



Influence of Perceived Ethical Work Climate on Workplace Alienation among Nursing Staff at Minia University Hospital

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Abstract:

Background: The ethical work climate is an important element affecting nurses' professional ethical practice, commitment, and work alienation. Nurses feel alienated back to the intense workload, and exposure to infection, and have a high level of stress at work. However, nurses are expected to be professionally competent in providing high-quality care ethically, it reflects the success and durability of an organization that seeks to survive and excellence. **Aim:** The current study aims to systematically evaluate the correlation between nurses' perception of ethical work climate and workplace alienation at Minia University Hospital. **Design:** A descriptive, correlational research design was utilized to achieve the aim of the study. **Method:** The sample included a convenient sample of 136 nurses working in the Pediatric department at Minia University Hospital in Minia Governorate, Egypt. The study used two instruments: Ethical Climate Questionnaire, and Work Alienation Scale. **Results:** Illustrated that, (68.4%) of study subjects were in response to a negative ethical work climate, and (31.6%) of them had a positive ethical work climate. Moreover, (53.7%) of nurses had a high level of work alienation, as well as (39.7% & 6.6%) of them had a moderate and low level of work alienation respectively. **Conclusion:** Negative correlation between ethical work climate and workplace alienation of study subjects. **Recommendation:** Establishing a suitable environment for educational and training activities also enhances the work climate and reduces work alienation.

Key Words: Ethical Work Climate, Nurses, Workplace Alienation.

Introduction

The organizational work climate is considered an essential part of improving any organization,

and an important component to detect the actions and behaviors of nurses. besides that, it includes a group of values, attitudes, and practices that depict

any nurses working in a certain organization (**Abo Elfotoh et al., 2021**). Work ethics, from the nurses' perspective, have diverse meanings, however, it is mostly recognized as the ability to identify right from wrong in the workplace. Because of work ethics, a person adopts the right choice and leaves the wrong subject and behavior (**Dalmolin et al., 2022**).

As claimed by **Dinc and Huric (2017)**, the ethical work climate is nurses' perceptions of how ethical issues are handled in their work, and it refers to individual perceptions of the organization that influences attitudes and behavior and serve as a frame of reference for employee behavior. In this regard, Awareness of ethical issues can help nurses to raise their awareness in their activities; it can also enhance people's alertness toward the mutual responsibility of people and the community (**Zadeh et al., 2016**). Moreover, numerous workplace items boost through the role of ethics; these items may influence management and positive ethics which can affect a perfect image of the work setting (**Altuntaş et al., 2021**).

The ethical climate is closely related to moral distress. Moral distress negatively affects nurse and patient outcomes and is tight with the ethical work climate. newly, the significance of structural and organizational factors that configure the contact with nurses' moral distress in the workplace has been emphasized and therefore, researchers have highlighted organizational factors, including ethical climate, to avert and minimize moral distress and its rejection consequences. Nurses'

perception of ethical climate is inversely related to moral distress (**Epstein et al., 2019**).

Workplace alienation is the magnitude of psychological incorporation into an organization in which a nurse works. it can have an impact on a relative grade of a nurse's identity and show participation in the organization's activities. Hence, nurses with lower levels of workplace alienation are less disposed to leave the institution, because it is logically more ethical (**Ali et al., 2022**). Moreover, in nursing, workplace alienation is a cognitive and social condition in which nurses feel detached and estranged from their workplaces. It is a dehumanizing agent, causing the nurse to be an object reacting to work rather than an active participant capable of completing work tasks (**Dajani& Mohamed, 2017**). Workplace alienation emerges as feelings of dissatisfaction with the job and a lack of interest. It denotes isolation from oneself as a result of powerlessness, meaninglessness, normlessness, and self-estrangement (**Islam et al. 2019**).

Work alienation is a social happening in most cultures and is renowned as harm, crisis, or a social problem in a major range of issues, like philosophy, sociology, psychology, and psychiatry, which includes the four-factor of alienation as the following: Powerlessness is the absence of independence that leads to circumstances in which nurses have limited freedom for controlling their work activities (**Hany et al. 2020**). Meaninglessness is the deficit of suitable

appreciation of the association between the current works in which the nurses are participating, and the more outstanding and social purposes of the work. Normlessness emerges when management rules and norms do not efficiently conduct one's behavior toward personal objects. finally, self-estrangement causes work to be a channel for supplying simply external needs such as rewards rather than to be a means for expressing their potential (Özer et al., 2019; Amarat et al. 2019; Durrah 2020).

