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The Relationship Between Work Environment and Moral Sensitivity among the Nursing Faculty Assistants

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Abstract: Understanding work environment in an academic setting would have certain implications for both faculty members and administrators. Little attention was considered for studies about work environment among academia, in general and nursing academic institutions, in particular, in comparison to the much attention given to the clinical settings. Accordingly, the faculty of nursing has a moral and ethical responsibility to provide a positive work environment for its faculty members to work and to promote their abilities in achieving the organizational and personal objectives. This study aimed to investigate the relationship between work environment and moral sensitivity among the nursing faculty assistants. The study was carried out in all academic departments (n =9) at the Faculty of Nursing Alexandria University. The study subjects comprised all nursing faculty assistants who are affiliated to any of the academic departments (n= 116). A package composed of two instruments was used to collect data, namely Academic Work Environment Questionnaire (AWEQ) and Moral Sensitivity Questionnaire (MSQ). Data were analyzed using descriptive and inferential statistics. Results point to a significant positive relation between academic work environment and moral sensitivity as perceived by the faculty assistants. Specific factors in the work environment such as relation to superior and colleagues, stress, engagement, perceived anxiety, physical and mental problems had an influence on the moral sensitivity among the faculty assistants in the academic setting. Assistant lecturers were more focused on work environment reporting physical and mental problems as the highest impacting factor compared to the perceived anxiety and stress for demonstrators and clinical instructors respectively. Engagement had the lowest rank among work environment factors. In addition, respondents perceived the dimension of expressing benevolence of moral sensitivity as the highest rank among faculty assistants. Conversely, rules had the lowest rank among assistant lecturers and demonstrators in comparison to the interpersonal orientation for clinical instructors In conclusion; this study recommended that improvement of faculty assistants' work environment by motivating and developing their professional and academic competencies to devote ethical academic climate and inspiring the new generations of academic personnel.

Key words: Faculty members · Nursing academic institutions · Physical and mental problems · Rules

INTRODUCTION

Healthy work environments become a significant magnet criterion for the faculty members to accept a new, or maintain a current, academic position. Assessing the work environment for the purpose of identifying characteristics which could increase faculty retention and recruitment could be valuable to reputable educational institutions [1].

With the current and predicted shortage of nursing faculty, the need to develop a professional environment that sustains productive faculty becomes extremely important than ever before. An institutional environment promote excellence in nursing education, as well as satisfaction among teaching staff is necessary to fill vacancies and revitalize current academic staff [2]. Nursing faculty has multiple role functions and is expected to perform in several capacities, such as

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teaching, scholarly projects and service. A clear understanding of the work environment in an academic setting would seem to have implications for both nursing faculty and students [3].

The National League for Nursing (NLN) defined an academic work environment for nursing faculty as the context that enables faculty to provide quality nursing education (NLN) [4]. In addition, there may be unique factors in academia that have not emerged in prior research studies about work environment. Academic Work Environment Questionnaire (AWEQ) Tool was developed and designed to include five areas identified as critical to a healthy academic work environment. These five areas were used in this study to organize the discussion related to components of healthy academic work environment, namely: Relation to superior and colleagues, Stress, Engagement, Perceived anxiety, Physical and mental problems [5]. The impact of each of these components on the faculty assistants in nursing academic setting and approaches nursing faculty and nursing education administrators can use to work together to assess and enhance the health of nursing academic workplaces will be discussed [5-7].

In academic nursing educational institutions, the faculty assistants comprise the major component of academic clinical teaching environment. They are pivotal components in the clinical teaching efficacy. They ought to have a very significant effect on student nurses' performance and, thereby, successful clinical teaching-learning process as well as organizational effectiveness. Moreover, quality clinical teaching process, patient care quality and safety in addition to productivity are also found to be impacted by their significant role [8, 9].

The faculty assistants are confronted by different stressors. Vermunt and Steensman [10], Misra and McKean [11] have defined stress as the perception of discrepancy between environmental demands (stressors) and individual capacities to fulfill these demands. According to Rees and Redfern [12] they pointed out that stress in academic institutions can have both positive and/or negative consequences. Research studies have identified many negative stressors are heavy academic workload/clinical load, competition and fear of failure, increasing responsibility, difficulty in planning the job due to the lack of job description [2, 3, 10]. Studies on the effect of different academic environmental stressors on nursing faculty members indicate that these stressors can impact their behavior, mood, cognitive function, physical health and/or psychological well-being [10, 12, 13]. For the positive consequences of stressors on the academic staff, Volkwein and Zhou [14] who had studied the effects of motivational factors on employees job satisfaction in an academic setting, argued that several work-related variables exert positive and significant influences on faculty satisfaction: a supportive organizational culture, teamwork, relationships with colleagues and superiors, worker autonomy, recognition, morale, respect and self-fulfillment.

Sources of stressors are different [10]. Ethical problems are considered as a major source of tension for health professionals in service as well as academic settings. Nursing faculty members face a constant competition between their professional ethics and their organizational ethics. Misunderstandings or conflicts may result from differing perceptions of ethical problems [15]. Moral sensitivity has recently become a significant area of interest for the professionals. Moral sensitivity is a composition of consciousness on many ethical dimensions such as moral burden, peace, responsibility and the importance attached to the ethical dimensions [16] it could be claimed that usually a moral issue arises when the goals, plans, desires and expectations of people are in conflict. Based on this assumption Lützén K [17] had proposed that crucial to the moral domain is the sensitivity to the welfare and rights of others, especially when they conflict with one's own interest and this sensitivity may be reflected in one's concerns about the consequences of one's actions for others. Also it is an internal factor in person that helps him to distinguish between right and wrong, as well as the willingness to be open to the vulnerability in others.

In spite of the increased interest in studying moral sensitivity among nursing practitioners and educators, several questionnaires were developed for assessment [8, 15, 16, 18]. For the current study, the authors decided to use a modified version of the Moral Sensitivity Questionnaire (MSQ) developed by Iützén and Nordin [19] to measure the faculty assistants' moral sensitivity. This questionnaire was designed to investigate six factors, which are: Expressing benevolence, Interpersonal orientation, Structural moral meaning, Modifying autonomy, Experiencing conflict and Rules. "Expressing benevolence" refers to the actions which are motivated by doing what is believed to be 'good' or in the best interest of the faculty staff, focusing on interpersonal orientation, such as building a trusting relationship with

the student and finding ways of responding to his/her individual needs; structural moral meaning, which refers to the ways of deriving moral meaning from decisions made and actions taken; "modifying autonomy" which refers to a strategy taken when a nurse faculty perceives the need to limit a student's autonomy. However, at the same time remaining aware of the principle of self-choice; and experiencing both moral conflict and confidence in nursing knowledge means "experiencing conflict", last of all, 'rules' refer to the actions instructed by routines and academic policies.

