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Outcomes of Ethical Leadership: A Survey of Nursing Leaders with a Sequential Mixed Method Approach

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Abstract: The impacts of ethical leadership in nursing in Pakistani cultural and social environments were explored in this study. The overall subject matter has two primary categories and numerous subcategories. This study contributes to the string of research showing the importance of ethical leadership and the consequences it has on employees and society. This study attempts to advance current studies about ethical leadership to obtain insight into its present influence in the Hospitals. While researchers have confirmed the relationships between leadership characteristics and employee outcomes, there is a need for further research regarding ethical leadership and psychological well-being.Based on the data gathered and the conclusions reached, it can be concluded that there is a high correlation between ethical leadership and employee job outcomes. The study revealed three employee-related outcomes: employee voice, employee well-being, and organisational commitment. As a result of the data collected, it has been shown that the job-related outcomes are solely dependent on effective management. Good management, on the other hand, can only be observed in the presence of strong leadership. It is possible to conclude from these findings that ethical leadership is critical for businesses because it assists them in maintaining internal harmony and employee involvement in the pursuit of organisational objectives.

Keywords: Ethical Leadership, Nursing Leaders, Sequential Mixed Method Approach

1. Introduction

Ethical leadership is “promoting ethical behaviour in companies by creating a culture where ethical norms guide the behavior of everyone in the organization” (Jurkiewicz, 2006, p. 246). In an effort to influence others' ethical conduct, ethical leaders employ different incentive, punishment, and communication techniques (Bedi, Alpaslan, & Green, 2015). Leaders should perceive employees, colleagues, and associates as trustworthy, forthcoming, and principled. Ethical leadership is necessarily interpersonal and a function of others' judgments (Heres, 2014). According to Menzel (2015, p. 316), ethical leadership may be defined as having "three essential ingredients: demonstrating ethical behavior, treating others fairly, and creating an organizational culture that fosters ethical behavior." Social learning theory examines the connections between ethical leadership and individuals, which may be thought of as resulting from the leader's own behavior and the learning process of others around them (Bedi et al., 2015, p. 2). Ethical leadership represents company principles and serves as a model for others to emulate (Podger& Menzel, 2014).

Ethical leadership in healthcare profession comprises of making and backing up a suitable situation to arrange high-caliber and financially savvy social insurance and furthermore guaranteeing the people's Ethical conduct. Ethical / Moral leadership draws in the people's consideration regarding Ethical

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concerns and morals through deciding and breaking down the normal qualities and pleasing amid basic benefits of healthcare profession and (nursing) healthcare professionals' conduct. It likewise incorporates Moral duty for regarding the medical attendants and acting them based on equity and empathy (Jackson, Clements, & Averill, 2009)

Ethics in health care is a worldwide topic. Individual healthcare practitioners, particularly patient relationships, were traditionally the centre of healthcare ethics. However, the healthcare delivery system of the twenty-first century necessitates ethics at all levels of healthcare leadership, from workers to clinicians, administrators, executives, and even lawmakers (Ho and Pinney, 2016). Instilling commercial and market-oriented principles in healthcare, such as efficiency and cost-effectiveness, confronted modern nursing leaders with ethical issues that differed from those faced by traditional nursing leaders. (Makaroff et al., 2014).

There is still much to learn about ethical leadership and its effects and impacts. This approach examines ethical leadership and employee well-being, but it also proposes social identity theory-based ideas. The features of the leader, particularly the leader's connection with the follower, are studied by Graen and Uhl-Bien (1995). (i.e., LMX). It is also important to study the cultural backdrop and how workers interact with the boss. Various contexts and cultures require different leadership styles in order to be effective (Dorfman et al. 1997). According to the research of Hofstede (1993), there are seven distinct cultural clusters based on the history, culture, and tradition of a given country. A team approach in Asia is reflected in the cluster of Asian nations labelled as the Asian Confucius cluster because of their collective qualities of collectivism, teamwork, and harmonious relationships, according to Resick et al. (2011). China seems to be most affected by Confucianism, since workplaces were modelled on hierarchical relationships with subordinates showing tremendous respect and reverence to their superiors. There are other Asian nations, such as Hong Kong and Taiwan, which exerted a major effect on Western business cultures such as U.S. firms. For these Asian countries, employees' conduct and perceptions of workplace ethics were still influenced by traditional Chinese values. The current study intends to investigate the following research questions:

1. What are the outcomes of ethical behavior in nursing profession leaders?
2. What are the aspects of a research tool for measuring ethical behavior in nursing profession leaders?
3. What are the results of a psychometric analysis of research tool developed in this study?
4. What is the role of ethical leadership in improving nursing working environment?

