

Relationship between hospital ethical climate, psychological well-being, and job satisfaction among nurses following COVID- 19 outbreak

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Abstract

Creating an ethical climate in organizations results in better psychological well-being, the performance of employees, job satisfaction, and organizational productivity. **The study aimed to** examine the nurse's perceived ethical climate, psychological well-being, and job satisfaction following the Covid- 19 outbreak. **Design:** Cross-sectional study design. **Sample and Setting:** A convenient sample was used in the current study, which included all staff nurses (199 nurses) who work in isolation hospitals (Minia psychiatric mental health hospital (59 nurses) and Minia health insurance hospital (140 nurses). **Tools:** three tools were utilization, tool (1) Hospital Ethical Climate questionnaire, tool (2): psychological well-being scale, and tool (3): job satisfaction questionnaire. **Results:** the majority of nurses have a satisfactory ethical climate. More than half of the study sample has moderate job satisfaction and positive correlation between hospital ethical climate and psychological well-being and job satisfaction. **Conclusion:** moderate positive correlation between hospital ethical climate with psychological well-being and job satisfaction. **Recommendations:** Further studies are needed to clear indicators such as personal and clinical data that influence hospital ethical climate, psychological well-being, and job satisfaction among nurses.

Keywords: Covid- 19 outbreak, Ethical climate, Job satisfaction, Nurses & Psychological well-being

Introduction:

In today's workplace, nurses' attitudes and behaviors are heavily influenced by their adherence to ethical and moral standards; thus, nurses' are always looking for innovative ways to increase their engagement. All relationships inside an organization are built on mutual trust and a culture of ethical behavior. Management and staff must recognize the significance of an ethical climate and an atmosphere of trust as mediators, promoting and fostering trust in their organizations (Barkhordari-sharifabad et al., 2018). The ethical climate contributes to "common conceptions of what morally right conduct is and how ethical difficulties should be addressed" and is an aspect of the entire corporate climate (Arnaud & Schminke, 2012). Nurses' dissatisfaction results from a poor ethical climate and the inability to resolve significant ethical issues in inpatient care. There is a correlation between the ethical climate in which nurses work and their perceived level of ethical stress, as well as the adequacy of organizational resources to address their ethical concerns concerning their psychological well-being, job satisfaction, and intention to leave their current position (Huhtala et al., 2015 & Tuna et al., 2016).

As challenging patient care issues are addressed and

handled in an unethical environment, workers acquire unfavorable attitudes, such as discontent, distrust, and stress, if they perceive their workplace as unfair. Ethical atmosphere. As a result of these unfavorable attitudes, employees are more likely to leave their organizations (Aryati et al., 2018). Stress and a sense of negative feelings may occur at any time when nurses believe they are not getting the support they need from their managers, officials, and coworkers, which is called a psychological response so that nurses are affected by their work environment and their morale (Sigiro & Takwin).

However, the link between ethics-related work factors, psychological well-being, job satisfaction, and intent to leave one's job has rarely been considered. As a result of being at risk of being exposed to infectious materials such as bodily fluids, infected medical supplies, devices, equipment, contaminated environmental surfaces, or contaminated air; thus, they must work in a secure environment (Al-Qahtani, 2020 & Puspitasari & Healthc, 2020). Additionally, it seems that the ethical climate resulting from ethical leadership practices in work exerts some effects on the positive attitudes of the staff such as psychological well-being commitment, and satisfaction leading to an increased rate of organizational citizenship

behavior of the personnel (Baharlo et al., 2015).

The connection between a person and the environment is described as that the individual perceives as exhausting or surpassing his or her resources and harming his or her well-being, shown by worry, depression, and other psychological reactions (Townsend, 2021). Increasing job stability, staffing levels, salaries, care quality, supplies, and other variables that impact healthcare professionals' satisfaction and retention are all factors that nurse managers can do to help alleviate ethical tension and increase the ethical climate at work for nurses and social workers. Nurses perceived ethical climate in workplaces significantly affects how legal practice managers promote the organizational factors linked to sound mental health, psychological well-being, and job satisfaction (Allari & Abu-Moghli, 2013).

