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## RELATIONSHIP AMONG ORGANIZATIONAL CORRUPTION, CULTURE, JUSTICE, AND NURSES' ATTITUDE TOWARDS WORK

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### ABSTRACT

**Background:** Employees' corrupt behaviors can be justified by citing organizational customs, values, and obligations. As a result, a true culture, justice, and devotion are important in any agency. **Aim:** Investigate the relationship among organizational corruption, culture, justice, and nurses' attitude towards work at Zagazig University Hospitals (ZUH,s), Egypt. **Subjects and method: Design:** A descriptive correlational design was adopted for this study. **Setting: Subjects:** A stratified random sample (n=377) of nurses from different classifications was selected. **Tools:** Data was collected using four tools, Organizational Corruption Scale, Organizational Culture Inventory, Organizational Justice Scale, and Nurses' Attitude towards Work (Organizational Commitment type) Scale. **Results:** Revealed that, 72.5% of nurses reported that corruption practices occurred inside ZUH's. Likewise, 74.8%,& 71% of nurses had a positive perception of organizational culture and justice and only 75.3% of them had a high level of attitude toward work. **Conclusion:** Corruption was negatively associated with organizational culture, justice, and nurses' attitude towards work. Also, organizational culture, justice, and attitude toward work predicted the presence of corrupt practices. **Recommendations:** Authorities and nursing leaders must take a variety of steps to fight corruption, including enforcing policies and regulations, establishing an anti-corruption committee, systems for controlling, punishing transgressors, and rewarding honest conduct.

**Keywords:** Culture, Justice, Nurse attitude, Organizational corruption

## INTRODUCTION

Corruption has escalated since the 2011 rebellion and remains to be a considerable issue (**Transparency International, 2015**). Since the 1980s, Egypt has seen a fall in public sector real pay, which has aided in the spread of corruption in the general strip. People in Egypt have begun to work in a variety of ways to boost their wages. The trouble is not that people are seeking to make more money, but that they are driving consumers to use private services by deliberately lowering the quality and efficiency put in at work and concentrating on the private which is considered a type of corruption (**Ille & Peacey, 2019**).

In Egypt's health sector, the private section offers services that are more costly but of greater quality than the public one. Furthermore, because the commercial health industry pays far more than the public sector, skilled professionals quit the second to employ in the first (**Abdel Latif, 2013**). In Egypt, minor corruption is a method of getting things done without having to pay more. This could indicate that Egypt is experiencing "want corruption," as experts describe it.

The high level of centralization, native rulers' unrestricted power, and deficiency of monitoring are all factors that may contribute to prevalent corruption when people contract with public workplaces. When it comes to major corruption, it can be seen when people seek permits, especially for buildings and substructures. Furthermore, because people might be hired due to subjective dealings and preparations, nepotism is a common feature of the Egyptian economy. As a result, qualified, competent, and inventive persons are unable to fill specific jobs, leading to an excess of joblessness, which stifles human growth and has a detrimental impact on the economy. (**Transparency International, 2015**)

Corruption is defined as deliberate or unintentional conduct that violates established rules and ideals. It requires a corrupting agent to act alone or in groups to benefit oneself or others. The corruptor has a beguiling demeanor in which he seeks to benefit from deception and camaraderie. In the financial, political, and judicial arenas in which they operate, corrupts disobey the rules and violate moral commitments. Organizational corruption is defined as an employee in a position of power deviating from recognized norms and violating both written and unwritten policies established by the organizational structure for personal advantage

**(Abbaszadeh-vaghefi, Delkhah, & Forouzande , 2017).**

Organizational corruption has been discovered in the medical field in a variety of areas, including hospital construction, buying of supplies and equipment, drug supply and usage, health employee learning, fabrication of medical studies, absenteeism, unofficial fees, deception, misconduct of resources, and provisions, robbery, differentiation among health care providers, and monetary mismanagement **(Fotaki, 2020)**. Moreover, corruption happened because of inadequate oversight, follow-up, and answerability, lowly income, and profits, inducements deficit, lack of independence to employ and determine payment, When it comes to working hours, or taking pieces of training and allowing absences, executives treat their subordinates contrarily **(Kabote,2017)**. Also, Faults extend from minimal deeds by doctors and nurses who charge kickbacks or informal costs to larger doings at the top level when people in power steal currency or transfer capital away from those who necessitate it for their profit.

Organizational corruption at the lowest level is usually unseen to upper-level directors. First-level employees, on the other hand, do not see the type of unlawful dealings at higher levels; nonetheless, they presume the existence of corruption at higher levels of the organization through rumors **(Kankeu, 2018)**.

The impacts of corruption on individuals' health are not always obvious and straightforward, but they are prevalent and can damage the system and severely impact a community's or nation's health in a variety of ways. The accumulative consequence on health outcomes is negative, disturbing fairness, quality, and accessibility of services delivered as a result of a deficiency of necessary equipment or tools, and so on. Because of the discrimination against doctors and nurses, they may believe they are being treated un impartially, which may reflect in their demeanor against patients. As a result, healthcare services are of worse quality **(Fotaki,2020)**. The additional considerable influence of corruption is the damage of "confidence" in the organization, which lessens usage and hinders efforts to inhibit, discover, and reply" to severe health dangers. The wanted welfares could be of a substantial tincture, such as cash benefits, or they could be of a non-physical essence, like authority, status, progress, or intentional status in an institution **(Kihl, Ndiaye,& Fink,2018)**.

Culture is an essential constituent of the nursing framework surroundings. "The ways to thinking, acting, and thoughtfulness that persons of a division have in common"

is how culture is defined. **(Al Jundi, 2019)**. Culture encompasses all of a person's ideas, outlooks, knowledge, inspirations, values, and aims that delineate how they live.

Organizational culture is a set of hereditary beliefs and notions that emerge from experience and are represented in social dealings through figurative communication. The set of conventions, attitudes, values, beliefs, and behaviors that direct members of an institution are known as organizational culture. While reflecting the organization's size and encouraging social integration between individuals, such a system demonstrates the members' broadly shared expectations and the organization's goal. Inward an agency, an individual's reasonable behavior may be directed to his or her profit, and such behavior may appear agreeable or be disregarded by other affiliates of the group **(Rasheed, 2017)**.