2. Literature Review

There is a difference between ethical, unethical, and non-ethical leadership. Ethical leadership aims to get positive results and help others thrive, while unethical leadership is more interested in personal gain and self-aggrandizement. A leader who is unethical is more likely to use, abuse, and manipulate others for his or her own purposes. Ethical leadership and public leadership may both result in prejudice, injustices, and even genocides. Lipman-Blumen (2005) deals with "toxic leadership" by outlining its characteristics and how followers are vulnerable to it. A non-ethical leader does not have the intentions or might be considered unethical. Examples of terms to characterize trendsetters or leaders in fashion, music, or sports include, but are not limited to, persons identified as trendsetters or leaders in such industries. Ethical decisions inevitably arise in each of these domains.

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Leaders and followers should not be distinguished so sharply in healthcare situations. A leader with a demonstrated record of working towards good social change is not always in the highest position within the organization. Think of everyone as a leader and a follower at the same time. A person who ranks the highest is almost certainly following a specific ideology, government policy, or values. It is possible that the lowest-ranked individual in the survey may demonstrate exceptional ethical leadership, for example, in how he or she provides compassionate and dignifying nursing services.

Nursing has acknowledged the significance of leadership for decades. Furthermore, the findings show that healthcare workers frequently experience emotions of helplessness and inadequacy while trying to effect transformation in their professional environments (Leibold Sieleff, 2004). A study revealed that more than 80% of nurses either frequently or always experience feelings of regret or discomfort in their workplace. Since the literature related to moral discomfort (Corley, 2002; Lützén et al., 2003; McCarthy and Deady, 2008). There is strong evidence indicating that some nurses have a hard time doing the right thing in practice. However, based on findings, it is clearly apparent that a large percentage of nurses may be classified as both ethical leaders and subordinates.

Leadership in nursing may be divided into micro, meso, and macro levels. At the micro level, nurses lead by example by working with people and teams; at the meso level, nurses work to advance and advance policies and practices; and at the macro level, nurses seek to be heard at the national and worldwide level. Above all, there is an understanding of duty on all these stages.

Ethics is dependent on responsibility. It is so important for leaders to comprehend and comprehend the distinction between taking on the role of duty to vs taking on the role of responsibility for. Parents are legally obligated to care for their children, but they have different other persons (often family members or guardians) to watch after those unable to talk for oneself, including individuals who are incapacitated or suffering from mental disorders.

This is only a rare occasion. In every other situation, healthcare providers are accountable to the individuals they treat. In the majority of care situations, HCPs are also directly responsible for their own actions and judgments. While in a leadership capacity, it is critical to acknowledge and identify misunderstanding between them, which can cause major difficulties.

In his study (Arries, 2009), Arries observed that student nurses frequently complained that the interactions they had with nurse practitioners or nurses were unfair. An additional person or criterion, referred to as interactional justice, was utilized to analyze the interpersonal treatment students received, as well as how equitable it was (p. 156). A person experiences interpersonal injustice as a severe and pernicious injury to their psyche and self-identity. The "fairness and justice" conveyed by staff nurses will color the impression their pupils gain of the institution. Leadership style is developed in early career contacts, and this will carry over to other roles and perhaps higher positions. This awareness of values, such as respect for the dignity of every person, has the potential to empower and enhance coworkers' knowledge and abilities, as well as to serve as a basis for an informed perspective on justice. Researchers felt more strongly and communicated this in a sense of unfairness to their colleagues than any other feeling they had, according to Arries' research (2009). Burnout, disenchantment, and abandoning the profession are the results of this. Respect for others is directly linked to the ethical requirement of responsibility. Additionally, it is self-evident that when one despises others, one likewise despises oneself. Respect for others yields respect for yourself, as well as increased self-esteem and self-confidence.

