THE MEDIATING EFFECT OF ORGANIZATIONAL ETHICAL CLIMATE ON THE RELATIONSHIP BETWEEN ETHICAL LEADERSHIP AND WORKPLACE DEVIANCE IN PUBLIC HEALTHCARE SECTOR OF PAKISTAN

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I dedicate this dissertation to my dearest and supportive parents

Hafiz Muhammad Nazir Khan and Zakia Begam

my kind-hearted siblings

Muhammad Zubair, Aliya Begam, Sadia Qasim, Muhammad Munir and Salma Saad

my caring wife

Sara Arif

and my sweet daughter

Lubna Yasir.

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ABSTRACT

Over the years, increased level of deviant behavior among the employees of public sector organizations has been observed. The situation is worst in the public healthcare sector of Pakistan, where numerous incidents of employee deviant behavior have been reported recently. This scenario is compelling scholars and practitioners to find appropriate solutions to address this issue. Researchers agree that establishing an organizational ethical climate can help in reducing workplace deviance. However, limited studies exist on the role of ethical leadership in establishing an organizational ethical climate in order to minimize employee deviant behavior in the public healthcare sector. Thus, to fill this gap, the current study aims to investigate the interrelationship between ethical leadership and workplace deviance with the mediating role of organizational ethical climate in the context of public healthcare sector. This research employed survey strategy, using the quantitative method with a cross-sectional research design, and with multi-stage sampling technique. 289 usable questionnaires were collected from doctors and nurses in the public healthcare sector of Pakistan. Statistical Package for Social Sciences (SPSS) was utilized to assess the data in terms of coding, missing data, outliers, normality, pilot testing and common method bias test and to compute preliminary data analysis such as mean, standard deviation and frequencies for each variable and to conduct Exploratory Factor Analysis (EFA) on ethical leadership and workplace deviance. Moreover, Structural Equation Modeling (SEM) was conducted using Analysis of Moment Structures (AMOS) in order to test the hypothesized model and determine the direct and indirect effects. Results of this research revealed that ethical leadership negatively influenced workplace deviance. Moreover, ethical leadership had a positive effect on organizational ethical climate. Results of the study showed that organizational ethical climate had a negative relationship with workplace deviance. This research also found that organizational ethical climate mediated the relationship between ethical leadership and workplace deviance. Thus, this research identified the significance of ethical leadership behavior which assists in establishing an ethical organizational climate, leading towards less likelihood of the emergence of workplace deviance. Therefore, top management of the public healthcare sector of Pakistan should seek to select and develop ethical leaders, establish an ethical organizational climate, thereby reducing the emergence of workplace deviance.