The purpose of this study was to investigate the relationship between work environment and moral sensitivity among nursing faculty assistance. Hopefully, this study will lead to positive changes in the nursing faculty's work environment and to increase ability of faculty personnel in recognizing a morale academic climate [20].

MATERIALS AND METHODS

Material: This study focused on the relationship between work environment as measured by "Work Environment Questionnaire" [5-7] and moral sensitivity as measured by "Moral Sensitivity Questionnaire" [17-19] as both being applied in the academic setting instead of the care providing settings.

Design: Cross-sectional descriptive correlative design was selected for this study.

Setting: All academic departments at the Faculty of Nursing, Alexandria University were selected to be the setting for the current study (n=9). These are namely: Medical and surgical; Critical care and emergency; Obstetric and gynecological; Pediatric; Geriatric; Nursing administration; Community health; Nursing education and Psychiatric and mental health nursing.

Subjects: The target population for this study was all nursing faculty assistants (n = 137) affiliated to work in any of the academic departments included in the study. From the target population, a non-probability, convenient sample consisted of all available nursing faculty assistants (n=116) at the time of data collection, were invited to participate in the study. The participants included assistant lecturers, demonstrators and clinical instructors who are participating in clinical education of nurse students either in the clinical practice settings (hospitals or healthcare centers), or in the clinical skills laboratories in the faculty campus. The subjects' characteristics are illustrated in Table 1.

Table 1: Distribution of Socio-demographic characteristics of the Faculty assistants

	The faculty assistants (n=116)	
Socio-demographic characteristics	No	%
Academic department		
Medical surgical	32	27.6
Critical	10	8.6
Nursing Education	10	8.6
Administration	12	10.4
Obstetrics	8	6.9
Pediatrics	11	9.5
Community	13	11.2
Geriatric	8	6.9
Psychiatric	12	10.4
Marital status		
Single	50	43.1
Married	66	56.9
Age group		
< 25 y.	22	19.0
25 > 30 y	35	30.2
30 > 35 y	32	27.5
35 > 40 y	17	14.7
40 + y	10	8.6
Educational Qualification		
B.Sc.N.	57	49.1
Master	59	50.9
Years of experience		
1 > 5 y	36	31.0
5 > 9 y	42	36.2
9 > 12 y	10	8.6
12 + y	28	24.2
Academic position		
Assistant lecturer	57	49.2
Demonstrator	41	35.3
Clinical instructor	18	15.5

Instruments of the Study: The subjects were handed the instrument package that contained two instruments, namely: Academic Work Environment Questionnaire (AWEQ) and Moral Sensitivity questionnaire (MSQ).

Academic Work Environment Questionnaire: This questionnaire was essentially derived from "Work Environment Questionnaire" that was developed and measured for its validity and reliability by Severinsson and Kamaker [5]. Since the essential questionnaire was developed in accordance with nurses' work environment, it was modified in a manner to be suitable to be used in

the academic setting. For this purpose, rewording or rephrasing of the statements was done. For example, the word "Supervisor" was used instead of "Boss", "Clinical Work setting" instead of "Work place". The questionnaire geared toward measuring faculty assistants' view toward their work environment in relation to five main factors (n= 39 items) namely: *Relation to superior and colleagues*, (12 sub-items), *Stress* (8 sub-items), *Engagement* (7 sub-items), *Perceived anxiety* (6 sub-items) and *Physical and mental problems* (6 sub-items). The instrument's statements were answered on a six-point Likert scale anchored by the terms 'strongly disagree' (1) and 'strongly agree' (6). The content validity, construct validity and reliability of the essential WEQ had been previously established (the overall alpha coefficient was 0.91 [22]. For the current questionnaire (AWEQ), alpha coefficient was 0.76.

Moral Sensitivity Questionnaire: The questionnaire, assigned for the subject of Moral Sensitivity, was a modified version of The Moral Sensitivity Questionnaire (MSQ), the 27-items, 7-point Likert-type scale that was initially developed by Lützen [17]. The content validity, construct validity and reliability of MSQ have been previously established Alpha coefficient 0.73 [19]. Since the essential questionnaire is applicable for nurses working with patients, the current questionnaire was modified to be suitably applicable to academic personnel and be used to measure the nursing faculty assistants' Moral Sensitivity. For this objective, restatement or rephrasing of the statements was done. For example, the word "Student" was used instead of "Patient", "Faculty Assistant" instead of "Nurse". The questionnaire is consisted of 23 items, classified into six factors. These factors were: *Interpersonal orientation* (n =6 sub-items), *Structural moral meaning* (n=4 sub-items), *Expressing benevolence* (n=4 sub-items), *Modifying autonomy* (n=3 sub-items), *Experiencing conflict* (n =3 sub-items) and *Rules* (n =3 sub-items). For the purpose of the current study, the factors were operationally defined. Interpersonal orientation, which focuses on building a trusting relationship with the students, colleagues and faculty and finding ways of responding to their individual needs; structural moral meaning, which refers to the ways of deriving moral meaning from decisions made and actions taken in relation to professional and personal relations; express benevolence or moral motivation to do "good"; modifying autonomy, which refers to a strategy taken when a nurse faculty assistant perceives the need to limit a student's autonomy, while at the same time remaining aware of the principle of self-choice; and experiencing moral conflict and confidence in medical and nursing knowledge and clinical experiences while teaching students and work with colleagues and superiors. Responses to each sub-item were measured on 5- point Likert scale as follows: 5=strongly agree and 1=strongly disagree. In addition, selected personal and occupational characteristics of the studied subjects were added. The content validity, construct validity and reliability of MSQ were assured for the current version; Alpha coefficient was (0.78).