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3. Population, Sample and Procedure

Given the objectives of the study, "purposive sampling techniques" were applied. Individuals were selected based on the purpose of the assessment. A reasoned analysis is based on reasoning that individuals with conservative data will increase the value of the research and will follow the most realistic sampling strategy. This process ensures better diversity than the data collected on average. The accumulated data has a greater diversity and an average width, which will allow analysts to better understand the measurement results and the possibility of checking the wonders. A sample of Nurses in various departments, positions and gender was selected.

There were 205,152 physicians and 104,046 nurses (including midwives and woman health visitors) in Pakistan in 2017, out of a total population of 207,775 million. www.dailytimes.pk(https://dailytimes.com.pk/587454/honoring-the-nursing-and-midwives-of-pakistan-on-world-health-day-2020/)

With a 95 percent standard deviation and a 1.96 percent confidence interval, it is possible to estimate a sample size for a study when the population is unknown (Cochran,. 2007). The formula is as follows:

n. =. $\frac{Z^2(P)(l-P)}{C^2}$

Where:

z. =. standard. normal. deviation. set. at. 95%. confidence. level

p. =. percentage. picking. a. choice. or. response

c. =. confidence. interval

$$n=.\frac{l.96^2(0.2)(l-.2)}{0.05^2}=\frac{384l6(0.2)(l-.2)}{0.05^2}=.\frac{384l6(0.2)(0.8)}{0.0025}.=\frac{384l6(0.l6)}{0.0025}=.\frac{6l46.56}{0.0025}.=353\ 46\ \cong 353$$

Cochran, (2007) Formula was used for sampling because of the budgetary and time limitations. The final result was 353, which was adjusted up to 350 because of rounding. multiplying by two provinces, we have 700 responses in the end. 637 usable and full surveys were returned out of a total of 700 questionnaires that were distributed. 91% of people responded.

Table 3.1 Nurses Sample

District	Sampling	Total	Valid Questionnaires
Total	350>350 × 2= 700	700	637
KP	350	350	339
Punjab	350	350	298
Grand Total		700	637

3.1 Variables

As it is a qualitative study variable were decided on the basis of literature review focus group discussion and interviews, a pool of items was generated to finalize the questionnaire with expert's opinion. It was the goal of the study to determine the outcomes of ethical leadership, which resulted in the following factors:

- Job satisfaction
- Job performance or productivity
- OCBs,

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- Psychological Well-Being
- Voice

3.2 Measures

A questionnaire was developed on the basis of literature review, focus group discussion and interviews, a pool of items was generated to finalize the questionnaire with expert's opinion. Hence, Self-developed questionnaire was utilized for measuring the Ethical Leadership.

For Job Performance or Productivity Scale developed by Na-Nan, K., Chaiprasit, K. and Pukkeeree, P. (2018) was utilized it had 13 items.

For All-Inclusive Satisfaction, The Satisfaction of Employees in Health Care (SEHC) survey by Alpern, R., Canavan, M. E., Thompson, J. T., McNatt, Z., Tatek, D., Lindfield, T., & Bradley, E. H. (2013) with 20 items was used.

Organizational Citizenship Behavior I used the five-facet 20 items questionnaire produced by Podsakoff and MacKenzie to examine citizenship conduct. Integrated items unveiling exact behaviors, together with five facets of OCB, is essential for employees, along with their supervisors demonstrating support for each inquiry. The results of these methods and approaches are determined using a 7-scale response design.

Psychological Wellbeing was measured by the scale developed by Ryff & Keyes, (1995) with 18 items.Voicewas measured by the scale developed by Van Dyne & LePine, (1998) scale with 6 items.

