Ethical Leadership, Job Satisfaction, and Organisational Commitment among Health Workers in Ghana: Evidence from Central Region Hospitals

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Abstract

The study aims to examine the causal links ethical leadership and job satisfaction have with commitment of health workers in Ghana, given the recent sit-down strikes and lamentations against the attitude of health workers. Cross-sectional survey design based on a quantitative approach using structured questionnaires was used. 617 health workers comprising doctors, nurses, pharmacists, physician assistants, and laboratory workers participated in the study. Pearsons' correlation and linear regression were employed as analytical techniques. It was found that ethical leadership and job satisfaction positively affect organizational commitment. Job satisfaction however emerged with a greater effect size over ethical leadership. This study explored the commitment of health workers only. When narrowing the findings, generalization to groups such as the private sector and non-governmental organizations, reduces the scope of the findings. Management of public health centers should avoid reading between the lines in adopting and exhibiting ethical behaviors that would enhance employee's commitment to their work. Similarly, factors that foster job satisfaction must be given ultimate attention.

Keywords

Commitment, Ethical Leadership, Healthcare Professional, Job Satisfaction

1. Introduction

Human resource management is critical for organizational survival and success.

The health sector remains critical in man management especially given the recent wave of Covid-19. In recent times, the attitude of healthcare professionals in Ghana has been subjected to various criticisms, most of which seem to be the negatives. These supposedly needful reproaches raise concerns over the commitment level, and level of job satisfaction among healthcare professionals, as well as the approach and style of leadership, demonstrated at the various healthcare facilities, especially the hospitals. To compound the issues the more, the health sector has recorded in the recent decade, an avalanche of industrial unrests particularly strikes mostly engineered by healthcare professionals in the various hospitals in Ghana. According to Gyamfi (2011), in Ghana, the health profession frequently experiences industrial unrest as a result of disparities and unfulfilled agreements regarding payment mechanisms and other working conditions in the health sector.

So Waithaka et al. (2020) establish that while global health worker strikes are experienced, their impacts are often worse in developing countries, because individuals lack the means to access private healthcare as a result of poverty. Health workers like any other category of profession would embark on strike, because their basic questions surrounding job satisfaction remain unanswered. Similarly, unethical leadership behaviors will result in employees exhibiting patterns of behaviors that are in sharp contradiction with organizational commitment. Therefore, the legitimate questions to be asked are: are health workers satisfied at work; are health workers committed to work, or are the styles adopted by leadership ethically commendable?

In 2006, according to the World Health Report, 57 countries, including Ghana, faced critical health workforce shortages as a result of poor working conditions for health workers, and Global Health Workforce Alliance refers to these countries as "Countries with critical health needs". In this regard, the concepts of job satisfaction and organizational commitment among workers are of paramount interest both in human and economic terms. This is the same for the leadership phenomenon. Consequently, the international community sees that each country must see to improve the health services delivery by managing the human resources for health very well in order to maintain their standards (World Health Organization, 2010).

In a modern competitive work environment, organisations must retain individuals who are capable and ready to go above and beyond their contractual obligations, thereby delivering additional benefits that contribute to operational efficiency, and market viability (Torlak et al., 2021). But employees' desires to stay with their organizations to a great extent depend on their level of commitment to work (Rasdi & Tangaraja, 2020). Consequently, Rasdi and Tangaraja (2020) submit that committed workforce is also a motivated workforce; they feel obliged to remain with their organizations and contribute to their successes (Liu et al., 2020).

In the opinions of Linh et al. (2016), job dissatisfaction harnesses a variety of unproductive behaviors of workers; employees who are dissatisfied with their

jobs are less committed and are more likely to look for other ways to quit. As a result, Liu and Aungsuroch (2018) establish that employee (health workers) satisfaction is a key factor in determining patient satisfaction and the level of service provided by a healthcare organization. Similarly, Liu et al. (2016) submit that job satisfaction for health workers is described as the positive feelings they get from their working conditions, which support their desired needs.

In another perspective, the frontiers of leadership existent at the various hospitals in Ghana have been tagged and identified with series of unscrupulous decision making that denies health workers of their due rewards. Perhaps the leadership style employed has not lived to expectations. According to Turinawe (2011), employees who work under the supervision of leaders who use consultative or participative leadership styles are more devoted to their organizations, more satisfied with their jobs, and create superior job performance. Working with a leader that is antagonistic and unsupportive, according to Mwesigwa et al. (2020), is difficult for employees. Negative leader-employee relationships impair productivity and increase absenteeism, resulting in high turnover.

