

# An Empirical Investigation on Healthcare Professionals' Work Ethic and Ethical Attitudes: The Impact of Leadership Qualities on Ethics Construct and Professional Behaviors

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**Abstract:** *The ability to act ethically is essential for providing high-quality treatment, yet there is a dearth of qualitative research on healthcare practitioners' perceptions of ethical competence. In this study, the ethical competence of healthcare practitioners was examined in the context of student healthcare. The way healthcare is delivered is changing, calling for adjustments to descriptions of and frameworks for ethical leadership. The purpose of this study was to evaluate the relationships between various leadership styles and healthcare professionals' conceptions of and attitudes toward work ethics. Participants in a cross-sectional study that employed the snowball sampling technique were healthcare professionals. The survey used in this study was divided into two sections: the first section collected data on the sociodemographic characteristics of the participants, and the second section contained three validated assessment scales, including inquiries about work ethics, ethical attitudes for public health professionals, and leadership abilities. Higher work ethics and a higher intrinsic work motivation subscale were significantly correlated with high leadership administrative skills (Beta = 6.04,  $p = 0.019$  and Beta = 2.55,  $p = 0.001$ , respectively). However, a lower intrinsic work motivation subscale was associated with higher leadership conceptual skills (Beta = 1.07,  $p = 0.027$ ). Stronger leadership and administrative skills were found to be significantly correlated with higher ethical attitudes scores (Beta = 28.39,  $p = 0.001$ ). The work ethic in the delivery of various public health services is significantly improved by higher administrative leadership. Leadership abilities can considerably predict an individual's ethical attitude and professional behavior and are not restricted to a particular profession, experience, or stage of a person's career in the healthcare industry.*

**Keywords:** Healthcare; ethics; leadership; professional behavior; ethic construct; intrinsic work motivation, administrative skills

## I. INTRODUCTION

The provision of high-quality patient services depends on ethical behaviors, which are an essential component of the health care industry. Healthcare personnel should behave in a certain way when delivering patient care, according to ethical standards. Professional ethics are typically referred to be "a set of beliefs and attitudes reflecting the fundamental value of work" and are categorized as a construct of individual diversity. The values of a person's actions, dedication, and performance when caring for patients are revealed through their work ethics. Instead of being a single idea, it is a group of attitudes and actions at work. Miller et al. claim that a work ethic is (a) multidimensional, (b) applies to work and work-related activity generally rather than being particular to any one type of job, (c) learned, (d) refers to attitude and beliefs, (e) a motivational construct reflected in behavior, and (f) secular, not necessarily linked to any particular set of religious beliefs. In this study, all ethical facets and dimensions are taken into account as constructs. Through different stages of a career, the various aspects of work ethics divide. Numerous researches identified ethical concerns regarding patient communication and social disparities, differentiating work ethic based on professional behavior in the context of patient care. Additionally, professional actions that seem to be better governed by individual and organizational morality were said to be only tangentially affected by healthcare ethics. In practice, an

ethical culture can influence business goals and hence promote moral conduct among employees. An ethical workplace culture is one of the most important factors that influence behavior and decision-making, according to a research study. The delivery of healthcare has historically been upheld by codes of ethics and guided by moral principles and professional conduct. A number of factors have an impact on the importance of codes relating to the healthcare setting, practice proficiency, moral education, institutional framework, and accepted social standards. Although each healthcare profession has its own set of values, ethical standards nonetheless apply to nearly identical standards and patient care obligations. Public health professionals are dedicated to comprehensive personal or community care rather than the medical condition or classification, despite the fact that the guiding principles of treatment may differ from one discipline to another within the health care setting.

The way healthcare is delivered is changing, calling for adjustments to descriptions of and frameworks for ethical leadership. Leadership qualities are receiving more and more attention from researchers and practitioners. The administrative, interpersonal, and conceptual leadership abilities are all included in Northouse's fundamental model of leadership. Managing people and resources while demonstrating technical proficiency are examples of administrative leadership skills. Interpersonal conflict resolution, emotional intelligence, and social awareness are the three main components of interpersonal leadership capabilities. Last but not least, conceptual leadership abilities demand problem-solving, strategic planning, and vision creation. Traditionally, ethical leadership has concentrated on professional conduct and demeanor, particularly when it comes to the provider-patient relationship. Although healthcare is more team-based and health systems are gradually incorporating public health ideas, the performance of individual practitioner's in particular clinical contacts remains to be ethically significant. Ultimately, even isolated instances of corruption or bad behavior can undermine confidence in the public health system. The importance of work ethic has been explored and analyzed in numerous research publications. The relationship between attitudes and actions and work ethic, on the one hand, and the latter, on the other hand, underscores the significance of the work ethic construct. For instance, those with strong moral convictions tend to be more devoted, content, and interested in their careers. While earlier research sought to identify changes in professional conduct across generations and career phases, it did not assess the factors that establish the healthcare ethic construct and the factors that predict professional healthcare behavior. Furthermore, there is little research on how leadership influences work ethics and professional conduct in the field of public health. The purpose of this study was to identify the leadership role in healthcare ethics and the relationships between various leadership abilities and the concept of work ethics and ethical behavior among healthcare workers.