ABSTRAK

Selama bertahun-tahun, peningkatan tingkah laku penyelewengan dalam kalangan pekerja organisasi di sektor awam telah diperhatikan. Keadaan ini lebih buruk dalam sektor penjagaan kesihatan awam Pakistan, di mana banyak insiden tingkah laku penyelewengan pekerja telah dilaporkan baru-baru ini. Situasi ini menarik perhatian para penyelidik untuk mencari penyelesaian yang sesuai bagi menangani isu tersebut. Para pengkaji bersetuju bahawa kewujudan iklim etika organisasi dapat membantu dalam mengurangkan tingkah laku penyelewengan di tempat kerja. Walau bagaimanapun, kajian hanya terhad tentang peranan kepimpinan beretika dalam mewujudkan iklim etika organisasi bagi meminimumkan tingkah laku penyelewengan pekerja dalam sektor penjagaan kesihatan awam. Oleh itu, untuk mengisi jurang ini, kajian ini bertujuan untuk mengkaji hubungan antara kepimpinan etika dan penyelewengan tempat kerja dengan perantaraan peranan iklim etika organisasi dalam konteks sektor kesihatan awam. Kajian ini menggunakan strategi tinjauan dengan penggunaan kaedah kuantitatif dengan reka bentuk penyelidikan keratan rentas dan teknik pensampelan pelbagai tahap. 289 soal selidik yang boleh digunakan diperoleh dari doktor dan jururawat di sektor penjagaan kesihatan awam Pakistan. Pakej Statistik untuk Sains Sosial (SPSS) telah digunakan untuk menilai data dari segi pengekodan, data yang hilang, data *outlie*r, data normal, ujian rintis dan ujian bias kaedah umum dan untuk mengira analisis data awal seperti min, sisihan piawai dan frekuensi bagi setiap pembolehubah serta menjalankan Analisis Faktor Eksplorasi (EFA) terhadap kepimpinan beretika dan penyelewengan di tempat kerja. Selain itu, Pemodelan Persamaan Struktur (SEM) telah dilaksanakan menggunakan Analisis Struktur Moment (AMOS) untuk menguji model hipotesis dan menentukan kesan langsung dan tidak langsung. Keputusan kajian ini menunjukkan bahawa kepimpinan etika mempunyai pengaruh negatif terhadap penyelewengan di tempat kerja. Selain itu, kepimpinan beretika mempunyai kesan positif terhadap iklim etika organisasi. Dapatan kajian menunjukkan bahawa iklim etika organisasi mempunyai hubungan negatif dengan penyelewengan di tempat kerja. Kajian ini juga mendapati bahawa iklim etika organisasi menjadi pengantara hubungan antara kepimpinan etika dan penyelewengan tempat kerja. Oleh itu, kajian ini mengenal pasti kepentingan tingkah laku kepimpinan etika yang membantu dalam mewujudkan iklim organisasi etika, yang membawa kepada kemunculan ketidakadilan di tempat kerja. Oleh itu, pengurusan tertinggi sektor kesihatan awam di Pakistan perlu berusaha untuk memilih dan membangunkan pemimpin yang beretika, mewujudkan iklim organisasi etika, dengan itu dapat mengurangkan kemunculan penyelewengan di tempat kerja.

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AGFI	-	Adjusted Goodness-of-Fit
AMOS	-	Analysis of Moment Structures
AVE	-	Average Variance Extracted
BDS	-	Bachelor of Dental Surgery
BHU	-	Basic Health Units
BSKP	-	Bureau of Statistics Khyber-Pakhtunkhwa Pakistan
CB-SEM	-	Covariance-Based Structural Equation Modeling
CFI	-	Comparative Fit Index
CR	-	Composite Reliability
DMS	-	Deputy Medical Superintendent
EFA	-	Exploratory Factor Analysis
EL	-	Ethical Leadership
GDP	-	Gross Domestic Product
GFI	-	Goodness-of-Fit
HEC	-	Higher Education Commission
ID	-	Interpersonal Deviance
KMO	-	Kaiser-Meyer-Olkin
LCL	-	Lower Confidence Level
MBBS	-	Bachelor of Medicine and Bachelor of Surgery
MI	-	Modification Indices
NBC	-	National Bioethics Committee
NFI	-	Normed Fit Index
OD	-	Organizational Deviance
OEC	-	Organizational Ethical Climate
PCA	-	Principal Component Analysis
PES	-	Pakistan Economic Survey

PMDC	-	Pakistan Medical and Dental Council
PNC	-	Pakistan Nursing Council
RMSEA	-	Root Mean Square Error of Approximation
SEM	-	Structural Equation Modeling
SET	-	Social Exchange Theory
SIPT	-	Social Information Processing Theory
SLT	-	Social Learning Theory
SPSS	-	Statistical Package for Social Sciences
UCL	-	Upper Confidence Level
VB-SEM	-	Variance-Based Structural Equation Modeling
VIF	-	Variance Inflation Factor
WD	-	Workplace Deviance
WHO	-	World Health Organization

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CHAPTER 1

INTRODUCTION

1.1 Background of the Study

Ethics has become an important issue because of the revelation of numerous corporate scandals like WorldCom, Enron, Tyco, and recently Bear Stearns and Lehman Brothers have further heightened the awareness of prevalent deviant behaviors in organizations. According to the report of Association of Certified Fraud Examiner (2014), organizations lose approximately 5% of their revenues each year due to various forms of unethical practices. Only in the United States and specifically in the healthcare sector, deviation from recognized standards of practice usually results in penalties, totaled about $373 million in 2014 (DHHS, 2014). Thus previous literature shows that workplace deviance is associated with significant organizational costs (Harvey *et al.*, 2016).

