Assessment of Nurse Managers' Ethical Leadership Knowledge, Perception and Practice

Hossam Mohamed Mahran[1], Om Hashem Gomaa Ragab[2], & Wafaa Abd El Azeem El Hosany Dawood [3]
[1]Demonstrator of Nursing Administration, Faculty of nursing, Sohag university, Sohag, Egypt.
[2]Assistant Professor of Nursing Administration, Faculty of Nursing, Sohag University, Egypt.
[3]Professor Nursing Administration, Misr University for Science and Technology, Cairo, Egypt
Corresponding Author Email: hossammahran1993@gmail.com
Phone number: 002- 01117397405

Abstract

Background: Ethical leadership is associated with positive effects on employees, by enhancing positive attitudes and behaviors at work while diminishing the negative ones in organizations. **Aim of the study:** To assess nurse managers' ethical leadership knowledge, perception and practice. **Design:** Descriptive correlational research design was used. **Setting:** The study was conducted at Suez Canal University Hospitals. **Sample:** Convenient sample include: All nurse managers working at Suez Canal University Hospitals (No=100). **Tools:** Three tools were used**;** 1- Ethical leadership knowledge questionnaire; *Part (1):* Personal and work-related data sheet and *Part (2):* Ethical leadership knowledge questionnaire**, 2-** Korean version ethical Leadership at work questionnaire and 3- observational ethical leadership scale. **Results:** Nearly three quarters and less than two thirds of nurse mangers had unsatisfactory knowledge, low perception and inadequate practices of ethical leadership. **Conclusion:** There were positive statistically significant correlations between ethical leadership knowledge, perception and practices. **Recommendations:** Conducting periodic meetings with nurse managers to discuss issues related to justice and unfair practices that may hinders their ethical practices.

Keywords: Ethical Leadership, Knowledge, Perception, Practices.

Introduction

Ethics and leadership play a crucial role in contributing to both organizations and society. In the absence of ethical leadership, organizations risk adopting practices that could have detrimental effects on a global scale. Scholars define morality as the capacity to distinguish between right and wrong at the individual level, while ethics refer to the principles and values that guide appropriate behavior. Ethics can be effectively taught if the instructional methods are tailored to the audience. Furthermore, morality and ethics are often used interchangeably; what is considered ethical is also seen as moral, and vice versa **(Bennegren et al., 2019).**

There is an increasing significance of ethical leadership due to the prevalence of immoral and unprofessional behavior among leaders, which impacts both public and private sector organizations. However, crises in ethical leadership are not a recent phenomenon; the literature on this topic has roots in both ancient and contemporary history **(Özsungur, 2019).** According to **Ouakouak et al. (2020),** the initial descriptive studies on ethical leadership began in 2005, aiming to identify the characteristics that define ethical leaders and determine who qualifies as one. Ethical leadership has since been conceptualized and linked to various positive outcomes for employees and organizations.

Ethical leadership serves as a normative and effective management standard characterized by truthfulness, fairness, and honesty in actions and interpersonal relationships. An ethical leader aims to reinforce moral direction through decision-making and open communication. This leadership style is grounded in two primary theories: social learning theory and social exchange theory. According to social learning theory, followers tend to imitate their leaders through observation and are influenced by their behaviors. Meanwhile, social exchange theory provides insight into the reciprocal relationships between leaders and their followers **(Saleem et al., 2020).**

Shakeel et al. (2019) defined ethical leadership as the intentional pursuit of ethical behavior for oneself and followers, guided by rules and principles that promote motivation for learning, healthy optimism, and a clear sense of purpose. This approach upholds values such as empowerment, service to others, respect for human rights, and a commitment to societal betterment, future generations, and environmental sustainability.