Organizational Justice (OJ) is a powerful motivator of organizational conduct. Justice is a vast and comprehensive notion and subject that encompasses nondiscrimination and equal distinctions. The OJ is a term used to depict how a group and individual perceive the equality of an organization's activities, as well as their interactive responses to that view **(Taha & Mohammed, 2017)**. Similarly, OJ refers to the situations in which nurses believe their employer treats them objectively or falsely. Justice is fundamental because it centers on staff nurses' awareness of fairness, which directs their actions, commitment, and preservation **(Khalifa & Awad, 2019)**.

Distributive, procedural, and interactional OJ are the three types of OJ. Distributive justice is built on the concept of equality **(Van & Skogan, 2017)**. Nurses think that organizational properties and products are dispersed and consumed fairly so that organizational purposes can be met. A distribution is merely viewed impartially if it tails the allocating rules. **(Taghizadeh & Soltani-Fesghandis, 2018)**. Procedural justice, on the other hand, is described as the view of objectivity in the establishment and execution of policies and initiatives. Interactional justice can also be defined as perceived fairness in relational transactions within an organization to outline results, as well as nurses' perceptions of how fairly their superiors treat them. It emphasizes collaboration and cross-departmental communication **(Taghizadeh & Soltan, 2017)**

The degree of alignment between the organization's and individual's knowledge of work culture is directly tied to the individual's attitude toward work **(Radosavljevic,**

2017). Organizations have turned to OJ because it has a direct impact on nurses' attitudes and performances, as well as their awareness of hospital equity (**Labrague et al, 2018**).

Attitudes are beliefs about individuals, things, and happenings that are either good or negative (**Hamidi, Mohammadibakhsh, Soltanian, & Behzadifar, 2017**). Attitude is divided into three categories: cognitive, emotional, and behavioral. It is cognitive since it incorporates specific believed manners. It's emotional because these thinking ways can have either positive or bad consequences. It is behavioral because it causes the individual to act in a particular trend (**Sungu, Weng & Xu, 2019**). Attitude is influenced by two variables. The first is the individual's personality, while the second is the individual's social surroundings (**Issam & Basel, 2019**).

Another concept related to attitude towards work is organizational commitment. Organizational commitment is the loyalty one feels towards the organization he works for. Organizational commitment is closely related to the variables of age and seniority as well as organizational variables such as work pattern and leadership style of the manager. There is a strong relationship between organizational commitment and performance at work, avoiding work, and leaving work. The other type of attitude towards work is the level of job involvement. Attitude towards work is observed in different forms such as job satisfaction, job involvement, and devotion. An introverted attitude of individuals has a significant effect on their organizational behaviors. Attitudes also imply what kind of a response they are likely to be produced for certain cases. For example, employees with negative attitudes generally tend to get to work late. When the attitude is high, the employee tries to improve his performance by learning methods and means to better do his work. On the other hand, when the level of attitude decreases, the employee regards his job only as a means to earn money and can be motivated only by external incentives (**Balci, O' zdemir, Apaydin, & O' zen, 2012**).

### **Significance**

Corruption in Egypt has risen, and it stays a great concern. Egypt is home to a variety of corruption kinds, including grand, trivial, constitutional, and managerial. Following the trend of the Corruption Perceptions Index (CPI) released by Transparency International, Egypt's position relative to other countries had high corruption. Egypt, like in prior years, did poorly in the (CPI) in 2018, ranking 105th out of 180 nations measured (**Transparency International, 2019**). Corruption, in its various forms, has a significant impact on Egypt's human development (**Emara 2020**). Corruption can raise health-care costs, reduce the amount and quality of nursing services that are critical to human capital development, and abuse power when dealing with patients who require hospital services. Corruption is seen as a major barrier to providing high-quality nursing care to patients.

Nurses are the cornerstone on which health care systems are constructed, Nurses at Zagazig University Hospitals suffer from nursing shortages, work overload, role conflict, and the desire to leave which are considered key issues impacting the healthcare services provided, and become a suitable environment for the presence of corruption at hospitals. Therefore, it can be expected that organizational corrupt behavior may be common among staff nurses and take part in organizational corruption. Several studies have examined the effects of corruption on economic development, poverty, human development, and education, but in Egypt, there is gap while no researches were conducted about corruption in nursing. Therefore, this study was carried out to investigate the relationship between corruption, organizational culture, justice, and nurses' attitude towards work at Zagazig University Hospitals, Egypt

## **AIM OF STUDY**

The present study aimed to investigate the relationship among organizational corruption, organizational culture, Justice, and nurses' attitude towards work at Zagazig University Hospitals, Egypt

**To fulfill this aim the following research objectives were formulated to:**

- 1- Measure nurses' view about organizational corruption, culture, and justice
- 2- Identify the attitude of nurses toward their work
- 3- Assess the associations among organizational corruption, culture, Justice, and nurses' attitude towards work at Zagazig University Hospitals, Egypt
- 4- Determine predictors to organizational corruption

## **Research Questions**

1. What are the nurses' perceptions toward organizational corruption, culture, and justice?
2. What is the level of nurses' attitude toward work?
3. Are there relationships among organizational corruption, culture, justice, and attitude toward work?
4. Are organizational culture, justice, and attitude toward work predictors to organizational corruption?

## **SUBJECTS AND METHOD**

### **Design:**

This research employed a descriptive correlational design.

**Setting:**

This research was carried out at all inpatients' departments of Egypt's Zagazig University Hospitals, which are divided into two sectors namely El-Salam and Emergency sectors, with seven teaching hospitals providing free treatment and one deliver economic service.

**Subjects:**

A stratified random sample was utilized. The required number of staff nurses from each hospital was calculated with the following formula (number of nurses in each hospital  $\times$  required sample size / total number of nurses in all hospitals). Accordingly, 377 nurses were randomly selected from the above-mentioned setting and had at least one year of experience and accept to participate in the study.

