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## The Impact of Ethical Leadership On Organizational Effectiveness among nurses

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**Abstract: Background:** Ethical leadership is the promotion of normatively appropriate personal and interpersonal conduct in making decisions, communication and reinforcement. The majority of ethical leaders exhibit ethical conduct and work to encourage their subordinates to act ethically, which is important for the effectiveness of the organization as a whole. Aim of the study: To investigate the impact of ethical leadership on organizational effectiveness among nurses at Abu Hammad Central Hospital.. Subjects and Methods: Research design: A descriptive study design was used in this study. Setting: all inpatient departments of Abo Hammad Central Hospital affiliated to Ministry of health in El-Sharqia Governorate. Subject: All nursing category from the above-mentioned setting who were available and agreed to participate in the study at the time of data collection and having at least one year of experience were included in the study (n=295). Tools of data collection: Two tools were used for collecting data: Ethical leadership Scale and organizational effectiveness Scale Results: More than half of studied nurses (53,9%) had high level of ethical leadership, and (57,3%) of them had a high level of organization effectiveness. Conclusion: There is statistically significant correlation between ethical leadership and organization effectiveness. Recommendation: Developing leadership programs to refine the skills of leaders, ensuring a better demonstration of ethical leadership principles, prioritizing values of respect, honesty and integrity, monitoring and measuring organization effectiveness regularly, setting benchmarks and establishing feedback loops, and Specifying the mission, vision and set achievable goals of the teams.

**Keywords:** *Ethical leadership , Nurses ,Organization effectiveness.*

### Introduction

The concept of ethics is to distinguish between good and wrong as well as when it comes to providing the highest level of care possible for patients, especially when it comes to areas where healthcare measures are used. Because nursing is based on fundamental human values, it is critical to place the appropriate emphasis on the concept of ethics in the process of

providing care, to develop professionalism and to satisfy patients requirements, therefore ethics are a part of every aspect of nursing practice (Ünver et al., 2024).

leadership is viewed as a process where nurses can acquire the leadership skills and qualities required to enhance organizational, people, and patient results.

Leadership style is the most important factor for improving organizational productivity in healthcare. Diverse leadership styles are needed in healthcare organizations if their goal is improving the healthcare sector, putting confidence in competent leaders with original and creative thinking. (Heinen et al., 2019). A leader is defined as someone who has the ability to make decisions on another person's behalf and has direct control over the direction change. Leadership is described as the combination of knowledge and abilities that are used to direct a group of people to work toward one common goal (Daghan & Topcu, 2022).

Ethical leadership also can be defined as a desirable approach of leadership that inspires followers toward maintaining positive psychological condition and engage in actions that are profitable to the organization (Tetteh et al., 2023). The enhancement of people's self-belief in their abilities and employees' self-motivation may be facilitated by ethical leaders' effective behavior serving as role models. So, if the ethical leader motivates and supports those who practice ethical care, followers are more likely to follow that manner as well (Arslan et al., 2021).

The ability of an organization to satisfy different needs of various stakeholders is known as organizational effectiveness. The determination of an organization's effectiveness necessitates taking into account several factors such as goal direction, communication appropriateness, innovation, independence, equitable allocation of benefits, adaptation, and the structure that allows for issue solving. Additionally, organizational effectiveness refers to the idea that measures how well an organization uses an approach that is multidimensional and is necessary for greater effectiveness (Cui et al., 2020). The attainment of organizational effectiveness is the long-term objective of any organization that works hard to maximize staff accomplishment of tasks, engagement, and the retention of passion to work effectively throughout adverse circumstances is required (Narayanamma et al., 2022).

A significant factor influencing nurses' actions is their leaders. The majority of ethical leaders exhibit ethical conduct and work to encourage their subordinates to act ethically. Noticed that most nurses will be prone to trust leaders who treat them fairly and honestly, which is important for the effectiveness of the organization as a whole (Al Halbusi et al., 2020).

#### **Significance of the study:**

The success of any organization are closely associated with quality, effectiveness, and ethical attitude and approach of the leader of the particular organization. It is essential for every organization to develop leadership effectiveness for creating higher job involvement, job satisfaction, and organizational commitment for improving a positive outlook of stakeholders toward the organization (Sharma et al., 2019).

This has created various challenges for organizations (Addai et al, 2022) that influence in turn on the organization's effectiveness, in addition, there is a little studies that investigate these concepts in zagazig university. Therefore this study was carried out in attempt to investigate the relation between ethical leadership, nursing passion and organization effectiveness at Abu Hammad Central Hospital.

#### **Aim of the study:**

**The aim of the study was:** to investigate the impact of ethical leadership on organizational effectiveness among nurses at Abu Hammad Central Hospital.

#### **Research Questions:**

- What are the perception levels of the ethical leadership among nurses?
- What are the levels of organization effectiveness?
- What is the impact of ethical leadership on organizational effectiveness among nurses?

#### **Subjects and methods:**

Research design: A descriptive study design was carried out in this study.

**Study setting:** all inpatient departments of Abo Hammad Central Hospital affiliated to Ministry of health in Sharqia Governorate

**Study subjects:** All nursing category from the above-mentioned setting who were available and

agreed to participate in the study at the time of data collection and having at least one year of experience were included in the study (n=295).

**Tools of data collection:**

Two tools were used to collect necessary data.

