

Influence of Nepotism on Nurses' Job Performance at Workplace

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Abstract

Background: Nepotism, an unprofessional practice that persists and lowers nurses job satisfaction and performance, is evident in the close relationship between families and friends and helps nurses who are family members advance in their careers by giving them preferential treatment over other nurses who possess the necessary skills and knowledge. **Aim:** To assess the influence of nepotism on nurses' job performance at workplace. **Research design:** A descriptive correlation design was utilized to conduct this study. **Setting:** The study was conducted in Tanta International Teaching Hospital. **Subjects:** The study subjects consisted of a stratified proportional randomized sampling of nurses (n=302). **Tools:** Two tools were used to collect the needed data; nurses' perception of nepotism at workplace and nurses job performance questionnaire. **Results:** The study revealed that above half (54.5 %) of nurses had a high perception of nepotism at workplace, and the high percentage (71.6%) of nurses had a high level of job performance. **Conclusion:** There was positive significant statistically correlation was found between nurses' perception of nepotism and their job performance. **Recommendations:** Hospital management applies objective and clear competency criteria in recruitment processes and ensure transparency to increase trust among nurses and ensure that decisions are based on performance. Also, teach nurses managers to establish clear policies, foster a culture of fairness and merit-based hiring in order to perform at their best rather than employing nepotism.

Keywords: Job Performance, Nepotism, Nurses.

Introduction

Nepotism in healthcare organizations manifests as the hiring and selection of nurses who are friends and relatives, nurses who work for healthcare organizations that tolerate nepotism suffer greatly and lowers their job satisfaction and performance **(Owusu,2023)**. Giving nurses who are a family members or friends preferential treatment when hiring or promoting them in healthcare organization is known as nepotism and it is unjust to other nurses **(Athena,2023)**.

When nepotism is involved, nurses who are more suited for the position but do not socialize with the nurse's managers are put in an unethical situation, other nurses working for the healthcare organization as well as prospective nurses looking for employment are negatively impacted by this circumstance **(Williams,2022)**.

Nepotism has positives and negatives sequences for nurses. It makes it easier to find nurses who are hired. Collaborating with nurses who are a family member can enhance a productive workplace and create a strong communication network inside the healthcare organization. It also encourages teamwork and collaboration in completing duties **(Aktan,2022)**.

Nepotism negative effect can lead to mistrust, anger and poor nurses' performance, which prevent healthcare organizations progress and raises the turnover rate of nurses because they start to think that rewards are given based on their

proximity to management than on the nature of their work **(Bolat,2022)**.

Nepotism in healthcare organization includes three dimensions; staff recruitment and selection, promotion nepotism and working procedure. First, staff recruitment and selection dimension: it is the systematic process of identifying, attracting, interviewing and selecting qualified nurses for employment within healthcare organization **(Abubakar,2024)**.

Nepotism in recruitment and selection refers to the unfair practice of favoring nurses who are relatives during the hiring and selection process, regardless of their qualifications, skills and it led to hiring less competent nurses, reduced nurse's morale, and decreased organizational effectiveness **(Absar,2020)**.

Secondly, promotion nepotism dimension: nepotism promotion happens when nurses are offered opportunities or promoted based more on their relationship to nurse managers than on their qualifications or experience. **(Al-Shamari,2023)**. When a nurse gets promoted into a position while having fewer qualifications than other nurses, this is an example of nepotism in a healthcare organization **(Alwerthan, 2023)**.

Lastly: working procedure dimension; refers to unjust work distribution might result from nepotism in workplace. Additionally, provide nurses who are family members who might not be the best

qualified for a job, an unfair advantage which lowers other nurses' morale and productivity. **(Develi,2021).**

Nepotism can have a detrimental influence on healthcare organizations output and productivity as well as indirectly affecting nurse turnover, satisfaction and loyalty and effect on nurse's job happiness and performance **(Rowshan,2023).**

Nurses job performance is the efficiency in which nurses carry out their duties, roles and responsibilities associated with providing direct patient care for others, it is successful completion of their assigned roles and responsibilities **(Al-Homayan, 2023).**

Additionally, job performance is a measure of healthcare organization output and demonstrate how well communities manage healthcare organizations, the high performance of their nurses is a key indicator of a successful healthcare organizations work **(Hidayat, 2023).** Nurses' job performance includes eight-dimension, critical and technical care, communication, leadership, patient teaching, social support, cooperation and collaboration, compliance and planning.

