



Research Article

**THE EFFECT OF THE PERCEPTION OF ORGANIZATIONAL CRONYISM ON NURSES' WORK ALIENATION AND TURNOVER INTENTION: A CROSS-SECTIONAL AND CORRELATIONAL STUDY**

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**Abstract:** It is known that nurses tend to feel alienated from their work and tend to turnover intention their jobs. However, whether the perception of organizational cronyism affects this situation is not yet clear enough. This study was conducted as a descriptive and correlational study to determine the effect of organizational cronyism perception on alienation from work and turnover intention in nurses. Data were collected using a descriptive information form, organizational cronyism perception scale, work alienation scale and turnover intention scale. The data were analyzed using frequency and percentage distribution, descriptive statistics, correlation, and hierarchical regression analyses. In this study, data were collected between May and July 2023. The sample consists of 250 nurses who were reached online and voluntarily participated, using the convenience sampling method, which is one of the non-probability sampling techniques.

In the study, the mean scores of nurses' perception of organizational cronyism, work alienation and turnover intention scale were found to be at a moderate level; there was a positive and significant ( $r=0.391$ ,  $p<0.001$ ) relationship between perception of organizational cronyism and work alienation, at the same time there was a positive and significant ( $r= 0.425$ ,  $p< 0.001$ ) relationship between perception of organizational cronyism and turnover intention. In addition, organizational cronyism perception explained 15% of work alienation and 18% of turnover intention. In this study, 45.2% of the nurses were partially satisfied with their institution. Ward nurses who expressed dissatisfaction with their workplace exhibited higher average, Perceived Organizational Cronyism Scale, Work Alienation Scale in Nurses and Turnover Intention Scale scores. Conversely, nurse managers in top management positions who were satisfied with their institution demonstrated lower average scores for Perceived Organizational Cronyism Scale, Work Alienation Scale in Nurses and Turnover Intention Scale.

Cronyism in organizations can undermine employees' trust in the organization and negatively affect their sense of justice. This situation may create a perception that personal relationships, rather than merit, are the determining factor in organizations, which can lead to a decrease in organizational commitment. Due to the limited number of studies that simultaneously examine organizational cronyism, work alienation, and turnover intention in the existing literature, this research is considered to fill an important gap. The control variables are sociodemographic characteristics (gender, age, education status, marital status, work experience, organization worked for, etc.), which were first included in the model, followed by the sequential addition of the Perceived Organizational Cronyism Scale variable.

**Keywords:** Nurse, organizational cronyism, turnover intention, work alienation.

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## 1. Introduction

Cronyism is defined as "to ensure success by protecting, to keep someone at the expense of others or at the expense of the business, to provide unfair advantages to someone, to show favoritism" [1]. In the literature, it is seen that there are various types of favoritism, such as cronyism, nepotism, favoritism based on different reasons and sometimes these are used synonymously. "Cronyism" is defined as the favoritism of friends and spouses [2, 3], "Nepotism" as favoritism based on blood ties [2, 3] and "Favoritism" as a broader concept that includes the concepts of nepotism and cronyism based on kinship or friendship [4]. A manager may engage in cronyism by using their power and authority to protect and support individuals or groups they feel close to, while disregarding ethical principles such as equality, justice, and merit, and favoring those who do not deserve it [5,6]. In organizations, cronyism can be observed in the forms of in-group cronyism, paternalistic cronyism, and cronyism based on reciprocal exchange of favors. In-group cronyism refers to the behavior of employees who form groups with those they are close to and show favoritism only toward members of their own group. Paternalistic cronyism is associated with power and loyalty; managers display favoritism toward employees who are obedient to them. In the dimension of cronyism based on reciprocal exchange, there is a mutual benefit-based relationship between the manager and the subordinate, and the manager favors the subordinate with whom they have an interest-based connection [7]. This study focuses on "cronyism," a specific form of favoritism prevalent in workplaces, which stems from social connections, particularly among managers, rather than being associated with family ties.

Cronyism which is seen as an obstacle to institutionalization in organizations and can lead to ethical collapse is associated with many counterproductive behaviors for employees and organizations. In studies conducted in different fields, organizational cronyism is negatively associated with employees' perception of organizational justice and job satisfaction [8, 9]. Organizational cronyism is associated with a lower level of organizational trust, performance, and commitment to the manager [8, 10, 11]. It also demonstrates a negative relationship between organizational commitment and a positive relationship with turnover intentions [10, 12, 13]. Furthermore, it is positively associated with organizational revenge behaviors, and employees become unhappy [5,14]. Additionally, organizational cronyism has been linked to brain drain and is suggested to be negatively related to organizational and economic development [15].

Studies have shown that organizational cronyism is linked to work alienation [16,17]. Work alienation is defined as a social and psychological problem in which the employee finds his/her job meaningless, feels lonely, powerless, and helpless, has no control over the decision-making process [18], sees it as inadequate, and loses hope, and unconsciously develops apathy towards his/her work [19, 20]. Factors such as management style, role ambiguities, monotony, difficult working conditions, unfairness in promotion and wage system, not being valued by the organization, conflicts in the organization, working in the same job for a long time, not being able to participate in decisions, unfair division of labor, not being able to express oneself, not having autonomy and control authority, not meeting the material and moral needs of employees or not meeting their expectations have been observed in connection with increased levels of work alienation [19, 20, 21, 22]. Work satisfaction, organizational trust, performance, organizational commitment, burnout, and turnover intention increase in individuals who are alienated from work (20,23]. These negative situations may be associated with deterioration of the nurse-patient relationship in the health field, missed nursing care, decreased patient safety and satisfaction, and deterioration in the quality of nursing care [24].

