Ethical Leadership and Its Relationship to Nurses' Workaholism in Port-Said Hospitals

Shrook Ahmed Shehatah El-metwally [1]; Rasha Ibrahim El-sayed Anany [2]; Ghada Mosaad Mohamed Elghabbour[3]

[1] *B.Sc. Nursing, Faculty of Nursing, Mansoura University; Professor of Nursing* [2]*Administration, Faculty of Nursing - Port Said University;* [3] *Assistant Professor of Nursing Administration, Faculty of Nursing - Port Said University.*

ABSTRACT

Background: Ethical leadership builds trust and well-being by encouraging integrity and balance in the workplace, and helps prevent workaholism by promoting a healthy work-life balance*.* ***Aim:*** The present study investigated ethical leadership and its relationship to nurses' workaholism in Port Said Hospitals. ***Design:*** A descriptive cross-sectional design was used to conduct the study in Port Said hospitals. **Subjects:** The study subjects comprised 250 nurses. **Setting:** The study was conducted at Asslam hospital affiliated to Egypt Health Care Authority, Fever & liver diseases, and Sadr hospitals affiliated with the Ministry of Health in Port-Said city. **Tools:** Two data collection tools were the ethical leadership and workaholism questionnaires. ***Results****:* Significant majority of nurses 75.2% perceive their nursing managers as demonstrating high ethical leadership, additionally similar majority of the nurses 60% reported high workaholism. ***Conclusion****:* A significant positive correlation was found between total ethical leadership and workaholism (p=0.002). ***Recommendations****:* Future research should explore the long-term impact of ethical leadership on nurse retention, burnout, and patient care quality and Investigate moderating factors such as organizational culture, workload, and job autonomy could provide deeper insights into the mechanisms linking ethical leadership and workaholism

Keywords: Ethical leadership, Hospitals, Nurses, Relationship, Workaholism.

INTRODUCTION

Leadership is essential; health organizations must fulfill their goals of delivering treatment and improving the health status of families, groups, communities, and regions. Effective leadership from skilled and well-trained administrators, nurses and doctors is crucial in healthcare organizations and their communities, from top executive positions to entry-level roles and service lines (Ledlow, Bosworth & Maryon, 2023). Leadership represents the relationship between a manager and employees, requiring the manager to comprehend effective interpersonal interactions. A leader demonstrates significant motivation and effective, transformative change to implement an exemplary leadership style (Muchunguzi, 2023).

The role of ethics in leadership studies is critical for organizations. Leadership devoid of ethics and integrity can adversely affect organizational stakeholders and society. Ethics is a philosophical concept derived from the Greek term "ethos," which signifies custom or character, focused on the values and morals deemed desirable or appropriate by individuals or societies. Ethics pertains to the virtuousness of individuals and their underlying motives. The decisions made by a leader are shaped by their moral development (Northouse, 2021). However, individuals exhibiting unethical behaviours priorities their interests over those of both internal and external stakeholders, raising concerns for governments, researchers, and practitioners (Al Halbusi, Ruiz-Palomino, Jimenez-Estevez, & Gutiérrez-Broncano, 2021).

Ethical leadership has become an issue of significant importance in today's rapidly changing social and working environments. It defined as a social practice by which professional judgment is autonomously exercised. It constitutes a resource rooted in three ethical dimensions' critique, care, and justice– and a powerful capacity to act responsibly and in an acceptable manner (Banks, Fischer, Gooty, Stock, 2020). 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 (Silva & Duarte, 2022)

Ethical leadership has characteristics, including the people-oriented component, which reflects leaders' genuine concern for their followers, characterized by care, respect, and support, and leaders' efforts to uphold morality via implementing rewards and punishments. The fairness factor characterizes ethical leaders as principled, honest, and equitable. Ethical leaders distribute authority among their followers by attentively considering their concerns and granting them appropriate autonomy in executing their responsibilities. They demonstrate a commitment to sustainability, acknowledging the broader impact of their activities that transcends the work unit and organization, potentially influencing societal well-being. The integrity component is essential for leaders, signifying alignment between words and deeds while adhering to widely recognized ethical norms. Ethical leaders direct their followers by translating organizational rules into practical applications. Ultimately, ethical leaders delineate positions by offering explicit directions, objectives, and expectations (Karim & Nadeem, 2019).

A workaholic culture is characterized by intense work engagement and ambition, resulting in reduced job satisfaction (Harry, Williams, & White, 2023). It was characterized as a chronic, excessive, and uncontrolled need for labor that undermines one's health, well-being, and interpersonal connections. A workaholic is someone who engages in obsessive work behavior. A workaholic cannot restrict the duration devoted to work, even at the cost of adverse repercussions on their relationships or health. The hustle culture problem may intensify workaholism by neglecting a good work-life balance (Dictionary, 2021).

Workaholism encompasses two primary dimensions: Excessive work engagement, characterized by allocating significantly more time to work than to other life activities and exceeding reasonable work expectations, and compulsive work behaviour, defined by a strong internal drive to work diligently and to ruminate on work-related matters, even during non-working hours. Previous studies indicate a positive correlation between workaholism and various factors, including job stress, burnout, psycho-physical strain, poor sleep quality, daytime sleepiness, anxiety, insomnia, somatic symptoms, social dysfunction, and work-family conflictb(Spagnoli et al., 2020).

