

The Relation among Moral Distress, Ethical Environment and Self Efficacy as Perceived by Nursing Staff

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Abstract

Background: Moral distress is a complex and challenging issue in the nursing profession that can negatively affect the nurses' self-efficacy and the quality of patient care especially when working in non-ethical environment. **Aim of this study:** To assess the relation among moral distress, ethical environment and self-efficacy as perceived by nursing staff. **Study design:** A descriptive correlational design was utilized. **Setting:** The study was conducted in medical and surgical units at Benha University hospital. **Subject:** All the available the head nurses group and their assistance (54) and simple random sample of the staff nurses group (178). **Tools of data collection:** Three tools were used in data collection; First tool: Moral distress questionnaire, Second tool: Ethical environment questionnaire and third tool: General self-efficacy questionnaire. **Results:** The most head nurse had moderate perception level toward moral distress & staff nurses had high perception level. Also, most of nursing staff had high perception level toward ethical environment. In addition, the highest percentage of the head nurses had moderate perception level regarding self-efficacy & the staff nurses had low perception level. **Conclusion:** There was a highly statistically significant positive correlation between moral distress and ethical environment among head nurses and staff nurses. Otherwise, there was a highly statistically significant positive correlation between self-efficacy and ethical environment. While there was a highly statistically significant negative correlation between moral distress and self-efficacy among staff nurses. **Recommendations:** Maintain nursing staff awareness about moral distress and self-efficacy by conducting educational programs, workshops and conferences to improve outcomes related to patient and the organization. Encourage open communication between nursing staff, supervisors and physicians through conferences and meetings to share best practices.

Key words: Ethical environment, Moral distress, Nursing staff perception, Self- efficacy.

Introduction

Nursing is an essential component in the functionality of the health care system. Nursing services are considered one of the most important elements of the success of the health care process and the nursing profession is the backbone of health activity in health care institutions due to its clear and tangible impact on the health services provided, So nursing represents the largest professional. understanding the problems that faces them

such as inadequate staffing, moral conflicts, ethical conflict with hospital policy, challenging team dynamics, duty conflicting with safety concerns among others and other factors in working environment and overcome these problems is crucial in retaining them (Sabra et al., 2022).

Moral distress is an psychological experience of individuals in response to moral stressors, this experience that occurs as a

consequence of an inability to execute a morally correct action due to institutional, social, or procedural restrictions, when the nurses is aware of a morally correct action. The failure to act morally relates to core values. Universal core values include aspects of fairness, respect, caring and responsibility. **(Riedel et al , 2022).**

The experience of moral distress was related to individual characteristics and nurses' perception of events, which can vary according to differences such as personal values, culture, perception of self-role and nurses' personal experiences. Also, nurses' interpersonal relationships directly affect their level of experience and understanding of moral distress. The dependence and lack of control are important factors in the development of moral distress, which usually occur when nurses' care recommendations for the patient are ignored by the physician. Also, it occurs when nurses are pressured by patients' families to take extra care and an organization that not supports professional nursing practice in provides an ethical work environment **(Hazanfari et al., 2022).**

Ethical environment is a fundamental element of organizational functioning that directly influences both the actions and behaviors of individuals and the community as a whole. It serves as a tool for regulating the internal nursing team, reflecting their attitudes, emotions, expectations and ways of behaving. The ethical environment is the perception of health professionals about the work environment, meaning the reflection on care practices and ethical-related decisions **(Ozdoba et al., 2022).**

Currently, health work environment poses difficulties to the healthcare professionals' work due to the complexity of moral choices and demands they experience daily in care practice, which affected nurse's self-efficacy. An ethical work environment defined as a work setting in which nurses are

able to both achieve the goals of the organization and derive personal satisfaction from their work and fosters a environment in which nurses are challenged to use their expertise, skills and clinical knowledge. Furthermore, nurses who work in such an environment are encouraged to provide patients with excellent nursing care **(Simha and Pandey, 2021).**

Self-efficacy is defined as social cognitive theory that belief in their own abilities to organize and carry out courses of action needed to produce specific future successes. Social cognitive theory supposes that beliefs of self-efficacy affect forms of behaviour, thinking and feeling. When their any deficits, producing negative thoughts that leads to moral stress and makes it more difficult for them to use the resources available to them **(Jurado et al ., 2021).**

Self-efficacy has a numerous benefit in nursing work as sustaining trusting caring relationship, creative problem solving through cooperation in conflict resolving, preserve the standards for mutual respect at work, expansion of safety environment, more concentration on work needs rather than unhealthy relations creating an ethical environment at all levels, and enable nurses to managing and dealing with any bad behaviors with a correct manner. Behavioral expectations must be role-modeled by nurses to display professionalism and support moral principal development **(Al-Hamdan and Bani Issa., 2021).**

There are many national and international studies about moral distress and ethical environment / climate. Egyptian's study showed that ethical environment provides a framework for ethical decision making in the clinical environment and enables nurses to cope with moral distress and other causes of dissatisfaction and recommended to enhance ethical environment in hospitals by creation of suitable working

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environment for professional performance (Abdeen and Atia, 2020).