**Tool: Ethical leadership scale.**

It consists of two parts as follows:

Part I: **Personal characteristics for studied nurses** to collect data about the nurse's age, gender, educational levels, job position, marital state and work experience in nursing field.

Part II: This tool was developed by **De Hoogh & Den Hartog; (2008)** , adapted from the Multi-Culture Leader Behavior Questionnaire (MCLQ) ; **Hanges & Dickson, (2004)** , to elicit respondents reports of behavior of leaders with whom they are familiar . Three ethical leadership dimensions that contains (17 items) as follow: morality and fairness (six items), role clarification (five items) , and power sharing (six items) .The responses of nurses were measured on a five point likert scale ranging from 1 (strongly agree) to 5 (strongly disagree).

**Scoring system:**

The responses of nurses to the scale were measured on a five-point likert scale ranged from (1) completely agree to (5) completely disagree. The total level of ethical leadership among nurses considered : high >70%, moderate 50 - 70% and Low <50%.

**Tool II: Organizational effectiveness scale.** This tool was developed by (**Kulachai et al ,2021**), adapted from **Kareem (2019)** to measure organization effectiveness. Four organizational effectiveness dimensions that contains (19 items) as follow: productivity (5 items), adaptation (5 items), resource optimization (4 items), and stability (5 items). The responses of nurses were measured on a five-point Likert scale ranging from 1 (strongly agree) to 5 (strongly disagree).

**Scoring system:**

The responses of nurses to the scale were measured on a five-point Likert scale ranged from (1) completely agree to (5) completely disagree. The total level of organization effectiveness among nurses considered : high >70%, moderate 50 - 70% and Low <50%.

**Content validity& Reliability:**

The tools of data collection were translated into Arabic; and then content and face validity were established by a panel of five experts specialized in nursing administration. They were three assistant professors from Faculty of Nursing at Zagazig University, one assistant professor from Faculty of Nursing at Banha University and one professor from Faculty of Nursing at Mansoura University. all recommended modifications were performed by the researcher The reliability of the questionnaire was measured through Cronbach's Alpha coefficient for assessing its internal consistency, and it was 0.876 for ethical leadership and 0.897 for organization effectiveness.

**Fieldwork** The data collection phase of the study took two months from the first of September to the first of November of 2023. During this stage all the data were collected from the study subjects . The preparatory phase was done by meeting the study subjects, each nurse was met individually, got a full explanation about the aim of the study and was invited to participate. The nurse who gave his/her verbal informed consent to participate was handed the self- administered questionnaire and was instructed . .The second phase included handing the required number of questionnaire sheets to nurse in their training setting by the researcher to elicit their opinions. The data were collected six days a week (Saturday, Sunday, Monday, Tuesday, Wednesday, Thursday) the researcher met nurses in each unit in the morning to distribute the questionnaires. Nurse completed the questionnaires at the same time of distribution and took about 10-15 minutes. The researcher checked each questionnaire sheet after they had been completed to ensure the completion of all information.

**Pilot study:** A pilot study was carried out on 10 % of study subjects (29 nurses) to test applicability, feasibility, practicability of the tools. In addition, to estimate the time required for filling in the questionnaire sheets. The pilot study was conducted one week before collection of data and nurses were selected randomly and they were included in the main study sample.

**Administrative and ethical considerations:**

**Official permission :**

An official permission for data collection was obtained through an official letter from authorized personnel at Abo Hammad Central Hospital.

**Ethical consideration :** Oral consent was obtained from nurses that will be included in the study sample after verbal explanation with each subject of the nature and the aim of the study. They will be given an opportunity to refuse or to participate; the study could not pursue any negative consequences for the subjects. They were reassured that any information collected will be used exclusively for research purpose and will be confidentially treated.

**Statistical analysis:** Data collected from the studied sample was revised, coded and entered using Personal Computer (PC). Computerized data entry and statistical analysis were fulfilled using the Statistical Package for Social Sciences (SPSS) version 22. Data were presented using descriptive statistics in the form of frequencies, percentages and Mean SD. A correlation coefficient "Pearson correlation" is a numerical measure of some type of correlation, meaning a statistical relationship between two variables. Chi-square ( $\chi^2$ ) is a statistical test used to determine the relationship between categorical variables. Linear regression analysis is used to predict the value of a variable based on the value of another variable. Significance of the results:

Highly significant at p-value < 0.01 .Statistically significant was considered at p-value < 0.05, Non-significant at p-value  $\geq$  0.05

### Results:

**Table 1:** Percentage distribution of the studied nurses according to their personal characteristics shows that the studied nurses mean age was  $39.7 \pm 4.90 \bar{x}$  S.D and 38.3% of them their age ranged from 30 to less than 40 years old. Also, 74.2% of them were females and 68.5% of them were married. As regards education level, 37.6% of them had technical nursing diplomas and 31.9% of them had high technical diploma in nursing. Concerning their experience, 56.9% of them had more than 10 years of experience and 30.8% of them had experience ranged between 5 to 10 years. Regarding their job title, 85.4% of them were staff nurses and 12.2% of them were head nurses.

**Table 2:** Percentage distribution of the studied nurses according to their total domains of ethical leadership reveals that the studied nurses had high ethical leadership (53.9%), moderate ethical leadership (27.1%), and low ethical leadership (19%). Moreover, the highest domains were role clarification and morality and fairness (51.9% & 50.2%).