Healthcare institutions, where the concept of ethics is very important, are institutions where various types of cronyism/discrimination are seen [11, 25], and it is important for institution managers

to comply with ethical principles and avoid unethical behaviors in order to manage healthcare services effectively and to protect organizational peace and organizational health.

Nurses working in these institutions try to develop, protect and sustain the health of individuals, families and communities by taking on multifaceted roles such as caregiver, decision maker, manager, communicator, educator, leader, consultant, researcher and advocate. While doing all these, they may encounter cronyism, which is an undesirable behavior in the work environment. Studies have shown an association between different types of cronyism, reduced performance of healthcare workers, increased nurses' turnover intention and burnout, negatively affected psychological well-being, and reduced organizational trust and work satisfaction [8, 26, 27]. However, studies on the effects of organizational cronyism on nurses are scarce. Therefore, it is important to reduce this behavior and eliminate the perception of employees in health institutions. Negative perceptions of cronyism may result in patient safety concerns and contribute to undesirable challenges within the institution.

However, there is no study examining the effect of organizational cronyism on work alienation and turnover intention, especially among nurses. Studies have indicated that the perception of cronyism among nurses is associated with lower levels of commitment to work, job satisfaction, motivation, trust in supervisors, and belief in the organization. Furthermore, it may result in decreased professional interest, workplace alienation, or even job resignation, while also hindering teamwork between nurses and other healthcare professionals [8, 26, 27].

These conditions pose risks to the efficiency and quality of nursing care, as well as patient safety [24]. To ensure safe and high-quality nursing services, sustain organizational effectiveness, reduce turnover, and prevent the negative impact of perceived cronyism on nurses, it is essential to investigate this issue and examine its effects.

This situation was effective in the implementation of the current study. It is predicted that the results of the study will bring a new finding to the literature on the subject and will guide the planning of future studies and raise awareness among nurse managers. This study was conducted to determine the effect of organizational cronyism perception on work alienation and turnover intention in nurses.

## 2. Methods

### 2.1. Aim and Design

This study was conducted as a descriptive, cross-sectional and correlational study to determine the effect of organizational cronyism perception on work alienation and turnover intention in nurses.

### 2.2. Instruments

An online questionnaire form including an introductory information form, organizational cronyism scale, alienation from work in nursing scale and turnover intention scale was used to collect the research data.

**Descriptive Information Form:** This form consists of 12 questions to determine the nurses' gender, age, education level, marital status, position, professional experience, etc.

**Perceived Organizational Cronyism Scale (POCS):** It was developed by Turhan [6], the scale consists of 15 items and three sub-dimensions In-group bias (6 items), paternal cronyism (5 items), reciprocal exchange of favor (4 items)) and is rated on a five-point Likert scale (1 = strongly disagree, 2 = disagree, 3 = somewhat agree, 4 = agree, 5 = strongly agree). In the scale, the "in-group bias" sub-dimension refers to the manager's biased treatment of employees who feel close to him/her for any reason, the "paternal cronyism" sub-dimension refers to the loyalty- cronyism relationship between the manager and the employee, and the "Reciprocal exchange of favor" sub-dimension refers to the interest-based relationships between the manager and the employee. While Cronbach's alpha values of the scale were

0.90, 0.87, and 0.74 in sub-dimensions and 0.85 in total in this study, 0.88, 0.91 and 0.61 in sub-dimensions and 0.89 in total were found. Items 2, 11 and 12 are reverse scored and it is accepted that the higher the scores, the higher the perception of cronyism.

**Work Alienation Scale in Nurses (WASN):** The scale was developed by Oruç [28] consists of 27 items and 6 sub-dimensions and is graded on a 5-point Likert scale (5-none, 4-very little, 3-quite a bit, 2-quite, and 1-very much). The sub-dimensions of the scale are "use of creativity during the production of the service (4 items)", "use of initiative during the production of the service (5 items)", "production process (5 items)", "participation in the decision-making process (6 items)", "meaningfulness of the work for the employee (4 items)" and "division of labor (3 items)". While scoring the scale, items 3, 10, 11, and 25 are reversed and the points that can be obtained from the scale are between 27-135. Accordingly, according to the total scores of the scale, it is accepted that those who score between 27-62 have a low level of alienation, those who score between 63-98 have a medium level of alienation and those who score between 99-135 have a high level of alienation. Oruç divided the medium level into two equal parts and classified it as "medium-low level" (63-80 points) and "medium-high level" (81-98 points) due to the accumulation in the medium level work alienation group. The Cronbach's alpha value of the scale was reported to be 0.82 and was found to be 0.83 in this study.

**Turnover Intention Scale (TIS):** This scale was developed by Mobley, Horner, Hollingsworth (1978) [47], and cross-culturally adapted by Öricü and Özafşarlıoğlu [48], The scale measures the participants' intention to stay or resign from the organization based on self-assessment and consists of 3 items and a single dimension. The scale is rated on a five-point Likert scale (1 = strongly disagree, 2 = disagree, 3 = undecided, 4 = agree, 5 = strongly agree) and there are no reverse-scored items, and it is accepted that the higher the score, the higher the turnover intention. While the Cronbach's Alpha value of the scale was reported as 0.904 it was found as 0.75 in this study.

### 2.3. Data collection

In this study, data were collected online between May and July 2023 through a questionnaire, which served as a data collection instrument within a quantitative research design. The access link of the online survey form was shared in online groups of nurses through group communication applications and nurses were invited to the study. On the first page of the online questionnaire form, participants were informed about the research with the informed consent form and asked to mark whether they agreed to participate in the research. Those who agreed to participate accessed the other pages of the questionnaire form and answered the questions and statements in the questionnaire form. Participation in the study was entirely voluntary and only occurred after informed consent was obtained from participants. We ensured the confidentiality of participants' data, which was stored in a password-protected Google Drive account accessible solely to the researchers. Completing the questionnaire took approximately 15 to 20 minutes.

