▪ *Basic Research*

Ethical Leadership Behavior and Organizational Cronyism among Staff Nurses

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Abstract

Background: Ethical leadership behavior has a positive reflection on employees and institution. Ethical leaders treat staff with respect and without cronyism. **Aim**: This study aimed at investigating the relationship between ethical leadership behavior and organizational cronyism among staff nurses**. Research design:** A descriptive correlational study design was used. **Setting:** The study was conducted at Obstetrics and Gynecological Hospital affiliated to Ain-Shams University Hospitals. **Subjects**: The study subjects include 163 staff nurses. **Tools of data collection: Data was collected by using two tools:** Ethical Leadership Behavior Questionnaire and Organizational Cronyism Scale were used to collect data for this study. **Results:** slightly less than three quarters (74.84%) of studied staff nurses had moderate perception level regarding ethical leadership behavior and less than three quarters (72.39%) of studied staff nurses had moderate organizational cronyism level. **Conclusion:** There was a negative correlation between ethical leadership behavior and organizational cronyism among staff nurses. **Recommendations:** Health care organizations have to ensure ethical leadership behavior and map out strategies to create a supportive work environment. Nurses have to participate in different hospital committees without bias, and favorism for some nurses.

Keywords: Ethical leadership, Organizational cronyism, Staff nurses**.**

Introduction

Ethics play an important role in activating the manpower and achieving the organizational goals. The nurse leaders' ethical behavior can promote the care quality by affecting the nurses' performance and bringing up several positive consequences for the organization [1]. Nurse leaders are part of the healthcare system who manage the greatest group of the nurses [2]. Moreover, Recent empirical researches confirmed that ethical leaders have a vital part in affecting the ethical behavior of employees through their day- to- day communication with their followers [3&4].

Ethical leadership is the implicit and explicit pursuit of desired ethical behavior for self and followers through efforts governed by rules and principles that advocate learning motivation, healthy optimism and clarity of purpose to uphold the values of empowerment, service to others, concern for human rights, change for betterment and fulfilling duties towards society, future generations, environment and its sustainability [5]. Ethical behavior on the part of the leader is the necessary prerequisite for creating an ethical organization and is key to obliging the followers to observe the ethical behavior and gaining better result [6]. The growing research across different cultures shown that ethical leadership can be effective to motivate employees, and is positively linked with favorable employees' outcomes including different attitudes and behavior, and effective in diminish undesirable outcomes including deviance and turnover intention [7].

Ethical leadership consists of two important dimensions including moral person dimension and moral manager dimension. The first is about possessing personal traits and characteristics such as honesty, integrity, trustworthiness, justice, collective motivation, trustworthiness, altruism, dignity, self-discipline, prudence and honesty. While, the second dimension is moral manger dimension indicates a manager who proactively seeks to influence followers' ethical conduct [8]. Ethical leader's characters like fairness, power sharing, role clarification, people orientation, integrity, ethical guidance and concern for sustainability. Fairness described as not practicing favoritism, treating other in a way that is right and equal manner enabling to make principled and fair choices [9].

Ethical leadership has a significant role in encouraging positive outcomes at individual and organizational levels, so the presence of ethical leadership prevents immoral or unethical practice [5&10] Organizational cronyism is one of the fundamental unethical practices in organizations, which means the bestowing of favors to friends, colleagues, and associates based on personal relationships and connections rather than actual performance standards [10].in the presence of organizational cronyism, certain employees are favored who are known as cronies and others are ignored who known as non-cronies [11]. In organizations where unethical leadership is highly perceived which is manifested in the failure of the leader to follow rules, failing to take responsibility for unethical behaviors, organizational

cronyism will be highly exist. The two important variables ethical leadership and organizational cronyism are crucial organizational issues and are negatively correlated **(7&12)**.