**Figure 1:** Percentage distribution of the studied nurses according to their total ethical leadership reveals that 53.9% of the studied nurses had high ethical leadership, 27.1% of them had moderate ethical leadership, and 19% of them had low ethical leadership.

**Table 3:** Percentage distribution of the studied nurses according to their total domains of organizational effectiveness clarifies that the studied nurses had high organizational effectiveness (57.3%), moderate organizational effectiveness (24.4%), and low organizational effectiveness (18.3%). Moreover, the highest domains were resource optimization and stability (56.6% - 52.9%) and adaption domain was moderate (49.5).

**Figure 2:** Percentage distribution of the studied nurses according to their total organizational effectiveness clarifies that 57.3% of the studied nurses had high organizational effectiveness, 24.4% of them moderate organizational effectiveness, and 18.3% of them had low organizational effectiveness respectively.

**Table 4:** Relationship between socio-demographic characteristics of studied nurses and their total ethical leadership displays that there is a high statistically significant relation between the studied nurses' total ethical leadership and their education level at ( $p= 0.002^{**}$ ), while, there are slight significant relation with years of experience at ( $p= 0.023^*$ ), and their job title at ( $p= 0.011^*$ ). Conversely, there is no statistically significant relation between the studied nurses' total ethical leadership and their age, gender, and marital status with ( $p > 0.05$ ).

**Table 5:** Relationship between socio-demographic characteristics of studied nurses and their total organizational effectiveness reveals that there is a statistically significant relation between the studied nurses' total organizational effectiveness and their

education level at ( $p= 0.035^*$ ), and their job title at ( $p= 0.039^*$ ). While, there was high significant relation at years of experience at ( $p= 0.000^{**}$ ). Conversely, there is no statistically significant relation between the studied nurses' total organizational effectiveness and their age, gender, and marital status with ( $p> 0.05$ ).

**Table 6 :** Correlation between ethical leadership and organizational effectiveness presents that, there is a high significant positive correlation between the studied nurses' total ethical leadership and total organizational effectiveness at ( $p = .001$ )

**Table (1):** Percentage distribution of the studied nurses according to their personal characteristics (n=295).

| Personal Characteristics   | N   | %     |
|----------------------------|-----|-------|
| <b>Age</b>                 |     |       |
| 20-<30                     | 47  | 15.9% |
| 30-<40                     | 113 | 38.3% |
| 40-<50                     | 82  | 27.8% |
| 50-60                      | 53  | 18.0% |
| $\bar{x}$ S.D 39.7±4.90    |     |       |
| <b>Gender</b>              |     |       |
| Male                       | 76  | 25.8% |
| Female                     | 219 | 74.2% |
| <b>Marital status</b>      |     |       |
| Single                     | 69  | 23.4% |
| Married                    | 202 | 68.5% |
| Widowed                    | 15  | 5.1%  |
| Divorced                   | 9   | 3.1%  |
| <b>Educational level</b>   |     |       |
| Technical nursing diploma  | 111 | 37.6% |
| High technical Diploma     | 94  | 31.9% |
| Bachelor degree            | 86  | 29.2% |
| Master degree              | 3   | 1.0%  |
| Doctorate                  | 1   | 0.3%  |
| <b>Years of experience</b> |     |       |
| <5 years                   | 36  | 12.2% |
| 5-10 years                 | 91  | 30.8% |
| >10 years                  | 168 | 56.9% |
| <b>Job title</b>           |     |       |
| Staff nurse                | 252 | 85.4% |
| Head nurse                 | 36  | 12.2% |
| Nurse supervisor           | 6   | 2.0%  |
| Nurses director            | 1   | 0.3%  |

**Table (2):** Percentage distribution of the studied nurses according to their total domains of ethical leadership (n=295).

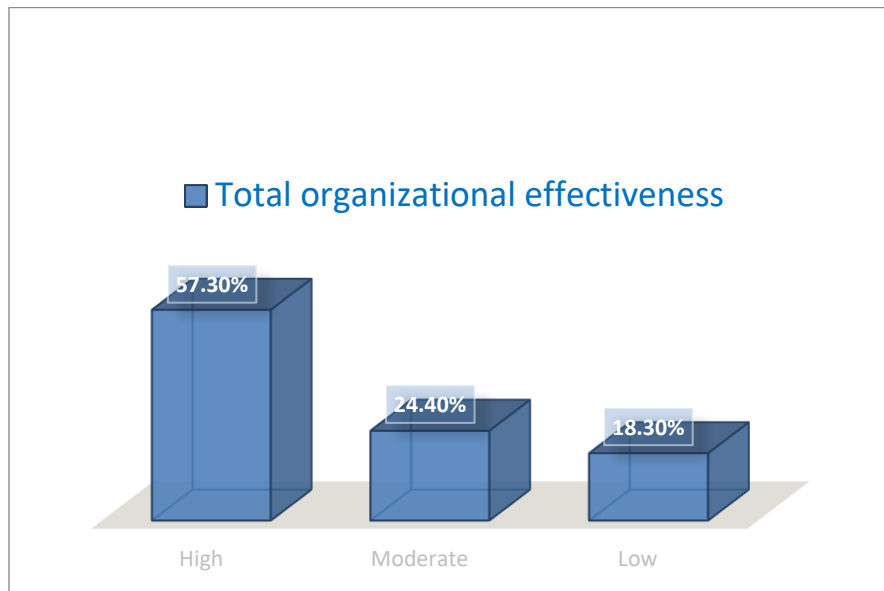
| Total domains         | High       |             | Moderate  |             | Low       |           |
|-----------------------|------------|-------------|-----------|-------------|-----------|-----------|
|                       | N          | %           | N         | %           | N         | %         |
| Morality and fairness | 148        | 50.2        | 94        | 31.9        | 53        | 17.9      |
| Role clarification    | 153        | 51.9        | 103       | 34.9        | 39        | 13.2      |
| Power sharing         | 137        | 46.4        | 90        | 30.5        | 68        | 23.1      |
| <b>Total</b>          | <b>159</b> | <b>53.9</b> | <b>80</b> | <b>27.1</b> | <b>56</b> | <b>19</b> |



