

The Effect of Ethical Leadership on Nursing Passion

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Abstract

Background: Ethical leadership is the promotion of normatively appropriate personal and interpersonal conduct in making decisions, communication and reinforcement. Additionally, a key element of employees' work motivation is their work passion, which can be described as a person's like or love of their profession and the internalization of work into an individual's identity. **Aim of the study:** To investigate the effect of ethical leadership on nursing passion at Abu Hammad Central Hospital, Egypt. **Subjects and Methods: Research design:** A descriptive correlational study design was used. **Setting:** All departments of Abo Hammad Central Hospital affiliated to Ministry of health, Egypt. **Subjects:** A convenient sample of all nursing staff 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: tool (1) ethical leadership scale and tool (2) nursing passion scale. **Results:** More than half of studied nurses (53,9%) had high level of ethical leadership, and less than half of studied nurses (45.8%) had high level of work passion **Conclusion:** This study concluded that, there was a statistically significant correlation between ethical leadership and nursing passion. **Recommendations:** Organizations should integrate ethical leadership as a fundamental component in human resource management practices as in recruitment. Leaders must listen to what their teams want, worry about, and aspires to achieve. Identify the unreasonable behaviors situations that will decrease work passion levels. It's important for healthcare organizations to recruit passionate nurses or cultivate a workplace that will trigger high levels of work passion.

Key words: Effect, Ethical Leadership, Nurses, Nursing passion.

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 (**Dağhan and Topçu, 2022**). Ethical leadership also can be defining 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., 2024**). 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., 2022**).

Nurses ability to work better is influenced by a variety of aspects, including passion, authority, feelings, desires, abilities, knowledge, and power. The soul and body move to respond on passion or energy. Because every purpose aims to accomplish a goal, a person's motive serves as a catalyst for their actions' desire and power (**Kessi et al., 2022**).

A key element of nurses' work motivation is their work passion, which can be described as a person's like or love of their profession and the internalization of work into an individual's identity. Work-associated passion is classified as either obsessive or harmonious based on how the employee internalizes their work into their identity or inner self (**Zhang et al., 2022**).

Significance of the study:

Every organization must cultivate effective leadership in order to increase employee engagement, job happiness, and organizational commitment and to improve stakeholders' perceptions of the organization (**Sharma et al., 2019**). In the new millennium, interest in the concept of work passion has risen, with a surge in the range of studies ensuring the favorable outcomes of work passion and the way organizations can benefit from passionate employees (**Gilal et al., 2019**). In addition, there is little studies that investigate these concepts in Zagazig University. Therefore, this study aimed to investigate the effect of ethical leadership on nursing passion

Passionate workers invest a significant amount of effort and time in their work and regard it as important. Harmoniously passionate workers willingly choose to engage in their work, whereas those with high levels of obsessive passion do the job that they love with an internal pressure. Passionate workers place a high value on their work and devote a great deal of time and effort into it. Workers who possess high degrees of obsessive passion, on the other hand, feel an overwhelming need to participate in their work that they find fulfilling and essential. As a result, they run the risk of being excessively engaged in their work and running into conflicts with other aspects of their lives (**Gillet et al., 2023**).

A strong inclination regarding tasks that many individuals love is known as work passion. Considering that they make up the largest portion of healthcare providers, nurses are difficult to be disregarded. Research shows that the way nurses behave and think about their profession has an immediate effect on how satisfied patients are, how well clinical services are provided, and how organizations are managed. Hence, a special contributing component for excellent job outcomes is work passion, which is also essential for nurses' growth, welfare, and for organizational effectiveness as well (**Guo et al., 2022**).

among nursing staff at Abu Hammad Central Hospital.

Aim of the study:

This study aimed to investigate the effect of ethical leadership on nursing passion among nursing staff at Abu Hammad Central Hospital.

Research Questions:

- What are the perception levels of ethical leadership among nursing staff at Abu Hammad Central Hospital?
- What are the perception levels of work passion among nursing staff at Abu Hammad Central Hospital?
- What is the effect of ethical leadership on nursing passion among nursing

staff at Abu Hammad Central Hospital?

Subjects and methods:

Research design: A descriptive correlational study design was used.