Method of Data Collection: After obtaining the official permissions from the Faculty of Nursing administration and heads of academic departments, the study tools were modified and then submitted to five experts' panel in the field of the study from the Faculty of Nursing, Alexandria University for its content validity. Accordingly the necessary modification was done. Consequently, pilot study was carried out on 10% of faculty assistances affiliated to quality assurance and Educational Development Center (EDC) (n=12) and who were previously affiliated to the academic departments, in order to ensure clarity of tools and time consumption for filling the questionnaire. The decision was made to conduct the pilot study on those subjects in order not to contaminate the sample, for their limited number. Accordingly, they were excluded from the main study sample. Data was collected by one of the researchers who distributed the questionnaire sheets herself to the subjects and received the completed sheets either at the same time or later. The total response rate was 84.7% (n=116). The data collection procedure consumed the period from September to the end of December 2009.

Ethical Considerations: All participants had received both oral and written information about the aim of the study from one of the authors. They were informed that participation was voluntary. An assurance was given that subjects' responses would be handled anonymously and with confidentiality. The questionnaire had a cover sheet indicating that all data would be used for research purposes only and would be safely stored. There were no apparent risks or benefits for the participants in this study.

Statistical Analysis: Data were analyzed by descriptive and inferential statistics. Statistical Package for Social Science software (SPSS version 17.0) was used for the statistical analysis. Internal consistency for both tools

was tested by Cronbach's-α. Descriptive data (mean and SD) of each item was carried out. Differences in the responses among participants were determined as related to predetermined selected characteristics using t-test and F-test. Rank correlation coefficient was used to calculate the correlation between the factors. A P-value of <0.05 was regarded as significant.

RESULTS

One hundred sixteen respondents were completed the questionnaire sheets. Table 1 shows the distribution of socio-demographic characteristics of the Faculty assistants. It was observed that from this table more than a quarter (27.6%) of the faculty assistants are affiliated to the "Medical and Surgical" department and nearly half of them (56.9%) were married with the age group ranging from 25 years old to less than 30 years old (30.2%). Regarding the years of experience, 36.2% of The faculty assistants had 5 years to less than 9 years experience and had the Master's degree (50.9%) working as assistant lecturers (49.2%).

Table 2 presents faculty assistants' perception to their work environment as distributed by their socio-demographic characteristics. In relation to the academic department, the faculty assistants of the "Obstetric Department" were highly mean score for perceiving their work environment in term of physical & mental problems (4.38±0.50). On the other hand, the least mean score was recorded for relation to superiors and colleagues among the faculty assistants of the "Psychiatric Department" (3.35±0.32). In addition, physical and mental problems were the only factors that had highly mean score more as perceived by the faculty assistants of selected socio-demographic characteristics who were married with age group 35 year old to less than 40 years old, had 9 years to less than 12 years of experience, working as assistant lecturers as well as holding a master degree (3.87±0.57, 3.93±0.54, 4.07±0.18, 3.95±0.51 and 3.95±0.51, respectively).

Meanwhile, engagement was the only dimension that was lowest mean score as perceived by the faculty assistants was denoted for selected socio-demographic characteristics, who were married, with age group less than 25 years old, they had 12 and more years of experience, working as demonstrators, as well as holding a B.Sc.N degree (3.51±0.44, 3.44±0.53, 3.51±0.42, 3.50±0.51 and 3.52±0.51, respectively). Besides, there was statistically significant difference among the faculty assistants regarding mean scores for work environment factors as related to physical & mental problems and total work environment with Academic department, stress with age group and academic position (F-Value 3.323, 2.081, 2.326 and 2.962, P< 0.01 respectively).

In relation to moral sensitivity, Table 3 illustrates Faculty assistants' perception to their moral sensitivity as distributed by their socio-demographic characteristics. It was found that perception of The faculty assistants regarding moral sensitivity dimension of "structuring moral meaning" is considered as the highest mean score of the "Pediatric Department" (4.25±0.49); however, "rules" was the least mean score recorded by the "Psychiatric Department" (3.36±0.61). In addition, the faculty assistants who were married, aged from 35 years old to less than 40 years, had 12 years experience and a master degree as assistant lecturers were significantly apparent in "Expressing benevolence" dimension. (4.02±0.40, 4.10±0.41, 4.04±0.37, 4.04±0.45 and 4.04±0.37, respectively).

Despite the fact that they perceived the lowest mean score of the moral sensitivity dimensions was "rules" for Faculty members as regards single, aged have less than 25 years old, who had 1 year to less than 5 years experience and B.Sc.N (3.53±0.58, 3.23±0.53, 3.52±0.59 and 3.57±0.58 respectively), as well as "interpersonal orientation" (3.55±0.41) for clinical instructor.

A statistically significant difference was observed among the faculty assistants regarding the mean scores for all moral sensitivity dimensions namely; expressing benevolence with marital status, age group, educational qualification and academic position t-Value -1.190, F-Value 3.297, -2.118 and 2.265 respectively, (P<0.01). Moreover, rules and total moral sensitivity with age group (F-Value 4.432, 4.464 respectively; P<0.01).

Table 4 illustrates a comparison of mean scores of the work environment factors among the faculty assistants as distributed by their academic positions. Physical and mental problems were ranked firstly as the highest mean score of work environment factors used by assistant lecturer (3.95±0.51). Concerning the demonstrator, the same table reveals that the highest mean score was perceived anxiety (3.79±0.42) as the first work environment factor. In addition, stress was the highest mean score perceived by clinical instructors as first work environment factor (3.92±0.45). On the other hand, 'engagement' was ranked as the least mean score received for work environment factors by assistant lecturer, demonstrator and clinical instructor (3.55±0.41, 3.50±0.51, 3.56±0.52, respectively). Moreover, there was a statistically significant positive rank correlation among the faculty assistants as regards mean score of work environment factors ($r_s = 0.70$, $p<0.05$).

