

Relationship between Hospital Ethical Climate and Nurses' Moral Sensitivity at Benha University Hospitals

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ABSTRACT

Background: Nurses in healthcare settings often encounter complex ethical dilemmas that demand a high degree of moral sensitivity the capacity to identify and appropriately address ethical issues. The hospital's ethical climate plays a crucial role in influencing how these dilemmas are approached, shaping nurses' professional conduct and decision-making processes. **Aim of the study:** explore the relationship between hospital ethical climate and moral sensitivity among staff nurses at Benha University Hospital. **Subjects and methods: Research design:** A descriptive correlational design. **Setting:** the study was carried out at Benha University Hospitals in Qalyubia Governorate. **Subjects:** A stratified random sample of 375 nurses was selected. **Tools of data collection:** Data were collected using the Moral Sensitivity Questionnaire and the Hospital Ethical Climate Questionnaire. **Results:** showed that 40.7% of the nurses demonstrated a high level of moral sensitivity, while 33.5% perceived the hospital's ethical climate as high. Additionally, a statistically significant positive correlation was observed between the total scores of ethical climate and moral sensitivity ($r = 0.726$, $p = 0.000$). **Conclusion:** The results indicate that a notable proportion of nurses view the hospital's ethical climate positively, and fewer than half exhibit high moral sensitivity. The study confirmed a strong positive relationship between hospital ethical climate and moral sensitivity among staff nurses. **Recommendations:** It is recommended to enhance nurses' moral sensitivity through ongoing professional development programs that emphasize ethical awareness, case-based learning, and values-driven practice.

Keywords: Hospital ethical climate, Moral sensitivity, Nurses.

Introduction

Currently, hospitals aim to attain quality accreditation and achieve esteemed recognition. In this pursuit, they incorporate scientific and technological advancements into healthcare services, enabling them to deliver effective and satisfactory patient care across various specialties.

However, the quality and efficiency of these services are significantly shaped by "moral sensitivity" and its key influencing factor, the "ethical climate," both of which impact the attitudes and decision-making processes of healthcare professionals (Fazljoo et al., 2020).

Nurses play a vital role in addressing ethical dilemmas as the act as patient advocate. Their continuous

interaction with patients allows them to promptly identify ethical concerns.

Recognizing the significance of ethics in nursing and the necessity of education on ethical values is essential for advancing professional nursing practice (**Teresi et al., 2019**).

The ethical climate refers to how well ethical standards are applied within an organization. In hospitals, establishing such a climate is essential to promote adherence to ethical principles among staff, which in turn supports the delivery of high-quality healthcare, strengthens organizational sustainability, and boosts performance (**Abadiga et al., 2019**). Fostering a positive ethical environment, supported by strong organizational structures and ethical practices, can enhance employees' sense of belonging, reduce isolation, and positively influence overall productivity. Additionally, it might positively impact how satisfied patients are with medical services (**Lovett et al., 2022**).

The ethical climate can also be described as the shared overall perceptions concerning an organization's core values, procedures, and daily operations. It encompasses views about the types of behaviors that are anticipated, encouraged, and acknowledged within the workplace. (**Koskenvuori et al., 2019**). It is essential for nurses to have confidence in the presence of an ethical climate within their workplace, as this belief supports their ability to demonstrate ethical behavior while performing patient care responsibilities (**Jang, 2019**). The ethical climate within a healthcare setting is influenced by various factors, including leadership styles and behaviors that promote ethical decision-making, starting from top-level management. Leaders play a central role in establishing the norms and expectations that define an ethical environment in nursing practice. A positive ethical climate not only guides ethical behavior but also enhances moral

sensitivity and supports sound ethical decision-making (**Asgari et al., 2019**).

Moral sensitivity strengthens a person's ability to make sound ethical decisions. It allows professionals to recognize, interpret, and respond effectively to the needs of those they serve (**Amiri et al., 2020**). This skill entails recognizing moral challenges and conflicts and aids in avoiding them when making decisions. Moral sensitivity is therefore seen as the cornerstone of exhibiting ethical behavior in the provision of superior nursing care. Sensitivity, sensitivity, and intent-based communication by healthcare providers in situations where patients face challenges, uncertainties, and vulnerabilities is how moral sensitivity in professional practice grows (**Arslan and Calpinici, 2018**).