**Sample Size**

It was estimated at a confidence interval of 95%, margin of error of 5.0%. The ideal sample size was identified by the following equation,  $[X^2 NP (1 - P) / d^2 (N - 1) + X^2 P (1 - P)]$

(Yamane, 1967). The requisite sample size was 377 staff nurses.

**Tools of data collection:**

To collect data for this study, the following tools were used:

**Tool I: Personal data sheet** of staff nurses was developed by the researchers to collect data about Age, gender, years of experience, educational qualification...etc.

**Tool II: Organizational Corruption scale:** This tool was adapted from **Balci, O'zdemir, Apaydin, & O'zen (2012)** to measure nurses' perceptions of organizational corruption. It consists of 22 items grouped under three domains identified as Corruption related to nurses (8 items), organizational corruption (6 items), and administrative corruption (8 items). The response was along the continuum of a five-point Likert scale, ranging from 1 (almost never true) to 5 (almost always true). A score was recognized as a positive perception if it was  $\geq 78$ , and a negative if it was  $< 78$ .

**Tool III: Organizational Culture inventory:** It was created by **Cooke and Lafferty (1987)**. It is 83 items divided into three institutional sets: Constructive (29 items), passive-defense (26 items), and aggressive-defense (28 items). Nurses' replies diverse from strongly agree (5) to strongly disagree (1) on a five-point Likert scale. The nurse's score was considered a positive perception of organizational culture if it was  $\geq 60\%$  and negative if it was  $< 60\%$

**Tool IV: Organizational Justice Scale: Niehoff and Moorman (1993)** created this scale to assess nurses' perceptions of organizational justice. The 20-item scale

was divided into three categories: distributive justice (5 items), procedural justice (6 items), and interactional justice (9 items). On a five-point Likert scale, nurses' replies ranged from strongly agree (5) to strongly disagree (1). The total scores of the scale range from 20–100. The nurse's score was considered a positive perception of organizational justice if it was  $\geq 60\%$  and negative if it was  $< 60\%$

**Tool 5: Nurses' Attitude towards Work (Organizational Commitment type) Scale.** Meyer and Allen (1991) produced this measure to assess nurses' attitudes toward organizational commitment. This measure had 18 items that were separated into three subscales: Affective (8 items), continuation (5 items), and normative (5 items). On a five-point Likert scale extending from 5 (strongly agree) to 1 (strongly disagree), the nurses' answers were valued. The total score of this tool ranged from 24–120. Scores  $\geq 72$  indicated a high level of attitude towards Work, while scores  $< 72$  indicated a low level.

#### **Operational definitions:**

For this study, **Organizational Corruption** is defined as a response to the Organizational Corruption scale which comprises 3 dimensions with (22) questions.

For this study, nurses response to the self-reported tool (Organizational Culture Assessment Questionnaire ) which consists of 83 items divided into three institutional sets: constructive (29 items), passive–defense (26 items), and aggressive–defense (13 items) (28 items)

For this study, **Organizational Justice** is defined as the response to a self-reported tool which consists of a 20-item scale was divided into three categories: distributive justice (5 items), procedural justice (6 items), and interactional justice (7 items) (9 items)

For this study, **Nurses' Attitude towards Work (Organizational Commitment type)** is defined as the response to a self-reported tool which consists of 18 items that were separated into three subscales: Affective (8 items), continuation (5 items), and normative (5 items)

#### **Fieldwork**

From the middle of October 2020 to the end of January 2021, data were collected during morning and afternoon shifts for three months. The nurses were briefed on the study's nature during the planning stage. Each staff nurse spent about 25-30 minutes filling out the questionnaire.



**Pilot study**

To guarantee clarity and application of the tools, it was conducted on 38 staff nurses (10 percent of the study population), who were chosen randomly and removed from the core sample. It took 3 weeks.

**Validity of content**

After the instruments were translated into Arabic, a panel of experts (5 academics) from Zagazig University's academic nursing staff and two nurses from ZUH's assessed the tools' face and content validity. All necessary modifications, in their judgment, have been completed.

**Reliability**

The Cronbach alpha coefficient was 0.83, for organizational corruption scale; 0.92 for organizational culture instrument; 0.94, for organizational justice scale and lastly; 0.91 to nurses' attitude towards work (organizational commitment type) measure indicating that the tools were reliable.

**Ethical considerations**

Before the data was gathered, the Ethics Committee and Dean of the Faculty of Nursing at Zagazig University provide their agreement. The chairman of the ZUH's board of trustees gave his permission to conduct the research and gather the data. Participants were briefed on the study's purpose by the researchers. Nurses were given a thorough explanation of the study's goals before agreeing to participate. The survey was filled out voluntarily by all of them. The principles of the Declaration of Helsinki were used to conduct the research.

**Analytical statistics**

The Statistical Package for Social Science (SPSS) version 21.0 was used to complete the study. For categorical variables, descriptive statistics were used to present data in the form of frequencies and percentages. Means and standard deviations for quantitative variables.  $r$  (correlation) to correlate between studied variables. Pearson correlation analysis was used for the assessment of the inter-relationships among quantitative variables. The prediction effect was estimated using the Best-Fitting

Multiple Linear Regression Model. The given graphs were constructed using Microsoft Excel software.

## RESULTS

**Table (1):** Emphasizes that, more than half of nurses' age were between 20 to >30 years (48%), with a mean age of  $35.27 \pm 8.38$ . Furthermore, the majority of the study sample were females, married, with less than 5 years of experience, had a Diplom of Nursing, and were employed at the new surgical hospital (83.3%, 67.6 %, 36%, 40%, and 22.8%) respectively.

**Table (2):** Clarifies the distribution of study variables' mean scores as reported by nurses. As can be seen in the table that the highest mean scores of corruption were for administrative corruption and corruption related to nurses ( $19.171 \pm 5.0124$  &  $17.521 \pm 5.8209$ ). respectively. As well, the total mean score was organizational corruption  $48.591 \pm 12.026$ . Concerning the *domains of organizational culture*, the highest mean score of organizational culture types was for passive/aggressive culture, while, the lowest mean score was for constructive culture ( $36.76 \pm 6.41$ ,  $23.911 \pm 10.90$  &  $13.121 \pm 7.65$ ) respectively.