Other serious consequences of workplace deviance are augmented psychological distress, low productivity, higher turnover rates, diminishing psychological well-being, lower level of employees' job satisfaction (Appelbaum *et al.*, 2007; Penney & Spector, 2005), increased fear and insecurity at work, damaged self-esteem, physical pain (Griffin *et al.*, 1998; Henle *et al.*, 2005), and diminishing stakeholders' return (Lu & Lin, 2014). Moreover, according to the Ethics Resource Center (2012) in "National Business Ethics Survey of Fortune 500 Employees", 52% of workers had observed workplace deviance. Furthermore, a higher level of employee's deviant behavior has been reported in public sector organizations as compared to private sector counterpart (Khuntia & Suar, 2004; Nigro & Waugh Jr,

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1996; Salin, 2001; Sardžoska & Tang, 2009), which is also reported in the Pakistani context (Iqbal *et al.*, 2012; Nasir & Bashir, 2012; Naz *et al.*, 2012). With deviant behavior prevailing in organizations, scholars are compelled to find appropriate solutions to this problem so that to improve the existing situation (Guay *et al.*, 2016; Hsieh & Wang, 2016; Peng *et al.*, 2011).

Ethical issues are being addressed both in western and non-western countries because ethics is considered as a universal value (Schwartz, 2005). However, the demand and importance for organizational ethics are not as strong in developing countries as in developed ones (Blackburn *et al.*, 2006; Lyon & Maher, 2005). Therefore, Ahmed *et al.* (2012) suggest that western organizational ethical values uniformly may apply in a non-western country like Pakistan. These scholars further suggest top-management of the organizations to assess their work environment based on ethical values already developed in West because several deviant workplace behaviors like theft, abuse, falsifying documents and harassment are common practices in workplace settings throughout the world that are damaging organizational performance and reputation.

With growing interest in the examination of negative workplace behaviors, several definitions and terms are used to define them in the previous literature. However, a more comprehensive and widely used definition was advanced by Robinson and Bennett (1995) who termed it as "workplace deviance". They define workplace deviance as "voluntary behavior that violates significant organizational norms and, in so doing, threatens the well-being of the organization or its members, or both" (p.556). This concept taps a large variety of negative behaviors that are intended against the organization and/or its members.

Due to the severity of the nature of deviant workplace behaviors, it is important to investigate the factors that effects the emergence of deviant behaviors in organizations. Therefore, to explain the factors that can affect the emergence of workplace deviance, this research intends to examine the effect of ethical leadership and organizational ethical climate on workplace deviance. As scholars are increasingly interested in the role of ethical leadership in order to reduce the likelihood of the

emergence of deviant behaviors in organizations (Bachmann, 2017; Bedi *et al.*, 2016; Neves & Story, 2015). Brown *et al.* (2005) define ethical leadership as "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" (p.120). Therefore, scholars suggest that if a leader treats his/her followers fairly and communicates the importance of ethical behavior, followers are less likely to engage in deviant workplace behaviors (Bedi *et al.*, 2016). In addition, several studies have also identified the significance of organizational ethical climate and its negative association with deviant workplace behaviors (Appelbaum *et al.*, 2005; Bulutlar & Öz, 2009; Hsieh & Wang, 2016; Mayer *et al.*, 2010; Peterson, 2002a; Rosenblatt *et al.*, 2010). Victor and Cullen (1987) defined organizational ethical climate as "the shared perception of what is ethically correct behavior and how ethical issues should be handled" (p. 51-52).