### 2.4. Sample

The study population consists of nurses employed in the country where the research was conducted. In this study, the sample size was calculated using a sample size calculator for a known population (Raosoft), with a 5% margin of error and 85% confidence level and % 50 response distributions. The goal was to include at least 208 nurses [29]. According to data from the Turkish Statistical Institute, the total number of nurses in Turkey was 248.287 [30].

The sample consists of 250 nurses who were reached online and voluntarily participated, using the convenience sampling method, which is one of the non-probability sampling techniques. The nurses' work areas were not differentiated by region, healthcare setting (urban/rural) or (public/private). The inclusion criteria were working as a nurse, voluntarily participating in the study, filling out the data

collection tool completely and completely. The exclusion was unwillingness to participate voluntarily in the study.

## 2.5. Data analysis

The data were analyzed using the SPSS-25(Statistical Package for the Social Sciences) statistical package. Skewness and Kurtosis tests were used for conformity to normal distribution and +2 and -2 intervals were used as limit values [50]. Since the data showed normal distribution, parametric tests were used. Descriptive statistics (number, percentage, mean, standard deviation), Pearson correlation analysis, simple linear regression analysis, hierarchical regression analysis were used. The significance level of the tests was accepted as  $p < 0.05$ . While the dependent variable of the study is alienation from work and turnover intention, the independent variable is the perception of organizational cronyism.

## 2.6. Ethical principles

Before starting the study, permission was obtained via e-mail from the authors who developed the scales used in the study. This study was approved by the Bandırma Onyedi Eylül University Health Sciences Non-Interventional Research Ethics Committee (Date: 13.04.2023, approval number: 2023/66). Participants had to read and approve the informed consent, which involved explanations about the purpose of the study before they started responding to the scale items. All participant responses were kept confidential and used only for scientific research purposes. During the research, only the responsible researcher could access the answers given to the survey form through an encrypted computer. The data was also analyzed by the researcher on this encrypted computer.

## 3. Result

### 3.1. Demographic characteristics of participants

When the descriptive characteristics of the nurses who participated in the study were examined, it was determined that the majority of them were female (91.6%), between the ages of 20-30 years (37.6%), had a bachelor's degree (64.8%), were married (64.8%), worked in hospitals affiliated to the Ministry of Health (70.8%), had 0-5 years of professional experience (30%), worked 40 hours a week (53.2%), worked as ward nurses (48%), and worked both day and night shifts (54.4%). In addition, it was found that most of the nurses had a second workplace (27.6%), usually left their previous institution due to transfer (57.6%), and were partially satisfied with their institution (45.2%) (Table 1).

**Table 1.** Distribution of descriptive characteristics of nurses (N=250)

Descriptive Characteristics	n (%)
<b>Gender</b>	
Woman	229 (91.6)
Male	21(8.4)
<b>Age</b>	
20-30	94(37.6)
31-40	55(22.0)
41-50	75(30.0)
51 and above	26(10.4)
<b>Education status</b>	
Health vocational high school graduate	14(5.6)
Associate Degree	19 (7.6)
Bachelor's degree	162(64.8)
Postgraduate graduate	55(22.0)

Table 1. Continued.

Descriptive Characteristics	n (%)
<b>Marital status</b>	
Married	162(64.8)
Single	88(35.2)
<b>Organization worked for</b>	
Ministry of Health hospital	177(70.8)
University hospital	29(11.6)
Family health center	17(6.8)
Private hospital	12(4.8)
Other (community health center, medical center, health directorate)	15(6.0)
<b>Professional experience</b>	
0-5 years	75(30.0)
6-10 years	35(14.0)
11-15 years	37(14.8)
16-20 years	20(8.0)
21 years and above	83(33.2)
<b>Position in the organization</b>	
Ward nurse	120(48.0)
Nurse in charge	41(16.4)
*Specialty nurse	53(21.2)
Administrator (Nursing Services Manager/ assistant	etc.) 7 (2.8)
Other (family health worker, etc.)	29(11.6)
<b>Mode of operation</b>	
Constantly at night	5(2.0)
Continuous daytime	109(43.6)
Night and day	136(54.4)
<b>Working hours per week</b>	
40 hours	133(53.2)
41-50 hours	81(32.4)
51 hours and above	36(14.4)
<b>How many workplaces is the organization you work for?</b>	
First	65(26.0)
Second	69(27.6)
Third	52(20.8)
Fourth	32(12.8)
Fifth	32(12.8)
<b>Reason for leaving the old organization</b>	
Due to transfer	144(57.6)
Dissatisfaction with the management style in the organization	24(9.6)
Other (change of institution, health problem, career)	82(32.8)
<b>Satisfaction with the organization they work for</b>	
Yes	94(37.6)
No	43(17.2)
Partially	113(45.2)

\*Specialty nurse (quality, infection, intensive care, diabetes, education nurse, etc.)

### 3.2. Mean scores of the scales, subscales, and total scores of POCS, WASN and TIS

When the sub-dimension and total mean scores of the nurses from POCS, WASN and TIS were evaluated, it was determined that the highest mean score in POCS was in the sub-dimension of "in-group bias" ( $M=20.13\pm5.59$ ), the lowest mean score was in the sub-dimension of "reciprocal exchange of favor" ( $M=11.82\pm3.03$ ), and the total mean score was ( $M=47.56\pm11.21$ ). Regarding WASN, the highest mean score of the nurses was in the sub-dimension of "participation in the decision process" ( $M=18.74\pm4.88$ ), the lowest mean score was in the sub-dimension of "division of labor" ( $M=8.00\pm1.82$ ), and the total mean score was ( $M=77.80\pm14.93$ ). It was observed that the nurses total scored ( $M=7.83\pm3.09$ ) in TIS (Table 2).

