Assessing the Level of Ethical Leadership from the Nurses' Perspectives

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Abstract

Background: Because of the demanding nature of the nursing profession, it is essential to have leaders who can inspire and motivate their followers. Ethics is considered a crucial component of creating an effective leadership process. There is a positive correlation between ethical leadership (EL) and desirable results, such as different employee attitudes and behaviors, including employee green behavior(EGB), and reduce the unfavorable effects, such as deviation and turnover intention. Aim: The study aims to assess the level of EL perception among nurses. Research question: What is the level of EL from the nurses perspective? Settings: This study was conducted at Alexandria New Medical Center, Egypt (ANMC). Subjects: The target population of study subjects was (n=221), who were either professional nurses who had a baccalaureate degree (n=158) or technical nurses who had a diploma (n=63). Tools: In order to collect the necessary data for the study one tool was used: "Ethical Leadership at Work Questionnaire" (ELW). Results: Studied nurses perceived high levels of EL with a mean score of 5.22 ± 0.97. Furthermore, there were no statistically significant differences between the overall mean score of EL nurses' perception and all demographic data and work -related characteristics except for hospital department where (p= 0.000). Conclusion: From the viewpoint of the nursing staff their leaders had high level of EL. Recommendations: Organizations ought to make an effort to support morally sound leadership techniques. through workshops, and meetings, and encouraging open communication with nurses.

<u>Keywords:</u> Ethical leadership.

Introduction

In many facets of healthcare, leadership has a significant impact. Bennis and Nanus (1985) said that "managers are people who do things right and leaders are people who do the right thing". Although management and leadership have different roles and duties, both are recognized as essential to achieving the intended organizational objectives (Ayeleke et al., 2018; Hinţea et al., 2009).

The ongoing transition in leadership theories resulted in the emergence of shared, collective, and collaborative leadership methods (Kukenberger & D'Innocenzo, 2020; Lee-Davies, 2013), include inclusive leadership, modern leadership, servant leadership, and Ethical Leadership (EL). A model of leading, and shaping nurses' ethical behavior is known as EL, which is defined as "the demonstration of normatively appropriate conduct through personal actions and interpersonal relationships, and the promotion of such conduct to followers through two-way communication, reinforcement, and decision making" (Ahmad et al., 2021; Brown et al., 2005; Pe'er et al., 2011).

The position of the leader is crucial as organizations become more environmentally conscious due to their involvement in creating green policies, cultivating a green culture, and inspiring others (Saleem et al., 2020). Additionally, because they have the ability to stir up strong feelings in subordinates, leaders are essential in inspiring and motivating staff members to take a passionate interest in safeguarding the environment. Managers' words are not as powerful as the deeds (Barnett et al., 2005; Tanner et al., 2010).

Kalshoven, Den Hartog, et al. (2011) developed Ethical Leadership at Work questionnaire (ELW), they classified the behaviors of EL at work into seven dimensions namely, fairness, integrity, ethical guidance, people orientation, power sharing, role clarification, and concern for sustainability. Ethical leaders are trustworthy and honest who make principled and fair decisions. They treat others with integrity, they are truthful and honoring commitments. They guide employees ethically by upholding moral principles and establishing guidelines for moral challenges at work.

People orientation dimension represented by respecting, caring for, and being interested in the well-being of others. They also share power, permits subordinates in decision making and pay attention to their ideas. While, clarifying roles entails having open lines of communication and outlining duties and expectations of each employee. Concern for sustainability dimension includes leaders being aware of sustainability issues (Brown et al., 2005; Kalshoven, Hartog, et al., 2011). Ethical leaders are essential to the growth of management theories, management practices, and managerial ethics in organizations. In an effort to lessen ethical issues and their impact on healthcare, the World Health Organization (2017) highlights the need for EL in a world where financial, political, social, technical, and psychological variables are continually evolving.

It has been shown that moral leadership in healthcare facilities benefits staff, patients, and leaders, but moral disagreements have unfavorable effects (Barkhordari-Sharifabad et al., 2018; Thorne, 2010). The development of outputs like an ethical work environment is positively impacted by management nurses who demonstrate EL in healthcare institutions (Esmaelzadeh et al., 2017; Özden et al., 2017).