The first and most widely recognized definition of ethical leadership was introduced in 2005. It describes ethical leadership as "the demonstration of normatively appropriate conduct through personal action and interpersonal relationships, and the promotion of such conduct to followers through two-way communication, reinforcement, and decision-

making." This definition emphasizes that an ethical leader integrates ethics into both their personal life and their role as an organizational manager **(Freire & Bettencourt, 2020).**

Ethical leaders are characterized by their honesty and fairness, utilizing various communication methods, as well as reward and punishment systems, to influence their followers' behavior. They make it clear to their subordinates that maintaining ethical standards is a crucial organizational goal. By encouraging ethical behavior, these leaders actively shape the ethical conduct of their followers. Ethical leaders consistently consider ethical implications when making decisions and are inclined to implement policies, procedures, and practices that promote ethical behavior. Their aim is to manage and influence the ethical attitudes and behaviors of their subordinates **(Sarwar et al., 2020).**

According to **Fan et al., (2021),** ethical leadership has a favorable impact on workers by boosting constructive attitudes and behaviors at work and reducing negative ones in workplaces. Positive attitudes and actions at work demonstrate an individual's willingness to perform, which improves output, fosters a positive work environment, and promotes employee wellbeing. Job satisfaction, which measures an employee's level of satisfaction based on their basic assessment of their work experiences, is one of the most significant positive attitudes for firms.

The ability of ethical leadership to increase employee loyalty to their organizations ultimately leads to the success of the organization. Additionally, a positive ethical environment encourages greater levels of drive and innovation among workers at all levels. By establishing an atmosphere that encourages feelings of care, security, and connectedness, ethical leaders increase the likelihood of meeting their employees' basic psychological needs and are more likely to foster intrinsic motivation. They also give their employees the chance to grow professionally, make their own decisions, and have meaningful interactions with leaders **(Hanaysha et al., 2022).**

According to **Sharma et al. (2019),** ethical leaders are often viewed more favorably by stakeholders, customers, investors, and the public due to their consistent commitment to principles that emphasize honesty, integrity, and social responsibility. This adherence fosters trust and confidence, leading to a strong reputation that resonates with individuals and groups who prioritize transparency and the greater good. Such a positive reputation enhances brand value and attracts top talent. Additionally, ethical leadership helps cultivate ethical work environments by promoting ethical values, making principled

decisions, and practicing fairness. Consequently, the current study aimed to evaluate nursing managers' knowledge, perceptions, and practices related to ethical leadership.

Significance of the Study

Ethical leadership is fundamental to effective healthcare management, especially in nursing, where leaders significantly impact both staff conduct and patient outcomes. However, research indicates that many nursing managers lack adequate knowledge, exhibit diverse attitudes, and practice ethical leadership inconsistently. This deficiency threatens the ethical environment of healthcare organizations, affects employee morale, and ultimately compromises the quality of patient care **(Saad et al., 2021; Singh & Vashist, 2025).**

In 2016, a study was conducted in Guilan-Iran, Confirmed that the ethical leadership has an influence on the staff performance **Kelidbari, Fadaei and Ebrahimi, (2016)**. In Egypt, A descriptive correlational research design was conducted at one hospital of Alexandria University Hospital, the result of the study revealed a positive significant correlation between ethical leadership behavior and organizational identification **Awad and Khalifa, (2018).**

Furthermore, **Mahran, Ragab and EL Hosany, (2025),** in their study about effect of ethical leadership awareness on nursing managers' levels of workaholism revealed that There was a positive statistical significant correlation among ethical leadership knowledge and attitude at all program phases. Conversely, a negative statistically significant correlation was found between nursing managers' ethical leadership knowledge and attitude and their levels of workaholism throughout all program phases. As a result, further research into the existing study variables may provide some useful insights into the levels of nursing managers' ethical leadership knowledge, perception and practice. In turn, the study can guide the creation of targeted interventions, including training programs, leadership development initiatives, and policy reforms.

Aim of the study
The study aims to assess nurse managers' ethical leadership knowledge, perception and practice.

Study Objectives
1- Assess the levels of nurse managers ethical leadership knowledge, perception and practice at Suez Canal University Hospitals.

2- Explore a relationship between nurse managers' knowledge perception and practice at Suez Canal University Hospitals.

Research Questions
1- What are the levels of nurse managers' ethical leadership knowledge?
2- What are the levels of nurse managers' ethical leadership perception?
3- What are the levels of nurse managers' ethical leadership practice?
4- Is there a relationship between nurse managers' knowledge, perception and practice?