Ethical climate among all health care providers is strongly associated with higher job satisfaction and finding their work meaningful, enjoyable, and sustainable. Basic psychological needs and well-being were also positively associated with job satisfaction (The ethical climate remained significant independent predictors of job satisfaction (Qadeer and Jeffery, 2014; Shafer, 2015 & Peters, 2018). Positive ethical climate components at the individual level could empower employees and promote psychological well-being (Golparvar and Azarmonabadi, 2014 & Sibiya, Makoni, & van Wyk, 2016). There has been little empirical attention directed to the link between job satisfaction and intent to leave and ethics-related concerns in the hospital and non-hospital practice contexts and in various types of health workers (Wang & Xu, 2019).

Significance of the study:

Nurses with a stronger ethical climate enhanced their team member's performance and improved organizational satisfaction (Kim & Vandenberghe, 2020). Health care system ethical climate leads to better nurses behavior responses to ethical tensions and other causes of dissatisfaction in the work environment, which results in greater organizational productivity and enhance the efficacy of the organization, ethical climate that maintains trust serves as one of the instruments in facilitating organizational relationships both among its members and between the organization and its members (Numminen et al., 2015). Nurses' psychological well-being is considered a predictor of organizational commitment and job satisfaction. Job satisfaction "is an attitude that reflects the extent to which an individual is gratified by or fulfilled in his or her work" (Gider, Akdere, & Top, 2019).

However, nurses' psychological well-being is indicators for a good ethical climate that is considered

a significant predictor of job satisfaction; many studies reported statistically significant relationships among trust, commitment, and job satisfaction (Gider, Akdere & Top, 2019). The ethical climate at work geared trust significantly predictors job satisfaction, whereas trust was a significant predictor of commitment. Nurses managers need to improve the environment. Nurses experience low-social support, high levels of depression, which affects psychological well-being (Lin et al., 2013 & Chen et al., 2013), so better management of the health care workforce attracts and retains these highly skilled professionals. Job satisfaction is an important indicator of positive psychological well-being and organizational success. Specifically, in today's "challenging economic times, it may be tempting to focus solely on the bottom line and forget the importance of motivating employees" (Murray & Rusignuolo, 2012). However, this may be costlier to the organization's bottom line as decreased levels of job satisfaction may result in decreased employee performance and productivity and customer satisfaction. Additionally, in health care, job satisfaction is integral to quality improvement.

Aim of the study

This study examines the relationship between hospital ethical climate, psychological well-being, and job satisfaction among nurses following Covid- 19 outbreak.

Research Questions:

Q1: What is the degree of ethical climate, psychological well-being, and job satisfaction among hospital nurses?

Q2: Is there a relationship between ethical climate, psychological well-being, and job satisfaction among hospital nurses?

Subjects and Methods

Research design:

A cross-sectional study design was utilized to conduct this study. A cross-sectional study is a type of quantitative, non-experimental research design. This design is about collecting variables at the same point in time (time of data collection).

Setting

The setting was selected by simple randomly by randomized selection of a small segment of hospital from a whole organization. It provides each hospital with an equal and fair probability of being chosen. The study was being conducted in different hospitals, Minia psychiatric health and addiction treatment hospital and Minia health insurance hospital affiliated to Ministry of health, Minia City, Egypt. Minia psychiatric health and addiction treatment hospital which provide care for psychiatric and addict patients While Minia health insurance hospital provides health

insurance care services for patients in various specialties for all groups with health insurance cards. It includes the following medical, surgical, pediatric, obstetrics, ophthalmology, ENT, gynecology, neonatal intensive care units, and intensive care unit.

Subjects: A convenient sample was used, including all staff nurses working in Minia psychiatric health and addiction treatment hospital and Minia health insurance hospital during data collection. Their total numbers were 199 nurses and classified as 59 from Minia psychiatric mental health hospital and 140 from Minia health insurance hospital.

Data Collection Tools:

Three tools were utilized in this study:

Tool (1): The Hospital Ethical Climate Survey questionnaire to assess the nurses' perceptions of the hospital ethical climate. Consisted of two parts:

Part I: Personal characteristics used to collect data about the demographic characteristic of the study participants included hospital name, age, gender, marital status, educational qualification, experience, job position, working area, and presence of exposure to Covid-19 infection, and a family history of covid-19 patients.

Part (II): The Hospital Ethical Climate Survey: was developed by **Olson (1998)**. The scale consists of 26-item which address four dimensions: nurses' relationship with peers (4 items), physicians (6 items), hospital (4 items), and managers (6 items). This tool measured perception of the ethical climate in a hospital ward.