Research indicates that EL improves job satisfaction among employees (Abou Hashish, 2017; Barkhordari-Sharifabad et al., 2018; Demirsoy, 2020; Özden et al., 2017; Zappala & Toscano, 2020), and performance (Barkhordari-Sharifabad et al., 2018; Bayer & Sahin, 2020), leader job satisfaction (Barkhordari-Sharifabad et al., 2018), patient satisfaction (Barkhordari-Sharifabad et al., 2018), and reporting of errors (Barkhordari-Sharifabad & Mirjalili, 2020). Moreover, EL creates a lot of positive effects on the organizational level as; organizational commitment (Lotfi et al., 2018; Thorne, 2010) organizational justice, (Demirsoy, 2020; Lotfi et al., 2018), organizational support (Abou Hashish, 2017), organizational identification (Esmaelzadeh et al., 2017) and organizational trust (Esmaelzadeh et al., 2017). When unethical managers lead in the workplace, unfavorable results including an increase in turnover intention (Abou Hashish, 2017; Bayer & Sahin, 2020; Ganz et al., 2015; Toren & Wagner, 2010), and job stress (Zappala & Toscano, 2020) are observed.

Aim of the Study

This research aims to assess the level of ethical leadership from the nurses' perspectives.

Research Question

What are the levels of ethical leadership from the nurses' perspectives?

Materials and Method

Materials

Design: A descriptive research design was used to accomplish the aim of the research.

Settings: This research conducted at Alexandria New Medical Centre Hospital which is affiliated to the private sector at Alexandria Governorate. This public shareholding organization is located in Egypt and offers medical diagnosis and treatment services across a range of medical specialties, with a bed capacity of 168. The total number of units that was included in the study = 16 units classified into; Dialysis unit (n =1), I.C.U. (n =4), General medical and surgical units (n = 4), Operating Room (n= 3), Emergency unit (n =1), Pediatric unit (n =1), Oncology unit (n =2), featuring an extensive array of medical services, including pharmacy, x-ray, dietary, maintenance, laboratory and storage facilities.

Subjects: The total population (N=250), and the target population of study subjects was (n=221), who were either professional nurses (had a baccalaureate degree, n=158) or technical nurses (had a diploma, n=63). They fit the following inclusion criteria; willing to take part in the study, accessible during the period of data collection, and working for at least six months at the hospital that has been chosen, to be familiar with the hospital system.

Tools: In order to collect the needed data for this research the following tool was used:

Tool one: "Ethical Leadership at Work Questionnaire"

It was developed and validated by Kalshoven, Den Hartog, et al. (2011) and revised by Langlois et al. (2014). It is a multidimensional questionnaire and is widely used as an accepted scale of EL in empirical studies to measure the EL behavior of nursing staff at work. It was adopted by the current researcher. It consists of 38 items under seven dimensions namely, fairness (n=6), integrity (n=4), ethical guidance (n=7), people orientation (n=7), power-sharing (n=6), role clarification (n=5), concern for sustainability (n=3). A 7-point Likert scale was utilized for each statement of the questionnaire ranging from 1=extremely disagree, to 7= extremely agree. The total score ranges from (38 to 266) with a higher total score indicating a higher EL behavior.

- A score from 191 to 266 indicates "high ethical leadership behavior".
- A score from 115 to 190 indicates "moderate ethical leadership behavior".
- A score from 38 to 114 indicates "low ethical leadership behavior".

The overall ELW had a Cronbach's alpha of r = 0.957 p< 0.05 for its reliability (Kalshoven, Den Hartog, et al., 2011).

Method

An approval from the Research Ethical Committee at the Faculty of Nursing, Alexandria University to approve the research plan was obtained. An official permission to collect the necessary data for the study was obtained from the Dean of the Faculty of Nursing, Alexandria University to the hospital authority, and approval was obtained. The study tool was translated into Arabic back-to-back translation was carried out. Study tool tested for its face and content validity. Some modifications and rewording for some statements were done. Also the tool was tested for reliability. A pilot study on 10% of nurses (N = 22) was carried out; no modifications were made. Data was collected during the period from June 20th to August 22nd, 2022, by the researcher.