Additionally, the total mean score of organizational culture was  $65.026 \pm 29.333$ . Regarding the *domains of organizational justice*, the highest mean scores were for interactional justice and formal procedures ( $25.985 \pm 8.877$  &  $14.727 \pm 6.103$ ) respectively. Considering, the total mean score of organizational justice was  $53.97 \pm 16.760$ . As for *attitude toward work domains*, the highest mean score was for normative commitment; whereas, the lowest mean scores were nearly equal for affective commitment and continuance commitment ( $26.57 \pm 5.95$ ,  $22.76 \pm 6.70$ , &  $22.76 \pm 6.129$ ) respectively. As well, the total mean score of attitude toward work was  $72.09 \pm 16.01$ .

**Figure (1):** Illustrates that 72.50% of studied nurses' perceived corruption occurred inside ZUH's (in response to research question 1).

**Figure (2):** Shows that less than three-quarters of nurses had a positive perception of organizational culture and justice (74.8% & 71%) respectively. (in response to research question 1).

**Figure (3):** Reveals that only 75.3 % of nurses had a high level of attitude toward work (answer question 2)

**Table (3):** Displays that, organizational corruption was found to be positively and adversely associated with organizational culture, justice, and work attitude. ( $r=-0.087$  at a p value (0.001),  $r=-0.099$  at a p value (0.020) &  $r=-0.324$ , at a p value (0.000) respectively. Likewise, organizational justice was positively correlated with organizational culture and attitude toward work ( $r=-0.331$  at a p value (0.000) &  $r=-0.367$  at a p value (0.04) respectively (in response to research question 3).

**Table (4):** Reveals that organizational culture, justice and nurses' attitudes toward work were negative predictors of organizational corruption; the organizational `culture, in particular, was liable for 28.4% of the variance in nurses' awareness of hospital corruption, compared to 7.9% for justice and 16.8% for attitude to work. ( $R^2= 0.284$  at a p value (0.000),  $R^2 = 0.079$ , at a p value (0.000) &  $R^2 = 0.168$  at a p value (0.000) respectively. Consequently, nurses' perceptions of organizational corruption were most influenced and predicted by organizational culture (answer question 4).

**Table (1):** Personal data of the studied sample (n=377).

<b>Characteristics</b>	<b>N</b>	<b>%</b>
<b>Gender</b>		
• Male	63	16.7
• Female	314	<b>83.3</b>
<b>Age (year)</b>		
• Less than 20 y	37	10
• 20 - >30	181	<b>48</b>
• 30 - >40	94	25
• 40-50	65	17
• More than 50 y	5	1.45
<b>Mean ± SD</b>	35.27 ± 8.38	
<b>Marital status</b>		
• Married	255	<b>67.6</b>
• Not married	122	32.4
<b>Educational qualification</b>		
• Diploma of Nursing	148	<b>40%</b>
• Technical health Institute	133	35%
• Bachelor of Nursing	96	25%
<b>Hospital</b>		
• El- Salam	38	10.2
• Emergency	57	15.1
• Delivery and premature	41	10.8
• Cardiac and chest	46	12.2
• Internal Medicine	69	18.3
• New surgical	86	<b>22.8</b>
• Pediatric	40	10.6
<b>Years of experience</b>		
• Less than 5 y	136	<b>36</b>
• 5 - >10 y	76	20.4
• 10 - >15 y	48	12.7
• 15-20 y	58	15.3
• More than 20 y	59	15.6

**Table (2):** Distribution of different study variables' total mean scores as reported by nurses (n=377).

<b>Study variables</b>	<b>Mean</b>	<b>±</b>	<b>SD</b>
<b>Organizational corruption domains</b>			
• Nurses corruption	17.52	±	5.82
• Organizational corruption	11.89	±	3.92
• Administrative corruption	19.17	±	5.01
<b>Total</b>	<b>48.59</b>	<b>±</b>	<b>12.02</b>
<b>Organizational culture domains</b>			
• Constructive culture	13.12	±	7.65
• Passive defensive culture	36.76	±	6.41
• Aggressive defensive culture	23.91	±	10.90
<b>Total</b>	<b>65.02</b>	<b>±</b>	<b>29.33</b>
<b>Organizational justice domains:</b>			
• Disruptive justice	13.26	±	4.35
• Formal justice	14.72	±	6.10
• Interactional justice	25.98	±	8.87
<b>Total</b>	<b>53.97</b>	<b>±</b>	<b>16.76</b>
<b>Attitude toward work domains (Organizational Commitment type)</b>			
• Affective commitment	22.76	±	6.7
• Continuance commitment	22.76	±	6.129
• Normative commitment	26.57	±	5.95
<b>Total</b>	<b>72.09</b>	<b>±</b>	<b>16.01</b>

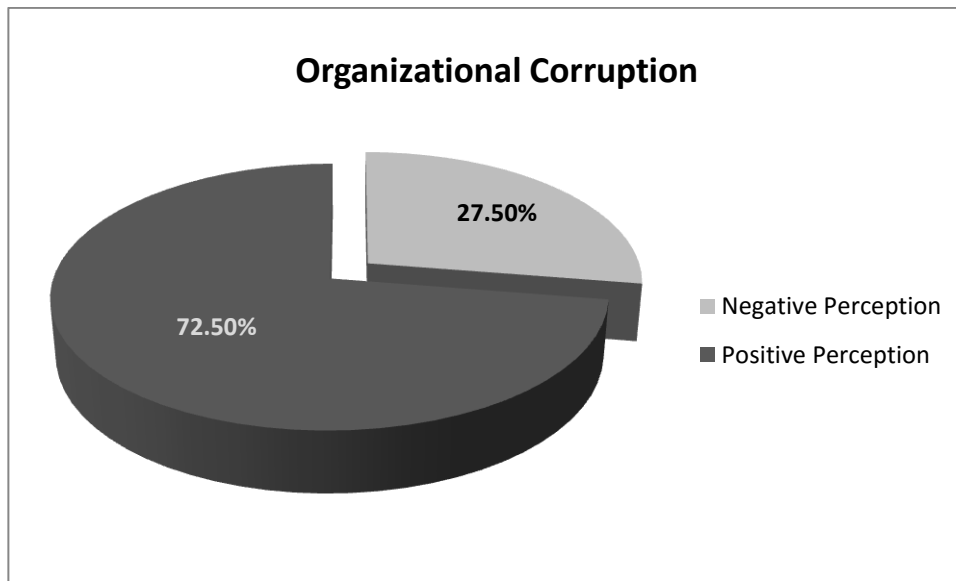


Figure 1. Nurses' Perception as Regards Organizational Corruption (n=377).