Scoring system:

A five-point Likert scale was used, which never scored as one point, seldom scored as two points, occasionally scored as three points often scored as four points, and almost always scored as five points. The minimum-maximum score was 26 -130. A score of ≥ 78 indicated a satisfactory ethical climate of the hospital, and < 78 indicated an unsatisfactory ethical climate.

Tool (2) Psychological Wellbeing (42 items) scale

It was developed by **Ryff et al. (2010)** to assess the degree of psychological well-being among staff nurses. It consists of 42-items grouped into six subscales: autonomy (7 items), environmental mastery (7 items), personal growth (7 items), positive relations with others (7 items), purpose in life (7 items), and self-acceptance (7 items).

Scoring system:

Seven Likert scale was used which one = strongly agree; two = somewhat agree; three = a little agree; four = neither agree or disagree; five = a little disagree; six = somewhat disagree; seven = strongly disagree. Reverse-scored items were worded in the opposite direction of the scale. The formula for

reverse-scoring an item was (Number of scale point + 1) - (Respondent's answer).

Tool (3): Tool III: Job Satisfaction questionnaire:

It was developed by **Lee et al., (2016)** to assess the degree of job satisfaction among staff nurses and consisted of 36-items grouped into six components: working environment (7 items); work achievement (4 items); compensation and benefits (9 items); education and training (3 items); promotion and evaluation (4 items); and management system (9 items).

Scoring system:

Five-point Likert scale ranging from one to five: one = very dissatisfied, 2= dissatisfied, 3= to some extent, 4= satisfied, and 5= very satisfied. Total scores ranged between 36 – 180 and were categorized as low from 36 to 83, moderate from 84 to 132, and high 133 to 180.

Tools validity and reliability

The tools were tested by a team of five nursing administration and psychiatric and mental health nursing experts at Minia, University which affirmed its validity. The tools were modified based on the panel's evaluation of the content's appropriateness and item sequence accuracy. Cronbach's alpha test was used to determine the degree to which the items of the tools (tool I part two, II, III) test the same concept and correlate with one another. The internal consistency was 0.850, 0.790, and 0.846, respectively.

Pilot study:

After developing the tools and before beginning the initial data collection, 20 staff nurses participated in a pilot study. The pilot study aimed to test whether the study was feasible, as well as the order in which the items were presented and the preliminary tool's consistency and applicability. It was also used to measure the period it would take to complete the questionnaire, which came to 20 minutes, and: the pilot was included in the study. The process of the pilot study took two weeks (from 15/1 to 30/1) in January 2021.

Ethical consideration:

The ethical study committee of Minia University's faculty of nursing provided their initial approval in writing. The researchers met with the directors to introduce and discuss the study's aim, then met with the head nurses in each department to introduce and discuss the study's aim and decide the best time to meet the study participants and collect data. Nurses were told that any details gathered would be kept private and not bear their professional evaluation.

Data collection procedure:

Official permissions were gained from Minia psychiatric and mental health medical and nursing administration and health insurance hospitals. Before collecting data, the dean of post-graduate studies and

research at Minia University's Faculty of Nursing issued a formal letter, along with the ethical committee's approval, to the medical and nursing administrations, as well as the heads of the units, requesting their permission and assistance in conducting the study. The data required for the investigation was also included in the letters. In addition, each participant signed a permission form. The nature, goal, procedures, and expected advantages of the research were described to the nurses before their participation. The researchers made it clear that participation is entirely optional and that participants could quit for any reason.

Before distributing the questionnaires, the researchers met with the participants at a time established by the head of each department, introduced herself, and discussed the research aim and the components of the tools to the participants in the study environment.

Next, the researchers distributed the data gathering tools to each participant at their workplace. The questionnaire form took roughly 20 minutes to complete. Data collection took three months, from the beginning of February to April 2021.

Statistical design:

The Statistical Package for the Social Sciences (SPSS 25.0). At the coding and data entering phases, quality control was performed. Descriptive statistics in the form of frequencies and percentages were used for qualitative variables, whereas, for quantitative data, mean and standard deviation (SD) were used with statistical significance set at P 0.05. Correlation analysis was used among quantitative variables. T-test and one-way ANOVA tests were used to compare two and three groups.