Workaholism can vary based on the leadership style and the culture of the organization, as noted by Harry, Williams, and White (2023). A culture that promotes workaholism often stems from intense job engagement and ambition, ultimately leading to decreased satisfaction with work. According to Balducci et al. (2021), workaholism is characterized by an excessive preoccupation with work, which manifests as heightened anxiety, intense motivation, and significant effort. These factors can have negative effects on social, physical, and psychological health. Workaholism consists of two interconnected aspects: excessive work, which is the behavioral component, and obsessive work, which is the cognitive component (Tóth-Király, I., Morin, & Salmela-Aro, 2021).

Significance of the study

Effective leadership is crucial for the sustainable management and support of nurses, especially those with workaholic tendencies, as they are at a higher risk for negative work and health outcomes (Spagnoli et al., 2020). Continued ethical misconduct in the modern workplace results in significant annual financial losses for organizations. Moreover, the dysfunctional consequences of unethical and counterproductive work behaviour raise concerns about deviant behaviour within organizations and the role of effective, ethical leaders in managing such behaviour (Schilbach, Baethge, & Rigotti, 2020). Ethical leadership can significantly influence an organization's overall health and well-being.

Workaholism is increasingly recognized as a potential risk to occupational health. Research indicates that nursing is particularly susceptible to workaholism (Quinones & Griffiths, 2020). This workaholism can impact workplace well-being, mainly when associated with specific personality traits and job characteristics. The dynamic nature of workaholism may affect work and family outcomes, depending on an individual's economic circumstances (Sawhney, Delongchamp, Sinclair, & Britt, 2023). Therefore, investigating ethical leadership and its relationship to nurses' workaholism in Port Said Hospitals is essential.

AIM OF THE STUDY

The study aimed to investigate ethical leadership and its relationship to nurses' workaholism in Port Said Hospitals.

Research objectives:

This study was conducted to answer the following research objectives:

1. Measure nursing managers' levels of ethical leadership as seen by nurses in Port-Said Hospitals.
2. Assess the levels of workaholism among nurses in Port Said Hospitals.
3. Explore the relationship between ethical leadership and nurses' workaholism in Port Said Hospitals.

SUBJECT AND METHODS

A. Technical design:

This design includes research design, setting, subjects, and data collection tools.

Research design:

A descriptive cross-sectional research design was utilized to achieve the aim of this study.

Study setting:

The present study was conducted in all inpatient units at two sectors; the Egypt health care authority sector includes (Asslam hospital), and the second hospitals affiliated to the Ministry of Health include (Fever & liver diseases hospital and Sadr hospital) in Port-Said city.

Study sample:

The participants were all nurses provided direct patient care to employed in inpatient units who consented to participate in the research during data collection. Information gathered from nurses indicated that the overall count of nurses was 250,

divided as follows: 152 nurses in Asslam Hospital and 98 nurses in Fever & Liver Diseases and Sadr Hospitals.

The inclusion criteria for the nurses are the following:

- Nurses who provide direct patient care from all educational levels
- Both genders
- No age limit
- At least one year of experience
- Who accepted to participate in the study?

Exclusion criteria:

- Administrative Nurses: Nurses who are not directly involved in patient care and perform only administrative tasks.
- Nurses on Leave: Nurses currently on maternity leave, sick leave, or any other type of extended leave.
- Non-Clinical Roles: Individuals working in roles that do not involve direct interaction with patients (e.g., research coordinators, educators).

Sampling Technique:

Nurses were selected in the current study into two sector; The first sector affiliated to Egypt Health Care Authority (Asslam Hospital) by using simple random sampling technique. This approach ensures that each nurse in the target population has an equal chance of being included in the study, reducing selection bias, additionally using systematic random sampling technique which ensures that each nurse was selected from nurses at regular intervals, starting at a random point to create a sample that is representative of a larger nurses and ensuring an even distribution and reducing bias. Whereas the second sector that affiliated to Ministry of Health (Fever and Liver Diseases Hospital and Sadr Hospital) was selected by using simple random sample technique as compromising all nurses in working all inpatient units.

Tools for data collection

Two tools were used for data collection:

Tool (I): Ethical leadership questionnaire:

This tool included two parts as follows:

Part I: Personal datasheet:

Researcher was developed this part to collect data about nurses. It encompasses the hospital name, gender, age, level of education, department name, and years of experience.

Part II: Ethical leadership questionnaire

This questionnaire was developed by Kalshoven, Den Hartog, and De Hoog (2011) in English language and translated into Arabic by Mahran, Abd Alfattah, and Saleh (2022). The aim was to measure the ethical leadership behaviours of nursing managers as seen by nurses. It consisted of 38 items divided into seven dimensions as follows: People orientation (7) items, fairness (6) items, power sharing (6) items, concern for sustainability (3) items, ethical guidance (7) items, role clarification (5) items and integrity (4) items.

