

Effects of Nepotism on Nursing Staff Job Satisfaction, Organizational Commitment and Intention to Quit.

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Abstract

Background: Nepotism (favoritism) considered as unprofessional behaviors in work life among nursing staff, which is still exists and continues. **Aims:** Evaluate the effects of nepotism on nursing staff job satisfaction, organizational commitment and intention to quit. **Subject:** all available nursing staff (n=1647) at Main Assiut University hospital (MAUH). **Deign:** Descriptive correlation, **Study tools:** Two tools were used, tool I: included personal characteristics sheet, tool II: included 4 parts; 1st part: measuring nepotism perception (n=37), 2nd part: effect of nepotism on individual job satisfaction (n=5), 3rd part: effect of nepotism on organizational commitment (n=8), 4th part: effect of nepotism on intention to quit (n=5) among nursing staff. **Results:** the majority of the nurse managers (83.5 %) had low level of nepotism perception, while the majority of staff nurses had a high level (88.2%). There was a highly significant positive correlation of nepotism with intention to quit, and there was a highly significant negative correlation with job satisfaction and organizational commitment. **Conclusion:** The findings of the study indicated that, nepotism had highly statistically adverse effects on almost all dimensions of the current study (nepotism paralyzed individual job satisfaction, and leading to intention to quit among nursing staff. **Recommendation:** The management of the hospital should pay attention to the workplace conditions, nepotism, and organizational commitment, additional research to teach managers how to cultivate inventiveness and creativity in order to perform at their best, rather than employing nepotism.

Key words: Nepotism, Job satisfaction, Organizational commitment, Intention to quit, Nursing staff.

Introduction:

Nepotism, also known as favoritism, is when someone, regardless of their qualifications, knowledge, ability, or experience, gains employment, promotion, or more favorable working conditions through kinship relationships. To put it another way, nepotism is also described as an effort to gain benefits such as employment, promotion, etc. by making use of public authority. a member of the family; The misuse of power in favor of family members is referred to as nepotism. (Vveinhardt & Sroka 2020).

Today, it is said that nepotism has both positive and negative effects. Usually, the person who will be hired is found quickly. It is a significant benefit to know the qualities and efficiency of this individual ahead of time. In addition, working with a relative can foster a welcoming family atmosphere and build a

strong network of communication in small businesses. (Yavuz et al 2020). Nepotism has the potential to undermine employees' trust in their employers and their loyalty to them. Because employees begin to believe that rewards are given based on their proximity to management rather than on the nature of their work. No longer is success meaningless to employees. Additionally, there may be a polarization between kinship workers and non-kinship workers in institutions with nepotism. Even employees who are not related to either group experience a decline in productivity in such situations. Employees' loyalty, trust in their organizations, productivity, and job satisfaction suffer as a result. (Alper et al 2020).

Employees believe they work in an unfair environment because of the disparity between the contribution rate and the benefit offered. Job satisfaction and organizational

commitment are negatively impacted by this lack of confidence. (Rowshan et al 2015).

The nursing staff's level of job satisfaction has social and economic repercussions for both the staff and the organization. According to previous research, employees' mental and physical health, job performance, attendance, and intentions to quit are all influenced by their level of job satisfaction. (Alper et al 2020 & Burhan et al (2020).

Organizational commitment which can be defined as "the high level of conviction and acceptance of employees in embracing the goals and values of the organization and resulting strong desire to strive for the organization's goals, remain within the organization, and continue organizational membership" and "the high level of conviction and acceptance of employees in embracing the goals and values of the organization" (Kashifa & Marzuki 2015). A multifaceted study on organizational behavior exposed this concept to a three-dimensional examination in terms of affective, continuance, and normative commitment in the advanced stages of the research. (Alammar et al 2016). Affective commitment, which is the first dimension of organizational commitment, is defined in this context as the status of employees choosing to remain employed by the organization as a result of their affection for it. In normative commitment, employees are prevented from leaving because they feel obligated to the organization by an ethical sense of duty, whereas continuance commitment is dictated by the necessity to remain in the workplace in light of the negative aspects of quitting. (Hildreth et al., 2016). The first dimension of organizational commitment, affective commitment, is based on the desire to remain in the organization, according to a general evaluation of these three approaches. While normative commitment is motivated by a sense of obligation, continuance commitment is motivated by necessity. (Im & Chen 2020).

