

Nurses Perception of Organizational Virtuousness and Identification as a Mediating Role of Community at Work

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Abstract

Background: Organizational virtue refers to the commendable moral attributes of an organization, which are seen as key to its success and vibrancy. Nurses who strongly identify with their organization tend to cultivate positive attitudes toward both the organization and their colleagues. **Aim:** The current study aimed to explore nurses' perception of organizational virtuousness and identification as a mediating role of community at work. **Design:** A descriptive correlational design was carried out to achieve the study aim. **Setting:** Current study was conducted at (Oncology Institute and Minia University Liver Hospital), Minia city, Egypt. **Sample:** included the convenient nurses working at the two selected hospitals at data collection time (n.=200). **Tools:** Three self-administered instruments utilized to collect data pertinent to the study named Organizational Virtuousness Scale, Organizational Identification Scale and Community at Work Questionnaire. **Results:** (77.5%) among the studied nurses exhibit a “high” level of total organizational virtuousness and (76.5%) have “high” perception level of organizational identification while (78%) report a “high” level of community in the workplace. **Conclusion:** Perceived Organizational Virtuousness was positively correlated to both perceived organizational identification and community at work in addition; a positive correlation found between perceived organizational identification and community at work, correlations were strong with high statistical significance. **Recommendations:** Frequent evaluations and continuous training programs should be implemented to strengthen organizational virtues and identification practices. Additionally, developing mentorship programs can help foster a sense of community among nurses.

Key words: Community at Work — Identification – Nurses - Organizational Virtuousness - Perception.

Introduction

The success of an organization largely depends on the efficiency of its human resources, with employees regarded as essential for survival in the globalized era. While it is evident that individuals alone do not determine an organization's direction, organizational conditions also significantly influence individual ethical behavior. According to social identity theory (SIT), individuals' workplace behaviors are influenced by the extent to which their work environment is perceived as ethical **(Constantinescu, & Kaptein, 2021)**

The recent moral and financial collapses of high-profile organizations worldwide have prompted the business community, popular media, and researchers to rediscover the importance of organizational virtues. Virtues, signifying strength or excellence, encompass key qualities such as transcendence, temperance, justice, humanity, courage, and wisdom. These virtues represent intellectual, moral, and social excellences, exhibited through character traits and intentional behaviors aimed at pursuing human goodness and achieving an optimal state of functioning as a valued goal **(Geue, 2022)**.

Organizational virtuousness (OV) is defined as the collective positive attributes and behaviors that are supported by and characteristic of an organization, promoting hedonic well-being, eudaimonic well-being, and optimal performance. This conceptualization embraces the synergy hypothesis, which posits that "the collective has some kind of multiplicative, amplifying, or synergistic effect such that the overall virtuousness becomes greater than the sum

of the virtuousness of individual members.”**(Ho, Hou, POON, Leung, & Kwan, 2023)**.

Organizational virtue refers to the commendable moral qualities of an organization, considered a key driver of its prosperity and vitality. A virtuous organization is more likely to be recognized by its employees, fostering tolerance among members and encouraging frequent interactions with the organization (or its leaders) and other members. This frequent interaction facilitates the exchange of information and feedback, giving a sense of intimacy and belonging. Additionally, it helps nurses clearly understand the boundaries between "insiders" and "outsiders" within the organization, thereby strengthening their internal identities **(Magnier-Watanabe, Uchida, Orsini, & Benton, 2020)**

When nurses believe their hospital is moral, they form favorable opinions of it and are drawn to its moral people, which promotes strong relationships among coworkers. Nurses' happiness rises because of these social ties meeting their demands for security and social interaction. Positive emotions from work in a moral organization broaden individuals' thought-action repertoires, allowing them to think imaginatively and handle challenges successfully. This willingness to engage cooperatively to solve problems lessens employee annoyance in handling day-to-day workplace difficulties **(Liang, 2023)**.

Moreover, when nurses adopt organizational virtuousness (OV), they form stronger psychological bonds with the organization

and often go beyond their assigned tasks, enhancing organizational performance. Perceiving their organization as virtuous fosters feelings of gratitude, prompting behaviors that benefit the entire organization and encourages to exhibit organizational citizenship behavior, aligning their actions with the organization's values. Consequently, they develop positive behaviors that strengthen their identification with the organization, leading to positive word of mouth, increased loyalty, trust, and overall commitment (**Weber, Unterrainer, & Höge, 2020**).

The last few decades have seen a sharp rise in organizational identification (OI) research. According to **Kilic, Tatar, and Erdil (2020)**, OI is an active process that people use to engage with the organization, which results in favorable organizational attitudes and behaviors like better performance. "Ongoing process where individuals tend to link themselves to a certain social element" is another way that it is defined. OI is a kind of tie that spans desire, affection, and cognition between nurses and the hospital (**Romeo et al., 2023**).