Moral sensitivity enables nurses and other healthcare providers to respond ethically to individuals receiving care especially those who are in pain or vulnerable. Patients place their trust in nurses, allowing them access to their bodies, health, and most intimate concerns. In this regard, communication grounded in trust between patients and nurses is essential (**Lee and Kim, 2020**).

Given that nurses hold a position of greater power within the caregiving relationship and care for individuals in vulnerable conditions, the ethical dimension of their role becomes even more significant. The care provided during hospitalization carries ethical obligations, as nurses' decisions often involve preserving the dignity and ensuring the comfort of patients in need of treatment (**Amiri et al., 2019**).

Moral sensitivity includes six key components: reliance on medical authority (focused on patient-centered care), adjusting autonomy (reflecting professional accountability), recognizing moral significance, managing moral conflicts, showing compassion, and

maintaining interpersonal awareness (Alnajjar and Abou Hashish, 2021).

Significance of the study

Nurses, as key players in the delivery of healthcare services, are significantly influenced by the ethical climate established within hospitals. They often encounter ethical dilemmas that can lead to feelings of helplessness and difficulty in maintaining professional conduct during the ethical decision-making process (Dinc et al., 2022). To date, no research has been conducted at Benha University Hospital to examine the ethical climate or moral sensitivity among nurses.

However, it is crucial that nurses' decisions and behaviors are not guided by intuition or personal bias but are instead grounded in scientific knowledge, objectivity, and ethical standards. Establishing a strong ethical climate is essential to promote professional nursing practice. Therefore, this study aims to explore the relationship between the hospital's ethical climate and nurses' moral sensitivity among nursing staff at Benha University Hospitals.

Aim of the study

This study aimed to Assess the level of nursing moral sensitivity among staff nurses & determine the level of hospital ethical climate as perceived by staff nurse.

Research questions

- What is the level of moral sensitivity among staff nurses?
- What is the level of hospital ethical climate as perceived by staff nurses?

Subjects and methods

Research design

A descriptive correlational design was applied.

Study setting

This study was conducted at Banha University Hospitals, (Academic hospitals), Al Qaluobia, Egypt.

Study subjects

Inclusion criteria included all nurses of any age, gender, and education level and employment status.

Exclusion criteria: nurses in managerial tasks.

Sample size A sample size of 375 nurses was calculated using Steven K. Thompson's formula (Thompson, 1987), ensuring a 95% confidence level ($z = 1.96$), a 5% margin of error ($d = 0.05$), and an assumed response distribution of 50% ($p = 0.5$). The formula used is:

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

Tool for data collection

Tool I: Moral Sensitivity Questionnaire

It consisted of two parts as follows:

Part one: Personal and professional characteristics of nurses include factors such as age, gender, level of education, clinical experience, and the type of department in which they work.

Part two: Moral Sensitivity Questionnaire: It was created by Lütznén et al. (1997) to measure staff nurses' moral sensitivity. There were thirty things total, arranged according to six dimensions. It consisted of 30 items, under six dimensions; modifying autonomy, reliance on medical authority, moral meaning, expressing benevolence, expressing conflict, and interpersonal orientation,

Scoring system: The responses were measured by using 5-points Likert Scale as follows strongly disagree (1), disagree (2), neutral (3), agree (4), and strongly agree (5). The total score ranges from 30-150 points. The total score was categorized by validated

cutoff point into; high level if the total score $\leq 40\%$ (≤ 60 points); moderate if total score 41–79% (61–119 points) and low in case of total score $>80\%$ (≥ 120 points).

Tool II: Hospital Ethical Climate Questionnaire: created it to assess staff nurses' perceptions of the ethical climate in hospitals **Olson (1995)**. The 21 components of the instrument were arranged into five primary dimensions namely: peers, patient, manager, hospital, and physicians.