**Table 2.** Distribution of nurses' mean scores in the subscales and total scores of POCS, WASN and TIS (N=250)

Scale	Subdimension	Min.	Max.	Mean (SD)
Perceived Organizational Cronyism Scale (POCS)	In-group bias	6.00	30.00	20.13 (5.59)
	Paternal cronyism	8.00	25.00	15.51 (3.20)
	Reciprocal exchange of favor	4.00	20.00	11.82 (3.03)
	Total	15.00	71.00	47.56(11.21)
Work Alienation Scale in Nurses (WASN)	Use of creativity during the production of the service	4.00	19.00	10.64 (2.61)
	Use of initiative during the production of the service	5.00	25.00	15.35 (4.00)
	Production process	9.00	20.00	14.37 (2.15)
	Participation in the decision-making process	6.00	30.00	18.74 (4.88)
	The meaningfulness of the work for employee	4.00	20.00	11.85 (3.95)
	Division of labor	3.00	12.00	8.00(1.82)
	Total	34.00	119.00	77.80(14.93)
Turnover Intention Scale (TIS)		3.00	15.00	7.83 (3.09)

Mean, standard deviation, min-max.

### 3.3. The correlation analysis results

In the scale totals, there was a positive and significant ( $r=0.391$ ,  $p<0.001$ ) relationship between organizational cronyism and work alienation, at the same time there was a positive and significant ( $r=0.425$ ,  $p<0.001$ ) relationship between perception of organizational cronyism and turnover intention. Additionally, a positive and significant ( $r=0.463$ ,  $p<0.001$ ) relationship between work alienation and turnover intention (Table 3).

According to the results of the Pearson correlation analysis conducted for the relationship between POCS, WASN and TIS sub-dimensions in Table 3, it was determined that there was significant positive relationship between POCS sub-dimensions "in-group bias" ( $r=0.411$ ,  $p<0.001$ ), "paternal cronyism" ( $r=0.301$ ,  $p<0.001$ ), and "reciprocal exchange of favor" ( $r=0.317$ ,  $p<0.001$ ) and WASN (Table 3).

There were also positive and significant relationships between the POCS sub-dimensions of "in-group bias" ( $r=0.386$ ,  $p<0.001$ ), "paternal cronyism" ( $r=0.388$ ,  $p<0.001$ ) and "reciprocal exchange of favor" ( $r=0.391$ ,  $p<0.001$ ) and turnover intention (Table 3).

It was found that there was a positive and significant relationship between the WASN sub-dimensions of "use of initiative during the production of the service" ( $r=0.265$ ,  $p<0.001$ ), "production process" ( $r=0.321$ ,  $p<0.001$ ) and "participation in the decision-making process" ( $r=0.321$ ,  $p<0.001$ ) and "meaningfulness of the work for employee" ( $r=0.491$ ,  $p<0.001$ ) and turnover intention (Table 3).

**Table 3.** Correlation values for the relationship between POCS, WASN, and TIS sub-dimensions (N=250)

Scale and its sub-dimensions		1	1a	1b	1c	2	2a	2b	2c	2d	2e	2f	3
1- POCS	r	1											
	p												
(1a) In-group bias	r	0.948**	1										
	p	<.001											
(1b) Paternal cronyism	r	0.911**	0.796**	1									
	p	<.001	<.001										
(1c) Reciprocal exchange of favor	r	0.853**	0.694**	0.720**	1								
	p	<.001	<.001	<.001									
2- WASN	r	0.391**	0.411**	0.301**	0.317**	1							
	p	<.001	<.001	<.001	<.001								
(2a) Use of creativity during the production of the service	r	-.099	-.100	-.063	-.104	0.424**	1						
	p	0.117	0.116	0.319	0.101	<.001							
(2b) Use of initiative during the production of the service	r	0.261**	0.311**	0.182**	0.163**	0.785**	0.362**	1					
	p	<.001	<.001	0.004	0.010	<.001	<.001						
(2c) Production process	r	0.432**	0.449**	0.348**	0.344**	0.798**	0.172*	0.566**	1				
	p	<.001	<.001	<.001	<.001	<.001	<.05	<.001					
(2d) Participation in the decision-making process	r	0.432**	0.449**	0.348**	0.344**	0.798**	0.172*	0.566**	1.000**	1			
	p	<.001	<.001	<.001	<.001	<.001	<.05	<.001	<.001				
(2e) The meaningfulness of the work for employee	r	0.334**	0.339**	0.233**	0.319**	0.774**	0.190	0.477**	0.477**	0.477**	1		
	p	<.001	<.001	<.001	<.001	<.001	<.05	<.001	<.001	<.001			
(2f) Division of labor	r	-.150*	-.145*	-.173**	-.084	0.172*	0.208**	0.234**	0.027***	0.027***	0.046***	1	
	p	0.018	0.022	0.006	0.185	<.05	<.001	<.001	0.670	0.670	0.467		
3- TIS	r	0.425**	0.386**	0.388**	0.391**	0.463**	0.069	0.265**	0.321**	0.321**	0.491**	0.039	1
	p	<.001	<.001	<.001	<.001	<.001	0.279***	<.001	<.001	<.001	<.001	0.538***	

Pearson correlation analysis, \*p<0.05, \*\*p<0.001(2tailed), \*\*\*p>0.05. **POCS:** Perceived Organizational Cronyism Scale, **WASN:** Work Alienation Scale in Nurses, **TIS:** Turnover Intention Scale.