3.3 Methods of Data Collection/ Data Collection Procedure

The information will be accumulated through "semi-structure private interview" so an arrangement will be made with members by means of phone in the wake of presenting the goals of the investigation and deciding a helpful area for meet. Meetings will be led at the workplaces of the members continuing 35–90 min. The meeting will be private; that is, the other individual, aside from specialist and member, won't be available during the meeting. The substance of the meetings will be founded on the experience of the members as to the situation of morals in driving medical caretakers and representatives. General inquiries with respect to the member's way to deal with leadership and estimation of morals in their leadership style will asked from the outset. The member's answer would decide the pattern of the interview. To acquire more data and have more clear answers, the members will be approached to give target models. No rehashed meetings will be completed. All meetings will be recorded and interpreted afterward. Data collection will be proceeded until information saturation is achieved—that is, no new data would be neutral from further meetings and enough help for the gathered information is collected.

4. Data Analysis

To develop and implement an ELS, we (a) examined existing research for items to produce them, employing deductive reasoning (b) formed and consulted with a panel of business ethics academics (psychologists, psychiatrists, and professors) to complete a qualitative evaluation of the scale (as reported in Lawshe, 1975; McKenzie, Wood, Kotecki, Clark, and Brey, 1999) and (c) acquired empirical data to prove the scale's psychometric characteristics.

To begin, relevant studies and papers from journals, books, dissertations, and doctoral theses are used to uncover additional elements for the ELS. Four judges were provided the amended ELS, requesting a qualitative evaluation. The panel members aided us by providing feedback on the twenty elements

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on the scale and offering ideas on what could be added, deleted, or rephrased. The Likert scale used to measure the items was graduated such that 1 indicated great disagreement and 6 indicated complete agreement. The judge's main goal was to discover agreement among its members, and that is illustrated by a percentage rating. The quality assessment was accounted for when the scale was subsequently readjusted. Finally, the amended scale was given to the judges once more to determine whether there were any issues. When the redesigned scale was tested for issues, it was modified once more (see Table 1). Two of the four panellists acknowledged that two of the questions posed on the questionnaire—no. 17 and 18—pose problems and undermine the validity of the survey instrument. A total of 50% of the people agreed on the following issues. When these two elements (17 & 18) were excluded from the EL Questionnaire, this is why. When these two elements (17 & 18) were excluded from the EL Questionnaire, this is why.

Table 1

Experts' Agreement on Items added to Ethical Leadership Scale

Question #	**Qualitative Review**	**Judge 1**	**Judge 2**	**Judge 3**	**Judge 4**	**Percentage ofAgreement with Item**
11	Focused on making sure that Nurses are appropriately promoted based on their demonstrated ethical behavior.	Y	Y	Y	Y	100
12	Recognizes ethically-appraised Nurses behavior.	Y	Y	Y	Y	100
13	Encourages Nurses to perform ethical actions and rewards them for such actions.	Y	Y	Y	Y	100
14	The beneficial impact that nurses' Leader decisions have on the well-being of the hospital and other stakeholders are attributable to his/her behavior.	Y	Y	Y	Y	100
15	Ethically defective behavior by Nurses is dealt with by reprimands by Leader.	N	Y	Y	N	50
16	While observing his or her ethical behaviors, staff Nurses encourage one another to work in principled methods to deal with ethical issues.	Y	Y	N	Y	75
17	Sets an example of ethical leadership by treating subordinate Nurses with respect and honoring ideas	Y	N	N	Y	50
18	Assigns Nurses the liberty to behave in line with their own moral standards	N	Y	Y	N	50
19	The way he/she conducts his/her life reveals his/her personal moral principles.	Y	Y	Y	Y	100
20	When the leader is away, subordinate Nurses struggle to handle ethical issues.	Y	Y	Y	Y	100

A request was made by a judge to reword question number 20. Three panellists were given question no. 15 to rewrite and one judge was given question no. 16 to rewrite. The final scale was shown one more time to the judges to ensure that they will approve to all adjustments. One judge requested to

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reword the question number 20. Eight new items have been introduced to the scale following the completion of these tasks.

In order to verify the two elements of moral person and moral manager, the updated scale was subjected to statistical analysis. In order to determine the psychometric characteristics of the EL Questionnaire, the following steps were completed.