Scoring system

The responses of the questionnaire were measured by using a 5-point Likert Scale as follows always (5), almost (4), usually (3), sometimes (2), and never (1). The total score ranges from 21–105 points and was categorized by validated cutoff point factor into three levels; high if the total score $>80\%$ (≥ 84 points); moderate if the total score ranges from 48%–79% (50–83 points) and low if the total score $<47\%$ (≤ 49 points).

Content validity and reliability

Five experts (3 Professor and 2 Assistant Professor) from Nursing Administration Department, Zagazig University reviewed the study's face and content validity after it was translated into Arabic. The researcher made all of the recommended changes in response to their input.

Internal consistency testing was used to evaluate the instruments' dependability, and the results showed acceptable reliability levels. The Hospital Ethical Climate Questionnaire has a Cronbach's Alpha coefficient of 0.724, while the Moral Sensitivity Questionnaire had a coefficient of 0.648.

Field work

After the study was approved to proceed, data was collected during a three-month period, from December 2023 to February 2024, with a target of

seven to twelve nurses per day, working three days a week in various shifts. To reduce missing data, completed forms were gathered immediately and verified for completeness.

Pilot study

One week before to data collection, a pilot study was carried out on 10% of the sample, or 38 nurses, to assess the questionnaire's viability and clarity and gauge completion time. Pilot participants were incorporated into the final sample since no modifications were required.

Administration and ethical consideration

First, the study proposal was accepted by the Zagazig University Faculty of Nursing's Post Graduate Committee and Research Ethics Committee (REC) with the code of M.D.ZU.NUR/198/12/9/2023.

Before starting any step in the study, an official letter containing the aim of the study was issued to faculty of nursing Zagazig University to mayor of Sheiba village explaining the nature and aim of this study and seeking facilitating the role of researchers.

Following full explanation of the study's aim, each participant provided their informed consent to participate. Participants were given the right to refuse participation and were informed that they could withdraw at any time while filling out the questionnaire

Statistical analysis

Data collected and revised, coded, and entered using Personal Computer (PC). Computerized data entry and statistical analysis were fulfilled using the Statistical Package for Social Sciences (SPSS) version 22. Data were presented using descriptive statistics in the form of frequencies, percentages, and Mean SD. A correlation coefficient "Pearson

correlation” is a numerical measure of some type of correlation, meaning a statistical relationship between two variables. Chi-square (χ^2) is a statistical test used to determine the relationship between categorical variables.

Results

Table (1): presents that, 40.8% of the participants were aged between 30 and less than 40 years, with a mean age of 39.67 ± 5.15 years. The majority of the nurses were female, married, and graduated from secondary school of nursing (62.1%, 69.6%, 44.8%, respectively): additionally, 44% experience from five to less than ten years.

Figure (1): notifies that 44.4% of studied nurses perceived ethical hospital climate in a high level of ethical climate while 22.1% of them perceived in a low level.

Table (2): reveals that the highest mean percent was related to relation with patient domain (61.8%), followed by relation with peers (57.2%). While the lowest was for relation with hospital (42.8%).

Figure (2): notifies that 40.7% of studied nurses expressed a high level of moral sensitivity and 36.6% of them had moderate level of moral sensitivity. While 22.7% of them had low level of moral sensitivity.

Table (3): reveals that the highest mean percent domain was related to expressing benevolence (56.7%) followed by expressing conflict (54.3%) and the lowest domain was reliance of medical authority (41.8%).

Table (4): illustrates a statistically significant correlation between total score of ethical climate and moral sensitivity ($r=0.726$ at p -values 0.000).

Discussion

Nowadays, hospitals aim to achieve quality accreditation and earn

distinguished recognition. To accomplish this, organizational support is essential for all healthcare personnel, as it reflects the hospital's commitment to addressing nurses' needs and ensuring their overall well-being. As key drivers in the delivery of healthcare services, nurses are particularly influenced by the ethical climate established within their workplace (Abdel Azize et al., 2023).

In settings where ethical values are not prioritized and professionalism is neglected, it becomes difficult for nurses to show moral sensitivity in patient care, uphold ethical values, and act in accordance with moral and professional guidelines. Thus, maintaining an ethical environment at healthcare institutions is essential to providing top-notch services (Chen et al., 2022).