Organizational Cronyism (OC) has gained attention of scholars and practitioners for the past few years due to its wide prevalence in different sectors. OC is generally defined as an act of employer to favor few employees based on self-made criteria other than performance standards. It is taken as a kind of favoritism resulting from strong personal association and social connections [11]. Ultimately, organizational cronyism results in various attitudinal and behavioral outcomes such as job dissatisfaction, deviant workplace behavior, counterproductive work behavior and low organizational commitment as well as organizational citizenship behavior, and ingratiation [13]. While, in the presence of organizational cronyism, certain employees enjoy a comfortable working environment, high ratings in selections, promotions, and appraisal procedures as well as challenging assignments. In return, they are more persuaded to respond with positive behaviors and attitudes, such as organizational commitment and job satisfaction [12].

When employee's perception of fair treatment is violated, it might result in hostile consequences for individuals as well as for the organizations [14]. on the other hand, employees who gain trust, support and rewards from the supervisors, repay the organization by displaying long-term relationships and loyalty toward organization and supervisor [15]. Employees who are close to leader enjoy rich atmosphere filled with opportunities and leader share more leadership experience with in group members due to the stated reasons in-group members are more enthusiastic in participating more complex and challenging assignments [16]. Moreover, enjoy ease of work, relaxation in assignments, flexible work hours, high-level of trust support and rewards by supervisor but the opposite is true for the out-group members [1].

Significance of the study:

Employees' perception of their job is influenced by their manager's behavior, which has an ultimate either positive or negative impact on employees' attitudes toward their job and performance [2&17]. For instance, when employees feel that they have not been treated on merit, they feel vexed, dissatisfied, and frustrated which ultimately hurt their energies to perform their job in a better way [14]. Organizational cronyism has several undesirable work outcomes such as job dissatisfaction, deviant workplace behavior, low organizational commitment, and employee disengagement with their work [11]. The perception of organizational cronyism entails unfair, partial, and inequitable treatment with others, due to the reason it is considered as a workplace stressor [17]. The researchers observed that some nurses complain from unfair treatment, bias to same nurses from supervisors. So, the

researchers interested to examine the relationship between ethical leadership behavior and organizational cronyism among staff nurses.

Aim of the Study:

This study aimed to investigate the relationship between ethical leadership behavior and organizational cronyism among staff nurses.

Research hypothesis:

There is relationship between ethical leadership behavior and organizational cronyism among staff nurses.

Subjects and Methods

Research design

Descriptive correlational research design used to achieve the aim of this study.

Setting

This study conducted at Obstetrics and Gynecological Hospital, which affiliated to Ain Shams University Hospitals. It provides care for women in different specialties. It includes all units, namely emergency unit, oncology unit, operative and endoscopic unit, fertilization unit, obstetrics and gynecological inpatient units (1,2,3), private unit, obstetrics and gynecological ICU, Neonatal ICU. Its total capacity is 618 beds.

Subjects

The total study subjects were (163) out of (288) staff nurses who are working in all units, with at least two years' experience at work. Their selection made by simple random sampling.

sample size: calculated using Open Epi. Version 3, open-source calculator taking into consideration, that sample size was calculated with a 5% standard error at 95% confidence level and a power of 80%. Simple random sample was used. The sample size calculated according to this equation: $n = [DEFF*N \, p \, (1-p)]/ [(d2/Z21-\alpha/2*(N-1) +p*(1-p)]$ (Dean & Sullivan, 2013)(18).

Tools of data collection

Two tools were used for data collection namely; Ethical Leadership Behavior Questionnaire (ELBQ); Organizational Cronyism Scale (OCS).

1- Ethical Leadership Behavior Questionnaire (ELBQ)

This tool was used to assess level of ethical leadership behaviors among study sample. It was developed by Brown&Trevino (2005)(19), and modified by the researchers and is consisted of two parts; the first part was concerned with personal characteristic of staff nurses, while the second part included (32) items grouped into (7) main heading domains, namely people orientation (7) items, fairness (6) items, concern for sustainability (3) items, role clarification (5) items, ethical guidance (7) items, and integrity (4) items.