First, critical and technical care dimension: nurses provide care at all levels of the care continuum and work around the clock to help patients, this includes helping patients with basic needs and taking care of their bodies and bodily functions **(Uchendu, 2022).** Second, communication dimension: it refers to nurse's abilities to write and speak

clearly and confidentiality and exchange of information, thoughts and feeling when interacting with patients and other healthcare providers. Effective communication is a cornerstone of nursing practice, it ensures patient safety, building trust and promoting positive health outcomes, it's essential for nurses collaborating on teams and providing efficient medical care **(Moreira, 2022).**

Third; leadership dimension: setting organizational goals or reacting to external stimuli to help a group to achieve its goals are examples of leadership roles in the challenging field of nursing, monitoring organizational resources and group and individual progress toward objectives may fall within the purview of a nurse leader **(Campbell,2022).** Forth, patient teaching dimension: effective patient education empowers patients and their families to ask questions, facilitates communication with healthcare providers and lead to shared decision making. It also helps patients and their families become active members of their healthcare team **(Adugbire,2020).**

Fifth; social support dimension: it as providing a patient with emotional, informational and instrumental support when they are in a difficult situation. It includes demonstrating empathy, establishing trust, helping patients to solve problems, offering tangible services or assistance **(Payot, 2020).** Sixth; cooperation and collaboration dimension: are key concept in healthcare, where nurses

can increase nursing performance and reduce medical errors while also enhancing nurse collaboration to try to improve patient care quality (**Liao, 2020**).

Seventh; compliance dimension: in order to influence nurses conduct, the healthcare organization uses a variety of policies, rules, process and procedure in addition to norms in order to increase nurse's awareness of and compliance with patient safety protocols (**Mukamel, 2023**). Finally, planning dimension: the nurses are responsible for assessing the client's health status, identifying the issues, which are defined as changes in human needs, developing solutions, carrying them out and assessing how well the plan worked to promote optimal wellness and address the issues found (**Tomey, 2024**).

Significance of the study:

Nepotism, the practice of favoring nurses who are relatives or friends in workplace, has been widely reviewed for weakening workplace fairness and efficiency (**Arasli, 2021**). In the nursing profession, where teamwork, morale and job performance are critical to patient care, nepotism can have detrimental effects. This study is significant for several stakeholders, including healthcare administrators, nurses and researchers because nepotism can lead to dissatisfaction among nurses who perceive unfairness in promotions, assignments or rewards (**Khan, 2022**).

When unqualified nurses are favored over competent staff, it can reduce overall job performance, increase

errors, and lower patient care quality (**Almeida, 2022**). Nurses working in nepotistic environments often experience decreased morale, higher stress, and increased turnover intentions and effect on nurse's job performance (**Tabassum, 2021**). This study aims to assess influence of nepotism on nurses' job performance in workplace.

Aim of the Study

The aim of study is to assess the influence of nepotism on nurses' job performance at workplace.

Research Questions:

1. What are the nurse's nepotism perception levels?
2. What are the nurses' job performance levels?
3. What is the relation between nepotism and nurses job performance?

Subjects and Method

Study design

A descriptive- correlation research design was used to carry out this study.

Setting:

The current study was conducted at Tanta International Teaching Hospital, which is affiliated to the Ministry of Higher Education and Scientific Research. It included intensive care units (ICUs) as cardiology, neurology, general medical, chest, pediatric, oncology and neonate ICUs as well as inpatients departments including general surgery, cardiology, obstetrics, oncology, neurology, pediatric, orthopedic.

Subjects:

The study subjects consisted of a stratified proportional randomized sampling of nurses (n=302) that was selected from total number of nurses (N=1400), who are worked in the previously mentioned settings and available at the time of data collection.

Tools of data collection: The data of the study were collected by using two tools- :

Tool (I): Nurses Perception of Nepotism at Workplace Questionnaire. It consisted of two parts as follow:

Part 1: Personal characteristics of nurses: included age, gender, marital status, level of education, profession, years of experience .

Part 2: Nurses' Perception of Nepotism at Workplace Questionnaire. It was developed by the researcher, guided by **Asunakutlu & Avci (2020)** and related literature (**Asunakutlu, Avci & Bahadir Genis,2020**). It was used to assess nurses' perception toward the nepotism at workplace. It consisted of 18 items grouped under three dimensions as follows :

- Recruitment and selection included 6 items, Promotion nepotism included 6 items and working procedure included 6 items.

