

Ethical Leadership Educational Program for Head Nurses and its Influence on Staff Nurses Organizational Pride

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Abstract

Background: Ethical leadership lead to positive effects such as increased organizational pride among staff nurses who work with ethical leaders so they do their best to ensure the success of their healthcare organizations. **Aim:** Assess ethical leadership educational program for head nurses and its influence on staff nurses' organizational pride. **Research Design:** A quasi-experimental research design was utilized in this study. **Setting:** The study was conducted in inpatient units at Benha University hospitals. **Sample:** included all available (35) head nurses, as well as a simple random sample (320) out from (1600) staff nurses. **Tools of data collection:** Three tools were utilized for data collection namely; Ethical Leadership scale, Ethical Leadership knowledge and organizational Pride questionnaire. **Results:** Minority 66% of head nurses had good knowledge level at the preprogram phase while it increased to 82.5% & 79.3% at post program and follow up phases, respectively, while only 21% of them had high ethical leadership skills level at preprogram phase, which increased to most of them 87% & 83% at post program and follow phases respectively. Also, while 11% of staff nurses had a high organizational pride level at preprogram phase, it was increased to most of them 70% & 69.5% at the post program phase and follow phase, respectively. **Conclusion:** There was a highly positive statistical significant correlation between head nurses' ethical leadership knowledge, skills and staff nurses' organizational pride at post and follow up program phases. **Recommendations:** Hospital administration should conduct the ethical leadership educational program for different levels of nurse managers to promote the ethical leadership in their organization.

Keywords: Ethical leadership, Head nurses, Organizational pride, Staff nurses.

Introduction

Nursing leadership has an exclusively important role in shaping the conduct and performance of nurses. It is essential for the growth and advancement of nursing as well as for improving the standard of patient care (Hardy et al., 2020).

Ethics and integrity are top priorities for an effective leader. Ethical attitudes and practices are an inevitable part of leadership skills. A moral leader is a role model for his or her staff, and his behavior is an example of how their expectations become high and met. It is therefore justified to expect others to do the right thing. Obviously, the ethical leader has zero tolerance for violations of ethical standards (Musek, 2020).

Ethical leadership is always linked to favorable outcomes for nurses and healthcare organizations. Nurses who work with ethical leaders become committed, empowered, and do

their best for their healthcare organizations (Barkhordari-Sharifabad et al., 2018). Moreover they more likely to have a sense of trust, well-being, thrive and take pride with their ethical leaders (Sims, 2017).

Ethical leadership is generally acting in displaying respect for the rights and work of nurses within the hospital. This is a kind of leadership that develops ethical standards in order to direct the behavior of nurses in the hospital, integrates ethical standards into values, and implements these ethical standards effectively (Rida & Ayasha, 2018 ; Oklar, 2018). Furthermore, ethical leadership is 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 (Jang & Oh, 2019; Ahmed, Liu, & Wright, 2021).

Nurses' motivation is directly related to each other and while nurses' motivation considered as a

powerful tool for enhancing and directing nursing activities toward achieving work goals. Ethical leadership attracts the attention and becomes the

important and effective (Zhu et al., 2019).

Ethical nurse leadership will generally have an impact on willingness and nurses desire to work. Also, she or he could find her or his true position through encouraging and motivating nursing staff to perform in the most effective way. Additionally, ethical nurse leaders are concerned with a pride of fairness and trust as well as being proactive and not reactive. They, adopt moral principles including candor, diligence, respect, responsibility, courage, competence, compassion, and effective communication techniques, and always know how to do the right thing. However, it may be difficult to define exactly what "right" is, but a leader who is ethical is not afraid to do what they truly believe to be right, even if it is unpopular, unprofitable, or inconvenient (Barkhordari-Sharifabad & Mirjalili, 2020).

The nursing leaders ought to be aware of the degree to which actions are ethical and should also be alert to the method of improving actions with regard to managerial ethics to promote the quality of healthcare. In such an environment, nurses feel safe and are sure that they will see an ethical approach to leadership (Barkhordari-Sharifabad et al., 2018; Riaz et al., 2018).

Hence, ethical leaders create an ethical work environment that supports the sense of pride of subordinates in their performance and assignment, while organizational pride is the main channel for positive behavior and thus competitive excellence. (Durrah et al., 2019). Recently, considerable attention has been paid to the ethical leadership characteristics of managers, who play an important role in identifying and maintaining the right behaviors that will determine the resolution of these issues and create thriving and pride in the organization (Barkhordari-Sharifabad et al., 2018; Adeoye, 2021).

Organizational pride is defined as a series of positive feelings and trends that an individual holds for his or her organization, resulting from the achievements of an internal organization (Ima et al., 2019), such as the ability to create a good working environment or a distinctive leadership style, as well as an outsider, such as the building of a good reputation and competitive status, and increase the satisfaction of service providers as well as recipients (Strydom, 2021; Tamunomiebi & Orianzi, 2019).