Scoring system and interpretation for ethical leadership: The participants' replies on each sub-item used a five-point Likert scale, ranging from strongly Agree (5) to disagree (1). The item scores were aggregated and then divided by the total number of items, resulting in a mean score for the section. A score ranging from 38 to 114 signifies poor ethical leadership behavior, whereas a score from 115 to 190 denotes excellent ethical leadership behavior (Mahran, Abd Alfattah & Saleh, 2022).

Tool II: *Workaholism questionnaire*:

This questionnaire was developed by Barakat (2018) in Arabic language. This tool aims to assess workaholism among nurses. It consists of 25 statements classified into three dimensions: work enjoyment (ten) items, work involvement (eight) items, and Drive to work (seven) items.

Scoring system and interpretation for workaholism: The participant's responses to each sub-item were scored using a five-point Likert scale, with (strongly

agree=5) and (strongly disagree=1) as endpoints. The item scores were aggregated and classified as follows: Scores ranging from 25 to 75 signify modest workaholism, whereas scores from 76 to 125 indicate strong workaholism (Barakat, 2018).

B- Operational design:

The study field of work was carried out through the following phases:

Preparation phase:

It includes reviewing the relative and recent literature related to the research topic, different studies, and theoretical knowledge of various aspects of the problems using all official websites such as Google scholar and scopus, scientific books, articles, periodicals, and magazines, to assist the researcher in becoming more familiar with the study variables.

Tools validity:

The study tools were considered to have good content validity. The first tool; the ethical leadership questionnaire, was validated by Mahran, Abd Alfattah, and Saleh (2022), and the second tool; the workaholism questionnaire, was validated by Barakat (2018).

Tools reliability:

The Cronbach's alpha coefficient test measured the reliability of the tools used in this study to assess the internal consistency of the study tools. The internal consistency reliability for the ethical leadership questionnairewas (0.76) by Mahran, Abd Alfattah, and Saleh (2022), andthereliability of the workaholism questionnaire analysis was (0,88) by Barakat (2018). The tools were retested using the Cronbach's alpha coefficient test in the current study. They assessed the consistency of the research tools, which found that Cronbach's alpha coefficient value for the ethical leadership questionnaire was 0.935, and the workaholism questionnaire was 0.877.

Tools Items	Cronbach's Alpha	No. of Items
Ethical leadership	**0.935**	**38**
a. People orientation	0.896	7
b. Fairness	0.677	6
c. Power sharing	0.770	6
d. Sustainability	0.782	3
e. Ethical guidance	0.928	7
f. Role clarification	0.893	5
g. Integrity	0.802	4
Workaholism	**0.877**	**25**
Work enjoyment	0.907	10
Work involvement	0.870	8
Drive to work	0.771	7

Pilot study:

Before entering the actual study, a pilot study was carried out on 25 participants representing 10% of the total sample (15 nurses from a hospital affiliated with the Egyptian health care authority and 10 nurses from hospitals affiliated with the Ministry of Health). It was excluded from the entire research study sample to test applicability, feasibility, and objectivity, and to estimate the needed time to fill the data collection sheets. There was no conflict or modification with the sample size according to the result of the pilot study.

Fieldwork:

Data was collected from nurses by the researcher after obtaining an official agreement. The researcher encounters nursing through two periods during morning and evening shifts from 10:00 am to 12:00 pm and from 2 pm to 4 pm from August and September 2024. The researcher met with the directors of nursing and nurses to explain the study's objectives and gain their cooperation. Nurses filled in the data collection sheets after explaining the purpose of the study. The time spent filling out the sheet was 10 to 15 minutes.

C- Administrative design:

An official letter from the dean of the faculty of nursing was sent to the selected hospitals of the study. The director of the setting was contacted and informed to obtain permission to include the nurses in the present research. Additionally, nurses who participated in the study agreed after a clear and simple explanation of the study's aim and objectives.

Ethical considerations:

The Research Ethics Committee of the Faculty of Nursing, Port Said University, authorized the research paper on NUR (6-4-2025) (48). After explaining its goal and nature, nurses secured permission to participate in the research. The participating nurses were apprised that their participation was optional. Participants are entitled to withdraw from the research at any moment and are guaranteed that the information gathered will remain secret. The data was used only for research purposes, and anonymity is assured.

D. Statistical design:

The gathered data were systematically organized, tabulated, and statistically analyzed using SPSS for Windows version 20.0 (Armonk, NY: IBM Corp). Continuous data had a normal distribution and were presented as mean ± standard deviation (SD). Qualitative data were quantified in numerical values and percentages. The chi-square test was used to compare variables using categorical data. The internal consistency of the study's questionnaires was assessed for reliability. The threshold for statistical significance was established at $p<0.05$.

RESULTS

Figure 1: Reveals the total of ethical leadership scores for nursing managers perceived by the studied nurses (n = 250). The figure indicates that most nurses (75.2%) perceive their nursing managers as demonstrating high ethical leadership, while a smaller portion (24.8%) view the leadership as low in ethical leadership.

Table 1: Indicate the perceptions of ethical leadership domains as seen by nurses. The table shows no statistically significant difference in ethical leadership dimensions except in the fairness dimension (p=0.038).

