة التنظيمية.

**الخلاصة:** على ضوء هذه النتائج نستخلص ان مناخ العمل الأخلاقي يرتبط ارتباطاً وثيقاً وإيجابياً بالشجاعة الأخلاقية وسلوك المواطنة التنظيمية، بينما ارتبط ارتباطاً سلبياً بالضيق الأخلاقي.

**التوصيات:** يجب على المديرين تحسين المناخ الأخلاقي في المستشفيات من خلال إنشاء بيئة أداء مهني مقبولة، والحفاظ على العلاقة الأخلاقية مع الممرضات التي تساعد على تحسين أدائهم.

**الكلمات الدالة:** مناخ العمل الأخلاقي- الضيق الأخلاقي - وسلوك المواطنة التنظيمية -الشجاعة الأخلاقية- الممرضات