Subjects and Methods
The methods of this study are portrayed under the following four designs:
1- Technical design
2- Operational design
3- Administrative design
4- Statistical design

Technical design
Research Design
Descriptive correlational research design was adopted to conduct this study.

Setting
The study was conducted at educational, specialized surgery and oncology hospitals at Suez Canal University.

Sample
Convenience sample (No. = 100) that included all nurse managers working at Suez Canal University Hospitals.

Tools
To achieve the objectives of the study, the following three tools were used:
Tool (I): Ethical leadership knowledge Questionnaire: This tool was developed by the researcher based on review of literatures **(Yasir & Rasli, 2018; Jeon, et al., 2018 and Saad et al., 2021)** and consists of two parts;
Part (1): Personal and work- related data sheet: This section included personal data about Nurse managers namely; Name, age, gender, department, qualifications, marital status and experience in current position.
Part (2): Ethical leadership knowledge questionnaire: This tool aimed to assess nurse managers' knowledge regarding ethical leadership. It contains items as ethical leaders promote ethical conduct through and ethical leadership is based on

two basic theories called. For the knowledge items, a correct response = 1 and the incorrect response = 0.
The scoring system of ethical leadership knowledge calculated as: the correct answer was scored 1 and the incorrect answer was scored zero. The knowledge was considered satisfactory when the percent score was 60% or more and unsatisfactory when less than 60%.
Tool (II): Korean version ethical Leadership at work questionnaire (KELW):
The adapted questionnaire which developed by **Kim & Park (2015)** and modified after extensive reviewing of literatures **(Jeon, et al., 2018 and Saad et al., 2021)**. This scale was used to assess nurse managers' self-ethical leadership behaviors at work. It includes (23 items) classified into three dimensions; Care (10 items); Critique (7 items) and Justice (6 items). Self-report measure of nursing managers ethical leadership will be scored on a 5-points Likert scale, ranging from 1 (Never) to 5 (Always). And contains items as I try to ensure harmony in the organization and I seek to protect every individual dignity.
The scoring system of the questionnaire was calculated as: The total score is the sum of the responses (115) to the items and are generated for each domain and the higher the score, the more one is considered has high level of ethical leadership. The items were measured on Likert type scale where 1 represents never and 5 represents always and scoring system was performed based on cut of point scale. Scoring levels was divided to three levels as the following < 60% indicated low level, (60 - <75%) indicated moderate level, and (> 75%) indicated high level.
Tool (III): Observational ethical leadership scale:
The adapted questionnaire which developed by **Yasir, (2017)** and modified after extensive reviewing of literatures **(Yasir & Rasli, 2018 and Ali, Abdou & Elliethey, 2024)**. This scale was used to determine the presence of altruism, integrity, courage, ethical guidance and fairness in an individual having a supervisory position such as nurse managers. It includes (17 items) classified into five dimensions; Altruism (3 items); Courage (3 items); Ethical guidance (4 items); Integrity (3 items); Fairness (4 items). And contains items as listens to what employees have to say and makes fair and balanced decisions.
The scoring system was calculated as: The total score is the sum of the responses to the items (34) to the items and are generated for each domain and the higher the score, the more one is considered has high level of ethical leadership. The items were measured on Likert type scale where 1 represents not done and 2 represents done and scoring system was performed

based on cut of point scale. Scoring level was divided into two levels as the following < 60% indicated inadequate practice and >60% indicated adequate practice.

Validity
Face validity was done by a panel of five experts who revised the tools for clarity, relevance, applicability and ease for implementation and according to their opinion modification was applied. Jury consisted of four experts in the nursing administration and one expert in psychology.

Reliability
Tools reliability was measured by using Alpha Cronbach's coefficient test. The reliability of ethical leadership knowledge, perception and practice tools was (0.82, 0.87, and 0.89) respectively.

Pilot study
A pilot study was conducted on 10% of total number of nurses (10) which are included in the study sample to investigate and measure the feasibility, objectivity, applicability, clarity, adequacy of the study tools and to determine possible problems in the methodological approach or instrument. The pilot study was conducted over a period of four weeks from [1-12-2023] to [1-1-2024]. This timeframe allowed for the testing of research instruments, assessment of procedures, and identification of potential challenges prior to the main study.