Work alienation has numerous negative organizational and personal outcomes. First of all, nurses alienated from the work display an abnormal psychological state. on the whole, a nurse finds developments about the job meaningless due to organizational and environmental conditions. In addition to that, workplace alienation affects most of the time operational efficiency and consequently social costs within the work as well as personal job, success, and performance. As a consequence of that, the ineffectiveness of the nurse's increases, and organizational commitment and job satisfaction decrease (Huseyin, 2018). Furthermore, workplace alienation sensation both affects the psychology of the nurses and also causes them to experience consequential distress and anxiety. A nurse feeling increasingly weak, and having routine work problems; can be counted among the likely problems that a nurse alienated from the work may experience(Özer et al., 2019).

Significance of the study:

In the past two decades, growing attention on the concept of an ethical work climate, especially in nursing environments, where nurses

as the largest professional group practice and confrontation a diversity of ethical issues in their daily work. It has been argued that ethical work climate influences nurses' well-being at work and the quality of patient care.

Therefore, an overview of the ethical climate research in nursing would be useful to those interested in the topic, to eliminate nurse turnover (Koskenvuori et al., 2019), can reduce discrimination, injustice, and dissatisfaction, and can increase organizational morale and commitment (Zadeh et al., 2016).

Work alienation is a reflection of the employee's disappointment about their status within the organization (Hassan & Hamed, 2022). Thus, the most important risk to the nursing staff is maintaining their psychological balance between work alienation, job stress, unfairness, and poor ethical work climate. If nursing staff find an adequate ethical work climate in their organizational labor. Hence, as any hospital fighting to use its human resources more effectively to gain competitive prerogatives, the nurse-hospital relationship has always been a research issue of interest. Nevertheless, there is a limited amount of research in the area of ethical work climate and workplace alienation among healthcare professionals. Therefore, the researchers introduce this research to identify the relationship between ethical work climate and workplace alienation among nurses.

Aim of the study

The main aim of this research was to identify the influence of perceived ethical work climate on workplace alienation among nursing staff at Minia

University Hospital, which covered the following objectives:

- To assess the perception levels of ethical work climate among nursing staff.
- To determine the levels of workplace alienation among nursing staff.
- To investigate the influence of ethical work climate dimensions, on workplace alienation factors and personal characteristics among nursing staff.
- To explore the relationship between the study's variables ethical work climate and workplace alienation among nursing staff.

Research questions

1. What is the perception of ethical work climate and the degree of workplace alienation among nurses?
2. Is there a relationship between ethical work climate and workplace alienation among nurses?

Subject and Methods

Technical design:

The research design, settings, subjects, and data collection tools are all included in this design.

Research design

A descriptive, correlative research design was utilized to achieve the study's aim. This design is better suited for explaining nurses' perceptions of both ethical work climate (independent variable) and workplace alienation (dependent variable).

Research Settings:

This study was conducted in the pediatric departments (Oncology Pediatric wards, Pediatric general, Pediatric intensive care units (PICUs), Pediatric Emergency, Neonatal Intensive Care Unit (NICU), Pediatric Dialysis, Electroencephalography (EEG), and Economic Operations) at Minia University Hospital for Obstetric and Pediatric (MUHOP) at Minia City - Egypt, which is

affiliated with the Minister of Higher Education and Scientific Research.

Research Subjects

A convenient sample was used, which include employed 136 nurses who had the desire to contribute to this study, with at least six months of experience, and who work in all departments/units in the aforementioned settings during the time of data collection.

Research instruments:

This study used two tools that comprised following tools:

Tool (I): Ethical work climate questionnaire (EWCQ)

This tool consists of two parts.

Part I. This part was developed by the researchers who encompassed information regarding the study subjects' personal and general characteristics, such as (age, gender, hospital/department names, marital status, level of education, years of experience, and qualifications).

Part II: Ethical work climate questionnaire (EWCQ)

The original form of this tool was developed by **Olson(1995)** and was adapted and translated into Arabic language by the researchers. It aims to assess nurses' perceptions regarding the ethical work climate of the work environment. It consists of (26) items categorized under five dimensions to detect the ethical work climate: nurses' relationships with their peers (four items), patients (four items), managers (six

items), hospitals (six items), and physicians (four items).