Organizational identification refers to how much an individual cognitively aligns with an organization by adopting its values and goals. This identification creates a sense of solidarity and unity, leading staff to view the organization's objectives as their own. It represents a part of one's identity that emerges from their relationship with the organization. Effective organizational identification is supported by leadership that shows respect and positivity toward employees, fostering transparency and openness with them (**Qureshi, 2020**).

The concept of organizational identity, or OI, is useful in both theory and practice. Employees with high degrees of identification combine their organizational membership with their own sense of self, which radically changes the relationship between employees and their employers. Increased contributions to the organization and improved work performance are the results of this integration (**Wu, Weisman, Yoshikawa, & Lee, 2021**). Motivation, output, and organizational loyalty are all positively correlated with organizational identification. People who identify deeply with their organization are more likely to have good attitudes toward it and their coworkers, feeling a strong sense of belonging that helps to define who they are (**Blader, Patil, & Packer, 2017; Lohyd & Bertrand, 2022**).

Furthermore, followers with higher levels of organizational identification (OI) are more likely to contribute significantly to organizational performance, as it encourages them to see themselves in alignment with the values they share with their social group and respond positively. A substantial body of literature supports the positive relationship between OI and employee performance. Leadership plays a crucial role in fostering this identification by encouraging followers to align with the organization's values and connect with its identity. According to social identity theory (SIT), individual social identity is formed through a sense of belonging or oneness with a group, which motivates individuals to contribute to the collective good (**Qureshi, 2020**).

Organizational effectiveness is enhanced through positive work environments characterized by behaviors, activities,

processes, and routines that reflect virtuousness. When virtuosity is amplified and becomes a defining feature of the entire organization, it manifests as organizational virtuousness. This is indicated by a range of positive practices observed in the workplace that promote human flourishing. This amplification process involves the spread of positive or virtuous practices through dynamic, positive relational connections in the workplace. These connections generate and sustain energy among nurses, fostering a stronger identification with the organization and facilitating the dissemination of virtuousness. Virtues contribute to the formation of high-quality connections (HQCs) between organizational members, creating a sense of community at work. This community reflects a deep connection between members' inner selves and their shared commitment, which supports and strengthens these relational ties. **(Geue, 2022)**.

In the workplace, community refers to a sense of belonging and connection among employees, creating a supportive and collaborative environment. Building and maintaining this sense of community, particularly in hybrid and remote work setups, is crucial for countering social isolation and enhancing relationships among team members. Being an active member of a workplace community allows employees to see the impact of their individual contributions within the broader organizational context. This recognition fosters a heightened sense of responsibility toward the team and the hospital's goals, motivating employees to produce higher-quality work in greater quantities **(Flex, 2024)**.

Nurses who are supported in an atmosphere that offers purposeful employment, a feeling of belonging, and a fit with their beliefs are more likely to identify with their companies and show moral and ethical care for others **(Zhang, 2020)**. Furthermore, employees feel appreciated and are more likely to strengthen their identification with the hospital when employers cultivate a healthy workplace culture where respect is reciprocated **(Haldorai, Kim, Chang, & Li, 2020)**. Nurses who identify with their organizations take on the organization's achievements and disappointments as their own, and when the workplace helps them accomplish their individual objectives, they become dedicated members **(Constantinescu & Kaptein, 2021)**.

Significance of the study

Healthcare organizations have come to realize how important it is to protect nurses' mental health by fostering a positive, community-based work environment to increase productivity, improve competitiveness, and create a positive organizational image through cultivating appreciation, gratitude, and encouragement **(Ho et al., 2023)**. Since virtue in organizations is a relatively new notion, there hasn't been much research done on it within the healthcare sector. Furthermore, according to **Muhammad, Ghulam, Umar, and Wan (2023)**, organizational identification is showing promise as a mediating mechanism for encouraging beneficial workplace behaviors.

From this regard, the researchers introduced this study to explore how nurses' perceptions of organizational virtuousness intertwined with their identification with the organization focusing on its mediating role to the formation of a community at work.

Exploring this relationship is crucial for several reasons; insights from this study can help healthcare organizations foster a more supportive and positive work environment, leading to higher job satisfaction and reduced burnout among nurses. And examining the mediating role to community at work can provide strategies for building stronger, more cohesive teams, enhancing nurses' sense of belonging and commitment to their organization. Also, the findings can guide the development of policies and training programs that promote ethical behavior, empathy, and collaboration within healthcare organizations. Overall, this study offers valuable insights for healthcare administrators, policymakers, and researchers aiming to improve the work environment for nurses and the quality of patient care.

Aim of the study:

The current research aimed to explore nurses' perception of organizational virtuousness and identification as a mediating role of community at work.

Research questions:

- 1- What are the nurses' perception levels of organizational virtuousness, identification and community at work?
- 2-Is there a relation between nurses' perception of organizational virtuousness, identification and community at work?