In contemporary times, ethical leadership has garnered significant attention from scholars in the field of public administration (Belle & Cantarelli, 2017; Downe, Cowell, & Morgan, 2016; Hassan, Wright, & Yukl, 2014; Wright, Hassan, & Park, 2016) defined as the demonstration of appropriate conduct and adherence to ethical principles in decision-making and behavior by individuals in positions of authority "the demonstration of normatively appropriate conduct through personal actions and interpersonal relationships, and the promotion of such conduct to followers through two-way communication, reinforcement, and decision-making". Multiple studies (e.g., Beeri, Dayan, Vigoda-Gadot, & Werner, 2013; Hassan et al., 2014; Wright et al., 2016) have indicated that ethical leadership is linked to favorable employee outcomes in the public sector, including job satisfaction, commitment to the organization, and adherence to ethical standards. None of this research, however, has looked at how or why ethical leadership is connected to these results. The present study endeavors to investigate the relationship between ethical leadership and work engagement by analyzing the mediating and moderating effects of work meaningfulness. Work meaningfulness is defined as the degree to which work tasks hold positive significance and contribute to the attainment of objectives that align with an individual's values and principles. As per the preceding research discoveries, the efficacy of leadership can be attributed to its influence on the significance of work (Wang & Xu, 2017). Meaningfulness, however, might also affect how followers react to leadership (May, Gilson, & Harter, 2004). Accordingly, meaningfulness may function as both a mediator and a moderator of the relationship between ethical leadership and job engagement, which may help to understand how and why ethical leadership is connected to engagement. According to Demirtas et al. (2017), "an active state of psychological immersion in one's work" can be reflected by work engagement, the study's dependent variable and employee outcome. The organizational preconditions of work engagement in public service organizations have received very little attention from public administration researchers, despite their significance for all types of

organizations. Employee disengagement is expensive for public organizations and may have a detrimental impact on how well public services are delivered (Andrews & Mostafa, 2017). Therefore, it's critical to understand what motivates employees in the public sector to be engaged at work. According to this study, ethical leadership is a significant antecedent of job engagement in public companies. In particular, the study suggests that ethical leaders are likely to increase work engagement through their fair and considerate treatment of employees (Engelbrecht, Heine, & Mahembe, 2017).

## **II. MATERIALS AND METHODS USED FOR THE PURPOSE OF STUDY**

### **Study design and sampling:**

Between July and December 2022, a cross-sectional online survey of 245 healthcare workers was carried out in Bangalore. Utilizing the snowball sampling method, the questionnaire, which was generated on Google Forms, was sent on social media to healthcare facilities (universities, hospitals, the pharmaceutical business, and others) in order to gather data. All medical professionals over the age of 18 with internet access were qualified. The participation was voluntary and anonymous; there was no payment made to the participants.

### **Questionnaire Design:**

The survey was composed in the English language and comprised of two distinct sections. The initial section aimed to gather data regarding the sociodemographic and employment attributes of the participants, including age, gender, marital status, monthly income, highest level of education attained, nation in which the highest degree was earned, type of healthcare organization, profession, years of experience, and work position. The second section of the survey consisted of validated scales for assessment purposes.

### **Work Ethics:**

To gauge the respondents' attitudes and beliefs concerning work ethics, a 10-item self-reported scale was created and validated. The scale that encompasses the majority of the contemporary work ethic constructs characteristics is used to produce three parameters: work as central life interest, moral approach to work, and intrinsic work motivation. The replies were tallied on a 4-point scale ranging from 0 (strongly disagree) to 3 (strongly agree), and each topic was worded positively. The author of the article gave permission for the scale to be used. The whole scale's Cronbach's alpha value was 0.869.

### **Ethical Attitudes Questionnaire for Public Health Professionals:**

The aforementioned inventory, consisting of 33 items, was originally developed with the aim of evaluating the ethical perspectives of public health professionals, encompassing both general (24 items) and particular (9 items) viewpoints. The 24-item subset's evaluation of general ethical attitudes was completed by all healthcare professionals who took part in this study. Each item was assigned a score ranging from 0 (rarely considered) to 5 (frequently considered). Elevated scores were indicative of an individual possessing a strong ethical mindset. The Cronbach's alpha coefficient for the entire scale was calculated to be 0.983.

### **Leadership Skills Questionnaire:**

The leadership skills questionnaire comprises 18 questions that are categorized into three distinct areas of leadership skills, namely administrative, interpersonal, and intellectual. A Likert scale consisting of five points was employed to evaluate each item, with a range of one representing "not true" and five representing "very true." The study involved the independent computation of each of the three distinct leadership styles, which were subsequently categorized into two groups based on their respective scores: high (scoring 16) and low (scoring below 16). The present investigation reports on the Cronbach's alpha values of 0.882, 0.894, and 0.906 for the leadership skills of administration, interpersonal relations, and conceptualization, respectively.