Figure 2: Reveals workaholism levels throughout the entire sample of nurses, (n=250). The figure indicates that a significant majority of the sample (60%) reported high workaholism. At the same time, 40% of nurses fall into the low workaholism category.

Table 2: Indicate the perceptions of workaholism domains among nurses in the study setting. As shown in the table, there were no statistically significant differences in workaholism domains. Asslam Hospital has a slightly higher percentage of nurses (54.6%) reporting high work enjoyment. In contrast, Fever and liver diseases hospital and Sadr hospital (49.0%), but the difference is not statistically significant (p = 0.385). Also, Asslam hospital nurses have greater work involvement, with 55.3% expressing high involvement, compared to 45.9% in Fever and liver diseases hospital and Sadr hospital. The remaining nurses in each hospital are in the low engagement category, 44.7% in Asslam hospital, 54.1% in Fever and Liver Diseases hospital, and Sadr hospital. Despite this trend, the difference is insignificant (p = 0.149). Most nurses in both sectors strongly desire to work; 72.4% of nurses in Asslam Hospital and 68.4% in Fever and Liver Diseases Hospital and Sadr Hospital fall into this group. The remaining nurses report lower levels of motivation for work, 27.6% in Asslam hospital, 31.6% in Fever and Liver Diseases hospital, and Sadr hospital. Again, the difference is not statistically significant (p = 0.497).

Table 3: Demonstrates the relation between ethical leadership, workaholism, and personal characteristics in a sample of n=250. As shown in the table, there was no statistical significance between ethical leadership, workaholism and all personal characteristics.

Table 4: Shows the correlation between ethical leadership and workaholism across all dimensions. It was evidenced by a significant positive correlation between total ethical leadership and workaholism (r=0.198, p=0.002), as shown that there was a positive significant correlation related to people orientation and work enjoyment and work involvement, while no statistically significant difference between people

orientation and drive to work. Additionally, there was no statistical significance between fairness and all workaholism dimensions except work enjoyment. In contrast, there was no statistical significance between ethical leadership dimensions related to power sharing, sustainability, ethical guidance, and all dimensions of workaholism. Meanwhile, there was no statistically significant difference between role clarification and workaholism dimensions except work involvement. In addition, there was a positive significant correlation between integrity and all workaholism dimensions.

Figure 3: Shows the correlation between total ethical leadership and total workaholism in the total sample and both study sectors. The sample showed a significant positive correlation between ethical leadership and workaholism (r=0.198, p=0.002).

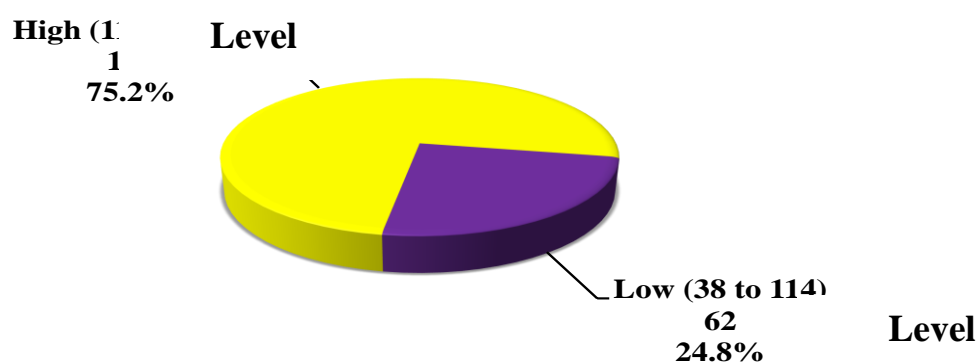**Figure (1):** Overall ethical leadership of nursing managers as seen by studied nurses (n = 250).

Table (1): Perceptions of ethical leadership domains as seen by nurses in the study setting (n =250)

Ethical leadership	Total Sample (n = 250)		Study setting				χ²	p
			Sector 1 (n = 152)		Sector 2 (n = 98)			
	No.	%	No.	%	No.	%		
1. People orientation								
Low (≤50%)	110	44.0	66	43.4	44	44.9	0.053	0.818
High (<50%)	140	56.0	86	56.6	54	55.1		
2. Fairness								
Low (≤50%)	155	62.0	102	67.1	53	54.1	4.290*	0.038*
High (<50%)	95	38.0	50	32.9	45	45.9		
3. Power sharing								
Low (≤50%)	106	42.4	69	45.4	37	37.8	1.424	0.233
High (<50%)	144	57.6	83	54.6	61	62.2		
4. Sustainability								
Low (≤50%)	80	32.0	51	33.6	29	29.6	0.430	0.512
High (<50%)	170	68.0	101	66.4	69	70.4		
5. Ethical guidance								
Low (≤50%)	68	27.2	44	28.9	24	24.5	0.598	0.439
High (<50%)	182	72.8	108	71.1	74	75.5		
6. Role clarification								
Low (≤50%)	65	26.0	40	26.3	25	25.5	0.020	0.887
High (<50%)	185	74.0	112	73.7	73	74.5		
7. Integrity								
Low (≤50%)	92	36.8	53	34.9	39	39.8	0.622	0.430
High (<50%)	158	63.2	99	65.1	59	60.2		

Sector (1): Hospital affiliated with the Egyptian Health Care Authority (Asslam Hospital).
Sector (2): Two hospitals affiliated with the Ministry of Health (the Fever and Liver Diseases Hospital and Sadr Hospital).