Ethical considerations:

After giving the study participants a suitable explanation about the study purpose, written informed permission was obtained. The study subjects participated on a voluntary basis and had the option to decline taking part. Also, the right to withdraw during research at any time was assured. Confidentiality of data from the

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study subjects was maintained. The anonymity of subjects was considered.

Statistical Analysis

Following collection and coding of the study data, the data were moved into a format created especially for computer entry. Cross-tabulation, frequency analysis, and human revision were used to find and fix any mistakes made when entering the data. Version 25 of the SPSS software was utilized for both data analysis and display. For the examination of quantitative variables, statistical measures included the Independent Samples Test, Pearson correlation coefficient test, One Way ANOVA, and descriptive measures (arithmetic mean, standard deviation). $P \leq 0.05$ was the significance level that was applied.

Results

Table 1 illustrates that overall ethical leadership had the high level of percentage (68.33%) as perceived by nurses, except for power sharing a moderate level of percentage is 64.25%. Also, the greatest mean score of EL dimensions was integrity as the first dimension among nursing staff, followed by role clarification, and ethical guidance (5.63 ± 1.38, 5.58 ± 1.15, 5.45 ± 1.23) respectively, while they got lowest mean score in the EL dimension for power sharing (4.46 ± 0.85).

Table 2 shows studied nurses' perception of total EL according to the socio-demographic data. The table reveals that there was a statistically significant difference among nurses as regards mean scores for the overall EL and their socio-demographic data regarding hospital departments ($p \leq 0.05$). As evident by; highest mean score (6.31±0.16) perceived by nurses who were working in emergency department, while the lowest was among nurses who were working in pediatric unit (4.17±0.98).

Discussion

Although hospitals support and enhance public health, their effects on the environment may be harmful to human and other organism health (Molero et al., 2021). Improving environmentally conscious behavior in organizations is largely dependent on leadership styles (Ahmad & Umrani, 2019; Luu, 2019). To lessen the negative environmental consequences of healthcare organizations, EL specifically pays close attention to the ethical obligations of staff members and healthcare practitioners (Saleem et al., 2020). Moreover, ethical leaders push their followers to voice any issues they may have about the standards to foster an ethical culture within the organization, and implement a system of incentives and sanctions to enforce them (Kalshoven & Hartog, 2009; Zhang & Tu, 2018).

The present study findings showed that more than two thirds of nurses perceived high level of EL behavior of their leaders. This might result from the fact that their leaders set moral examples; they were dependable, treated each nurse fairly, set moral standards, and assigned tasks equally. In addition to rewarding the nurses, they respected and looked out for their needs. They also communicated their preferences for how they wanted to work and held both themselves and the nurses accountable for their actions. Furthermore, they behave admirably by demonstrating ethical practices by their own behaviors in performing the tasks, as opposed to just giving orders and giving nurses instructions. The findings also emphasized as nurses reported that their leaders enable them to take a leading part in establishing their own performance objectives, commends nurses who follow the integrity rules in their behavior, and permit other people to take part in making decisions.

Along the same vein, Alan et al. (2022) reported that nurses had higher than the average perception of EL of their nurse managers. Also, Aloustani et al. (2020) and

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Lotfi et al. (2018) revealed that EL of nursing managers is at a high level. Similarly, Ali Awad and Al-Anwer Ashour (2022) revealed that when it came to fairness, people power sharing, orientation, role clarification, concern for sustainability, ethical advice, and honesty, nurses had a positive opinion of the role played by their leader. This was clarified by the fact that nurses stated their leader fosters altruistic attitudes in them by setting an example, being transparent in communication while, defining responsibilities, performance targets, and priorities. Because of this, nurses are able to feel assured about their own talents when they are aware of what is expected of them.

This result is in consonance to Dhahri et al. (2021) they demonstrated the identical outcome when participants were asked to rate their department's leadership during COVID-19, from very good to poor. 40 (18.8%) responded as very well, 86 (40.4%) as good, 62 (29.1%) had neutral response, while 25 (11.7%) reacted as bad. However, This is not supported by the research done by Khalifa and Awad (2018) that showed a low nurses' perception level of overall EL behavior represented in all of its dimensions. Moreover, Mahran et al. (2022) found that more than half of nursing leaders had low levels of EL behavior. They explained that this low level of perception can result from an ethical leader who is overly concerned with upholding justice, which could lead to unease or conflict because moral leaders employ rewards and punishments as a means of holding followers accountable for their deeds. Moreover, Özden et al. (2017) identified that the nurses' perceptions of EL were at a moderate level.