Lastly, the purpose of this thesis is to empirically examine the effect of ethical leadership on workplace deviance, and the mediating role of organizational ethical climate in the relationship between ethical leadership and workplace deviance, specifically in the context of public healthcare sector of Pakistan, thereby contributing towards the growing body of knowledge relating to the understudy constructs. Thus, this research assists in finding answers to the emergence of deviant behaviors in the public healthcare sector of Pakistan and how it can be controlled and limit.

1.1.1   Public Healthcare Sector of Pakistan

The healthcare sector is an aggregation and integration of sectors within the economic system that provides goods and services to treat patients with curative, preventive, rehabilitative, and palliative care. As according to the report of Bureau of Statistics Khyber-Pakhtunkhwa Pakistan (BSKP) 2014-2015, a health institution is defined as "an institution, which provides health services, curative and preventive to all specific class of the public as outdoor/indoor, patients" (BSKP, 2014, p. 335).

As better health and healthy living environment contributes to the improvement of family life and ultimately contributes to economic growth. However, in the developing countries like Pakistan, the healthcare sector has been mainly ignored because of political instability, corruption, inadequate budgetary allocation, and absence of the will of the political leadership to improve the existing condition of public hospitals (Khan *et al.*, 2015). According to Pakistan Economic Survey 2014-15, there are 1142 hospitals, 5,438 basic health units, 5,499 dispensaries and 671 maternity and child health center. Whereas, there are 17, 5223 doctors, 15,106 dentists, 90,276 nurses and hospital beds are 118,041 in the country (PES, 2015). Thus, making health facilities ratio of 1,073 persons per doctor, 12,447 persons per dentist and 1,593 persons per hospital bed.

The PES (2015) further reported that for the year 2014-15, a total of Rs. 114.22 billion (see Figure 1.1) was allocated by the government for the expenditure on the public healthcare sector, making it 0.42% of Gross Domestic Product (GDP). Despite funds allocation and efforts by the government, the desired health outcomes have not been achieved in Pakistan and the gap between availability and requirements are still at large due to several socio-economic factors like growing population, poverty, unhygienic environmental condition and uneven distribution of health benefits.
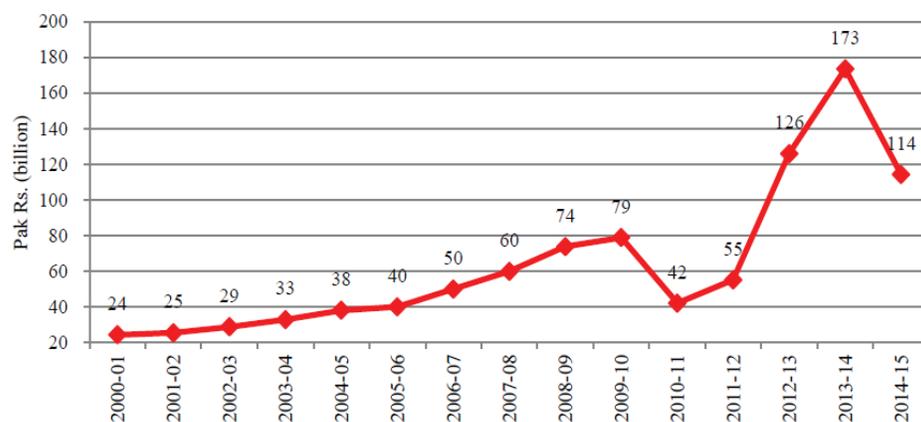
Figure 1.1: Total Public Sector Expenditure on Healthcare
Source: Pakistan Economic Survey (2015)