Study setting: All departments and units of Abo Hammad Central Hospital affiliated to Ministry of health in El-Sharqia Governorate, Egypt.

Study subjects: A convenient sample of all nursing staff (head nurses, staff nurses, nurse supervisor and nurse director) from the abovementioned 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 2:** This tool was developed by **De Hoogh & Den Hartog, 2008**, based on 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:

A five-point Likert scale was used to measure the nurses' answers to the scale, and the range was from (5) completely agree to (1) completely disagree. The total level of ethical leadership among nurses considered: high >70%, moderate 50 - 70% and Low <50%.

Tool II: Nursing passion scale

This tool was developed by **Piercy, 2022** based on **Vallerand et al., 2003**. The

scale consists of 14-items to measures both kinds of passion. Seven items were used to measure harmonious work passion and seven items were used to measure obsessive work passion. The responses of nurses were measured on a five-point likert scale, ranging from 1 (strongly agree) to 5 (strongly disagree).

Scoring system:

A five-point Likert scale was used to measure the nurses' answers to the scale, was ranged from (5) completely agree to (1) completely disagree. The total level of work passion among nurses considered: high >80%, moderate 60 - 80%, and low <60%.

Content validity & reliability:

The tools of data collection were translated into Arabic; and then face and content 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 0.923 for nursing passion.

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. Meeting the study subjects was the first stage. Each nurse was contacted one-on-one, given a thorough explanation of the study's purpose, and offered to take part. The self-administered questionnaire and instructions were given to the nurse who verbally consented to participate. The second stage included handling 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. On the same day that the questionnaires were distributed, nurses took ten to fifteen minutes to complete them. After each questionnaire was filled out, the researcher verified that all the information had been entered.

Pilot study:

Ten percent of the study participants, or 29 nurses, participated in a pilot study to evaluate the tools' applicability, viability, and practicability. Additionally, you can determine how long it will take to complete the questionnaires. Nurses who participated in the pilot trial were chosen at random and eliminated from the main study group one week prior to data collection.

Administration and ethical consideration:

The study was affirmed by the Zagazig University-Faculty of nursing ethical committee with the ethical code M.D.ZU.NUR/191/10/7/2023. An official permission for data collection was obtained through an official letter from authorized personnel at Abo Hammad Central Hospital, Egypt. After verbally explaining the purpose and nature of the study to each participant, oral agreement was gained from the nurses who would be part of the study sample. The subjects had the option to participate or decline; the study cannot impose any unfavorable outcomes on them. They received assurances that any data gathered would only be utilized for research and would be kept private.

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 (χ^2) is a statistical test used to determine the relationship between categorical variables. Statistically significant was considered at p -value < 0.05 .

Results:

Table 1: Percentage distribution of the studied nurses according to their personal data shows that 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: 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:** clarifies that the studied nurses had high work passion (45.8%), moderate work passion (29.5%), and low work passion (24.7%). Moreover, 47.8% and 41.1% of them had high obsessive work passion and harmonious work passion, respectively. **Figure 2:** reveals that 45.8% of the studied nurses had high work passion, 29.5% of them moderate work passion, and 24.7% of them had low work passion.

Table 4: 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: displays that, there is a statistically significant relation between the studied nurses' total work passion and their gender at ($p= 0.029^*$), education level at ($p= 0.015^*$), and their job title at ($p= 0.031^*$). While, there was high significant relation at years of experience at ($p= 0.002^{**}$). Conversely, there is no statistically significant relation between the studied nurses' total work passion and their age and marital status with ($p> 0.05$). **Table 6:** Correlation between ethical leadership, nursing passion presents that, there is a high significant positive correlation between the studied nurses' total ethical leadership and their total work passion at ($p = 0.000$)

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. 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 go on the same line with a study carried out by **Saad et al. (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 revealed that most of the 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 et al. (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, **Özsunğur, (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 are role clarification.

The results 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 results go on the same line 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, **Hesham et al. (2022)** In Egypt, who assessed ethical leadership, deviant workplace behaviors and its relation to perceived organizational support among nurses and revealed that more than half of the studied nurses had moderate ethical leadership level.