Results

Table (1): Percentage distribution of the Personal characteristics of the studied sample (n = 199)

Personal characteristics	No.	%
Age/ years		
20 - < 30	79	39.7
30- < 40	81	40.7
40- < 50	39	19.6
Mean \pm SD	32.3 \pm 7.0 years	
Gender		
Male	63	31.7
Female	136	68.3
Marital status		
Single	58	29.2
Married	124	62.3
Widow	13	6.5
Divorced	4	2.0
Qualification		
Diploma	70	35.2
Technical	78	39.2
Bachelor	51	25.6
Years of experience		
< 10	86	43.2
10 - < 20	86	43.2
20- 30	27	13.6
Mean \pm SD	11.8 \pm 7.5 years	
Area		
General units	101	50.8
Critical units	98	49.2
Annual income		
Only meet needs	119	59.8
Adequate	76	38.2
Adequate and surplus	4	2.0
Leadership style		
Dictator	152	76.4
Democratic	47	23.6
Head nurse and leadership		
Yes	123	61.8
No	76	38.2

Personal characteristics	No.	%
Patient problem		
Disclosing information about the patient	34	17.1
Impolite behavior	41	20.6
No	124	62.3
Previous COVID-19		
Yes	103	51.8
No	96	48.2
Family history		
Yes	106	53.3
No	93	46.7
Hospital name		
Health insurance hospital	140	70.4
Psychiatric hospital	59	29.6

Table (2): Mean and standard deviation of the hospital ethics climate, psychological well-being, job satisfaction, and subdomains among the studied sample (n = 199).

Items	Mean \pm SD
Hospital ethical climate	86.9 \pm 13.6
Peers ethical	14.8 \pm 2.6
Patients	12.8 \pm 3.4
Manager	19.1 \pm 4.7
Hospital	20.2 \pm 3.7
Physician	19.9 \pm 3.8
Psychological wellbeing	403.4 \pm 22.0
Autonomy	70.2 \pm 2.7
Environment	66.9 \pm 5.4
Personal growth	60.7 \pm 3.8
Positive relation	70.5 \pm 7.7
Purpose in life	43.9 \pm 10.7
Self-acceptance	91.2 \pm 20.3
Job satisfaction	97.3 \pm 20.0
Work environment	12.2 \pm 4.8
Achievement	11.2 \pm 3.3
Compensation benefits	26.1 \pm 7.5
Education & training	7.1 \pm 3.1
Evaluation	11.4 \pm 3.8
Management system	22.3 \pm 7.4

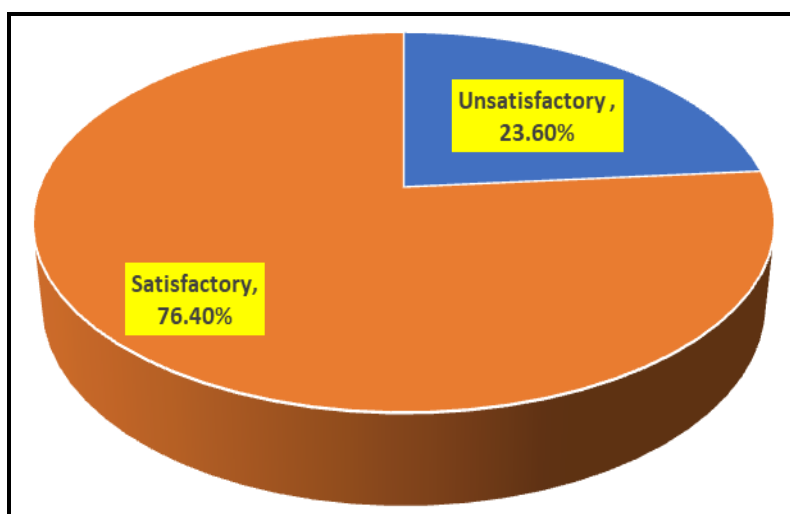


Figure (1): Percentage distribution of the hospital ethical climate levels among the studied sample (n = 199).