Construct Validity:

Before using Principal Component Analysis (PCA), it was necessary to determine if the data were appropriate for factor analysis. When we examined the correlation matrix, we found a number of coefficients greater than 0.3. A value of 0.93, above the required limit of 0.6 (Kaiser, 1970, 1974), was calculated using the Kaiser-Meyer-Okin test, and the Bartlett test of sphericity, which concluded that the correlation matrix was factorable.

KMO and Bartlett's. Test

Kaiser-Meyer-Olkin. Measure. of. Sampling. Adequacy.		.930
Bartlett's. Test. of. Sphericity	Approx.. Chi-Square	3487l.486
	df	4560
	Sig.	.000

To explore the factor structure of the EL Questionnaire, PCA with a varimax rotation was done. It offered the two-factor solution in which the elements worked together (see Figure 1).

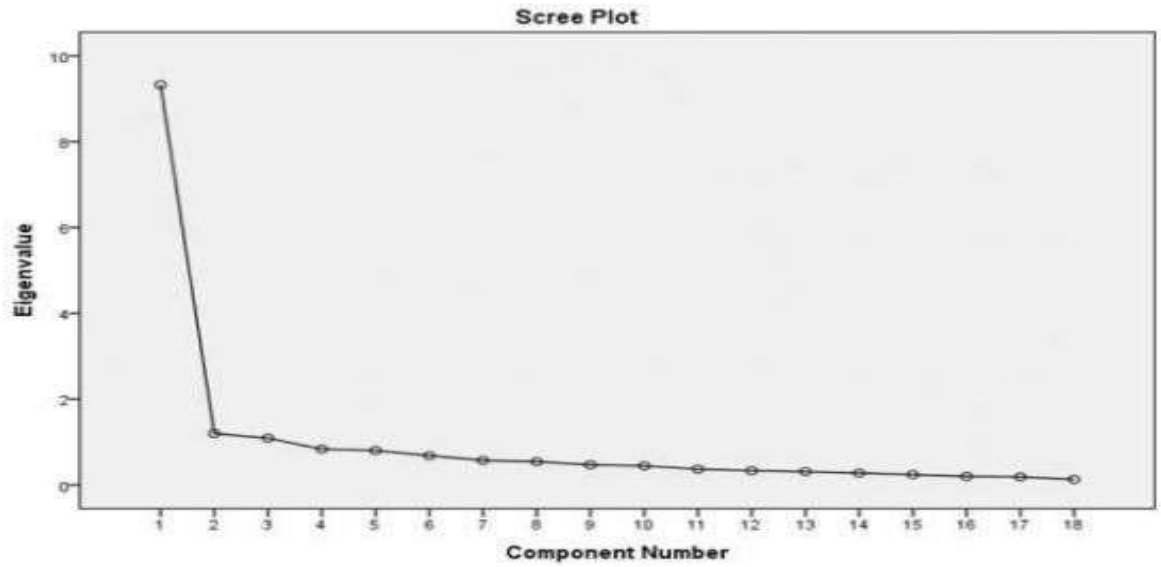

Figure 1: Ethical Leadership Scale Scree Plot

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The diagram in Figure 1 shows two important variables: the Moral Person (MP) and the Moral Manager (MM). Variance 60.13% was explained using a two-component solution. When you look at the 32.01% variance component-1 contributed, and you also take into consideration the 28.12% variance component-2. Each of the elements appeared to correspond to the appropriate component, and also seemed to match the previous study on ethical leadership behavior (See Table 2).

Table 2 : Rotated Factor Pattern (Revised EL Questionnaire)