Scoring system

The nurses' responses were measured by using a five- points /Likert scale ranged from (1–5) where; (1) strongly disagree, (2) disagree, (3) neutral, (4) agree, (5) strongly agree and that for all the items of the questionnaire. The total score was

categorized according to cut-off point and summing score of all categories .

- High level of nurse's perception of nepotism > 75% from the total score.
- Moderate level of nurse's perception of nepotism from 60 % to 75% from the total score.
- Low level of nurse's perception of nepotism <60% from the total score .

Tool (II): Nurses Job Performance Questionnaire. It was developed by researcher, guided by **Schwerin, Greenslade & Jimmieson, (2023)** and related literature (**Maridi & Nimet Ates ,2023**). It was used to assess nurses job performance. It consisted of 40 items grouped under eight dimensions as follows:

- Critical and Technical Care included 5 items, Communication included 5 items, Leadership included 5 items, Patient Teaching included 5 items, Social Support included 5 items, Cooperation and Collaboration included 5 items, Compliance included 5 items and Planning included 5 items.

Scoring system:

The nurses' responses were measured by using a five- points /Likert scale ranged from (1–5) where; (1) strongly disagree, (2) disagree, (3) neutral, (4) agree, (5) strongly agree and that for all the items of the questionnaire. The total score was categorized according to cut-off point and summing score of all categories.

- **High level of nurse's perception of nepotism > 75% from the total score.**

- **Moderate level of nurse's perception of nepotism** from 60 % to 75% from the total score.
- **Low level of nurse's perception of nepotism** <60%. from the total score.

Methods

- An official permission was obtained from the Dean of Nursing Faculty at Tanta University and the authoritative personnel that submitted to the previously mentioned setting to obtain their permission to conduct the study.

Ethical considerations:

- Approval was obtained from the Nursing Scientific Research Ethics Committee (NSREC) of the faculty of Nursing, Tanta University before conducting the study with code number (413-3-2023).
- Nature of the study didn't cause harm to the entire participants during the application of the research.
- An informed consent was obtained from the nursing staff after explanation of the study aim.
- Confidentiality and anonymity had been maintained regarding data collection and the participants have right to withdrawal from the study at any time.
- The study tools (I and II) were translated to Arabic and revised with the supervisors and offered to five experts in the area of specialty to examine the content validity and clarity of the questionnaire.

- The face and content validity of study tools (I and II) were assessed to check the relevance and coverage of the questions by five jury experts of professors of Nursing Administration at Faculty of Nursing in Tanta University.
- Essential modifications were made to reach the final valid version of the tools; the face validity of the tools was calculated based on experts' opinions after calculating the content validity index was 96% for tool (I) and 99% for the tool (II).
- The study tool was tested for its reliability using Cronbach's alpha coefficient test. Reliability of the study tools (I, II) was used to test the internal consistency of the items using Cronbach Alpha with value $\alpha = 0.882$ for the nurses' perception of nepotism questionnaire (NPNQ), $\alpha = 0.880$ for a nurse's job performance Questionnaire.
- A pilot study was carried out on a sample of nurses (10%) of total numbers of nurses (30 nurses). This sample is excluded from the study sample during the actual collection of data. The pilot study was conducted to test the sequences of items, clarity, applicability and relevance of the questions and to identify the needed items to finish the questionnaire and to estimate the time needed to fulfill the study tools (I, II). No modifications were made and proved.

- Data Collection phase: the researcher met with nurses participated in the study in the waiting area of their departments, explain the purpose of the study, distribute the questionnaire to them individually and ask them to fill the questionnaires after obtaining oral agreement, the study tools were handled to the participated nurses when they on duty according to their working condition available to be filled. Each participant took about 20 minutes to fill in the questionnaires. The subjects recorded the answer in the presence of the researcher to ascertain all questions were answered.
- The data were collected over period of four months from August to November 2024.

Statistical Analysis

Data was performed using IBM SPSS software version 20.0 (Armonk, NY: IBM Corp, released 2011). statistical presentation of the present study was conducted using the mean, standard deviation, unpaired student t-test was used to compare between two groups in quantitative data, Chi-square test was used to compare between groups in qualitative data, ANOVA test was used for comparison between more than two groups, Pearson correlation coefficient was used to measure the degree of association between quantitative variables.