Operational design
Procedures
Before conducting the study a formal approval from The Vice Dean of Post Graduate Studies and Research at the Faculty of Nursing Suez Canal University and the approval of ethical committee (No=59 30/1/2023 code 191/1-2023) then acceptance litters from the director of Suez Canal University Hospitals were obtained to conduct the current study, also purpose of the study and methods of data collection were explained to the nursing director to obtain her permission to conduct the study. Once the official permission was granted to proceed with proposed study, the researcher-initiated data collection process which took 3month carried out from the beginning of February, 2024 till the end of April 2024.

At the beginning of the interview the researcher greeted the nurses, introduced himself, explained the purpose and the aim of the study and took written consent and oral consent from those who refused to sign the consent to participate in the study. Data was collected by the researcher through the distribution of self-administered questionnaires (Tools no. I and II). The time needed to complete the questionnaire was (20 – 30 minutes). The observational check list (tool no III) was filled by the researcher based on nursing managers' actual practice.

Administrative design
Before conducting the study an official permission was taken from the Dean of Faculty of Nursing-Suez Canal University to the Director of Suez Canal University Hospitals and delivered to the directors of medical, surgical and critical care units of the educational, special surgery and oncology hospitals in order to obtain approval to conduct the study after explanation of the title and aim of the study.

Ethical Consideration
The present research was conducted after approval of the Research Ethics Committee. It was conducted on all Nurse Managers at Suez Canal University Hospitals. Ethical considerations regarding nursing managers' wellbeing and data confidentiality were considered by the researcher and written informed consent was signed by nursing managers. While, those who refused to sign the consent an oral consent was taken from them before commencing the study. The participants had the right to refuse participation and withdraw at any time.

Statistical design
The collected data was coded and transformed in to coding sheets. Then, statistical analysis was done using SPSS system files (SPSS package version 22). The normality test (Kolmogorov Smirnov test) was done to identify the types of data. Data was parametric, T test and one way ANOVA were used to compare variables and Pearson test was used to find the correlation between variables and linear regression was used to find the predicting factors of independent variables. Highly statistical significance was considered at $(p<0.01)$ and statistical significance was considered at $(P<0.05)$. Descriptive statistics including frequency distribution, mean score and standard deviation were used to describe different characteristics of variables.

Results
Figure (1): Shows that 72% of nurse managers had unsatisfactory knowledge regarding ethical leadership. While 28% of them had satisfactory knowledge regarding ethical leadership.
Figure (2): Clarifies that 61% of nurse managers had low levels of perception regarding ethical

leadership. While 25% of them had high level of perception regarding ethical leadership.

Figure (3): Reveals that 61% of nurse managers had inadequate level of ethical leadership practice. While 39% of them had adequate level of ethical leadership practice.

Table (1): Demonstrates that qualifications and experience are a highly statistically significant predicting factors of nurse managers ethical leadership knowledge (p<0.01), while age is a statistically significant predicting factor of nurse managers ethical leadership knowledge

Table (2): Indicates that experience is the only statistically significant predicting factor of nurse managers' perception of ethical leadership (p< .05).

Table (3): Reveals that age is a highly statistically predicting factor of nurse managers ethical leadership practice (p<0.01), while marital status and work department are statistically significant predicting factors of nurse managers' ethical leadership practice (p<0.05).

Table (4): Reveals that there are positive statistically significant correlations between ethical leadership knowledge, perception and practice (p<0.05).