Items	Description	Moral Manager	Moral Person
REL1	He's an attentive listener who heeds what the workers have to say.		.586
REL2	Penalize workers who break ethical norms		.532
REL3	Acts with integrity in his own life.		.540
REL4	Is always concerned with the well-being of the workforce.		.620
REL5	Treats everyone fairly and even-handedly.		.695
REL6	Is impossible to trust him.	.342	
REL7	Displays ethical ideals or business practices with employees.		.766
REL8	Sets an example of proper behavior by showing how to conduct things correctly in terms of ethics.		.755
REL9	Success does not only depend on whether the outcomes are attained, but also on the method that they are obtained.		.793
REL10	Asks, "What is the appropriate thing to do?"		.616
REL11	Focused on making sure that staff are appropriately promoted based on their demonstrated ethical behavior.	.789	
REL12	Recognizes ethically-appraised employee behavior.	.643	
REL13	Encourages workers to perform ethical actions and rewards them for such actions.	.727	
REL14	The beneficial impact that his decisions have on the well-being of the company and other stakeholders are attributable to his behavior.	.653	
REL15	Ethically defective behavior by workers is dealt with by reprimands.	.649	
REL16	While observing his or her ethical behaviors, staff members encourage one another to work in principled methods to deal with ethical issues.	.742	
REL17	The way he/she conducts his/her life reveals his/her personal moral principles.	.553	
REL18	When the boss is away, subordinates struggle to handle ethical issues.	-.625	
Eigen Values		5.47	4.87
%Variance		32.11	28.12
Cum. %		32.11	60.43

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Reliability

The overall EL Questionnaire reliability was estimated to be α = 0.90. The levels of reliability for Moral Person and Moral Manager are 0.87 and 0.76, respectively. To see if the removal of the statement "When the boss is away, employees have a difficult time finding moral problems" would increase reliability, a reliability test was performed. The results suggested that this removal would add to the overall reliability of the moral manager component and increase α to 0.88. Taking the advice into consideration, this item was removed. The second time around, the EL Questionnaire was determined to have an alpha value of 0.96.

The levels of reliability for All-Inclusive Satisfaction, Organizational Citizenship Behavior, Psychological Wellbeing and Voice are found to be α 0.83, 0.92, 0.84, and 0.90, respectively

Factors	Items	Cronbach's. α
Ethical Leadership	18	.96
Moral Manager	9	.88
Moral Behavior	8	.76
Job Performance or Productivity	13	.86
All-Inclusive Satisfaction	20	.83
Organizational Citizenship Behavior	10	.92
Psychological Wellbeing	18	.84
Voice	6	.90

Inter-correlations

After doing an analysis on the data and verifying its trustworthiness, the remaining elements were found to be 17. Moral Managers (9 items) Moral behavior (8 items). To determine item consistency, intercorrelation analysis was done by calculating the item-correlation on the EL Questionnaire. Correlation coefficients between Moral Manager ($r = 0.62$, $p < 0.01$) and Moral Behavior ($r = 0.69$, $p < 0.01$) and between the whole scale ($r = 0.80$, $p < 0.01$) were all statistically significant.

Initial cut-off scores

To ensure that an accurate percentiles could be calculated, the scoring process for the EL Questionnaire was developed in the most careful manner. The results ranged from 14 to 102 on the EL Questionnaire test. For the 25th percentile, 76 was obtained, for the 50th percentile, 85 was found, and for the 75th percentile, 93 was discovered. To demonstrate morally neutral, weak, moderate, and strong views of ethical leadership, the criteria of 1 standard deviation above and below the mean was employed. The ANOVA on the difference in ethical leader perception across the four groups was conducted using a one-way model. When doing a test, the results indicated that the four groups were distinct from each other, $F(3, 172) = 339$, with a significance level of 0.005 ($p < 0.0005$).

Missing Value Analysis (MVA)

To verify the percentages and frequencies of missing data, the model was employed that evaluated missing values in MVA (the "missing values analysis"). a conclusion drawn from results of a test that revealed that just 5% of the data were missing, and this may be considered random (IBM, 2011). In this case, we added the missing data. "Also, in 2012, Tabachnick and Fidell state: "*If only a few data points are missing in a random pattern from a big data set, the issues are less significant and nearly*

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any technique gives comparable findings" (p. 63). As a result, because the proportion of missing values of questions did not pass 5%, the case-wise deletion approach was chosen to manage the data for the data analyses in the research, which was successful.