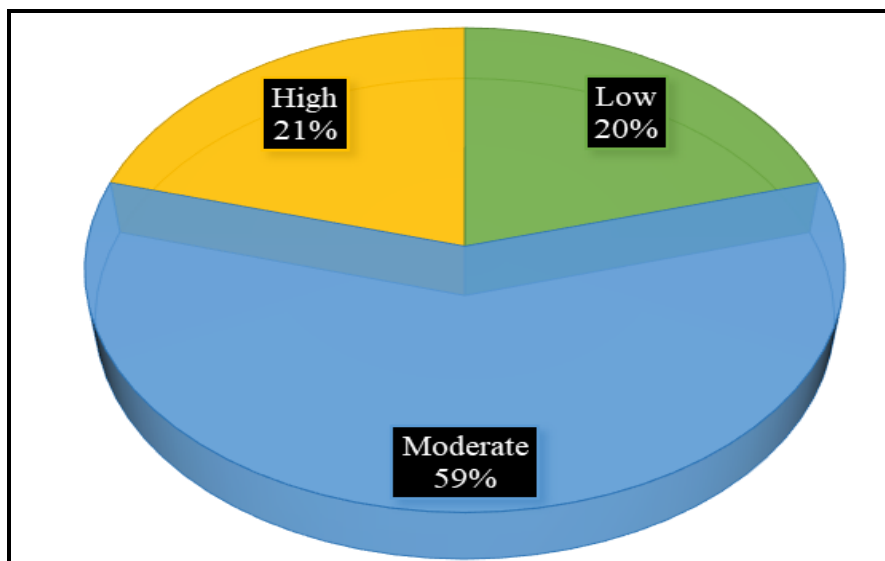


Figure (2): Percentage distribution of the job satisfaction levels among the studied

Table (3): Correlation matrix between hospital ethical climate, psychological well-being, and job satisfaction of the studied sample (n = 199).

		Hospital ethical climate	Psychological Well-being	Job satisfaction
Hospital ethical climate	r	1		
	P-value			
Psychological Wellbeing	r	0.403	1	
	P-value	<.001**		
Job satisfaction	r	.363	0.168	1
	P-value	<.001**	.018*	

** Correlation is significant at the 0.01 level

*Correlation is significant at the 0.05 level.

Table (4): Correlation matrix between total psychological well-being and its domain of the studied sample (n = 199).

		Autonomy	Environment	Personal growth	Positive relation	Purpose in life	Self-acceptance
Autonomy	r	1					
	P-value						
Environment	r	-.030-	1				
	P value	.677					
Personal growth	r	.007	.016	1			
	P value	.920	.820				
Positive relation	r	.003	.111	.333	1		
	P value	.968	.120	<.001**			
Purpose in life	r	-.080-	-.016-	-.011-	.768	1	
	P value	.260	.828	.874	<.001**		
Self acceptance	r	.058	.096	.231	.906	.900	1
	P value	.416	.179	.001**	<.001**	<.001**	
Psychological wellbeing	r	.131	.363	.502	.895	-.626	.869
	P value	.065	<.001**	<.001**	<.001**	<.001**	<.001**

**Correlation is significant at the 0.01 level

*Correlation is significant at the 0.05 level.

Table (5): Correlation matrix between selective personal characteristics, hospital ethical climate, psychological well-being, and job satisfaction of the studied sample (n = 199).

		Age	Qualification	Years of experience	Annual income	Hospital ethical climate	Psychological Wellbeing
Age	r	1					
	P-value						
Qualification	r	0.204	1				
	P- value	0.004**					
Years of experience	r	0.964	0.412	1			
	P - value	<.001**	<.001**				
Annual income	r	0.020	0.037	0.014	1		
	P- value	0.779	0.606	0.846			
Hospital ethical climate	r	0.255	0.076	0.267	0.021	1	
	P - value	<.001**	0.289	<.001**	0.766		
Psychological wellbeing	r	0.169	0.222	0.284	0.102	0.403	1
	P value	0.017*	0.002**	0.006**	0.153	<.001**	
Job satisfaction	r	0.018	0.012	-0.318	0.083	0.363	0.168
	P- value	0.801	0.864	0.009**	0.246	<.001**	0.018*

** Correlation is significant at the 0.01 level

*Correlation is significant at the 0.05 level.

Table (6): Relation between selective personal characteristics, hospital ethical climate, and job satisfaction of the studied sample (n = 199).