The level of commitment that employees have to completing their work for the organization and utilizing all of their skills and

knowledge is one of the most important issues for an organization's management. In this context, a significant path indicator for the success of the organization is an employee's level of organizational commitment, whether high or low. As a result, it is critical for every company to have employees who are committed to the organization. (Alammar et al 2016). Loyalty and devotion to the organization, dedication to the organization's goals, and participation in the organization's activities are all examples of organizational commitment. (Ikechukwu et al 2019). Representatives with high authoritative responsibility go to work consistently, safeguard hierarchical resources, share authoritative objectives and backing the association at difficult situations. (Kashifa & Marzui 2015)

Lastly, employees with low job satisfaction tended to quit their jobs, according to studies that looked into the connection between job satisfaction and intention to quit.

Significance of the study:

One of the most effective characteristics of working societies is nepotism, which negatively impacts the personal perception of Health care workers and lowers job satisfaction, particularly among nurses. (Badran & Akeel 2022). Nepotism has an effect on society and individuals. (Iskandar 2019), the majority of Arab society holds the belief that nepotism is the first barrier to progress. (Djatmiko 2019; Cerdeira & Lourenço 2022).

In addition, based on the experiences of the researchers as coordinators of nurse interns at Assiut University Hospital (AUH), particularly Main AUH; The majority of nursing staff have expressed (nepotism or favoritism) which leading to job dissatisfaction, increasing intention to quit, for and lack of organizational commitment as a result of assignments, promotions, and placements despite their experiences, leadership abilities, qualification, commitment competencies, and requirements. As a result, the researchers made the decision to investigate the correlation between nepotism and nurses' job satisfaction, organizational commitment, and intention to quit.

Aims of the study:

This study aims to:

- Explore the perception levels about nepotism among nursing staff at Main Assiut University hospital.

- Determine to what extent nepotism effects on job satisfaction, commitment and intention to quit among nursing staff.

- Design a model to illustrate the relations between nepotism and its effect on job satisfaction, commitment and intention to quit.

Research questions:

- To what extent nursing staff had perceived nepotism?

- Is nepotism having a significant effect on nursing staff job satisfaction staff?

- Is nepotism having a significant effect on organizational commitment among nursing staff?

- Is nepotism having a significant effect on intent to quit among nursing staff?

Subject and methods:

The methodology pursued in the conduction of the study portrayed according to the following designs: technical, administrative, operational, and statistical design.

I. Technical design: involves design, setting, subject, tools of data collection, and study proposed model.

Study design: A descriptive correlational design.

Setting: The study was conducted at Assiut University Hospital, serving all Upper Egypt medical and surgical patients. Currently, The total bed capacity of the hospital (n= 1700).

Subjects: The present study included all nursing staff working in Main Assiut university Hospital with total number (no=1647). Nurses with different educational level which classified as follows: 147 nurse managers, and (1500) staff nurses.

Study Tools: included two tools as follows:

Tool 1: Personal characteristics data which included data about: age, gender, job title, educational qualification, unit name, and years of experience at Assiut University Hospital.

Tool (II) (55 items): Perception of Nepotism and its effect in workplace questionnaire: a questionnaire developed by Abdalla, et al., (1998) and updated by Arasli & Tumer (2008) including four parts.

The 1st part: consisting of (n=37 items) were employed to measure nepotism perception.