Descriptive Statistics

To get a sample of 637 nurses from hospitals in Khyber Pakhtunkhwa and Punjab, we drew a sample from public and private hospitals in these two provinces. In the sample, there were 523 female nurses and 114 male nurses with the percentages of 82.1 and 17.9 respectively. A total of 237 participants were either under the age of 29 or had ages between 19 and 29, 200 participants had ages between 30 and 39 and 200 participants had ages between 40 and 50. There were 86 Nurse Leaders, 361 Nurses, 96 Nurse Faculty and 94 Trainees with percentages of 13.5, 56.7, 15.1, and 14.8 respectively.

A total of 218 participants had under 5 years of experience, 417 participants had service duration between 6 and 10, and 2 participants had service duration between 21 and 30 years.

The EL Questionnaire was provided to the Nurses at several hospitals in the Khyber Pakhtunkhwa and Punjab province. Nurses were asked to answer a series of questions on the qualities and behaviors they agree or disagree with from the EL Questionnaire. Data provided was made clear to them that data confidentiality would be respected. The nurses returned the questionnaire that was filled out to the researcher.

Frequency. Table

City

		Frequency	Percent	Valid. Percent	Cumulative. Percent
Valid	Abbottabad	18	2.9	2.9	4.4
	Gujranwala	218	34.2	34.2	37.0
	Lahore	201	31.6	31.6	68.6
	Peshawar	200	31.4	31.4	100.0
	Total	637	100.0	100.0	

Category / Designation

		Frequency	Percent	Valid. Percent	Cumulative. Percent
Valid	Nurse Leaders	86	13.5	13.5	13.5
	Nurses	361	56.7	56.7	70.2
	Nurse Faculty	96	15.1	15.1	85.2
	Trainees	94	14.8	14.8	100.0
	Total	637	100.0	100.0	

Age

		Frequency	Percent	Valid. Percent	Cumulative. Percent
Valid	15-20	11	1.6	1.6	1.6
	21-29	226	35.5	35.5	39.8
	30-39	200	31.4	31.4	68.6

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	40-50	200	31.4	31.4	100.0
	Total	637	100.0	100.0	

Service. Duration

		Frequency	Percent	Valid. Percent	Cumulative. Percent
Valid	4	21	3.3	3.3	3.3
	1	57	8.9	8.9	12.2
	10	341	53.5	53.5	65.8
	2	129	20.3	20.3	86.0
	21	1	.2	.2	86.2
	3	1	.2	.2	86.3
	30	1	.2	.2	86.5
	5	10	1.6	1.6	88.1
	6	66	10.4	10.4	98.4
	7	10	1.6	1.6	100.0
	Total	637	100.0	100.0	

Gender

		Frequency	Percent	Valid. Percent	Cumulative. Percent
Valid	Male	114	17.9	17.9	17.9
	Female	523	82.1	82.1	100.0
	Total	637	100.0	100.0	

Data Normality

Prior to doing the factor analysis, the normality of the data and the size of the sample were examined to determine whether there were any problems.

Tests of Normality

	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	df	Sig	Statistic	df	Sig
Ethical Leadership	.190	584	.000	.833	584	.000
All-Inclusive Satisfaction	.079	584	.000	.959	584	.000
Job Performance or Productivity	.089	584	.000	.942	584	.000
Organizational Citizenship Behavior	.103	584	.000	.955	584	.000
Psychological Wellbeing	.077	584	.000	.963	584	.000
Voice	.051	584	.001	.973	584	.000

aLilliefors Significance Correction

In terms of skewness and kurtosis, two items (items 15 and 18) were out of the normal range by +3 and -3. They were thus excluded from the study. As mentioned in Cattell (1978), the sample size requirement of "N/p = 3" did not breach the minimum needed number of respondents to perform

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the component analysis for Survey. Each item's skewness and kurtosis values ranged from +3 to -3 and the sample size was large enough to undertake component analysis on each item.

5. Discussion

According to the results of this study, it appears that ethical leadership correlates with work satisfaction. This follows previous research on literature, which show that a leader may inspire their employees' behavior and attitudes by including ethical values, which produce job satisfaction (Brown and Trevino, 2006). (Prottas, 2013; Brown et al., 2005). According to previous research, higher levels of ethical leadership led to better levels of work satisfaction for nurses (Munir et al., 2012).