**Figure (1):** Percentage distribution of the studied nurses according to their total ethical leadership (n=295).

**Table (3):** Percentage distribution of the studied nurses according to their total domains of organizational effectiveness (n=295).

| Total domains         | High       |             | Moderate  |             | Low       |             |
|-----------------------|------------|-------------|-----------|-------------|-----------|-------------|
|                       | N          | %           | N         | %           | N         | %           |
| Productivity          | 139        | 47.1        | 101       | 34.2        | 55        | 18.6        |
| Adaption              | 96         | 32.5        | 146       | 49.5        | 53        | 18.0        |
| Resource optimization | 167        | 56.6        | 66        | 22.4        | 62        | 21.0        |
| Stability             | 156        | 52.9        | 88        | 29.8        | 51        | 17.3        |
| <b>Total</b>          | <b>169</b> | <b>57.3</b> | <b>72</b> | <b>24.4</b> | <b>54</b> | <b>18.3</b> |



**Figure (2):** Percentage distribution of the studied nurses according to their total organizational effectiveness (n=295).

**Table (4):** Relationship between socio-demographic characteristics of studied nurses and their total ethical leadership (n=295).

| Items             |                           | Total ethical leadership |      |               |      |          |      | X <sup>2</sup> | P-Value |
|-------------------|---------------------------|--------------------------|------|---------------|------|----------|------|----------------|---------|
|                   |                           | High N=159               |      | Moderate N=80 |      | Low N=56 |      |                |         |
|                   |                           | N                        | %    | N             | %    | N        | %    |                |         |
| Age               | 20-<30                    | 30                       | 18.9 | 10            | 12.5 | 7        | 12.5 | 1.792          | .053    |
|                   | 30-<40                    | 65                       | 40.9 | 27            | 33.8 | 21       | 37.5 |                |         |
|                   | 40-<50                    | 42                       | 26.4 | 25            | 31.2 | 15       | 26.8 |                |         |
|                   | 50-60                     | 22                       | 13.8 | 18            | 22.5 | 13       | 23.2 |                |         |
| Gender            | Male                      | 36                       | 22.6 | 24            | 30.0 | 16       | 28.6 | 1.186          | .089    |
|                   | Female                    | 123                      | 77.4 | 56            | 70.0 | 40       | 71.4 |                |         |
| Marital status    | Single                    | 40                       | 25.1 | 19            | 23.8 | 10       | 17.9 | 1.968          | .161    |
|                   | Married                   | 108                      | 67.9 | 53            | 66.2 | 41       | 73.2 |                |         |
|                   | Widowed                   | 7                        | 4.5  | 5             | 6.2  | 3        | 5.3  |                |         |
|                   | Divorced                  | 4                        | 2.5  | 3             | 3.8  | 2        | 3.6  |                |         |
| Educational level | Technical nursing diploma | 25                       | 15.7 | 50            | 62.5 | 36       | 64.3 | 9.821          | .002**  |
|                   | High technical Diploma    | 50                       | 31.4 | 30            | 37.5 | 14       | 25.0 |                |         |

|                     |                  |     |      |    |      |    |      |       |       |
|---------------------|------------------|-----|------|----|------|----|------|-------|-------|
|                     | Bachelor degree  | 80  | 50.3 | 0  | 0    | 6  | 10.7 |       |       |
|                     | Master degree    | 3   | 1.9  | 0  | 0    | 0  | 0    |       |       |
|                     | Doctorate        | 1   | 0.6  | 0  | 0    | 0  | 0    |       |       |
| Years of experience | <5 years         | 2   | 1.3  | 7  | 8.8  | 27 | 48.2 | 4.138 | .023* |
|                     | 5-10 years       | 12  | 7.5  | 60 | 75.0 | 19 | 33.9 |       |       |
|                     | >10 years        | 145 | 91.2 | 13 | 16.2 | 10 | 17.9 |       |       |
| Job title           | Staff nurse      | 124 | 78.0 | 74 | 92.5 | 54 | 96.4 | 4.868 | .011* |
|                     | Head nurse       | 28  | 17.6 | 6  | 7.5  | 2  | 3.6  |       |       |
|                     | Nurse supervisor | 6   | 3.8  | 0  | 0    | 0  | 0    |       |       |
|                     | Nurses director  | 1   | 0.6  | 0  | 0    | 0  | 0    |       |       |

\*Significant at p <0.05. \*\*Highly significant at p <0.01. Not significant at p>0.05

**Table(5):** Relationship between socio-demographic characteristics of studied nurses and their total organizational effectiveness (n= 295).