Table 2: Faculty assistants' perception to their work environment as distributed by their socio-demographic characteristics

	Work environment subscales					
Socio- demographic characteristics	Relation to superiors & colleagues X±SD	Stress X±SD	Engagement X±SD	Perceived anxiety X±SD	Physical & mental problems X±SD	Total work environment X±SD
Academic department						
Medical/surgical	3.61±0.37	3.70±0.39	3.54±0.45	3.79±0.41	3.82±0.64	3.69±0.27
Critical	3.70±0.50	3.65±0.51	3.76±0.47	3.85±0.45	3.85±0.45	3.76±0.19
Nursing Education	3.67±0.48	3.71±0.69	3.70±0.50	3.73±0.68	4.00±0.32	3.76±0.28
Administration	3.85±0.53	3.66±0.54	3.55±0.50	3.54±0.42	3.42±0.74	3.60±0.43
Obstetrics	3.57±0.43	3.88±0.29	3.75±0.31	3.79±0.26	4.38±0.50	3.87±0.17
Pediatrics	3.80±0.35	3.71±0.40	3.44±0.54	3.82±0.25	3.74±0.59	3.70±0.28
Community	3.60±0.39	4.08±0.46	3.45±0.42	3.97±0.43	4.12±0.59	3.84±0.24
Geriatric	3.62±0.26	4.08±0.62	3.38±0.30	3.79±0.38	4.31±0.37	3.83±0.19
Psychiatric	3.35±0.32	3.54±0.46	3.36±0.53	3.65±0.42	3.49±0.64	3.48±0.41
F - test	1.481	1.770	1.129	0.995	3.323*	2.081*
P value	0.172	0.091	0.350	0.444	0.002	0.044
Marital status						
Single	3.63±0.45	3.71±0..50	3.58±0.49	3.74±0.46	3.84±0.70	3.70±0.34
Married	3.64±0..40	3.80±0.48	3.51±0.44	3.80±0.40	3.87±0.57	3.72±0.27
t test (2-tailed)	- 0.109	- 0.986	- 0.789	- 0.723	- 0.235	- 0.410
P Value	0.913	0.326	0.432	0.471	0.814	0.683
Age group						
< 25 y.	3.48±0.46	3.57±0.52	3.44±0.53	3.76±0.45	3.76±0.84	3.60±.042
25 > 30 y	3.69±0.38	3.88±0.48	3.61±0.46	3.80±0.44	3.84±0.58	3.77±0.29
30 > 35 y	3.66±0.44	3.65±0.33	3.55±0.45	3.65±0.45	3.92±0.49	3.69±0.21
35 > 40 y	3.70±0.33	3.91±0.59	3.53±0.35	3.91±0.33	3.93±0.54	3.80±0.23
40 + y	3.58±0.46	3.81±0.53	3.46±0.56	3.87±0.41	3.85±0.87	3.71±.036
F - test	1.128	2.326*	0.544	1.276	0.270	1.413
P Value	0.347	0.041	0.704	0.284	0.897	0.234
Educational Qualification						
B.Sc.N.	3.62±0.44	3.71±0.51	3.52±0.51	3.81±0.42	3.77±0.72	3.69±0.35
Master	3.66±0.39	3.81±0.46	3.55±0.41	3.73±0.43	3.95±0.51	3.74±0.25
t test (2-tailed)	-0.509	-1.047	-0.359	1.042	-1.492	-0.912
P Value	0.611	0.297	0.721	0.300	0.138	0.363
Years of experience						
1 > 5 y	3.59±0.50	3.71±0.51	3.56±.050	3.82±0.45	3.84±0.74	3.70±0.38
5 > 9 y	3.62±0.38	3.77±.046	3.51±.047	3.70±0.40	3.82±0.56	3.68±0.26
9 > 12 y	3.76±0.51	3.63±0.28	3.67±0.39	3.67±0.56	4.07±0.18	3.76±0.20
12 + y	3.68±0.39	3.86±0.56	3.51±0.42	3.87±0.38	3.86±0.68	3.76±0.28
F - test	0.556	0.769	0.419	1.229	0.416	0.400
P Value	0.639	0.514	0.740	0.303	0.742	0.753

Continued

	Work environment subscales					
Socio- demographic characteristics	Relation to superiors & colleagues X±SD	Stress X±SD	Engagement X±SD	Perceived anxiety X±SD	Physical & mental problems X±SD	Total work environment X±SD
Academic position						
Assistant lecturer	3.66±0.39	3.81±0.46	3.55±0.41	3.73±0.43	3.95±0.51	3.74±0.25
Demonstrator	3.61±0.45	3.62±0.52	3.50±0.51	3.79±0.42	3.77±0.71	3.66±0.37
clinical instructor	3.63±0.41	3.92±0.45	3.58±0.52	3.87±0.44	3.79±0.76	3.76±0.29
F - test	0.150	2.962*	0.254	0.768	1.109	1.116
P Value	0.851	0.050	0.776	0.466	0.333	0.331

* P ≤ 0.05 at 5% level denotes a significant difference

Table 3: Faculty assistants' perception to their moral sensitivity as related to their socio-demographic characteristics

