Organizational Corruption and its Relation to Organizational Transparency and Nurses' Voice

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Abstract: Background: Organizational corruption hinders growth, innovation, trust, and transparency which in turn affects nurses' voice. **Purpose:** The purpose of this study is to assess organizational corruption and its relation to organizational transparency and nurses' voice. **Design:** Descriptive correlational design was utilized. **Setting:** The study was conducted in all inpatient units of Benha University Hospital. **Sample:** A simple random sample of 295 nurses out of 1117 working in the above-mentioned setting was selected and met the criteria for inclusion. **Instruments:** Three instruments were used; Organizational Corruption Questionnaire, Organizational Transparency Questionnaire, and Employee Voice Behavior Scale (EVBS). Results: Showed that about three-quarters (74.9%) and more than two-thirds (69.5%) of nurses had a high level of perception regarding organizational corruption, and transparency respectively. In addition, less than half (44.5%) of nurses had a moderate promotive and prohibitive voice level. **Conclusion:** The study concluded that there was a highly statistically significant positive correlation between nurses' perception of organizational corruption, and organizational transparency as well as nurses' voices. **Recommendations:** The study recommended training nurses on anti-corruption strategies for organizational respect and transparency. Also, giving nurses the chance to speak up (voice) will make them feel more responsible and promote a healthy work environment.

Keywords: Corruption, Nurses, Organizational, Transparency, Voice

Introduction

The Sustainable Development Goals (SDGs) agenda includes a set of 17 goals aimed at safeguarding the planet. Among these objectives, SDG 16 specifically focuses on the crucial task of "substantially reducing corruption and bribery in, all their forms" This goal underscores the urgent need to combat illicit practices and foster transparent and accountable governance systems worldwide (Sartor & Beamish, 2020).

Corruption, often described as a cancer in society, poses a significant threat to democratic legitimacy, undermines organizations, and damages public

trust. Addressing and combating it is crucial for fostering integrity, sustainability, and organizational excellence (Aarb et al., 2021).

Organizational corruption (OC) represents a detrimental manifestation of counterproductive work behavior, wherein individuals exploit their positions of power, authority, or organizational standing for personal or collective gain. It entails a departure from established standards, norms, and contemporary bureaucratic protocols (Kakavand et al., 2020; Saputra & Saputra, 2021).

Organizational corruption is a complex issue influenced by culture, attitudes, ethical climate, and weak personal and social norms, causing negative effects on service growth and client relationships (Özen, 2018). Corruption encompasses various forms, including fraudulent practices, bribery, embezzlement, extortion, and other unethical behaviors (Bahoo et al., 2019; Muhamad & Gani, 2020).

Moreover, Balcı et al., (2012); Kimemia, (2013); Brown, (2017); Tang et al., (2018); Bittencourt et al., (2022) highlighted the prevalent types of corruption, which encompass the following: Favoritism, where individuals in power show unfair preference; abuse of power and resources, involving the exploitation of authority for personal gain; negligence of duty, which refers to officials failing in their responsibilities; and conflict of interests, where decision-makers struggle to balance personal interests with those of the public or their organization.

Corrupt activities stem from factors like inadequate ethical standards, negative role models, greed, and wages. Addressing these requires a comprehensive approach to promote integrity and transparency (Owusu et al., 2019). Transparency holds great significance in various domains, including management and public relations (Albu & Flyverbom, 2019).

Organizational transparency (OT) refers to the practice of openly sharing information, processes, and decisions within an organization. It involves making relevant data, policies, procedures, and goals easily accessible to employees, stakeholders, and the public (Heimstädt & Dobusch, 2018).

Organizational transparency is a vital aspect of modern management practices. It promotes a culture of openness, trust, and accountability, leading to improved employee morale, organizational performance, and stakeholder relationships (Guo, 2022).

Organizational transparency encompasses five key dimensions: information systems, participation, accountability, communication, and work procedures. Each dimension plays a crucial role in establishing a culture of openness and clarity within an organization (Al-Mahayreh & Abedel-qadar, 2015).

Information system refers to the effective management and dissemination of information. This involves having robust processes and technologies in place to collect, store, and share relevant data with employees, stakeholders, and customers. By ensuring easy access to information, organizations can promote transparency and facilitate informed decision-making (Hocker, 2018).

The second dimension, participation, emphasizes the involvement of employees and stakeholders in organizational processes. Encouraging active participation allows individuals to contribute their ideas, perspectives, and expertise. This inclusion fosters a sense of ownership and commitment, as well as enhances transparency by ensuring diverse viewpoints are

considered in decision-making (Busser & Shulga, 2018).

Accountability is the third dimension and emphasizes the responsibility and answerability of individuals and teams within the organization. By defining clear roles, setting performance expectations, and implementing monitoring mechanisms, organizations can hold individuals accountable for their actions. This promotes transparency by ensuring that actions and decisions are made responsibly and ethically (Solteo & Schneider, 2022).