| Items               | Total organizational effectiveness |     |                  |    |             |    |      | X <sup>2</sup> | P-Value |
|---------------------|------------------------------------|-----|------------------|----|-------------|----|------|----------------|---------|
|                     | High<br>N=169                      |     | Moderate<br>N=72 |    | Low<br>N=54 |    |      |                |         |
|                     | N                                  | %   | N                | %  | N           | %  |      |                |         |
| Age                 | 20-<30                             | 31  | 18.3             | 11 | 15.3        | 5  | 9.3  | 2.756          | .062    |
|                     | 30-<40                             | 52  | 30.8             | 29 | 40.2        | 32 | 59.3 |                |         |
|                     | 40-<50                             | 53  | 31.4             | 19 | 26.4        | 10 | 18.5 |                |         |
|                     | 50-60                              | 33  | 19.5             | 13 | 18.1        | 7  | 12.9 |                |         |
| Gender              | Male                               | 35  | 20.7             | 22 | 30.6        | 19 | 35.2 | 1.578          | .073    |
|                     | Female                             | 134 | 79.3             | 50 | 69.4        | 35 | 64.8 |                |         |
| Marital status      | Single                             | 30  | 17.8             | 20 | 27.8        | 19 | 35.2 | 1.763          | .081    |
|                     | Married                            | 126 | 74.5             | 44 | 61.1        | 32 | 59.3 |                |         |
|                     | Widowed                            | 8   | 4.7              | 5  | 6.9         | 2  | 3.6  |                |         |
|                     | Divorced                           | 5   | 3.0              | 3  | 4.2         | 1  | 1.9  |                |         |
| Educational level   | Technical nursing diploma          | 28  | 16.6             | 42 | 58.3        | 41 | 75.9 | 3.960          | .035*   |
|                     | High technical Diploma             | 67  | 39.6             | 20 | 27.8        | 7  | 13.0 |                |         |
|                     | Bachelor degree                    | 70  | 41.4             | 10 | 13.9        | 6  | 11.1 |                |         |
|                     | Master degree                      | 3   | 1.8              | 0  | 0           | 0  | 0    |                |         |
|                     | Doctorate                          | 1   | 0.6              | 0  | 0           | 0  | 0    |                |         |
| Years of experience | <5 years                           | 4   | 2.4              | 7  | 9.7         | 25 | 46.3 | 8.972          | .000**  |
|                     | 5-10 years                         | 32  | 18.9             | 40 | 55.6        | 19 | 35.2 |                |         |
|                     | >10 years                          | 133 | 78.7             | 25 | 34.7        | 10 | 18.5 |                |         |
| Job title           | Staff nurse                        | 130 | 76.9             | 63 | 87.5        | 49 | 90.7 | 3.946          | .039*   |
|                     | Head nurse                         | 23  | 13.5             | 8  | 11.1        | 5  | 9.3  |                |         |
|                     | Nurse supervisor                   | 5   | 3.0              | 1  | 1.4         | 0  | 0    |                |         |
|                     | Nurses director                    | 1   | 0.6              | 0  | 0           | 0  | 0    |                |         |

\*Significant at p <0.05. \*\*Highly significant at p <0.01. Not significant at p>0.05

**Table (6):** Correlation between the studied variable (n=295).

|                                       |       |            |            |      |
|---------------------------------------|-------|------------|------------|------|
| 1. Variables                          |       | 2. 1       | 3. 2       | 4. 3 |
| 1. Total ethical leadership           | 5. r  | 7.         | 8.         | 9.   |
|                                       | 6. p  |            |            |      |
| 2. Total organizational effectiveness | 10. r | 12. .695   | 14. .634   | 16.  |
|                                       | 11. p | 13. .001** | 15. .001** |      |

(\*\*) Statistically significant at p<0.01. r Pearson correlation

**Discussion:**

**Personal characteristics of the studied nurses.**



### **Frequency of the studied nurses according to their personal characteristics**

The findings of the present study indicated that most of the studied nurses their age ranged from 30 to less than 40 years old. And, majority of the studied nurses were females, married, technical nursing diplomas had more than 10 years of experience and staff nurses. The possible explanation for these results may be due to that the school and faculty of nursing is predominantly attended by females and nursing is considered a feminist career and entering of male into the faculties of nursing is recent in Egypt.

These results were in agreement with a study carried out by **Saad, Ebrahim, & Hassan (2021)** in Benha, who assessed ethical leadership educational program for head nurses and its influence on staff nurses' organizational pride and found that most of studied nursing were females and married. Moreover, **Zito et al., (2022)** in Italy, who studied Passion and flow at work for the reduction of exhaustion at work in nursing staff and reported that most of the studied sample were females, married and had had more than 10 years of experience and staff nurses. And, **Si et al., (2023)** in China, who explored the relationship between nurses' well-being and their ethical leadership, and the mediating role of workplace mindfulness in this relationship and showed that most of the studied nurses were females, married, staff nurses and had more than 10 years of experience

Conversely, these findings disagreed with a study carried out by **Mahran, Al-Fattah, & Saleh, (2022)** in Sohag, who determined the effect of ethical leadership on nurses' job performance and reported that most of the studied nurses were males and aged between twenty six to thirty years old and has less than five years' of experience in nursing profession. Also, **Özsungur, (2019)** in Turkey, who studied the impact of ethical leadership on service innovation behavior the mediating role of psychological capital, reported that more than three quadrants of the participants were males. And, **El-Gazar, & Zoromba, (2021)** in Egypt, who studied ethical leadership, flourishing, and extra-role behavior among nurses and reported that about half of the studied nurses had a diploma degree in nursing education

### **Ethical leadership among studied nurses**

### **Concerning total level of studied nurse regarding their domains of ethical leadership**

The finding of the present study revealed that the highest domains were role clarification and morality and fairness. This may be due to that ethical leaders are place importance on being fair, just and eliminating biased treatment and sharing power tend to lead to better outcomes, building loyalty and respect which in turn create positive relationships with minimum conflict that help achieving organizational goals and acting in a manner that is always beneficial to the greater outcomes.