Socio-demographic characteristics	Moral Sensitivity: Interpersonal orientation X±SD	Structuring moral meaning X±SD	Expressing benevolence X±SD	Modifying autonomy X±SD	Expressing conflict X±SD	Rules X±SD	Total moral sensitivity X±SD
Academic department							
Medical surgical	3.64±0.48	3.81± 0.50	4.06±0.39	3.93±0.43	3.75±0.51	3.66±0.55	3.81±0.28
Critical	3.72±0.64	3.58±0.47	3.90±0.38	3.67±0.47	3.57±0.65	3.80±0.80	3.70±0.22
Nursing Education	3.70±0.45	3.63±0.38	3.83±0.41	3.83±0.42	3.70±0.68	3.40±0.52	3.68 ±0.19
Administration	3.97±0.41	3.92±0.46	4.02±0.53	4.19±0.58	3.56±0.63	3.53±0.67	3.87±0.41
Obstetrics	3.54±0.31	3.94±0.58	3.84±0.33	3.92±0.24	3.83±0.36	3.38±0.42	3.74±0.24
Pediatrics	3.53±0.35	4.25±0.49	3.77±0.24	3.82±0.40	3.70±0.46	3.55±0.45	3.77±0.26
Community	3.74±0.51	3.71±0.46	4.17±0.41	3.85±0.54	3.92±0.61	3.85±0.38	3.87±0.22
Geriatric	3.96±0.39	3.91±0.58	3.72±0.82	3.67±0.67	3.67±0.56	3.75±0.35	3.78±0.43
Psychiatric	3.57±0.63	3.96±0.52	3.88±0.39	3.58±0.55	3.78±0.39	3.36±0.61	3.69±0.42
F - test	1.227	1.880	1.441	1.673	0.542	1.255	0.668
P Value	0.290	0.071	0.188	0.113	0.823	0.275	0.719
Marital status							
Single	3.60±0.48	3.81±0.49	3.86±0.48	3.81±0.51	3.73±0.59	3.53±0.58	3.73±.031
Married	3.72±0.50	3.87±0.52	4.02±0.40	3.88±0.48	3.72±0.50	3.65±0.54	3.81±0.29
t - test (2-tailed)	- 0.715	- 0.645	- 1.190*	- 0.705	- 0.110	- 1.134	- 1.352
P- Value	0.476	0.520	0.030	0.482	0.913	0.259	0.179
Age group							
< 25 y.	3.51±0.46	3.66±0.44	3.69±0.46	3.64±0.51	3.70±0.71	3.23±0.53	3.57±0.28
25 > 30 y	3.72±0. 50	3.96±0.51	3.94±0.49	3.83±0.55	3.72±0.53	3.75±0.49	3.82±0.32
30 > 35 y	3.74±0.43	3.91±0.53	4.07±0.29	3.97±0.37	3.65±0.49	3.62±0.59	3.83±0.25
35 > 40 y	3.84±0.61	3.78±0.55	4.10±0.41	3.94±0.46	3.96±0.37	3.82±0.41	3.91±0.26
40 + y	3.60±0.42	3.75±0.43	3.88±0.49	3.87±0.57	3.67±0.54	3.47±0.59	3.70±0.28
F - test	1.415	1.513	3.297*	1.694	1.036	4.432*	4.464*
P- Value	0.234	0.203	0.014	0.156	0.392	0.002	0.002
Educational Qualification							
BScNg.	3.68±0.51	3.79±0.50	3.86±0.49	3.79±0.54	3.71±0.61	3.57±0.58	3.73±0.34
Master	3.71±0.47	3.90±0.51	4.04±0.37	3.92±0.44	3.74±0.46	3.63±0.53	3.82±0.25
t - test (2-tailed)	- 0.421	- 1.233	- 2.118*	- 1.454	- 0.307	- 0.588	- 1.655
P -Value	0.674	0.220	0.036	0.149	0.759	0.558	0.101
Years of experience							
1 > 5 y	3.63±0.50	3.80±0.51	3.81±0.50	3.72±0.53	3.71±0.67	3.52±0.59	3.70±0.36
5 > 9 y	3.66±0.43	3.93±0.47	3.99±0.40	3.89±0.46	3.71±0.48	3.56±0.54	3.79±0.27
9 > 12 y	3.87±0.51	3.93±0.65	4.03±0.19	3.87±0.28	3.57±0.45	3.90±0.50	3.86±0.19
12 + y	3.77±0.55	3.75±0.50	4.04±0.45	3.95±0.53	3.82±0.48	3.66±0.53	3.83±0.28
F - test	0.899	0.896	1.925	1.304	0.594	1.391	1.402
P- Value	0.444	0.446	0.130	0.277	0.620	0.249	0.246

Continued

Socio-demographic characteristics	Moral Sensitivity: Interpersonal orientation X±SD	Structuring moral meaning X±SD	Expressing benevolence X±SD	Modifying autonomy X±SD	Expressing conflict X±SD	Rules X±SD	Total moral sensitivity X±SD
Academic position							
Assistant lecturer	3.71±0.47	3.90±0.51	4.04±0.37	3.92±0.44	3.74±0.46	3.63±0.53	3.82±0.25
Demonstrator	3.73±0.54	3.79±0.57	3.85±0.52	3.76±0.56	3.72±0.65	3.57±0.59	3.74±0.39
Clinical instructor	3.55±0.41	3.78±0.28	3.89±0.41	3.85±0.49	3.70±0.52	3.57±0.58	3.72±0.21
F - test	0.992	0.759	2.265*	1.289	0.050	0.172	1.369
P- Value	0.373	0.471	0.009	0.280	0.951	0.842	0.259

* $p \leq 0.05$ at 5% level denotes a significant difference

Table 4: Comparison of mean scores of the work environment factors among the faculty assistants as distributed by their academic positions

	The faculty assistants					
	Assistant lecturer (n=57)		Demonstrator (n = 41)		Clinical instructor (n =18)	
Work environment subscales	X±S.D	Rank order	X±S.D	Rank order	X±S.D	Rank order
Relation to superiors & colleagues	3.66±0.39	4	3.61±0.45	4	3.63±0.41	4
Stress	3.81±0.46	2	3.62±0.52	3	3.92±0.45	1
Engagement	3.55±0.41	5	3.50±0.51	5	3.56±0.52	5
Perceived anxiety	3.73±0.43	3	3.79±0.42	1	3.87±0.44	2
Physical and mental problems	3.95±0.51	1	3.77±0.71	2	3.79±0.76	3
r_s	0.70*					

* $p \leq 0.05$ at 5% level denotes a significant difference

Table 5: Comparison of mean scores of moral Sensitivity dimensions among the faculty assistants as distributed by their academic positions

	Faculty assistants					
	Assistant lecturer (n=57)		Demonstrator (n = 41)		Clinical instructor (n =18)	
Moral Sensitivity subscales	X±S.D	Rank order	X±S.D	Rank order	X±S.D	Rank order
Interpersonal orientation	3.71±0.47	5	3.73±0.54	4	3.55±0.41	6
Structuring moral meaning	3.90±0.51	3	3.79±0.57	2	3.78±0.28	3
Expressing benevolence	4.04±0.37	1	3.85±0.52	1	3.89±0.41	1
Modifying autonomy	3.92±0.44	2	3.76±0.56	3	3.85±0.49	2
Expressing conflict	3.74±0.46	4	3.72±0.65	5	3.70±0.52	4
Rules	3.63±0.53	6	3.57±0.59	6	3.57±0.58	5
r_s	0.89*					
				0.77*		
		0.94*				

* $p \leq 0.05$ at 5% level denotes a significant difference

Table 6: The relationship between mean scores of work environment factors and moral sensitivity dimensions pertaining to the Faculty assistants

		Moral sensitivity subscales						
Work environment subscales	r	Interpersonal orientation	Structuring moral meaning	Expressing benevolence	Modifying autonomy	Expressing conflict	Rules	Total moral sensitivity
Relation to superiors and colleagues	r	.450**	.346**	.175	.191*	.152	.282**	.447**
	p	.000	.000	.061	.040	.104	.002	.000
Stress	r	-.038	.021	.082	.202*	.380**	.285**	.273**
	p	.686	.826	.380	.030	.000	.002	.003
Engagement	r	.302**	.064	.236*	.158	.288**	.299**	.379**
	p	.001	.493	.011	.091	.002	.001	.000
Perceived anxiety	r	-.171	.042	.174	.071	.477**	.306**	.265**
	p	.067	.655	.062	.446	.000	.001	.004
Physical and mental problems	r	.035	-.011	.247**	.163	.333**	.298**	.303**
	p	.712	.905	.008	.080	.000	.001	.001
Total work environment	r	.169	.128	.299**	.254**	.526**	.472**	.528**
	p	.069	.170	.001	.006	.000	.000	.000