Accordingly, this study aimed to explore the relationship between the hospital's ethical climate and the moral sensitivity of staff nurses at Benha University Hospital.

Moral sensitivity among the studied nurses.

Concerning the overall moral sensitivity levels of the nurses, approximately two-fifths of the nurses had a high level of moral sensitivity, over one-third had a moderate level, and less than one-fourth had a low level. This may be due to the ethical challenges and responsibilities that nurses frequently encounter in their clinical practice, which may enhance their moral sensitivity over time. The high proportion of nurses with moderate to high moral sensitivity could be attributed to their professional training, exposure to ethical dilemmas, and institutional policies that emphasize ethical decision-making.

Similar results were reported by Jiang et al. (2021), who conducted a study in China that looked at the relationship between nurses' self-

assessed quality of care for COVID-19 patients and their perceptions of the ethical climate of the hospital. They discovered that nurses reported high average scores for moral sensitivity. Additionally, **Khodaveisi et al.'s (2021)** study in Iran, which sought to evaluate nurses' moral courage, moral sensitivity, and safe nursing care as they cared for patients, validated this finding by demonstrating that nurses reported a high degree of moral sensitivity. The majority of participating nurses in a study conducted in Egypt by **Gouda & Abdeldayem (2022)** to assess moral and ethical sensitivity as indicators of nurses' attitudes toward medication errors also showed a high degree of moral sensitivity. However, a study by **Hajibabaei et al. (2022)** that looked at the connection between moral sensitivity and compassionate behavior among Iranian nurses refuted these findings, finding that the majority of Iranian nurses had a moderate level of moral sensitivity. Furthermore, a study conducted by **Nazari et al. in 2022** to examine the connection between nursing care quality and moral sensitivity for older patients with COVID-19 in Iranian hospitals found that over half of nurses had low moral sensitivity.

Regarding the average moral sensitivity score of the nurses under investigation, the present study found that the kindness domain had the greatest average moral sensitivity score. On the other hand, the domain of dependence on medical authority had the lowest mean score. This may be due to the nature of nursing practice, which emphasizes compassionate patient care and ethical decision-making, leading to a higher moral sensitivity in domains related to expressing benevolence and moral meaning.

Consistent with the current findings, **Kovanci and Atli Özbaş (2024)** evaluated moral distress and moral sensitivity among clinical nurses

in Turkey. They found that the benevolence subscale had the highest moral sensitivity scores, while the conflict subscale had the lowest. Similarly, the factor of showing benevolence received the highest score in **Afshari et al.'s (2025)** study of moral sensitivity and attitudes toward patient safety among critical care nurses in Jordan. Additionally, **Darzi-Ramandi et al. (2023)** investigated the connection between the quality of care given and the moral sensitivity of nurses in Iran. They found that dependence on medical authority was associated with the lowest moral sensitivity scores, whereas interpersonal orientation was associated with the highest values.

In contrast, the findings of **Afrasiabifar et al.'s (2021)** study in Iran, which examined nurses' caring behavior and its relationship to moral sensitivity, showed that kindness ranked lowest and dependence on medical authority was evaluated as the most significant subscale. Furthermore, among the moral sensitivity aspects, modifying autonomy had the greatest mean percentage score, according to **Alnajjar and Abou Hashish (2021)**, who studied moral sensitivity among Saudi Arabian nurses.

Hospital Ethical Climate

According to the current study, over two-fifths of the nurses who said that the hospital had a moderately ethical climate, over one-third said that it was high, and less than one-fourth said that it was poor. This may be due to the hospital's commitment to ethical standards and policies, which help foster ethical climate among nurses. In addition, challenges such as workload pressures, resource limitations, and varying levels of ethical awareness among nurses could contribute to the moderate perception of the ethical climate. Furthermore, different personal values and experiences, may

influence how nurses perceive and evaluate the ethical atmosphere within their workplace.