Results

Table (1): Illustrates distribution of the nurses according to their personal

characteristics including age, gender, section, marital status, qualification, current job and years of experience. As noticed in this table, the high percent (70.2%) of nurses aged 25-35 years with Mean $\pm$ SD (31.17 $\pm$ 6.70). The high percent (70.5%) of the nurses were females. More than half (57.9%) of nurses were working in critical sections .

Also, high percentage (71.5 %) of nurses were married, and more than half (51.3%) of nurses had a technical diploma degree, more than one third (35.4%) of them had bachelor of science degrees while low percent (13.2%) had postgraduate degree of nursing science. For about position title majority (80.8%) of nurses had working in their position as a staff nurses. Regarding years of experience, less than half (48.7 %) of nurses had 5 to 15 years of experience and one third (33.1%) had <5 years with Mean $\pm$ SD (9.18 $\pm$ 7.51).

Figure (1): Demonstrates total levels of nurses' perception of nepotism at workplace. This figure revealed that above half (54.5 %) of the nurses had high perception of nepotism at workplace. while, above quarter (26.7%) of nurses had moderate perception of nepotism at workplace and low percent (18.5%) of nurses had low perception of nepotism at workplace.

Table (2): This table represents levels of nurses' perceptions of nepotism in the workplace, the table showed that above half (60.7%) of nurses had high perception of

nepotism at workplace regarding to recruitment and selection, while more than half (54.5%) of nurses had high perception of nepotism at workplace regarding to promotion nepotism and above one third (40.3%) of nurses had low perception of nepotism at workplace regarding to working procedure.

Figure (2): Demonstrates total levels of nurses' job performance. This revealed that high percentage (71.6 %) of nurses had a high level of job performance. While, above quarter (25.7%) of nurses had a moderate level of job performance and minority (2.3%) of them had low level of job performance.

Table (3): this table represents levels of nurses' job performance. The result showed that majority (89.4%) of nurses had a high level of job performance regarding critical and technical care and high percentage (71.0%) of them had a high level of job performance regarding cooperation and collaboration.

Also, above two third (66.7% ,66.3%) of nurses had a high level of job performance regarding patient teaching and communication. Respectively, above half (58.1%,54.5%) of nurses had a high level of job performance regarding planning and compliance and above one third (40.3%) of nurses had a moderate level of job performance regarding social support. while above one third (35.6%) of nurses had a low level of job performance regarding leadership.

Table (4): Demonstrate distribution of nurses according to score regarding job performance. This table showed that the first mean score of nurse's job performance was Mean $\pm$ SD (23.91 $\pm$ 1.98) for critical and technical care with score range (5-25) and mean average score Mean $\pm$ SD (94.57 $\pm$ 9.92) and second mean score of nurses' job performance was Mean $\pm$ SD (22.60 $\pm$ 2.75) for cooperation and collaboration with score range (5-25) and mean average score Mean $\pm$ SD (87.98 $\pm$ 13.74).

Then, the third mean score of nurses' job performance was Mean $\pm$ SD (22.20 $\pm$ 3.21) for patient teaching with score range (5-25) and mean average score Mean $\pm$ SD (86.01 $\pm$ 16.05) and the fourth mean score of nurses' job performance was Mean $\pm$ SD (22.12 $\pm$ 2069) for communication with score range (5-25) and mean average score Mean $\pm$ SD (85.58 $\pm$ 13.47).

Also, the fifth mean score of nurses' job performance was Mean $\pm$ SD (21.50 $\pm$ 2.96) for planning with score range (5-25) and mean average score Mean $\pm$ SD (82.52 $\pm$ 14.82) and the sixth mean score $\pm$ of nurses' job performance was Mean $\pm$ SD (20.99 $\pm$ 3.68) for compliance with score range (5-25) and mean average score Mean $\pm$ SD (79.97 $\pm$ 18.38).

While, the seventh mean score of nurses' job performance was Mean $\pm$ SD (18.75 $\pm$ 4.21) for social support with score range (5-25) and mean average score Mean $\pm$ SD (68.74 $\pm$ 21.07) and last mean score of nurses' job performance was for leadership Mean $\pm$ SD (18.29 $\pm$ 4.69)

with score range (5-25) and mean average score Mean $\pm$ SD (66.47 $\pm$ 23.46).

