

The role of ethical leadership in shaping leadership qualities qualitative evidence from Khyber Pakhtunkhwa

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Abstract

The main goal of this study ascertains the outcomes of ethical leadership behaviours in nursing career and to find out the significance of ethical leadership on the improvement and provision of quality service in nursing profession. This study conducts qualitative analysis to design a research instrument and figure out how important ethical leadership is for improving and providing better nursing services. A structured questionnaire was used to gather information for this study. The study's conclusion was based on its main findings, which show that ethical leadership in nurse management may be good for all participants involved, including co-workers, and increase productivity at work.

Keywords: *Ethical Leadership, Nursing Leaders; Employee Voice; Psychological Well-being; Job Performance; Social Learning Theory*

1. Introduction

Pakistan is a growing country with strong moral values. Religion and culture have a significant impact on the health care system in Pakistan, and ethical considerations are crucial in inpatient care. Similar to other underdeveloped countries, Pakistan's health system is understaffed and underfunded. As in countless other nations, Pakistani nurses are dissatisfied with their professions due to excessive workloads and inadequate resources (Nasrabadi, Lipson, Emami. 2004). Other concerns include an inappropriate work environment, a lack of support, prejudice, conflict, limited growth opportunities, dissatisfaction with work conditions due to a heavy workload and irregular work hours, a lack of authority, and a low social standing (Valizadeh, Zamanzadeh, Habibzadeh, Alilu, et.al. 2016). There is still a need for a method to improve treatment quality and patient safety, despite the fact that government initiatives have addressed specific nursing difficulties, such as workload and nurse-patient disputes (Nasrabadi, et.al 2004; Valizadeh, et.al. 2016; Fooladi, 2003).

Undoubtedly, health care managers lack leadership qualities. Healthcare leaders and educational institutions in Pakistan are goal-oriented (Shirazi, et al. 2014). Leadership promotes a culture of care (Gustafsson et al., 2015), and leadership ethics and trust in nursing leaders are vital components of a

healthy workplace culture (Gallagher et.al, 2010; Wong, 2009, Eneh, et.al, 2012; Winston, 2007). This research aimed to investigate what adversely affected Ethical Leadership (EL) in Pakistan's healthcare settings and what happened as a result. To investigate the outcomes, issues, and barriers related with ethical nursing leadership, the researcher selected to conduct a qualitative analytical study from the perspective of official nurse leaders in this field.

Providing high-quality care is essential to success in the healthcare industry, especially when massive hospital expansions have resulted in regulatory constraints on the competitive climate in healthcare institutions. Service excellence is a common strategic objective. Therefore, many hospitals strive to provide patients with care that exceeds their requirements and expectations. When nurses prioritise the patient in their work, it has a significant impact on the hospital's long-term quality of treatment and profitability. Therefore, nurses' interactions with patients are vital to the success of healthcare facilities. The nurses' diligence demonstrates their high moral standards and concern for their patients' health. In our view, ethical, patient-centred nursing care occurs when nurses demonstrate compassion and concern for their patients. However, previous research has not investigated the ethical implications of nurses' service methods. In the service literature, only two fundamental categories are defined: person characteristics and organisational attributes. The study's primary aims are as follows:

1. To ascertain the outcomes of ethical leadership behaviours in nursing career.
2. To find out the significance of ethical leadership on the improvement and provision of quality service in nursing profession.

2. Literature Review

Islam is the official religion of Pakistan, home to some of the oldest civilizations in the world. Pakistani culture is a synthesis of Muslim and Pakistani traditions. Management and leadership are seen as sacred trust and a crucial divine mandate in Islam, and as such, they should only be given to capable people willing to accept the duty and act accordingly. One of the most important things that needs to be done is to make sure that the healthcare system reflects Islamic cultural norms and the religious discipline they encourage. Patient care's spiritual and ethical considerations have been elevated to the forefront of standard practices. Even though spiritual beliefs and political systems in Pakistan differ from those in other countries, the behavior, and ethical skills of nursing leaders in Pakistan are very similar to those of their counterparts in other countries. Pakistan's business climate is affected by its leaders' social behaviors (like being helpful, cooperative, and fair), compassionate connections (like understanding and respect, addressing needs, and compassion), and refined manners (like being righteous, honest, modest, and patient). Experts in Iranian nursing say that spiritual activation of nursing leaders is contingent upon their possessing a nursing viewpoint, having clearly visible goals, and a commitment to healthcare, and that these traits define leadership. Barkhordari et al., 2016