Organizational pride plays an important role in the success and continuity of an organization (Gouthier & Rhein, 2021). The continued success of an organization can be traced back to a high level of organizational pride among workers, so, the organizational pride helps to provide positive and encouraging working environment. (Notter & Todnem, 2017; Thomas et al., 2019). When the nurses feel proud of their work, this give them motivation to continue their work (Brosi et al., 2018; Holtom et al., 2019).

The most vital issues facing nursing staff are, for instance, the lack of respect for the nursing profession and the negative public image associated with it. (Mannix et al., 2020) Furthermore, not being able to participate in decision-making mechanisms, a lack of autonomy, feeling unworthy in the healthcare team, and not being able to act as the spokesperson of the patient. All contribute to the feeling that the patient is not being heard (Barkhordari-Sharifabad et al., 2018).

The causes of these negative feelings are the shortages of nurses, working in an intense physical environment, inadequate promotion and wage opportunities, lack of fairness and uncertainties in management, ambiguities and inequalities in the role, and inadequate health and institutional policies (Satter et al., 2020; Kaffashpoor & Sadeghian, 2020). These factors make workers dissatisfied with their profession, organizations, and feeling of low level of organizational pride, which have a negative effect on their job performance, including nursing leaders. These leaders cannot play their predictable ethical leadership and supportive roles (Lee et al., 2019).

The ethical responsibility of nurse leaders must stand on ethical competence that is maintained through self-knowledge and continuous learning that

is realized through ethics training. Therefore, implementing an ethical leadership educational program for hospital nurse managers and spotting its influence on organizational pride among staff nurses has great significance in the construction of an ethically positive environment that would handle such problems, reduce work liability, maintain the survival of the organization, and build a positive reputation, thrive, and pride in the organization (Eide et al., 2016). A strong, discrete and short-lived mental experience, while attitudinal pride is described as a durable experience that can be taught (Johnson & Johnson, 2020)).

Finally, organizational pride as the sense of organizational membership, the organization's position in the market, its reputation, the style of leadership, and the organization's achievements are all sources of competitive excellence and organizational pride (Helm, 2013; Tamunomiebi & Orianzi, 2019).

Research suggests that there is a strong positive relationship between ethical leadership and nurses' organizational pride (Kim, 2021). Ethical leadership involves creating an environment of trust and respect within the organization, which can lead to increased organizational pride among nurses (Han & Liang, 2021). Ethical leadership also encourages nurses to feel valued, appreciated, and respected, which can lead to increased motivation and job satisfaction. This can result in increased organizational pride, as nurses feel they are part of a team working towards a shared goal. Furthermore, ethical leadership encourages the development of organizational values and norms, which can have a positive impact on organizational pride (Drago & Jones, 2021).

Significant of the study:

Health-care organizations are multifaceted and complex units. These organizations need to adapt to changes in order to maintain their survival and reputation, provide high quality and cost-effective services to the health needs of society, ensure the safety of patients and staff, and increase the satisfaction of service providers as well as recipients (Strydom,

2021; Tamunomiebi & Orianzi (2019). Recently considerable attention has been paid to the ethical leadership characteristics of managers who play an important role in identifying and maintaining the right behaviors that will determine the resolution of these issues and creating thriving and pride in the organization (Barkhordari-Sharifabad et al., 2018 & Adeoye, 2021).

So, ethical leadership development programs for head nurses are often necessary to help nurse managers and leaders to be fully prepared to take on tasks of managing their staff and units, which results in improving their nurses' organizational pride, so continuous education and training opportunities for head nurses is very important. The study of ethical leadership for head nurses and its effect on various organizational aspects as on staff nurses' organizational pride was not conducted before at Benha university hospital, Egypt. So, the current study was conducted to assess ethical leadership educational program for head nurses on staff nurses' organizational pride.

Aim of the study:

The study aimed to assess ethical leadership educational program for head nurses and its influence on staff nurses' organizational pride

Research hypnosis

The study supposed the following hypotheses

- There would be an enhancement in the studied head nurses' knowledge regarding ethical leadership after educational program about ethical leadership compared to their pre-intervention level.
- The head nurses' ethical leadership level would be favorable compared to their pre-intervention level.
- Ethical leadership educational program for the studied head nurses would influence positively on staff nurses organizational pride so a significant correlation between the head nurses' ethical leadership and the staff nurses' organizational pride would be found.

Subjects and Method:

Research Design: A quasi-experimental research design was utilized to achieve the aim of the present study. A quasi-experimental is an empirical interventional study used to estimate the causal effect of an intervention on target population

without random assignment (**Dinardo, 2008**).