### 3.4. Comparison of Average POCS, WASN, and TIS Scores According to Nurses' Demographic Characteristics

Upon examining the descriptive characteristics of nurses' POCS, WASN, and TIS scores (Table 4), it was identified that service nurses, those working continuously at night, those with weekly working hours ranging from 41 to 50, and those expressing dissatisfaction with their workplace exhibited higher average POCS, WASN, and TIS scores. Conversely, nurse managers in top management positions, nurses working during the day, those with a 40-hour workweek, and those satisfied with their institution demonstrated lower average scores for POCS, WASN, and TIS. Additionally, significant differences were observed among groups concerning position, working style, weekly working hours, and satisfaction with the institution ( $p < 0.05$ ).

**Table 4.** Comparison of average POCS, WASN, and TIS scores according to nurses' demographic characteristics (N=250)

Demographic Characteristics		n	POCS			WASN			TIS		
			Mean $\pm$ SD	test value	*p	Mean $\pm$ SD	test value	*p	Mean $\pm$ SD	test value	*p
Position in the organization	Ward nurse	120	<b>3.27<math>\pm</math>0.72</b>			<b>3.05<math>\pm</math>0.40</b>			<b>2.74<math>\pm</math>1.04</b>		
	Nurse in charge	41	3.00 $\pm$ 0.80			2.59 $\pm$ 0.39			2.19 $\pm$ 0.85		
	Specialty nurse	53	3.22 $\pm$ 0.68	x=10.182	<b>0.037</b>	2.92 $\pm$ 0.42	x=33.792	<b>0.000</b>	<b>2.77<math>\pm</math>0.77</b>	x=13.255	<b>0.010</b>
	Administrator	7	2.78 $\pm$ 0.78			2.39 $\pm$ 0.44			1.90 $\pm$ 1.03		
	*Other	29	2.97 $\pm$ 0.81			2.99 $\pm$ 0.56			2.51 $\pm$ 0.92		
Mode of operation	Constantly at night	5	<b>3.86<math>\pm</math>0.58</b>			<b>3.22<math>\pm</math>0.27</b>			<b>3.33<math>\pm</math>0.78</b>		
	Continuous daytime	109	3.05 $\pm$ 0.79	x=5.725	<b>0.057</b>	2.82 $\pm$ 0.52	x=8.081	<b>0.018</b>	2.43 $\pm$ 1.01	x=7.670	<b>0.022</b>
	Night and day	136	3.23 $\pm$ 0.69			2.99 $\pm$ 0.40			2.73 $\pm$ 1.03		
Working hours per week	40 hours	133	3.10 $\pm$ 0.79			2.87 $\pm$ 0.49			2.44 $\pm$ 1.00		
	41-50 hours	81	<b>3.29<math>\pm</math>0.71</b>	F=1.739	<b>0.178</b>	<b>2.98<math>\pm</math>0.39</b>	F=1.642	<b>0.196</b>	2.83 $\pm$ 1.11	F=3.972	<b>0.020</b>
	51 hours and above	36	3.15 $\pm$ 0.62			2.96 $\pm$ 0.45			2.74 $\pm$ 0.85		
Satisfaction with the organization they work for	Yes	94	2.79 $\pm$ 0.76			2.71 $\pm$ 0.48			2.12 $\pm$ 0.97		
	No	43	<b>3.70<math>\pm</math>0.55</b>	F=29.496	<b>0.000</b>	<b>3.21<math>\pm</math>0.44</b>	F=22.413	<b>0.000</b>	<b>3.25<math>\pm</math>0.95</b>	F=23.987	<b>0.000</b>
	Partially	113	3.17 $\pm$ 0.74			2.99 $\pm$ 0.37			2.77 $\pm$ 0.91		

\*Other(family health worker etc.) \*p<0.05; **POCS**: Perceived Organizational Cronyism Scale; **WASN**: Work Alienation Scale in Nurse **TIS**: Turnover Intention Scale.

### 3.5. Simple linear regression analysis results

When the results of linear regression analysis on the effect of organizational cronyism perception on work alienation and turnover intention in nurses were examined, it was determined that there was a positive and significant relationship between organizational cronyism perception and work alienation in nurses ( $R: 0.540$ ,  $R^2: 0.153$ ,  $p < 0.001$ ). Perception of organizational cronyism explains 15 % of alienation from work. As the perception of organizational cronyism increases, alienation from work also increases. According to the regression coefficient ( $\beta$ ), it was revealed that the perception of organizational cronyism in nurses was positively effective on work alienation and was a low-level significant predictor. It was determined that a one-unit increase in organizational cronyism would increase the perceptions of alienation from work by 0.54 units (Table 5).

It was observed that there was a positive and significant relationship ( $R: 0.425$ ,  $R^2: 0.180$ ,  $p < 0.001$ ) between organizational cronyism perception and turnover intention in nurses. Organizational cronyism perception explains 18% of turnover intention. As the perception of organizational cronyism increases, turnover intention also increases. According to the regression coefficient ( $\beta$ ), it was revealed that the

perception of organizational cronyism in nurses was positively effective on turnover intention and was a low level significant predictor. It was determined that a one unit increase in organizational cronyism would increase turnover intention by 0.42 units (Table 5).

**Table 5.** Linear regression analysis results on the effect of nurses' perception of organizational cronyism on job alienation and turnover intention

Dependent Variable	Independent Variable	**B	Standart Error	Beta	t	*p
Constant		52.162	3.929		13.277	<0.001*
Work alienation Pocs		0.540	0.081	0.391	6.694	<0.001*
<b>R: 0.391, R<sup>2</sup> :0.153, F:44.810</b>						
Constant		2.064	0.801		2.576	0.011
Turnover intention Pocs		0.122	0.016	0.425	7.390	<0.001*
<b>R:0.425 R<sup>2</sup> :0.180 F:54.606</b>						

\*p< 0.001, \*\*B value is the unstandardized coefficient. Dependent variable: Work alienation, Turnover intention.  
Independent variable: Perceived Organizational Cronyism

### 3.6. Hierarchical regression analysis results

Table 6 presents the results of the hierarchical regression analysis on the effects of perceived cronyism on work alienation and turnover intention.