This result was also consistent with a study conducted in Egypt by **Ahmed et al. (2020)** to evaluate nurses' perceptions of ethical work climate and organizational citizenship behavior. The study found that the majority of nurses had a moderate level of perception of ethical work climate. Similarly, a study conducted in Egypt by **Elsayed et al. (2020)** sought to examine the relationship between anti-social behavior and nurses' perceptions of ethical leadership using ethical climate as a mediating factor. The study found that over half of nurses thought ethical climate was at a moderate level.

However, **Ghorbangholi et al. (2021)**, who researched the ethical climate and job conscience of intensive care unit nurses in Iran, found that the majority of the nurses in the study reported a high level of ethical climate. Additionally, the majority of nurses had a positive opinion of the ethical climate at work, according to a study conducted in Egypt by **Atia & Abdelwahid (2023)** to examine the relationship between moral distress, organizational citizenship behavior, moral courage, and ethical work climate.

The current study's findings regarding the mean scores of ethical climate domains among the nurses under investigation showed that the "relation with patients" domain had the greatest mean score, while the "relation with hospital" domain had the lowest mean score. A more positive view of the ethical atmosphere in this field may result from the frequent and direct encounters between nurses and their management, which help to clarify expectations, provide support, and offer guidance.

According to a study by **Wang et al. (2022)** in China, which looked at how clinical nurses' perceptions of

hospital ethical climates affected their organizational citizenship behavior, the nurses' perception of their relationship with the manager was the highest (4.53 ± 0.46). This result was consistent with that study. The highest mean score for hospital ethical climate was "relation with manager" (3.80 ± 0.53), according to similar findings from a study by **Park & Jeong (2024)** that examined the relationship between critical thinking disposition, nursing task performance, and hospital ethical climate in Korea.

In the same context, a study conducted by **Fradelos et al. (2021)** to evaluate Greek nurses' perceptions of the ethical climate of hospitals in Greece found that the "managers" subscale had the highest ethical climate score. In contrast, **Mohamed et al. (2022)** investigated the connection between moral distress and nurses' perceptions of ethical work climate in Egypt. They discovered that the "relation with peers" had the highest score, while the "relation with physicians" domain received the lowest ratings.

Correlation and relation between the study variables.

The current study showed that moral sensitivity and the overall score of the hospital's ethical climate were positively correlated in a highly statistically significant way.

According to study, this might be because moral sensitivity and ethical climate are intertwined, and a supportive ethical environment helps nurses become more morally conscious and make moral decisions. A strong ethical climate promotes values that align with moral sensitivity, reinforcing ethical behavior and encouraging nurses to respond effectively to ethical dilemmas (**Hakimi et al., 2020**).

This outcome is in line with research done in China by **Tang et al. (2024)**, which looked at the

relationships between nurses' ethical sensitivity and caring effectiveness and the ethical climate of the clinical setting. The results showed a positive correlation between ethical climate and increased ethical sensitivity. In a similar line, a study conducted by **Lotfi-Bejestani et al., (2023)** in Iran, entitled "Is there any relationship between nurses' perceived organizational justice, moral sensitivity, moral courage, moral distress, and burnout?", revealed a significant association between perceived organizational justice and moral sensitivity, highlighting that a fair and just work environment enhances nurses' moral awareness.

However, **Luo et al. (2023)**, who investigated the relationships between moral courage, moral sensitivity, and ethical decision-making among Chinese nursing interns, found the opposite. They discovered that there was no statistically significant correlation between moral sensitivity and ethical climate.

Conclusion

According to the current study, one-third of the participating nurses rated the hospital's ethical climate as highly positive. Regarding moral sensitivity, less than half of the nurses demonstrated a high level, while only a small percentage showed low levels. Additionally, a significant correlation was found between the overall ethical climate and nurses' moral sensitivity.

Recommendations

1. Promote moral sensitivity among nurses through ongoing professional development programs that emphasize ethical awareness, case-based learning, and values-driven practice.
2. Foster a supportive ethical climate within hospital units by

encouraging open communication, mutual respect, and transparency between nurses, managers, physicians, and administrators.

3. Strengthen leadership practices among nurse managers to model and reinforce ethical behavior, ensuring that moral principles guide clinical and administrative decision-making.
4. Conduct regular assessments of the ethical climate using validated tools to identify areas for improvement and ensure that staff perceptions are aligned with organizational values.