According to Pakistani nursing leaders, good nursing views, clear obvious goals, and dedication to healthcare are of paramount importance, while highlighting one's character, being a role model, and providing meaningful direction are the most significant components of leadership. This study uses qualitative content analysis and subjective methods to look at what medical caretaker leaders think about how ethical leadership affects the quality of nursing care given to patients. The purpose of a drug evaluation study is to exclude information about a certain marvel from interactions, hence stimulating additional investigation into the phenomena (Barkhordari, Ashktorab & Atashzadeh, 2016).

This influence spreads to people who follow the leader because of the leader's ethical behaviour, which has a far-reaching impact that extends well beyond basic perception (Trevio et al., 1998). Many theories and studies agree that leaders and their followers need to act in an ethical way to be successful in their roles. Still, research has shown that ethical leadership affects several behaviours, such as workplace satisfaction and total work-family conflict (Kim and Brymer).

The distinction between ethical, unethical, and unethical leadership exists. Ethical leadership is focused on getting good results and helping others succeed, while unethical leadership is mostly about making money and promoting oneself. If a leader doesn't have integrity, they are more likely to use, abuse, and manipulate other people for their own gain. Both ethical and public leadership can lead to bias, injustice, and even genocide. Lipman-Blumen (2005) talks about "toxic leadership" by explaining

what it is and how followers can be affected by it. A leader who lacks ethical objectives or who may be deemed unethical. Persons identified as trendsetters or leaders in fashion, music, or sports are examples of phrases used to describe trendsetters or leaders in these areas. Each of these sectors necessarily presents ethical dilemmas.

In healthcare settings, leaders and followers should not be differentiated so clearly. A leader with a track record of making positive societal changes isn't always at the organization's top. Consider everyone a leader and a follower simultaneously. A person with the highest rank almost probably adheres to a particular ideology, government program, or belief. Even the lowest-ranked respondent may have impressed us with their ethical leadership by consistently giving patients the respect they deserve in the delivery of nursing care (Schwepker & Dimitriou, 2021).

3. Research Methodology

This study employs a qualitative methodology. The survey method is ideal for this study because it allows the researcher to seek information directly from a specific set of people to get a fundamental grasp of the issue before generalizing to the entire community. There is a large amount of information about EL in the literature. After the development of research methods comes the second stage, which is the development of research tools (Questionnaires). The requirements for research and data determined the design of these research tools. As a result of a literature review, a standard set of evaluation tools is developed. To design questionnaires, two focus group discussions were held. One for those in charge of the nursing department's faculty, and another for those working in nursing. At first, when making the questionnaire, our socioeconomic situation was considered. Then, the questionnaire was tested to make sure it met our needs. To measure variables and structures, measurement instruments are fine-tuned. The questionnaire questions were collected from academic reviewers and then implemented. After the procedure has been implemented, the sample plan is the next step. The sample strategy seeks to satisfy the requirements of two stakeholders. This research idealises two main stakeholders: nursing staff leaders and faculty members.

This procedure involves the collection of vast primary and secondary data on multiple themes. The interviewees are selected from the nursing directors and professors. The sample contains a proportional representation of both genders. We employed stratified sampling to target individuals with specific interests in our investigation. In the fourth step, data collection is carried out, with prior planning. The type of information collected depends on the needs of the investigation. In the fifth phase, data analysis is undertaken to achieve various objectives. The tabulations and cross-tabulations, summary statistics, and the application of parametric and non-parametric methodologies employ a descriptive and analytic methodology.