Material and Methods:**Study Setting:**

The current study was conducted at the Oncology Institute and Minia University Liver Hospital in Minia City, Egypt. A simple random sampling technique was used to select these hospitals among other co-governed institutions in Minia Governorate. Each hospital serves a distinct patient group and is affiliated with different governance

bodies: The Oncology Institute is affiliated with the Egyptian Ministry of Health (The General Secretariat of Specialized Medical Centers) and is housed in a three-story building with an internal capacity of 81 beds. Minia University Liver Hospital, located within the university campus, is affiliated with the Ministry of Higher Education and consists of a four-story building with an internal capacity of 218 beds.

Study Design:

This study was carried out using a descriptive correlational research design.

Study Sample: A convenience sample with a total (200 nurses) who were available on duty at the time of data collection at the two hospitals, (Oncology Institute (106) and Minia University Liver Hospital (94)).

Data Collection Tools

Three self-administered instruments were utilized in this study as coming:

Tool I: Organizational Virtuousness Scale: containing 2 parts:

Part 1: Nurses' profile data sheet: developed by the researchers to collect data such as: age, gender, residence, educational qualification, hospital name and years of experience.

Part 2: Organizational virtues practices scale adopted from (Geue, 2022) composed of (29 items) classified on six dimensions (care, forgiveness, inspiration, meaning, respect, & support) used to measure the perception of organizational virtuousness among nurses using a three point Likert scale as "1" disagree, "2" neutral, and "3" agree. **Scoring system:** The total score ranged from (29 to 87), and it divided into three levels as follow: "Low level" of positive organizational virtues practices ranged from 29 to 48, the "Moderate level"

ranged from 49 to 68 and the “High level” ranged from 69 to 87.

Tool II: Organizational Identification Scale: developed by (Van Dick et al., 2004). It consisted of (7) items for measuring perceived organizational identification among nurses with a 3-point Likert Scale ranging from "1" disagree "2" neutral, and "3" agree. **The scoring system** was ranged from (7 to 21), and it divided into three levels as follow: “Low level” of perceived organizational identification ranged from (7 to 11), the “moderate level” ranged from (12 to 16) and the “high level” ranged from (17 to 21).

Tool III: Community at Work Questionnaire: developed by Duchon and Plowman’s (2005). It consisted of (9) items for to measure the perceived community at work among nurses with a 3-point Likert Scale ranging from "1" disagree, "2" neutral, and "3" agree. **The Scoring system** was ranged from (9 – 27), and it divided into three levels as follow (9 – 14) pointed for “low community at work level”, (15- 21) denoted “moderate community at work level”, and (22-27) considered “high community at work level.

Tools Validity:

Three nursing administration specialists, one professor and two associate professors from Minia University's Faculty of Nursing, established the face and content validity of the study tools. Every expert examined the tool for a variety of factors, such as length, format, language, clarity, coverage, substance, and overall appearance.

Tools Reliability:

The reliability of the three instruments was assessed using Cronbach's Alpha Coefficient, demonstrating a good level of reliability. The obtained scores for the

instruments were as follows: the organizational virtuousness scale had a coefficient of 0.755, the organizational identification scale had a coefficient of 0.885, and the community at work questionnaire had a coefficient of 0.846.

The study pilot:

The pilot study was carried out on (10%) of the current sample to test the items' clarity and application and gauge how long it would take to complete the study instruments. The results showed that it took between twenty-five and thirty minutes to complete the survey. According on the analysis of the pilot study, no adjustments were made. Consequently, the total number of pilot experiments is (n=20) included in the study sample.

Ethical consideration:

Before data collection began, oral consent was obtained from all participating nurses. They were informed about the study's purpose, and their information was assured to remain anonymous and confidential. Each nurse was guaranteed that their participation was voluntary and that they could withdraw from the study at any time, for any reason, without facing any penalties.

Data Collection Procedure:

- Using books and journals that were readily available, the researchers did a survey of pertinent literature in order to become familiar with the research problem and choose the best study instruments. To make sure the instruments selected were appropriate for the study, this review addressed a number of different facets of the problem.
- The utility has been translated into Arabic.
- The faculty ethical committee was consulted, and the essence of the work was explained to obtain official clearance for the

study.

- During the implementation phase of the research, the researcher explained the significance, methodology, and goals of the study to each nurse to encourage better cooperation and ensure a clear understanding of the study's purpose.
- After being informed about the goals of the study, each participating nurse provided oral consent.
- During the data collection process, the researcher distributed the study instruments to the participating nurses individually in their units and requested that they complete them.
- The researchers waited until the subjects had completed their forms and were ready to answer any inquires.
- The study instruments were collected by the researcher once they had been completed.
- Field work for data collection time lasted for two months within November and December 2023.

Statistical design:

Data input and analysis were performed using the Statistical Package for the Social Sciences (SPSS) version 27. Means, frequencies, and percentages were among the descriptive statistics that were used for both qualitative and quantitative data. The degree of relationship between the variables under study was ascertained through the application of the correlation coefficient (r) test. At a p -value of 0.05, statistical significance was declared.