This result goes in line with **Vikaraman et al, (2021)** in Malaysia, who investigated ethical leadership practices and trust among public school leaders and found that most of the studied sample had high fairness dimension. Furthermore, these findings are in agreement with the study carried out by **Basoro& Nidaw, (2021)** in south Addis Ababa, who study ethical leadership practices and factors affecting it in south Addis Ababa district commercial bank of Ethiopia and reported that high levels of ethical leadership is role clarification.

Conversely, these findings are in disagreement with the previous study carried out by **Vikaraman et al, (2021)** in Malaysia, who found that the level of ethical leadership practiced the highest mean score was for ethical guidance followed by role clarification but fairness has the least mean score

The finding of the present study revealed that the highest percentage of nurse reported that had high ethical leadership, then moderate ethical leadership and at least low ethical leadership. This could be due to nurses' leaders promote altruistic attitudes among nurses through role modeling, open communication which enhances identification and commitment. Also, they are responsible for clarifying responsibilities, priorities, performance goals. In addition, give them feedback about their performance. Thus they feel confident and trust their supervisor.

These findings are in agreement with the study carried out by **Si et al., (2023)** in China, who explored the relationship between nurses' wellbeing and their ethical leadership, and the mediating role of workplace mindfulness in this relationship and showed that most of the studied nurses had score in ethical leadership.

Conversely, these findings are in disagreement with a study carried out by This finding was matched with **Aryati et al., (2018)** in Indonesia, who studied analyzed and explained the influence of ethical leadership, ethical climate and organizational commitment toward employee deviance in a workplace, and found that more than half of nurses had moderate ethical leadership level. Also, **Sakr, Mahmoud, & EL-Shahat, (2022)** In Egypt, who assessed ethical leadership, deviant workplace behaviors and it's relation to perceived organizational support among nurses and revealed that more than half of the studied nurses had moderate ethical leadership level. **Relationship between socio-demographic characteristics of studied nurses and their total ethical leadership**

The current study finding reveals that there is a high statistically significant relation between the studied nurses' total ethical leadership and their education level, while, there are slight significant relation with years of experience, and their job title. This result may be due to that nurses behave in competitive and accomplishment oriented manner, and supervisors who had more experience are adapted easily with work conditions.

These findings are in agreement with the result of the study carried out by **Mahran, Al-Fattah, & Saleh, (2022)** in Sohag, who determined the effect of ethical leadership on nurses' job performance and reported that there were highly significant difference with demographic data include (years of experience in nursing, and working place) with participants' perception of ethical leadership.

On other hand, The findings of the current study are in disagreement with the study of **García & Broc, (2017)** in Spain , who studied ethical leadership: a theoretical review and empirical research and found that that level of education and job position had no significant differences with ethical leadership. Moreover, **Wibawa & Takahashi, (2021)** in Indonesia, who investigated how ethical leadership can influence work engagement and workaholism through the potential moderating effect of self-efficacy and found that workplace experience, show insignificant results.

**Concerning on total level of Organizational Effectiveness among the studied nurses.**

The findings of present study indicated that highest percentage of the studied nurses had high organizational effectiveness, while, less than one fifth of them had low organizational effectiveness. This may be due to nurses are motivating to continue to stay and work together also, the supportive followership and skilled communication emphasis translating teamwork competency into nursing practice and also encouraging team spirit among studied nurses.

This result was agreed with **Ibrahim, & Elghabbour, (2020)**, in Port Said, who conducted the study to investigate team work effectiveness and its relation with transformational leadership as perceived by nurses at Port Said general hospitals and found that more than half of nurses had high organizational effectiveness. Also, **Mohamed, Mohamed, & Hussein, (2022)** in Beni-Suef, who conducted the study to assess perspective of teamwork effectiveness and its relation with job attraction and organizational commitment among staff nurses and revealed that about two thirds of the studied nurses had high organizational effectiveness. Additionally, **Kassem, & Ahmed, (2021)** in Mansoura, who investigated the relation of head nurses' talent management and their emotional intelligence with organizational effectiveness at Medical Specialty Hospital and found that more than half of the studied nurses had high organizational effectiveness.

On the contrary, these findings incongruent with **Elsaeed, & Abou Shaheen, (2021)** in Tanta, who determined the relation between nursing work team effectiveness and organizational commitment among intensive care units staff nurses, and found that about two thirds of the studied nurses had moderate organizational effectiveness. Also, **Nasirizade et al., (2017)** in Iran, who analyzed the relationship between quality of work life and organizational effectiveness among hospital nurses and showed that two thirds of the studied nurses had moderate organizational effectiveness.