Despite the extant of literature on ethical leadership, job satisfaction, and organizational commitment, and the nexus between them (Al-Aidarous, 2021; Qing et al., 2020; Kapur, 2017; Mehmet & Büşra, 2016), questions of job satisfaction, organizational commitment and job satisfaction in the Ghana's health sector have remained unanswered. Against this backdrop, the authors sought to examine the effect of ethical leadership and job satisfaction on the commitment of health workers in Central Region, Ghana. The authors also sought to add to extant literature on nexus between the selected variables and to offer necessary practical policies and theoretical implications for the benefits of various health services around the globe.

The remainder of this article is structured as follows: Section 2 provides brief but concise works of literature on the co-movement between commodity futures and spot prices. Section 3 deals with the research methods and framework adopted for the study. Whereas section 4 elaborates the empirical results of the study, section 5 provides the conclusion for the research. In section five, the study provides limitations and suggests areas for further research.

2. Literature Review and Development of Hypotheses

2.1. Theoretical Underpinnings

The study is undergirded by the Leader-Member Theory and the Organization Identification Theory. Graen (1976) made significant contributions to the LMX theory, which postulates that leaders adapt their leadership styles in order to generate an exchange geared toward followers or subordinates. Specifically, research substantiating the LMX hypothesis argues that subordinates who share an in-group status with their leaders report higher levels of job satisfaction and organizational commitment (Chen et al., 2007). Also, according to Chen (2004), the Theory of Organizational Identification implies that an employee's level of

commitment and job satisfaction is contingent on his or her characteristics and abilities. When workers agreed they have some degree of control over how, when, and why rewards are distributed, instrumentality increases and their sense of organizational identity deepens. Justifiably, it is expected that when leaders exhibit the right behaviors and attitudes toward subordinates, work outcomes will skyrocket to the desired level.

2.2. Job Satisfaction and Organizational Commitment

According to Torlak et al. (2021: p. 81) "overall job satisfaction refers to good feelings about a job, resulting from an evaluation of its characteristics that include the nature of work, administration style, relationships with co-workers, remuneration, working conditions, and job security", and "Organizational commitment refers to whether an employee wishes to continue working for an organization or leave it" (Jigjiddorj et al., 2021: p. 1). In workplace research, job satisfaction and organizational commitment have garnered a lot of attention. This is owing to the widespread realization that these variables can be key predictors of organizational performance and effectiveness (Miah, 2018; Tolentino, 2013).

A study by Odoch and Nangoli (2014) revealed a significant correlation between job satisfaction and organizational commitment in Uganda's higher education institution called the Uganda Colleges of Commerce. In Greece, Dalkrani and Dimitriadis (2018) studied the effect of job satisfaction on organizational commitment for private sector employees using correlation and regression analysis. It was observed that job satisfaction measured by work environment and job characteristics positively affected employee commitment. However, promotions and rewards did not significantly predict organizational commitment.

Ashraf (2020) investigates the impacts of demographic factors on organizational commitment through job satisfaction for faculty members in private universities in Bangladesh. Results indicate that, while demographic factors have no direct effect on organizational commitment, they do have an indirect effect via job satisfaction. As such Martin and Kaufman (2013) submit that job satisfaction is a significant factor in an employee's commitment to their employer, and low job satisfaction may lead to a reduced level of commitment in the workplace (Bashir & Gani, 2019). Several authors have also presented the assertion that job satisfaction positively affects organizational commitment: Karim and Rehman (2012) consider civil aviation; Valaei and Razaei (2016) consider small and medium enterprises; Zandi et al. (2018) looked at the telecommunications firms; insurance firms by Fu and Deshpande (2014); and in the educational sector (Grace & Khalsa, 2003).