High (76 to 125)
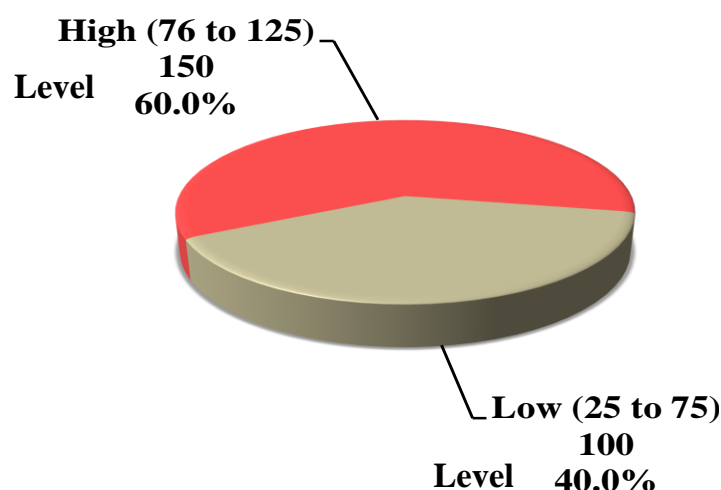150
Level   60.0%

Low (25 to 75)
100
Level   40.0%

Figure (2): The distribution of the studied sample according to workaholism levels in the total sample (n = 250).

Table (2): The levels of workaholism related to each domain among the studied nurses in the study setting (n = 250)

Workaholism	Total Sample (n = 250)		Study setting				χ^2	p
			Sector 1 (n = 152)		Sector 2 (n = 98)			
	No.	%	No.	%	No.	%		
Work enjoyment								
Low (≤50%)	119	47.6	69	45.4	50	51.0	0.756	0.385
High (<50%)	131	52.4	83	54.6	48	49.0		
Work involvement								
Low (≤50%)	121	48.4	68	44.7	53	54.1	2.083	0.149
High (<50%)	129	51.6	84	55.3	45	45.9		
Drive to work								
Low (≤50%)	73	29.2	42	27.6	31	31.6	0.461	0.497
High (<50%)	177	70.8	110	72.4	67	68.4		

Sector (1): Hospital affiliated with the Egyptian Health Care Authority (Asslam Hospital).
**Sector (2):** Hospital affiliated with the Ministry of Health (Fever and Liver Diseases Hospital and Sadr Hospital)

Table (3): Relation between level of Ethical leadership & workaholism and Personal characteristics in Total Sample (n = 250)

Personal characteristics	Ethical leadership				Workaholism			
	Low (n = 62)		High (n = 188)		Low (n=100)		High (n=150)	
	No.	%	No.	%	No.	%	No.	%
Age								
20-<30	38	25.3	112	74.7	67	44.7	83	55.3
30-<40	7	18.9	30	81.1	13	35.1	24	64.9
40-<50	8	22.9	27	77.1	13	37.1	22	62.9
≥50	9	32.1	19	67.9	7	25.0	21	75.0
	χ^2 (1.589) P (0.662)				χ^2 (4.470) p (0.215)			
Gender								
Male	10	24.4	31	75.6	18	43.9	23	56.1
Female	52	24.9	157	75.1	82	39.2	127	60.8
	χ^2 (0.004) P (0.947)				χ^2 (0.311) p (0.577)			
Level of education								
High School Nursing Diploma	21	26.3	59	73.8	26	32.5	54	67.5
Technical health institution of nursing	30	24.6	92	75.4	57	46.7	65	53.3
Bachelor of Nursing	11	25.6	32	74.4	17	39.5	26	60.5
Master of Science in Nursing	0	0.0	5	100.0	0	0.0	5	100.0
	χ^2 FET=1.333 P (0.897)				χ^2 FET=(7.054) P (0.099)			
Years of experience in nursing								
<10	38	24.5	117	75.5	69	44.5	86	55.5
10-<20	7	25.9	20	74.1	11	40.7	16	59.3
20-<30	6	17.1	29	82.9	12	34.3	23	65.7
≥30	11	33.3	22	66.7	8	24.2	25	75.8
	χ^2 2.414 P (0.491)				χ^2 (5.214) P (0.157)			
Years of experience in the department/unit he works in								
<10	51	24.9	154	75.1	86	42.0	119	58.0
10-<20	9	28.1	23	71.9	11	34.4	21	65.6
20-<30	2	25.0	6	75.0	2	25.0	6	75.0
≥30	0	0.0	5	100.0	1	20.0	4	80.0
	χ^2FET=(1.466) P (0.699)				χ^2FET=(2.045) P (0.568)			

Table (4): Correlation between ethical leadership and workaholism in total Sample (n = 250).