Effective communication is another critical dimension of organizational transparency. It involves the clear and open exchange of information, both vertically and horizontally, across all levels of the organization. Transparent communication channels foster trust, collaboration, and understanding among employees, thereby enhancing organizational transparency (Felzmann et al., 2020).

The final dimension is work procedures, which focus on establishing clear and well-defined processes within the organization. Transparent work procedures ensure that tasks, workflows, and decision-making processes are documented and accessible to all relevant stakeholders. This clarity reduces ambiguity, minimizes the risk of misunderstandings, and enhances overall organizational transparency (Al-Mahayreh & Abedel-qadar, 2015).

By addressing these dimensions effectively, organizations can cultivate a culture of openness, trust, and clarity, leading to improved performance, nurses' engagement, and stakeholder satisfaction (Almuqati et al., 2022). Moreover, nurses' perception of transparency leads to higher organizational identification, health information-sharing intentions,

stronger relationships, and decreased job-related anxiety (Goncalves, 2021). Organizational transparency also fosters reliable relationships with external actors, making hospitals attractive partners for innovation collaborations and improving innovation capability. Nurses play a crucial role in driving innovation and facilitating successful adaptation within hospitals amidst ever-changing environments, utilizing voice as a powerful tool (Ruppel et al., 2022).

The nurses' voice involves expressing constructive opinions or ideas related to their work. Nurses' voices serve as a platform for them to express their insights and advocate for positive changes within their healthcare environment. By voicing their opinions, nurses play a pivotal role in shaping policies, protocols, and practices, ultimately fostering an environment that prioritizes effective communication, collaboration, and continuous improvement (Gong et al., 2021).

According to Liang et al., (2012), nurses' voice behavior can be categorized into two distinct dimensions: promotive voice and prohibitive voice. Promotive voice refers to the expression of nurses' novel ideas and opinions aimed at enhancing the efficiency or overall functioning of the healthcare organization (Wu & Du, 2022).

In this context, nurses actively contribute their innovative suggestions and constructive feedback to promote positive changes within the healthcare system. Such voices catalyze innovation, improvement, and growth, as nurses offer valuable insights and perspectives that can lead to better patient outcomes and organizational success (Zhong et al., 2022).

In contrast, the prohibitive voice is used to describe the expressions of

concern by nurses regarding work practices, incidents, or nurse behavior that may pose harm to their organization (Luu et al., 2020; Yunyue, 2021). In comparison, the promotive voice refers to a future-oriented and proactive form of expression. On the other hand, the prohibitive voice encompasses both future and past orientations (Jaaffar & Samy, 2022).

Nurses' voice behavior is influenced by various factors that encompass colleague support, managerial self-efficacy, leadership styles, organizational identification, psychological safety, approach-avoidance orientation, and job security. The impact of these factors extends beyond the individual nurse, benefiting patients, nurses themselves, and the organization (Sulphey & Jasim, 2022). Fostering an environment where nurses feel comfortable sharing their ideas and engaging in work- discussions leads to numerous benefits as; promotes knowledge transfer, sparking a culture of continuous learning, and encourages creativity. Moreover, this open communication cultivates trust among team members; this boosts job satisfaction, mitigate burnout, and lower turnover rates among their nursing staff (Rubbab et al., 2022).

Significance of the study

Healthcare corruption perception is a global concern that impacts transparency and nurses' voices; as, it provides valuable insights into the ethical climate within healthcare organizations (Masud et al., 2022). Transparency International's global corruption report highlights the widespread vulnerability of healthcare systems worldwide, with millions of dollars stolen annually from the world's 3.1 trillion health annual spending (Dyer, 2006).

Corruption is particularly prevalent in developing countries, particularly in Africa, where corruption perception scores are consistently below the global average (Okafor et al., 2020). Corruption is responsible for 140,000 annual deaths globally, leading to poor general health and inefficient public expenditure (Naher et al., 2020).

By understanding how nurses perceive corruption and transparency, helps to identify strategies for enhancing transparency and reducing opportunities for corruption. Nurses' voices are also crucial, as they often witness corrupt practices firsthand. This research contributes to the development of evidence-based interventions and policies that promote ethical practices, enhance transparency, and foster an environment where nurses feel empowered to speak up against corruption, ultimately improving healthcare systems and delivering quality care to patients worldwide. Thus, this study aimed to assess organizational corruption and its relation to organizational transparency and nurses' voice at Benha University Hospital.

Purpose of the study:

The purpose of the present study is to assess organizational corruption and its relation to organizational transparency and nurses' voice.

Research questions:

The purpose of the study was pursued through the formulation of the following research inquiries:

1) What is the nurses' perception of organizational corruption?