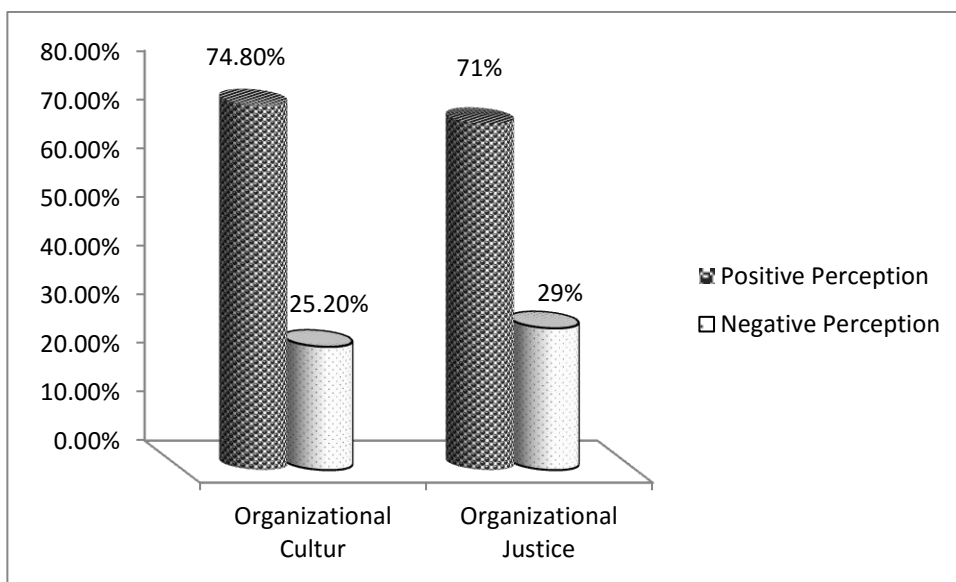


Figure 2. Organizational Culture and Justice as Realized by Nurses (n=377).

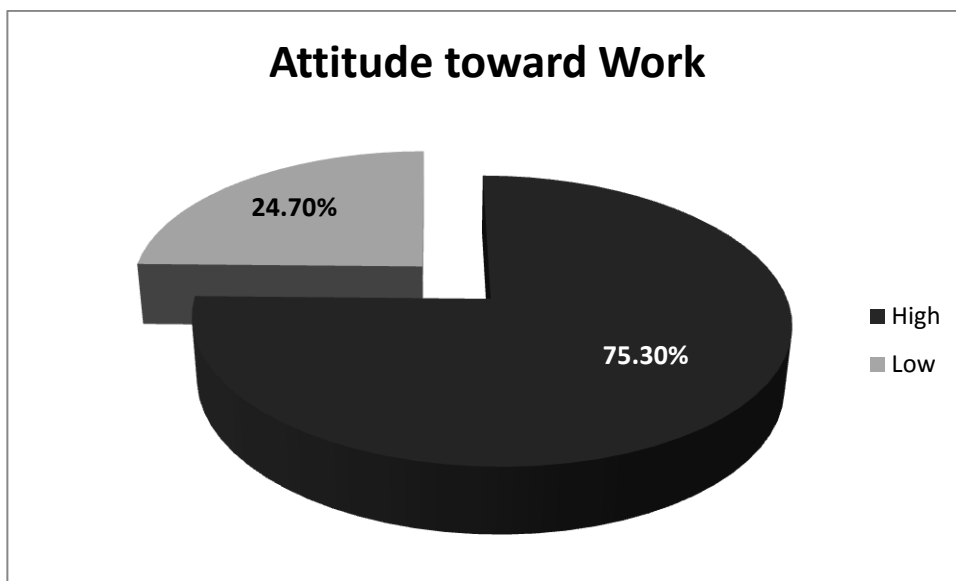


Figure 3. Nurses' Perception as Regards Attitude Toward Work (n=377).

Table (3): Study Variables Correlation Matrix as testified by studied sample (n=377).

Study Variables	Organizational Corruption		Organizational Culture		Organizational Justice	
	R	P	R	P	R	P
• Organizational Culture	-0.087*	0.001				
• Organizational Justice	-0.099*	0.020	0.331**	0.000		
• Attitude Toward Work	-0.324**	0.000	0.062	0.250	0.367*	0.049

\* significant at p< 0.05.

Pearson correlation test

Table (4): Best Fitting Multiple Linear Regression Model for Predict Organizational Corruption among Studied Nurses (n=377).

Study Variables	Organizational Corruption					
	R	R 2	Unstandardized coefficient		T	Sig.
			B	Std. error		
• Organizational Culture	0.533	0.284	0.511	0.055	-9.322**	0.000
• Organizational Justice	0.280	0.079	0.431	0.100	-4.320**	0.000
• Attitude Toward Work	0.410	0.168	0.461	0.069	-6.648**	0.000

\* Significant at P < 0.05.

Best Fitting Multiple Linear Regression

Model.