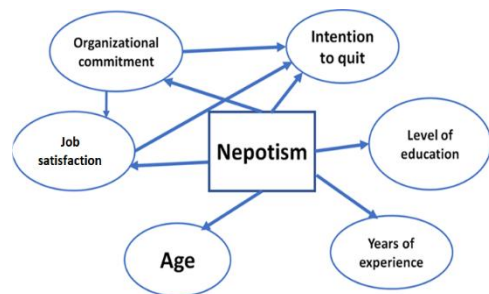
The 2nd part: consisting of (n= 5) related to job satisfaction

The 3rd part: consisting of (n= 8) related to organizational commitment.

The 4th part: consisting of (n= 5) questions related to intention to quit.

Scoring system for the questionnaire, 5-point Likert scale from 1=strongly disagree, 2=disagree, 3=neutral, 4=agree to 5=strongly agree, the scores of each dimension will summit up and then converted into a percent score. A score less than or equal 40% considered as low perception, a score from 41% to 80% considered as moderate perception, and a score equal or more than 81% considered as high perception.

*(Fig.1): Study proposed model

**II. Administrative design**

In order to collect the necessary data, official permission was obtained from the General Director of Nursing, the Medical Director and Nursing Director of Main Assiut University Hospital, and the Dean of Nursing Faculty at Assiut University. Consent was given verbally.

Ethical considerations

The research proposal was approved by the Ethical Committee at Assiut University's Faculty of Nursing; oral consent was obtained from the study participants; there was no risk to the participants during the application of the research; the confidentiality and anonymity of the obtained data were guaranteed; the study adhered to common ethical principles in clinical research; and the privacy of the study participants was taken into consideration during the data collection process.

III. Operational design:

The study was conducted throughout three main phases: 1st preparatory, 2nd pilot, and 3rd data collection

***1st phase: Preparatory phase**

This phase took about two months (April to May 2020) to end the proposal of the study. After reviewing the available literatures concerning the topic of the study, an Arabic translation of the study tool was done.

The face and content validity of the study tools were assessed to check the relevance and coverage of the questions by seven jury panel of professors from Nursing Administration Department (n=4), Medical-Surgical Nursing Department (n=1), Community Health Nursing Department (n=1), Psychiatric Nursing Department (n=1), Faculty of Nursing, Assiut University. Content validity was used to determine the instrument's validity. Cronbach's alpha coefficient was used to determine the instrument's reliability, and the score for the structured questionnaires was 0.837. Accordingly, modifications were done and the final form was developed.

***2nd phase: Pilot study**

Before beginning the fieldwork, a pilot study was conducted on a subset of ten percent of the study participants to determine the difficulties associated with the questions, in order to modify or clarify them, omit or add certain questions, and estimate the time required to fill out the forms. Additionally, the pilot contributed to the identification of potential constraints and strategies for dealing with them as well as the organizational and administrative procedures required for the study. Based on the results of the pilot, changes were made and additional details were added. The final form was developed after a few minor adjustments were made.

***3rd phase: Data collection**

The researchers met with nursing staff participated in the study to explain the purpose of the study 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 half an hour to fill the questionnaires. The whole duration for data collection took about four months from June to September 2020.

IV. Statistical design

Prior to computerized data entry and analysis, the collected data were verified using the statistical software package for the social sciences (SPSS) version 24. Descriptive statistics were used to present the data in percentages, mean and standard deviation were calculated as well. For the chi-square and ANOVA tests of the relationship between variables, a P-value ≤ 0.05 was considered statistically significant.

Results:

Personal characteristics of the study subjects showed in table (1). The highest percentage of them (56.4%) were females, the age of (59.3%) ranged from 25 to more than 35 years old (74.7 %) having experience more than 10 years. Also, the table illustrated that (85.9 %) were married with (40.0%) diploma degree of nursing science,

Table (2). Reveals that the (70.8%), of study subjects with diploma degree had the highest level of nepotism perception, meanwhile, (65.3%) of B.Sc.N had lowest percentage as regarding to level of nepotism perception

Table (3). Clarifies that the majority of the nurse managers has low percentage as regards to nepotism perception level (83.5 %), on the other hand the majority of the staff nurses had high percentage as regards to nepotism perception level (88.2%).