* $p \leq 0.05$ at 5% level denotes a significant difference

** $p \leq 0.01$ at 1% level denotes a highly significant difference

Table 5, omission shows a comparison of mean scores of moral sensitivity dimensions among the faculty assistants as distributed by their academic positions. The table presents that ranking of moral sensitivity dimensions between assistant lecturers and demonstrators differed from that of demonstrators and clinical instructors. The highest mean score of moral sensitivity dimensions pertained to expressing benevolence, as the first moral sensitivity dimension, among the faculty assistants in-term of assistant lecturer, demonstrator and clinical instructor (4.04±0.37, 3.85±0.52 and, 3.89±0.41, respectively). Conversely, the lowest mean score was related to the perceived moral sensitivity dimension of rules as regards assistant lectures and

demonstrators (3.63±0.53), (3.57±0.59) respectively and for Interpersonal orientation among clinical instructors (3.55±0.41).

In addition, it was found that there was a statistically significant positive rank correlation for mean score of moral sensitivity dimensions among assistant lecturer and demonstrator (r_s = 0.89 $p<0.05$), demonstrators and clinical instructors (r_s = 0.77 $p<0.05$), as well as assistant lecturers and clinical instructor (r_s = 0.94 $p<0.05$).

Table 6 points out the relationship between work environment and moral sensitivity dimensions pertaining to the Faculty assistants' perceptions. Overall, this table reflects that Faculty assistants' perception for work environment was positively related to their perception for moral sensitivity. This correlation is statistically significant (r = 0.528, $p<0.01$). In relation to the correlations found among subscales for both "Work environment" and "moral sensitivity", it was found that the "Relation to superiors and colleagues" was significantly positive correlated to "interpersonal orientation" (r = 0.450, $p<0.01$) "structuring moral meaning" (r = 0.346 $p<0.01$), "modifying autonomy" (r = 0.191, $p<0.05$) "rules"(r = 0.282 $p<0.01$). "Stress", as a subscale presenting work environment, recorded a significant positive correlation with "modifying autonomy" (r =0.202, $p<0.05$), "expressing conflict" (r =0.380, $p<0.01$) and "rules" (r =0.285 $p<0.01$). Moreover, a significant positive correlated was observed between "engagement" and "interpersonal orientation" (r = 0.302, $p<0.01$), "expressing benevolence"(r = 0.236 $p<0.05$), "expressing conflict" (r = 0.288 $p<0.01$), as well as "rules"(r = 0.299 $p<0.01$). Additionally, "perceived anxiety" was found to be significantly positive correlated to expressing conflict (r = 0.477, $p<0.01$) and rules (r = 0.306, $p<0.01$). "Physical and mental problems" subscale was found to be significantly positive correlated to all moral sensitivity subscales except for "expressing benevolence" (r =0.247, $p<0.01$), "expressing conflict" (r = 0.333, $p<0.01$), "rules" (r = 0.298 $p<0.01$).

DISCUSSION

The present study examined the relationship between work environment and moral sensitivity among the faculty assistants and compared the results with socio-demographic characteristics of the study's subjects. One hundred sixteen respondents participated in the study. Data were analyzed using descriptive and inferential statistics. In general, the findings of the present study revealed that there was a significant positive correlation between Faculty assistants' perception for work environment and their perception of moral sensitivity. This finding was expected due to the fact that the faculty assistants are challenged to provide morally sensitive learning experiences for nursing students and they are expected to keep positive academic work environment as predominantly a moral endeavor [21, 22].

Academic role of the faculty assistants in nursing encompasses many activities; teaching, advising and practicing. Therefore, they should have, beside the technical knowledge of their profession, the ability to recognize the ethical dimensions of their work. [21] Nursing educators are faced with the important task of assisting Nursing students to develop moral sensitivity while teaching them to become effective professional care providers despite difficult work conditions within the health care system. In this respect, Clarkeburn [23] referred to moral sensitivity as the ability to assess the responses and feelings of others and to be alert to possible courses of actions.

Rest [24] defined moral sensitivity as an awareness of how our actions affect other people. It includes being aware of who are the participants in the situation, which lines of action are possible and what might be the consequences of different behaviors to different parties. Moreover, the current study findings are consistent with Ingrid and Ikeda [6] who found a significant correlation between work environment and moral sensitivity for both the Japanese and the Norwegians nurses in relation to their perception for health work environment.

Moral growth will never be achieved without a positive work environment, since both of them constitute interrelated factors. The findings of the present study go in congruence with this fact. It was revealed that there was a significant positive correlation between work environment dimension of "relation to superiors and colleagues" and moral sensitivity dimensions of interpersonal orientation", "structuring moral meaning", "modifying autonomy" and "rules". These findings could be attributed to positive working relationships of the faculty assistants with their colleagues, getting support from superiors and interactions with students. This relation has impacts on faculty satisfaction. In turn, it will affect on their moral sensitivity, building a trusting relation with nursing students as well as finding ways of responding to their educational needs. In the line of this result, Noddings [25] emphasized that an ethic of performance exists when the ethical self is in relationship with others and that individuals are enhanced or diminished within the context of caring relationship.

Concomitantly, McNeel [26] claimed that it is essential that the nurse educators are attentive to maintain trust and honesty in their relationship with their colleagues as well as with their students.

Moreover, positive relationship of the faculty assistants with their superior and colleagues, which focused on honesty and trust, increases their abilities in making moral judgment for decision making and action taking "structuring moral meaning" even if these may limit student's self choice of activities concerning teaching practices and learning process. In this concern, it is important for faculty assistant to carefully consider the consequences of actions and decisions that impinge on students' self- choice [25].

Ethical problems in the decision-making process could be occurred when students did not participate in a decision which had to do with their own teaching [6]. This result is supported by Troy D [27] who conducted a study to describe how individuals perceive the moral implications of their decision-making, assesses the extent to which the moral implications perceived by decision-makers contribute to their resolution of the issues.