Furthermore, Pakistan Nursing Council (PNC) and Pakistan Medical and Dental Council (PMDC) are the statutory regulatory and registration authority for

nursing and medical practitioners in Pakistan. Medical and nursing curriculum is also revised by the Higher Education Commission (HEC), which is also responsible for the verification of degrees and issuing licenses to educational institutions. The government of Pakistan had also established National Bioethics Committee (NBC) in 2004, with the aim to promote ethics in the healthcare sector of Pakistan. Despite having such regulatory bodies in the country, Pakistan healthcare sector is hampered by the non-existence of hospital ethics committees and absence of ethics courses in the curriculum (Jafree *et al.*, 2015). Furthermore, PMDC and PNC have made ethics education compulsory but the majority of the medical and nursing institution in Pakistan do not teach compulsory courses in ethics (Shaikh & Humayun, 2012). Therefore, a high proportion of doctors (57%) is reported to have no knowledge of the code of ethics of PMDC (Imran *et al.*, 2015).

Moreover, Sheikh *et al.* (2012) interviewed 319 surgeons at a public hospital in Pakistan and found that 68.7% of the respondents were oblivious of the complete definition of malpractice. In addition, there is no monitoring of ethical compliance during clinical practices in the country (Jafree *et al.*, 2015), while poor governance and corruption are prevailing in the management of equipment and drugs in the public hospitals of Pakistan (Naz *et al.*, 2012). Doctors, nurses, medical technicians, and sweepers in the public hospitals of Pakistan have been reported to be absent for months and have been referred as *ghost workers* (Saeed & Ibrahim, 2005). Callen *et al.* (2016) found that 68.5% of doctors were absent during normal working hours in the public hospitals of Pakistan. Thus, events of deviant behaviors are high in the public hospitals of Pakistan, however, very few hospitals, specifically in the private sector (i.e. Agha Khan Hospital, Karachi) follow a zero tolerance policy towards deviant workplace behavior (Shahzad & Malik, 2014).

Hence, the current condition of almost all government hospitals is getting from bad to worst due to the harsh attitude of the staff of public hospitals towards patients and their attendants. Poor governance, corruption, conflicts, protests, ghost workers, violent work environment, political interference, understaffed hospitals and lack of proper health facilities are prevalent problems that exist in the public healthcare sector of Pakistan (Hamid *et al.*, 2016; Hussain *et al.*, 2016; Jafree, 2017; Naz *et al.*, 2012;

Saeed & Ibrahim, 2005; Yousafzai, 2015). Thus, the overall public healthcare sector in Pakistan presents an unimpressive picture, although some developments are taking place during the last few years but still the situation is unsatisfactory.

1.2   Problem Statement

Some of the deviant workplace behaviors that exist in the public sector organizations of Pakistan include, employees littering workplace (38%), leaving office early (66%), taking longer lunch breaks (90%), stealing official belongings (45%), using computer for games/chatting rather than duty (49%), making personal long calls from official telephone (94%), frequent late arrival (82%), and conducting personal business during official timings (75%) (Bashir *et al.*, 2012). Thus, it reflects the lower level of employee's ethical values and a higher level of workplace deviance in public sector organizations of Pakistan. Therefore, scholars argue that to reduce the level of workplace deviance specifically in public sector organizations of Pakistan, it is necessary to investigate the reasons for workplace deviance, and how it can be reduced (Ahmed *et al.*, 2013; Nasir & Bashir, 2012; Shahzad & Malik, 2014).

Furthermore, this research has been driven by several research gaps including lack of non-western empirical evidence regarding the level and relationships between ethical leadership, workplace deviance and organizational ethical climate in the previous literature. Most of the research regarding the understudy variables have been done in the western countries. However, very few studies have addressed the understudy variables in a non-western country like Pakistan. Specifically, few studies exist on the concept of ethical leadership in Pakistani context (Bouckenooghe *et al.*, 2015; Khalid & Bano, 2015; Sabir *et al.*, 2012; Sheraz *et al.*, 2012; Waheed & Banu, 2015), and very few in the public healthcare sector of Pakistan (Chughtai, 2015; Khan, 2016). Additionally, research on the concept of ethical climate in the Pakistani context is also limited (Ahmed *et al.*, 2012; Salman & Baig, 2014; Shah *et al.*, 2015). Since contextual factor may limit the generalization of the previous studies of one culture to another dissimilar culture. As culture is known to play a central role in the manifestation of individual's behaviors and feelings (Hofstede & Hofstede, 2001;

Triandis, 2004). Thus, to bridge this gap, the current study investigated the phenomenon of workplace deviance, organizational ethical climate and ethical leadership in Pakistani context and to assess its level specifically in the public healthcare sector of Pakistan.