Scoring system:

Responses were measured on a five-point likert scale ranging from (1) Strongly disagree to (5) strongly agree. The score of the items of subscales were summed- up and the total score divided by the number of the items, giving a mean score for the part. These scores were converted in to a percent score. Then the ethical leadership perception considered low if the percent score was less than 60%, moderate from 60% - <75% and high if 75% or more.

2- Organizational Cronyism Scale (OCS): It was developed by **Turhan (2014)[11]** and modified by the researchers. It consists of 14 items measured organizational cronyism level among study sample. The items are clustered into three subscales namely: in group bias, paternal cronyism, and reciprocal exchange of favor.

Scoring system:

Responses were measured on a five-point likert scale ranged from (1- 5). The (1) on the scale indicated "strongly disagree", and (5) "strongly agree". The scores of items were summed up and the total divided by number of the items, giving a mean score of the part. These scores were converted into a percent score. Study subjects considered low if the percent score was less than 60%, moderate from 60% - <75% and high if 75% or more.

Tools validity:

Study tools were validated by jury group consists of seven experts from nursing administration and psychiatric health nursing. Jury group reviewed the tools to judge its clarity, comprehensiveness, and accuracy.

Tools reliability:

Internal consistency was done by Cronbach Alpha coefficient test was (0.89) for ethical leadership questionnaire and (91.0) for organizational cronyism scale.

Pilot study:

Prior for field work a pilot study was conducted on (17) staff nurses at Obstetrics and Gynecological Hospital, which affiliated to Ain Shams University Hospitals. They represent 10% of study subjects who were excluded from study sample to examine the feasibility, practicability, and clarity of the language. It also used to estimate time needed to fill the sheets which ranged between 20-30 minutes. The nursing personnel who participated in the pilot study were excluded from the main study sample.

Field work

The field work for this study extended through six months. It is started at the beginning of February 2020, and was completed by the end of september 2020. Researchers introduced themselves to staff nurses and simply explained the purpose of the study to staff nurses who agree to participate in the study. Data was collected two days per week in the presence of the researchers to explain any ambiguity. The method of filling out the sheet was explained prior data collection. The researchers collected data through meeting staff nurses in groups at the work place, at different times.

Ethical considerations:

Official permission to conduct the study was secured. The researchers clarified to staff nurses that participation was voluntary and anonymity was assured. Approval of hospital director was taken first also suitable time for data collection was determined with each head nurse of the participated units and oral approval was taken from each participant. The participants were informed their right to withdraw from the study at any time and notified that data were collected only for the purpose of scientific research.

Statistical Analysis

The collected data was revised, coded, tabulated and introduced to a PC using statistical package for social sciences (IBM SPSS 20.0). Data was presented and suitable analysis was done according to the type of data obtained for each parameter. Mean, Standard deviation ($\pm$ SD) and range for parametric numerical data, while Median and Inter-quartile range (IQR) for non- parametric data. Frequency and percentage of non-numerical data, **Chi square test** was used to examine the relationship between two qualitative variables but when the expected count is less than 5 in more than 20% of the cells; Fisher's Exact Test was used. **Pearson Correlation Coefficient (r):** Correlation was used as a measure of the strength of a linear association between two quantitative variables. **P-value: Level of significance:** $P > 0.05$: Non significant (NS) - $P < 0.05$: Significant (S) - $P < 0.01$: Highly significant (HS).

Results:

Table (1) personal characteristics of Staff nurses Subjects (N=163).