The Study Setting:

The current study conducted at Benha University Hospital. In inpatients Units (35 units) that include (11 Critical Care Units and 24 non-Critical Care Units). Critical Care Units were "General intensive care unit (ICU), cardiac care unit (CCU), cardiothoracic ICU, chest ICU, hepatic ICU, emergency ICU, pediatric ICU, pediatric dialysis unit, and general dialysis unit." Inpatients non-critical care units include Obstetrics Unit, Female surgery Unit, Male Surgery Unit, Uro-surgery Unit, ENT-Unit, Emergency care unit, Neurosurgery Unit, Ophthalmology Unit, Dermatology Unit, Rheumatoid Unit, and Neuro-Psychiatric Unit. Besides, 6 Medical units, Chest Unit, Three Pediatric Care Units, Cardiothoracic Care Unit, and Intermediate medical care unit.

Subjects:

Subjects of the study included two groups:

- First group: convenient sample by all available head nurses: (35) head nurses who were working in the study settings during the time of data collection and who met the following inclusion criteria: having at least two years of experience in their worked units, interested in participating in the training program.

- Second group: Staff nurses (320) out from (1600) staff nurses who were working in the above mentioned setting.

Sampling technique: a simple random sample was included in the current study by blindness selection from staff nurses in every inpatient unit at Benha university hospital.

Sample Size:

The sample size was calculated based on the following equation:

$n = N / (1 + N(e)^2)$, where "n" was sample size

"N" was the total number of nurses.

$n = 320$ $N = 1600$.

e was Coefficient factor = 0.05 (**Yamane, 1967**).

Tools of Data Collection:

To achieve the aim of this study data have been collected by using the following three tools:

1- Ethical leadership knowledge questionnaires: it was developed by investigators based on the review of the related literature (**Jahandar et al., 2017 & Zhu et al., 2017**) to assess head nurses knowledge about ethical leadership. It divided into two parts.

Part 1: included personal characteristics of head nurses as: (age, gender, marital status, level of education, and years of experience).

Part 2: included ethical leadership knowledge questionnaire. It consisted of 23 questions in the form of multiple choice questions that divided into 8 dimensions.

Dimensions of ethical leadership knowledge distributed as follows:

- Concept of ethical leadership (2 questions)
- Importance of ethical leadership (4 questions).
- Principles of ethical leadership (2 questions).
- Ethical leaders' characteristics (2 questions).
- Dimensions of ethical leadership (4 questions).
- Effective environment for ethical leaders (2 questions)
- Obstacles of ethical leadership (3 questions).
- Role of head nurse as an ethical leader (4 questions)

Scoring system:

Each question was assigned a score of (one) for correct answer and (zero) for the wrong answer according to the model answer that was prepared by the researchers. Therefore, the total score was (23 degree), knowledge total score was converted into percentages, the total level of knowledge was considered poor if percent score < 60% (<14 degree), average if percent score 60%-75% (14 to 17) and good if percent score >75% (17 degree).

2- Ethical Leadership Scale. It was developed by **Brown et al. (2005)** and utilized by **Khan & Javed, (2018)**. To assess head nurses' ethical leadership levels in the organization. It contained 21 items. **Scoring system:**

Responses of each statement was measured on three point likert scale as the following agree (3), neutral (2), disagree (1). The skill of ethical leadership considered high if the percent scores was more than (>75%), moderate if the percent scores ranged from (60% - 75%), while it considered low if

the percent scores less than (< 60%) (Islam et al., 2017).

3- Organizational pride scale.

It was developed by investigators based on the extensive review of the related literature (Gouthier&Rhein, 2011; Kraemer & Gouthier, 2014; Machuca, Mirabent&Aleg, 2016). Used to assess staff nurse's perception about Organizational pride through (7) items distributed into 2 sub-dimensions as follow; 1) emotional organizational pride (4 items), 2) attitudinal pride (3 item).

Scoring system: Staff nurses' responses were measured in five-points Likert Scale that ranging from (1) strongly disagrees to (5) strongly agrees. Staff nurses' responses points about organizational pride will be ranged from 7 to 21 points. The perception level was considered high if the percent score was more than 75%, moderate if the percent score ranged from 60 to 75%, and low if the percent score was less than 60% (Machuca, Mirabent & Aleg, 2016).

Validity and reliability:

Study questionnaire's content validity was tested by a panel of three experts, two professors and one assistant professor from different faculties of nursing (Ain Shams University, Tanta University, and Cairo University) in nursing administration field. Each expert on the panel was asked to examine the tools of data collection for content, coverage, clarity, wording, length, format, and overall appearance. Some modifications (rephrasing) were done based on the experts' opinions. Double English Arabic English translation of the three tools was done to match nurses' level of education.