**Relationship between socio-demographic characteristics of studied nurses and their total organizational effectiveness**

The finding of the present study indicated that there was a statistically significant relation

between the studied nurses' total organizational effectiveness and their education level and their job title. While, there was high significant relation at years of experience. This finding may be due to nurses with more experience were better able to deal with personal problems and balance their personal lives while performing their work responsibilities adequately and be able to work in teams. They also advanced in their careers and had higher job status, high organizational commitment. Also, their increased skills, capabilities and maturation of their cognitive abilities, also this result may be attributed to the fact that more experienced nurses' feel stability, security due to prolonged years of experience in their job that make them able to cope with and manage emergency and difficult work situations.

These findings are in agreement with the result of the study of **Mohamed, Mohamed, & Hussein, (2022)** in Beni-Suef, who conducted the study to assess perspective of teamwork effectiveness and its relation with job attraction and organizational commitment among staff nurses and revealed that there high significant relation at years of experience. additionally, **Abdel-Azeem et al., (2023)** in Benha, who assessed talent management and its relation to staff nurses' self-efficacy and organizational effectiveness and found that the nurses who are older and more experienced had higher levels of organizational effectiveness than younger and less experienced ones.

**Correlation between ethical leadership and organizational effectiveness** presents that, there is a high significant positive correlation between the studied nurses' total ethical leadership and total organizational effectiveness. This may be due to ethical leadership leads to positive and effective outcomes for both patients and nurses. Moreover, it contributes greatly toward fostering progress and development in the nursing profession and organization. Also, the nurses may feel well supported from community about their working conditions, which in turn made them less likely to develop adverse mental health outcomes and encouraged them to work well; receiving support and recognition is thought to be a major driver of well-being and important for avoiding burnout. These

findings are in agreement with the results of the study of **Adeoye, (2021)** in Athens who conducted the study to assess the impact of ethical leadership and employees' commitment on organizational effectiveness and revealed that that there is a high significant positive correlation between the studied nurses' ethical leadership and their organizational effectiveness.

#### **Conclusion:**

In the light of the main study results; it can be concluded that more than half of the studied nurses had a high level of ethical leadership and most of them had a high level of organization effectiveness. Additionally, there was a high significant positive correlation between the studied nurses' total ethical leadership and total organization effectiveness.

#### **Recommendations:**

In view of the main results of the study the following recommendations were derived and suggested

- 1-Engage staff nurses in decision making and promote open communication.
- 2-Organizations should integrate ethical leadership as a fundamental component in human resource management practices as in recruitment and selection.
- 3-Leaders must listen to what their teams want, worry about, and aspires to achieve.
- 4-Fostering a culture of continuous improvement innovation and creativity that is essential for maintaining organization effectiveness.
- 5-Evaluating customers needs and interests.
- 6-Monitoring and measuring organization effectiveness regularly, setting benchmarks and establishing feedback loops..

#### **References**

1. Abdel-Azeem, A. M., Zaki, A. E. A., Khaled, A., & Hasanin Ghoneimy, A. G. (2023). Talent Management: The Pathway to Staff Nurses' Self-Efficacy and Organizational Effectiveness. *Egyptian Journal of Nursing and Health Sciences*, 4(1), 90-116.
2. Addai, P., Mottey, R., Afrifah, M., & Boakye, A. O. (2022). Job Insecurity and turnover intentions among banking