Furthermore, our results revealed a statistically significant difference between EL as perceived by nurses and their socio demographic characteristics in relation to hospital department, with highest mean score among emergency nurses. This might be related to the fact that emergency departments frequently handle extremely stressful situations that can give rise to

ethical dilemmas. Head nurses (HN) might believe that it is their duty as department leaders to lead by example and make moral choices. . On the other hand, there were no significant relationship between overall EL and studied nurses' socio-demographic characteristics in relation to age, sex, marital status, years of experience in nursing and current department, nor working shift.

Concerning hospital department Our finding was consistent with Mahran et al. (2022) who found that the EL of nursing supervisors as perceived by nurses had a high significant difference with the working place. Also, findings of Dilek Ö¨zden et al. (2017) noted that the nurses' EL mean scores differed statistically significantly with their working clinics. Regarding age, these findings goes in same lines of vein with, Aloustani et al. (2020) and Dehghani-Tafti et al. (2022) who emphasized that nurses perception of EL has no significant association with their age. Similarly, Adrian García (2017) and Dey et al. (2022) reported the same result. On the other hand, Mahran et al. (2022) found that the nurses' EL perception had a high significant difference with age.

With respect to gender, according to Adrian García (2017) gender has no significant difference with EL. In nursing, Dehghani-Tafti et al. (2022) showed similar results. Contradictory, Dilek Ö¨zden et al. (2017) found a significant association between EL and gender, also, according to a study by Özgenel and Aksu (2020) teachers' ethical leadership perceptions differed significantly in relation to the gender, while ethical leadership perceptions of male teachers were higher than that of female teachers.

In relation to years of experience, our finding is in agreement with the result of Dehghani-Tafti et al. (2022) who clarified that years of experience has no significant effect on EL perception of nurses. Moreover, Özgenel and Aksu (2020) revealed that teachers' perceptions of EL don't differ

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significantly with years of experience, Dey et al. (2022) also found no significant association. In contrast, Mahran et al. (2022) revealed that the nurses' EL perception had a high significant difference with the experience in nursing, and years of experience in the current workplace. Similarly, Islam et al. (2020) considered EL perception differs significantly with work experience. Considering, marital status, a similar result was reported by Aloustani et al. (2020) who found no significant differences between nurses' EL perception, and marital status. In addition to Adrian García (2017) supported same results. On the other hand Mahran et al. (2022) claimed the opposite.

Conclusion:

Conclusions that could be drawn from the current study's findings include the level of nurses' EL perception was high. There were no statistically significant differences between the total mean score of EL and all demographic data and work-related characteristics except for hospital department.

Recommendations

The following suggestions are offered in accordance with the study's findings:

- Organizations ought to make an effort to support morally sound leadership techniques. This could be accomplished by holding workshops, and meetings, and encouraging open communication with nurses.

- Respect for moral values needs to be demonstrated, and moral conduct ought to be rewarded. On the other side, unethical behavior needs to be penalized.

- Managers should perform their managerial tasks in a way that is consistent with ethical conduct and serve as role models for nurses.

Table (1) Mean and standard deviation of EL among nursing staff and its related dimensions

EL Dimensions	Nursing staff (N=221)			
	Levels	Frequency	Percent	Mean ± SD.
People orientation	Low	18	8.14%	5.23± 1.34
	Moderate	50	22.62%	
	High	153	69.23%	
Fairness	Low	17	7.69%	5.10 ± 1.35
	Moderate	57	25.79%	
	High	147	66.52%	
Power sharing	Low	14	6.34%	4.46 ± 0.85
	Moderate	142	64.25%	
	High	65	29.41%	
Concern for sustainability	Low	8	3.62%	5.32 ± 1.23
	Moderate	56	25.34%	
	High	157	71.04%	
Ethical guidance	Low	9	4.07%	5.45 ± 1.23
	Moderate	43	19.46%	
	High	169	76.47%	
Role clarification	Low	7	3.17%	5.58 ± 1.15
	Moderate	37	16.74%	
	High	177	80.09%	
Integrity	Low	10	4.52%	5.63 ± 1.38
	Moderate	39	17.65%	
	High	172	77.83%	
Total EL	Low	6	2.71%	5.22 ± 0.97
	Moderate	64	28.96%	
	High	151	68.33%	