Table (5): it clarifies the correlation coefficient between total nurses' perception of nepotism at workplace

and nurses job performance; there is a significant positive correlation between nurses' perception of nepotism at workplace and nurses job performance as overall.

Table (1): Distribution of the nurses according to their personal characteristics (n = 302)

Personal Characteristics	No.	%
Age		
- <25	33	10.9
- 25 – 35	212	70.2
- >35	57	18.9
Min. – Max.	20.0 – 56.0	
Mean $\pm$ SD.	31.17 $\pm$ 6.70	
Gender		
- Male	89	29.5
- Female	213	70.5
Section		
- Internal sections	127	42.1
- Critical sections	175	57.9
Marital status		
- Married	216	71.5
- Un married	86	28.5
Qualification		
- Technical diploma	155	51.3
- Bachelor	107	35.4
- Postgraduate	40	13.3
Current job		
- Head of nursing	3	1.0
- Nursing supervisor	27	8.9
- Department supervisor	28	9.3
- Nurses	244	80.8
Years of experience		
- <5	100	33.1
- 5 – 15	147	48.7
- >15	55	18.2
Min. – Max.	1.0 – 37.0	
Mean $\pm$ SD.	9.18 $\pm$ 7.51	

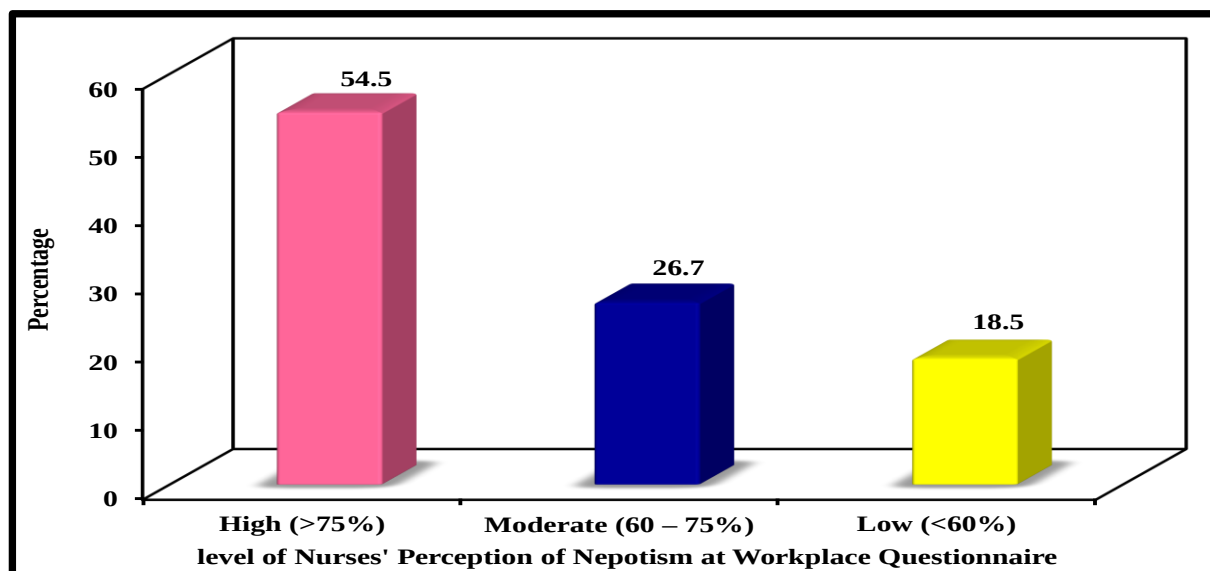


Figure (1): Total level of nurses' perception of nepotism at workplace (n = 302)

Table (2): Level of Nurses' perception of nepotism at workplace (n=302)

Nurses' perception of nepotism at workplace	Level of nurses' perception of nepotism at workplace					
	High (>75%)		Moderate (60 – 75%)		Low (<60%)	
	No.	%	No.	%	No.	%
Recruitment and selection	184	60.7	70	23.1	48	15.8
Promotion nepotism	165	54.5	87	28.7	50	16.5
Working procedure	62	20.5	118	38.9	122	40.3