2) What is the nurses' perception of organizational transparency?

3) What is the nurses' perception to their voice regard the corruption?

4) Is there a relation between the nurses' perception of organizational

corruption, and organizational transparency and their voice?

Method

Research design:

A descriptive correlational research design was used in the current study.

Research setting:

The present research was conducted in 55 inpatient units, encompassing medical, critical care, and surgical units, at Benha University Hospital. This hospital is a prominent educational institution affiliated with a governmental university located in Qalyubia Governorate, Egypt. With a total capacity of approximately 880 beds. It contains three distinct buildings: the medical building, housing 34 units with a bed capacity of 478 beds, including 11 critical care units; the surgical building, encompassing 21 units with a bed capacity of 384 beds; and the ophthalmology building, offering a bed capacity of 18 beds.

Sample:

A sample size of 295 nurses were randomly selected from 1,117 nurses who met the eligibility criteria (including having at least three years of experience in the specified setting was determined using the sample size formula. (Hayes, 2021)

$$n = \frac{N}{1 + (Ne2)}$$

n → The required sample size
N → Total number of staff nurses
e → Error tolerance (0.5)
1 → A constant value

Instruments:

Three different instruments were utilized:

Instrument one: Organizational Corruption Questionnaire

It included two parts:

Part I: The nurses' personal characteristics encompassing their age, sex, marital status, educational qualifications, years of nursing experience, and their assigned inpatient units.

Part II: Nurses perception of organizational corruption: The researchers designed a structured questionnaire based on the work of (Balcı et al., 2012; Kimemia, 2013; Stachowicz-Stanusch & Simha, 2013; Brown, 2017; Tang et al., 2018; Bittencourt et al., 2022) to assess nurses' perceptions of organizational corruption. The questionnaire consisted of 20 items grouped into four dimensions: Favoritism (4 items), abuse of power and resources (7 items), negligence of duty (7 items), and conflict of interests (2 items).

All the items were assessed using a 3-point Likert Scale, which ranged from "always" to "never" (3-1). The scores for each dimension were aggregated and converted into percentages. A higher score indicated a greater perception of organizational corruption, ranging from 20 to 60. A cutoff point was established at 60%, equivalent to 36 points. Based on these criteria, nurses' perceptions of organizational corruption were categorized as follows: "High level" if the percentage was equal to or greater than 75%, which corresponded to 45 to 60 points; "Moderate level" if the percentage fell between 60% and less than 75%, corresponding to 36 to 44 points; and "Low level" if the percentage was less than 60%, which equals 20 to 35 points.

Instrument two: Organizational Transparency Questionnaire

It was adopted from Al-Mahayreh & Abedel-qadar, (2015) to gauge the degree of organizational transparency as viewed by the staff nurses. 35 components made up the list, which was divided into five dimensions: Information system, communication, accountability, participation, and work procedures. There are seven elements per dimension.

To score the responses, a 3-point Likert scale was utilized as a value of 3 to "agree," 2 to "neutral," which denoted an inability to provide a definite response, and 1 to "disagree." The total score for each dimension, ranging from 35 to 105, was calculated. The threshold for determining the level of perceived organizational transparency was set at 60% or 63 points. Consequently, if the percentage exceeded or equaled 75% (79 to 105 points), the level was classified as "High." If the percentage fell between 60% and below 75% (63 to 78 points), the level was considered "Moderate." Finally, if the percentage was less than 60% (35 to 62 points), the level was categorized as "Low."

Instrument three: Employee Voice Behavior Scale (EVBS)

The scale was developed by Liang et al., (2012) and translated into Arabic by researchers to evaluate the voice behavior of nurses. This scale contained 10 items divided into two dimensions: promotive voice, which included five items, and prohibitive voice, which also had five items. To assess the responses of nurses, a five-point Likert scale was used, ranging from strongly disagree (1) to strongly agree (5). Scores were calculated by summing and averaging the items within each dimension, resulting in a score range of 10 to 50. The cutoff point was set at 60% or 30 points.

Based on the scoring system, nurses' voice levels were categorized as follows: "High level" if the score was equal to or greater than 38 points, corresponding to a percentage of 75% or higher. "Moderate level" was assigned if the score fell between 30 and 37 points, representing a percentage ranging from 60% to less than 75%. Lastly, "Low level" was assigned if the score was less than 30 points, indicating a percentage below 60%.

Validity

The face validity of the study instruments was determined through the evaluation of five experts in Nursing Administration from different Faculties of Nursing. This panel consisted of three Professors from Menoufia University and two Assistant Professors from Benha University. The experts reviewed the content coverage, wording, clarity, length, format, and overall appearance. Their suggestions and recommendations, necessary adjustments were considered to enhance the instruments' quality. To ensure the accuracy of the translation, a double translation process was carried out, involving both English-to-Arabic and Arabic-to-English translations.