Items	Hospital ethical climate					Job satisfaction					
	Unsatisfactory (n=47)		Satisfactory (n= 152)			Low (n= 41)		Moderate (n= 117)		High (n= 41)	
	No.	%	No.	%	No.	%	No.	%	No.	%	
Gender											
Male	63	14	22.2	49	77.8	16	25.4	38	60.3	9	14.3
Female	136	33	24.3	103	75.7	25	18.4	79	58.1	32	23.5
X ² (P-value)	0.100 (0.752)					2.850 (0.240)					
Marital status											
Single	58	11	19.0	47	81.0	8	13.8	35	60.3	15	25.9
Married	124	30	24.2	94	75.8	29	23.4	73	58.9	22	17.7
Widow	13	4	30.8	9	69.2	4	30.8	7	53.8	2	15.4
Divorced	4	2	50.0	2	50.0	0	0.0	2	50.0	2	50.0
Fisher (P-value)	2.630 (0.452)					6.125 (0.370)					
Area											
General units	101	18	17.8	83	82.2	19	18.8	69	68.3	13	12.9
Critical units	98	29	29.6	69	70.4	22	22.4	48	49.0	28	28.6
X ² (P-value)	3.820 (0.06)					9.429 (.009)**					
Leadership style											
Dictator	152	41	27.0	111	73.0	29	19.1	94	61.8	29	19.1
Democratic	47	6	12.8	41	87.2	12	25.5	23	48.9	12	25.5
Fisher/ X ² (P- value)	4.017 (0.045)*					2.468 (0.291)					
Head nurse and leadership											
Yes	123	27	22.0	96	78.0	21	17.1	73	59.3	29	23.6
No	76	20	26.3	56	73.7	20	26.3	44	57.9	12	15.8
Fisher/ X ² (P- value)	0.496 (0.481)					3.347 (0.188)					
Patient problem											
Disclosing information about the patient	34	8	23.5	26	76.5	4	11.8	21	61.7	9	26.5
Impolite behavior	41	10	24.4	31	75.6	13	31.7	23	6.1	5	12.2
No	124	29	23.4	95	76.6	24	19.4	73	58.9	27	21.8
X ² (P-value)	0.073 (0.991)					5.792 (0.199)					

Items	Hospital ethical climate					Job satisfaction					
	Unsatisfactory (n=47)		Satisfactory (n= 152)			Low (n = 41)		Moderate (n= 117)		High (n= 41)	
	No.	%	No.	%	No.	%	No.	%	No.	%	
Previous COVID-19											
Yes	103	27	26.2	76	73.8	17	16.5	68	66.0	18	17.5
No	96	20	20.8	76	79.2	24	25.0	49	51.0	23	24.0
X^2 (P-value)	0.797 (0.372)					4.650 (0.098)					
Family history											
Yes	106	27	25.5	79	74.5	19	17.9	68	64.2	19	17.9
No	93	20	21.5	73	78.5	22	23.7	49	52.6	22	23.7
X^2 (P-value)	0.432 (0.11)					2.691 (0.269)					
Hospital name											
Health insurance	140	36	25.7	104	74.3	21	150	97	69.3	22	15.7
Psychiatric hospital	59	11	18.6	48	81.4	20	33.9	20	33.9	19	32.2
X^2 (P-value)	1.150 (0.284)					21.68 (<0.001)**					

*statistically significant differences P – value at 0.05 **statistically significant differences P – value at 0.01

Table (7): Relation between selective personal characteristics and mean scores of the psychological well-being of the studied sample (n = 199).

Personal characteristics	No.	Psychological well-being scores	F/t test	P - value
		Mean ± SD		
Gender				
Male	63	400.2 ± 21.7	1.380	0.085 NS
Female	136	404.9 ± 22.1		
Marital status				
Single	58	401.9 ± 21.3	0.546	0.651 NS
Married	124	403.5 ± 22.6		
Widow	13	404.8 ± 22.8		
Divorced	4	417.0 ± 20.4		
Area				
General units	101	405.9 ± 21.2	1.667	0.07 NS
Critical units	98	400.8 ± 2.6		
Leadership style				
Dictator	152	393.0 ± 23.4	3.831	<0.001**
Democratic	47	406.6 ± 19.1		
Head nurse and leadership				
Yes	123	402.3 ± 22.7	0.930	0.177 NS
No	76	405.2 ± 20.8		
Patient problem				
Disclosing information about the patient	34	407.5 ± 21.2	1.422	0.244 NS
Impolite behavior	41	406.1 ± 21.5		
No	124	401.4 ± 22.3		
Previous COVID-19				
Yes	103	399.6 ± 22.3	2.386	0.009**
No	96	406.9 ± 21.2		
Family history				
Yes	106	399.6 ± 22.3	2.386	0.009**
No	93	406.7 ± 21.2		
Hospital name				
Health insurance	140	409.2 ± 17.4	2.786	0.009**
Psychiatric hospital	59	389.7 ± 25.6		

**statistically significant differences P – value at 0.01

Table (1): Shows that the majority of the studied samples are between the ages of 30 - 40 years and married. Nearly half of the participants their annual income only meets their needs. More than two-thirds of them the leadership style was a dictator. The majority of participants have no problems with the patient. Also, the majority of participants were exposed to covid -19.