The first model examines how socio-demographic variables influence work alienation. It is determined that this model is appropriate ( $F=2.598$ ;  $p<0.05$ ); there is no autocorrelation and multicollinearity among the independent variables (Durbin Watson<2.50; tolerance>0.20; VIF<10). Research has shown that socio-demographic factors account for the variation in work alienation ( $R^2=0.071$ ).

The second model investigates how perceived cronyism affects work alienation. The analysis has shown that the second model, which includes the perceived organizational cronyism variable, is appropriate ( $F= 5.032$ ;  $p<0.05$ ); there is no autocorrelation or multicollinearity among the independent variables (Durbin Watson < 2.50; tolerance > 0.20; VIF < 10). With the inclusion of perceived cronyism in the model, the proportion of variance explained in work alienation ( $R^2=0.174$ ) It was determined to be 17.4%. Perceived cronyism has a positive and significant effect on turnover intention.

The third model examines how socio-demographic variables affect turnover intention. This model was found to be appropriate ( $F=2.793$ ;  $p<0.001$ ); there is no autocorrelation or multicollinearity among the independent variables (Durbin Watson<2.50; tolerance>0.20; VIF<10). The study has shown that socio-demographic factors account for the variation in turnover intention ( $R^2=0.080$ ).

In the fourth model the effect of perceived cronyism on turnover intention is tested. It has been determined that the third model is appropriate ( $F=5.549$ ;  $p<0.05$ ); there is no autocorrelation or multicollinearity among the independent variables (Durbin Watson < 2.50; tolerance > 0.20; VIF < 10). With the inclusion of perceived cronyism in the model, the proportion of variance explained in turnover intention ( $R^2=0.192$ ) it was determined to be 19.2%.

Additionally, gender and mode of operation do not affect work alienation. It was found that satisfaction with the workplace has a positive and significant effect on work alienation ( $\beta=0.280$ ,  $t=4.437$ ,  $p<0.05$ ) and turnover intention ( $\beta=0.142$ ,  $t=2.304$ ,  $p<0.05$ ).

**Table 6.** The Effect of Cronyism Perception on Nurses' Work Alienation and Turnover Intention

Dependent variable	Independent Variables	B	$\beta$	t	*p	Tolerance	VIF
1. Model Work alienation	Constant	60.971		6.296	0.000		
	Gender	-0.736	-0.014	-0.212	0.833	0.892	1.122
	Age	0.208	0.014	0.107	0.915	0.204	4.907
	Education status	-0.320	0.016	-0.257	0.798	0.982	1.018
	Marital status	2.454	0.079	1.126	0.261	0.765	1.307
	Organization worked for	-0.186	-0.023	-0.350	0.727	0.850	1.177
	Professional Experience	-0.984	-0.109	-0.747	0.456	0.174	5.753
	Position in the organization	0.044	0.004	0.058	0.954	0.783	1.278
	Mode of operation	2.293	0.083	1.047	0.296	0.598	1.673
	Working hours per week	-0.331	-0.016	-0.206	0.837	0.613	1.632
	How many workplaces is the organization you work for?	1.026	0.092	1.192	0.235	0.626	1.598
	Reason for leaving the old organization	0.671	0.041	0.608	0.544	0.809	1.236
	Satisfaction with the organization	4.606	0.280	4.437	<b>0.000</b>	0.935	1.069
	R= 0.341    R <sup>2</sup> =0.071    Durbin Watson:1842    F=2.598    * p=0.003						
2. Model Work alienation	Constant	48.030		5.093	0.000		
	Gender	-1.384	-0.026	-0.422	0.673	0.890	1.123
	Age	-0.100	-0.007	-0.054	0.957	0.204	4.912
	Education status	-0.579	-0.029	-0.492	0.623	0.981	1.019
	Marital status	1.315	0.042	0.637	0.525	0.757	1.320
	Organization worked for	0.016	0.002	0.032	0.974	0.845	1.183
	Professional Experience	-1.269	-0.141	-1.020	0.309	-0.174	5.763
	Position in the organization	0.328	0.030	0.456	0.649	0.779	1.284
	Mode of operation	2.003	0.072	0.970	0.333	0.597	1.675
	Working hours per week	-0.630	-0.031	-0.416	0.678	0.612	1.634
	How many workplaces is the organization you work for?	0.574	0.051	0.703	0.483	0.619	1.614
	Reason for leaving the old organization	0.470	0.029	0.451	0.652	0.808	1.238
	Satisfaction with the organization	2.991	0.182	2.927	<b>0.004</b>	0.858	1.165
	POCS	0.476	0.345	5.512	<b>0.000</b>	0.848	1.180
	R=0.466    R <sup>2</sup> = 0.174    Durbin Watson: 1885    F= 5.032    * p=0.000						

Table 4. Continued.