Significance of the study:

Morality is the integral part of nursing profession. Every day, nurses make many moral decisions in their workplace, but they cannot always act according to their moral commitments in practice, an undesired experience known as moral distress is one of the major issues which many nurses face (Golitaleb et al., 2019). The ethical environment is important to enhancing organizational performance and to set ethical standards for their employees alongside providing an environment that fosters trust and commitment, provides leadership, and creates a high quality of workforce to improve organizational performance and self-efficacy (Sabharwal, 2017).

In addition to self-efficacy is one of the factors that affect the way an individual deals with distress. Self-efficacy is an assurance one feels about certain activities which affects his level of personal efforts and performance. In other words, self-efficacy influences motivation and the stronger the belief, the more motivated and active the person will be. People with higher self-efficacy are more successful when faced with challenges. This is especially true in the profession of nursing staff where they always have to deal with unforeseen situations, which could be factors leading to moral distress (Elkazaz et al., 2019).

From the real contact with the students of the Technical Institute of Nursing during practical training in the hospital, I noticed that nurses were subjected to moral pressure and distress during work, whether from the surrounding environment either the subordinates, doctors, relatives of patient, patients themselves or even the colleagues, with the ethics of the surrounding work environment and the effect of these factors on

the nursing staff self-efficacy and their desire to work. So this study will be conducted to assessing relation among moral distress, ethical environment and self -efficacy as perceived by nursing staff at Benha University Hospital.

Aim of the study

The present study aimed to assess the relation among moral distress, ethical environment and self -efficacy as perceived by nursing staff.

Research questions:

- 1-What is the levels of the nursing staff perception toward moral distress?
- 2- What is the levels of the nursing staff perception regarding ethical environment?
- 3- What is the nursing staff perception level toward self-efficacy?
- 4-Is there a relation among moral distress, ethical environment and self-efficacy?

Subjects and Method

Study design:

Descriptive correlational research design was used to carry out this study.

Setting:

The current study was conducted at Benha University hospital in medical and surgical units.

Subject:

The subject of the study was consisted of two group (1) head nurses and their assistance (2) staff nurses. All the available head nurses and their assistance (54) and the simple random sample of staff nurses (178). Who working in the above-mentioned setting having at least one years of work experience and accept to participate in the study.

Tools of data collection:

Data of present study was collected by using three tools namely:

Tool (1): Moral distress questionnaire

A structure questionnaire developed by the researcher after reviewing the related literature (Barth, et al., 2018; Ramos, et al.,

2019; Berhie, et al., 2020; Sedghi, 2022; Silverman, et al., 2022) to assess nursing staff perception about moral distress. Included two parts:

First Part: Included nursing staff personal data (age, gender, marital status, educational qualifications, and years of work experience).

Second Part: It consisted of (31) items grouped under three main dimensions; which were interpersonal relationship (16) items, divided of staff work relationship (8) items and patient's relationship (8) items, lack of resources (8) items and work stress (7) items.

Scoring system:

Responses of nursing staff were measured on a three points of Likert Scale as follow, (3) Always, (2) Sometimes and (1) Never. The scores for each area of the items were summed up and the total divided by the number of the items, giving a mean score for the part. These scores were converted into a percent score for nursing staff toward moral distress were ranged from (31- 93) scores. With the cut point were done on 60% was 56 scores; High perception level $\geq 75\%$ (70-93) point, Moderate perception level from 60 to $<75\%$ (56-69) point, Low perception level $<60\%$ (31-55) point.

Tool (2): Ethical Environment Questionnaire

A structure questionnaire developed by the researcher after reviewing the related literature (Parker, 2018; Alexander, et al., 2019; Teymoori, et al., 2022; Wang, et al., 2022) to assess nursing staff perception about ethical environment. It consisted of (28) items grouped under five main dimensions as the following: hospital work environment (8) items, working with nursing colleague (8) items, work with physicians (3) items, work with supervisors (4) items and work with Patients (5) items.

Scoring system:

Responses of nursing staff were measured on three points of Likert Scale as

follow, (3) Always, (2) Sometimes and (1) Never. The scores for each items were summed up and the total divided by the number of the items, giving a mean score for the part. These scores were converted into a percent score for nursing staff toward ethical environments were ranged from (28- 84) scores. The cut point were done on 60% was 51 scores; High perception level $\geq 75\%$ (63-84) point, Moderate perception level from 60 to $<75\%$ (51-62) point and Low perception level $<60\%$ (28-50) point.

Tool (3): General Self-Efficacy Questionnaire:

A structure questionnaire developed by researcher after reviewing the related literature (Mattia, 2017; Handiyani, 2019; Riopel, 2021; Brenner, et al., 2022; Dellafiore ,et al., 2022) to assess nursing staff perception about self-efficacy. It consisted of (42) items grouped under four main dimensions as the following: Cognitive dimension (16) items, Social dimensions (10) items, Emotional dimension (9) items, Perseverance and determination dimension (7) items.