Reliability:

Reliability was tested using Cronbach's Alpha Coefficient for the three questionnaires.

Results of the reliability of the three tools of data collection organizational pride scale, ethical leadership scale and ethical leadership knowledge questionnaire were (0.96, 0.90& .81) respectively, indicated that every one of the three tools of data collections were highly reliable.

Pilot study: A pilot study was carried out in

December 2020. It was conducted on (3) head nurses & (32) staff nurses who represent 10% of total study subjects to ensure the clarity, feasibility, and objectivity of the content of the tools and to estimate the time needed to fill the questionnaires. The result showed that the time spent in filling every tool of the three tools of data collection was ranged between 10-25 minutes. Based on the pilot study analysis no modifications were done in the questionnaires. So, the pilot study sample included in the total number of study sample.

Administration Procedures:

An official permission obtained from authorities of Benha University Hospital to collect the necessary data for this study from inpatient units that studied head nurses and staff nurses were working in it during the time of implementing this study after explaining its purposes.

Field work: The study was carried out from the beginning of February 2021 to the end of April 2021 as the following sequence:

Pre-implementation phase: It carried out from the beginning of January 2021 to the beginning of February 2021. Preparation of tools for data collection and the teaching sessions for ethical leadership program based on a review of national and international related literature using journals, textbooks, internet, and theoretical knowledge of the various aspects concerning the topic of the study.

The contents of the program include the following:

- Concepts and components of ethical leadership and its importance for nursing staff.
- Qualities necessary for ethical leaders as (Moral conduct and adherence to ethical standards 2. Moral purpose (moral vision and pride to achieving moral ends) 3. Moral accomplishment (achieving desirable moral outcomes) – moral ends are the foundations for ethical leadership. 4. Moral duty/responsibility and obligations 5. Moral knowing (knowing what /knowing how) 6. Moral cooperation and the just exercise of power 7. Moral role modeling, empowering individuals and teams, and creating secure connections with others).

Ethical leadership skills as (effective communication, active listening, sufficient motivation, Makes fair and balanced decisions, Trusts the nurses, discuss work ethics with nurses, sets ethical business standards for how to do things the right way, appreciates the ethical behaviors of nurses, Makes ethical decisions, Blames nurses who

show immoral behavior. Inspire nurses to solve ethical problems in new ways).

- Role and responsibilities of head nurses as ethical leaders in high-performance building teams.
- Ethical leadership styles, power, and building trust, ethical work climate
- Ethics for the sustainable success of the ethical leader.

Implementation phase (intervention): This phase carried out through the following sequence:

First: head nurses divided into three small groups; each group included 10 or 11 head nurses). The preprogram tests carried out from the mid of mid of March 2020 to the mid of July 2020. In the beginning, the preprogram tests were fulfilled by the studied head nurses and staff nurses before the beginning of the program. An ethical leadership knowledge self-administer questionnaire took from 10–15 minutes to be completed, and ethical leadership skills scale took from 10–15 minutes to be completed by head nurses.

Besides, the organizational pride questionnaire took about 10–15 minutes to be completed by the staff nurses. This preprogram test conducted to allow the researchers to collect a baseline assessment of studied head nurses regarding their ethical leadership knowledge and skills. Also, staff nurses' organizational pride level assessed in order to compare the findings with and follow-up program tests. The data collected four days/week in the morning and afternoon shifts.

Second: Implementation of the program sessions after the questionnaires completed, the researchers (according to the available time) implemented the program for studied head nurses. The time plan for the program implementation takes the period from the mid of July 2020 to the end of August of 2020. The program was Taken 12 hours for each group that distributed as the following: 6 sessions, 2 hour/session, three days/week in the morning, or afternoon shift. At the beginning of the program sessions, an orientation to the program and its purpose took place.

The head nurses informed about the time and place of sessions that were carried out at the newly established training center or available

suitable setting according to cooperation between nursing directors, researchers, and studied head nurses. Each session started by setting objectives and an overview of the new topic. At the end of each session, the head nurses' questions discussed and answered to ensure understanding. The same teaching strategies, available resources, relevant content, and instructional strategies for each session utilized to implement the program by the researchers according to their cooperation. Methods of teaching used like the following: Lecture, group discussion, role-play, and brainstorming. Teaching and instructional media included the following; hand out, and PowerPoint presentation.

Evaluation phase (post and follow up program evaluation): During this phase, the effect of the educational program was evaluated; by using the same format of tools used before the program implementation. This phase conducted at the following sequence:

Immediate post-program implementation test carried out after program implementation immediately and took one month started from the end of October 2020 to the end of November 2020.

Follow up program test carried out after six months of program implementation and took one month started from the end of February 2021 to the end of March 2021.