### **Statistical Analysis and Interpretation:**

Data analysis was performed using SPSS version 25 software. In the descriptive analysis of categorical variables, both counts and percentages were utilized, while means and standard deviations were employed for continuous measures. The histogram was visually inspected and revealed that the sample followed a normal distribution, with relatively low levels of skewness and kurtosis. The normality of the ethical attitudes total scale was confirmed by both the normality line of the regression plot and the scatter plot of the residual. After conducting a normality assessment, the means of the work ethics scale, its subscales, and the overall scale of ethical attitudes were compared between two groups using the

independent-sample t-test and ANOVA tests. A multivariate analysis of covariance (MANCOVA) was conducted to compare the work ethics scale and its subscales between two leadership groups categorized as high and low leadership abilities. The analysis accounted for potential confounding variables such as age, gender, education level, and years of experience. A linear regression analysis was conducted with the dependent variable being the entire range of ethical sentiments. In order to control for potential confounding factors, all variables that exhibited a p-value of less than 0.2 in the bivariate analysis were included in the model. A significance level of 0.05 or lower was deemed as statistically significant.

### III. RESULTS

#### Sample Description

The sociodemographic information and other participant characteristics are displayed in Table 1 below. 52.2% of the participants were unmarried, 58.8% had high incomes, and 44.5% had a doctorate or master's degree. The majority of participants (62.0%) were women. The majority of participants (87.2%) received their degrees from Lebanon, and 80% of them were employed by healthcare organizations, with 75.9% working in the private sector. The majority of participants (59.2%) were pharmacists, 69.0% were full-time employees, and 24.9% had between six and ten years of professional experience. The participants' average age was 34.02 9.20 years.

Table 1: Sociodemographic and work characteristics of the participants (N = 245).

Variable	N (%)
<b>Gender</b>	
Male	93 (38.0%)
Female	152 (62.0%)
<b>Marital status</b>	
Single/widowed/divorced	128 (52.2%)
Married	117 (47.8%)
<b>Monthly income</b>	
No income	22 (9.0%)
Low (<1,500,000 LL)	7 (2.9%)
Intermediate (1,500,000–3,000,000 LL)	72 (29.4%)
High (>3,000,000 LL)	144 (58.8%)
<b>Highest education level</b>	
Doctorate (PhD, DBA, DPT, etc.)	49 (20.0%)
Master's degree (MBA, MPH, etc.)	60 (24.5%)
PharmD	55 (22.4%)
Bachelor's degree	74 (30.2%)
High school	7 (2.9%)
<b>Highest diploma earned from</b>	
India	215 (87.8%)
Abroad	30 (12.2%)
<b>Currently working in a healthcare organization</b>	
Yes	196 (80.0%)

Variable	N (%)
No	49 (20.0%)
<b>Type of healthcare organization *</b>	
Private sector	186 (75.9%)
Public sector	55 (22.4%)
<b>Type of profession *</b>	
Healthcare professionals with administrative position	5 (2.0%)
Nurse	13 (5.3%)
Pharmacist	145 (59.2%)
Physician	10 (4.1%)
Dentist	20 (8.2%)
Researcher	15 (6.1%)
Dietitian	2 (0.8%)
Physical therapist	15 (6.1%)
Healthcare professionals with social role	2 (0.8%)
Healthcare professionals with other specialties	18 (7.3%)
<b>Working experience</b>	
Less than 5 years	94 (38.4%)
6–10 years	61 (24.9%)
More than 10 years	85 (34.7%)
Does not apply	5 (2.0%)
<b>Type of work</b>	
Full time	169 (69.0%)
Part-time	56 (22.9%)
Does not apply	20 (8.2%)
<b>Mean ± SD</b>	
<b>Age in years</b>	34.02 ± 9.20

\* The same person may have multiple responses in case of multiple professional roles.

**Description of the ethics scales used in the study:**

The median, mean, SD, and range of the ethical scales utilized in this study are shown in Table 2 below. The median score was 24, and the mean work ethics scale was 23.34 5.06. The mean ethical attitudes scale has a median of 98 and was 82.15 39.68.

Table 2: Description of the work ethics scale and professional ethical scale in the study:

	Median	Mean	SD	Minimum	Maximum
<b>Work ethics total scale</b>	24.00	23.34	5.06	5.00	30.00
Work as central life interest	12.00	11.49	2.70	2.00	15.00
Moral approach to work	7.00	6.94	1.79	1.00	9.00

	Median	Mean	SD	Minimum	Maximum
Intrinsic work motivation	5.00	4.89	1.29	0	6.00
<b>Professional ethical attitudes total scale</b>	<b>98.00</b>	<b>82.15</b>	<b>39.68</b>	<b>0</b>	<b>120.00</b>

**Bivariate Analysis:**

Table 3 below displays the results of a bivariate analysis using the ethical attitude scale, its subscales, and the work ethics total scale as the dependent variables. When compared to individuals with low leadership abilities, those with good administrative, interpersonal, and conceptual leadership skills had significantly higher means for the work ethics scale, its subscales, and the ethical attitude scale. Additionally, compared to men, women had significantly higher means on the scales measuring work ethics, ethical attitude, and work as a primary life interest. Those with doctorates performed better on measures of intrinsic desire for work and moral approach to work than those with other degrees. Additionally, those with working experience of more than ten years showed a higher mean of the moral approach to work subscale compared to groups with working experience of less than five years and between six and ten years.