Scoring system:

Responses of nursing staff were measured on a three points Likert Scale as follow, (3) Always, (2) Sometimes and (1) Never. The scores for each area of the items were summed up and the total divided by the number of the items, giving a mean score for the part. These scores were converted into a percent score for nursing staff toward self-efficacy questionnaire were ranged from (42-126) scores. With the cut point (score) of 60% was 76 scores; High perception $\geq 75\%$ (95-126) point, Moderate perception level from 60 to $<75\%$ (76-94) point, Low perception level $<60\%$ (42-75) point.

Ethical considerations

Before conducting the study, the respondent rights was protected by ensuring voluntary participation, so the informed

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consent was obtained from each participant after explaining the aim of the study, its potential benefits, methods for filling data collection tools and expected outcomes. The respondent rights to withdraw from the study at any time were assured. Confidentiality of data obtained was protected by allocation code number to the questionnaire sheets. Subjects were informed that the content of the tools used for the study purpose only.

Validity of tools

The tools were tested by Jury group consisted of five experts from Nursing Administration (two Assistant Professors of Nursing Administration from Benha University, two Assistant Professors of Nursing Administration from Tanta University and one assistant professors of nursing administration from ain shames University). Some modifications in Arabic statements were done in tools based on comments of Jury group such as modifying some words in some statements to give the right meaning for the phrase which did not understand clearly and adding or deleting some statements to tools to arrive at the final version of the tools.

Reliability of tool

The reliability was done by Cronbach's Alpha coefficient test to determine the effect to which the tool was related to each other. The test of reliability moral distress questionnaire was (0.855) to the head nurses and (0.712) of the staff nurses, the test of reliability for Ethical environment questionnaire was (0.884) to the head nurses and (0.729) to the staff nurses, while the test of reliability for Self-efficacy questionnaire was (0.842) to the head nurses and (0.730) to the staff nurses.

Pilot Study

A pilot study was conducted at December, 2021 to test the sequence of items feasibility, practicability and applicability of

the tools, clarity of the language and to estimate the time needed for filling each tool. It was done on 10% of the total subjects that is means it was done on 6 head nurses and 18 staff nurses there was no change occurred of the pilot study so this sample was included in the main study sample.

Field work

Data Collection took about three months from January 2022 to March 2022 after securing necessary permissions. The researcher met nursing staff (head nurse & staff nurse) in each units and explained the aim, the nature of the study, the method of filling questionnaire and this was done individually or through group meetings of nursing staff during morning and afternoon shifts after taking the permissions from the head nurse of each unit according to the load of work load in each unit. The researcher distributed the data collection tool with some instruction about how to fill it. The data were collected from nursing staff for three days per week from 10 A.M. to 1.30 B.M. The average time needed to fill questionnaire sheet ranged from (20:25) minutes. The average number of completed sheets daily ranged from 13-14 sheets, the filled forms was revised to check their completeness to avoid any missing data.

Statistical analysis

After completion of data collection, the data was organized, analyzed and tabulated data entry and statistical analysis was done using Statistical Package for Social Sciences (SPSS ver. 25.0). Descriptive statistics were applied in the form of mean and standard deviation for quantitative variable and frequency, percentage for qualitative variable. Test of significance, Chi-square test, independent t- test and One Way Anova test was used to detect the relation between variables. In addition, correlation coefficient (r) test was used to estimate the closeness association between variables. The

P-value is the probability that an observed difference is due to chance and not a true difference. A significant level value was considered when $p\text{-value} < 0.05$ and a highly significant level value was considered when $p\text{-value} < 0.001$.

Results:

Table (1): Indicates that two thirds (66.7%) of the head nurses had age ≥ 40 years old, with Mean \pm S.D. (36.91 \pm 3.07) & the majority (87.1%) of the staff nurses had age ranged from $20 \leq 30$ years old, with Mean \pm S.D. (26.54 \pm 2.91). As regarding to gender the highest percentage (81.5% & 79.2%) of head nurses and staff nurses were female respectively. As related to marital status all head nurses (100%) were married, most of staff nurses (83.7%) were married. As regarding to educational qualifications less than two thirds (63.5%) of the staff nurses had associated degree while more than half (55.6%) of the head nurses had Bachelor degree. According to years of work experience less than two thirds (64.8%) of the head nurses had ≥ 11 year, with mean \pm S.D. (12.41 \pm 3.94) & more than two thirds (67.4%) of the staff nurses had ranged from $1 \leq 5$ years, with mean \pm S.D. (3.83 \pm 2.70).

Figure (1): Clarifies that highest percentage (40.8%) of the head nurses had moderate perception level toward moral distress. While, more than two fifths (40.4%) of the staff nurses had high perception level. Otherwise, the lowest percentage (27.6%) of the staff nurses had low perception level. While, more than quarter (25.9%) of the head nurses had high perception level towards moral distress.

Table (2): Represents that the highest mean score (15.66 \pm 1.92 & 14.6 \pm 2.15) with the mean percentage (74.57% & 69.71%) of the head nurses and staff nurses respectively were related to work stress. While, the lowest mean score (16.84 \pm 1.65 & 15.03 \pm 1.58), with mean percentage (62.37% & 55.67%) of the head

nurses and the staff nurses respectively were related to relation with patient.