Following the qualitative data collection, findings were used to develop the instrument. Utilizing standard content analysis, the investigation was conducted. 14 healthcare practitioners and academic members were interviewed face-to-face, and each session had its own semi-structured approach. To achieve the research objective, a method of systematic sampling was used. They were selected based on the study's primary objective. The idea behind selective sampling is that a knowledgeable researcher will add a lot to the depth of the survey. We implemented a sampling-based system for gathering data in changing quantities. This ensures that the collected data contains a wide variety of properties. Because more and different kinds of data were collected, the researcher learned more about the features and structure of the thing we were looking at.

To do this, a group of nursing leaders and faculty members with different work histories in different units and with different responsibilities, as well as both men and women, was put together. The eligibility requirements for nurse executives were a minimum of two years of professional experience and a willingness to participate in research; for healthcare academic personnel, the inclusion criteria were skill in leadership and teaching administration and ethics. The faculty members were interviewed because the ability of nursing leaders to make decisions in both clinical and academic settings is so important in the health care field.

The information was gathered through a "semi-structured confidential session" in which respondents were interviewed by phone after being told the study's goals and given a private place to

answer questions. Sessions lasted anywhere from 35 to 90 minutes and took place at the respondents' places of employment. Aside from the interviewer and the subject, no other individuals were present during the encounter. The goal of the interviews was to find out what people thought about how ethics should guide nurses and staff. To begin, specific questions regarding the respondent's management philosophy and the significance of ethics in their effective leadership were addressed. Thus, the response of the responder determines the course of the interview. To get more information and more specific answers, interviewees were asked to give objective examples of what they said. There have been no known instances of repeating sessions. All of the interviews were recorded with a digital voice recorder and transcribed exactly as they were said. The researcher listened to the audio recordings and read the transcripts more than once to get a better idea of what was being said. The method of collecting data was used repeatedly until there wasn't any more information to get from interviews or until the collected data had enough support. After eleven examinations, the researcher was confident that no new data could be obtained; yet three additional studies were conducted as a precaution. No one declined to participate or withdrew from the study.

4. Results and Analysis

This section describes the findings and outcomes of the Interviews, focus group discussions, and literature review, as well as the theoretical and empirical evidence. All of the people who took part had to fill out a written permission form, which they did voluntarily. It was done this way because it was the right thing to do, after getting permission from the institutions and hospitals involved. By signing a consent form, the participants gave the researchers permission to record their interviews and use the data collected in an anonymous way.

In this study, there were a total of fourteen participants, and six of them held bachelor's degrees, three held master's degrees, and five held doctoral degrees. There were five nursing professors and six other administrators. The participants had, on average, more than ten years' worth of managerial experience. The demographic composition of the participants was as follows: There are eight females and six males between the ages of 46 and 48. By analyzing interview data, 228 important codes were found and added to the larger idea of "similarities," which was narrowed down to 32. The "similarities" category was then split into five subclasses.

All-Inclusive Satisfaction

Complete contentment was one of the categories retrieved. The objective of ethical practises is to meet the demands of all stakeholders, including management, employees, and customers. Through adherence to ethical principles, the nurse leader experiences inner and outer fulfilment. Participants remarked how much more at ease they felt while observing ethical behaviour. Recognizing that honesty in the workplace, treating each other with respect, mutual trust, and an awareness of one other's concerns fosters inner happiness and satisfaction.

"I've studied nursing for 25 years and have accumulated 8.5 years of experience in various management and leadership positions. Human understanding is empathy. It fills me with pleasant feelings. Since working in a nice environment makes me happier, I adore my job."

Respondents said that they feel satisfied when a patient is released with a positive attitude and a caring attitude toward him or her. This is because the employees have acted in an ethical way and created an ethical environment. This feeling of fulfilment within is invaluable. Permit me to speak for respondent No. 11 (Age: 45, Experience: 9 years), who is hesitant to talk for fear of appearing more restrained.

"When I perceive that my efforts have had a beneficial effect on the staff and that the patient values the work that has been done, I am able to relax more easily. Even if the patient is unhappy, I am not content and serene. My staff are likely to blame." (Respondent # 11)

Employees' Job Satisfaction

Employees' job satisfaction is an important and effective part of their professional skills, motivation, productivity, commitment to customers, and satisfaction of patients.