Relationship between personal 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 results are in agreement with the result of the study carried out by **Mahran et al. (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 results of the current study are in disagreement with the study of **Adrian, (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 work passion among the studied nurses:

The finding of the present study revealed that the less than half of the studied nurses had high obsessive work passion and harmonious work passion. These findings reveal that nurse's value their work and achieve excellence through their clinical work and faced internal or interpersonal pressure to continue working. Nurses hold high levels of nursing knowledge and skills, and they usually care for patients with serious illnesses.

These results go on the same line with the study carried out by **Khalaf et al. (2023)** in Fayoum, who found that the extent of the impact of ethical leadership as an independent variable on employees' results and concluded that more than half of studied sample had high obsessive work passion and harmonious work passion.

Conversely, these findings are in disagreement with the previous study carried out by **Guo et al. (2022)** in China, who studied the associations between perceived overqualification, organizational commitment and work passion of nurses and showed that most of the studied nurses experienced moderate levels of harmonious and obsessive passions. Also, **Gkorezis et al. (2021)** in macro, who studied the relationship between nurses' harmonious work passion and work-related internet information seeking and reported that moderate harmonious passion and low obsessive passion were experienced by nurses

The findings of present study clarified that less than of half the studied nurses had high work passion, followed by moderate work passion, then low work passion. This finding could be due to working longer hours due to workload and a lack of human and material resources. This may be clarified by that, nurses provide nursing care for patients with a strong commitment to do so, without hesitation despite being overworked or being in a danger, their ethical commitment and acceptance of their mission made them play a crucial part in fostering the patient's healing and recovery with passion.

The previous findings go in the same line with those of other previous studies carried out by **Wahba, & Abdel-Aleem, (2023)** in Port Said, who explored the correlation between nurses' passion for work, organizational dehumanization, exploitative leadership, and deviant work behaviors at Port Said isolation hospitals during the COVID-19 pandemic and reported that the highest percentage of the studied nurses had high work passion.

Relationship between personal characteristics of studied nurses and their total work passion

The finding of the present study revealed that there is a statistically significant relation between the studied nurses' total work passion and their gender, education level, and their job title. While, there was high significant relation at years of experience. These findings are in agreement with the study carried out by

Luo et al. (2019) in Chin, who studied factors influencing the work passion of Chinese community health service workers and revealed that there is a statistically significant relation between the studied sample's total work passion and their education level, and their years of experience.

Correlation between ethical leadership and nursing passion

The findings of the present study revealed that, there is a high significant positive correlation between the studied nurses' total ethical leadership and their total work passion. 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. 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. The previous findings go in the same line with those of other previous studies carried out by **Ahadiat & Dacko-Pikiewicz (2020)** in Indonesia, who examined the effects of ethical leadership and employee commitment on employee work passion and showed that there is a high significant positive correlation between the studied nurses' total ethical leadership and their total work passion. Also, **Khalaf & Abd El-latif, (2023)** in Fayoum, who explored the extent of the impact of ethical leadership as an independent variable on employees' results and indicated that the ethical leadership behaviors contributed significantly to work passion.

Conclusions:

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

Recommendation:

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

1. Organizations should integrate ethical leadership as a fundamental component in human resource management practices as in recruitment and selection.
2. Engage staff nurses in decision making and promote open communication.
3. Leaders must listen to what their teams want, worry about, and aspires to achieve.
4. Care for yourself, so you are able to care for others and remember that actions matter more than words.
5. It is important for healthcare organizations to recruit passionate nurses or cultivate a workplace that will trigger high levels of work passion.
6. For uncovering candidates with an elevated passion for work, managers can use methods such as situational judgment tests and role-playing.
7. Fostering a cooperative psychological climate among nurses will likely lead to increased work passion.
8. Emphasize personal efforts toward team interests instead of individual ones this will lead to team working environment which will promote greater levels of work passion.

Table (1): Percentage distribution of the studied nurses according to their personal and job data(n=295).

Personal Characteristics	N	%
Age		
20-<30	47	15.9%
30-<40	113	38.3%
40-<50	82	27.8%
50-60	53	18.0%
Mean ± S.D	39.7± 4.90	
Gender		
Male	76	25.8%
Female	219	74.2%
Marital status		
Single	69	23.4%
Married	202	68.5%
Widowed	15	5.1%
Divorced	9	3.1%
Educational level		
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%
Years of experience		
<5 years	36	12.2%
5-10 years	91	30.8%
>10 years	168	56.9%
Job title		
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	0.2	94	31.9	53	17.9
Role clarification	153	1.9	103	34.9	39	13.2
Power sharing	137	6.4	90	30.5	68	23.1
Total	159	3.9		27.1 80	56	19

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 work passion (n=295).

