

# The Effect of Nepotism and Its Applications Leading to Ethical Collapse in Organizational Trust: A Research on Physicians and Nurses at a University Hospital

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## Introduction

In today's fast and competitive business environment, human capital is seen as the main corporate asset requiring effective management (Buckley et al., 2004, p. 233). Continuous rapid changes exist in the public and private sectors, such as new technologies, customer demands, and product market competition (Gilbert & Tang, 1998, p. 32). However, improving employee confidence has increasingly become an important issue (Gilbert & Tang, 1998, p. 32). The concept of nepotism in the literature generally means employing relatives in an organization and is used synonymously with the word "favoritism" (Demirel & Savaş, 2017, p. 131). When analyzing the literature, nepotism practices are seen to have many negative effects on society, organizations, and employees. Nepotism is one of the most important obstacles to democracy and institutionalization (Özler et al., 2007, pp. 438–439). Nepotism increases employee work stress and reduces their job satisfaction, trust in the employer, and belief in organizational justice. This causes employees to decrease their job performance and increase their tendency to resign (Büte & Tekarslan: 2010, p. 2; Asunakutlu & Avcı, 2010, p. 105; Yavuz & Akın, 2016).

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The most common unethical behaviors in organizations are discrimination, nepotism, bribery, intimidation, abuse, corruption, violence, mixing politics and relationships, gossip, embezzlement, and similar behaviors (Büte, 2011, p. 106). Favoritism practices, which exist among unethical behaviors, are closely related to organizational justice theory (Polat & Kazak, 2014, pp. 77–78). Favoritism negatively affects society, disturbs social conscience, discriminators are not accepted, and is criticized by society (Erdem et al., 2013, p. 53). Nepotism practices lead to ethical collapse in businesses and institutions. Companies that create strong policies in recruitment with effective management practices are stated to be able to protect themselves from the risk of ethical collapse caused by nepotism (Doğan, 2009, pp. 194–197). One of the various moral problems found among the sources of corruption not subject to criminal sanctions in the Turkish legal system is nepotism (Eğri & Sunar, 2010, p. 49). In reducing nepotism practices, employees should be provided with awareness of public interests and ethical behaviors in order to establish a merit system (Yıldırım, 2013, p. 364). A Merit Protection Board needs to be created in Turkey (Ozturk, 2002; Yıldırım, 2013, p. 376). The Ombudsman Institution ([www.ombudsman.gov.tr](http://www.ombudsman.gov.tr)) in Turkey is the support structure for business ethics (Özgener, 2009, p. 152). This institution can also be said to have important duties in reducing nepotism practices.

Trust is a feeling that holds people together and gives a sense of security. It is fragile and can be destroyed in an instant (Mishra & Morrissey, 1990, p. 444). Organizational trust is the sense of trust and support within an organization and expresses the belief that the employer will fulfill commitments and be honest. Trust is at “the core of all relationships” (Gilbert & Tang, 1998, p. 322). One of the most explanatory and accepted models (Wasti et al., 2013, p. 527) on organizational trust was developed by Mayer et al. (1995). According to this model, the three elements of organizational trust are: talent, honesty, and goodwill (Mayer et al., 1995, p. 715).

When examining the literature, studies on nepotism and organizational trust for healthcare workers in general are seen to be limited. The conducted studies have determined nepotism to negatively affect trust, organizational trust, employee performance, and organizational commitment to the manager (Laker & Williams, 2003; Demaj 2012; Özer & Çağlayan, 2016; Şantaş et al., 2018). Perceived nepotism has been found to increase anti-productivity behaviors (Özüren, 2017). The main purpose of this research is to determine the effect of perceived nepotism on organizational trust and to also determine whether differences in perceived organizational trust and nepotism exist according to demographic characteristics. Based

on the purpose of the research, the hypotheses of the study have been determined as follows:

H1: Perceived nepotism has a negative and significant effect on the dimensions of organizational trust.

H1a: Perceived nepotism has a negative and significant effect on managerial trust.

H1b: Perceived nepotism has a negative and significant effect on institutional trust.

H1c: Perceived nepotism has a negative and significant effect on trust toward workmates.

H2: The perception of general nepotism has a negative and significant effect on organizational trust.

H3: Perceptions of organizational trust or nepotism vary significantly by age.

H4: Perceptions of organizational trust or nepotism vary significantly according to gender.

H5: Organizational trust or nepotism perceptions vary significantly according to marital status.

H6: Perceptions of organizational trust or nepotism differ significantly according to title.

H7: Organizational trust or nepotism perceptions vary significantly according to the total number of years of work experience.

H8: Organizational trust or nepotism perceptions vary significantly according to the number of years working in the institution.