Demographic characteristics	Staff nurses (n= 163)	
	No	%
1.Age		
≤30	79	48.5
>30-40	61	37.4
≥40	23	14.1
Mean ± SD	31.17±8.42	
2.Gender		
Female	110	67.48
Male	53	32.52
3.Marital status		
Single	30	18.5
Married	125	76.7
Divorced	3	1.8
Widow	5	3
4.Educational qualification		
Technical institute	72	42.2
Bachelor degree	78	47.8
High Qualified studies	13	8
5.Years of experience in hospital		
≤5-10	85	52.14
>10-20	49	30.07
≥20	29	17.79
Mean ± SD	15.33±23.25	
6.Previous training about ethical leadership:		
Yes	3	1.8
No	160	98.2
7.Previous training about Organizational cronyism:		
Yes	0	0
No	163	100

Table (1) illustrates the personal characteristics of studied staff nurses. The age of staff nurses ranged from ≤30 - ≥40 years; with mean age 31.17±8.42. The majority (48.5%) of staff nurses aged ≤30 year. Also, the majority of them (67.48%) were females, and (76.7%) were married. In relation to their educational qualifications, the majority of them (47.8%) were bachelor degree, and about (52.14%) have years of experience (≤5-10) with mean

15.33±23.25. The majority of study sample (98.2%, 100%) had no previous training about ethical leadership or organizational cronyism respectively.

Table (2) Staff nurses' perception level of head nurses' ethical leadership behaviors (n= 163).

Ethical leadership behaviors	High		Moderate		Low	
	No.	Percent	No.	Percent	No.	Percent
1. People orientation	2	1.2%	109	66.87%	52	31.90%
2. Fairness	8	4.90 %	109	66.87%	46	28.22%
3. Power sharing	2	1.2%	123	75.46%	38	23.31%
4. Concern for sustainability	4	2.5%	112	68.71%	47	28.83%
5. Ethical guidance	5	3.1%	110	67.48%	48	29.44%
6. Role clarification	3	1.8%	132	80.98%	28	17.17%
7. Integrity	2	1.2%	133	81.59%	28	17.17%
Total	4	2.45%	122	74.84%	37	22.69%

Table (2) illustrates that the minority of staff nurses (4.90%) had high perception regarding fairness dimension of ethical leadership behavior. While, the majority of staff nurses (81.59%) had moderate level regarding integrity dimension of ethical leadership behavior. Moreover, slightly less than on third (31.90%) of them had low level regarding people orientation dimension of ethical leadership behavior.

Figure (1): Total Level of ethical leadership behavior as perceived by staff nurses (n=163).
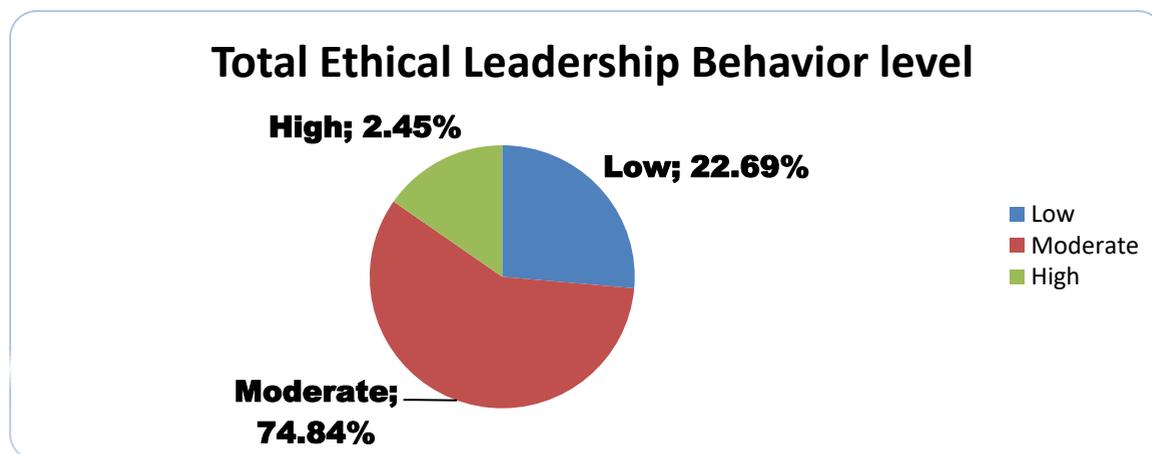
Figure (1) describes that slightly less than three quarters (74.84%) of studied staff nurses' had moderate perception regarding ethical leadership behavior