Dependent variable	Independent Variables	B	$\beta$	t	*p	Tolerance	VIF
3. Model Turnover intention	Constant	2.988		1.495	0.136		
	Gender	-0.994	-0.089	-1.386	0.167	0.892	1.122
	Age	0.061	0.021	0.153	0.879	0.204	4.907
	Education status	0.255	0.061	0.990	0.323	0.982	1.018
	Marital status	0.827	0.128	1.838	0.067	0.765	1.307
	Organization worked for	-0.098	-0.059	-0.894	0.372	0.850	1.177
	Professional Experience	0.036	0.019	0.132	0.895	0.174	5.753
	Position in the organization	0.021	0.009	0.135	0.893	0.783	1.278
	Mode of operation	0.022	0.004	0.049	0.961	0.598	1.673
	Working hours per week	0.511	0.120	1.544	0.124	0.613	1.632
	How many workplaces is the organization you work for?	0.253	0.110	1.427	0.155	0.626	1.598
	Reason for leaving the old organization	0.168	0.050	0.737	0.462	0.809	1.236
	Satisfaction with the organization	0.833	0.244	3.887	<b>0.000</b>	0.935	1.069
R= 0.352    R <sup>2</sup> = 0.080		Durbin Watson=2.049		F=2.793		**p=0.001	
4. model Turnover intention	Constant	0.183		0.095	0.925		
	Gender	-1.135	-0.102	-1.688	0.093	0.890	1.123
	Age	-0.005	-0.002	-0.014	0.988	0.204	4.912
	Education status	0.199	0.047	0.823	0.411	0.981	1.019
	Marital status	0.580	0.090	1.369	0.172	0.757	1.320
	Organization worked for	-0.054	-0.033	-0.527	0.599	-0.845	1.183
	Professional Experience	-0.026	-0.014	-0.101	0.920	0.174	5.763
	Position in the organization	0.083	0.036	0.560	0.576	0.779	1.284
	Mode of operation	-0.041	-0.007	-0.096	0.924	0.597	1.675
	Working hours per week	0.446	0.105	1.438	0.152	0.612	1.634
	How many workplaces is the organization you work for?	0.155	0.067	0.929	0.354	0.619	1.614
	Reason for leaving the old organization	0.124	0.037	0.581	0.562	0.808	1.238
	Satisfaction with the organization	0.483	0.142	2.304	<b>0.022</b>	0.858	1.165
	POCS	0.103	0.361	5.827	<b>0.000</b>	0.848	1.180
R= 0.484    R <sup>2</sup> = 0.192		Durbin Watson: 2.049		F= 5.549		* p=0.000	

\*p<0.05, \*\*p<0.001 Independent variable: Perceived organizational cronyism, age, gender, education status, organization work for, professional experience, marital status, organization work for, professional experience, position in the organization, mode of operation, working hours per week, satisfaction with the organization they work for.

1. and 2. Model dependent variable: Work alienation

3. and 4. Model dependent variable: Turnover intention

#### 4. Discussion

While nurses' perceptions of cronyism in terms of "in-group bias", which is defined as "the manager's cronyism towards employees who feel close to him/her for various reasons such as ethnic group, political thought, religion, graduating from the same school", were high, their perceptions of cronyism in terms of "reciprocal exchange of favor", which is defined as "when there is a reciprocal exchange of favor relationship between superior and subordinate, the manager favors the subordinate with whom he/she has an interest relationship", were lower. These findings suggest that nurses experience cronyism more in the social context rather than in the dimension of reciprocal exchange of favors. This outcome is expected, as individuals tend to seek group membership to satisfy social needs and gain associated benefits. In addition, it is considered that managers' status and power within the group might be associated with perceptions of cronyism among members [31]. Nurses, like all employees, have equal rights before the law. In fact, the statement "Everyone is equal before the law, without discrimination based on language, race, color, gender, political opinion, philosophical belief, religion, sect, or similar reasons" is included in our constitution [49]. However, these findings suggest that especially nurse managers do not exhibit a fair and equal management approach despite legal regulations or that managers use their status and power within the group to show cronyism. In studies conducted by Hosseinabadi-Farahani et al. and Badran and Akeel with nurses, cronyism was identified as one of the types of discrimination faced by nurses [25, 32], while in a study conducted by Yavuz et al., healthcare professionals also expressed serious complaints about cronyism [33].

In collectivist societies, where family, kinship, and friendship ties are strong, in-group cronyism is frequently observed [34]. Since the country where the study was conducted also has a collectivist structure, this is considered an expected result. However, this situation reveals the need for nurse managers to improve in terms of management ethics.

The results of this study revealed that nurses' perceptions of cronyism were moderate. The fact that nurses' perceptions of cronyism are not very high can be considered a positive situation. This finding is thought to be related to recruitment policies. Because in the country where the study was conducted, nurses are hired according to their scores from a nationwide exam and the nurses' preferences. Considering that the vast majority of nurses participating in the study work in public hospitals, although favoritism was not actually experienced during the recruitment process, it is thought that favoritism was experienced in the process after recruitment. It is thought that the higher perception of cronyism in the social dimension is due to the loyalty of the nurses in the groups they belong to. Because in the studies conducted, it was stated that as the commitment and belonging of group members to their groups increase, in-group bias increases, and people tend to favor their in-group [35].

Consistent with the findings of this study, research conducted among healthcare workers reported that perception of organizational cronyism was at a moderate level [11]. However, to prevent a decline in nurses' organizational trust, it is essential to mitigate perceptions of cronyism. A study involving physicians and nurses demonstrated that cronyism perception negatively impacts organizational trust [8]. In contrast to these findings, research conducted among academics in universities reported a high level of perceived cronyism [36]. These results suggest that cronyism perception may vary across different professional fields and sectors, even within the same cultural and societal context.

It was observed that nurses' levels of work alienation were generally at a medium-low level. The analyses revealed that nurses experienced work alienation the most in terms of "participation in the decision-making process" and the least in the context of "division of labor". This situation shows that nurses are not sufficiently involved in decision-making processes. At the same time, it also suggests that the nurse managers exhibit an autocratic management style and therefore do not give enough opportunity to participate in decisions [37, 38]. Previous research has noted relationships between management

styles and levels of work alienation, with democratic styles generally linked to lower alienation and autocratic styles to higher alienation [39]. These findings, which reveal the importance of giving nurses more opportunities to participate in decision-making processes, are also consistent with the results of other studies, and in these studies, it was revealed that nurses experienced alienation from work mostly in "participation in the decision process" and least in "division of labor" [40, 41]. It is thought that the low level of alienation of nurses in terms of division of labor is due to the fact that health and nursing services require a team work that requires division of labor. The fact that nurses' level of alienation from work is also at a moderately low level is considered to be a positive situation in terms of identifying the causes and improving / correcting them.