Ethical considerations:

Permission was obtained from the hospital administrators of the hospital after explaining the nature of the work. The nature and aim of the current study had been explained to each head nurse and staff nurse included in the study sample. They were given a chance to accept or to refuse participation in the present study, and each participant was assured that his/her information will be confidentially utilized and utilized for the research purpose only.

Statistical analysis:

Data were collected, tabulated, statistically analyzed using an IBM personal computer with statistical package of social science (SPSS) version 22 with statistical package of social science (SPSS) version 22 where the following statistics were applied: Descriptive statistics: In which quantitative data were presented in the form of Mean, standard deviation (SD), frequency, and percentage distribution. Analytical statistics: Used to find out possible association between studied factors. The used tests of

significance included; paired t test and Correlation coefficient (r) test was used to estimate the closeness association between variables. A significance level value was considered when p- value ≤ 0.05 and a highly significance level was considered when p-value ≤ 0.001 , while p-value >0.05 indicated non-significance results.

Results:

Table (1) shows personal and job characteristics of the studied head nurses and staff nurses, the total studied number of head nurses was 35, regarding to age the mean age of the studied head nurses was \pm SD 32.67 ± 8.76 years old, less than half 45.7% of them were aged ≥ 40 years. As regarding to gender, 88.6% of them were females, regarding their educational qualification more than half 57.1 had bachelor degree of nursing. Regarding years of experience 68,6% of them had $5 < 10$ years of experience. As it shows 77.1% were married, Also the table shows the total studied number of staff nurses was (320) regarding to age the mean age of the studied staff nurses was 29.85 ± 6.52 years old, more than half 52.2 % were aged $20 < 30$ years. As regarding to gender, 90.0% of them were females, regarding their educational qualification more than half 54.4 had nursing diploma degree of nursing, regarding years of experience 44.1% of them had $5 < 10$ years of experience. More than three quarters 87.8 % were married.

As shown in **figure (1)**; minority (6.3%) of head nurses had good knowledge level at preprogram phase while it increased to more than three quarters (82.5% & 79.3%) of them at post program and follow up study phases, respectively.

Table (2): shows that, there was a highly statistical significant difference through program phases relating to head nurses ethical leadership knowledge dimensions, the highest mean score was related to the concept of ethical leadership dimension at post program 3.88 ± 0.46 which increased to 2.16 ± 0.80 at follow up phase.

As shown from **figure (2)**, while only (21%) of

head nurses had high ethical leadership skills level at preprogram phase, which increased to almost of them (87% & 83%) at post program phase and the follow phase, respectively.

Table (3): clarifies that there was a highly statistically significant difference between total mean scores of ethical leadership skills through program phases, and a significant improvements in it as it increased from 27.97 ± 5.94 at preprogram to 51.17 ± 8.14 & 48.37 ± 10.34 at post and follow up program phases, respectively.

As shown in **figure (3)**, Staff nurses' organizational pride through the program phases; while 11% of staff nurses reported high level at preprogram phase, it was increased to (70 % & 69.5%) at post program and follow up phases, respectively.

Table (4): Clarifies that there was highly statistical significant difference between preprogram and post program phases and also between preprogram and follow up phase related to dimensions of staff nurses' organizational pride. The highest mean score of total staff nurses' organizational pride was at the post program phase and it little decreased at the follow up phase but still more higher than the preprogram phase score.

Table (5) shows that, there was highly positive statistical significant correlation between head nurse's ethical leadership skills and knowledge at post program phase and positive statistical significant correlation at follow up phase, also, there was highly positive statistical significant correlation between head nurse's ethical leadership skills and staff nurses' organizational pride 9.5375 ± 1.43353 and positive statistical significant correlation at follow up phase, finally, there was highly positive statistical significant correlation between head nurse's ethical leadership knowledge and Staff nurses' organizational pride at post program phase and positive statistical significant correlation at follow up phase.

Table (1): Table personal characteristics of the studied head nurses (n =35) & the studied staff nurses (n =320)

| Variable | Head nurses(n=35) | | Staff nurses(n=320) | |
|-----------------------------|-------------------|------|---------------------|------|
| | No | % | No | % |
| Age in years | | | | |
| 20-<30 | 5 | 14.3 | 167 | 52.2 |
| 30-<40 | 14 | 40.0 | 106 | 33.1 |
| ≥ 40 years old | 16 | 45.7 | 47 | 14.7 |
| Mean ±SD | 32.67±8.76 | | 29.85±6.52 | |
| Gender | | | | |
| Female | 31 | 88.6 | 288 | 90.0 |
| Male | 4 | 11.4 | 32 | 10.0 |
| Educational level | | | | |
| Bachelor of nursing | 20 | 57.1 | 174 | 54.4 |
| Technical nursing education | 10 | 28.6 | 80 | 25.0 |
| Secondary nursing education | 5 | 14.3 | 66 | 20.6 |
| Years of experience | | | | |
| < 5 years | 4 | 11.4 | 128 | 40.0 |
| 5-< 10 | 24 | 68.6 | 141 | 44.1 |
| ≥ 10 years | 7 | 20.0 | 51 | 15.9 |
| Marital status | | | | |
| Single | 6 | 17.1 | 21 | 6.6 |
| Married | 27 | 77.1 | 281 | 87.8 |
| Divorced | 2 | 5.8 | 18 | 5.6 |