Table (3) Dimensions of organizational cronyism level among staff nurses (n= 163).

organizational cronyism	High		Moderate		Low	
	No.	Percent	No.	Percent	No.	Percent
1. **Paternal cronyism**	7	4.29%	88	53.98%	68	41.71%
2. **In-group bias**	8	4.90%	139	85.27%	16	9.81%
3. **Reciprocal exchange of favor**	15	9.20%	125	76.68%	23	14.11%
Total	10	6.13%	118	72.39%	35	21.47%

Table (3) shows that the minority of staff nurses'(9.2%) had high level regarding reciprocal exchange to favor dimension of organizational cronyism, and the majority of staff nurses (85.27%) had moderate level regarding in-group bias dimension of organizational cronyism .While, less than half of them (41.71%)had low level regarding paternal cronyism dimension of organizational cronyism.

Figure (2): Total organizational cronyism level among studied staff nurses (n=163).
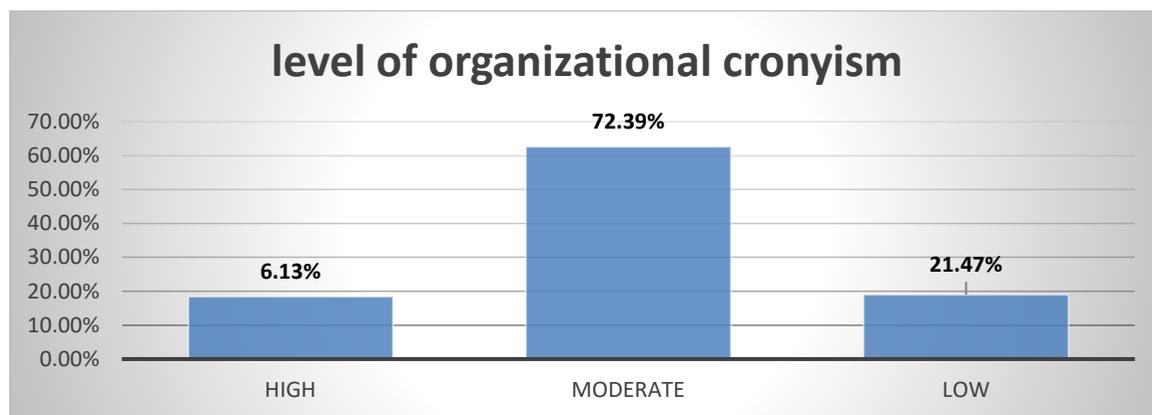
Figure (2) clarifies that less than three quarters (72.39%) of studied staff nurses had moderate organizational cronyism level.

Table (4): Correlation Matrix between ethical leadership Dimensions and organizational cronyism among studied staff nurses.

Ethical Leadership Dimensions	Organizational cronyism dimensions					
	In-group bias		Paternal cronyism		Reciprocal exchange of favor	
	R	p -value	R	p -value	R	p -value
People orientation.	- 0.54	0.000	-0.34	0.002	-0.39	0.000
Fairness.	-0.37	0.000	-0.35	0.001	-0.66	0.000**
Power sharing.	-0.35	0.001	-0.98	0.002	-0.96	0.000**
Concern for sustainability.	-0.44	0.000	-0.31	0.000**	- 0.91	0.000**
Ethical guidance.	-025	0.020	-0.33	0.000**	-0.89	0.005*
Role clarification.	-0.46	0.000	-0.44	0.000**	-0.65	0.000**
Integrity.	-0.49	0.000	-0.28	0.000**	-0.82	0.000**
Total	-0.40	< 0.001	-0.43	< 0.001	-0.69	< 0.001
N.B *Significant, p-value ≤ 0.05Highly significant, p-value ≤ 0.01**						

Table (4) demonstrates that there was a highly statistical negative correlation between all ethical leadership dimensions and all organizational cronyism dimensions among the study sample.