Table (2): Illustrates that the total mean scores of hospital ethical climate were 86.9 ± 13.6 from 130, and the highest mean was related to the hospital, physicians, and manager. For total psychological well-being, the mean was 403.4 ± 22.0 , and the highest means are related to self-acceptance, positive relation, and autonomy. While the total means for job satisfaction was 97.3 ± 20.0 from 180, and the highest means for job satisfaction are related to compensation benefits and management system.

Figure (1): Illustrates that more than three-quarters of the studied nurses have a satisfactory ethical climate, and nearly one-quarter have an unsatisfactory ethical climate.

Figure (2): Clears that more than half of the studied nurses have moderate job satisfaction, and one-fifth have high job satisfaction.

Table (3): Shows a moderate positive correlation between hospital ethical climate with psychological well-being and job satisfaction ($r=0.403$, P – value < 0.001 ; $r=0.363$, P – value < 0.001 respectively).

Table (4): Shows a significant strong positive correlation between total psychological well-being and the subdomain of personal growth, positive relation, purpose in life, and self-acceptance ($r=0.502$, P – value < 0.001 ; $r=0.895$, P – value < 0.001 ; $r=0.626$, P – value < 0.001 and $r=0.869$, P – value < 0.001 respectively).

Table (5): Illustrates a moderate positive correlation between hospital ethical climate with psychological well-being and job satisfaction ($r=0.403$, P – value < 0.001 ; and $r=0.363$, P – value < 0.001 respectively) but a moderate negative correlation between job satisfaction and years of experience ($r= -0.318$, P – value < 0.009).

Table (6): Presents 87.2% of the democratic leadership style have satisfactory hospital ethical climate, 28.6% of the democratic leadership style have high job satisfaction, and 32.2% of the studied psychiatric nurses have high job satisfaction with statistically significant differences P -value < 0.045 , 0.009 and 0.001 respectively.

Table (7): Shows 87.2% of the democratic leadership style, not exposed to COIVD- 19 previously, negative family history to disease and nurses who worked in the health insurance hospital had high psychological well-being with statistically significant differences

(P -value < 0.001 , 0.009, 0.009 and 0.009 respectively).

Discussion

This study examines the relationship between nurses' ethical climate, psychological well-being, and job satisfaction following Covid- 19 outbreak. The result of the study revealed that the majority of samples are in the age between 30- 40 with mean age 32.3 and years of experience mean 11.8 ± 7.5 ; this was under the study of **Allari & Abu-Moghli (2013)**, who declared that male and female participants were compared with a mean age of 30 years old. Also, **Cerit & Özveren (2019)** assessed the effect of hospital ethical climate on the nurses' moral sensitivity, illustrated that most of the participating nurses were female and were between 27-35 years old. Additionally, the findings agreed with **Tehranireshat et al. (2020)**, who revealed that the nurses' mean age and work experience were 34.9 ± 0.31 and 10.72 ± 0.27 years, respectively.

This study demonstrated that the total mean of hospital ethical climate was 86.9 ± 13.6 ; this corresponds with the study of the results were nearly similar to the study of **Allari & Abu-Moghli (2013)**, which revealed that three of the highest-ranked items of hospital ethical climate were related to relationships with the manager. The total mean score for the ethical climate was 100.09 ± 17.11 .

In the same context, **Cerit & Özveren (2019)** showed that the nurses' mean score related to ethical climate perception was found to be (84.02 ± 19.80) . This might be related to nurses being satisfied with their position in the hospital, good communication between all staff members in the hospital, and decreased disagreement between physicians and nurses. Furthermore, the study results showed that psychological well-being was 403.4 ± 22.0 . This is following **Koskenvuori et al. (2019)** that illustrated that the participants have good psychological well-being. This might be related to that staff nurses were joined to this career by themselves and had satisfaction in their job.

Concerning job satisfaction levels among the studied sample, more than half of the studied nurses have moderate job satisfaction, and one-fifth have high job satisfaction. This result answered the first research question. This finding was consistent with **Emmanuel & Odusanya (2015)** observed that 60% of the respondents had an average level of job satisfaction, while those with high levels of job satisfaction were 34.5% of the respondents. Additionally, **Madhuchandra & Srimathi (2016)** mentioned that majority of the respondents in the study reported that they were satisfied with their work but was not consistent with the results of **Elsherbeny**

and El-Masry, (2018) illustrated that the majority of the studied group expressed low job satisfaction (61.8 %).