Scoring system and interpretation:

The response categories ranged along a five-point Likert Scale, ranging from five = almost always true, four = always true, three = sometimes, two = never true, and one = almost never true. Each nurse member chose one answer only after carefully reading and comprehending it; finally, the score for each dimension was added up and converted to a percentage. The total score range was 26 to 130, and the cutoff point was set at 60% = 78 points. The total perception of ethical work climate was

determined as the following: The negative perception of ethical work climate is if the percent is less than 60% from (26 to 78 points). And the Positive perception of ethical work climate is if the percent is equal to or more than 60% of the total score, which is from (79 to 130 points) (Olson, 1995).

Tool (II): WorkplaceAlienation Scale (WAS)

This tool was developed by Osman (2017) in the Arabic version, and the researchers adopted it to assess the factors of workplace alienation as perceived by nurses. It consisted of 24 items, and it was categorized into four factors, as follows: Powerlessness (five items); meaninglessness (six items); normlessness (six items); self-estrangement (seven items).

Scoring system and interpretation:

Each item was measured by a five-point Likert Scale ranging from five = strongly agree, four = agree, three = neutral, two= disagree, and one = strongly disagree. Finally, the score for each dimension was added up and converted to a percentage. The total score range was 24 to 120, and the cutoff point was set at 60%= 78 points. The total perception of workplace alienation was determined and divided into three levels as the following: The high perception of workplace alienation if

the percentage is equal to or more than 75% of the total score, which is (90 to 120 points), the moderate perception of workplace alienation ranges from 60% to less than 75%, or (57 to 89 points), and the Low perception of workplace alienation if the percentage is less than 60% which is from (24 to 56 points) (Osman, 2017).

Validity:

The instrument of ethical work climate was verified for face and content validation by five specialists of experts in the nursing administration and pediatric nursing of various nursing faculties throughout different Governorates at Minia and Assuit University, to assess the coverage, relevance, and clarity of each statement. According to the opinions of experts, suggested modifications have been made and the study tools were used in their final form. While the workplace alienation tool was validated by (Osman, 2017).

Reliability:

The value of Cronbach's coefficient alpha was utilized to assess the study tool's internal

consistency, which showed $r = 0.95$ for ethical work climate and $r = 0.91$ for workplace alienation, displaying worthy internal consistency of reliability.

Pilot Study:

Over a month, the pilot study was conducted. It was carried out on 14 nurses, representing 10% of the total sample, and excluded from the study's subjects. It was used to ensure the applicability, consistency, clarity, understandable language, and suitability of the instruments, as well as to control any potential obstacles encountered during data collection, and to estimate the time required to fill out the questionnaire was taken at around 15–20 minutes for each participant. According to the findings of the pilot study, necessary changes were made, and acceptance of the final form, the study instrument was improved and rewritten.

Ethical Considerations

Before the beginning of this work, Official permission was granted from the Scientific Research Ethics Committee of the Faculty of Nursing, Minia University, as well as approval to conduct the study was obtained from the dean of the Faculty of Nursing, Minia University. Also, approval was attained from the selected setting from which the data were collected.

An informed agreement was attained from the studied nurses after a plain description of the intention of the study. Participants were assured that all their data are highly confidential; anonymity was strictly maintained through a code number

attached to each studied nurse instrument to protect their privacy. Voluntary participation of the studied nurses was guaranteed as they were told that they are free to extract from the study whenever they wanted without any negative consequences. Confidentiality was affirmed to all participants in the study and the researcher declared that information would be used merely for the research aim.

Fieldwork

Data was gathered over four months, from the beginning of January 2022 to the end of April 2022. The researchers before embarking on the fieldwork, the records of the studied nurses were reviewed, the questionnaire was distributed, and the researchers began collecting data from each previously mentioned sitting on the same day or after two days at two days per week for 16 weeks alternately until the required sample size was fulfilled. Besides that, the researchers met and spoke with the nurses in the hospital during their morning as well as afternoon shifts according to the nurses' and researcher's time and distributed the final version of an interviewing questionnaire sheet that the researchers utilized to collect data from study participants in complete privacy. Also, each nurse had individual interviews at the pediatric departments, which takes 15 to 20 minutes in filling the two tools.

Statistical Analysis:

The IBM SPSS software package (Armonk, New York: IBM Corp) version 22.0 was used to analyze the data, data were entered into the

computer and examined. The normality of data was first tested with a one-sample Kolmogorov-Smirnov or Shapiro-Wilk test. Frequency and percentages are used for describing and summarizing qualitative and categorical data by using suitable graphs and tables. Descriptive statistics were used to determine the mean \pm standard deviations from nurses' characteristics, The Fischer's exact test was used for comparing two or more groups of qualitative variables. Added to that, spearman's rank correlation coefficient test was used to find the correlation between study variables. Statistical significance was considered at a P-Value of 0.05, and a high statistical significance at a P-value of 0.001 throughout all statistical tests within this study.