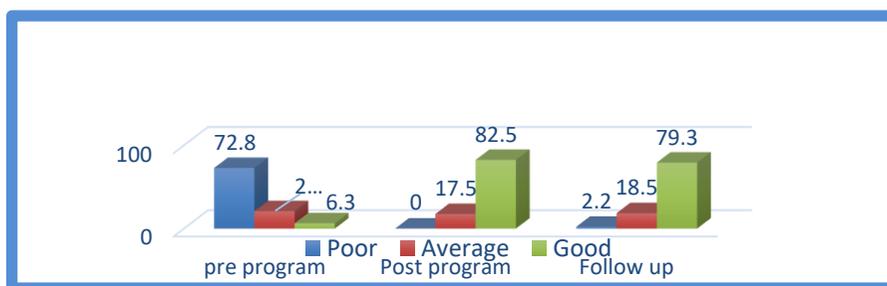
Figure (1): Distribution of head nurses' total knowledge levels regarding ethical leadership thorough program phases (n=35)

Table 2: Mean and standard deviation of ethical leadership total knowledge dimensions among the studied head nurses through the program phases (n =35)

| Ethical leadership knowledge dimensions & total | Pre Program | Post Program | Follow up | t (1) | P value | t (2) | P value |
|---|-----------------|-----------------|-----------------|------------|----------|------------|----------|
| | $\bar{x}\pm SD$ | $\bar{x}\pm SD$ | $\bar{x}\pm SD$ | | | | |
| Concept of ethical leadership | 0.50±0.10 | 3.88±0.46 | 2.16±0.80 | 12.18 1 | <.001** | 18.67 9 | <.001** |
| Importance of ethical leadership | 1.28±0.66 | 3.82±0.56 | 3.42±0.96 | 17.36 1 | <.001** | 10.86 7 | <.001** |
| Principles of ethical leadership | 0.56±0.08 | 1.76±0.64 | 1.50±1.20 | 11.00 7 | <.001** | 4.624 | <.001** |
| Ethical leaders' characteristics | 0.88±0.04 | 2.00±0.00 | 1.62±0.84 | 5.610 | <.001** | 5.206 | <.001** |
| Dimensions of ethical leadership | 1.60±0.82 | 3.50±0.86 | 2.60± 1.60 | 9.460 | <.001** | 3.291 | <.001**3 |
| Effective environment for ethical leaders | 0.96±0.30 | 1.94±0.32 | 1.60± 0.86 | 13.66 5 | <.001** | 4.157 | <.001** |
| Obstacles of ethical leadership | 0.90±0.24 | 2.00±0.00 | 1.62± 0.84 | 4.650 | <.001** | 4.876 | <.001** |
| Role of head nurse as an ethical leader | 1.54±0.74 | 3.48±0.88 | 2.90± 1.30 | 9.982 | <.001** | 5.379 | <.001** |
| Total | 8.22±2.98 | 22.38±3.72 | 17.42 ±8.40 | 17.57 5 | <0.001** | 6.107 | <0.001** |

(**) Highly statistical significant $p \geq 0.001$ p1 between pre and post program p2 between pre and follow up

Figure (2): Distribution of head nurses' total skills levels regarding ethical leadership through program phases (n=35)

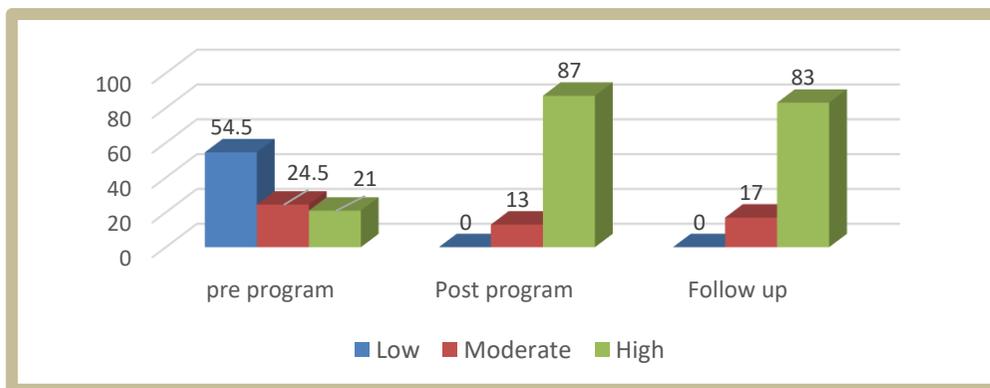


Table (3): Mean and standard deviation of ethical leadership skills among the studied head nurses through the program phases (n =35)