Table 3: Bivariate analysis taking the ethical scales and professional ethical attitude as the dependent variables.

	Work Ethics Total Scale	Work Central Life Interest	as Moral Approach to Work	Intrinsic Work Motivation	Professional Ethical Attitude
	Mean ± SD	Mean ± SD	Mean ± SD	Mean ± SD	Mean ± SD
<b>Gender</b>					
Male	22.27 ± 5.33	10.84 ± 2.78	6.67 ± 1.95	4.75 ± 1.29	92.77 ± 22.87
Female	23.99 ± 4.79	11.89 ± 2.58	7.11 ± 1.68	4.98 ± 1.29	99.45 ± 22.43
<i>p</i> -value	<b>0.010</b>	<b>0.003</b>	0.066	0.170	<b>0.040</b>
<b>Marital status</b>					
Single/Widowed/Divorced	23.18 ± 5.18	11.52 ± 2.73	6.86 ± 1.78	4.79 ± 1.35	96.90 ± 22.29
Married	23.51 ± 4.94	11.47 ± 2.68	7.03 ± 1.81	5.00 ± 1.21	96.71 ± 23.46
<i>p</i> -value	0.617	0.878	0.469	0.201	0.954
<b>Monthly income</b>					
No income	22.95 ± 4.68	11.54 ± 2.66	6.68 ± 1.70	4.72 ± 1.45	100.90 ± 18.76
Low (<1,500,000 LL)	20.85 ± 9.82	10.57 ± 4.92	6.28 ± 3.45	4.00 ± 2.00	93.66 ± 32.86
Intermediate (1,500,000–3,000,000 LL)	23.11 ± 4.95	11.36 ± 2.70	6.93 ± 1.73	4.81 ± 1.23	98.30 ± 23.08
High (>3,000,000 LL)	23.63 ± 4.88	11.60 ± 2.59	7.02 ± 1.74	5.00 ± 1.24	95.41 ± 22.84
<i>p</i> -value	0.486	0.747	0.634	0.169	0.693
<b>Highest Education level</b>					

	Work Ethics Total Scale	Work Central Interest	as Life	Moral Approach to Work	Intrinsic Work Motivation	Professional Ethical Attitude
	Mean ± SD	Mean ± SD		Mean ± SD	Mean ± SD	Mean ± SD
Doctorate	24.24 ± 5.23	11.85 ± 2.73		7.38 ± 1.77	5.00 ± 1.41	96.95 ± 21.26
Master's degree	23.30 ± 4.88	11.46 ± 2.49		6.85 ± 1.99	4.98 ± 1.20	97.18 ± 23.31
PharmD	23.90 ± 4.69	11.72 ± 2.66		7.12 ± 1.57	5.05 ± 1.07	103.34 ± 15.22
Bachelor's degree	22.79 ± 5.20	11.24 ± 2.91		6.75 ± 1.69	4.79 ± 1.31	92.07 ± 26.25
High school	18.71 ± 4.82	10.14 ± 2.19		5.28 ± 1.97	3.28 ± 1.70	99.00 ± 27.15
<i>p</i> -value	0.061	0.454		<b>0.032</b>	<b>0.012</b>	0.164
<b>Highest diploma earned from</b>						
Lebanon	23.27 ± 5.14	11.47 ± 2.72		6.93 ± 1.78	4.86 ± 1.32	97.34 ± 22.48
Abroad	23.83 ± 4.48	11.63 ± 2.38		7.06 ± 1.92	5.13 ± 1.07	92.60 ± 25.18
<i>p</i> -value	0.572	0.771		0.698	0.288	0.349
<b>Working experience</b>						
Less than 5 years	19.40 ± 6.02	10.80 ± 2.58		4.80 ± 1.48	3.80 ± 2.48	70.66 ± 39.25
6–10 years	22.91 ± 5.08	11.38 ± 2.82		6.71 ± 1.73	4.81 ± 1.24	97.20 ± 20.66
More than 10 years	23.67 ± 5.35	11.81 ± 2.80		7.01 ± 1.81	4.83 ± 1.34	98.96 ± 22.59
Does not apply	23.81 ± 4.74	11.43 ± 2.51		7.28 ± 1.77	5.09 ± 1.20	95.82 ± 24.36
<i>p</i> -value	0.197	0.706		<b>0.008</b>	0.109	0.206
<b>Type of profession</b>						
Administrative	25.60 ± 3.91	12.60 ± 2.40		7.80 ± 0.83	5.20 ± 1.09	97.00 ± 10.51
Nurse	21.30 ± 6.06	10.61 ± 3.09		6.23 ± 2.16	4.46 ± 1.33	79.92 ± 32.75
Pharmacist	23.69 ± 4.94	11.69 ± 2.73		7.00 ± 1.73	5.00 ± 1.20	98.79 ± 21.72
Physician	22.90 ± 5.23	11.40 ± 2.98		7.00 ± 1.82	4.50 ± 1.64	94.22 ± 21.47