Table (5): Correlation between total nursing staff perception of ethical leadership and organizational cronyism.

Items	Pearson Correlation coefficient	P-value
Ethical leadership **Organizational cronyism**	0.79-	0.001

(**) high statistically significant at p<0.001

Table (5) illustrates that there was a highly statistically significant negative correlation between studied staff nurses' perception of total ethical leadership and total organizational cronyism level (r=0.79-) **.**

Discussion:

Ethical leadership is knowing core values and having the courage to live them in all parts of your life in service of the common **Alvesson & Einola (2019)**[5]. On the other hand, organizational cronyism is considered a workplace stressor; therefore, it harms employees' positive attitudes and behaviors such as ethical leadership, job satisfaction, organizational commitment, and organizational citizenship behavior **Akca (2019)** [17].

Regarding ethical leadership behaviors, the findings of the present study elicited that the minority of staff nurses (4.90%) had high level of perception regarding fairness dimension. This result may be due to the leader characterized by integrity, which involves being fair and trustworthy, having concern for others, and acting in an ethical manner and makes fair decisions. This is congruent with **Akuffo& Kivipõld (2019)**[2] who stated that nurses were satisfied with fairness dimension of leadership styles undertaken by the nurses' direct supervisors with the highest mean score.

Moreover, **Barkhordari-Sharifabad , et al., (2017)** [1] who described fairness and freedom from fear as a needed basis for trust, and ensured that the absence of these characteristics in leaders explain the low level of trust in the organization.

On the same respect, the result reported by **(Bashir & Hassan (2020)** [7] who found that unfairness and injustice can make work feel meaningless. On contrary, the study done by **Asnake & Mekonnen (2019)** [20] reported that role clarification had the highest mean while fairness dimension had the lowest perception level of ethical leadership behaviors.

The results of the present study indicated that the majority of staff nurses had moderate perception level regarding integrity dimension of ethical leadership behaviors. This may be because integrity in leaders refers to being honest, trustworthy, and reliable. Leaders with integrity act in accordance with their words and own up to their mistakes, as opposed to hiding them, blaming their team, or making excuses. These findings were in agreement with **(Asnake & Mekonnen, 2019)** [20] who assessed ethical leadership of staff nurses and found that leadership integrity dimension has a moderate level and assured that it is the main resource besides capital in soft competence owned by institutions, and in contrast with **(Dang, Umphress, & Mitchell, 2017)**[21] who found low level of integrity and raised the point that the value of integrity of ethical leadership behaviors can increase trust, minimize deviant behavior , and reduce aggressive behavior. On the same context, leadership integrity plays a mediating role in creating trusting work climate conductive for employee engagement. (**Bailey et.al., 2017** [8]**; Peyton, Zigarmi, & Fowler, 2019)**[22].

The results of the present study indicated that less than one third of staff nurses had low level of perception regarding people orientation dimension in ethical leadership behaviors. This may be because orientation requires from leader more time for personal contact, and Pays attention to staff personal needs and talk about work-related emotions. From the researchers' point of views, ethical leaders are likely to be people oriented, and aware of how their decisions impact others. They therefore use their power and authority to serve the greater good instead of self-serving interests- a win/win for the employee and the organization.