Results:

Table (1): shows nurses profile data; this table illustrates concerning age that (68%) of the studied nurses are aged between 20- < 30 years, The age group from 30 to < 40 years constitutes 21.5%, while whose age

equals 40 years and above represent only 10.5%. regards gender, males make up (37%) of the studied nurses, while females constitute (63%). Relation to residence, the distribution between rural and urban areas is almost equal, with 50.5% residing in rural areas and 49.5% in urban areas. (48%) of the nurses hold a technical institute in nursing, followed by those with a bachelor's degree in nursing (38%) and a diploma degree in nursing (14%). (72%) of the nurses have < 10 years of experience, with the remaining evenly split between the other categories (10- < 20 years and those with 20 and more years) at 14% each.

Figure (1): denotes nurses perception level regarding total organizational virtuousness and its dimensions and illustrates that, (77.5%) among the studied nurses exhibit a “high” level of total organizational virtuousness” while only (6.5%) exhibit “low” level. For the dimensions of organizational virtuousness, (79%) exhibit high level for the “meaning” dimension, followed by (78.5%) show high level of forgiveness, then (78%) of the nurses exhibit a high level in the dimension of “inspiration”, while the high level for the “care” dimension represents (76%) of the studied nurses and the dimension of “respect” represents (75%), finally, come the dimension of ”support” with (73.5%) among the studied nurses exhibit a “high” level.

Figure (2): presents nurses’ perception level regarding total organizational identification and reveals that, there are (76.5%) of nurses have a high perception level of organizational identification While only (8%) of them have low level.

Figure (3): clarifies nurses’ perception level regarding total community at work and

shows that (78%) among the studied nurses report a high level of community in the workplace, with a very small percentage (7%) at the low level.

Table (2): illustrates the differences in Mean score of OV, OI and community at work relating to nurses' profile data and shows that, the differences between age groups in organizational virtuousness, identification, and community at work are not statistically significant. Although there are slight increases in means with more years of experience, but the differences are not statistically significant. In addition, there were differences between various educational qualifications are not statistically significant. Moreover, the differences between males and females in organizational virtuousness are statistically significant ($P=0.044$), while differences in organizational identification and community at work are not significant. Finally, the differences between rural and urban areas are not statistically significant.

Table (3): explores mean score comparison for OV, OI and community at work among the studied nurses at selected hospitals and reports that, there are no statistically significant differences between the two hospitals for the three studied variables.

Table (4): illustrates correlations of the studied variables and reveals that, the correlation of perceived organizational

virtuousness with identification and between organizational identification and community at work are positive and very strong ($R=0.771$ & 0.742 in arrow) while the correlation between organizational virtuousness and community at work is also strong positive correlation ($R=0.694$). as well, all correlations of the study variables are high statistically significant.

Table (1): Percentage distribution of nurses' profile data (n=200).

Nurses' profile data	no.	%
Age		
20-<30yrs	136	68
30- < 40yrs	43	21.5
>40yrs.	21	10.5
Mean ± SD	28.6 ± 2.14	
Gender		
Male	74	37
Female	126	63
Residence		
Rural	101	50.5
Urban	99	49.5
Educational Qualification		
Diploma degree in nursing	28	14
Technical institute in nursing	96	48
Bachelor's degree in nursing	76	38
Years of Experience		
< 10yrs	144	72
10- < 20yrs	28	14
>20yrs	28	14
Mean ± SD	8.24 ± 8.01 yr.	