Table (4): Reveals that there was a highly significant positive correlation between nepotism perception levels and study subject's age, and a highly significant negative correlation with Level of education, years of experience $p < 0.01$

Table (5). Illustrated that there were significant correlations between levels of nepotism perception and job satisfaction, organizational commitment, and intention to

quit among nursing staff $p < 0.001$. Also, it clarifies that there were strong positive correlations between (nepotism and intention to quit), and (Nurses' job satisfaction and Organizational commitment). On the other hand there were strong negative correlations between nepotism and (Nurses' job satisfaction, Organizational commitment) and (Nurses' job satisfaction, Intention to quit and organizational commitment) respectively $p < 0.01$

- Table (6). This table showed that the most factor affected by nepotism was intention to quit followed by Organizational commitment linear regression analysis was conducted to predict the influence of nepotism on employee organizational commitment. To know relations between personal and occupational data with job satisfaction, organizational commitment and intention to quit among nursing staff can be explained by a linear regression. As can be seen, nepotism contributes 0.6% to the variance in employee emotional engagement.

Table (1): Percentage distribution of personal and occupational characteristics of the study subjects.

Items	No. (n =1647)	%
Gender		
Male	570	34.6
Female	1077	56.4
Age: (years)		
20 - >25 years	670	40.7
25 - < 35 years	977	59.3
Level of education:		
Diploma degree in nursing science	665	40.4
Secondary Technical Institute of Nursing.	835	50.8
Bachelor degree in Nursing Science.	98	5.9
Post graduate	49	2.9
Job title		
Staff Nurse	1500	91.1
Nurse Managers	147	8.9
Marital status:		
Single	233	14.1
Married	1414	85.9
Years of experience:		
0- 10 years	417	25.3
More than 10 years	1230	74.7

Table (2). Percentage of nepotism perception levels among study subjects regarding to their level of education.

Level of education	Level of Nepotism perception					
	Low		Moderate		High	
	No.	%	No.	%	No.	%
Diploma degree of nursing science	78	11.7	116	17.5	471	70.8
Secondary technical institute of nursing	109	13	186	22.3	540	64.7
B.Sc.N	19	19.4	52	53.1	27	27.5
Post graduates	32	65.3	12	24.5	5	10.2

Table (3). Percentage of nepotism perception levels among study subjects regarding to their job title.

Occupation	Level of Nepotism perception					
	Low		Moderate		High	
	No.	%	No.	%	No.	%
Staff nurses (1500)	76	5.1	101	6.7	1323	88.2
Nurse managers (147)	123	83.5	10	7	14	9.5

Table (4). Correlation between nepotism perception score of with age, level of education, and years of experience among study subject.

Items	Score of Nepotism	
	r-value	P-value
Age (years)	0.454	0.004*
Level of education	-0.701	0.000**
Years of experience	-0.525	0.001*

Table (5). Correlation matrix of nepotism, Job satisfaction, organizational commitment, and intention to quit among nursing staff (n=1647).

Variables	Nepotism perception	Nurses' satisfaction	Organizational commitment	Intention to quit	P-value
Nepotism perception					
Nurses' job satisfaction	-0.72**				0.01**
Organizational commitment	-0.58**	0.61**			0.01**
Intention to quit	0.81**	-0.56**	-0.70**		0.01**