Figure (2): Clarifies that about half (50.1% & 51%) of the staff nurses and the head nurses respectively had high perception level as perceived toward ethical environment. While, the lowest percentage (24.1% & 17.4%) of the head nurses and the staff nurses respectively had low perception level.

Table (3): Represents that the highest mean score (20.0 \pm 1.91 & 19.25 \pm 2.07), with mean percentage (90.90% & 87.5%) of the staff nurses and head nurses respectively were related to work with colleague. While, the lowest mean score (18.25 \pm 1.73), with mean percentage (76.04%) of the staff nurses related to hospital work environment & lowest mean score of the head nurses (5.88 \pm 1.38), with mean percentage (73.5%) were related to work with physician.

Figure (3): Clarifies that the highest percentage (50%) of the head nurses had moderate perception level regarding self-efficacy & (47.2%) of the staff nurses had low perception level regarding self-efficacy. While, the lowest percentage (16.7%) less than one fifth of head nurses had low perception level & less than one fifth (15.7%) of staff nurses had high perception level towards ethical environment.

Table (4): Represents that the highest mean score (25.12 \pm 2.00 & 24.62 \pm 2.13) with mean percentage (93.03% & 91.19%) of the head nurses and staff nurses respectively were related to social. While, the lowest mean score (16.71 \pm 2.68 & 16.33 \pm 2.65) with mean percentage (87.94% & 85.94%) of the staff nurses and head nurses respectively were related to perseverance and determination dimensions of self-efficacy.

Table (5): Indicates that there was a highly statistically significant positive correlation between moral distress and ethical environment among nursing staff. Otherwise, there was a highly statistically significant positive correlation between self-efficacy and

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ethical environment. While, there was a highly statistically significant negative correlation between moral distress and self-efficacy among staff nurses.

Table (1): Frequency distribution of nursing staff’s regarding their personal data.

Personal data	Head nurses (n=54)		Staff nurses (n=178)	
	No.	%	No.	%
Age				
20≤ 30	0.0	0.0	155	87.1
30≤ 40	18	33.3	16	9.0
≥40	36	66.7	7	3.9
Mean ±S.D.	36.91±3.07		26.54±2.91	
Sex				
Male	10	18.5	37	20.8
Female	44	81.5	141	79.2
Marital status				
Single	0	0.0	29	16.3
Married	54	100.0	149	83.7
Educational qualifications				
Associated degree in nursing	0	0.0	113	63.5
Bachelor degree in nursing	30	55.6	65	36.5
Advanced studies	24	44.4	0	0.0
Years of work experience				
1≤ 5 years	0.0	0.0	120	67.4
6≤ 10 years	19	35.2	47	26.4
≥11 years	35	64.8	11	6.2
Mean ±S.D.	12.41±3.94		3.83±2.70	

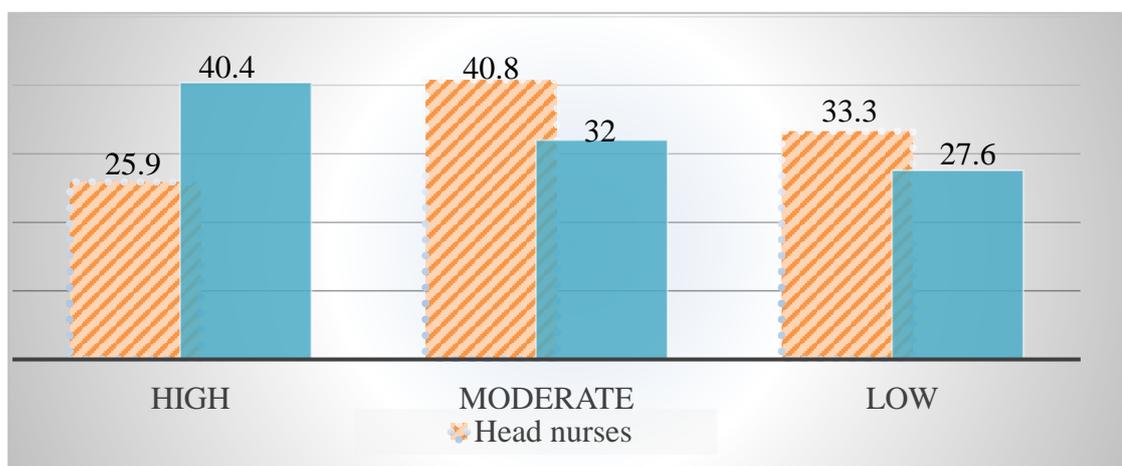


Figure (1): Total level of nursing staff's perception regarding moral distress.

Table (2): Mean score percentage of nursing staff's perception regarding moral distress (n=232).