| Head nurses' ethical leadership total skills | Pre Program | Post Program | Follow up | t (1) | P value | t (2) | P value |
|--|-----------------|-----------------|-----------------|--------|----------|--------|----------|
| | $\bar{x}\pm SD$ | $\bar{x}\pm SD$ | $\bar{x}\pm SD$ | | | | |
| | 27.970±5.942 | 51.171±8.141 | 48.371±10.342 | 13.621 | <0.001** | 10.121 | <0.001** |

(**) Highly statistical significant $p \geq 0.001$ p1 between pre and post program p2 between pre and follow up

Figure (3): Distribution of staff nurses' total organizational pride levels through program phases (n=320)

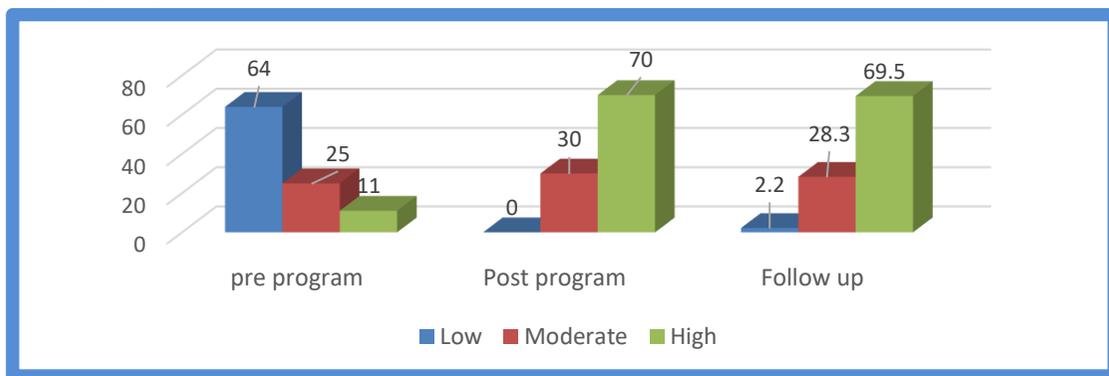


Table (4): Mean scores and standard deviation of total organizational pride among the staff nurses through the program phases (n =320)

| Staff nurses' total Organizational pride | Pre Program | Post Program | Follow up | t (1) | P value | t (2) | P value |
|--|-----------------|-----------------|-----------------|---------|----------|---------|----------|
| | $\bar{x}\pm SD$ | $\bar{x}\pm SD$ | $\bar{x}\pm SD$ | | | | |
| Total attitudinal Organizational pride | 6.4031±1.47603 | 9.5375±1.43353 | 9.0813±1.9475 | -24.482 | <0.001** | -18.031 | <0.001** |
| Total directional pride | 4.5469±.91880 | 7.4438±.86555 | 6.7156±1.3239 | -36.427 | <0.001** | -21.902 | <0.001** |

| | | | | | | | |
|--------------|-----------------|-----------------|---------------|---------|----------|---------|----------|
| Total | 10.9500±2.15482 | 16.9813±2.06773 | 15.7969±3.031 | -31.958 | <0.001** | -21.272 | <0.001** |
|--------------|-----------------|-----------------|---------------|---------|----------|---------|----------|

(**) Highly statistical significant $p \geq 0.001$

p1 between pre and post program

p2 between pre and follow up

Table (8): Correlation between total head nurses' ethical leadership knowledge and skills as well as staff nurses' organizational pride through program phases (n =320)

| Variables | Program phases | | Head nurses' ethical leadership skills | Staff nurses' organizational pride |
|--|----------------|---------|--|------------------------------------|
| Head nurses' ethical leadership knowledge | Pre program | r | 0.456 | 0.280 |
| | | P value | 0.117 n.s | 0.191 n.s |
| | Post program | r | 0.987 | 0.915 |
| | | P value | <0.001** | <0.001** |
| | Follow up | r | 0.731 | 0.746 |
| | | P value | 0.005* | 0.003* |
| Staff nurses' organizational pride | Pre program | r | 0.148 | - |
| | | P value | 0.292 n.s | - |
| | Post program | r | 0.802 | - |
| | | P value | <0.001** | - |
| | Follow up | r | 0.664 | - |
| | | P value | 0.013* | - |

(n.s) not significant at $p > 0.05$ (*) statistical significance $p \leq 0.05$ (**) highly statistical significant $p \geq 0.001$

Discussion:

The finding of the present study illustrated that minority of head nurses had good knowledge level at preprogram phase while it increased to more than three quarters of them at post program and follow up study phases, respectively. This might be due to the educational program was effective due to using suitable methods of teaching by the researchers that simple and accepted also the readiness of head nurses to learn more and wishing to develop themselves

The finding of the present study showed that more than half of studied head nurses had low ethical leadership skills level at preprogram phase. While, the majority of them had high ethical leadership skills level at post program phase. 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.