Authors' contributions

H.S.M and Z.S.H; conceived of the presented idea. Z.S.H; collected the data. S.E.Z analyzed the data. A.E.A and H.S.M verified the analytical methods, encouraged to investigate the relationship between nursing staff awareness about moral sensitivity, hospital ethical climate and perceived organizational support among nurses. All parts in the manuscript have been revised and approved by all authors.

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Table (1): Distribution of the studied nurses based on their personal and professional characteristics (N=375)

| Personal data | N | % |
|--|------------|-------------|
| Age | | |
| 20-<30 | 97 | 25.9 |
| 30-<40 | 153 | 40.8 |
| 40-<50 | 86 | 22.9 |
| 50-60 | 39 | 10.4 |
| Mean \pm S.D 39.67\pm5.15 | | |
| Gender | | |
| Male | 142 | 37.9 |
| Female | 233 | 62.1 |
| Marital status | | |
| Single | 62 | 16.5 |
| Married | 261 | 69.6 |
| Divorced | 33 | 8.8 |
| Widow | 19 | 5.1 |
| Educational level | | |
| Secondary school | 168 | 44.8 |
| Technical Institute | 118 | 31.5 |
| Baccalaureate Degree in Nursing Science | 84 | 22.4 |
| Master degree or more | 5 | 1.3 |
| Years of work experience | | |
| <5 years | 74 | 19.7 |
| 5-<10 | 165 | 44.0 |
| ≥ 10 | 136 | 36.3 |
| Mean \pm S.D 10.47\pm3.37 | | |

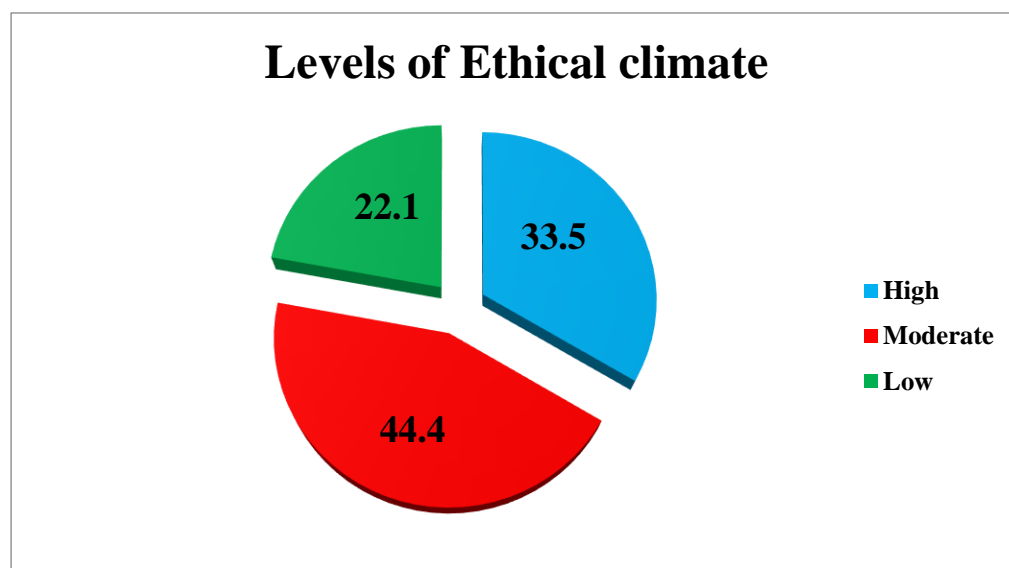


Figure (1): Total levels of hospital ethical climate as reported by studied nurses (n=375)