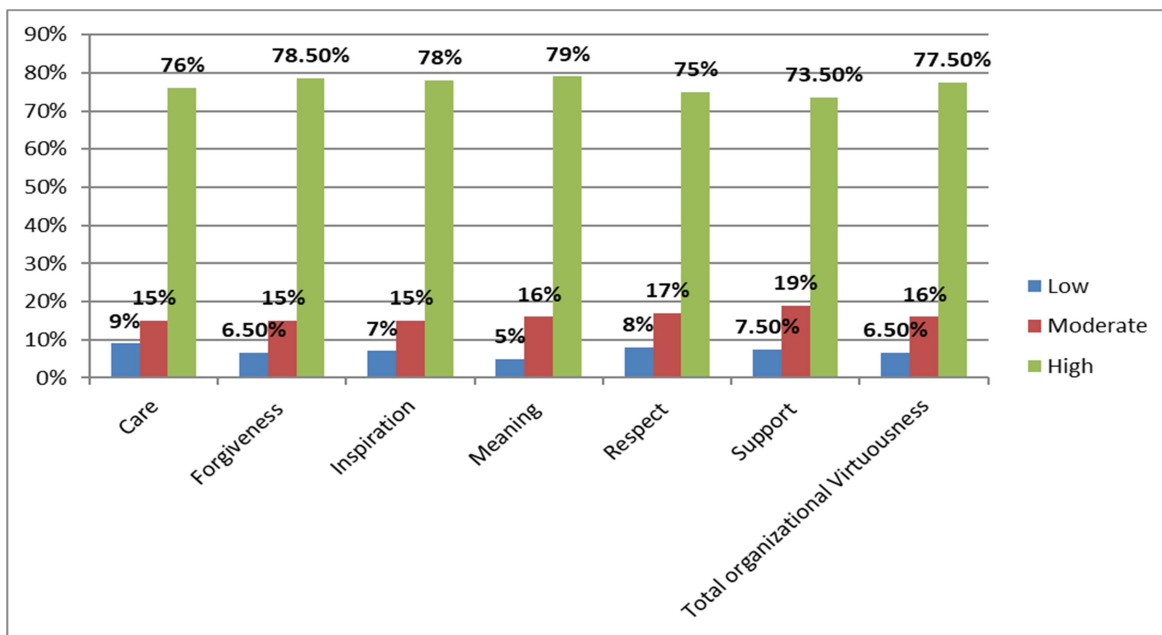


Figure: (1) Percentage distribution for nurses’ perception level regarding total organizational virtuousness and its dimensions (n=200).

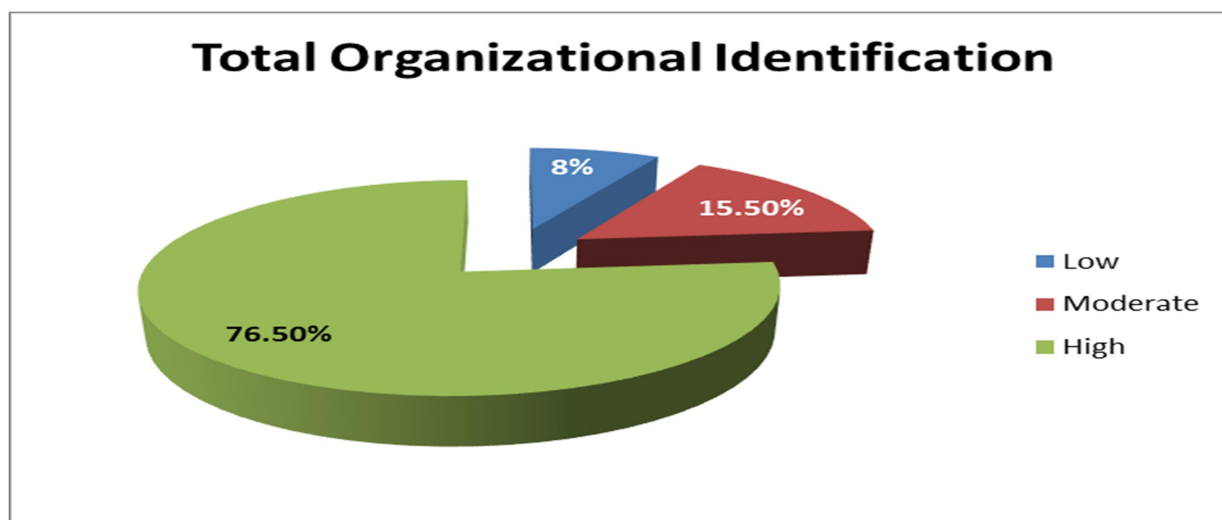


Figure (2) Percentage distribution for nurses’ perception level regarding total organizational identification (n=200).

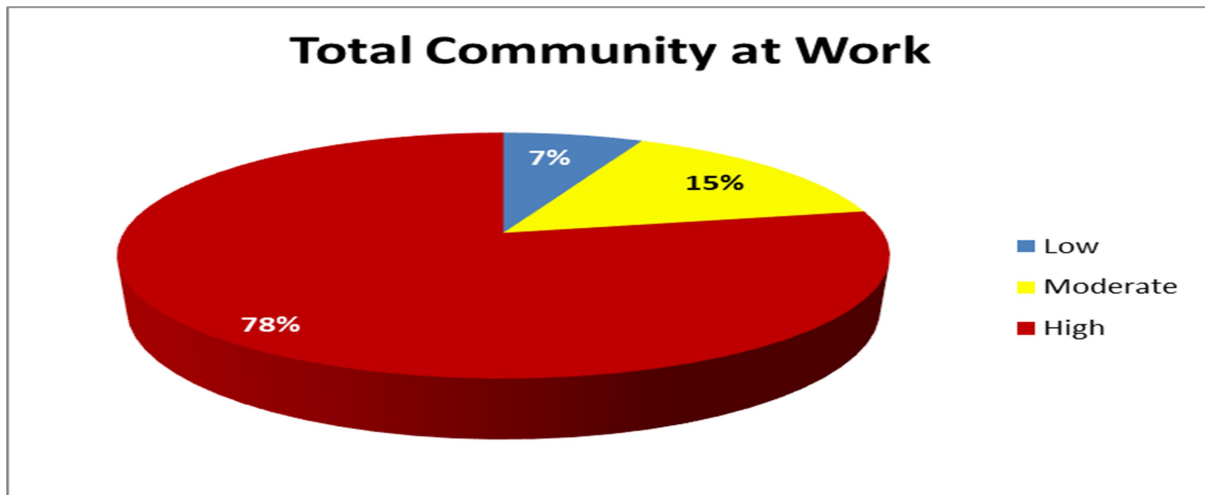


Figure (3) Percentage distribution for nurses' perception level regarding total of community at work (n=200).