Moral distress dimensions	Max score	Head nurse	Mean %	Staff nurse	Mean %	t- test	p-value
		Mean ±SD		Mean ±SD			
Relation with colleague	24	16.36 ± 3.05	68.16%	13.61 ± 4.10	56.77%	4.559	.000**
Relation with patient	27	16.84 ± 1.65	62.37%	15.03 ± 1.58	55.67%	7.263	.000**
Lack of resources	24	15.46 ± 2.16	64.41%	13.70 ± 1.93	57.08%	5.368	.000**
work stress	21	15.66 ± 1.92	74.57%	14.64 ± 2.15	69.71%	3.295	.001**
Total moral distress	96	64.34 ± 5.93	67.02%	57.00 ± 7.47	59.37%	7.474	.000**

** Highly statistically significance p<0.001

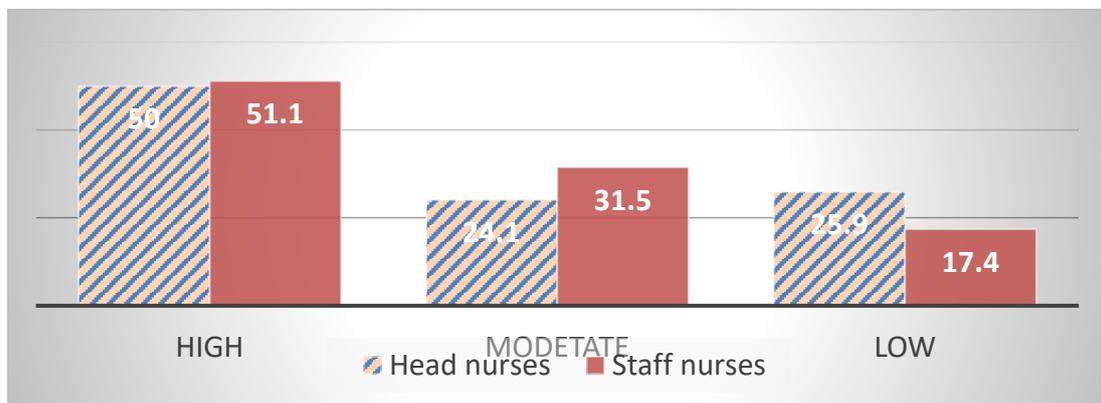


Figure (2): Total levels of nursing staff perception regarding ethical environment

Table (7): Mean score percent of nursing staff's perception regarding ethical environment (n=232).

Ethical environment dimensions	Max score	Head nurse	Mean %	Staff nurse	Mean %	t- test	p-value
		Mean ±SD		Mean ±SD			
Hospital work environment	24	16.16 ± 1.39	67.33%	18.25±1.73	76.04%	8.086	0.000**
Work with colleague	22	19.25 ± 2.07	87.5%	20.00 ± 1.91	90.90%	2.463	0.015*
Work with physician	8	5.88 ± 1.38	73.5%	6.32 ± 1.37	79%	2.042	0.042*
Work with supervisor	12	9.20 ± 2.67	76.67%	9.14 ± 2.25	76.17%	0.158	0.875
Work with patient	15	12.18 ± 1.72	81.2%	11.85 ± 1.59	79%	1.256	0.213
Total ethical environment	81	62.70 ± 6.42	88.30%	65.58 ± 5.55	92.37%	2.975	0.004*

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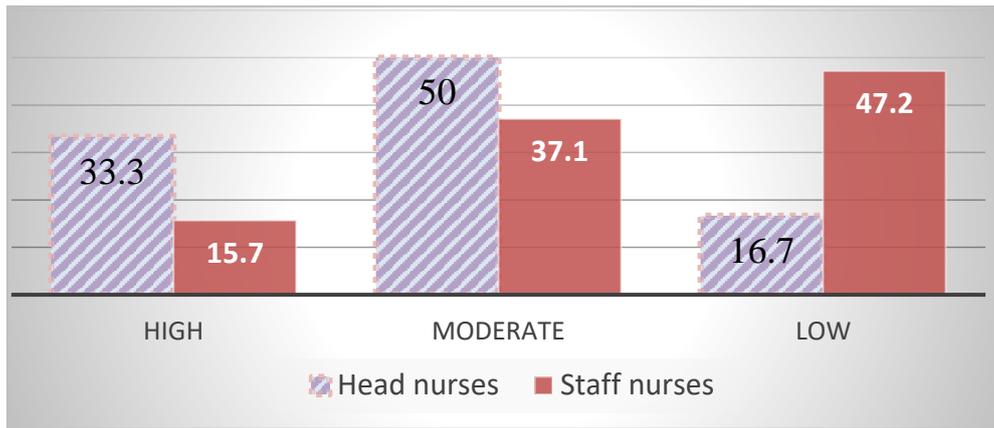


Figure (3): Total level of nursing staff's perception regarding self-efficacy.

Table (4): Mean score percentage of nursing staff's perception regarding self-efficacy

Dimensions of self-efficacy	Max score	Head nurse	Mean %	Staff nurse	Mean %	t-test	p-value
		Mean ±SD		Mean ±SD			
Cognitive	40	36.87 ± 2.42	92.18%	36.37 ± 2.41	90.92%	1.330	.185
Social	27	25.12 ± 2.00	93.03%	24.62 ± 2.13	91.19%	1.531	.127
Emotional	22	20.03 ± 1.67	91.04%	20.68 ± 1.91	94%	2.240-	.026*
Perseverance and determination	19	16.33 ± 2.65	85.94%	16.71 ± 2.68	87.94%	0.913	.362
Total self-efficacy	103	98.37 ± 2.52	95.50%	98.39 ± 2.92	95.52%	0.065	.948

Table (5): Correlation matrix among moral distress, ethical environment and self-efficacy among nursing staff's (n=232).