## DISCUSSION

Corruption is a broad and complicated phenomenon. Corruption is the misappropriation of authority for individual benefit. Currently, corruption is regarded as a universal community disorder and a severe impediment to effective supremacy and long-term progress of nations. Corruption is not restricted to a single structure; it can damage any sector, public or private, and the budget of the affected institution can differ. To put it another way, pervasive corruption reflects the community it exists in (Al-Jundi, 2019). Absenteeism, abuse of hospital properties, nepotism in the issuance of receipts, and vending ranks and positions are all examples of corruption in hospitals (Kräuter & Tafolli, 2020).

People imbibe negative ideals and embrace the practices of corruption when corruption is widespread. People are not deterred from engaging in administrative corruption by strong religious or national sentiments. So, this research aimed to investigate the association among organizational corruption, culture, justice, and attitude toward work among nurses at Zagazig University Hospitals

The results of this research showed that; less than three-quarters of the studied nurses perceived that corruption has occurred inside ZUH's. These findings may be due to unsatisfactory or low wages and salaries, managers treating staff differently, for example, in working hours, or taking pieces of training and allowing absence, favoritism, and nurses may feel that they are treated unfairly because of the discrimination against them, which may be reflected on their attitude with patients. The study finding is in agreement with those of a study conducted by Neveu and Kakav, 2019, in France to explore the role of organizational signals that prompt individual motivation to engage in corrupt behavior, and found that perceived organizational corruption was positive.

While, this result was incompatible with those of a study performed in Kosovo by Kräuter and Tafolli, 2020 who investigated the relationship between perceived corporate social responsibility (PCSR) and perceived organizational corruption (POC) in a developing country context, and reported that perceived organizational corruption was negative. Similarly, a study carried out by Haqiqatian, Dawleh, Toamehpour, & Dawleh, 2014 who inspected corruption attitudes and norms in government hospitals in the Philippines, and clarified that perceived organizational corruption was negative.



Therefore nurse leaders should enhance nurses' salaries, treating nurses fairly, develop strategies to improve nurses' satisfaction, and ensure a positive working climate.

The findings of this study demonstrated that administrative corruption had the highest mean score, however, organizational corruption had the lowest. This result might be due to nurses reported that they aren't treated fairly according to their gender and experience, mistreat and poor communication with their superior, and do not have equal opportunities for being chosen for specific nursing activities. This research result goes in the same path as a study established by **Abdel-Qader, Al-Mahayreh, & Mohamohd, 2015** to determine the impact of management transparency: information systems management, administrative communications, answerability, participation, and work procedures on the level of administrative corruption in the Grand Amman Municipality in Jordan, and to note that managerial corruption had the highest mean score of perceived organizational corruption. However, the previous result is antagonized with **Zobdeh, Soheylizad, Ezati, Shafieipour, & Raziee, 2019** in Iran to determine the relationship between organizational justice and organizational trust with financial corruption between the employees in Valiasr Hospital of Tuysarkan city, who indicated that the highest mean score of perceived organizational corruption was related to financial corruption. Thus nurse managers should improve their communications with the nursing staff. Top-level managers should enforce policies, strategies, transparency procedures, and actions to monitor the performance and attendance of nurses and nursing managers, ensure safety measures and patients' satisfaction, in addition to more frequent checkups and unexpected visits. In general, a system of incentives and punishment should be activated, so good performance could be rewarded, and bad conduct, especially if related to any corruption actions, could be punished.

The results of this study demonstrated that most nurses had a positive awareness of organizational culture and justice. That could be due to the need to be satisfied with the constructive culture and justice, from media, nurses' rights, and advocacy. This was in line with findings from other research, such as one conducted by **Ata, Abd-Elhamid, & Ahmed, 2019**, in Egypt to look into institutional culture insight as a forecaster of commitment and outlooks toward organizational modification among nurses at Al-Ahrar Teaching Hospital in the Asharqia Governorate, who found that the majority of nurses had a positive view of organizational culture. Similarly, **Vaamonde, Omara, & Salessiad, 2018** from Argentina, who researched the association between OJ and turnover

intention, stated that the participants' assessment of the OJ was good., These judgments, however, were in direct opposition to those of a study done by **Tourani et al., 2016** In Iran, researchers looked at the relationship between OJ and turnover intention and discovered that nurses had an unfavorable opinion of OJ.

About organizational culture types; According to the total mean score and assessment of the study's findings, the positive culture got the lowermost mean score, while the negative/defensive culture had the uppermost mean score. That could be due to the weak cultural uniformity between own staff and leaders, nurses don't prefer to work within cohesive teams, communication and personal problems, and the contrary of purposes. Nurses aren't motivated by their leaders to approach their work in forceful, self-promoting ways that elevate their status and interests. Unfavorable conduct is viewed as a defining feature of the negative culture. As well as, stress due to the COVID-19 pandemic, shortage of nurses, heavy workload, and regular problems because of night shifts, rosters, mistreatment, and prejudices of nurse managers.

Even though the conclusions of this study differed from those of prior studies such as the one conducted by **Mustafa and Gaber, 2015**, In Egypt, researchers looked into the relationship between organizational culture, occupational stress, and locus of control among mid-level nurses., and the other executed by **Gheith, 2010** who discovered that the beneficial culture had the highest mean score, while the negative defensive culture had the bottommost mean score, as a result of applying head nurses' transformational leadership manner on the reform of agency culture in Egypt. Furthermore, the majority of nurses were content with the positive culture; but, the destructive and submissive self-justifying cultures were seen undesirably by the majority of them.

It's critical as a nurse leader to provide chances for staff nurses to voice their concerns, discuss ideas, and take initiative. Leaders must not only limit their direct impact, but also indirectly inspire drive in this trend by giving extra training and creation further modifications to organizational events, constructions, job schemes, and other people's capabilities and attributes to align them with a positive culture. The norms for engagement are established by well-designed roles with clear accountabilities and authorities. They make it possible for nurses to collaborate constructively to achieve organizational goals.

Concerning organizational justice, Interactional justice and formal procedures received the greatest mean scores, whereas disruptive justice received the lowest. Furthermore, slightly more than half of the nurses polled said OJ was accomplished in ZUH's. These results could be attributed to the fact that some staff nurses were treated properly and deferentially by nursing leaders, and capitals were distributed amenably and fairly, which could upsurge interactional impartiality. On the other hand, some nurses may consider that there was an unfit sharing of inducements, the bias between the exertion they set in and the salary they received, the boss's prejudice, and their deficiency of contribution in the decision-making process allied to their labor, all of which could have a negative effect on distributive righteousness.