Table (2): Mean score differences in perceived organizational virtuousness and identification as well as community at work in relation to nurses' profile data (n=200).

Nurses' profile data		Organizational Virtuousness		Organizational Identification		Community at Work	
		Mean	+SD	Mean	+SD	Mean	+SD
Age	20-<30yrs	71.10	13.3	17.43	3.51	21.75	4.31
	30- < 40yrs	72.60	14.7	17.67	3.53	22.65	4.10
	>40yrs.	76.05	11.1	18.19	3.61	22.52	4.60
ANOVA (P-value)		1.30(.273) NS		.455(.635) NS		.875(.418) NS	
Gender	Male	69.45	14.9	17.45	3.53	21.51	4.20
	Female	73.40	12.2	17.63	3.52	22.33	4.33
T-test (P-value)		2.02 (.044*)		.350(.727) NS		1.29(.198) NS	
Residence	Rural	71.61	13.5	17.49	3.50	22.01	4.25
	Urban	72.27	13.4	17.64	3.55	22.05	4.36
T-test (P-value)		.346(.730) NS		.303(.762) NS		.083(.934) NS	
Educational Qualification	Diploma degree in nursing	71.71	15.43	17.50	3.49	22.29	4.61
	Technical institute in nursing	71.47	14.21	17.32	3.77	21.42	4.45
	Bachelor's degree in nursing	72.62	11.67	17.88	3.20	22.70	3.90
ANOVA (P-value)		.159(.853) NS		.536(.586) NS		1.96 (.143) NS	
Years of Experience	< 10yrs	70.60	13.96	17.30	3.61	21.71	4.36
	10- < 20yrs	74.39	12.79	18.01	3.23	22.79	4.10
	>20yrs	76.39	9.84	18.46	3.52	22.89	4.08
ANOVA (P-value)		2.77(.065) NS		1.54(.215) NS		1.40 (.247) NS	

* $p \leq 0.05$ (significant) T-test: P – value based on independent sample t-test, F-test P – Value based on compares mean, NS= No Significant difference * Statistically significant difference

Table (3): Mean score comparison for the study variables among the studied nurses at selected hospitals (n=200).

The Study Variables	Mean +SD	Mean +SD	T- test	P- Value
	Oncology Institute (N= 106)	Minia University Liver Hospital (N= 94)		
Organizational Virtuousness	72.08+13.3	71.78+12.6	.162	.308 (NS)
Organizational Identification	17.71+3.35	17.39+3.71	.628	.314 (NS)
Community at Work	22.25+4.02	21.77+4.59	.255	.423 (NS)

Table (4): Correlation between levels of perceived organizational virtuousness and identification as well as community at work among the studied nurses (n=200).

Variables		Organizational Virtuousness	rganizational Identification	Community at Work
Organizational Virtuousness	r	1	.771**	.694**
	P		.000	.000
Organizational Identification	r	-	1	.742**
	p			.000
Community at Work	r	-	-	1
	P			

** correlation is high Statistically significant at $p \leq 0.01$

r= correlation coefficient

Discussion

The study of social identity processes in healthcare service facilities has quickly developed during the past ten years into an important organizational behavior viewpoint. The intersection of the organizational and individual levels of responsibility makes it more difficult to discern between various types of behavior (**Kaptein & Constantinescu, 2021**). It has long been understood that positive behavior at work is mostly motivated by nurses' psychological attachment to their firm. Moreover, positive workplace behaviors have been linked to organizational identity (**Pugliese, Bonaiuto, Livi, Theodorou, & van, 2024**).

Concerning the levels of perceived organizational virtuousness and its dimensions among the study nurses, the research findings clarified that, more than three quarters of nurses exhibited "high" responses for total organizational virtuousness level. Results also reported that, most of the studied nurses exhibited "high" responses towards the "meaning" dimension followed by the proportion who had "high" responses for "forgiveness" dimension, additionally, more than two thirds of the study nurses exhibited "high" responses towards "inspiration" and "care" dimensions of organizational virtuousness while three quarters of them had "high" responses towards "respect" dimension, and lastly, slight more than seventy percent had "high" responses towards "support" dimension.

As regards the level of perceived organizational identification, current findings revealed that, more than three quarters of nurses at the studied hospitals "exhibited "high" responses toward total organizational identification while less than a quarter of them exhibited low responses. **And**

for perceived community at work, the current results reported that, near to eighty percentage of the studied nurses exhibited "high" responses and slightly more than twenty percent exhibited low responses toward total community at work.