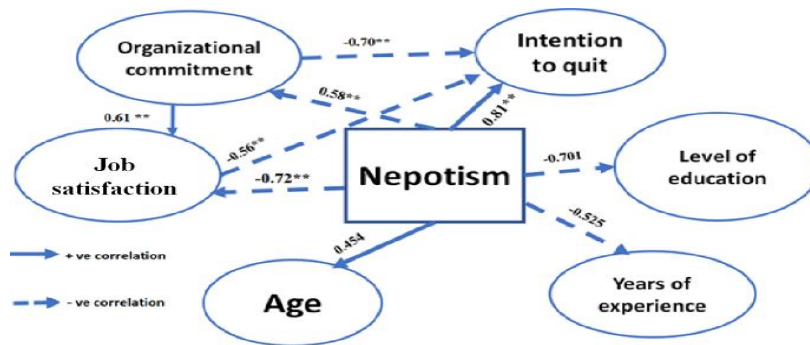
(**) Statistically significant at $p < 0.01$

Table (6). Hierarchical Regression Results for nepotism perception level with Overall satisfaction commitment intention to quit and demographic data

	B	SE B	β	T	P value
(Constant)	1.746	.692		2.523	.015*
Age	.010	.029	.093	.353	.636
Experience	-.039	.036	-.319	-1.068	.288
Level of education	-.007	.108	-.007	-.062	.003**
Nurses job satisfaction	-.272	.074	-.500	-3.648	.000**
Intention to quit	.682	.108	.891	6.287	.000**
Organizational commitment	-.058	.063	-.146	-.927	.358
R		.733			
R²		.478			
Adjusted R²		.455			

**statistical significant P-value at the 0.01 level.

** Fig. 2: the proposed model designed based on study results.



Discussion:

The current study aimed to explore the effect of nepotism perception levels on job satisfaction, organizational commitment and intention to quit among nursing staff at Main Assiut University hospital.

The findings of the present study illustrated that the majority of nurse managers had low level of nepotism perception, while the majority of staff nurses had highly perception level of nepotism. From the researcher's point of view nepotism 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. These findings were supported by **Jackson, (2020)** who asserted that less than half of the staff nurses had a low level of paternal favoritism (cronyism). On the other hand, **Badran and Akeel (2022)** proved that participants at the level of nurse managers 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.

It was noticed from the findings of the present study that nepotism correlates positively with age and negatively with participated nurse's level of education and years of experience.

Concerning the potential effects of nepotism on job satisfaction, organizational commitment and intention to quit, the results of the current study demonstrated that nepotism had negative effects on job satisfaction and

organizational commitment, while it positively affected intention to quit. It is an expected outcome that an unfair work environment leads to job dissatisfaction among nursing staff. Such situation decreases their job involvement and their loyalty to the organization. Then, the possible consequences will be absenteeism, tardiness, and turnover. Besides, employees working under such unfavorable conditions will look for a better job and will quit as soon as find an opportunity. These findings were congruent with the findings of **Pienaar, et al (2007), & Kerse, and Babadağ (2018)** they were discovered that job satisfaction and intention to leave one's job were negatively correlated. Moreover, these finding were in align with **YAVUZ et al (2020)**, who proved that Nepotism had a negative effect on job satisfaction among healthcare workers. Also, **Iqbal & Ahmed (2020)** had carried out a study that also revealed that favoritism and cronyism increased employee dissatisfaction with their organizations and contributed to workplace stress. Additionally, there was a study conduct by **Jeong, et al., (2020)** who stated that nurse's managers must address the phenomenon of nepotism in order to eliminate the negative effects on the organization's commitment and job satisfaction. From the researcher's point of view, staff nursing had ethics as they treated with ill patients and human life to safe and cared them not to deficit with them. For this they are committed to the organizational goal to provide high quality care to their clients (**Alharbi et al 2021**).

To summarize, the present study developed a model incorporating the effect of nepotism on satisfaction organizational

commitment, and intention to quit. Nepotism was interrelated, and positively correlated to intention to quit. This latter was predicted job satisfaction and organizational commitment. Moreover, satisfaction in itself was an independent predictor of organizational commitment. Nurses' years of experience and qualification were negative independent predictors of nepotism, whereas their age was an independent positive predictor of nepotism.