As regards Moral sensitivity dimension of "modifying autonomy" which focused on ways or strategies that faculty assistant had taken to limit students' autonomy in a situation in which there is a need to protect them from self harm or harming others either psychologically or physically, the result of the current study revealed a significant positive correlation between this dimension and work environment dimension of "relation to superiors and colleagues", this result was expected and could be explained in the light of nature of relationship between the faculty assistants and their students. In this relation, Faculty and students learn to trust each other and work together through what is necessary in order to achieve a resolution. Nursing students need support as they discover their own feeling about moral issues, nursing educators tried to ensure that students were prepared for ethical decision making as responsible members. Moreover, nurse educators have a role in identifying and emphasizing development of moral sensitivity as students advance in their nursing education program, handling the responsibility of modifying student autonomy to maintain the student's self –esteem, protect her/ him from harm and suffering without violating the student's trust and dignity [22]

The present study indicated that "Stress", as a factor presenting work environment, recorded a significant positive correlation with moral sensitivity dimensions of"expressing moral conflict" and "rules". However, in academic work environment, nurse educators are confronted by stressors such as work overload and high job demands, time constraints, risk of failure, which create feeling of frustration, anger and anxiety and as a result, conflict emerges. These results are consistent with the studies conducted by Cameron, Schaffer and Park [28] and Ingrid and Ikeda [6] which emphasized that rules, principles and policies, were found to be necessary guidelines to support corrective action and to make critical decisions, especially when the faculty assistants facing stressful and conflict situation.

Furthermore, the current findings showed a significant positive correlation between "engagement" as a work environment factor and moral sensitivity dimensions of "interpersonal orientation" and "expressing benevolence". This result was congruent, since the faculty assistants feeling that their job is changeable, interesting, stimulating and that they have the possibility to learn new things, is considered as prerequisites for them to feel engaged in their work. Consequently, they will be motivated in their job, expressing moral motivation to do "good" or act in the best interest of superiors, colleagues and students. This result goes in a parallel way with Rhonda W [22] study's findings which showed benevolence - desire to do well - is of equal importance to both the nursing students and the faculty members.

Regarding the comparison that was done for the work environment factors among the different categories of Faculty assistants, the result revealed statistically significant positive rank correlation among the faculty assistants as regards work environment factor of "Physical and mental problems", which was ranked number one, by the assistant lecturers. This means that it is the highest affecting dimension as participants denoted. In contrast, demonstrators ranked "perceived anxiety" as the highest dimension. In addition, "stress" was ranked the highest as perceived by clinical instructor. On the other hand, the "Engagement" was ranked as the least perceived factor in the work environment by all categories of faculty assistants. The alteration in the study subjects' ranking order could be attributed to their educational qualification and years of experience in their job position. This justification was emphasized in a study conducted by Rhonda W [22] to measure baccalaureate and graduate nursing students' moral sensitivity, in which there was an indication that nurses with master degree and more previous years of experience in their job have insight to and awareness of, determining environmental factors that have positive impact on their performance and their psychological condition.

As regards comparing moral Sensitivity subscales among the different categories of Faculty assistants, the result of the study showed "Expressing benevolence" was ranked as the number one dimension by all participants. However, the lowest rank in the moral sensitivity dimensions was for "rules" as regards both assistant lecturers and demonstrators and for "Interpersonal orientation" among clinical instructors. This result was in line with Rhonda W [22] study findings in which all categories of nursing students expressed "benevolence" as the first priority for all patient's wishes that should be consider.

In relation to the difference in ranking "rules" between senior the faculty assistants (assistant lecturers and demonstrators) and junior ones (clinical instructors) may be attributed to the fact that senior academic positions relied less on policies and rules, yet more on professional judgment on their ethical decisions taken. Nevertheless, junior staff is more likely to look for rules to support corrective actions. This result was consistent with Rhonda W [22] study findings.

Regarding the relationship between the study variables and demographic characteristics of the study participants, the results revealed statistically significant difference among the faculty assistants regarding work environment factor of "physical & mental problems" and "the whole work environment" with the participants' academic department, as well as "stress" with age group and academic position. For the academic department, the faculty assistants of the "Obstetric Department" were the group who perceived physical and mental problems as the highest work environment factor impacting them. However, the faculty assistants of the Psychiatric Department perceived "relation to superiors and colleagues" as the least work environment factor affecting them.

In relation to "Obstetric Department", this finding could be attributed to nature of faculty assistants' role and responsibilities toward the students, which include didactic and clinical tasks, they are responsible for ensuring that students can function safely and appropriately, which in turn requires spending more time in mentoring students through the whole practicum activities. On the other hand, the findings regarding "Psychiatric Department" contradicted with those conducted by Lützén and Nordstrom [29] which investigate how nursing specialties influenced their perception for work environment and moral sensitivity.

Furthermore, the findings of the present study showed that the faculty assistants that were married and their age dropped between 35 and less than 40 year old, had 9 to less than 12 years of experience, working as assistant lecturers and held a master degree perceived "physical and mental problems" as the only factor that was significantly impacting them. In contrast, "engagement" was perceived as the lowest by the faculty assistants who work as demonstrators and hold a Bachelor Nursing degree. This discrepancy might result because the faculty assistants who are already married face more complex problems which, by default, make them more mature compared to the single Faculty assistants. Besides, their group age, years of experience as well as their academic position (holding master degree) increase their maturity and consequently might lead to more objective judgment in their perception for work environment. On the same line, Doughty, J., *et al.* [30] stated that higher level of education and experience lead to higher score of objective judgment.

When talking about the relationship between demographic characteristics of the participants and Moral sensitivity dimensions, there was found a statistically significant difference among the faculty assistants regarding their perception for all moral sensitivity dimensions, specifically: expressing benevolence with marital status, age group, educational qualification and academic position as well as rules and total moral sensitivity as correlated with participants' age groups.

Also, the findings indicating that the faculty assistants who were married, whose ages ranged from 35 years old to less than 40 years and who had 12 years of experience and hold master degree were significantly perceived "expressing benevolence" dimension of moral sensitivity. This result was expected because "expressing benevolence" is based more on compassion, professional judgment and less on following policies, rules or obligation and seemed to be linked to values and beliefs related to nursing ideology, which includes attention toward establishing and maintaining student trust, do good or act in the best interest of the student. Thus, higher level of education and experience, associated with faculty member's age, lead to higher expectations for ethical judgment and consequently affect level of moral sensitivity [31, 32].