A 20-year management veteran from several wards noted,

"Employees will be more motivated to exert effort when they recognise that all employees,

including physicians, personnel, and myself, are held to the same standards." All participants agreed that a nursing leader can't satisfy the needs of all stakeholders. (Respondent No. 2)

Customer satisfaction

Ethical acts result in the patient's contentment. People have a good opinion of nursing because of its parts, one of which is that patients are happy with their care. Respondent 14 shared his opinions with the class, stating,

"Having the influence and authority to lead a team of well-behaved, honest, and communicative professionals to better serve their patients leads in improved services for patients and their contentment after release." (Respondent # 14).

The people who answered said that the overall happiness of the patient is the most important thing in nursing. A hospital executive with nine years' experience in management noticed, "We take our patients' satisfaction extremely seriously, and it should be used as a benchmark for our performance. To ensure the greatest possible satisfaction for the patient, we carefully plan each step of the process."

Job Performance or Productivity

The fact that nurses are very committed to ethical standards makes them happier at work and helps them get more done. Empowering the team is encouraging co-workers to provide superior service to patients. Staff morale directly correlates to the quality of treatment provided to patients. (Respondent # 6). Ethics-based leadership and management strategies are used by nurse managers and leaders to get their staff to care for patients better and work more efficiently. A professor of ethics with seven years of managerial experience commented,

"However, to provide superior care for patients, I must establish and sustain an open and trustworthy rapport with the staff members who engage with them regularly. Better treatment for patients is guaranteed when staff members show deference to patients' cultural preferences and act fairly toward all people. These are the specifics our managers must be aware of." (Respondent # 3).

Respondents admitted that their unethical behaviours could discourage staff from doing their duties properly, leading to poor treatment for patients. Numerous participants posted their familiarity with the field of nursing and their decades of experience working in a variety of wards, using their own knowledge to help guide the discussions of others. "In the workplace, justice is accorded a high priority. This person has been overheard saying, *"Working all the holidays is no big deal for me as long as others do the same."*" (Respondent # 5)

A leader who demonstrates ethical behaviour might pave the way for others to adopt it throughout the organisation. An ethical culture can be traced back to ethical leadership. The forms of patient-centered care provided by nurses have a significant impact on how hospitals are appraised and, on the institutions', long-term viability. Consequently, nurses' service practises influence healthcare facilities. One Nurses leader said, *"With their service conduct, nurses offer a moral philosophy of care with basic values, like putting their patients' needs, interests, and preferences first." In my opinion, service behaviour can be defined as the caring and compassionate demeanour that nurses and other medical professionals exhibit toward their patients. (Respondent # 7).*

Organizational Citizenship Behaviour

To date, research on ethical leadership has focused on its relationship to other factors, such as transformational leadership and leader-member exchange (LMX), rather than its impact on corporate citizenship activity. Volunteerism is a two-way street; when leaders are trustworthy and fair with their staff, the staff returns the favour by helping more at work (Participant #9). The research also shows that followers of ethical leaders are inspired to take on extracurricular activities. (Kacmar, Bachrach, Harris, & Zinuska, 2011; Neubert et al., 2013).

According to Affective Event Theory (AET), when leaders make their staff happy at work, it's because of the positive emotions and perspectives they've inspired. Workers who trust their leaders may help those in authority bring out the best in their employees. The people in this group will be asked to use their skills in ways that aren't usually associated with their jobs. People will follow their leaders' examples and do their part for the good of the organisation if they believe their leaders are ethical and always willing to do the right thing. (Respondent # 4). There is no doubt that OCBs are a part of these

actions. Those who have faith in their superiors tend to think outside the box. One of the responders shared their opinion, which was:

"Employees are more likely to feel well and have better OCBs when they have faith in their bosses. The way an employee acts on the job might be affected by their state of mind at work. People who know a lot about their mental health are more likely to take part in activities that help the community as a whole. Additional manpower is needed to carry out OCB, which slows down the progress of the operation" (Respondent # 2).

Psychological Well-Being

New studies continually reinforce the need for ethical leadership in nursing (Eide et al., 2016). Ethical leadership in nursing practice requires "respect, loyalty, dedication, and knowledge of the influence our actions may have on others" (Respondent #9). She emphasized the need to show respect to one's co-workers and superiors in addition to one's patients and their families.