According to the researchers, the reason for these outcomes is that social identity analyses in organizational behavior have demonstrated a favorable correlation between social identification inside organizations and highly esteemed work-related attitudes and actions. This is consistent with a group culture that highlights how nurses take responsibility for their work when they innately feel engaged and a part of the hospital. Good work settings are those that elevate connections between employees and improve their well-being. These environments are defined by characteristics like openness, friendliness, collaboration, encouragement, freedom, and trust.

These results align with the findings of **Magnier-Watanabe, Uchida, Philippe, and Benton (2017)**, who found that the means for organizational virtuousness in general, forgiveness-related organizational virtuousness, positive well-being, job performance related to self-management, and job performance related to leadership were all above the midpoint. Additionally, these results align with **Bacaksiz, Rujnan, and Arzu Kader (2017)**, who emphasized a midline mean score for organizational identification in their study.

Moreover, the current findings align with those of **Geue (2022)**, who reported that the mean scores for organizational virtuousness (OV) and its dimensions such as respect, care, support, meaning, inspiration, and forgiveness were above the moderate level. Additionally, their study found high mean

scores for both community at work and organizational identification.

Considering the variations in the study variables relating to nurses' profile, findings revealed that statistically significant difference was found in the level of perceived organizational virtuousness in relation to gender favoring to female nurses who had the highest mean score. Otherwise, there were no statistically significant differences found in perceived OV among the studied nurses regarding to other profile data. The study findings in this regard showed also that, no statistically significant differences were found in perceived OI and community at work among the studied nurses regarding to any of their profile data. Additionally, there were no statistically significant differences in the three studied variables found among nurses at the two hospitals included in the study.

From the researchers perspectives, despite un statistically significant difference in the levels of OV, OI, or community at work across the different age groups, it is observed that older nurses (above forty years) tend to report slightly higher scores for all three variables, particularly with increased mean score in organizational virtuousness; this could suggest that more experienced or older nurses feel a greater sense of alignment with organizational values and community, perhaps due to increased familiarity and tenure within the organization. This also could be related to factors like accumulated work experience, deeper involvement in organizational culture, and stronger relationships with colleagues and management.

As for gender related comparison, the statistically significant difference in organizational virtuousness was found with

females reporting higher mean score of virtuousness compared to males; could indicate that female nurses perceive their workplace as more aligned with virtuous behaviors and ethics. It also could be linked to different gender-based perceptions or expectations of ethical behavior and organizational values, however, the absence of significant differences in organizational identification and community at work implies that both genders feel equally connected and integrated within the organization despite differing perceptions of virtuousness.

Moreover, researcher's views about the un-statistically significant difference in the levels of organizational virtuousness, identification, or community at work based on whether nurses come from rural or urban areas would suggest that the sense of virtuousness, identification, and community is equally perceived regardless of residential background, indicating that geographic location does not have a notable impact on these factors.

Furthermore, the researchers monitored that educational background does not show any statistically significant differences in the three variables while nurses with bachelor's degrees report slightly higher mean scores, particularly in community at work, however, the differences could not be significant enough to suggest that education level strongly influences these perceptions. This also indicate that, higher education levels equip nurses with greater skills and confidence, potentially enhancing their perceptions of the organization's virtuousness and their role within it. However, the lack of statistical significance implies that education alone does not have a strong impact on these perceptions.

Additionally, though there are no statistically significant differences in the three variables based on years of experience, it was notable that nurses with over twenty years of experience report higher mean scores in all categories, particularly OV; this tends to suggest that more experienced nurses may feel more integrated into the organizational culture and perceive a stronger community and alignment with organizational values over time. This could also be attributed to the assumed fact that longer-serving employees often develop stronger bonds with their organization, have a deeper understanding of its values, and feel more connected to their workplace community which indicates that experience contributes positively to how nurses view their organization's ethical standards and their place within the workplace culture.

Lastly, lack of difference in OV, OI or community at work perception levels among the studied nurses at different workplaces could explain that selected hospitals within the healthcare system provide a uniform organizational environment that fosters similar levels of virtuousness, identification, and community at work, among nurses as reflected in elevated mean scores with increased nurse age and workplace experiences which overshadow geographic influences when it comes to perceptions toward the organization.

Current findings in this point contrasts with **Magnier-Watanabe et al. (2017)**, who reported that hierarchical positions positively related to general organizational virtuousness and forgiveness-related organizational virtuousness, with statistically significant differences for general organizational virtuousness based on hierarchical positions. It also differs from **Bacaksiz et al. (2017)**,

who found statistically significant differences in organizational identification based on institution and position, educational level, and tenure at the hospital.