Pilot Study

A pilot study was conducted with a sample of 30 staff nurses (10% of the total population) to test the clarity and applicability of the instruments and to determine the time required to complete the questionnaires. Each questionnaire took 20-25 minutes to complete, and no modifications were necessary. Therefore, nurses were included as the main study subjects.

Reliability

The reliability of the instruments was assessed by calculating Cronbach's alpha coefficient. This coefficient measures the internal consistency of a scale, which is how well the items on the scale measure the same construct. The alpha coefficients for the Organizational Corruption Questionnaire, Organizational Transparency Questionnaire, and Employee Voice Behavior Scale were 0.90, 0.94, and 0.92, respectively. These high alpha coefficients indicate that the questionnaires are highly reliable.

Procedure:

The research was conducted with careful attention to ethical standards of research and rights of the participants and after obtaining the approval from the research committee of Nursing Faculty at Menoufia University after making the required modification and written approval from the director of Benha University Hospital. The participants were assured that their gathered data would be handled with utmost security throughout the study. The researchers explained the purpose of the study to the staff nurses who agreed to participate. The participants were assured that their confidentiality would be protected. The researchers explained each questionnaire to nurses before distributing it between participants at their workplaces. The researchers collected data from the staff nurses three days per week (Saturday, Monday, and Wednesday) from 9:00 AM to 2:00 PM (morning shifts). The average number of completed questionnaires was 12 to 13. The completed forms were collected promptly and reviewed to ensure that they were complete. The researchers thanked the participants for their cooperation. Data collection took place from the beginning of May to the end of July 2022.

Analysis of data:

It was done using the Statistical Package for Social Sciences (SPSS version 26.0). The numerical data included the number, frequency, mean, and standard deviation values, which were used to assess the staff nurses' perceptions of organizational corruption, transparency, and nurses' voice. The Pearson correlation coefficient test was employed to assess the correlation between two continuous variables. A significant level of $p \leq 0.05$ was considered statistically significant, while a highly significant level was defined as $p \leq 0.001$.

Results

Table 1:- indicates that just over half (51.2%) of the studied staff nurses fell within the age range of 30 to under 35 years, with an average age of 34.61 ± 8.6 years. Regarding their sex and marital status, the majority (94.2% and 97.3%) of the nurses were females and married respectively. Concerning their educational background and years of experience, approximately two-fifths (40.3% and 42.4%) of the nurses respectively held a Bachelor of Nursing Science degree, and their years of experience ranged from 10 to under 15 years, with an average experience of 14.98 ± 9.87 years. Furthermore, roughly one-third (36.3%, 33.2%, and 30.5%) of the staff nurses worked equally in medical, critical care, and surgical units.

Figure 1 demonstrates that about three-quarters (74.9%) of nurses had a high level of perception when it came to organizational corruption, whereas only a small percentage (1.4%) of them had a low perception level.

Table 2:- explains that the overall average score for nurses' perception of

organizational corruption across all dimensions was 47.91±6.00. Among the different dimensions, favoritism received the highest ranking with a mean score of 9.87±1.31, accounting for 82.2% of the total. On the other hand, the conflict of interests' dimension had the lowest ranking, with a mean score of 4.07±1.27 and a mean percent of 67.8%.

Figure 2:- shows that more than two-thirds (69.5%) of nurses had a high level of perception regarding organizational transparency. Conversely, only a mere 3.0% of nurses reported having a low perception level when it came to organizational transparency.

Table 3:- clarifies that the overall average score for nurses' perception of organizational transparency was 80.11±5.65. Among the different dimensions assessed, the information system dimension received the highest mean score of 18.35±1.83, representing 87.4% of the total mean score. On the other hand, the accountability dimension had the lowest mean score of 11.45±1.38,

accounting for 54.5% of the total mean score.

Figure 3:- shows that less than half (44.5%) of nurses demonstrated a moderate level of promotive and prohibitive voice, whereas less than one-fifth of them (16.4%) exhibited a low level of promotive and prohibitive voice.

Table 4:- indicates that the overall average score for all aspects of nurses' voice in terms of promotive and prohibitive measures was 33.28±3.05. Among these measures, the prohibitive voice dimension attained the highest mean score of 17.45±2.04, representing a mean percentage of 69.8%. Conversely, the promotive voice dimension received the lowest mean score of 15.83±1.96, corresponding to a mean percentage of 63.3%.

Table 5:- highlights a strong and highly statistically significant positive correlation between nurses' perception of organizational corruption, with organizational transparency and nurses' voice at (p<0.001).