- sector employees: the moderating role of organizational support and ethical leadership. *SEISENSE Journal of Management*, 5(1), 17-30
3. Adeoye, A. O. (2021). Ethical leadership, employees commitment and organizational effectiveness: A study of non-faculty members. *Athens journal of business & economics*, 7(2), 161-172.
  4. Al Halbusi, H., Williams, K. A., Mansoor, H. O., Hassan, M. S., & Hamid, F. A. H. (2020). Examining the impact of ethical leadership and organizational justice on employees' ethical behavior: Does person-organization fit play a role?. *Ethics & Behavior*, 30(7), 514-532.
  5. Arslan, G. G., Özden, D., Göktuna, G., & Ertuğrul, B. (2021). Missed nursing care and its relationship with perceived ethical leadership. *Nursing Ethics*, 29(1), 35-48. <https://doi.org/10.1177/09697330211006823>.
  6. Aryati, A., Sudiro, A., Hadiwidjaja, D., & Noermijati, N. (2018). The influence of ethical leadership to deviant workplace behavior mediated by ethical climate and organizational commitment, *International Journal of Law and Management* 60(2):233-249.
  7. Basoro, T. S& Nidaw, B. T. (2021). Ethical leadership practices and factors affecting it in south Addis Ababa district commercial bank of Ethiopia. *International Journal of Business and Management Review* Vol.9, No.1, pp.33-50.
  8. Cui, G. Q., & Jin, C. (2020). The impact of corporate top executives' intellectual capital on organizational effectiveness: Moderating effects of cultural values and business performance. *Global Business & Finance Review (GBFR)*, 25(4), 73-90.
  9. Daghan, S., & Topcu, S. (2022). Nursing and Leadership Necessities. *Journal of Education and Research in Nursing*, 19(2), 234-239. <https://doi.org/10.5152/jern.2022.096>.
  10. De Hoogh, A. H., & Den Hartog, D. N. (2008). Ethical and despotic leadership, relationships with leader's social responsibility, top management team effectiveness and subordinates' optimism: A multi-method study. *The leadership quarterly*, 19(3), 297-311.
  11. El-Gazar, H. E., & Zoromba, M. A. (2021). Ethical leadership, flourishing, and extra-role behavior among nurses. *SAGE Open Nursing*, 7, 23779608211062669.
  12. Elsaheed, Z. Z., & Abou Shaheen, R. (2021). Nursing Team Work Effectiveness and Organizational Commitment among Intensive Care Units Staff Nurses: The Pathway for Enhancement. *Tanta Scientific Nursing Journal*. 22(3), 101-120.
  13. García, J. V. A., & Broc, F. F. M. (2017). Ethical leadership: a theoretical review and empirical research. *Jaume 1 University, Valencia-Spain*, 8-13.
  14. Hanges, P. J., & Dickson, M. W. (2004). The development and validation of the GLOBE culture and leadership scales. In R. J. House P. J. Hanges M. Javidan P. W. Dorfman, & V. Gupta (Eds.), *Culture, Leadership, and Organizations: The GLOBE Study of 62 Societies*, Vol. 1. (pp. 205-218) Thousand Oaks, CA: Sage.
  15. Heinen, M., Oostveen, C., Peters, J., Vermeulen, H., & Huis, A. (2019). An integrative review of leadership competencies and attributes in advanced nursing practice. *Journal of Advanced Nursing*, 75(11), 2378-2392. <https://doi.org/10.1111/jan.14092>.
  16. Ibrahim, F. G., & Elghabbour, G. M. (2020). Team work effectiveness and its relation with transformational leadership as perceived by nurses at Port Said General Hospitals. *Port Said Scientific Journal of Nursing*, 7(3), 25-41.
  17. Kareem, M.A. (2019). The impact of human resource development on organizational effectiveness: An empirical study. *Management Dynamics in the Knowledge Economy* 7(1): 29-50.
  18. Kassem, A. H., & Ahmed, M. F. (2021). Relation between Head Nurses' Talent Management and Their Emotional Intelligence with Organizational Effectiveness. *Tanta Scientific Nursing Journal*, 23(4), 152-173.
  19. Kulachai, W., Vuttivoradit, S., Tedjakusuma, A. P., & Homyamyen, P. (2021). Organizational Effectiveness: A Second-order Confirmatory Factor Analysis.
  20. Mahran, H., Al-Fattah, M., & Saleh, N. (2022). Effect of ethical leadership on Nurses job performance. *Sohag Journal of Nursing Science*, 1(1), 11-20.
  21. Mohamed, S., Mohamed, N., & Hussein, N. (2022). Perspective of Teamwork Effectiveness and Its Relation with Job Attraction and Organizational Commitment among Staff Nurses. *Egyptian Journal of Health Care*, 13(1), 996-1008.
  22. Narayanamma, P. L., Neelima, S., & Mounika, K. (2022). Employee engagement and organizational performance: A literature review. *Journal of Positive School Psychology*, 6(3), 3558-3563.
  23. Nasirizade, M., Amouzeshi, Z., Unesi, Z., Vagharseyyedin, S. A., Biabani, F., & Bahrami, M. (2017). The relationship between quality of work life and organizational effectiveness among hospital nurses. *Modern Care Journal*, 14(1).
  24. Özsungur, F. (2019). The impact of ethical leadership on service innovation behavior: The mediating role of psychological capital. *Asia Pacific Journal of Innovation and Entrepreneurship*, 13(1), 73-88.
  25. -Saad, E., Ebrahem, A., & Mekawy, S. (2021). Ethical Leadership Educational Program for Head Nurses and its Influence on Staff Nurses Organizational Pride. *Egyptian Journal of Health Care*, 12(2), 1899-1914.
  26. Sakr, Y., Mahmoud, S., & EL-Shahat, M. (2022). Ethical Leadership, Deviant Workplace Behaviors and it's relation to Perceived Organizational Support among Nurses. *Journal of Nursing Science Benha University*, 3(2), 1024-1035.
  27. Sharma, A., Agrawal, R., & Khandelwal, U. (2019). Developing ethical leadership for business organizations: A conceptual model of its antecedents and consequences. *Leadership & Organization Development Journal*, 40(6), 712-734.

28. Si, X., Xue, H., Song, X., Liu, X., & Zhang, F. (2023). The relationship between ethical leadership and nurse well-being: The mediating role of workplace mindfulness. *Journal of Advanced Nursing*, 79(10), 4008-4021.
29. Tetteh, S., Dei Mensah, R., Opata, C. N., & Mensah, C. N. (2023). Ethical leadership and employee creativity among engineering employees: evidence from a developing economy. *Benchmarking: An International Journal*. <https://doi.org/10.1108/bij-05-2021-0266>.
30. Ünver, S., İşler, N. Ö., & Ersin, C. (2024). Ethical Attitude Levels of Surgical Nurses in Nursing Care: A Cross-Sectional Study. *JOURNAL OF EDUCATION AND RESEARCH IN NURSING*, 21(1), 29-33.
31. Vikaraman, S. S., Mansor, A. N., Nor, M. Y. M., Alias, B. S., & Gurusamy, V. (2021). Ethical Leadership Practices and Trust among Public School Leaders in Malaysia. *Asian Journal of University Education*, 17(3), 174- 180.
32. Wibawa, W. M. S., & Takahashi, Y. (2021). The Effect of Ethical Leadership on Work Engagement and Workaholism: Examining Self-Efficacy as a Moderator. *Journal of Administrative Sciences*, 11(2), 1-10.
33. Zito, M., Emanuel, F., Bertola, L., Russo, V., & Colombo, L. (2022). Passion and flow at work for the reduction of exhaustion at work in nursing staff. *Sage Open*, 12(2), 21582440221095009.