Ethical leadership	Workaholism							
	Work enjoyment		Work involvement		Drive to work		Overall	
	r	p	r	p	r	p	r	p
1. People orientation	0.278*	<0.001*	0.222*	<0.001*	0.106	0.095	0.264*	<0.001*
2. Fairness	-0.128*	0.043*	-0.123	0.052	0.011	0.862	-0.112	0.076
3. Power sharing	0.103	0.105	0.065	0.310	0.044	0.491	0.093	0.144
4. Sustainability	0.087	0.169	0.052	0.411	0.083	0.192	0.091	0.151
5. Ethical guidance	0.088	0.165	0.057	0.368	0.088	0.167	0.095	0.135
6. Role clarification	0.117	0.064	0.130*	0.041*	0.078	0.219	0.135*	0.033*
7. Integrity	0.531*	<0.001*	0.400*	<0.001*	0.186*	0.003*	0.492*	<0.001*
Overall	0.200*	0.001*	0.150*	0.017*	0.113	0.075	**0.198***	**0.002***
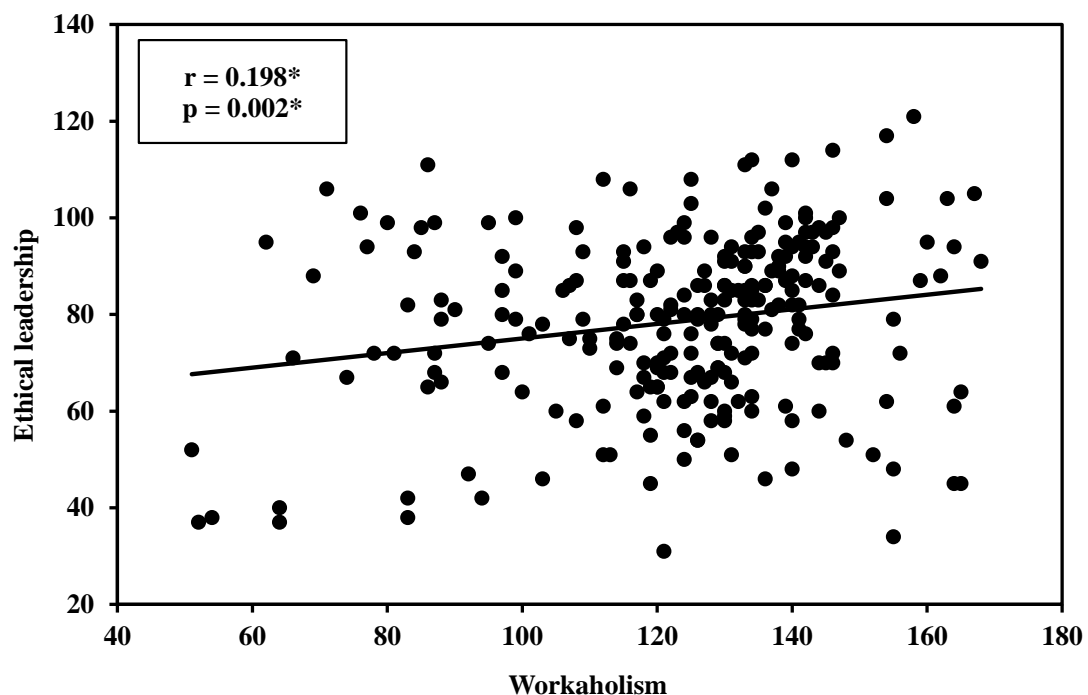
Figure (3): Correlation between total ethical leadership and total workaholism in total sample (n = 250).

DISCUSSION

Ethical leadership is essential in building business culture, affecting employee behaviour, and fostering workplace ethics (Kim & Lee, 2024). Ethical leadership is crucial in healthcare environments as it influences patient care quality, professional integrity, and staff welfare (Sarwar et al, 2020). In contrast, workaholism, defined by excessive work engagement and compulsion, has been associated with burnout, diminished job performance, and adverse health effects among healthcare professionals (Lee et al, 2022). Comprehending the correlation between ethical leadership and workaholism is crucial for fostering sustainable and helpful healthcare settings.

The current research reveals that 75% of nurses see their nursing managers as exhibiting high levels of ethical leadership, while only 25% perceive poor levels. This may result from head nurses who embody ethical leadership, acting as role models for their teams, fostering organizational equity, and improving nurses' views of value management. This viewpoint corresponds with the research conducted by El-Gazar and Zoromba (2021), who observed that nurses who recognize ethical leadership are more likely to participate in extra-role behaviours, suggesting that effective leadership fosters a supportive work environment and inspires nurses to surpass their fundamental responsibilities (El-Gazar & Zoromba, 2021). This viewpoint underscores a fundamental element of nursing dynamics, whereby ethical leadership correlates with improved work satisfaction, organizational justice, and overall performance among nurses (Jandaghian-Bidgoli et al., 2023; Kim et al., 2022; Bayer & Şahin, 2020).Additionally, Jandaghian-Bidgoli et al. (2023) assert that ethical leadership directly impacts essential elements like moral bravery and job performance, emphasizing its significance in creating a supportive workplace atmosphere.

leadership among some colleagues, which raises worries about possible adverse effects on staff morale and patient care. Research indicates that the perception of ethical leadership is associated with reduced job stress and turnover intentions, highlighting the importance of enhancing ethical practices among nursing leaders (Bayer & Şahin, 2020; Naggar et al, 2023). This variability may be affected by transformational and servant leadership styles, which are more effective in fostering teamwork and ethical conduct than transactional leadership (Park & Ha, 2019).