Study Findings:

Table 1 shows the frequency and distribution of the studied nurses' personal and general characteristics. According to the data, the highest percentage (63.2%) of study subjects were in the age group 30-40 years with a mean score of 32.02 ± 7.74 . The majority (75 %) of them were females, also (72.8%) of participants were married, 41.9% of them had Bachelor of Sciences in Nursing (BSN), and a half (50 %) of them had 5-15 years of experience with a mean score of 12.38 ± 7.84 .

Table 2 indicates that the majority (80.1%) of study subjects in the advowson of response to negative ethical work climate toward hospitals follow (77.2% & 72.8%) of them have negative ethical work climate toward managers and physicians respectively. While (47.1% & 40.4%) of them have a positive perception regarding ethical work climate toward peers and patients respectively.

Figure 1 displays the total perception of the ethical work climate among nurses. The highest percentage (68.4%) of nurses perceived a negative ethical work climate. While (31.6%) of participants perceived a positive ethical work climate score.

Table 3 displays the levels of workplace alienation dimensions among nursing staff. It was apparent that 61.8%, 64.0%, 64.0%, and 68.4% of the nurses were highly alienated due and self-estrangement respectively. Furthermore, the study subjects have a moderate level of all dimensions of work alienation ranging from 30.1%, 30.2%, 32.4%, and 32.4% respectively. to the workplace alienation dimensions of powerlessness, meaninglessness, normlessness,

Figure (2) represents the total levels of nurses' perception regarding workplace alienation scores. It was noticed that the distributive above half (53.7%) of study subjects have a high level of work alienation, as well as (39.7% & 6.6%) of the study subjects having a moderate and low level of work respectively.

Table 4 presents the relationships between the overall ethical work climate, workplace alienation, and personal data of study subjects. This table clarified that there were no statistically significant differences between the overall score of ethical work climate, work alienation, and personal data of study subjects.

Table 5 represents the correlation between ethical work climate and workplace alienation among study subjects. It was clear that overall ethical work climate and workplace alienation ($r = -0.630$, $p=0.001$) were a negative significant correlation.

Table (1): Frequency and distribution of the studied nurses personal and general characteristics.

Personal Characteristics	Nurses (n=136)	
	No	%
Age		
> 30	42	30.9
30-40	86	63.2
< 40	8	5.9
Mean ± SD	32.0221±7.74737	
Sex		
Male	34	25.0
Female	102	75.0
Marital status		
Single	21	15.4
Married	99	72.8
Widowed	10	7.4
Divorce	6	4.4
Educational Qualifications		
Diploma	21	15.4
Institute	55	40.5
Baccalaureate	57	41.9
Other	3	2.2
Years of experience		
> 5	32	23.5
• 5-15	68	50.0
< 15	36	26.5
Mean ± SD	12.3824±7.84201	

Table (2): Frequency distribution of study subjects regarding total dimensions of ethical work climate (no=136).

Dimensions	Negative perception of (EWC)		Positive perception of (EWC)	
	No	%	No	%
Peers	72	52.9	64	47.1
Patients	81	59.6	55	40.4
Physicians	99	72.8	37	27.2
Hospitals	109	80.1	27	19.9
Managers	105	77.2	31	22.8

EWC: E for ethical, W for work, C for climate

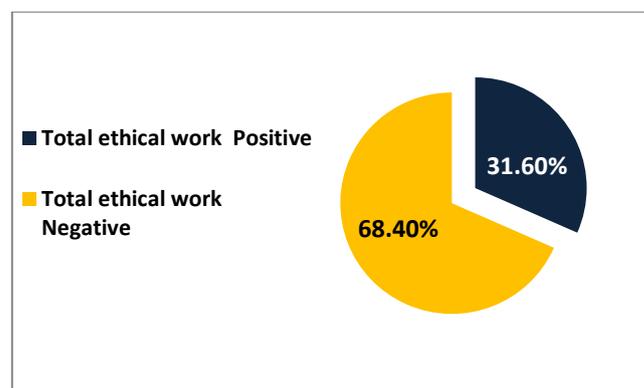


Figure (1): Frequency distribution of the total perception of ethical work climate of study subjects (no=136).