The fact that more than half of the participants were service nurses may be related to these findings. Since ward nurses often occupy more executive roles rather than positions involving decision-making, their experiences might reflect this distinction.

When the effect of organizational cronyism on work alienation in nurses was evaluated, it was seen that there was a positive and significant relationship between the two and as organizational cronyism increased, the level of work alienation also increased. This is considered as an expected finding. Because cronyism is a situation that negatively affects employees' feelings of motivation, justice, trust and belonging, and where these feelings are absent, employees do not feel that they belong to the work and the organization and become alienated [42]. Similarly, previous studies have reported positive associations between cronyism and alienation [16, 17].

As in the case of organizational cronyism and work alienation, nurses' turnover intentions were found to be at a moderate level, which is considered to be a positive situation for the institutions. When the effect of organizational cronyism on turnover intention is evaluated, it is revealed that there is a positive and significant relationship between all types of cronyism and turnover intention, and as the perception of organizational cronyism increases, turnover intention also increases. The findings indicate a positive correlation among organizational cronyism, work alienation, and turnover intention, with similar levels observed for these variables. Additionally, supporting these results, the study demonstrates that organizational cronyism has a significant positive effect on both work alienation and turnover intention. As cronyism increases, levels of work alienation and turnover intention also rise. Similar to the findings of this study, studies conducted in different sectors, such as banking, tourism, iron and steel, have also revealed that organizational cronyism positively affects turnover intention [13, 16, 43, 44]. The studies conducted with nurses revealed that organizational cronyism has a positive effect on turnover intention [26, 45]. This finding also indicates that cronyism affects employees' perception of justice in the workplace and their commitment to the organization, leading to an increase in turnover intention [46].

It was also observed that there was a positive and significant relationship between the dimensions of work alienation such as "use of initiative during the production of the service", "production process", "participation in the decision-making process" and "meaningfulness of the work for employee" and turnover intention. In other words, as work alienation increases in aspects such as the meaning of work, participation in decision-making processes, and the ability to exercise initiative, turnover intention also rises. This outcome is considered expected and is attributed to the decline in job satisfaction and commitment among nurses as they become more alienated from their work. Similarly, a study conducted in a different sector reported associations between perceptions of cronyism and turnover intention, supporting the findings of this study [16].

This study is important as it reveals the relationship between nurses' perceptions of organizational favoritism, work alienation, and turnover intention. In terms of nursing practice, high levels of work alienation and turnover intention among nurses may lead to a decline in the quality of care, putting patient safety and the sustainability of healthcare services at risk.

This study underscores the importance for managers to embrace the principles of justice and transparency within their organizations. By reducing favoritism, managers can help decrease feelings of alienation among employees, lower turnover rates, and strengthen organizational commitment. As a result, employee satisfaction may increase, leading to improved efficiency in healthcare institutions and enhanced patient satisfaction. Overall, minimizing organizational favoritism can foster a healthier work environment, benefiting both employees and patients alike. Organizational favoritism can decrease work alienation, lower turnover rates, and strengthen organizational commitment. Consequently, employee satisfaction may rise, the efficiency of healthcare institutions can be improved, and patient satisfaction can be enhanced.

## **5. Limitations**

The results of the study are limited to the self-reports of the nurses who could be reached between the dates of the study and who voluntarily participated in the study. Therefore, they cannot be generalized to a certain institution(s). The lack of sufficient number of studies on this subject in the literature also caused limitations in the comparison and interpretation of the study results. Collecting data online may have caused selection bias. Therefore, longitudinal studies are recommended to explore the causal relationship between cronyism and turnover intention.

In the study, the Cronbach alpha coefficient of the "reciprocal exchange of favor" sub-dimension of the Perceived Organizational Cronyism Scale was found to be relatively low. This is thought to be due to the scale being developed in a different sample group and may have caused limitations in the reliability of the data.

## **6. Conclusion**

Organizational cronyism is a behavior that conflicts with both individual and managerial ethics, undermines the principle of organizational justice, and negatively affects organizational culture. The literature has shown that cronyism leads to adverse outcomes in various areas such as employee motivation, job satisfaction, and organizational commitment. However, the impact of cronyism on work alienation and turnover intention specifically within nursing has not yet been sufficiently clarified. This study offers a unique contribution to the literature as one of the few that simultaneously examines the relationship between cronyism, work alienation, and turnover intention in the nursing context. As a result of this study, it was observed that as the perception of cronyism increased, work alienation and turnover intention also increased.

## **7. Implications for nursing and health policy**

In line with the results of the study, the situations that cause the perception of organizational cronyism in nurses in health institutions should be determined, and initiatives to reduce these situations should be taken to reduce nurses' perception of cronyism, alienation from work, and turnover intention on the job. For this, management policies that support nurses' participation in decision-making processes should be developed. To avoid organizational cronyism, a decision-making process that is transparent, open, and objective should be implemented.

In addition, executive training programs should be organized for nurse managers to raise awareness about management ethics and crony behavior and its consequences. Policies should be adopted to make ethical management understand an organizational culture in health institutions, and top managers should be role models in this regard. In addition, future studies should be conducted to test the mediating role of work alienation in the effect of organizational cronyism on turnover intention in larger nurse sample groups.

Before data collection, written approval was taken from the Non-Interventional Research Ethics Committee of Bandırma Onyedi Eylül University (Date: 13.04.2023, approval number: 2023/66).

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I.A: Conceptualization, Methodology, Data Collection and Processing, Analyses, Writing Original Draft Preparation, Resources (%80)

S.A: Conceptualization, Methodology, Review, Analyses, and Control-Supervision (%20)

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