Total domains	High		Moderate		Low	
	N	%	N	%	N	%
	130	44.1	77	26.1	88	29.8
	141	47.8	96	32.5	58	19.7
Total	135	45.8	87	29.5	73	24.7

Figure (2): Percentage distribution of the studied nurses according to their total work passion (n=295).

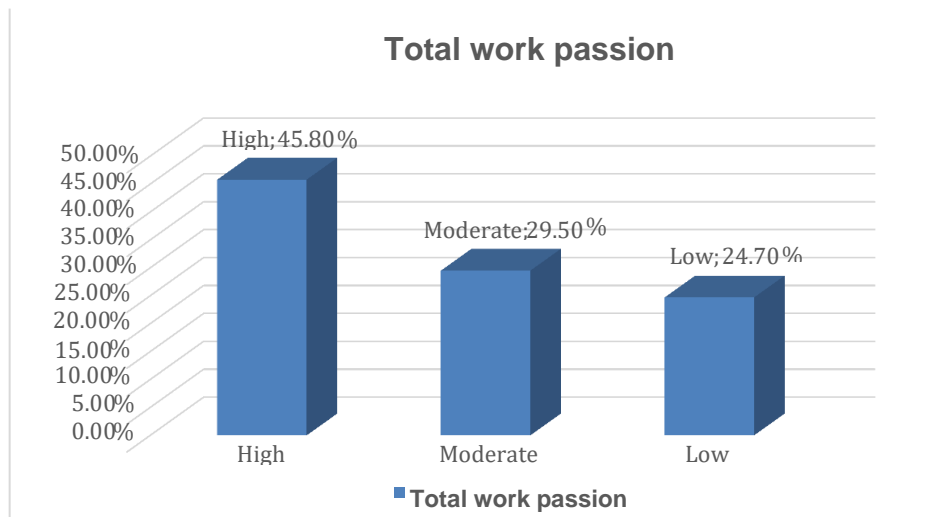


Table (4): Relationship between personal characteristics of studied nurses and their total ethical leadership (n=295).

Items	Total ethical leadership						X ²	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 personal characteristics of studied nurses and their total work passion (n= 295).

Items	Total work passion						X ²	P-Value	
	High N= 73		Moderate N= 87		Low N= 135				
	N	%	N	%	N	%			
Age	20-<30	20	14.8	18	20.7	9	12.3	1.11	.062
	30-<40	43	31.9	28	32.2	42	57.5		
	40-<50	43	31.9	26	29.9	13	17.8		
	50-60	29	21.4	15	17.2	9	12.3		
Gender	Male	16	11.9	20	23.0	40	54.8	4.204	.029*
	Female	119	88.1	67	77.0	33	45.2		
Marital status	Single	29	21.5	21	24.2	19	26.0	2.134	.052
	Married	93	68.9	59	67.8	50	68.5		
	Widowed	7	5.2	5	5.7	3	4.1		
	Divorced	6	4.4	2	2.3	1	1.4		
Educational level	Technical nursing diploma	12	8.9	46	52.9	53	72.6	4.704	.015*
	High technical Diploma	50	37.0	30	34.5	14	19.2		
	Bachelor degree	70	51.9	10	11.5	6	8.2		
	Master degree	2	1.5	1	1.1	0	0		
	Doctorate	1	0.7	0	0	0	0		
Years of experience	<5 years	25	18.5	7	8.0	4	5.5	9.801	.002**
	5-10 years	57	42.2	18	20.7	16	21.9		
	>10 years	53	39.3	62	71.3	53	72.6		
Job title	Staff nurse	103	76.3	80	92.0	69	94.5	3.760	.031*
	Head nurse	28	20.7	5	5.7	3	4.1		
	Nurse supervisor	3	2.2	2	2.3	1	1.4		
	Nurses director	1	0.7	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	2	3
1. Total ethical leadership	R			
	p			
2. Total work passion	R	.763		
	p	.000**		

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

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