Table (3): Frequency distribution of study subjects regarding levels of workplace alienation dimensions (no=136).

Dimensions	Low		Moderate		High	
	No	%	No	%	No	%
Powerlessness	2	1.5	41	30.1	93	68.4
Meaninglessness	5	3.6	44	32.4	87	64.0
Normlessness	8	5.8	44	32.4	84	61.8
Self – Estrangement	8	5.8	41	30.2	87	64.0

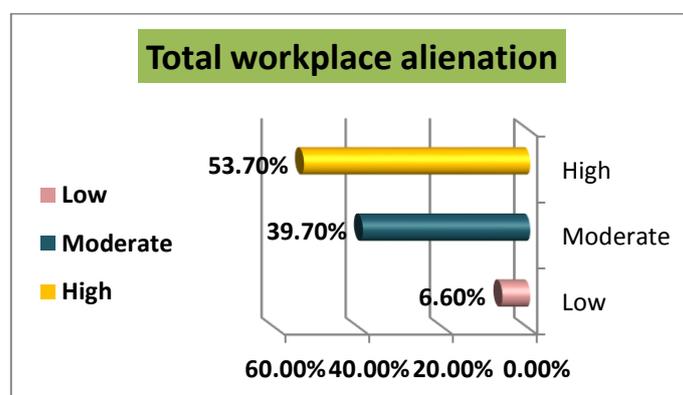


Figure (2): Frequency distribution of total level of nurses' perception regarding workplace alienation (no=136).

Table (4): Relation between ethical work climate, workplace alienation, and personal data of study subjects (no=136).

Items	Ethical work climate (No136)				Fisher – exact p-value	Work alienation(No136)						Fisher – exact p-value
	Positive(93)		Negative (43)			High (9)		Moderate (54)		Low (73)		
	No	%	No	%		No	%	No	%	No	%	
1. Age												
> 30	30	22.1	12	8.9	7.683 .973Ns	5	3.7	23	16.9	38	27.9	7.683 .973Ns
30-40	56	41.1	30	22.1		4	2.9	28	20.6	30	22	
< 40	7	5.1	1	0.7		0	0	3	2.4	5	3.6	
2. Sex												
Male	21	15.4	13	9.6	.918a	3	2.2	14	10.3	17	12.5	.681
Female	72	52.9	30	22.1	.396Ns	6	4.4	40	29.4	56	41.2	.777Ns
3.Marital status												
Single	14	10.3	7	5.1	1.648 .679 Ns	3	2.2	6	4.4	12	8.9	4.366 .579Ns
Married	68	50	31	22.8		6	4.5	40	29.4	53	39	
Widowed	8	5.9	2	1.5		0	0	4	2.9	6	4.5	
Divorce	3	2.2	3	2.2		0	0	4	2.9	2	2.2	
4.Qualifications												
Diploma	15	11	6	4.4	1.110 .807 Ns	4	2.9	6	4.4	11	8.1	8.141 .188Ns
Institute	37	27.2	18	13.3		3	2.2	25	18.4	27	19.9	
Baccalaureat	38	27.9	19	14		2	1.5	23	16.9	32	23.5	
other	3	2.2	0	0		0	0	0	0	3	2.2	
5.Years of experience												
> 5	22	16.2	10	7.4	.116 .970 Ns	4	2.9	11	8.1	17	12.5	2.730 .609Ns
• 5-15	47	34.5	21	15.4		3	2.2	27	19.9	38	27.9	
< 15	24	16.7	12	8.8		2	1.5	16	11.8	18	13.2	

Table (5): The correlation between ethical work climate and workplace alienation of study subjects (no=136).

Study variables	Ethical work climate		Work alienation	
	r	p	r	p
Ethical work climate			-.630-	.001* *
Workplace alienation	-.630-	.001* *		

*: Statistically significant at $p < 0.001$ & $p < 0.01$.

Discussion

Nurses' attitudes and actions are the foundation for corporate effectiveness and survival in a cutthroat, global environment. Because of this, the organizational environment has become more significant in studies of organizational behavior. Researchers have discovered connections between the organizational environment and worker performance, organizational effectiveness, productivity, job satisfaction, organizational commitment, organizational fairness, work motivation, organizational alienation, and organizational empowerment (Abo Elfotoh et al., 2021).

So, we discuss the current study's findings concerning recent literature and other relevant studies to clarify the extent to which the results were confirmed by other studies, explain the implications of the current findings, and discuss the novel thought generated by the findings.