	Work Ethics Total Scale	Work Central Interest	as Life	Moral Approach to Work	Intrinsic Work Motivation	Professional Ethical Attitude
	Mean ± SD	Mean ± SD	Mean ± SD	Mean ± SD	Mean ± SD	Mean ± SD
	5.74					
Dentist	24.85 ± 4.18	12.00 ± 2.24		7.70 ± 1.62	5.15 ± 0.98	100.20 ± 16.49
Researcher	22.40 ± 6.00	11.00 ± 2.59		6.93 ± 2.21	4.46 ± 2.06	81.60 ± 27.62
Dietitian	26.50 ± 3.53	14.00 ± 1.41		7.50 ± 2.12	5.00 ± 0.01	118.00 ± 2.82
Physical therapist	22.00 ± 5.59	10.46 ± 2.82		6.73 ± 2.05	4.80 ± 1.37	95.85 ± 24.77
Social worker	17.00 ± 11.31	9.00 ± 7.07		5.00 ± 1.41	3.00 ± 2.82	82.00 ± 49.49
Other specialty	22.16 ± 3.61	11.00 ± 1.90		6.27 ± 1.60	4.88 ± 1.07	104.00 ± 14.63
<i>p</i> -value	0.206	0.320		0.207	0.318	<b>0.046</b>
<b>Type of work</b>						
Full time	23.58 ± 4.82	11.56 ± 2.60		7.04 ± 1.70	4.97 ± 1.22	97.81 ± 22.41
Part time	22.39 ± 5.90	10.98 ± 3.12		6.73 ± 2.07	4.67 ± 1.40	92.72 ± 23.98
Does not apply	23.95 ± 4.33	12.35 ± 2.00		6.70 ± 1.75	4.90 ± 1.51	100.00 ± 22.29
<i>p</i> -value	0.267	0.127		0.428	0.344	0.341
<b>Leadership administrative skills</b>						
High	23.84 ± 4.62	11.72 ± 2.53		7.06 ± 1.72	5.05 ± 1.11	98.75 ± 21.46
Low	16.18 ± 5.79	8.25 ± 3.08		5.25 ± 1.98	2.68 ± 1.66	70.35 ± 24.60
<i>p</i> -value	<b>&lt;0.001</b>	<b>&lt;0.001</b>		<b>&lt;0.001</b>	<b>&lt;0.001</b>	<b>&lt;0.001</b>
<b>Leadership interpersonal skills</b>						
High	23.74 ± 4.65	11.67 ± 2.53		7.04 ± 1.72	5.01 ± 1.15	98.20 ± 21.70
Low	15.58 ± 6.61	8.00 ± 3.54		5.00 ± 2.17	2.58 ± 1.72	69.70 ± 27.57
<i>p</i> -value	<b>&lt;0.001</b>	<b>&lt;0.001</b>		<b>&lt;0.001</b>	<b>&lt;0.001</b>	<b>&lt;0.001</b>



	Work Ethics Total Scale	Work Central Interest	as Life Work	Moral Approach to Work	Intrinsic Work Motivation	Professional Ethical Attitude
	Mean ± SD	Mean ± SD	Mean ± SD	Mean ± SD	Mean ± SD	Mean ± SD
<b>Leadership conceptual skills</b>						
High	23.63 ± 4.78	11.66 ± 2.56	7.00 ± 1.74	4.97 ± 1.22	98.07 ± 22.03	
Low	17.58 ± 6.94	8.33 ± 3.44	5.75 ± 2.34	3.50 ± 1.78	74.63 ± 25.44	
<i>p</i> -value	<b>&lt;0.001</b>	<b>&lt;0.001</b>	<b>0.018</b>	<b>0.016</b>	<b>0.001</b>	

Values marked in bold are significant.