The perception of ethical leadership correlates positively with nurses' voice behaviour, indicating that ethical leadership enhances nurses' willingness to articulate concerns and suggestions, thus fostering a more dynamic and responsive healthcare environment (Essawy et al., 2024). Ethical leadership fosters a constructive organizational environment and influences nurses' responses to ethical challenges (Kim et al, 2022; Nal et al, 2023). Therefore, healthcare organizations must cultivate ethical leadership attributes in nurse managers to enhance staff satisfaction and patient outcomes. Additional investigation and proactive management measures are required to guarantee ethical leadership within nursing teams.

The survey results reveal that nurses at both Asslam Hospital, Fever & Liver Diseases Hospital, and Sadr Hospital had analogous attitudes of ethical leadership, with around three-fourths evaluating their supervisors' ethical leadership as high and roughly one-fourth as poor. The results indicate that ethical leadership is significantly practiced in Port Said hospitals, yet opportunities for improvement remain. This favourable view is notably important as it is associated with improved job performance and decreased turnover intentions among nurses, which is crucial for sustaining workforce stability in healthcare settings (DENİZLİ& Kınış, 2025; Al'Ararah et al, 2024).

The survey revealed that less than two-thirds of nurses had significant workaholic tendencies, whereas over one-third reported mild levels of workaholism. These outcomes may stem from the rigorous demands of their positions, insufficient staffing, and the emotional work associated with patient care. Workaholism is defined by an obsessive urge to engage in excessive labour, which may result in adverse consequences for physical and mental health, such as heightened stress, burnout, and diminished job satisfaction. This corresponds with results from other research on the frequency and effects of workaholism within the nursing profession. The research revealed that a considerable number of nurses demonstrated elevated levels of workaholism, which was positively associated with the quality of nursing care, indicating that workaholism may compel nurses to uphold high standards despite possible adverse personal consequences (El-Sayed, Alsenany, Atta, et al., 2025).

Likewise, Liang et al. (2024) discerned unique job addiction profiles among nurses, with a significant proportion categorized as very addicted, correlating with elevated burnout levels. This aligns with the results of Kunecka et al. (2025), who emphasized that workaholism in nurses is marked by severe dutifulness and work compulsion, potentially resulting in adverse workplace incidents. The meta-analysis by Andersen et al. indicates a pooled prevalence of workaholism at 15.2% across multiple professions, suggesting that nursing may exhibit elevated rates due to its demanding characteristics (Morkevičiūtė, et al., 2025). The research conducted by Stychno and Suska indicated that workaholism is more common among nurses with significant work experience and those with children, implying that both personal and professional demands play a role in this issue (Kunecka et al 2025).

The ramifications of these findings are considerable, as workaholism correlates with work-life imbalance and stress, potentially impacting nurses' quality of life and job performance, as highlighted by Muslim et al. and Gillet et al, (2021) who underscored the necessity for interventions to mitigate work-life conflicts and presenteeism. These findings evoke apprehension, since workaholism may precipitate burnout, physical fatigue, and a deterioration in care quality over time. The findings highlight the need for healthcare institutions to adopt ways to alleviate their impacts and promote nurses' well-being (Gillet et al, 2021).

The research reveals a considerable association between ethical leadership and workaholism among nurses, illustrating the intricate dynamics of the workplace. The positive association between the total score of ethical leadership and overall workaholism (r=0.198, p=0.002) suggests that more perceived ethical leadership may enhance inclinations toward workaholism. This may be attributed to ethical leadership, defined by integrity, fairness, and ethical decision-making, which has been demonstrated to positively affect employee engagement and organizational behaviour by cultivating a positive organisational culture and augmenting employee contributions beyond formal role expectations (Prihatin et al, 2021). This conclusion does not correlate with the results of Endriulaitienė and Morkevičiūtė (2017), who observed that workers who see their leaders as ethical exhibit lower levels of workaholism, indicating a complex connection that requires additional investigation.

The factor of people orientation showed good relationships with both job happiness and work participation, although it did not link with the motivation to work. This suggests that while ethical leadership may improve job satisfaction and engagement, it does not inherently promote obsessive work habits (Borges et al., 2021). The distinct relationship between the dimension of people orientation and work enjoyment and involvement, excluding the drive to work, indicates that ethical leadership can improve intrinsically rewarding aspects of work, consistent with evidence that ethical leadership positively influences job satisfaction and work engagement (Hizarcioglu, 2022; Gwamanda & Mahembe, 2023).