These findings were in agreement with **(Babalola et al., 2017** [6]**;** Ko **et. al. 2018**[23]**)** who found that ethical leadership begins with an understanding and commitment to a leader's core value for people orientation which have the lowest mean score and in contrast with **(Foroughi, Gabriel & Fotaki, 2019)**[24] who raised the point that task (context) and people orientation are both important with the highest mean score, and added that the absence of a people orientation leads to serious effects on overall climate and motivation. On the same context, nursing orientation plays a pivotal role in the competency and retention of nurses. Effective orientation programs produce nurses who provide competent, quality patient care and are acculturated as productive members of the healthcare team (**Bailey et.al., 2017** [8]**; Peyton, Zigarmi, & Fowler, 2019** [22]**).**

Regarding total ethical leadership, the current results revealed that slightly less than three quarters of studied staff nurses' perception regarding ethical leadership behavior was at moderate level. This moderate level of ethical leadership reflects the exhibition of certain traits by the leader is at a moderate level such as honesty, integrity and trustworthiness, certain behaviors such as doing the right thing, being considerate and approachable to followers, and certain decision-making styles that reflect the leader's ethical principles. This result was consistent with **Sharifabad and Mirjalili (2020)** [30] who showed that the level of nursing managers' ethical leadership was moderate from the nurses' point of view. These results were supported by **Ozden et al., (2017)** [25] who reported that the mean ethical leadership score among nurses is above average. On the contrary, the result of **lemoine et al.(2019)** [26] reported that in a study on nursing managers at the operational, intermediate, and strategic level in Finland, found that the ethical profile of nursing managers was at a high level.

Regarding the second variable investigated organizational cronyism: Preventing organizational cronyism is currently a chief concern to improve nursing practice. The present study findings asserted that less than three quarters of studied staff nurses had moderate organizational cronyism level. From the researcher's point of view, this could be resulted from a deficiency of training programs about organizational cronyism. Also, it could be approved by the result of present study which shows an absence of training courses specified in organizational cronyism. These findings were supported by **Shabbir & Siddique (2017)** [27] who found the same results in their study about impact of nepotism, cronyism, and favoritism on organizational performance. While, these findings were in contradiction with **Shaheen et.al., (2020)** who stated that the highest percentage of study sample had a high organizational cronyism level.

The present study findings revealed that the minority of staff had high level regarding reciprocal exchange to favor dimension of organizational cronyism.

This may be related to the norm of reciprocity as a social rule that people are obligated to return favors and other acts of kindness. Also, exchanging favors may trigger a type of friendship heuristic and increase compliance. This result was parallel to **Shaheen et. al., (2019)** [14] who concluded that the highest percentage was regarding reciprocal exchange among staff nurses. On contrary, the result done by **Shabbir and Siddique (2017)** [27] who showed that only one quarter of respondents performed reciprocal exchange of favor, Also, **Shaheen et.al., (2020)** [28] found that two thirds of studied sample refused to perform reciprocal exchange of favor to other staff members in the organization.

The finding of the Present study revealed that, the majority of staff nurses had moderate level regarding in-group bias dimension of organizational cronyism. This may be related to the individual effect that in-group bias can harm our relationships with others, there will be tendency to favor in-group members leading us to treat others unfairly. This result was supported by (**Kremer, Villamor & Aguinis, 2019**) [13] who concluded that the lowest mean scores of employees in public sector organizations of Pakistan was in-group bias. Because a high-power distance exists; therefore, employees try to resolve their issues by adopting "yes, sir" attitude. Moreover, the supervisor also trusts and supports those employees who show confirmation and compliance with their decision and acknowledge their superiority. Therefore, it is the common perception of employees in organizations that employees who demonstrate ingratiatory attitude to influence supervisor's decision will get privileges during allocation of rewards and performance appraisal **Akca (2019)** [17].

The finding of the Present study revealed that, less than half of staff nurses had low level regarding paternal cronyism dimension of organizational cronyism. From the researcher's point of view paternal cronyism is closely associated with power distance, which is defined as the less powerful members of the organization expect and accept that power is distributed unequally. This result is supported by (**Shaheen et.al., 2020**) [28] who asserted low paternal cronyism and found that it was associated with unreserved personnel in the organization. On the contrary (**Kremer, Villamor & Aguinis, 2019**) [13] found high level of paternal cronyism and assured that it results in negative task performance and limits organizational success.