Variables	Head nurse			Staff nurse			
		Moral distress	Ethical environment	Self-efficacy	Moral distress	Ethical environment	Self-efficacy
Moral distress	r	_____	.847	-.101	_____	.644**	.872
	p-value	_____	.000**	.468	_____	.000**	-.012**
Ethical environment	r	.847	_____	.081	.644	_____	.195
	p-value	.000**	_____	.559	.000**	_____	.009*
Self-efficacy	r	-.101	.081	_____	.872	.195	_____
	p-value	.468	.559	_____	-.012**	.009*	_____

* Statistically significance p<0.05

** highly statistically significance p<0.001

Discussion

In relation to personal data of the nursing staff, the present study results indicated that two thirds of the head nurses had age ≥ 40 years old & the majority of the staff nurses had age ranged from $20 \leq 30$ years old, As regarding to gender the most nursing staff were female. All head nurses were married. While, the most of staff nurses were married. Less than two thirds of the staff nurses had associated degree while more than half of the head nurses had Bachelor degree. Less than two thirds of the head nurses had ≥ 11 year of work experience & more than two thirds of the staff nurses had ranged from 1-5 years of work experience.

This results agreed with **Kwiatosz, Kotus and Aftyka., (2021)**, who conducted study in Poland about “personality traits and the sense of self-efficacy among nurse anaesthetists” they reported that more than two thirds of nursing staff had age ranged from 20 - 45 years old and the majority of them were female and got married. In the same line **Alan.,(2019)**, who conducted study in Turkey about “the personal characteristics of nurse managers and the personal and professional factors that affect them”who revealed that the majority of nursing staff had bachelor degree and associated degree and more than two thirds of the nursing staff was reported work experience had ranged from 1 - 15 years old.

In relation to moral distress level, The finding of the current study clarified that highest percentage of the head nurses had moderate perception level toward moral distress. While, more than two fifths of the staff nurses had high perception level. Otherwise, the lowest percentage of the staff nurses had low perception level. While, more than quarter of the head nurses had high perception level. From the researcher point of view, this result might be due to inadequate experience, lack

of support from organizations and supervisors, inadequate education, lack of knowledge and heavy workload of the staff nurses than head nurse which increased stressful situation and effect their perception about moral distress.

This result is similar with **Riedel et al., (2022)**, who conducted study in England about “a scoping review of moral stressors, moral distress and moral injury in healthcare workers during COVID-19” and reported that the highest percentage of nursing staff had high perception level of moral distress. In addition to, **Clark, Hulse and Polivka., (2022)**, who conducted study in USA about “resilience, moral distress, and job satisfaction driving engagement in emergency department nurses” and found that the studied nurses perception level was moderate level of moral distress.

The finding of this study was in disagreement with **Faraco et al., (2022)**, who conducted study in Brazil about “moral distress experienced by nurse managers in the context of federal university hospitals” and reported that nursing staff had low perception level of moral distress. In the same line, **Lazzari et al., (2020)**, who conducted study in Italy about “moral distress in correctional nurses” and found that nursing staff had high perception level regarding moral distress.

The forgoing results of the current study represented that the highest mean score of nursing staff were related to work stress. While, the lowest mean score of nursing staff were related to relation with patient. From the researcher point of view, this result could be due to lack of nursing staff with increase of work shifts, perform duties outside their role, increase of patient number with different needs in unit, heavy workload along the day and inability to coping with daily stressors

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situations when dealing with patient and their relatives.

The present study was harmony with **Wenwen et al., (2018)**, who conducted study in China about “moral distress and its influencing factors: a cross-sectional study in china” and reported that the nursing staff were had highest mean percentage was related to total work stress of moral distress. In addition to **Chen et al., (2018)**, who conducted study about “Nurses’ perspectives on moral distress: AQ methodology approach” in Taiwan, and reported that the lowest mean percentage was related to relation with patient. On the contrary the present study result was disagreed with **Whittaker, Gillum and Kelly, (2020)**, who conducted study about “burnout, moral distress, and job turnover in critical care nurses” in United States, and founded that highest mean percentage of moral distress was related to lack of resources.

Regarding total level of nursing staff perception in relation to the ethical environment, The results of the current study clarified that about half nursing staff had high perception level toward ethical environment. While, the lowest percentage of the nursing staff had low perception level. From the researcher point of view, this might due to the nursing staff acceptance the policies of hospital, the clear and shared sense of the hospital’s mission and vision and commitment toward hospital.

This result was matching with **Mahbobeh, Leila and Heidari, (2022)**, who conducted study in Iran about “nurses' perception of the ethical climate in the iranian hospital environment” and reported that, the studied nurses had positive and highly perception level about ethical environment. On the same line, **Tokmak., (2020)**, who conducted study in Ankara about “a study on the relationship between ethical climate perception and

innovative work behavior in health workers” and indicated that, the majority of nursing staff had highly perception level toward ethical environment in hospital .