Results
Figure (1): Distribution of total levels nurse managers' ethical leadership Knowledge (no=100)
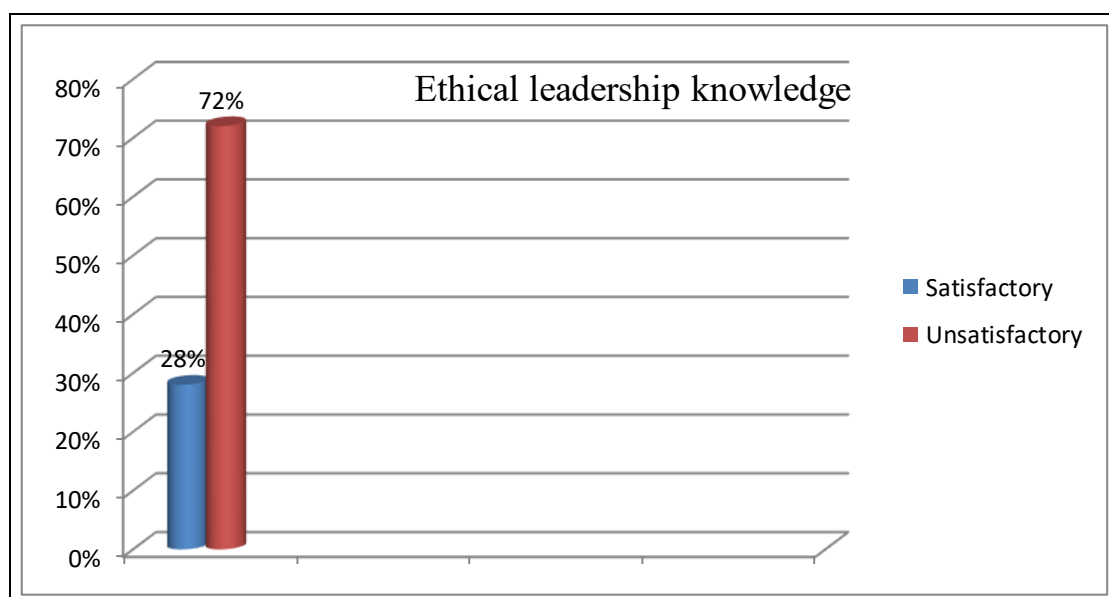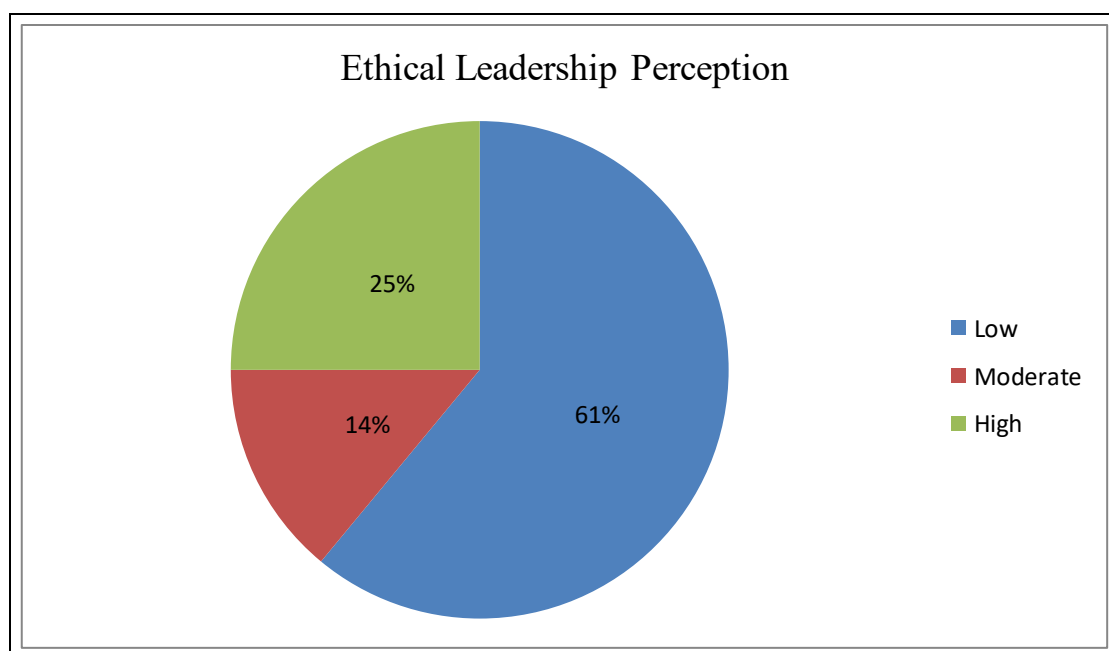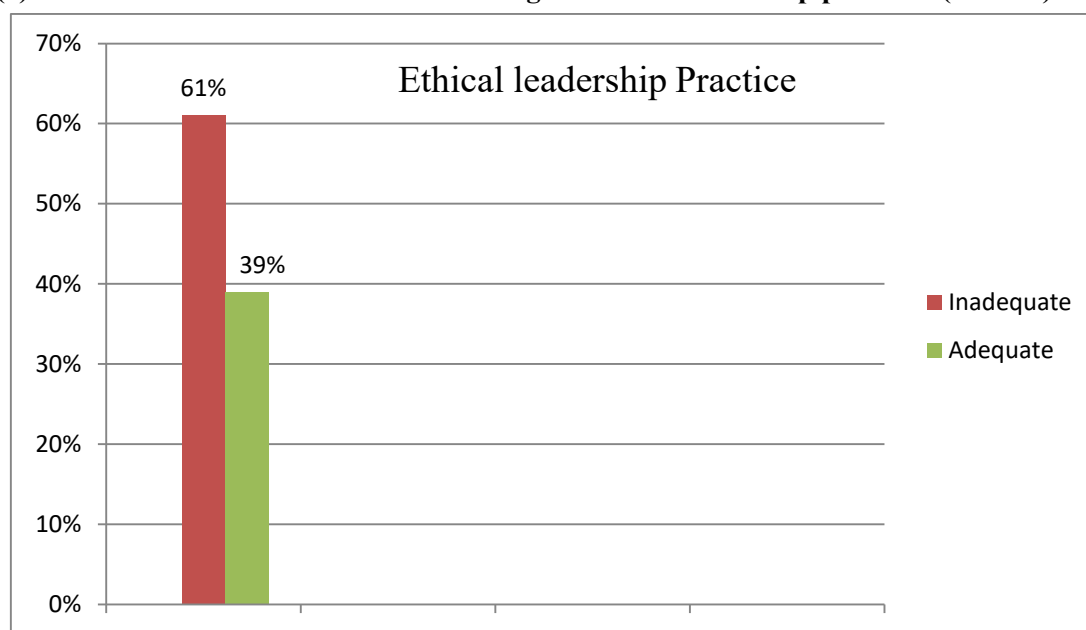
Figure (2): Distribution of total levels nurse managers' ethical leadership perception (no=100)