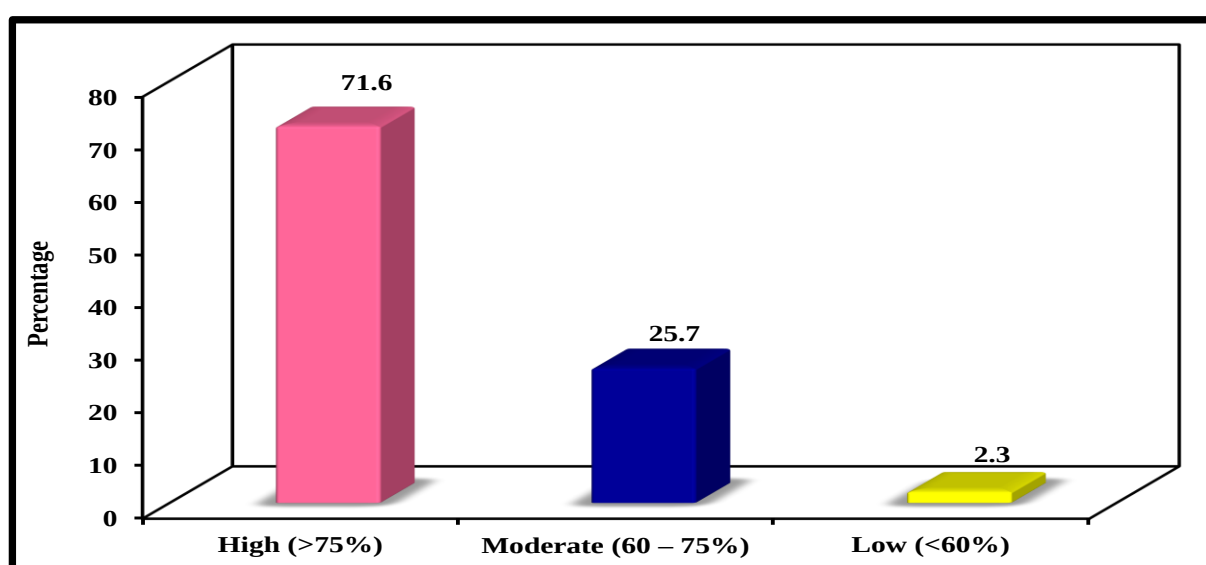


Figure (2): Total levels of Nurses Job Performance n = 302)

Table (3): Levels of Nurses Job Performance n (= 302)

Nurses Job Performance subscales	High (>75%)		Moderate (60 – 75%)		Low (<60%)	
	No.	%	No.	%	No.	%
Critical and Technical Care	271	89.4	27	8.9	4	1.3
Communication	201	66.3	94	31.0	7	2.3
Leadership	91	30.0	103	34.0	108	35.6
Patient Teaching	202	66.7	85	28.1	15	5.0
Social Support	100	33.0	122	40.3	80	26.4
Cooperation and Collaboration	215	71.0	79	26.1	8	2.6
Compliance	165	54.5	99	32.7	38	12.5
Planning	176	58.1	110	36.3	16	5.3

Table (4): Distribution of nurses according to their score for nurse's job performance (n = 302)

Nurses job performance	Score Range	Total score		% score	Rank
		Min. – Max.	Mean ± SD.	Mean ± SD.	
Critical and Technical Care	(5 – 25)	15 – 25	23.91 ± 1.98	94.57 ± 9.92	1
Communication	(5 – 25)	13 – 25	22.12 ± 2.69	85.58 ± 13.47	4
Leadership	(5 – 25)	5 – 25	18.29 ± 4.69	66.47 ± 23.46	8
Patient Teaching	(5 – 25)	5 – 25	22.20 ± 3.21	86.01 ± 16.05	3
Social Support	(5 – 25)	5 – 25	18.75 ± 4.21	68.74 ± 21.07	7
Cooperation and Collaboration	(5 – 25)	14 – 25	22.60 ± 2.75	87.98 ± 13.74	2
Compliance	(5 – 25)	10 – 25	20.99 ± 3.68	79.97 ± 18.38	6
Planning	(5 – 25)	11 – 25	21.50 ± 2.96	82.52 ± 14.82	5
Overall	(40 – 200)	117 – 200	170.37 ± 16.70	81.48 ± 10.44	

Table (5): Correlation coefficient between total nurses' perception of nepotism at workplace and total nurses job performance (n=302)

	Nurses' Perception of Nepotism	
	r	P
Nurses Job Performance	0.311*	<0.001*

Discussion

Nepotism in nursing refers to the practice of promoting or hiring nurses who are a family member or those with close personal relationships based on connections rather than

merit. Moreover, these practices can undermine nurses' sense of justice, thereby decreasing their motivation, nurses who believe their achievements will go unrecognized may exert less effort at work and

reduce their organizational commitment. The effects of nepotism can lead to low job satisfaction, high turnover, and poor performance (**Kaya, 2021**).