Regarding the personal characteristics data of the nurses, the current study showed that nearly two-thirds of the study subjects were in the age

group between 30-40 years, three-quarters of them were females, also near three-quarters of them were married, less than half of them had baccalaureate degree of nursing, finally, half of them had 5-15 years of experience. The interpretation of the researchers the hospital of MUHOP is separated from the main Minia university hospital so the staff nurse's age group is between 30-40 years old, and the most percentage of students who entered the faculty of nursing were females.

The present findings discovered that the majority of study subjects in favor of response to negative ethical work climate toward hospitals follow about three-quarters of them had negative ethical work climate toward managers and physicians respectively. But less than half of them had positive regarding the ethical work climate toward peers and patients respectively, from the researcher's point of view the negative ethical work climate toward the hospital, manager, and physician might be due to ignoring the role of nurses in the hospital, not participated the nurses in the hospital decision, the manager doesn't support the staff nurses in the different situations, shortage of the nurses in the work area and increase the workload of the nurses.

On the other hand, the nurses in favor responded toward positive work about the peers and patient might due to the mutual respect between patients, peers, and nurses.

This finding of the current study goes parallel with **Abou Hashish, (2017)** who stated that the more nurturing the climate of their organization is perceived by nurses, the stronger their bond to the positive work ethical climate of the organization. Along the same line, the study applied by **Silverman, (2000)** mentioned that a positive ethical climate cannot be created without strong, visible, and consistent support from the administrators and management of the espoused values.

The results of the present study illustrated that more than two-thirds of the studied subjects had a negative ethical work climate and less than one-third of them had a positive ethical work climate, from the researcher's point of view most responded nurses had a negative ethical work climate for the most dimensions of the ethical work climate. This results in disagreement with **Abou Hashish, (2017)** who enumerated that more than fifty percent of nurses had a high work climate. In the same context, the study performed by **Amer et al., (2020)** approved that about two-thirds of the staff nurses had a moderate ethical climate.

Moreover, the ongoing study illustrated about two-thirds of the study subjects had a high level of all dimensions of workplace alienation (powerlessness, meaninglessness, normlessness, and self-estrangement) respectively as well as about one-third of them had a moderate level of all dimensions of workplace alienation. Also, more than half of

them had a high level of work alienation, as well as more than one-third of the studied subjects, had moderate and a minority of them had a low level of workplace alienation. These results might be the majority of work decisions being made without their input, their incapacity to make modifications or pass judgment on their work, as well as their perception of their contributions as being inconsequential, and their lack of job authority. As well as these results were justified by emotions of rage, bitterness, and meaninglessness stemming from not being informed about the changes and having their opinions not taken into account before any decision was made.

In congruent with these findings, **Abd-Elrhaman et al., (2020)** concluded that the nurses experienced work alienation, with the powerlessness factor having the highest mean score and normlessness having the lowest mean score. In the same line findings of **Özer et al., (2019)**, nurses experienced workplace alienation with high

levels of powerlessness and self-estrangement factors. On the other hand, In contrast, to the findings of **Valikhani and Zamani, (2019)**. As well as **Durrah, (2020) & Özçelik et al., (2020)** mentioned that nurses had a moderate level of work alienation.

In addition, the present study illustrates that there are no statistically significant differences between ethical work climate, workplace

alienation, and personal data of study subjects, from the researcher's point of view personal characteristics, do not impact the ethical work climate. This results in agreement with these findings **Abdelrhaman et al., (2020)** mentioned no significance between nurses' years of experience and works alienation. Whereas this result is opposite to the study performed by, **Kanbur (2017)** detected significant differences between participants' gender, marital status, and overall seniority and work alienation levels.

In the same context the study conducted by **Abou Hashish, (2017)** explained that there was a statistically significant relation clear between nurses' ethical work climate and nurses' age. This study is Inconsistent with the findings of **Mohamed et al., (2020)** who found that personal characteristics such as sex, age, years of job experience, and educational qualifications influence the perceptions of nurses regarding the ethical climate.

These findings of the present study summarized that negative correlation between ethical work climate and workplace alienation, from the researcher's point of view a positive work climate enhances the nurse's commitment, effectiveness, sense of value, and productivity while a negative work climate enhances the nurse's turnover and alienation.