According to these findings, job satisfaction is crucial to an organization's success. The reason for this is that nurses' perceived level of job satisfaction will have a positive impact on their organizational commitment and, as a result, increase their efficiency. As a result, businesses should prioritize satisfying their employees before satisfying customers. Organizational and job involvement will rise when nurses perceive a fair environment in the hospital as opposed to one dominated by favoritism or nepotism.

Conclusion:

Staff nurses had a high level of nepotism perception and more affected than nurse managers, staff nurses had a negative impact on job satisfaction, organizational commitment, and positive impact on intention to quit. Staff nurses who are satisfied in their jobs are committed to their work and their organizations.

Recommendations

- The hospital executives should exhibit an open and transparent management towards the employees.

- The management of the hospital should pay particular attention to the conditions of the workplace, nepotism (also known as favoritism), and organizational commitment.

- Nurses to be self-motivated, proactive, and productive, ultimately inspiring their satisfaction.

- The hospital ought to control the dictatorship and manipulation with an advanced electronic system.

- Maintain professionalism while adhering to ethical standards, refrain from discriminating against nurses, and standardize working hours, vacation days, and holidays.

- Create an Anti-nepotism strategy.

- Managers and supervisors should receive training on how to avoid nepotism.

- Additional research to teach managers how to cultivate inventiveness and creativity in order to perform at their best, rather than employing nepotism.

References:

- Abdalla, H., & Maghrabi, A., & Raggad, B., (1998).** Assessing the Perceptions of Human Resource Managers toward Nepotism: A Cross-cultural Study. *Int. J. Manpow.* 1998, 19, 554–570.
- Alammar K., Alamrani M., Alqahtani S., and Ahmad M. (2016).** Organizational Commitment and Nurses' Characteristics as Predictors of Job Involvement. *Canadian Journal of Nursing Leadership* 29(4):59-69.
- Alharbi F., Mustafa Z., and Benoy M. (2021).** Nurses Turnover: Retention of the Staff. *Open Journal of Nursing.* Vol.12 No.3. 335-352 DOI: 10.4236/ojn.2022.123013
- Alper A., Semanur O., and Dergisi I. (2020).** The Effect of Nepotism and Its Applications Leading to Ethical Collapse in Organizational Trust: A Research on Physicians and Nurses at a University Hospital.; *Istanbul Vol. 13, Iss. 1.:* 159-167. DOI:10.12711/tjbe.2020.13.1.0161
- Arasli, H. & Tumer, M., (2008).** Nepotism, Favoritism and Cronyism: A Study of Their Effects on Job Stress and Job Satisfaction in the Banking Industry of North Cyprus. *Soc. Behav. Personal*, 36. 1237–1250.
- Badran F., and Akeel A. (2022).** Ethical Leadership Behavior and Organizational Cronyism among Staff Nurses. *Egyptian Journal of Nursing & Health Sciences, EJNHS EJNHS Vol.3, No.1. ISSN 2682-2563*
- Burhan, K., Van Leeuwen, E., & Scheepers, D. (2020).** On the hiring of kin in organizations: Perceived nepotism and its implications for fairness perceptions and the willingness to join an organization. *Organizational Behavior and Human Decision Processes*, 161, 34-48.