In earlier researches, job satisfaction is viewed as a significant predictor of organizational loyalty otherwise referred to as organizational commitment (Mannheim et al., 1997), such that reasonably, as a result, highly satisfied employees will be more committed to their organization than less-satisfied workers (Lambert et al., 2007). Additionally, Williams and Hazer (1986) concluded that the consideration dimension of leadership style has an indirect effect on commitment through

its effect on job satisfaction. Gunlu et al. (2010) established a link between employee job satisfaction and job characteristics and organizational commitment by examining their impact on each. In the light of the above development, the authors hypothesize that;

H_1: *There is a statistically significant positive relationship between job satisfaction and organizational commitment.*

2.3. Ethical Leadership and Organizational Commitment

Ethical leadership was described by Brown et al. (2005) as, the display of normatively acceptable behavior by personal acts and interpersonal relationships, and the propagation of such behavior to followers by two-way contact, decision-making, and reinforcement. The key role of ethical leaders is to take into account rules, beliefs, ideas, expectations, and ethics while undertaking different activities and communicating the same to the other participants (Kapur, 2017). For subordinates, ethical leaders are valid and trustworthy role models, show acceptable actions, and handle them (subordinates) with reverence and concern (Brown & Treviño, 2006).

Al-Aidarous (2021) establishes that ethical leadership influences followers' attitudes and behaviours in a positive way, and exerts a certain level of impact on employees' commitment to their organisation. Ethical leaders are held up as role models to their followers for their integrity, character, and compassion toward employees (Stouten et al. 2012). Also, they help to increase job autonomy and task significance insights as well as giving them the chance to provide feedback. Ethical leaders devise the ultimate objectives, which allow the employees to feel empowered and will help keep the team motivated (Qing et al., 2020). From the above discussions, we hypothesis that;

H_2: *Ethical leadership has a significantly positive effect on organizational commitment.*

3. Research Method

The study adopted an explanatory survey design through a positivist paradigm. A research questionnaire was employed for data collection and the questions were carefully adapted from literature: ethical leadership (Ko et al., 2018; Engelbrecht et al., 2017; Wang et al., 2017; Brown et al., 2005); organizational commitment (Mwesigwa et al., 2020; Meyer & Herscovitch, 2001; Meyer et al., 1993) and job satisfaction (Harari et al., 2018; Cammann et al., 1983). Among several reasons, adapting research instrument is meaningfully appropriate because it ensures reliability and validity of a study; and opens wide scope of data collectability of the research. A sample size of 717 was determined according to the Krejcie and Moragan (1970) sample size determination table. A total of 720 questionnaires were administered, and 617 out of 720 were completely returned representing 85.69% response rate. The effective questionnaire of 617 were selected as usable questionnaire based on data screening for errors resulting from

improper data entry, out of range values, outliers, missing values and normality as suggested by Field (2005). According to Podsakoff et al. (2003), data screening eliminates potential sources of common techniques bias that could result in measurement error which often jeopardize the validity of a research finding. Respondents' consent was appropriately sought, and adequate ethical considerations were observed.

Table 1 presents the estimation of the sample size based on the population as established by the Ghana Health Service's report on "*Facts and Figures, 2020*" for the Central Region of Ghana.

The validity and reliability of the instrument are assured, and as such suggests that the instrument is consistent and accurately measures what it intends to measure. The questionnaire's validity was achieved by interviewing experts, and through a thorough review of related literature. The items on the surveys were evaluated to see if they were significant, generally understandable, and captured the issues under investigation. A reliability test was also conducted and the result is presented in Table 2 (see **Appendix I** for factor loadings of variables).

To analyze the data that was obtained, the study employed Pearson's correlation and multiple regression as the estimation techniques. Data processing was done using SPSS V25 and PROCESS V3.5.

The results for the reliability test as presented in Table 1 indicate that all the variables are reliable and consistent with the study. According to Pallant (2020), for reliability to be achieved, Cronbach's Alpha value of 0.700 or above is appropriate. To Mohajan (2017), reliability concerns the consistency of an instrument

Table 1. Sample size determination.

Health Profession	Population (N)	Sample size (n)
Doctors	320	175
Laboratory workers	106	86
Nurses/Midwives	2822	338
Pharmacist	42	40
Physician Assistant	90	73
Total	3380	717

Source: Field Survey (2022).

Table 2. Reliability statistics.

Construct	Cronbach's Alpha	No of items
Overall Scale	0.744	39
Job Satisfaction	0.901	11
Commitment	0.916	18
Ethical Leadership	0.839	10

Source: Field Survey (2022).

and the degree to which it can provide accurate measurement of an unchanging value.