Figure (3): Distribution of total levels nurse managers' ethical leadership practices (no=100).

Table (1): Liner regression analysis for knowledge predicting factors regarding Sociodemographic characteristics (no. =100)

Model	Unstandardized Coefficients		Standardized Coefficients	R	Sig.
	B	Std. Error	Beta		
(Constant)	11.654	1.356		8.595	0.000
Age	0.410	0.259	0.250	1.585	**0.016***
Gender	0.555	0.334	0.173	1.661	0.100
Marital status	0.004	0.241	0.002	0.016	0.987
Department	0.235	0.163	0.171	1.442	0.153
Qualifications	1.008	0.921	0.120	1.095	**0.006****
Experience	0.553	0.262	0.296	2.110	**0.008****
a. Dependent Variable: Knowledge					

* Relation is significant at < 0.05   ** Relation is highly significant at < 0.01

Table (2): Liner regression analysis for perception predicting factor regarding Sciodemographic characteristics (no. =100)

Model	Unstandardized Coefficients		Standardized Coefficients	R	Sig.
	B	Std. Error	Beta		
(Constant)	101.960	7.049		14.465	0.000
Age	-.640-	1.344	-.076-	-.476-	0.635
Gender	-2.122-	1.735	-.128-	-1.223-	0.224
Marital status	0.419	1.254	0.040	0.334	0.739
Department	0.415	.849	0.059	0.489	0.626
Qualifications	-3.124-	4.787	-.072-	-.653-	0.516
Experience	2.753	1.363	0.286	2.020	**0.046***
a. Dependent Variable: Attitude					

* Relation is significant at < 0.05   ** Relation is highly significant at < 0.01

Table (3): Liner regression analysis for practices predicting factor regarding Scio-demographic characteristics (no. =100)