Regarding the correlation between the study variables, this research study clarified that the perceived OV was positively correlated to both of perceived organizational identification and community at work among the studied nurses with high statistical significance. Findings also highlighted that statistically significant strong positive correlation was found between perceived organizational identification and community at work. From the researcher's perspective, these findings are significant as they highlight that organizational virtuousness and identification play a crucial mediating role in fostering a sense of community at the workplace. For example, nurses who perceive their work as virtuous and aligned with the organization's values feel valued within their workplace community and develop a strong sense of belonging.

According to these results, forming strong relationships at work fosters organizational virtue and its effect on staff identity. Nurses who feel that their jobs have a strong sense of purpose and community are typically more energized and have stronger identities. People who feel cut off from their working community, on the other hand, could find it difficult to relate to their hospital and think that their work is uninteresting, dull, and pointless. They probably don't get along well with their coworkers and feel that their ideals don't match the organization's. Those who have a strong sense of belonging, on the other hand, are more likely to firmly identify with their organization.

These results provide valuable insights into the significant role of both organizational

virtuousness and identification in enhancing workplace community relationships. They highlight that organizational identification, in particular, plays a stronger role in driving organizational behaviors among employees. This suggests that supporting organizational identification may be a more effective approach for improving work community dynamics and fostering positive behaviors within the organization.

Additionally, the present findings underscore the theoretical importance of both organizational virtuousness and identification. The study of social identification at work can benefit from considering not only organizational identification but also employees' perceptions of organizational virtuousness. Identifying factors that influence employees' engagement in the workplace community is crucial for effective management of work relationships within organizations. Understanding these dynamics can help organizations better support and manage their employees, enhancing overall work relations and fostering a more positive work environment.

Additionally, those results highlighted the broad managerial implications of how organizations can foster a sense of community and connectedness at work to improve nurses' perceptions of organizational virtuousness and identification through tactics like communicating goals, values, and accomplishments in an appropriate manner in terms of openness and trust, being perceived as involved in decision-making, and being supportive in order to foster ownership of organizational goals and procedures meant to project a more positive image of the organization to the general public.

Lastly, these results emphasized that by focusing on the professional identity and

sense of community among its staff, hospitals can enhance job performance and improve leadership competency by investing in organizational virtuousness. The results of the study demonstrated that organizational identification is a crucial socio-psychological mechanism between organizational virtuousness and forming a sense of community at work, which adds to the body of knowledge on organizational identification.

This study's findings support those of **Magnier-Watanabe et al. (2017)**, who found that positive subjective well-being mediates and moderates the relationship between general organizational virtuousness and self-management-related job performance as well as between general organizational virtuousness and leadership-related job performance. The author highlighted that since good well-being is linked to a sense of commitment and belonging, work organizations should pay attention to it because it would probably pay off in terms of leadership performance.

The results of **Hair et al. (2021)** further corroborated the current findings, as they demonstrated mediation by the organizational virtuousness's meaning dimension as well as the control variables of autonomy and a good work-related identity to the workplace community. Remarkably, it has a favorable correlation with both organizational identity and work engagement.

Furthermore, the findings of **Muhammad et al.'s** study from **2022**, which show that organizational identification strongly affects the correlations between the aspects of workplace spirituality, particularly a sense of community, are consistent with this finding. Additionally, these findings are consistent with those of (**Geue, 2022**). That study found

that while the correlations between organizational identification and community at work were moderate and significant, the correlations between the total OV and each of its individual dimensions with community at work were good and significant.

Conclusion:

Most of the studied nurses exhibited high responses for total organizational virtuousness level and all its dimensions. Also, many of the study nurses reported high responses toward total organizational identification and total community at work. Perceived OV was positively correlated to both perceived organizational identification and community at work with high statistical significance in addition, a statistically significant strong positive correlation found between perceived organizational identification and community at work. Furtherly, statistically significant difference was found in the level of perceived organizational virtuousness in relation to nurses' gender, while there were no statistically significant differences found in both perceived organizational identification and community at work regarding to any of nurses' profile data.

Recommendations:

For Hospital Administration:

- Conduct regular surveys to assess nurses' perceptions of organizational virtuousness, identification, and community at work.
- Foster a culture of continuous improvement where feedback is used to make ongoing enhancements to organizational practices
- Implement robust feedback mechanisms to continuously improve organizational practices based on nurse feedback.

-Identify and address barriers that hinder the development of organizational virtuousness, identification, and community at work.

- Develop mentorship programs where experienced nurses can guide and support new nurses, fostering a sense of community.
- Ensure transparent and open communication channels between management and staff to increase trust and identification with the organization.

For Nursing management; nurse managers should:

- Provide regular training programs for nursing staff to enhance virtues such as care, respect, and support among nurses.
- Implement recognition programs that reward virtuous behavior, fostering a culture of positivity and ethical behavior.
- Involve nurses in decision-making processes to enhance their sense of belonging and ownership.
- Organize regular team-building activities to strengthen relationships among nurses and create a supportive work environment.

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