One of the study's findings was that the majority of nurses have a satisfactory ethical climate; This result answered the first research question. This finding was consistent with the results of **Tehrineshat et al. (2020)**, who showed that the ethical climate status was average. Moreover, **Borhani et al. (2012)** showed that individuals could have a sense of professional independence in a satisfactory ethical climate, a major factor in job satisfaction.

This study's results approved a moderate positive correlation between hospital ethical climate with psychological well-being and job satisfaction. This result supported by **Ulrich et al., (2007)** study about Ethical climate, ethics stress, and the job satisfaction of nurses and social workers in the United States, and reported a positive ethical climate and job satisfaction protected against respondents' intentions to leave as did perceptions of adequate or extensive institutional support for dealing with ethical issues and suggest several strategies to reduce ethics stress and improve the ethical climate of the workplace for nurses and social workers. Head nurses who use the ethical climate in their work setting treated their workers well, have psychological well-being and job satisfaction, as they work harder in return for the realization of organizational objectives and their level of organizational commitment increases as a result of their job satisfaction(**Celep, & Yilmazturk, 2012**).

Nurse's psychological well-being was affected by stress in the workplace and their attitudes were negatively affected by working conditions (shift, weekend work, inadequate remuneration; more work hours; discrimination and safety at work environment; poor relationship at work; role conflict and ambiguity. All of these stressors had to affect negatively on nurses' attitudes (**Guan et al., 2020 & Huang et al., 2020**),

Practices of ethical climate in hospital work setting provide nurses with a therapeutic and trusting relationship with patients that were decreasing fear, anxiety, and reflected easiness and relaxed work environment that generate a positive attitude, undisturbed psychological response marked by psychological wellbeing that also affected their practices (**Tehrineshat, et al., 2020**).

This study's results approved a strong positive correlation between hospital ethical climate and job satisfaction. This result answered the second research question. This finding was similar to **Abou Hashish & Aly (2017)** findings which revealed significant apposite correlations between nurses' perception of overall ethical work climate and each perceived organizational support, commitment, and job

satisfaction. In addition, the results of a systematic review study show that there is a positive relationship between ethical climate on one hand and job satisfaction, professional competence, personalized care, organizational support, organizational commitment, satisfaction with the quality of care, management of conflicts in the workplace, career beliefs, efficiency, and cooperation between doctors and nurses on the other (**Koskenvuori et al., 2019**). In the same context, **Asgari et al. (2019)** showed that the relationship between ethical climate and job satisfaction was statistically significant.

The results of this study showed that presents the majority of the democratic leadership style have satisfactory hospital ethical climate, more than one-quarter of the democratic leadership style have high job satisfaction, and nearly one-third of the studied psychiatric nurses have high job satisfaction with statistically significant differences but no significant relation between job satisfaction with gender, marital status, head nurse leadership, patient problem, and family history. This result could be related to that nurse who works in general hospital might be affected by stressor less than nurses who works in psychiatric nursing hospitals; also, the psychiatric nurses may be affected by the negative emotion of psychiatric patients, which in turn influence the psychological condition of psychiatric nurses. Additionally, an organizational ethical climate might have an apposite influence on leadership style as follow have an apposite influence on psychological well-being among nurses.

This corresponds with **Nelson et al. (2014)** findings that indicated authentic leadership positively impacts the work climate; thereby, increasing levels of psychological well-being at work. Also, **Emmanuel et al. (2015)** demonstrated that gender, marital status, religion, and length of service were not significantly associated with levels of job satisfaction. Additionally, **Dahri et al. (2020)** indicated that despotic leadership negatively affects job satisfaction and increases emotional exhaustion concerns that further this negative influence of leaders deploying deteriorating job satisfaction among employees.

The results of this study showed that a moderate positive correlation between hospital ethical climate with psychological well-being and job satisfaction ($r=0.403$, $P - \text{value} < 0.001$; $r=0.363$, $P - \text{value} < 0.001$ respectively).

Conclusion:

Our study revealed a moderate positive correlation between hospital ethical climate and psychological well-being and job satisfaction among nurses working at general and psychiatric hospitals in Minia city.

Recommendation:

Further studies are needed to clear indicators as personal and clinical data that influence hospital ethical climate, psychological well-being, and job satisfaction among nurses, especially concerning nurses who work in psychiatric hospitals.

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