This result was inconsistent with **Abadiga, Namera and Hailu, (2019)**, who conducted study in south west Ethiopia about “relationship between nurses’ perception of ethical climates and job satisfaction in Jimma university specialized hospital” and reported that the most nurses had poor and low ethical environment perception level. Also, **Rabia and Allari, (2018)**, who conducted study about “hospital ethical climate and it’s impact on nurses’ professional values” and founded that the moderate perception of hospital ethical climate.

The ongoing results of the current study represented that the highest mean score nursing staff were related to work with colleague. While, the lowest mean score of the staff nurses related to hospital work environment & lowest mean score of the head nurses were related to work with physician. From the researcher point of view, this result may be due to nursing staff were satisfied with their interactions with peers, patients, managers, and physicians, and the hospital’s vision and goals fit their professional values. The hospital ethical environment perceived by nurses was undoubtedly influenced by organizational factors such as the culture, values and policies of the hospitals they work in. Additionally, the strength of a hospital’s ethical environment might affect nurses’ attitudes about ethical issues and ethical decision-making.

The present study was harmony with **Jiang et al., (2021)**, who conducted study in china about “the association between perceived hospital ethical climate and self-evaluated care quality for covid-19 patients: the mediating role of ethical sensitivity among Chinese anti-pandemic nurses” and

represented that, studied nurses perceived high levels of hospital ethical environment. Additionally, **Evangelos et al., (2022)**, who conducted study “the effect of hospital ethical climate on nurses' work-related quality of life: a cross-sectional study” and reported that the majority of participants nurses had higher value was observed in work with colleague and low value was observed in work environment.

Also, **Lanes et al., (2021)**, who conducted study in USA about “evaluation of ethical climate in health services: a systematic review” and illustrated that, the ethical environment by dimensions had higher scores for the dimension of patients, peers and managers and lower scores for hospital dimension.

On the other hand results was disagreement with **Sarıköse and Göktepe, (2022)**, who conducted study in Turkey about “effects of nurses' individual, professional and work environment characteristics on job performance” and reported that low percentage level of hospital work environment dimension and moderate level regarding work with physicians.

The finding of the current study clarified that the highest percentage of the head nurses had moderate perception level as perceived regarding self-efficacy & the staff nurses had low perception level as perceived regarding self-efficacy. While, the lowest percentage less than one fifth of head nurses had low perception level & less than one fifth of staff nurses had high perception level. From the researcher point of view, this result might be due to self-efficacy plays an important role in determining the quality of one's performance. There are factors which can effect on self-efficacy among nursing staff This factors can be either external such as environmental stressors, age, years of work experience and organizations goals or internal such as nursing staff attitude, values, believes, coping

strategies and self-confident that affect on nursing staff self-efficacy.

This result was supported by the finding of the study carried out in South America **Bernales-Turpo et al., (2022)**, who conducted study about “burnout, professional self-efficacy, and life satisfaction as predictors of job performance in health care workers: the mediating role of work engagement” and demonstrated that more than half of nursing staff had moderate levels of self-efficacy. On the other side this study was disagreement with **Tyler et al., (2012)**, who conducted study in Missouri about “clinical competency, self-efficacy, and job satisfaction: perceptions of the staff nurse” and clarified that three fifth of the nursing staff had high perception level of self-efficacy.

The forgoing findings of the current study represented that the highest mean score and mean percentage nursing staff were related to social dimension. While, the lowest mean score and mean percentage nursing staff were related to perseverance and determination dimensions of self-efficacy. From the researcher point of view this results might be due to self-efficacy influence that, nurses develop a repertoire of mental schemas that influences their interpretation, perception and coping with stressful situations.

This finding was supported by **Liu and Aunguroch, (2019)**, who conducted study in China about “work stress, perceived social support, self-efficacy and burnout among chines registered nurses” and showed that the most of studied nurses had high mean score related to social support. In additional to **Al-Hamdan, and Bani Issa, (2021)**, who conducted study in Jordan about “the role of organizational support and self-efficacy on work engagement among registered nurses in Jordan: a descriptive study” and reported that nurses had low mean score regarding determination dimensions of self-efficacy.

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While this result was inconsistent with **Lin and Ward, (2016)**, who conducted study about “perceived self-efficacy and outcome expectancies in coping with chronic low back pain” and showed that self-efficacy was high mean score related to perseverance of coping effort.

The findings of the present results indicated that there was a highly statistically significant positive correlation between moral distress and ethical environment among head nurses and staff nurses. Otherwise, there was a highly statistically significant positive correlation between self-efficacy and ethical environment. While, there was a highly statistically significant negative correlation between moral distress and self-efficacy among staff nurses. From the researcher point of view this result might be due to the ethical environment essential for providing better nursing care and increasing patient safety. Ethical environment that enhancing the ethical practice environments in healthcare institutions can lead to nursing staff better coping with moral distress in their practice environments, so helps to decrease nursing errors. Regarding staff nurses there were negative correlation between moral distress and self efficacy when staff nurses had high level of moral distress might be due to restraint of healthcare resources, inadequate staffing, non ethical work environment, lack of or ineffective communication, hospital policies and hierarchy of power. All this factors increase stressful situation the staff nursing meet daily, consequently the staff nurse self-efficacy and their performance was affected by them in negative way.