According to the social identity theory, managers' ethical behavior will impact employee well-being indirectly since it will impact how workers identify with others who they see as having similar behavior. Our investigation produced two noteworthy findings. Leadership based on ethical behavior has a direct impact on Psychological well-being and overall job satisfaction. Although the coefficient for employee well-being is a little higher, the results do not show a meaningful difference in overall satisfaction. Therefore, we may draw the conclusion that ethical leadership has a direct influence on an individual's job as well as their post-work life. The results show that ethical leadership has a positive effect on work satisfaction, which is a valuable tool for businesses.

There may be conflicts of interest in ethical leadership, especially when setting guidelines for those who work under you. The most potential cause is that ethical dissonance exists between the organization's head and the person being led. One possible instance would be Burke's (2010) assessment of workplace stress and employee well-being, which cites numerous contributing research that investigate workplace stress and well-being. Leaders with high ethical behavior in the workplace may lead to increased pressure on their employees. Workplace well-being would be harmed if the employee's ethical standing doesn't match the supervisor's leadership style (i.e., ethical incongruence).

Employees who find themselves dealing with personal problems as a result of their job might be psychologically harmed (Schwepker, 1999; Viswesvaran and Deshpande, 1996). This research discovered that when executives encourage ethical conduct in their business, this might collide with the particular way organizations operate.

By examining the effect of EL on nurses' service behaviors, our study substantially contributes to the debate on nursing service management. These findings were consistent with the hypothesis that EL had a strong influence on nurses' RSB, ESB, and overall service behavior. Thus, we discovered that when leaders act ethically, it's more probable that a favorable and valued condition would emerge. The ethical contexts comprise the nurses' cognizance of ethical quandaries and an earnest desire to uphold ethical norms. Due to their working in an EC, nurses are more prone to take ethical considerations into consideration while they are working in a variety of scenarios, and then they will use RSB and ESB. There are numerous theoretical ramifications from these observations.

This survey is one of the few that has attempted to explore the connections between EL, OCB, and work outcomes, as well as nurses' moral sensitivity and service behaviors in a clinical setting. Our findings give a thorough description of how personnel participate in service behaviour, whether corporate or individual. This study therefore offers important insights into the moral psychological mechanics of the organizational factors that affect the conduct of the health care provider.

In order to improve the ESB of nurses, healthcare organizations should give greater emphasis to the training of ethical leaders for cultivating an ethic culture, and then raise nurses' moral sensitivity to

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offer nursing care beyond current roles and official work definitions. Through the integration of service behavior into the ethical decision-making model, this study makes a contribution to nursing ethics research. As the care or helpful conduct of nurses is for patients, they are a type of patient-driven ethical behaviour.

The inclusion of nurses' OCB behavior as a particular ethical behavior into the area of ethical decision-making research would effectively minimize the sensitive character of ethics research, while simultaneously expanding the theoretical domain of nurse ethics and service behavior theory and enriching the research findings of ethical decision-making.

Ideas and thoughts for constructive change from employees are becoming increasingly important for organisations in today's competitive and dynamic business climate, which is reliant on innovation and creativity. The impact of individual and situational elements on voice behaviour has been explored in earlier studies; however, there is a lack of research that focuses on studying the process that influences employee voice behaviour.

Individuals always raise their voices in opposition to all negative and undesirable things that may interfere with the fulfilment of performance objectives in order to achieve those objectives. Such activity is most typically outside of one's work tasks and responsibilities, and it is believed that one's identification with the organisation predicts one's willingness to engage in such extra role behaviour in a good way (Riketta and Dick, 2005).

Due to the proactive nature of the ethical leader's job (Cremer and Knippenberg, 2003), it is predicted to boost cooperation, as well as promote both identification and voice conduct, which are impacted by the ethical leader. According to De Cremer, Brebels, and Sedikides (2008), an ethical workplace climate produced by a leader ensures psychological safety at work, which enhances an individual's identification with the business and their predisposition to speak up (De Cremer, Brebels, and Sedikides 2008). (Qi and Ming-Xia, 2014). The study makes the assumption that ethical leadership in hospitals will also improve nurses' identification with the organisation, which will in turn result in increased voice behaviour on the part of the nurses.

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