This finding was matched with **Aryati et al., (2018)** who studied "The influence of ethical leadership to deviant workplace behavior mediated by ethical climate and organizational commitment" and found that more than half of nurses had moderate ethical leadership level. In addition to, these results were in harmony with **Ozden et al., (2019)** who conducted a study about "The effect of nurses' ethical leadership and ethical climate perceptions on job satisfaction" and reported that two thirds of nurses had a moderately positive perception of ethical leadership.

Also, this finding was agreed with **Elsayed, (2019)** who conducted a study about "The relationship between nurses' perception of ethical leadership and anti-social behavior through ethical climate as a mediating factor" and found more than half of nurses had spread awareness of ethical leadership due to the good conduct of the supervisor towards the nurses and his respect for them.

On the other hand, this result incompatible with the study findings **Elçi et al., (2017)** who conducted a study about "The impacts of ethical

leadership on the antisocial behavior of nurses: the mediating role of ethical climate"

Concerning the level of organizational pride among staff nurses, the findings of the current study revealed that more than two-thirds of them had low organizational pride level. From researcher point of view this may be due to staff nurses perceived that their work is partially interested to them, their working environment is not safe and comfortable & they have no flexible work schedule. Also, the hospital does not provide satisfactory salaries, good promotion opportunities, compensation and benefit. As well as, a hospital provides limited opportunities for improvement, to enhance their creativity and innovation, to teach others what they learned, to receive enough training to do their job in the best manner and independent decisions making. Really ICUs nurses always experienced being uncomfortable, confused, loss of control, emotionally drained, and incompetent as a result of facing high risk and uncertain situations in ICUs most of the patients were critically ill and the majority of them were mechanically ventilated and their health status are unstable and unpredictable.

This result was matched with **Abdallah and Mostafa, (2021)** who found that more than half of ICU nurses had moderate organizational pride level. And **Haile, et al., (2017)** stated that nurses reported for their organizational pride as moderate and added that nurse supervisors as good leaders should show concerns to all nursing staff, help them to manage any work risks, solve their problems, and demonstrate how to work and live by values and beliefs to enhance their attraction.

In The same line the findings of **Eger et al., (2019)** found that the majority of staff nurses identified the highest importance to social value. Interest value, economic and development value were second-most important for employee attraction to jobs. They pointed out that such factors were important for building a positive firm reputation, which would enhance intentions to apply among potential nurses.

Also, **Abdallah & Mostafa (2021)** stated that ICUs nurses perceived that the benefits they received are not adequate to fulfill their basic

needs and the salary they received was not equal with their performance. Thus, recognition and reward for better performance of the staff should be made. This motivated the staff for better performance and would help them to have a sense of belongingness towards the organization which negatively affected organizational pride among them. These results were supported with **Alameddine, et al., (2019)** who detected that perceived quality of teamwork was positively related to organizational pride among the study participants. Ethical leadership in organizations, educational sectors, among students and in all human endeavors cannot be underestimated.

The findings of the present study was disagreed with **Ali, et al., (2020)** who found that more than half of staff nurses had high level pride. Also, the present study was in contraction to what was reported by **Miligi, et al., (2015)** who displayed in their study that more than half of the subjects had high pride score.

The study results clarified statistically significant correlation between total scores of ethical leadership & organizational pride. This result was in line with **Sindhuja and Subramanian (2020)**, who clarified that ethical leadership was positively correlated with organizational pride and retention. Actually, creating a balance between individual and work needs could result in greater satisfaction at home and a work, which results in greater nurses' performance and reduced turnover stated that there was statistically significant positive correlation between ICUs nurses' characteristics (age and years of experience, educational qualification) and their organizational pride and retention.

On the other hand, a study conducted by **Abdelwahab, Ahmed, and Elguindy (2017)**, disagrees with the present study results and noted that the correlation between organizational pride and age and educational level and retention. Also, it was confirmed with studies done by **Aroosiya, (2018)**, **Gamal (2019)**.

Current results clarified that there was a highly positive statistical significant correlation between staff nurses' ethical leadership, organizational pride.

Recommendations:

1. Hospital administration should conduct training program for different levels of

nurse managers to promote their ethical leadership in the organization.

2. Developing strategies to improve organizational pride among staff nurses
3. Further researches about predictive factors affecting ethical leadership among staff nurses.

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