Table (1): Personal Characteristics of the Studied Nurses (n=295)

| Personal Characteristics		N.	%
Age (years)	<30	30	10.2
	30: <35	151	**51.2**
	35: <40	107	36.2
	≥ 40	7	2.4
	M±SD	**34.61±8.66 years**	
Sex	Female	278	**94.2**
	Male	17	5.8
Marital status	Married	287	**97.3**
	Unmarried	8	2.7
Educational qualifications	Nursing Diploma	78	26.4
	Associated Nursing Diploma	98	33.3
	Bachelor of Nursing Science	119	**40.3**
Years of experience in nursing work	<5	47	15.9
	5: <10	116	39.3
	10: <15	125	**42.4**
	≥ 15	7	2.4
	M±SD	**14.98±9.87 years**	
Inpatient units	Medical	107	**36.3**
	Critical care	98	33.2
	Surgical	90	30.5
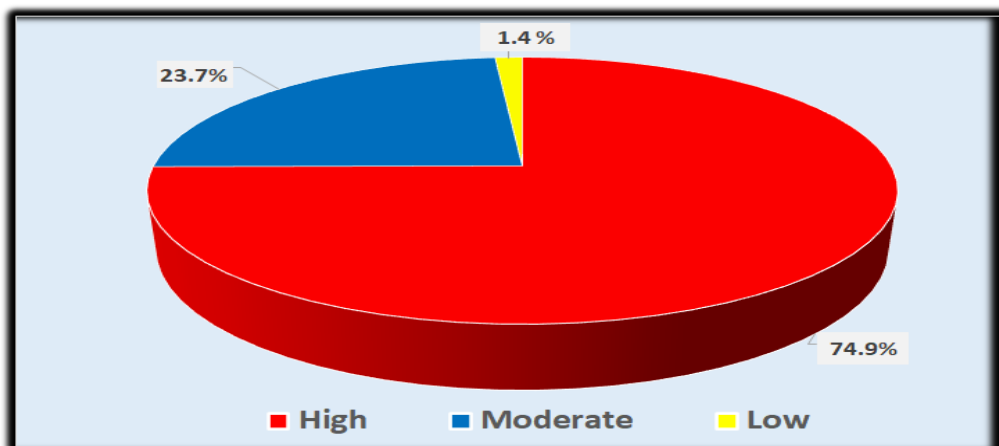
Figure (1): The Overall Level of Organizational Corruption Perceptions among Nurses

Table (2): Ranking of Nurses' According to Their Level of Perception of Organizational Corruption (n=295)

Organizational corruption dimensions	Maximum Score	M±SD	Mean%	Ranking
Favoritism	12	9.87±1.31	82.2	1
Abuse of power and resources	21	17.14±2.85	81.6	2
Negligence of duty	21	16.83±2.39	80.1	3
Conflict of interests	6	4.07±1.27	67.8	4
Total organizational corruption	60	47.91±6.00		
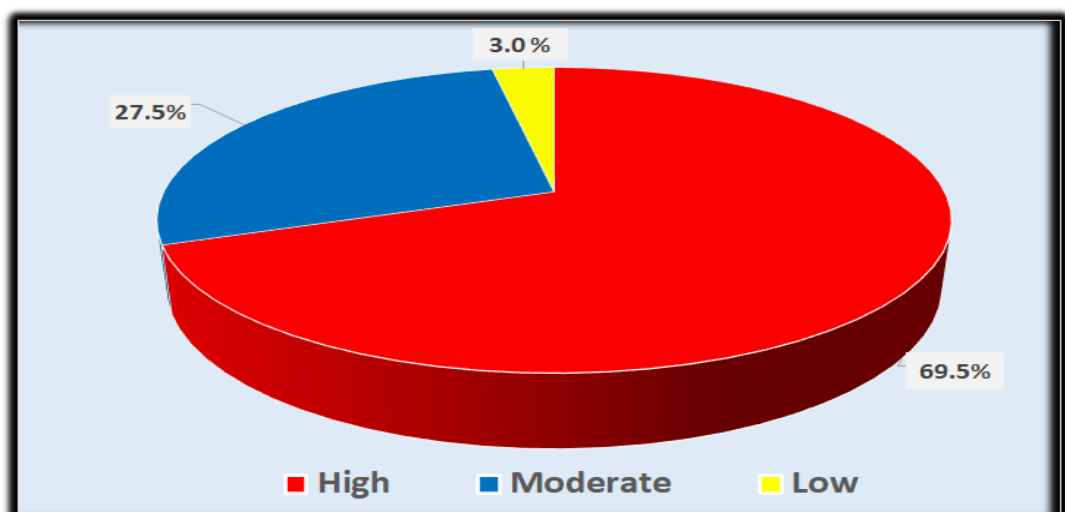
Figure (2): The Perception Levels of Nurses Regarding Organizational Transparency

Table (3): Ranking of Nurses' According to Their Levels of Perception of Organizational Transparency (n=295)