Nurses' job performance refers to the extent to which nurses fulfill their assigned tasks and responsibilities and the impact they have on their work and overall organizational outcomes, relying solely on work results to measure performance can be misleading (**Bulut, 2024**).

Additionally, nurses' performance may be closely related to various factors such as job satisfaction, motivation, leadership style and organizational justice (**Tekin, 2024**).

The present study illustrated that high percent of the nurses were aged 25–35 years and were females and married. Also, above half of nurses were worked in critical sections and had a technical diploma degree; above one-third of them had Bachelor of Nursing Science, while the minority had postgraduate degrees in nursing science. Additionally, majority of nurses had been working in their position as staff nurses. Lastly, less than half of the nurses had between 5 - 15 years of experience.

Regarding nurses' perception of nepotism in workplace, the present study revealed that above than half of nurses had a high-level perception of nepotism in workplace and above than half of nurses had a high-level perception regarding recruitment and selection and promotion nepotism and more than one-third of nurses had a low-level perception regarding working procedures.

These findings may be due to lack of merit-based evaluation; when promotions and hiring nurses aren't based on clear performance criteria, favoritism becomes easier. Fear of outsiders; preference for familiar nurses may stem from a fear of introducing unknown variables into the healthcare organization. Additionally, inadequate nurses' leadership or ethics training; nurses' leaders may not understand the negative impact of nepotism on nurses' morale, productivity or diversity.

Moreover, Influence on career advancement; promotion, training opportunities and desirable unit assignments are critical for nurse's professional development when such opportunities are perceived to be based on family or personal connection rather than merit, nurses become highly sensitive to nepotistic practices.

In the same line the study done by **Jackson, (2021)** who asserted that more than half of the staff nurses had a high level of perception regarding nepotism in the workplace. Similarly, the study conducted by **Badran, (2021)** who demonstrated that half of nurse managers had high level of perception regarding nepotism, and they are disappointed in nepotism because it implies difficulties with their interfering with their plans and objectives, which directly affects workflow, staff satisfaction and patient care quality.

Also, these study findings consistent with a study of **Abbas, (2021)** who clarified that more than two-third of the nurses had a high level of

perception regarding nepotism in the workplace. Also, the present finding was supported with the study of **Arasli, (2025)** who explored that majority of nurses had high level of perception regarding nepotism at workplace and that can be extrapolated to healthcare setting and contribute to job stress and burnout among nurses.

On the other hand, the finding of the present study disagreed with the study done by **Massoudi, (2023)** who reported that about two third of nurses had low level of perception regarding nepotism in workplace. Also, the study by **Sadozai, (2024)** who noted that the high percent of nurses consider that nepotism accelerated decision making within team due to pre-existing trust among nurses who are family members. Similarly, study findings of **Schilpzand, (2025)** who described that less than half of nurses had a moderate level of perception regarding nepotism in workplace.

Also, **Stewart, (2025)** clarified that majority of nurses are believing that nepotistic hires required less training time and expenses and shorten broaden time. Additionally, the study result of **Kang & Roweley, (2025)** showed that majority of nurses who are a family hiring helped work maintain stability during economic downturns. Also, the study conducted by **Dyer, (2025)** who clarified that above half of nurses had low level of perception regarding nepotism in workplace and who implying a positive effect of nepotism on nurse's performance.

Regarding nurse's levels of job performance, the finding of the present study revealed that high percentage of nurses had a high level of job performance and majority of nurses had a high level of job performance regarding critical and technical care. Also, high percentage of nurses had a high level of job performance regarding cooperation and collaboration.

While above two third of nurses had a high level of job performance regarding patient teaching and communication. Also, above half of nurses had a high level of job performance regarding planning and compliance and above one third of nurses had a moderate level of job performance regarding social support. While above one third of nurses had a low level of job performance regarding leadership.