Other previous research, such as the one done by **Abdul Rauf, (2014)** backed this up which inspected the influence of OJ awareness on OCB, in Sri Lanka, and the other prepared by **Vaamonde, Omara, & Salessiad, (2018)** in Argentina that looked at the relationship between OJ and turnover intention, the greatest mean score was for interactional justice, while the lowest was for distributive justice. As a consequence, to increase the awareness of hospital justice, hospital administrators and nurse managers should implement unbiased and stable measures addressing nursing forces, act appraisal, and spreading of results, enticements, and elevations. Inspire the development of a close connection between nurse managers and nurses.

Concerning the attitude toward work; this study showed that slightly more than half of the studied nurses had a high level of hospital obligation, the normative commitment had the greatest mean score, but the affective and continuation commitments had the lowest. That could be due to some of the nurses are remaining in their current work because they thought that this is a governmental job and this provides the feeling of safety and security even with low salaries and benefits and there was no guarantee in private ones. This was harmonious with **Yousef, (2017)** In the United Arab Emirates (UAE), whose study to assess organizational commitment and attitudes about organizational change revealed that nurses were very dedicated to the hospital.

In addition, a study conducted in India by **Dwivedi, Kaushik, & Malodia, (2014)** found that nurses were extremely devoted to their agency, with normative responsibility having the utmost mean score, while emotional and continuation commitment had the lowermost mean values. In addition, **Azizollah, Abolghasem, & Amin, (2016)**

emphasized that the normative commitment received the greatest mean score, while the continuing commitment received the lowest.

The preceding findings, on the other hand, contradicted those of **Hamidi, Mohammadibakhsh, Soltanian, & Behzadifar,(2017)** who investigated the correlation between institutional culture and commitment in Iran, and **Youssef, (2017)**, who discovered that affective commitment had the topmost mean score among the organizational commitment fields. Equally, **Azizollah, Abolghasem, & Amin, (2016)** said that their research found that the nurses in question were moderately dedicated to the organization. As a result, nurse managers should promote a positive culture, manage conflicts, encourage staff nurses to participate in decision-making, successfully construct supportive work interactions and interactive, stimulate a positive working climate, manage prejudice, assign work tasks based on teamwork, increase their wages, reduce their workload, and support nurses in their responsibilities.

Organizational corruption was found to be powerfully and destructively associated with hospital culture, justice, and attitude toward work, according to the present study outcomes. Likewise, organizational justice was positively correlated with organizational culture and attitude toward work. As well organizational culture, justice, and nurses' attitudes toward work were negative predictors of organizational corruption; the most dominant and predictive factor of nurses' opinions of corruption was their hospital culture. this may be due to culture and justice greatly influence nurses' behavior; consequently, spreading of a negative culture, discrimination, prejudices produce a bad attitude toward work, provoke a good environment for presence, experiencing and increasing corruption. The present study results were compatible with those of other preceding studies as the one accomplished by **Al Jundi, Alemara, & Shuhaiber,( 2019)** in Iraq, to examine the effect of culture and organizational culture on administrative corruption, who assumed that organizational culture was negatively correlated to organizational corruption. Similarly, a study completed by **Haqiqatian, Dawleh,Toamehpour, & Dawleh,(2014)** to assess the relationship between organizational commitment and attitude to corruption among the municipal staff of Tehran Province, found that organizational commitment was negatively correlated to organizational corruption. This discovery is contradictory with a study finished in Jordan by **AL Jammal, (2017)** which studied the impact of regulatory justice on job loyalty and

discrimination, as well as the impact of regulatory justice on performance corruption, according to those who consider that justice is negatively linked with corruption.

Other earlier investigations, such as **Panahi & Ghfarzadeh's, (2019)** have come to different conclusions, **which** investigated the impact of corruption on the organizational commitment mediated by organizational silence, showed that administrative corruption had no direct effect on the organizational commitment and was not statistically significant. As a result, nurse managers have to undertake staff nurse training programs on the value of a positive culture as well as a better understanding of how culture operates. Workshops about the variables, interdependent relations, how to improve work culture, achieve justice, promote a positive attitude toward work, and control corruption. Maintain open lines of communication with nurses and empower them to tackle problems on their own.

## **CONCLUSION**

Studied nurses perceived that corruption occurred inside ZUH's. Hospital culture, fairness, and attitude to work were all found to be positively and adversely connected with corruption. Negative indicators of hospital corruption included culture, fairness, and nurses' views regarding their jobs. In addition, culture was the most influential and predictive factor in nurses' views of corruption.

## **RECOMMENDATIONS**

These suggestions are based on the findings of the study.

### **For nursing leaders/hospitals administrators:**

- Promoting professional ethics and a committee to combat corruption.
- Transparency in record keeping and information, methods for controlling and protecting whistleblowers, transgressor penalties, and honest conduct rewards.
- Should track policies to fight corruption and enforcing more strict sanctions.
- Thus nurse managers should improve their communications with the nursing staff.
- Nurse leaders should enhance nurses' salaries, treating nurses fairly, develop strategies to improve nurses' satisfaction, and ensure a positive working climate.

- When social accountability is combined with stronger government institutions, it can help to reduce corruption and increase a healthcare system's responsiveness to its patients.
- Establishing acceptable and inappropriate behavior through codes of conduct or policies on disbursement (e.g., gifts) is critical. Also, make sure that all nurses are aware of these criteria.
- Nursing leaders' role modeling, as well as integrity processes and institutions, are critical in setting norms.
- Hiring outsiders who have no ties to a corrupt organization can help to reverse vested interests and spur constructive change.
- Anti-corruption concepts and practices, commercial ethics, and social responsibility should be infused into educational nursing colleges' curricula.
- Nurse managers should conduct workshops and teach their staff about anti-corruption strategies.
- Employees quickly learn through the reward system, making rewards another powerful element in constructive environments.
- The hospitals should support such beliefs through training and socialization after recruiting personnel with consistent cultural values.
- In order to improve an organization's culture, form a varied team of people that are motivated and eager.
- Ensure that administrators and their subordinates have open lines of communication.