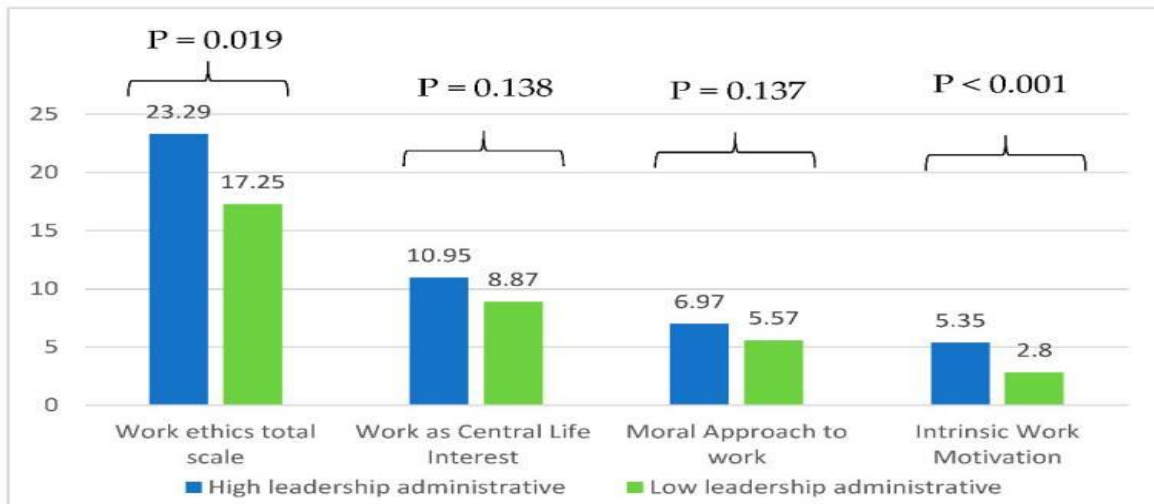
**Multivariable Analysis:**

Following the adjustment for covariates such as age, gender, education level, and years of experience, a MANCOVA analysis was performed. The study utilized the work ethics whole scale and subscales as the dependent variables, while the three leadership skills were employed as the independent variable. The results of the study indicate a significant positive correlation between elevated levels of administrative leadership abilities and both higher work ethics (Beta = 6.04) and a higher intrinsic work motivation subscale (Beta = 2.55). A negative correlation was observed between intrinsic work motivation scores and conceptual leadership skills, with a Beta value of 1.07.

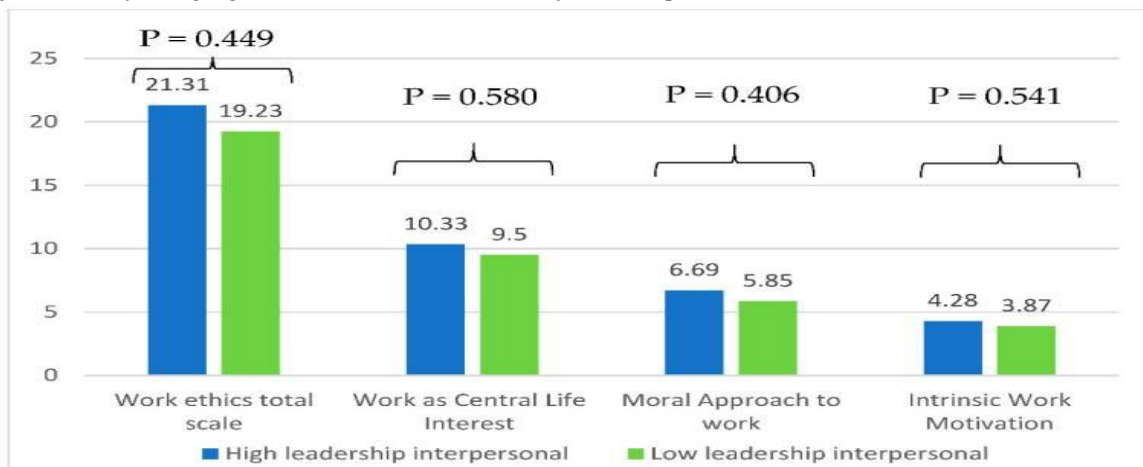
Table 4: Multivariable analysis of covariance (MANCOVA):

	Beta	<i>p</i> -Value	Confidence Interval	
			Lower	Upper
<b>Work ethics total scale</b>				
Leadership administrative skills (high vs low *)	6.042	0.019	0.997	11.087
Leadership interpersonal skills (high vs low *)	2.082	0.449	-3.324	7.489
Leadership conceptual skills (high vs low *)	-1.101	0.578	-4.991	2.788
<b>Work as central life interest</b>				
Leadership administrative skills (high vs low *)	2.080	0.138	-0.671	4.831
Leadership interpersonal skills (high vs low *)	0.829	0.580	-2.120	3.777
Leadership conceptual skills (high vs low *)	0.660	0.540	-1.461	2.781
<b>Moral approach to work</b>				
Leadership administrative skills (high vs low *)	1.40	0.137	-0.452	3.267
Leadership interpersonal skills (high vs low *)	0.842	0.406	-1.151	2.835
Leadership conceptual skills (high vs low *)	-0.688	0.345	-2.122	0.745
<b>Intrinsic work motivation</b>				
Leadership administrative skills (high vs low *)	2.554	<0.001	1.320	3.788
Leadership interpersonal skills (high vs low *)	0.411	0.541	-0.911	1.734
Leadership conceptual skills (high vs low *)	-1.073	0.027	-2.025	-0.122