Moreover, previous literature identified several workplace deviant behaviors that exist in the public healthcare sector of Pakistan (Ahmed *et al.*, 2013; Faheem & Mahmud, 2015; Somani & Khowaja, 2012). Some of the deviant workplace behaviors reported in the public healthcare sector of Pakistan are; bullying and mobbing behavior (Bano & Malik, 2013; Gadit & Mugford, 2008; Somani, Karmaliani, Farlane*, et al.*, 2015), verbal and physical violence (Jafree, 2017; Shahzad & Malik, 2014), corruption and bribery (Haroon, 2014; Naz *et al.*, 2012; Yousafzai, 2015), sexual harassment (Jafree, 2017; Shaikh, 2000; Somani, Karmaliani, Mc Farlane*, et al.*, 2015), protests (Abbasi, 2014), absenteeism (Naz *et al.*, 2012; Saeed & Ibrahim, 2005), student nurses used as adjunct staff and non-reportage of errors (Jafree *et al.*, 2015). Hence, several forms of workplace deviant behaviors (organizational and interpersonal) exist in the public healthcare sector of Pakistan which needs to be controlled and limit.

Thus, due to the severity of the issue, it is important to shed more light on what makes individuals engage in deviant workplace behaviors and how it can be reduced. For this purpose, scholars are increasingly interested to investigate the role of ethical leadership (Avey *et al.*, 2011; Bedi *et al.*, 2016; Den Hartog & Belschak, 2012; Mayer *et al.*, 2012; Neves & Story, 2015). An ethical leader exhibits integrity, act fairly, respect the rights of others, rewards ethical conduct and promotes ethical conduct among employees (Brown *et al.*, 2005; Kalshoven *et al.*, 2011; Yukl *et al.*, 2013). However, Neves and Story (2015) argue that only a handful of studies have investigated the relationship between ethical leadership and deviant workplace behaviors. Mo and Shi (2015) also identified that less attention has been given to examining the effects of ethical leadership on workplace deviance. Therefore, further research is needed to shed more light on the effects of ethical leadership on workplace deviance. Thus, this research played a pivotal role in addressing this literature gap by examining the effect of ethical leadership on workplace deviance.

Scholars identified that empirical evidence is needed to investigate the relationship between distinct dimensions of ethical leadership and individuals' attitudes and behavior (Kalshoven *et al.*, 2011; Mo & Shi, 2015). As previously ethical leadership is mostly conceptualized and operationalized as a unidimensional concept using Brown and colleagues conceptualization (Brown *et al.*, 2005). Moreover, scholars argue that further research is needed to assess the effects of ethical leadership in public sector organizations (Hassan *et al.*, 2014) as there exist very few studies assessing the effects of ethical leadership in these organizations (Hassan *et al.*, 2013; Heres & Lasthuizen, 2012; Huberts *et al.*, 2007; Kaptein *et al.*, 2005; Kolthoff *et al.*, 2010). Thus, this research addresses the aforementioned gaps by investigating the association between distinct dimensions of ethical leadership and workplace deviance, specifically in the public healthcare sector of Pakistan.