Table (2): Mean scores of ethical climate domains among studied nurses (n=375)

| Total dimensions | High | | Moderate | | Low | | Mean (SD) | Mean percent |
|---------------------------|------|------|----------|------|-----|------|--------------|--------------|
| | No | % | No | % | No | % | | |
| • Relation with peers | 133 | 35.6 | 149 | 39.8 | 92 | 24.6 | 9.49 (1.23) | 57.2% |
| • Relation with patient | 159 | 42.5 | 171 | 45.7 | 44 | 11.8 | 10.18 (3.45) | 61.8% |
| • Relation with managers | 125 | 33.3 | 185 | 49.4 | 65 | 17.3 | 22.66 (5.84) | 51.9% |
| • Relation with hospital | 100 | 26.7 | 157 | 41.8 | 118 | 31.6 | 8.91 (2.45) | 42.8% |
| • Relation with physician | 110 | 29.2 | 171 | 45.5 | 95 | 25.3 | 15.19 (3.26) | 49.5% |
| Total | 125 | 33.5 | 167 | 44.4 | 83 | 22.1 | 66.43 (7.68) | 59.7% |

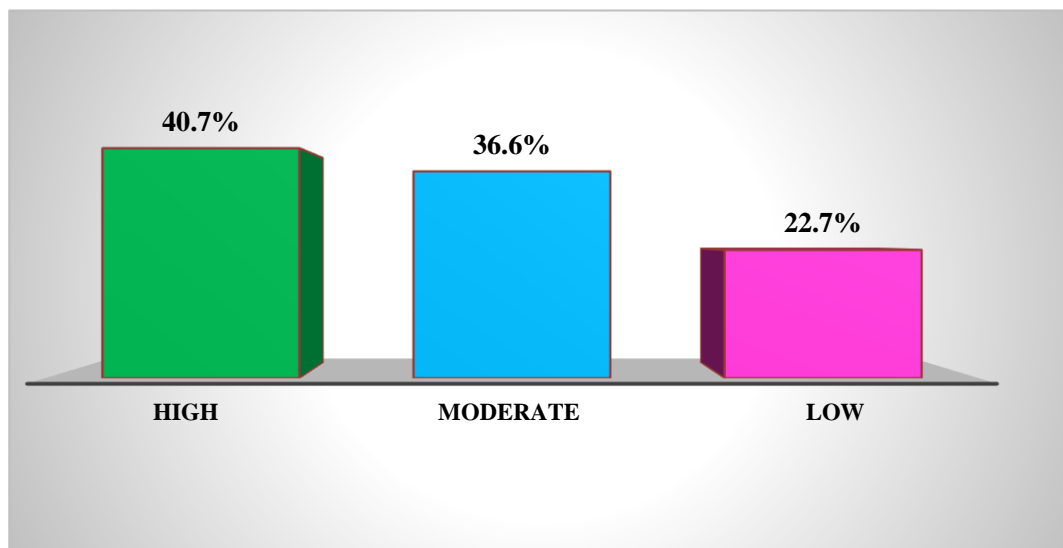


Figure (2): Total levels of moral sensitivity among studied nurses (n=375)

Table (3): Mean score of moral sensitivity among studied nurses (n=375)

| Total dimensions | High | | Moderate | | Low | | Mean (SD) | Mean percent |
|-------------------------------|------|------|----------|------|-----|------|--------------|--------------|
| | No | % | No | % | No | % | | |
| Modifying autonomy | 96 | 25.6 | 136 | 36.3 | 143 | 38.1 | 11.29 (3.15) | 46.3% |
| Reliance of medical authority | 156 | 41.7 | 153 | 40.8 | 66 | 17.5 | 9.90 (2.46) | 41.8% |
| Moral meaning | 219 | 58.5 | 131 | 34.9 | 25 | 6.6 | 22.32 (4.67) | 51.6% |
| Expressing benevolence | 155 | 41.4 | 115 | 30.6 | 105 | 28.0 | 25.53 (5.12) | 56.7% |
| Expressing conflict | 172 | 46.0 | 115 | 30.8 | 87 | 23.3 | 9.90 (2.13) | 54.3% |
| Interpersonal orientation | 117 | 31.2 | 173 | 46.1 | 85 | 22.7 | 18.79 (3.58) | 46.8% |

Table (4): Correlation between total score of Moral sensitivity, Ethical climate, Perceived organization support among nurses (N=375)

| Variables | | Ethical Climate Scale |
|-------------------|---|-----------------------|
| Moral Sensitivity | R | .726 |
| | P | .000** |

(**) Statistically Highly Significant at $p < 0.05$

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