CONCLUSION & RECOMMENDATIONS

Nursing faculty assistants working in various academic departments were found to have a positive perception toward their work environment and moral

sensitivity. Based on the significant findings of this study, the recommended point can be due to build a positive work environment and ethical climate throughout all academic levels. This can be achieved through enhancing positive relationships among the faculty assistants, their colleagues, superiors and students.

REFERENCES

1. Marilyn, S.B., 2010. Healthy nursing academic work environments. The Online Journal of Issues in Nursing, 15: 1-12.
2. Rudy, E.B., 2001. Supportive work environments for Nursing Faculty. American Association of Critical Care Nurses Issues, 12: 401-410.
3. American Association of Critical Care Nurses, 2010. AACN's healthy work environments initiative. available at http:// www.aacn.org/ wd/ hwe/ content/ hwehome.pcms?menu=community. Accessed at: January 2010.
4. National League for Nursing, 2005a. Healthful work environments for Nursing Faculty. Available at: http://www.nln.org/newsletter/healthfulworkenv.pdf.
5. Severinsson, E. and D. Kamaker, 1999. Clinical nursing supervision in the workplace: effects on moral stress and Job satisfaction. J. Nursing Management, 7: 81-90.
6. Ingrid, B.I., N. Ikeda, T. Amemiya, K. Emiko and A. Iwasaki, 2004. Comparative study of perceptions of work environment and moral sensitivity among Japanese and Norwegian nurses. Nursing and Health Sci., 6: 193-200.
7. Doughty, J., B. May, S. Butell and V. Tong, 2002. Work environment: a profile of the social climate of Nursing Faculty in an academic setting. Nursing Education Perspectives, 23: 191-196.
8. Core Competencies of Nurse Educators with Task Statements, 2005. available at: http://www.NLN.com.
9. Stevenson, A. and S. Harper, 2006. Workplace stress and the student learning experience. Quality Assurance Education, 14: 167-178.
10. Vermunt, R. and H. Steensma, 2005. How can justice be used to manage stress in organizations? In Handbook of organizational justice, Eds., Greenberg, J., J.A. Colquitt, Mawah, NJ: Erlbaum, pp: 383-410.
11. Misra, R. and M. McKean, 2000. College students' academic stress and its relation to their anxiety, time management and leisure satisfaction. American J. Health Studies, 16: 41-51.
12. Rees, C.J. and D. Redfern, 2000. Recognizing the perceived causes of stress: a training and development perspective, Industrial and Commercial Training, 32: 120-127.
13. Dyson, R. and K. Renk, 2006. Freshmen adaptation to university Life: depressive symptoms, stress and coping. J. Clinical Psychol., 62: 1231-1244.
14. Volkwein, J.F. and Y. Zhou, 2003. Effects of motivational factors on employees job satisfaction a case study of university of the Punjab, Pakistan. International J. Business and Management, 5: 70-80.
15. Siegel, S. and N.J. Castellan, 1988. Nonparametric statistics for the behavioral sciences.2nd Ed. New York, NY: McGraw-Hill.
16. Jaeger, S.M., 2001. Teaching health care ethics: the importance of moral sensitivity for moral reasoning. Nursing Philosophy, 2: 131-136. Available at http://www.proxy.library.siue.edu:2127/. Accessed at: September 2010.
17. Lützén, K., 1993. Moral sensitivity: a study of subjective aspects of the process of moral decision making in psychiatric nursing, Doctoral Thesis, Karolinska Institute, Stockholm: Department of Psychiatry.
18. Lützén, K., A. Johansson. and G. Nordstrom, 2000. Moral sensitivity: some differences between nurses and physician. Nursing Ethics, 7: 530-30. Retrieved September 26, 2004 from EBSCO Health Source publication on – line database.
19. Lützén, K., C. Nordin. and G. Brolin, 1994. Conceptualization and instrumentation of nurses' moral sensitivity in psychiatric practice. International J. Methods in Psychiatric Res., 4: 241-248.
20. Severinsson, E.D. and J.K. Hummelvoll, 2001. Factors influencing job satisfaction and ethical dilemmas in acute psychiatric care. Nursing and Health Sci., 3: 81-90.
21. Lützén, K., 1997. Nursing ethics into the next millennium: a context-sensitive approach for nursing ethics. Nursing Ethics, 4: 218-226. Retrieved January 13, 2011, from EBSCO host on-line Database Health Source Publications.
22. Rhonda, W., 2005. Identifying and measuring baccalaureate and graduate nursing students' moral sensitivity. Doctoral Thesis, Southern Illinois Univ., Carbondale.
23. Clarkeburn, H., 2002. A test for ethical sensitivity in science. J. Moral Education, 31: 439-453. Retrieved September 13, 2010 from EBSCO Academic Search Elite On-line Database.

24. Rest, J.R. and D. Narvaez, 1994. Moral development in the professions: psychology and applied ethics. Hillsdale, NJ: Lawrence Erlbaum Assoc, pp: 213-224.
25. Noddings, N., 2002. Educating moral people: a caring alternative to character education. New York: Teachers College Press.
26. McNeel, S.P., 1994. College teaching and student moral development. In Moral development in the professions: psychology and applied ethics, Eds., Rest, J.R., D. Nar Narvaez and N.J. Hillsdale, Lawrence Erlbaum Assoc, pp: 27-49.
27. Troy, D., 2004. Moral sensitivity and its contribution to the resolution of socio-scientific issues. J. Moral Education, 33: 339-358.
28. Cameron, M.E., M. Schaffer. and H. Park, 2001. Nursing students' experience of ethical problems and use of ethical decision making models. Nursing Ethics, 8: 432-447.
29. Lützén, K., G. Nordstrom. and M. Evertzon, 1995. Moral sensitivity in nursing practice. Scandinavian J. Caring Science, 9: 131-138. Available at http//: www.sreb.org/programs/nursing/publications/02N03-Nursing_Faculty.
30. Doughty, J., B. May, S. Butell. and V. Tong, 2002. Work environment: a profile of the social climate of nursing faculty in academic setting. Nursing Education Perspectives, 23: 191-196.
31. Lützén, K. and C. Nordin, 1995. The influence of gender, education and experience on moral sensitivity in psychiatric nursing: a pilot study. Nursing Ethics, 2: 41-50.
32. Agolla, J.E. and H. Ongori, 2009. An assessment of academic stress among undergraduate students: the case of university of Botswana. Educational Research and Review, 4:63-70. Available at http://www.academicjournals.org/ERR. Accessed at: February 2009.