The positive link between integrity and all characteristics of workaholism highlights the essential role of integrity in ethical leadership, as it cultivates trust and promotes an engaging work environment (Engelbrecht et al., 2017). The study's findings indicate that ethical leadership is associated with workaholism, excluding the drive to work dimension. This suggests that while ethical leadership may enhance work engagement and satisfaction, it does not necessarily alleviate the compulsive elements of workaholism, particularly the excessive drive to work (Morkevičiūtė & Endriulaitienė, 2017). This comprehensive understanding of ethical leadership's influence on workaholism underscores the necessity of evaluating individual employee attitudes and the overarching organisational environment when tackling workaholic behaviours and enhancing employee well-being (Gwamanda & Mahembe, 2023; AYDEMİR & ARLI, 2024).

Notably, power sharing and sustainability had no substantial associations with workaholism characteristics. This implies that while these traits are crucial for overarching ethical leadership, they may not directly affect levels of workaholism. The positive correlations between role clarification and work involvement highlight its significance in enhancing workforce engagement among nurses. At the same time, integrity exhibited strong correlations across all dimensions of workaholism, suggesting it may be a fundamental factor influencing workaholic behaviours (Bandelj, 2023).

In summary, although the facets of ethical leadership typically correspond with numerous elements of workaholism, particularly in fostering work satisfaction and engagement, the notable lack of correlation with the drive-to-work dimension suggests complexities in workaholic behavior that necessitate targeted management strategies to facilitate healthy work-life balance and avert burnout among nursing professionals (Clark et al., 2020).

Limitation

Although this study was conducted in two sectors (Asslam Hospital, Fever and liver diseases hospital and Sadr Hospital), with a total sample size of 250 participants (152 from Asslam Hospital and 98 from Fever and liver diseases hospital and Sadr Hospital), there are some limitations that should be taken into consideration. First, the study was limited to only two healthcare institutions, which may limit the generalizability of the results to other hospitals or to the broader healthcare system. Second, self-administered questionnaires were used as the main data collection tool, which may lead to participant response bias. In addition, the difference in sample sizes between the two sectors may affect the validity of the comparisons made. Therefore, future studies are recommended to include a wider range of healthcare institutions from different regions and to use diverse data collection tools to enhance the credibility of the findings.

CONCLUSION

Based on the findings of the present study, it can be concluded that:

A significant positive correlation was found between ethical leadership and workaholism, indicating that while ethical leadership fosters a supportive work environment, it may also contribute to increased work involvement and commitment, potentially reinforcing workaholic tendencies. The strong association between ethical leadership dimensions, such as people orientation and integrity, with work enjoyment suggests that ethical leaders inspire dedication among nurses.

RECOMMENDATIONS

Based on the results of the present study, the following recommendations were:

- Investigating moderating factors such as organizational culture, workload, and job autonomy could provide deeper insights into the mechanisms linking ethical leadership and workaholism.
- Preventing the unintended reinforcement of workaholic behaviours. By fostering a sustainable and ethically driven work environment.
- Hospitals can enhance both employee well-being and patient care outcomes.

Further research

- Training programs and workshops should be conducted for to understand the notion of ethical leadership and how it is applied within the workplace
- Recovery programs should be organized for nursing staff who are addicated to their jobs

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القيادة الأخلاقية وعلاقتها بإدمان العمل للممرضين في مستشفيات بورسعيد

شروق احمد شحاتة المتولي [1] ؛ **رشا إبراهيم السيد عناني** [2] ؛ **غادة مسعد محمد الغبور** [3]

[1] بكالوريوس التمريض – كلية التمريض – جامعة المنصورة ؛ [2] أستاذ إدارة التمريض ـ كلية التمريض ـ جامعة بورسعيد ؛ [3] أستاذ مساعد إدارة التمريض ـ كلية التمريض ـ جامعة بورسعيد

الخلاصة

تعمل القيادة الأخلاقية علي بناء الثقة والرفاهية من خلال تشجيع النزاهة والتوازن في مكان العمل وتساعد علي منع إدمان العمل من خلال تعزيز التوازن الصحي بين العمل والحياة . ولذلك تهدف هذه الدراسة إلي فحص القيادة الأخلاقية وعلاقتها بإدمان العمل للممرضين في مستشفيات بورسعيد. تم استخدام تصميم وصفي لإجراء الدراسة بمستشفيات بورسعيد؛شملت الدراسة 250 من الممرضين يعملون بمستشفيات السلام , الحميات والصدر في مدينه بورسعيد. وقد أظهرت نتائج الدراسة أن 75و2% من الممرضين يروا ان مديري التمريض يتمتعون بقياده أخلاقية عاليه , بالإضافة الي أفادت 60% منهم بارتفاع إدمان العمل . وأوصت الدراسة ان الأبحاث المستقبلية ينبغي ان تستكشف تأثير المدي الطويل للقيادة الأخلاقية علي إبقاء الممرضين , والاحتراق المهني و جوده رعاية المريض والبحث عن العوامل مثل الثقافة التنظيمية, عبء العمل , والاستقلال الوظيفي والذي من شأنه يوفر روئ أعمق في الآليات التي تربط بين القيادة الأخلاقية وادمان العمل .

الكلمات المرشدة : القيادة الأخلاقية , المستشفيات , الممرضين , العلاقة, ادمان العمل