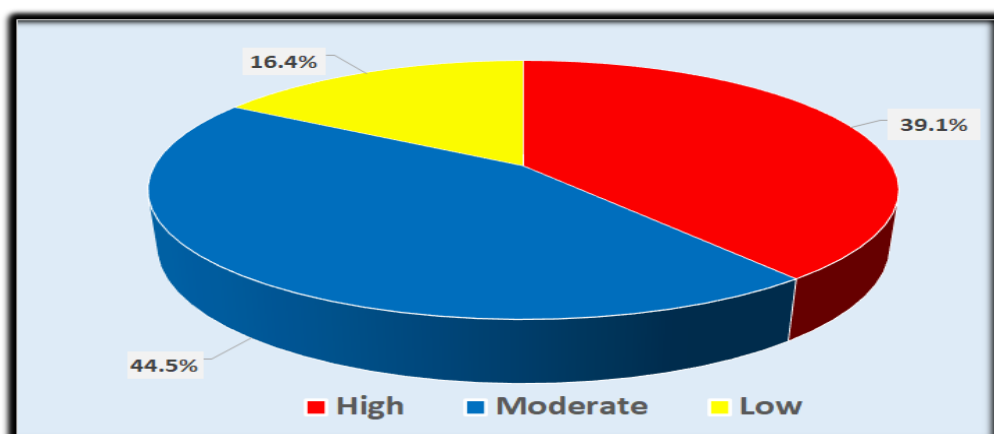| Organizational transparency dimensions	Maximum Score	M±SD	Mean%	Ranking
Information system	21	18.35±1.83	87.4	1
Communication	21	16.88±2.05	80.4	3
Accountability	21	11.45±1.38	54.5	5
Participation	21	15.43±1.449	73.5	4
Work procedures	21	18.00±1.67	85.7	2
Total organizational transparency	**105**	**80.11±5.65**		

Figure (3): Total Levels of Nurses' Voice According to Their Viewpoints

Table (4): Ranking of Nurses' According to Their Promotive and Prohibitive Voices (n=295)

Nurses voice dimensions	Maximum Score	M±SD	Mean%	Ranking
Promotive voice	25	15.83±1.96	63.3	2
Prohibitive voice	25	17.45±2.04	69.8	1
Total nurses voice	**50**	**33.28±3.05**		

Table (5): Correlation between Staff Nurses' Perception of Organizational Corruption, Organizational Transparency, and Nurses' Voice (n=295)

Variables		Total organizational corruption	Total organizational transparency	Total nurses voice
Total organizational corruption	r	--	0.789	0.363
	P	--	0.001**	0.001**
Total organizational transparency	r	0.789	--	0.424
	P	0.001**	--	0.000**
Total nurses voice	r	0.363	0.424	--
	P	0.001**	0.000**	--

**highly significant at P<0.001   r: Pearson coefficient

Discussion

Organizational corruption is a pervasive issue that profoundly affects the health sector, encompassing both monetary costs, such as the wastage of healthcare resources, and non-monetary costs, such as the detrimental impact on health outcomes, quality of life, and social development. The existence of corruption not only compromises the integrity of an organization but also undermines public trust in the healthcare system (Sforza et al., 2020).

Prioritizing transparency within healthcare institutions plays a crucial role in combating corruption. By fostering an environment of openness and disclosure, healthcare professionals, particularly nurses, feel empowered to speak up and contribute to identifying and addressing instances of corruption. This increased accountability leads to improvements in patient safety, quality of care, and overall organizational integrity (Tang et al., 2018; Lu et al., 2019; Fleming et al., 2020; Riaz & Cantner, 2020).

The study aimed to assess organizational corruption and its relation to organizational transparency and nurses' voice. The discussion of the findings is structured as follows: The initial section delves into the nurses' perception of organizational corruption, shedding light on their views and experiences. Subsequently, the second section focuses on the nurses' perception of organizational transparency, exploring their perspectives on the extent to which transparency is practiced within their organizations. Moving forward, the third section centers on the nurses' voice, elucidating their ability to express opinions, concerns, and suggestions within the organizational context. Finally, in the fourth part, attention is directed toward investigating the correlation between the variables under scrutiny, establishing connections and associations that contribute to a comprehensive understanding of the research domain.

For nurses' perception of organizational corruption, the findings from the current study revealed that approximately three-quarters of the studied staff nurses exhibited a high level of perception when it came to organizational corruption. Conversely, the percentage of those who held a low perception level regarding organizational corruption was found to be considerably smaller. From the researchers' perspective, this outcome can be explained by the fact that staff nurses might be hearing about corruption from fellow nurses, patients, or through media reports. Such secondhand information can significantly affect their perception of corruption within the organization. Additionally, considering the growing prominence of corruption today, Benha University Hospital has taken proactive measures to address this issue. These measures encompass the establishment of various comprehensive standards, rules, regulations, policies, and whistle-blowing protocols aimed at combating corruption. Moreover, the hospital has partnered with the Faculty of Nursing to implement a range of training and educational programs for increasing nurses' awareness. Consequently, most staff nurses had a high perception of corruption.