Model	Unstandardized Coefficients		Standardized Coefficients	R	Sig.
	B	Std. Error	Beta		
(Constant)	15.497	1.027		15.085	0.000
Age	-.251-	0.196	-.189-	-1.280-	**0.004****
Gender	0.056	0.253	0.022	0.221	0.826
Marital status	0.370	0.183	0.224	2.025	**0.026***
Department	0.196	0.124	0.176	1.581	**0.017***
Qualifications	-.243-	0.698	-.036-	-.348-	0.728
Experience	0.105	0.199	0.070	0.528	0.599
a. Dependent Variable: Practices					

* Relation is significant at < 0.05   ** Relation is highly significant at < 0.01

Table (4): Correlation between the studied variables (no. =100)

Study variables	Time	Ethical leadership knowledge		Ethical leadership perception		Ethical leadership practice	
		r	P	r	p	r	P
Ethical leadership knowledge				1.67	0.021*	0.24	0.001**
Ethical leadership perception						0.86	0.000**
Ethical leadership practice							

* Correlation is significant at < 0.05   ** Correlation is highly significant at < 0.01

Discussion

Ethical leadership shown to be influential on employees' positive behaviors at work, such as helping behaviors, performance, and ethical decision-making, helping behaviors, most commonly known as organizational citizenship behaviors it represents those behaviors that serve to the maintenance and enhancement of the social and psychological context that supports task performance and, in the aggregate promotes the effective functioning of the organization **(Mo & Shi, 2017; Nemr & Liu, 2021).** Therefore, the current study aimed to assess nursing managers ethical leadership knowledge, perception and practice.

Regarding nurse managers' ethical leadership total knowledge level, less than three quarters of nursing managers had unsatisfactory level of knowledge, while, more than one quarter of them had adequate knowledge level (Figure 1). From a researcher's perspective, this may be due to many nursing professionals hadn't received formal education specifically centered on ethical leadership during their academic training. While nursing curricula typically emphasize clinical skills and fundamental ethics, they often fall short in addressing leadership ethics, decision-making frameworks, and the application of ethical principles in complex managerial scenarios. Accordingly with the present study findings **Saad et al., (2021),** revealed that minority of head nurses had good knowledge level regarding ethical leadership. Additionally, **Sabzehband (2022),** indicated the need for professional growth and development in the field of ethical leadership.

The results of the study clarified that less than two thirds of nurse managers had low ethical leadership perception level. While, one quarter of them had high level of perception regarding ethical leadership (Figure 2). From a researcher's perspective, this may because ethical leadership may not visibly practice detect or emphasized by top management, therefore, nursing managers may not perceive it as a vital part of leadership. In addition to, lack of awareness or understanding of ethical leadership concepts. In contrast to the current study's findings, **El Naggar & El Demerdash (2023)** reported that nearly half of head nurses had a high perception of overall ethical leadership. Additionally, **Barkhordari-Sharifabad & Mirjalili (2020)** found that the perception of ethical leadership and its various dimensions was at a moderate level.

The results of the present study indicated that nearly two thirds of nurse managers had inadequate ethical leadership practices. While, nearly two fifth of them had adequate level of ethical leadership practice (Figure 3). From a researcher's perspective, this may be due to lack of targeted training and support systems to help nursing managers develop ethical leadership

competencies. Without such resources, managers may struggle to implement ethical leadership behaviors, including transparency, fairness, accountability, and advocacy for both staff and patients. **Saad et al. (2021)** supported the findings of the current study, revealing that less than one-quarter of head nurses demonstrated a high level of ethical leadership practice. These results aligned with those of **El Naggar and El Demerdash (2023),** who found that over one-third of staff nurses rated the ethical leadership practices of their head nurses as high. Additionally, **Aboelenein and Mostafa (2023)** indicated that only a small percentage of head nurses exhibited a high level of authentic leadership style.

The results of the present study demonstrated that qualifications and experience were highly statistically significant predicting factors of nursing managers ethical leadership knowledge, while age is a statistically significant predicting factor of nurse managers ethical leadership knowledge (Table 1). From researcher point of view, this may be because higher education frequently gives nursing managers a strong theoretical background of moral reasoning, ethical concepts, and healthcare regulations. Their theoretical knowledge enables them to lead with a strong ethical framework and make well-informed decisions when presented with ethical dilemmas.