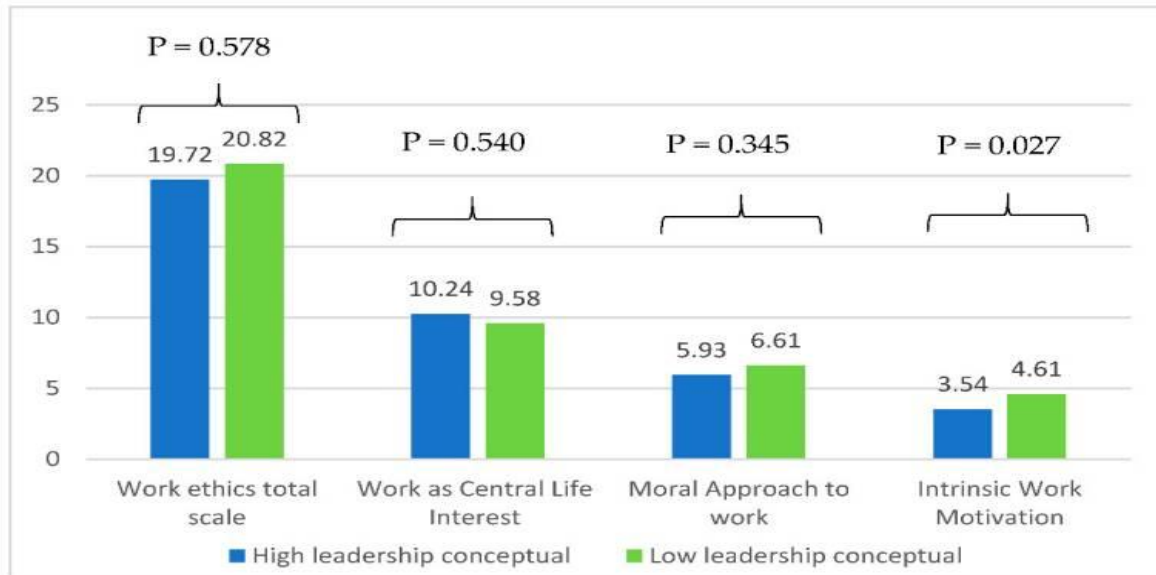
It should be noted that in the global model, the variable that is considered independent is leadership skills. The covariates under consideration are age, gender, educational attainment, and length of professional experience. Upon controlling for age, gender, education level, and years of experience, the means of the work ethics whole scale and subscales between high and low leadership skills are depicted in Figures 1, 2, and 3. Individuals possessing high administrative leadership skills demonstrated significantly higher mean scores on both the total scale of work ethics and the intrinsic work motivation subscale, in comparison to their counterparts with low administrative leadership abilities.



Above figure 1 showing the mean values of the work ethics according to high/low administrative leadership skills adjusted mainly for age, gender, education level and also years of experience



Above Figure 2 showing mean values of the work ethics scale according to high/low interpersonal leadership skills adjusted for age, gender, education level and years of experience



Above figure 3 showing mean values of work ethics scale according to high/low conceptual leadership skills adjusted for age, gender, education level and years of experience

There was no discernible difference between those with strong and low interpersonal leadership on the work ethics overall scale and subscales ( $p > 0.05$  for all) (Figure 2). When compared to people with weaker leadership skills, people with high conceptual leadership skills had a considerably lower mean on the subscale measuring intrinsic work motivation. The other ethical factors and leadership abilities were not significantly correlated (Figure 3). The whole scale of ethical sentiments was the dependent variable in a linear regression model. The findings demonstrated a strong relationship between greater ethical attitudes scale and higher administrative leadership skills (Beta = 28.39) (Table 5).

Table 5: Multivariable analysis:

**Model 1: Linear Regression Taking the Professional Ethical Attitudes Total Scale as the Dependent Variable**

	Unstandardized Beta	Standardized Beta	p-Value	Confidence Interval	
				Lower Bound	Upper Bound
Leadership administrative skills (high vs low *)	28.39	0.315	<0.001	16.56	40.23

Variables entered: Sex, type of work (pharmacies vs other), administrative, leadership interpersonal, and leadership conceptual. \* Reference group.

**IV. DISCUSSION**

The overall work ethic construct and its components—the primary life interest, the moral attitude to work, and the intrinsic work motivation—were used in the current study to examine the leadership skill determinants of ethics in the provision of health care. Additionally, it determined the ethical attitudes' leadership predicting abilities. Higher intrinsic drive for work, stronger attitudes toward ethics, and higher administrative leadership skills were all substantially correlated. The relationship between intrinsic work drive and conceptual leadership skills, however, was significantly inverse. To the best of our knowledge, there are no set rules for how leadership abilities can affect the various facets of healthcare ethics and how they can affect the professional attitudes of healthcare practitioners. Our findings indicated that health professionals with strong administrative leadership skills had higher average levels of overall work ethics. The fit of an individual in an institute is positively influenced by work ethic, according to previous research [26]. Although it is thought that all healthcare providers should have a work ethic in order to practice, no studies have