## **Method**

This study is descriptive and cross-sectional. The universe of the research is composed of health workers consisting of the physicians and nurses working at Sivas Cumhuriyet University Health Services Practice and Research Hospital between May 1 and August 1, 2019. The sample of the study consists of 307 healthcare professionals (114 physicians and 193 nurses). The first part of the questionnaire used in the study contains eight questions related to socio-demographic characteristics. Of the participants, 57.3% are in the 30-or-younger age group, 61.6% are women, 61.6%

are undergraduate graduates, and 53.4% are married. 38.8% of the participants are identified as having worked for a total of 1-5 years in the profession and 38.1% for 1-5 years at the current institution; 96.4% have non-managerial duties. Additionally and according to the titles of the participants, 62.9% have been determined to work as nurses and 37.1% as physicians. The second part of the survey uses the scale developed by Abdalla et al. (1998) to determine employees' perceived nepotism. The scale consists of 14 items. Higher scores on this 7-point Likert-type scale show increased levels of perceived nepotism. The alpha of reliability for the scale adapted to Turkish by Asunakutlu and Avcı (2010) has been calculated as 0.86. The third part of the survey uses the Organizational Trust Scale developed by Yücel (200, pp. 115–116) in order to determine employees' perceived organizational trust. Yücel benefited from Daboval et al. (1994), Neveu (2004), and Börü (2001) while developing the scale. This scale was later applied to the health sector by Altuntaş (2008). The scale has 43 items and is a 6-point Likert-type scale. The Cronbach alpha coefficient for the scale was 0.86 in Yücel (2006, p. 117) and 96% in Altuntaş (2008, p. 40). The current study uses percentages, frequencies, arithmetic means, exploratory factor analysis, ANOVA, t-tests, and correlation and regression analyses with the program SPSS for analyzing the data. In the nepotism scale, factor analysis shows the scale to consist of one dimension (Kaizer-Meyer-Olkin test (KMO) = 0.961; Barlett's test of sphericity = 7,304.333,  $p < 0.000$ ; Cronbach Alpha = 0.978). The Organizational Trust Scale has three dimensions (KMO = 0.959; Barlett's test of sphericity = 17,558.737,  $p < 0.000$ ; Cronbach Alpha values are between 0.978 and 0.982).

## Conclusion and Discussion

As a result of the research, participants had moderate ("partially agree") organizational trust levels ( $\bar{x} = 4.10$ ). The participants were determined to trust their colleagues ( $\bar{x} = 4.43$ ) and managers ( $\bar{x} = 4.16$ ); however, their average trust in the institution was lower ( $\bar{x} = 3.66$ ). This finding resembles Altuntaş's (2008) study findings for nurses. However, many studies have shown physicians and nurses to have low-level organizational commitment, job satisfaction, and organizational trust in their work environments (Top, 2012, p. 273). The average for participants' perceived nepotism was found to be medium ( $\bar{x} = 3.77$ ; "neither agree nor disagree").

Our study has found no significant difference in terms of nepotism and organizational trust according to participants' gender. In terms of nepotism, perceived nepotism is higher among physicians, those who are older, married people, those with more years of employment, and those with more years of employment in

the institution. In terms of organizational trust, perceived organizational trust has been determined to decrease as participants get older. In addition, organizational trust levels are higher for those who are single, those who have less years of work experience, and those who have worked less years in the institution.

Altuntaş's (2008) study on nurses determined nurses 25 years or younger to have higher levels of organizational trust, organizational trust to decrease as one gets older, and trust in managers to be high for those with less experience. While these findings resemble our research results, the findings with respect to marital status where married people have higher perceptions of organizational trust differ from our research results. This situation suggests that the unmarried physicians and nurses in our study are more sensitive to trust in their organizations because of their dedication to their institution or job as opposed to their families.

Şantaş et al.'s (2018, p. 46) study on health professionals found no significant difference in terms of age, perceived nepotism to be higher in women in the hiring process in terms of gender, and perceived nepotism to be higher in nurses than in administrative staff in the hospital. These findings differ from our research findings.

As a result of the correlation analysis in our study, negative and significant relationships have been found between all dimensions of organizational trust and nepotism. According to the findings from the regression analysis, perceived nepotism has been determined to have a negative and significant effect on overall organizational trust ( $\beta = -0.477, t = -9.487, p = 0.00 [ < 0.5]$ ). Perceived nepotism has been concluded to negatively affect all dimensions of organizational trust (trust in manager [ $\beta = -0.296, t = -5.405, p < 0.5$ ], trust in the institution [ $\beta = -0.639, t = -14.503, p < 0.5$ ], and trust in colleagues [ $\beta = -0.342, t = -6.356, p < 0.5$ ]). In addition, nepotism has been found to have more impact on the dimension of trust in the institution. Accordingly, increased levels of perceived nepotism cause decreased levels of organizational trust. This result has been shown to support some of the limited studies found in the literature on these issues (Albrecht, 2006; Keleş et al., 2011; Demaj, 2012; Karaköse 2014; Özer & Çağlayan, 2016; Dirgen, 2019).

As a result, physicians and nurses' perceptions of nepotism have been determined to negatively affect organizational trust. Health professionals' perceptions of nepotism, similar to other studies, lead to a decrease in organizational trust. Giving importance to merit in applications such as recruitment and promoting professionals' healthcare will contribute to more efficient work from them.

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