These results were similar to **Aboelenein & Mostafa, (2023),** they found that there was statistically significant correlation between head nurses age, level of education and years of experiences and total authentic leadership. Conversely, **Younes et al., (2020),** in their study about assessment of leadership knowledge and practice among nurse managers revealed that there were no statistically significant difference between nursing mangers leadership knowledge and their age and years of experience.

The results of the present study revealed that experience was the only statistically significant predictor of nurse managers' perception of ethical leadership (Table 2). From researcher point of view, this may be attributed to the significant effect of experience in teaching nurse managers how to navigate complex ethical situations, balance competing interests, and make decisions that align with both professional standards and organizational values. Additionally, experience provides nursing managers with first-hand exposure to a wide variety of ethical challenges that cannot be fully captured through theoretical education or training.

These results were supported by the study conducted by **Özden et al., (2019),** assessed the effect of nurses' ethical leadership and ethical climate perceptions on job satisfaction determined that there was a statistically significant difference between the nurses' ethical leadership perception mean scores and their

total length of service. Despite of all previously mentioned, these results contradicted with **Ali et al., (2024),** who revealed that there was no statistically significant difference among overall ethical leadership perception and their experience.

In terms of factors that predict nurse managers' ethical leadership practice, age emerged as a highly statistically significant predictor. Additionally, marital status and work department were also identified as statistically significant predictors of nursing managers' practice (Table 3). From researcher point of view, this may be explained by older nursing managers generally have more years of experience, which can enhance their ability to handle ethical dilemmas effectively and their relationship with colleagues became stronger and better. In relation to marital status, married nursing managers or have families may prioritize family values such as fairness, communication, and empathy, which can shape their ethical leadership style. In addition to, unique cultures, values, and ethical challenges in different departments.

Mahran et al., (2022), supported the present study results in a study about effect of ethical leadership on nurse's job performance revealed that there was a statistically significant difference between ethical leadership and nursing leaders' age and working place. These results were different with the study conducted by **Awad & Khalifa, (2018),** about the relationship between ethical leadership behavior and organizational identification as perceived by critical care nurses concluded that there was no statistically significant difference between all demographic characteristics in the term of age and marital status with ethical leadership behavior.

The current study assessed the correlation between nurse managers' knowledge, perception, and practice of ethical leadership. The results indicated a positive statistically significant correlation between ethical leadership knowledge and perception. Furthermore, there was a highly statistically significant positive correlation between ethical leadership knowledge and practice, as well as between ethical leadership perception and practice (Table 4). From researcher point of view, this may be because knowledge provides a reference point for perception and with deeper knowledge of ethical leadership leads to a more informed, thoughtful, and consistent perception of ethical behavior in nursing managers' leadership roles. Additionally, the manager who understands ethical leadership is more likely to behave in a way that upholds those norms.

These results were in the same line with **Saad et al., (2021),** who concluded that there was a highly positive statistically significant correlation between head nurses' ethical leadership knowledge and practice. On the same track **Mohamed et al., (2021),** in their study

about enhance nurse managers' legal and ethical aspects at Benha university hospital revealed that there was a statistically significant positive correlation between nurse manager's total knowledge scores and performance scores.

Conclusion

Based on the findings of the present study it can be concluded that, nearly three quarters of nurse managers had unsatisfactory knowledge regarding ethical leadership. Also, less than two thirds of nursing managers had low levels of perception regarding ethical leadership. And less than two thirds of nurse managers had inadequate level of ethical leadership practice. Moreover, there were positive statistically significant correlation between ethical leadership knowledge, perception and practices.

Recommendations

1. Develop rewarding system for employees and managers who behave according to the integrity guidelines.
2. Conducting educational programs to raise awareness of the concept of ethical leadership and how to apply in different situations.
3. Clearly communicate to nurse managers the ethical standards and accepted practices within the organization.
4. Conducting periodic meetings with nurse managers to discuss issues related to justice and unfair practices that may hinders their ethical practices.
5. Encourage nurse managers' adherence to the statutory and legal framework especially when resolving ethical dilemma.

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