Low Mean score percentage = <33.33%

Moderate Mean score percentage = 33.33 – 66.66%

High Mean score percentage = >66.66%

Table (2) Relationship between EL and the socio-demographic characteristics of the nursing staff

Socio-demographic Characteristics	Ethical Leadership dimensions							
	People orientation Mean ± SD.	Fairness Mean ± SD.	Power sharing Mean ± SD.	Concern for sustainability Mean ± SD.	Ethical guidance Mean ± SD.	Role clarification Mean ± SD.	Integrity Mean ± SD.	Total Ethical leadership Mean ± SD.
Sex								
▪ Male	5.24 ±1.37	5.00±1.39	4.50±0.87	5.45±1.21	5.51±1.15	5.65±1.06	5.80±1.29	5.27±0.95
▪ Female	5.22 ±1.32	5.16±1.33	4.45±0.85	5.25±0.63	5.42±1.28	5.55±1.20	5.54±1.43	5.21±0.99
Test of sig.(p)	**t=0.124(0.901)**	**t=0.836(0.404)**	**t=0.434(0.665)**	**t=1.132(0.259)**	**t=0.503(0.616)**	**t=0.648(0.518)**	**t=1.321(0.188)**	**t=0.437(0.663)**
Age								
▪ ≤ 30 years	5.19±1.37	5.09±1.35	4.47±0.82	2.66±1.24	5.44±1.25	5.59±1.17	5.62±1.38	5.22±0.97
▪ 30 ≤ 40 years	5.52±1.03	5.07±1.52	4.31±1.17	5.11±1.29	5.48±1.14	5.46±1.02	5.67±1.60	5.23±1.06
▪ 40 ≤ 50 years	5.85±1.21	6.17±1.18	5.33±0.94	6.50±0.71	6.50±0.71	6.50±0.71	6.38±0.53	6.13±0.98
▪ > 50 years	5.64±0.91	5.67±0.47	4.17±0.71	6.00±0.00	6.00±0.00	6.00±0.00	6.00±0.00	5.59±0.13
Test of sig.(p)	**F=0.557(0.644)**	**F=0.530(0.662)**	**F=0.993(0.397)**	**F=0.999(0.394)**	**F=0.626(0.599)**	**F=0.574(0.632)**	**F=0.244(0.865)**	**F=0.675(0.568)**
Marital status								
▪ Married	5.42±0.95	5.24±1.41	4.47±0.91	5.55±1.04	5.61±0.94	5.16±0.94	5.85±1.21	5.36±0.86
▪ Single	5.18±1.41	5.09±1.35	4.46±0.84	5.28±1.27	5.42±1.29	5.59±1.20	5.60±1.42	5.20±1.00
▪ Divorced	5.85±1.21	4.17±0.24	5.00±1.42	5.17±1.65	6.21±0.51	5.30±0.14	5.50±2.12	5.35±0.20
Test of sig.(p)	**F=0.710(0.493)**	**F=0.683(0.506)**	**F=0.402(0.669)**	**F=0.787(0.456)**	**F=0.772(0.463)**	**F=0.069(0.933)**	**F=0.540(0.584)**	**F=0.431(0.651)**
Hospital Department								
▪ General medical & surgical unit	5.39±1.25	5.22±1.33	4.51±0.87	5.43±1.32	5.62±1.26	5.83±1.10	5.86±1.48	5.38±0.96
▪ ICU	4.86±1.43	4.76±1.49	4.28±0.77	5.13±1.21	5.14±1.21	5.22±1.20	5.25±1.43	4.91±0.99
▪ Oncology unit	5.73±0.99	5.54±0.66	4.46±1.03	5.25±1.19	5.61±0.90	5.78±0.56	6.15±0.73	5.49±0.68
▪ Pediatric unit	3.51±1.60	4.97±1.13	4.20±0.94	4.47±1.56	3.83±1.75	4.16±1.52	4.45±0.48	4.17±0.98