previously looked at the determinants of the work ethic concept among healthcare practitioners. Individual moral judgment and the way the workplace functions ethically based on actual experiences are said to have an impact on the main aspects of work ethic in fields other than health. Administrative abilities include the ability to plan, organize, coordinate activities, and effectively assign responsibilities to employees in any given job. In the present study, the favorable relationship between administrative abilities and excellent values in healthcare provision could map leadership with the vast construct of work ethics on the promotion of health and prevention of illness, reduction in health risks, and research of epidemiology, public health features, and socioeconomic inequalities in health status. Excellent intrinsic drive for work was highly correlated with excellent leadership and administrative skills. The desire to engage in behavior that is inherently pleasant or satisfying is referred to as intrinsic motivation. According to Janssen and colleagues, autonomy, social connections, learning opportunities, and difficult and desirably diverse job abilities are what motivate nurses specifically to do their jobs well. Our findings deepen understanding of the connections between work ethics, indicating that administrative leadership abilities could raise the standard of job content and so support the ethical construct through the intrinsic work motivation module. Additionally, if stakeholders want to boost employees' intrinsic motivation for their work, they should concentrate on developing leaders among the medical community. In this study, the relationship between conceptual leadership abilities and intrinsic workplace drive was inverse. Unlike conceptual skills, which are crucial for organizational vision and strategic planning but are concerned with the cognitive aspects of leadership, administrative skills are concerned with managing tasks. Previous research suggested that ethical distress affects both healthcare workers and managers, and that healthcare executives are more focused on maintaining norms and job performance than acting with leadership when confronted with ethical dilemmas. High leadership conceptual competence healthcare professionals in this study had significantly lower levels of intrinsic job motivation. This conclusion may be explained by work stress and burnout brought on by a heavy workload, a lack of resources and support, and a lack of time. Evidence for this association within the work ethic concept is still lacking, though.

It is advised to conduct more research to ascertain how burnout and labor tiredness affect intrinsic motivation and conceptual leadership. Our results demonstrated a substantial correlation between good administrative leadership skills and greater professional ethical attitudes. According to Hariharan and colleagues, healthcare professionals who interact with patients more regularly face greater ethical dilemmas that could affect their attitudes. They also came to the conclusion that professional behavior depends more on work experience than it does on ethical knowledge. Our findings, which indicated no significant relationships between professional actions and years of working experience or educational attainment, do not support those conclusions. According to earlier research, moral conduct is crucial in the healthcare industry since it underpins practitioners' expertise. Healthcare professionals must be prepared for public scrutiny on their professionalism with regard to ethical dilemmas. According to the findings of the current study, administrative leadership equips medical professionals to lead at all levels of a team. Additionally, it makes the case that stronger leadership qualities are positively correlated with professional maturity and, consequently, with moral judgment and conduct in professional settings.

### **Implications for practice**

The focus of health ethics research is identifying models and principles that have been developed throughout time by experts and leading practitioners. These principles could be significantly shaped by leadership to create a work ethic in the healthcare industry. According to the authors, leadership encompasses a wide range of skills that are applicable to all healthcare professionals and are not just reserved for administrative roles. The results of the current study show that having stronger leadership abilities has a crucially positive influence on work ethics and professional behaviors in the delivery of various healthcare services. Leadership abilities can considerably predict a person's professional attitude and behavior and are not restricted to a particular profession, experience, or stage of employment in the healthcare industry. Every practitioner must be a leader in the delivery of healthcare services and prioritize work ethic as a core value due to the complexity of the healthcare system. Healthcare stakeholders should encourage the development of leadership skills at the individual professional level because these skills define the broad scope of the work ethic construct and the inherent drive to perform well.

**Limitations of the study:**

The study has some restrictions. Since no temporality is established by the cross-sectional design, causality cannot be established. Additionally, the work ethic construct was only measured in one dimension. Despite this limitation, it is thought that the effects are lessened because the employed assessment scale is a valid and reliable tool that accounts for all facets of the work ethic construct. Additionally, this scale is a generic tool that has never been approved by medical experts. In order to adapt and validate a work ethic scale for use in health care practice and research, additional research studies are advised. As with all online surveys, there is a gender bias (higher women/men ratio) and an overrepresentation of participants with higher levels of education; however, given the nature of the analytical study, we have no reason to believe that the results could have been different if the selection procedures were different. This study used a relatively small sample size and involved medical professionals from one nation. The results could be influenced positively or negatively depending on the sample size and cultural differences. Given the sensitive nature of the subject, an information bias is also suspected, and residual confounding cannot be completely ruled out. To reduce the biases present, more research is advised.

**V. CONCLUSION**

Administrative, as opposed to conceptual, leadership abilities can influence the ethical framework and shape the work ethics of healthcare professionals. Better administrative leadership encourages professionalism and internal motivation for the job. Higher professional maturity and, consequently, moral reasoning and conduct in professional practices are positively correlated with leadership abilities. Additionally, they can equip medical staff with the authority to lead at all levels of a team. In order to adapt to the dynamic transformational change of the health system based on ongoing soft skills education and training, the work ethics construct in healthcare must be redefined.

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