This finding was supported by **Elsherif and Sabra, (2022)**, who conducted study in Egypt about “compassion, self-efficacy and perceived stress among nurses working at Tanta mental health hospital” and showed that a highly negative statistically significant

correlation was found between perceived stress and self- efficacy. In the same line **Abdeen and Atia, (2020)**, who conducted study in Egypt about “ethical work climate, moral courage, moral distress and organizational citizenship behavior among nurses” and reported that the highest percentage of studied nurses had a high level of moral distress and low level of ethical environment. In the same direction, **Shafipour et al., (2019)**, who conducted study in Iran about “relationship between moral distress and ethical climate with job satisfaction in nurses” and reveal that a significant relationship between moral distress and the ethical environment among nursing staff.

This result was disagreement with **Altaker, Howie-Esquivé and Cataldo, (2018)**, who conducted study in Colombia about “relationships among palliative care, ethical climate, empowerment, and moral distress in intensive care unit nurses.” and illustrated that moral distress and ethical environment were negatively correlated, with lower moral distress levels in a positive ethical environment.

Conclusion

Based on the study finding it was concluded that, the most head nurse in medical and surgical units at Benha University Hospital had moderate perception level toward moral distress. While the staff nurses had high perception level towards moral distress. Also, the most of nursing staff had high perception level toward ethical environment. In addition to, the highest percentage of the head nurses had moderate perception level regarding self-efficacy & the staff nurses had low perception level towards self-efficacy. Finally, there were a highly statistically significant positive correlation between moral distress and ethical environment among nursing staff. Otherwise, there was a highly statistically significant

positive correlation between self-efficacy and ethical environment. While, there was a highly statistically significant negative correlation between moral distress and self-efficacy among staff nurses.

Recommendations

Hospital level:

-Hospital administration should develop policies, rules and regulations about ethical rules that nursing staff follow to dealing with any work problems, stressful situations.

-The organizing training and promotion of the idea of ethical environment among nursing staff through participation in workshops, seminars or periodic counseling to develop leadership competencies among nurses.

- Nursing managers must provide support for nurses in various forms such, the presence of responses on the level of performance, spread the organizational culture that encourages cooperation, participation and teamwork.

Nursing level:

-Maintaining nursing staff awareness about moral distress and self-efficacy by participating educational and training programs, workshops and conferences to improve outcomes related to patient and the organization.

- Managers should appreciation of professional categories supports work diversification and the creation of respectful relationships, which encourages team self-efficacy.

- Nursing managers must develop strategies for clarify the tasks and provision of appropriate standards and develop ethical rules for the profession that clarify the limits and standards for the nurses.

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العلاقة بين الضيق الأخلاقي والبيئة الأخلاقية والكفاءة الذاتية كما يدركها طاقم التمريض

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الضيق الأخلاقي مشكلة معقدة وصعبة في مهنة التمريض ويمكن أن تؤثر سلبيًا على الكفاءة الذاتية للممرضات وجودة رعاية المرضى خاصة عند العمل في بيئة غير أخلاقية. لذا هدفت الدراسة الي تقييم العلاقة بين الضيق الأخلاقي والبيئة الأخلاقية والكفاءة الذاتية كما يراها طاقم التمريض. تم استخدام تصميم ارتباط وصفي. وأجريت الدراسة في مستشفى جامعة بنها في الوحدات الباطنية والجراحية. حيث تتكون عينة الدراسة من مجموعة رؤساء التمريض (54) وطاقم الممرضين (178). وظهرت النتائج بأن كان لدى معظم رؤساء التمريض مستوى إدراك معتدل فيما يتعلق بالضيق الأخلاقي وكان لدى طاقم الممرضين مستوى عال من الإدراك. أيضًا ، كان لدى معظم طاقم التمريض مستوى عالٍ من الإدراك تجاه البيئة الأخلاقية. بالإضافة إلى ذلك ، كان لدى أعلى نسبة من رؤساء التمريض مستوى إدراك معتدل فيما يتعلق بالكفاءة الذاتية وكان مستوى الإدراك لدى طاقم الممرضين منخفضًا. كما توجد علاقة ارتباط موجبة ذات دلالة إحصائية عالية بين الضائقة الأخلاقية والبيئة الأخلاقية بين رؤساء التمريض وطاقم الممرضين. وبخلاف ذلك ، كان هناك ارتباط إيجابي ذو دلالة إحصائية عالية بين الكفاءة الذاتية والبيئة الأخلاقية. بينما ، كانت هناك علاقة سلبية ذات دلالة إحصائية عالية بين الضيق الأخلاقي والكفاءة الذاتية بين طاقم التمريض. واوصت الدراسة بالحفاظ على وعي طاقم التمريض بالضيق الأخلاقي والكفاءة الذاتية من خلال إجراء البرامج التعليمية وورش العمل والمؤتمرات لتحسين النتائج المتعلقة بالمرريض والمنظمة.