Regarding correlation among studied variables, the present study results illustrates that there was a highly statistical negative correlation between ethical leadership and organizational cronyism among the study sample. On the same line, (**Riaz, Zaman and Shams, 2018**)[29] found the same results and stated that correlation results reveal significantly negative relationship between ethical leadership and organizational cronyism. In addition to (**Kremer, Villamor & Aguinis, 2019**)[13] who showed that unethical leadership behavior leads to organizational cronyism which creates interpersonal deviance behaviors in the organization.

CONCLUSION

The results indicated that slightly less than three quarters of studied staff nurses had moderate perception regarding ethical leadership behavior and less than three quarters of studied staff nurses had moderate organizational cronyism level. There was a negative correlation between ethical leadership behavior and organizational cronyism among staff nurses. This result supported the research hypothesis.

Recommendations

- Healthcare organizations should develop clear policies against cronyism with strict penalties for violating ethical norms.
- Healthcare leaders and managers should treat their subordinates in a respectful, and friendly manner.
- Enforcing a fair and merit-based selection process for all job roles.
- Establishing a fully transparent process for post jobs, conducting interviews, and hiring new staff members.

Further researches are suggested as:

- Examining organizational cronyism as an antecedent of workplace deviance behavior.
- Investigate the relationship between ethical leadership behaviorand leader member exchange.
- Examine the relationship between organizational ingratiatory behaviors and organizational cronyism.
- Study the effects of using nepotism and cronyism in the employment process.

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❖ **الملخص العربي**

- *المقدمة: سلوكيات القيادة الاخلاقية لها تأثير ايجابي ينعكس على الموظفين و المؤسسة. حيث يؤدي القادة الملتزمين بالاخلاق واجباتهم بإخلاص, فهم واضحون وجديرون بالثقة و لديهم قيمة عالية من الاخلاق والنزاهة وذلك له تأثير عظيم على معاملة فريق العمل باحترام و بدون محسوبية. كما تواجه مؤسسات الرعاية الصحية تحديات كبيرة حيث يبذلون الكثير من الجهود لتحسين سلوك القيادة الاخلاقي.*

- *الهدف من الدراسة: تهدف هذه الدراسة الى التحقق من العلاقة بين سلوك القياده الاخلاقي و المحسوبية التنظيمية بين الممرضين.*

- *أسئلة البحث: سوف تجيب هذه الدراسة على الأسئلة الآتية:او (الفرضيه) هل يوجد علاقة بين سلوك القياده الاخلاقي و المحسوبية التنظيمية بين الممرضين ؟*

- *تصميم البحث:وصفي يقيس درجة الارتباط بين المتغيرات في الدراسة.*

- *منهجيه البحث:(المكان: اجريت هذه الدراسة في مستشفى النساء والتوليد التابعه لمستشفيات جامعة عين شمس ، العينه: تتضمن 163 ممرضة من العاملين بالمستشفى ، أدوات جمع البيانات: تم استخدام استبيان قياس سلوك القيادة الاخلاقي ومقياس المحسوبية التنظيمية لجمع البيانات)*

- *النتائج: اقل بقليل من ثلاثة ارباع الممرضين لديه نسبة ادراك متوسط لسلوك القيادة الاخلاقية والمحسوبية التنظيمية.*

- *الخلاصة: علي ضوء هذه النتائج نستخلص ان هناك علاقة سلبية بين القيادة الاخلاقية والمحسوبية التنظيمية بين الممرضين.*

- *التوصيات:*

- *افضت نتائج هذه الدراسة الى التوصيات التالية: يجب على منظمات الرعاية الصحية ان تؤكد سلوك القيادة الاخلاقية و تضع استراتيجيات لخلق بيئة عمل مدعمة له.كما يجب على الممرضات المشاركة في مختلف اللجان بالمستشفى بدون تحيز او محسوبية او تفضيل لبعض اشخاص من الممرضين.*