▪ OR	5.81±0.86	5.61±1.02	4.58±0.91	5.51±1.08	5.94±0.88	5.85±3.93	5.72±0.99	5.58±0.73
▪ Dialysis unit	5.28±0.67	5.56±1.12	4.83±0.58	5.44±0.82	5.87±0.75	6.09±0.79	6.17±0.72	5.58±0.47
▪ Emergency unit	6.62±0.44	5.61±1.03	5.56±0.43	6.46±0.59	6.50±0.45	6.78±0.31	6.94±0.12	6.31±0.16
Test of sig.(p)	**F=5.603(0.000)***	**F=2.167(0.047)***	**F=3.592(0.002)***	**F=2.141(0.050)**	**F=4.724(0.000)***	**F=6.020(0.000)***	**F=4.111(0.001)***	**F=5.974(0.000)***
Clinical experience								
▪ ≤ 5 years	5.12±1.42	5.08±1.36	4.45±0.82	5.28±1.25	5.41±1.30	5.56±1.21	5.57±1.44	5.18±1.01
▪ 5 ≤ 10 years	5.71±0.97	5.35±1.29	4.72±0.87	5.71±3.34	5.68±0.84	5.81±0.83	6.10±0.81	5.54±0.69
▪ 10 ≤ 20 years	5.14±1.07	4.45±1.56	4.05±0.82	4.67±1.02	5.34±1.34	5.28±1.26	5.25±1.92	4.89±1.01
▪ > 20 years	5.64±0.79	5.45±1.00	4.06±1.37	5.39±1.63	5.76±0.85	5.77±0.85	5.58±1.01	5.37±0.90
Test of sig.(p)	**F=2.025(0.111)**	**F=1.304(0.274)**	**F=2.317(0.077)**	**F=2.114(0.099)**	**F=0.618(0.604)**	**F=0.731(0.534)**	**F=1.656(0.177)**	**F=1.811(0.149)**
Dep. Experience								
▪ ≤ 5 years	5.17±1.39	5.06±1.37	4.47±0.85	5.31±1.26	5.42±1.27	5.57±1.2	5.62±1.41	5.20±0.99
▪ 5 ≤ 10 years	5.83±0.85	5.66±1.04	4.61±0.78	5.63±0.87	5.92±0.45	5.84±0.48	5.94±0.90	5.62±0.50
▪ 10 ≤ 20 years	5.35±0.76	4.87±1.73	3.93±1.23	4.76±1.56	5.27±1.42	5.34±1.12	5.18±1.73	4.97±1.16
▪ > 20 years	5.64±0.91	5.67±0.74	4.17±0.71	6.00±0.00	6.00±0.00	6.00±0.00	6.00±0.00	5.59±0.13
Test of sig.(p)	**F=1.340(0.262)**	**F=1.203(0.309)**	**F=1.169(0.322)**	**F=1.028(0.381)**	**F=1.078(0.359)**	**F=0.463(0.709)**	**F=0.579(0.629)**	**F=1.259(0.290)**
Shift								
▪ Morning shift	5.16±1.43	5.02±1.36	4.39±0.94	5.23±1.33	5.43±1.26	5.61±1.15	5.58±1.40	5.17±1.00
▪ Evening shift	5.23±1.24	4.93±1.47	4.61±0.71	5.65±1.15	5.67±0.92	5.75±1.03	5.57±1.41	5.30±0.89
▪ Night shift	5.45±1.51	5.53±1.29	4.59±0.83	5.53±0.84	5.47±1.19	5.66±1.12	5.93±1.31	5.41±0.93
▪ Long shift	5.26±1.09	5.12±1.30	4.45±0.74	5.19±1.28	5.36±1.38	5.38±1.24	5.61±1.42	5.17±0.98
Test of sig.(p)	**F=0.419(0.739)**	**F=1.398(0.244)**	**F=0.779(0.507)**	**F=1.429(0.235)**	**F=0.451(0.717)**	**F=0.793(0.499)**	**F=0.559(0.643)**	**F=0.616(0.605)**

F: One Way ANOVA   t: Independent Sample Test   * p ≤ 0.05 at 5% level denotes a significant difference

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