This finding is consistent with the research conducted by Atiya et al., (2022) which found that almost three-quarters of the nurses surveyed had a positive perception of the occurrence of corruption within Zagazig University Hospitals. In contrast, Tarawneh, (2013) discovered that

respondents had a moderate perception of common types of financial corruption, such as idleness, job interest, mediation, extortion, and bribery.

In terms of nurses' perception of organizational corruption dimensions, the findings indicated that nurses ranked favoritism as the dimension with the highest mean score, while the conflict of interests' dimension received the lowest mean score among nurses.

These findings could be justified by favoritism and may be perceived as a significant issue by nurses due to its potential negative impacts on fair treatment, equal opportunities, and overall morale within the workplace. Nurses might observe instances where certain nurses receive preferential treatment, leading to feelings of unfairness and dissatisfaction. On the other hand, the conflict of interests' dimension received the lowest mean score among nurses. This implies that nurses perceive a relatively lower level of conflict of interest within their organization. It suggests that they believe there is less overlap between personal interests and organizational responsibilities among the individuals they work with. Also, nurses perceive the organization to have effective mechanisms in place to address and prevent conflicts of interest. This perception might be influenced by policies, procedures, and ethical guidelines that promote transparency, integrity, and accountability within the organization.

This result in contrast to the findings of Al-Mahayreh & Abedel-qader, (2015) This study revealed a significant divergence in the prevalence of administrative corruption. The primary form of corruption identified in this research was Wasta, accounting for a staggering 65% of the cases investigated. Following closely behind were instances of favoritism and nepotism, which constituted 29% of the observed corrupt practices.

Regarding nurses' perception of organizational transparency, the study findings indicated that a significant majority of nurses, exceeding two-thirds of the participants, demonstrated a notably high perception level. Conversely, the percentage of nurses with a low perception level concerning organizational transparency was found to be comparatively minimal. These results underscore the prevalence of a favorable perception among nurses regarding transparency within their respective organizations; this could be due to the organization having established a culture that promotes transparency and values open communication. This is supported by leadership that encourages honesty, accountability, and information sharing throughout the organization. Such a culture would likely contribute to a higher perception of transparency among the nurses.

The findings of the study reinforce the conclusions drawn by Solteo & Schneider, (2022) as well as Lee & Li, (2021), who reported a significant degree of organizational transparency among employees. This implies that the level of transparency within the organization is highly prominent.

This finding contradicted the results presented by Almuqati et al., (2022) who reported in their research that healthcare providers perceived organizational transparency to be of moderate level. Additionally, Al-Subaie, (2010) discovered that the commitment to transparency within the Saudi government sector was low. Furthermore, the interest of government sectors in enhancing their regulations and legislation to eliminate ambiguity and ensure transparency was

found to be at an average level. Similarly, Al-Tarawneh & Al-'Adhayleh, (2010) found that the participants' perceptions regarding the degree of transparency implementation and administrative accountability levels in the discussed ministries were rated as average.

In terms of ranking nurses' perception of organizational transparency dimensions based on mean scores, the findings indicated that the information system dimension received the highest average score among nurses. Conversely, the accountability dimension received the lowest mean score among nurses. These results highlight the prominence of the information system in fostering transparency within the organization while indicating the need for improvement in promoting accountability among nurses.

In a similar vein, Al-Nashmi, (2015) and Almuqati et al., (2022) elucidated that participants held a higher perception of the ministry's endeavors in furnishing comprehensive information, surpassing their perception of other dimensions of transparency. Conversely, the dimension of accountability was perceived to a lesser extent compared to other dimensions. Correspondingly, Solteo & Schneider, (2022) discovered that the indicator of accountability garnered the lowest mean in terms of participation.

Regarding nurses' voice from their perspectives, the study findings revealed that slightly less than half of the nurses exhibited a moderate level of promotive and prohibitive voice, whereas less than one-fifth of them demonstrated a low level of promotive and prohibitive voice. This may be attributed to the fact that personal factors such as personality traits, past experiences, and personal motivations

may have played a role in determining the level of voice demonstrated by nurses. Some nurses may naturally be more inclined to express their opinions and take an active role in shaping their work environment, while others may be more reserved or hesitant to speak up. Thus, nurses who exhibited a moderate level of voice had a higher level of confidence and assertiveness, enabling them to voice their opinions more effectively. They may have felt comfortable advocating for changes and improvements in the healthcare system. Moreover, supportive and open organizational cultures that value and encourage nurses' input are more likely to foster a higher level of voice among nurses. Conversely, a hierarchical or oppressive work environment may discourage nurses from speaking up.