This finding may be due to nurses playing a central role in ensuring patient safety and providing high quality care. High-performing nurses are more likely to follow clinical guidelines, administer medications accurately and monitor patients effectively, reducing the probability of errors and complications. When nurses perform well, patients experience better health outcomes and help minimize unnecessary procedures and hospital stays, their efficiency leads to cost savings and optimal utilization of medical resources.

Additionally, it may be due to that nurses who perform at a high level contribute to effective communication and collaboration with other healthcare professionals

and use critical thinking skills to prioritize tasks, manage emergencies and deliver timely care and it reflects a strong sense of responsibility.

In the same line the study of **Laschinger, (2021)** who reported that above half of the nurses had a high level of job performance. The study of **Stolberg, (2022)** who demonstrated that more than half of the nurses believed that hospitals with higher nurse staffing and education levels had significantly lower mortality rates. Similarly, the study by **Hughes, (2023)** who reported that majority of nurses supposed that that empowering work environments positively influenced nurses' job performance and reduced burnout.

Also, the study of **Abidakun, (2023)** clarified that majority of nurses supported the critical role of nurse performance in ensuring high quality healthcare from mitigating nurses burnout. Moreover, the study results by **Cowan, (2025)** who reported that high percentage of nurses had high level of job performance and declared that performance was strongly tied to continual professional training.

On the contrary, this study contrasted with the study conducted by **Bibi, (2021)** who explored that more than one quarter of nurses had a moderate level of job performance. Also, the study of **Lasisi, (2022)** who reported that more than two-thirds of nurses had a low level of job performance. Similarly, **Wang, (2024)** described that half of nurses had low level of job performance and had difficult to quickly make accurate judgments and

responses, thus affecting the work performance.

Furthermore, this study was disagreed with the study of **Liu, (2025)** who reported that high percent of nurses unable to deal effectively with the complexity and variability of their clinical work due to differences in work experience, resulting in performance that may not yet have reached a higher level.

The present study finding revealed that there was a highly statistically significant positive correlation between total nurse's perception of nepotism at workplace and nurses job performance. This result may be due to that nurses may then feel obliged to perform at a higher level to repay perceived organizational support and when it is normalized, nurses perceiving nepotism may interpret it as stability or care from management which can enhance morale and improve performance outcome. Nepotism may grant certain nurses' preferential access to training or favorable shifts; these advantages can create conditions that indirectly improve job performance metrics compared to peers.

In same line the study of **Abbas, (2021)** who reported that there was a significant positive correlation between nepotism and nurses job performance. Similarly, the study conducts by **Rasheeda, (2025)** who clarified that there was a significant effect of nepotism in the workplace on nurses' job performance. Also, the study of **Ombanda, (2025)** who explored that nepotism had significant effect on nurse's job performance.

On the contrary, the present study disagreed with the study conducted by **Gaber, (2022)** who explored that there was a significant correlation between leadership and nurse's perceptions of subscales of nepotism. Similarly, the study result that conducted by **Seker, (2024)**, who reported that there was not a statistically significant positive correlation between nurses' perceptions of nepotism and their job performance. Also, the study result of **Sümer, (2025)** who clarified that there was not a statistically significant positive correlation between nurses' perceptions of nepotism and their job performance.

Conclusion

Above half of nurses had a high perception of nepotism at workplace. Also, the high percentage of nurses had a high level of job performance. Furthermore, there was a highly statistically significant positive correlation between nurse's perception of nepotism at workplace and their job performance.

Recommendations

For healthcare organization:

- Apply objective and clear competency criteria in recruitment processes and ensure transparency to increase trust among nurses and ensure that decisions are based on performance.
- Promotion and reward processes based on performance and skills, not on personal relationships

For nurse's managers:

- Encouraging senior management to adopt an impartial and inclusive leadership style

- training the nurses managers to make decisions independent of family or close relationships.

For staff nurses:

- Practice stress-management techniques (e.g., open communication, conflict resolution, or counseling) to handle feelings of injustice or demotivation that may arise from perceived nepotism.
- Develop strong, supportive relationships with work colleagues. A positive work culture helps buffer the effects of nepotism and encourages fairness.
- Focus on personal growth through training, certification and continuing education.

For future nursing research:

- Study the effect of nepotism on the quality of nursing care delivered to patients.
- Study the relationship between nurses' perception of nepotism and their professional commitment.
- Study the relation between nurse's job performance and patient safety and quality of care.

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