- Cerdeira, J., & Lourenço, D. (2022).** Does Corruption Impact Firm Innovation? Evidence from Portugal. *Economies*,10(7), 173.
- Djatmiko, A., (2019).** The community perception on the performance of the regional police performance in implementing preventive function, preventive, repressive to release the police images of corruption, collusion, and nepotism. In international seminar (Vol. 1, pp. 11-28). DOI:10.12927/cjnl.2016.24983
- Hildreth, J., Gino F., & Bazerman, M., (2016).** Blind loyalty? When group loyalty makes us see evil or engage in it. *Organisat. Behav. Hum. Decis. Proces.* 132 16–36. DOI: 10.1016/j.obhdp.2015.10.001.
<https://digitalcommons.liberty.edu/cgi/viewcontent.cgi?article=3831&context=doctoral>
- Ikechukwu N., Charles A., and Sopirinye E., and Achi K. (2019).** Employee loyalty and organizational commitment in port harcourt organizations. *International Journal of Management Studies and Social Science Research.* Volume 1 issue 6. ISSN: 2582-0265
- Im H., & Chen C., (2020).** Cultural dimensions as correlates of favouritism and the mediating role of trust. *Cross Cult. Strategic Manage:* DOI: 0165. 10.1108/CCSM-09-2019-0165
- Iqbal Q., & Ahmed N., (2020).** Workplace spirituality and nepotism-favouritism in selected ASEAN countries: The role of gender as moderator. *Journal of Asia Business Studies.* Volume 14 Issue 1. ISSN: 1558-7894. DOI:10.1108/JABS-01-2018-0019
- Iskandar, I. (2019).** Authority of Government Internal Supervisory Apparatus in Licensing of Natural Resources to Prevent Corruption, Collusion and Nepotism. *Yuridika*, 34(1), 55 - 79.
- Jackson E., (2020).** A correlational study of perceptions of favoritism, job satisfaction, and job attendance. A Phd Dissertation Liberty University, Lynchburg, VA. 82-85
- Jeong, H., Kim, H., & Kim, H. (2022).** Strategic nepotism in family director appointments: evidence from family business groups in South Korea. *Academy of Management Journal*, 65(2), 656 - 682.
- Kashifa, Y., & Marzuki, A., (2015).** Impact of Organizational Commitment on Intention to Quit Among Psychiatric Nurses: Evidence from Pakistan *International Journal of Learning and Development* 5(4) DOI:10.5296/ijld.v5i4.8734
- Kerse G., & Babadağ M., (2018).** I'm out if nepotism is in: the relationship between nepotism, job standardization and turnover intention. *Ege Academic Review*; 18:631-644.
- Özkanan, A., & Erdem R., (2014).** Favoritism Applications In Management: A Conceptual Framework. *Journal of Süleyman Demirel University Institute of Social Sciences*; 2:179-206.
- Pienaar, J., Sieberhagen, C., & Mostert, K., (2007).** Investigating turnover intentions by role overload, job satisfaction and social support moderation. *SA Journal of Industrial Psychology*, 33 (2), 62 – 67.
- Rowshan A., Ghasemnezhad M., & Hemmat Z., (2015).** Investigation of Nepotism in Public Sector Organizations in Iran and its Impact on Employee's Performance. *International Journal of Management, Accounting and Economics*; 2:189-199.
- Shubayra A., Alhwsawi F., Alsharar F., & Shahba S., (2022).** Relationship between Nurses' satisfaction and their Perception of nepotism practice in workplace. *Jilin Daxue Xuebao (Gongxueban)/Journal of Jilin University (Engineering and Technology Edition).* ISSN : 1671-5497. E-Publication Online Open Access, Vol: 41, Issue: 09-2022. DOI 10.17605/OSF.IO/CA57R
- Sroka, W., & Vveinhardt, J., (2018).** Nepotism and Favouritism in the Steel Industry: A Case Study Analysis. *Forum Sci. Oecon.* 2018, 6, 31–45.
- Vveinhardt J., and Sroka W. (2020).** Nepotism and Favouritism in Polish and Lithuanian Organizations: The Context of Organisational Microclimate. *Sustainability*, 12(4),1425; <https://doi.org/10.3390/su12041425>
- Yavuz M., Gürhan N., & Geniş B. (2020).** Nepotism perception and job satisfaction in healthcare workers. *Anatolian Journal of Psychiatry*; 21(5):468-476. DOI: 10.5455/apd.74234