This finding agrees with the study executed by **Safan et al., (2018)** who justified that a beneficial work environment can raise

nurses' obligation to their job and minimize their intention to leave. So, inspire and assay a positive working climate that instantly impacts the ethical behavior and attitude of nurses which is the main attention for healthcare providers. In the same context, the study performed by **Mohamed & Gaballah, (2018)** stated that nurses need a more compatible work climate that gives them a sensation of value when they activate useful and particular work. As well, several factors afford a favorable climate besides affecting nurses' accomplishment which includes job simplification, group cohesion, participation in making a decision, mutual effective communications, beneficiary service, and nurse/physician relationship.

Conclusion

The current research concluded that a high percentage of nurses perceived a negative ethical work climate. Also, most nurses were at a high level alienated from their workplace due to factors of powerlessness, meaninglessness, normlessness, and self-estrangement. As well as a negative correlation between ethical work climate and workplace alienation of study subjects with highly statistically significant differences.

Recommendation:

The following recommendations were formed based on the findings of the current study:

- Establishing a suitable environment for educational and training activities enhances the work climate and reduces workplace alienation.
- Enhance the communication within the organization, democratic manager, clear management style, open communication channels, and nurse's value judgments should be borne in mind to prevent alienation.
- Establish a working environment by hospital administrators in which less alienation is experienced and more citizenship behaviors are encouraged by providing nurses with humanitarian working conditions.
- Participate nurses in making and applying decisions.
- Implement the educational training program about the effect of ethical work climate on nurses' work retention
- Nurse managers in hospitals need to assess the ethical work climate and workplace alienation periodically and set up the appropriate innovative counseling interventions for dealing with these situations to ensure high-quality healthcare for patients.

References

- Abd-Elrhaman, E. A., Helal, W. H., &ArabyEbraheem, S. M. (2020).** Organizational Justice, Work Alienation and Deviant Behaviors among Staff Nurses. *International journal of Nursing Didactics*, 10 (01), 01-11.
- Abo Elfotoh, Z. A. Sleem , F. Mohamed, H.A. (2021).** Relation between characteristics of work climate and job empowerment at Mansoura university hospital. *Port Said Scientific Journal of Nursing*, 8 (2), 134-153.
- Abou Hashish, E. A. (2017).** Relationship between ethical work climate and nurses' perception of organizational support, commitment, job satisfaction and turnover intent. *Nursing ethics*, 24 (2), 151-166.
- Ali, M., Usman, M., Soetan, G. T., Saeed, M., &Rofcanin, Y. (2022).** Spiritual leadership and work alienation: analysis of mechanisms and constraints. *The Service Industries Journal*, 1-22.
- Altuntaş, S., Serenİntepeler, Ş., Sökmen, S., Kantek, F., Öztürk, H., & Baykal, Ü. (2021).** The effect of ethical work climate on the organizational citizenship behavior of academic nurses. *International Nursing Review*, 68(1), 15-23.
- Amarat, M, Akbolat, M, Ünal Ö, GüneşKarakaya, B. (2019).** The mediating role of work alienation in the effect of workplace loneliness on nurses' performance. *Journal of Nursing Management*, 27(3):553-9.
- Amer, E. A., Mostafa, G. M., &Helal, W. E. (2020).** Perception of Ethical Work Climate and Organizational Citizenship Behavior among Nurses. *International Journal of Novel Research in Healthcare and Nursing*, 112-122, 7(1).