**Further research about:**

- In both profitable and public enterprises, more research on corruption at the organizational level is needed.
- Future studies should look into the effects of corruption on a country's intellectual, human, and social capital.
- Comparison between different health care settings regarding these variables.
- Comparison between nurses and physicians regarding the studied variables.

### **Implications**

**For nursing practice:** The exploration of the associations among these issues has given new awareness for nurse executives to control corruption by performing Fairness, dispersal of constructive culture, creating a compassionate, just and neutral labor atmosphere, endorsing positive nurses' outlooks towards work, keeping active communication with nurses, assisting them in solving problems, empowering them physically and psychologically, and therefore rising their satisfaction. Nurse Managers should track policies to fight corruption, be role models for nurses, recruit individuals with consistent cultural values, set standards for behavior.

- **For nursing education:** The bulk of knowledge added to the nursing knowledge. Educational nursing institutes should enrich their programs with anti-corruption values and practices, ethics and social responsibility, and social accountability. Role modeling of nursing educators
- **For nursing research:** Replicate the study at other health care sites and nursing schools. Conduct an intervention study, comparison between different health care settings regarding these variables and comparison between nurses and physicians regarding the studied variables

### **Limitations**

There were certain limitations to the study due to its nature. Because the study sample was limited to ZUHs, the results may not be generalizable to other healthcare organizations or the entire country, future replication and expansion of this study to other work environments with large samples is required. Moreover, because the study relied on participants' self-reports and employed a cross-sectional study design, it's possible that bias occurred; as a result, additional techniques of evaluation should be used to obtain objective data, and future investigations will need to adopt an intervention study design. The study only looked at healthcare delivery, not other key areas of healthcare corruption like pharmaceutical, procurement, or infrastructure construction. As a result, more study is needed to generate studies for the development of various instruments in this field. This study is a vital step towards incorporating corruption behavior in nursing of ZUH's in Egypt as no previous study has been conducted on a similar area in Egypt.

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## CONFLICTS OF INTEREST DISCLOSURE

The authors declare that there is no conflict of interest statement.

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## العلاقة بين الفساد والثقافة والعدالة المؤسسية وتوجه الممرضات نحو العمل

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### الخلاصة

يمكن تفسير السلوكيات الفاسدة للموظفين من خلال الاستشهاد بالعبادات والقيم والالتزامات التنظيمية. نتيجة لذلك فإن الثقافة الحقيقية والعدالة والتفاني هي أمور مهمة في أي مؤسسه. بدأ الناس في مصر العمل بطرق متنوعة لزيادة أجورهم. لا تكمن المشكلة في أن الناس يسعون إلى كسب المزيد من المال، ولكنهم يدفعون متلقي الخدمة إلى استخدام الخدمات الخاصة عن طريق التقليل المتعمد من الجودة والكفاءة في العمل والتركيز على الخاص والذي يعتبر نوعاً من الفساد

**هدف البحث:** التحقيق في العلاقة بين الفساد والثقافة والعدالة المؤسسية وتوجه الممرضات نحو العمل في مستشفيات جامعة الزقازيق ، مصر.

**منهج البحث:** تم اجراء هذه الدراسة باستخدام تصميمي الارتباطي والوصفي

**عينة البحث:** تم اختيار عينة عشوائية طبقية (العدد = 377) من الممرضات من مختلف الفئات ، ولجنة الخبراء (العدد = 7).

**مكان الدراسة:** أجريت هذه الدراسة في مستشفيات جامعة الزقازيق ، جامعة الزقازيق ، محافظه الشرقية ، مصر

**أدوات البحث:** تم جمع البيانات باستخدام أربع مقاييس ، مقياس الفساد المؤسسي ، مقياس الثقافة المؤسسية ، مقياس العدالة المؤسسية ، مقياس توجه الممرضات نحو العمل (نوع الالتزام المؤسسي).

**النتائج:** وجد أن 72.5% من الممرضات اكدن حدوث ممارسات فساد داخل مستشفيات جامعة الزقازيق. و 74.8% و 71% من الممرضات لديهم تصور إيجابي للثقافة والعدالة المؤسسية و 75.3% منهم لديهم مستوى عالٍ من الالتزام تجاه العمل. كما وجد أن الفساد المؤسسي مرتبط بعلاقه عكسيه بالثقافة والعدالة المؤسسية والتوجه نحو العمل. ( $r = -0.087$  عند قيمة  $p < 0.001$  ،  $r = -0.020$  عند قيمة  $p < 0.001$  ) & ( $r = 0.324$  ، عند قيمة  $p < 0.000$ ) على التوالي. وايضا ، ارتبطت العدالة المؤسسية ارتباطاً إيجابياً بالثقافة المؤسسية والتوجه نحو العمل ( $r = 0.331$  عند قيمة  $p < 0.000$  ) & ( $r = -0.000$  عند قيمة  $p < 0.04$ ) على التوالي.

**الخلاصة والتوصيات:** الفساد المؤسسي مرتبط بعلاقه عكسيه بالثقافة والعدالة المؤسسية وتوجه الممرضات نحو العمل . كما أن وجود الثقافة السلبيه وغياب العدالة المؤسسية وتوجه الممرضين السلبي نحو العمل ينبأ بوجود ممارسات فاسدة. توصية: يجب على المسؤولين وقادة التمريض اتخاذ مجموعة متنوعة من الخطوات لمكافحة الفساد المؤسسي ، بما في ذلك تطبيق السياسات واللوائح ، وإنشاء لجنة لمكافحة الفساد المؤسسي ، وأنظمة للسيطرة على المخالفين ومعاقبتهم ومكافأة السلوك النزيه.

الكلمات المفتاحية: توجه ، الفساد المؤسسي ، العدالة ، الممرضة ، الثقافة المؤسسية