Moreover, leadership has an important role in developing ethical workplace climate (Mulki *et al.*, 2009; Neubert *et al.*, 2009). An ethical climate refers to the shared perception among employees regarding what is ethically correct behavior and how ethical issues should be handled at the workplace (Victor & Cullen, 1987). Shin (2012) identified that several studies exist regarding the relationship between organizational ethical climate and various work outcomes, however, little efforts have been directed towards the factors that foster or develop an ethical organizational climate. Furthermore, Mayer *et al.* (2009) suggest that future research should examine ethical leadership as an antecedent of organizational ethical climate. Recently, Lu and Lin (2014) and Shin *et al.* (2015) also suggested to empirically investigate the association between ethical leadership and organizational ethical climate. Hence, further research is needed to empirically examine the association between ethical leadership and organizational ethical climate. Therefore, this research addresses this literature gap by investigating the effect of ethical leadership on organizational ethical climate in the public healthcare sector of Pakistan.

Furthermore, ethical workplace climate has also been reported to have a significant influence on employee's behavior (Appelbaum *et al.*, 2005; Deshpande & Joseph, 2009; Martin & Cullen, 2006). Scholars view that the ethical climate within an organization can improve employees' attitude and relationships (Elçi & Alpkan,

2009). Therefore, organizational climate having strong emphasis on ethical behavior are more likely to encounter less workplace deviance (Litzky *et al.*, 2006). However, Simha and Cullen (2012) identified that few studies exist regarding the relationship between organizational ethical climate and deviant workplace behaviors. Therefore, further research is needed to examine the association between organizational ethical climate and workplace deviance. To address this gap, the present study examined the association between organizational ethical climate and workplace deviance in the public healthcare sector of Pakistan.

Moreover, Brown and Treviño (2006a) identified that limited evidence exists regarding the underlying mechanism to explain the effect of ethical leadership on employees deviant behaviors. Mayer *et al.* (2010) argue that further research is needed to know what ethical leaders do to influence employees' behavior and reduce their level of unethical behavior. Recently, Neves and Story (2015) and Mo and Shi (2015) stressed that future research is needed to focus on the underlying mechanisms that link ethical leadership with deviant behavior of the employees. Shin *et al.* (2015) identified that organizational ethical climate mediates between the relationship of top management ethical leadership behavior and organizational outcomes (i.e. firm financial performance and organizational citizenship behavior). Demirtas and Akdogan (2015) identified that organizational ethical climate mediates the relationship between ethical leadership and individual's outcomes (i.e. affective commitment and turnover intention). These scholars further recommended that future research should incorporate employees' deviant behavior as an outcome of their research model. Recently, Van Gils *et al.* (2015) investigated the relationship between ethical leadership and organizational deviance, having moral attentiveness as a moderator for the relationship between ethical leadership and organizational deviance, these researchers further suggested that future research should investigate the influence of ethical climate for their proposed model.

Thus, to address the above-mentioned literature gap (Demirtas & Akdogan, 2015; Mo & Shi, 2015; Neves & Story, 2015; Van Gils *et al.*, 2015) this study investigated organizational ethical climate as one of the processes through which ethical leadership is related to workplace deviance. This research proposed that leaders

who consistently engage in ethical leadership behaviors will create an ethical organizational climate, which in turn, will reduce the likelihood of emergence of deviant workplace behaviors. Thus, this research played a key role in findings answers to the emergence and diminishing of deviant workplace behaviors, specifically in the public healthcare sector of Pakistan.

1.3   Research Objectives

This research intends to achieve the following objectives:

1. To identify the level of workplace deviance, ethical leadership and organizational ethical climate prevailing in the public healthcare sector of Pakistan.
2. To examine the effect of ethical leadership on workplace deviance in the public healthcare sector of Pakistan.
3. To analyze the effect of ethical leadership on organizational ethical climate in the public healthcare sector of Pakistan.
4. To investigate the effect of organizational ethical climate on workplace deviance in the public healthcare sector of Pakistan.
5. To examine the mediating role of organizational ethical climate in the relationship between ethical leadership and workplace deviance in the public healthcare sector of Pakistan.

1.4   Research Questions

This research formulated the following research questions:

1. What is the level of workplace deviance, ethical leadership and organizational ethical climate prevailing in the public healthcare sector of Pakistan?