- Dajani, MAZ, Mohamed, M.S. (2017).** Perceived Organisational Injustice and Counterproductive Behaviour: The Mediating Role of Work Alienation Evidence from the Egyptian Public Sector. *International Journal of Biometrics*, 12:192-201.
- Dalmolin, G. D., Lanes, T. C., Bernardi, C. M., & Ramos, F. R. (2022).** Conceptual framework for the ethical climate in health professionals. *Nursing Ethics*, 09697330221075741.
- Dinc, M. S., & Huric, A. (2017).** The impact of ethical climate types on nurses' behaviors in Bosnia and Herzegovina. *Nursing ethics*, 24(8), 922-935.
- Durrah, O (2020).** Injustice Perception and Work Alienation: Exploring the Mediating Role of Employee's Cynicism in Healthcare Sector. *The Journal of Asian Finance, Economics, and Business*, 30;7(9):811–24.
- Epstein, E. G., Whitehead, P. B., Prompahakul, C., Thacker, L. R., & Hamric, A. B. (2019).** Enhancing understanding of moral distress: the measure of moral distress for health care professionals. *AJOB empirical bioethics*, 10(2), 113-124.
- Hany, S.H, Hassan, R.M, Badran, F.M (2020).** Relation between Organizational Justice and Workplace Deviance Behavior among Staff Nurses. *Egyptian Journal of Health Care (EJHC)*, 1(11):248-59.
- Hassan, A. A., & Hamed, S. A. (2022).** The Relationship between Work Stressors and Alienation among Internship Students. *International Journal of health and science* 140, (01), 343-4292.
- Hu, D., Kong, Y., Li, W., Han, Q., Zhang, X., Zhu, L. X., ... & Zhu, J. (2020).** Frontline nurses' burnout, anxiety, depression, and fear statuses and their associated factors during the COVID-19 outbreak in Wuhan, China: A large-scale cross-sectional study. *EClinicalMedicine*, 24, 100424.
- Huseyin, A. K. (2018).** The relationships between quality of work life, school alienation, burnout, affective commitment, and organizational citizenship: A study on teachers. *European Journal of Educational Research*, 7(2), 169-180.
- Islam, S, Daniyal, J, Shehroze, R.M, Basharat, H. (2019).** The Impact of Organizational Injustice on Work Alienation: Moderating Role of Overqualification. *International Journal of Business and Economic Affairs (IJBEA)*, 4(5):214-23.
- Kanbur, E. (2017).** A Research for Examining Work Alienation through Demographic Characteristics. *International Journal of Academic Value Studies (Javstudies)*, 3(16), 76-86.
- Koskenvuori, J., Numminen, O., & Suhonen, R. (2019).** Ethical climate in the nursing environment: a scoping review. *Nursing ethics*, 26(2), 327-345.

- Lai, J., Ma, S., Wang, Y., Cai, Z., Hu, J., Wei, N., & Hu, S. (2020).** Factors associated with mental health outcomes among health care workers exposed to coronavirus disease 2019. *JAMA network open*, 3(3), e203976-e203976.
- Mohamed, E., Abed, F. A., & Hassan, S. (2020).** The relationship between ethical work climate and organizational commitment among staff nurses: a comparative study. *Egyptian Nursing Journal*, 17(2), 96.
- Mohamed, H. A., & Gaballah, S. (2018).** Study of the relationship between organizational climate and nurses' performance: A University Hospital Case. *American Journal of Nursing Research*, 6(4), 191-197.
- Olson, L. (1995).** Ethical climate in health care organizations. *International nursing review*, 42(3), 85-90.
- Osman, H. H. (2017).** The role of a number of organizational variables in the sense of functional alienation in me Managers and executives in the municipality of Dohuk. College of Administration and Economics, Department of Economics, Nowruz University, Kurdistan Region, Tan Iraq. *Academic Journal of Nawroz University (AJNU)*, 42(3), 85-90.
- Özçelik, S. K., Öztürk, H., & Bahçecik, A. N. (2020).** Effects of organisational restructuring of hospitals on nurses. *Journal of nursing management*, 28(7), 1740-1747.
- Özer, Ö., Uğurluoğlu, Ö., Saygılı, M., & Songur, C. (2019).** The impact of work alienation on organizational health: A field study in health sector. *International Journal of Healthcare Management*, 12(1), 18-24.
- Safan, S. M., Diab, G. M., & Rashad, R. M. (2018).** The relationship between organizational citizenship behavior and organizational climate among nursing staff. *Int J Nur Res*, 4(4), 254-61.
- Silverman, H. J. (2000).** Organizational ethics in healthcare organizations: proactively managing the ethical climate to ensure organizational integrity. *HEC F.*, 12, 202.
- Valikhani, M., & Zamani, S. (2019).** Investigation of demographic factors influencing work alienation among Isfahan Tejarat Bank employees. *Qualitative Research Journal*, 4(5), 1-6.
- Zadeh, J. M., Kahouei, M., Cheshmenour, O., & Sangestani, S. (2016).** Work ethics, organizational alienation, and justice among health information technology managers. *Materia socio-medica*, 28(3), 224.
- Zagenczyk, T. J., Purvis, R. L., Cruz, K. S., Thoroughgood, C. N., & Sawyer, K. B. (2021).** Context and social exchange: perceived ethical climate strengthens the relationships between perceived organizational support and organizational identification and commitment. *The*

International Journal of Human Resource Management, 32(22), 4752-4771.

Zandian, H., Alipouri Sakha, M., Nasiri, E., & Zahirian Moghadam, T. (2021). Nursing work intention, stress, and professionalism in response to the COVID-19 outbreak in Iran: A cross-sectional study. *Work*, 68(4), 969-979.