"People need to be appreciated for who they are and what they bring to the table. People show they care and regard one another by being receptive, communicative, and socially connected. People are more likely to feel safe and comfortable approaching a leader who is approachable, shows respect for others, and leads by example" (Respondent # 9).

Another Respondent stated,

"Ethical leadership fosters a culture in which everyone recognizes the significance of providing quality, safe, and compassionate care. Ensuring everyone is content in their roles is also crucial, since discontented employees are less likely to give their all on the job." (Respondent # 8).

Previous research has shown that leaders can build trust with their followers if they act in an ethical way (Brown et al., 2005). Li et al. (2014) showed that the link between ethical leadership and employees' well-being at work is mediated by distributive justice. Additionally, ethical leaders handle resources and outcomes in a manner that is fair and respectful of others, resulting in a higher quality of living for their workforce. One respondent remarked:

"The state of health of a healthcare professional influences a patient's perception of the quality of services. Burned-out workers provide lower-quality care and have more unfavourable outcomes like turnover and absenteeism than their non-burned-out counterparts." (Respondent # 3)

5. Discussion

Nursing is one of the most lucrative health care occupations in terms of professional accomplishment. On the basis of the qualitative data obtained for this investigation, it was determined that ethical leadership in nursing administration might benefit both the nursing staff and all other stakeholders. If you hire and train managers well, they may behave better when they are in charge. To achieve this objective, emphasis should be placed on choosing and teaching ethical leaders, as well as establishing and employing a systematic and objective method for measuring ethical attributes. In such an environment, actions that foster organisational success and expansion are possible.

The findings of this study can assist managers in enhancing their workplace ethics and laying the groundwork for future success. This improves healthcare services and leaders' and nurses' working conditions. This research contributes to the expanding body of evidence demonstrating the significance of ethical leadership and its effects on organisations and communities as a whole. This study seeks to contribute to the current literature on ethical leadership in healthcare by investigating its contemporary impact on hospitals.

The study of the data revealed a substantial positive relationship between a number of distinct factors. The conclusions of this study can be summed up in a general manner as follows: Ethical leadership has indirect and direct effects on the morale of nurses. Therefore, we can assume that a leader's moral compass influences both the personal happiness and professional success of nurses. In addition, discussions with participants confirmed that ethical leadership at work has a positive effect on the well-being of employees. This conclusion is consistent with the findings of Ngabonzima et al., Ganji et al., and Tu et al., who all discovered that ethical leadership affected the job satisfaction of nurses. In addition, the results complement those of a study by Freire and Bettencourt, which found that ethical

leadership significantly boosted the job satisfaction of nurses.

In a broader context, the findings suggest that ethically oriented leadership is gaining importance in the organisations and healthcare institutions that the target institution serves. Appreciating remarkable human characteristics and inspiring healthcare personnel provides a sense of usefulness and efficacy in addition to the satisfaction of psychological requirements. There are a number of benefits associated with an ethical approach to corporate leadership, and these benefits are more prominent and readily apparent in the medical care system and nursing staff. The hospital setting and work environment require such closeness and camaraderie amongst hospital employees, physicians, and patients. Due to this proximity, a number of ethical issues have arisen. As a result of the popularity of ethical leadership in hospitals, section and unit managers are extremely committed to ethical standards and serve as role models for personnel. These findings show that ethical conduct on the part of nurses and other personnel should be assumed. In a business context, leadership is distinguished from management, which emphasises employees' voluntary compliance, by the capacity to exert influence and persuade personnel to achieve organisational objectives. Leader conduct is definitely effective, encouraging, stimulating, and significant; nevertheless, when integrated with ethics and presented as an ethical example, it yields much greater results. Overall, our research indicates that hospitals should implement formal planning and management activities to promote ethical leadership, enhance working conditions, and enhance service quality.

This study's findings lend validity to the social exchange and social learning theories by stating that followers are more likely to follow ethical and fair-minded leaders (Bandura 1986; Blau 1964).

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