The findings presented in this paragraph were corroborated by several authoritative studies. Li et al., (2020); Rubbab & Naqvi, (2020), and Guo et al., (2021) all conducted research that substantiated the notion of participants experiencing moderate levels of both prohibitive and promotive voice behavior. Conversely, Botero & Van Dyne, (2009) highlighted an interesting contrast in their study, which focused on participants hailing from developed countries. The outcomes of their research revealed a prevalence of high levels of voice behavior among these individuals.

In terms of assessing nurses' voices in promotive and prohibitive behavior dimensions using mean scores, the findings indicated that the nurses exhibited the highest mean score for prohibitive voice dimension. Conversely, the lowest mean score among nurses was observed in the promotive voice dimension. These results highlight a greater inclination among nurses towards expressing

concerns or objections (prohibitive voice) compared to actively advocating for positive changes (promotive voice). Also, these results suggest that the nurses were more inclined towards highlighting and addressing negative aspects rather than actively promoting positive initiatives or voicing suggestions for improvement.

The findings of the study aligned with the assertions made by Zhang et al., (2015) regarding the occasional hesitancy of nurses to voice their concerns. Instead, they often opt for silence, influenced by their perception of the ineffectiveness of challenging the existing norms and the potential risks involved, such as negative judgment and potential harm to important professional relationships. Additionally, Lam & Mayer, (2014) proposed that individuals who possess a greater sense of authority are more inclined to voice their opinions to instigate change and promote progress.

For the correlation between the nurses' perception of organizational corruption, and organizational transparency and their voice, the findings of the study unveiled a substantial highly statistically significant positive correlation between nurses' perception of organizational corruption and two crucial factors: organizational transparency and nurses' voice. This correlation highlighted the profound impact that nurses' perception of corruption within the organization has on these key elements. The study's results underscore the importance of fostering an environment of transparency and encouraging nurses to voice their concerns, as these factors play a pivotal role in combating corruption and promoting a healthier work environment. This professional understanding of the correlation between nurses' perception of

organizational corruption, organizational transparency, and nurses' voices adds valuable insights to the ongoing discourse surrounding organizational integrity and effective healthcare delivery.

Additionally, nurses often have direct contact with patients and are well-positioned to identify instances of corruption or unethical behavior. When nurses feel supported and encouraged to speak up about such issues, it enhances their role as advocates for patient safety and quality care. This, in turn, ultimately contributes to a culture of transparency and reduces the risk of corruption.

The significant role of transparency in combating administrative and financial corruption within both public and private organizations has been substantiated by the research conducted by Jadara & Al-Wadi, (2021). Their study highlights the crucial link between transparency and the reduction of corrupt practices. Moreover, Al-Mahayreh & Abedel-qadar, (2015) conducted an extensive investigation and discovered that various aspects such as administrative transparency, information systems management, administrative communications, accountability, participation, and work procedures significantly influence administrative corruption within the Grand Amman Municipality. These findings underscore the importance of fostering transparency in organizational practices to effectively combat corruption and promote ethical governance. However, these findings were similar to the findings of a study conducted by Saeed & Abbas, (2017). It yielded compelling evidence linking transparency within the organization to its effective implementation, resulting in enhanced service delivery to beneficiaries and the cultivation of a

conducive environment fostering creativity and communication.

Conclusions

Based on the findings of the present study, it can be deduced that a significant majority of nurses, comprising approximately three-quarters and more than two-thirds, exhibited a heightened level of perception when it came to organizational corruption and transparency, respectively. Furthermore, it was observed that less than half of the nurses surveyed displayed a moderate level of engagement in promotive and prohibitive voice behaviors. Notably, a highly statistically significant positive correlation was established between nurses' perception of organizational corruption, organizational transparency, and their inclination to voice their opinions.

Recommendations

Based on comprehensive data analysis and extensive research findings, the following recommendations can be proposed in healthcare settings:
Healthcare administrators should promote ethical leadership, enhance transparency and accountability for nurses, and implement organizational controls to prevent and detect corruption. Also, they should establish clear lines of responsibility, decision-making protocols, and effective communication channels to ensure nurses feel valued and heard. Moreover, regular performance evaluations and feedback are crucial for detecting deviations and maintaining high standards of care, as well investing in ongoing training programs on anti-corruption strategies is essential for promoting organizational respect and transparency. Additionally, providing nurses with the opportunity to speak up is essential for a healthy work environment. Finally, further research and interventions are needed to understand barriers to nurses speaking up and implement strategies to overcome these barriers.

In conclusion, by embracing these recommendations derived from rigorous data analysis and research; these strategies can drive positive change, and ultimately contribute to the overall improvement of the healthcare system.

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