Ethical Consideration

The researchers adequately observed ethical consideration in conducting in the study. Respondents' voluntary involvement was critical for data collection, and they were given the option to withdraw from the study at any time if they so desired. Individuals were given enough information and guarantees about participating in the study to understand the ramifications of doing so and to make a fully educated, thoughtful, and freely given decision about whether or not to do so, without any pressure or coercion from the researchers. In the construction of the questionnaire, abusive, discriminatory, or other undesirable wording was fully avoided. Respondents' privacy and identities were protected to the greatest extent possible. Throughout the research, maintain the highest level of objectivity in discussion and analyses.

4. Results and Discussion

This section of the paper submits the outcome of the study based on the established hypothesis. The sector begins with a presentation of results on the biographical characteristics of the respondents: covering sex of respondents, age brackets of respondents, number of years in service, and respondents' highest educational attainment. The discussions of the empirical results, organized chronologically according to hypothesis also follow.

4.1. Demographics of the Respondents

This section presents the biographical data of the respondents as applicable to their profession. Table 3 contains the result on the demographics of respondents.

From Table 3, it can be observed that a majority of the respondents (82.8%) were female. This can be attributed to the fact the most of the respondents (49.76%) were nurses/midwives. The Ghanaian perception of gender-job nexus is female-biased concerning the nursing profession. Also, more than half of the respondents (57.21%) were between the ages of 26 - 35 years. As a result, the majority of the respondents (52.8%) submitted that they have worked for 1 - 5 years. This is not surprising because more than half of the respondents (76%) submitted that their highest educational qualification is Bachelor's degree. Generally, the background characteristics of the respondents are adequate for participation in the study.

4.2. Diagnostic Test

To ensure the robustness of our test results, the following tests were conducted to ensure that the model chosen meets the purpose of the study.

The result in Table 4 suggests that we fail to reject the null hypothesis that the

Table 3. Results for gender of respondents.

Variable	Frequency (n)	Percentage (p)
Gender of respondents:		
Male	106	17.2%
Female	511	82.8%
Total Frequency/Percentage	617	100%
Age of respondents:		
18 - 25 years	124	20.09%
26 - 35 years	353	57.21%
36 - 45 years	119	19.28%
46 - 60 years	21	3.42%
Total Frequency/Percentage	617	100%
Profession:		
Doctor	156	25.28%
Laboratory worker	58	9.40%
Nurse/Midwife	307	49.76%
Pharmacist	36	5.83%
Physician Assistant	59	9.73%
Total Frequency/Percentage	617	100%
Experience:		
Less than a year	66	10.7%
1 - 5 years	326	52.8%
6 - 10 years	187	30.3%
More than 10 years	38	6.2%
Total Frequency/Percentage	617	100%
Education level:		
Diploma	109	17.7%
Bachelor's degree	469	76%
Masters' degree	29	4.7%
PhD	10	1.6%
Total Frequency/Percentage	617	100%

Source: Field Survey (2022).

Table 4. Test of Normality: Shapiro-Wilk.

Variable	Statistic	df	Sig.
Job satisfaction	0.989	617	0.146
Organizational Commitment	0.990	617	0.207
Ethical leadership	0.990	617	0.182

Source: Field Survey (2022).

sample data are not significantly different from a normal population. It can be claimed that the data is normally distributed. This is necessary for conducting correlation and regression.

The test results in Table 5 suggest that with a KMO value of 0.689, the sample size is adequate, and at a significance value (df [444.361] = 3, $p < 0.05$) for Barlett's Test of Sphericity, we reject the null hypothesis that the correlation matrix is an identity matrix. This makes the data reliable for further analysis.

4.3. Main Results

This section of the chapter presents results from the responses of the respondents based on the specific research objectives.

From Table 6, organizational commitment recorded the highest mean (mean = 58.519, SD = 13.136), followed by ethical leadership (mean = 31.472, SD = 8.239), and lastly job satisfaction (mean = 30.481, SD = 8.536). This indicates that health workers generally agree that organizational commitment is key to their profession.

4.3.1. Correlation Matrix

From Table 7, it is observed that there was a statistically significant positive relationship between ethical leadership and employee commitment (r = 0.508, $p < 0.05$), and a statistically significant positive relationship between job satisfaction and employee commitment (r = 0.541, $p < 0.05$). The result suggests that higher levels of ethical leadership or improved ethical leadership, and high levels of employee satisfaction on their job lead to higher employee commitment among health workers in the Central Region of Ghana. On the other hand, lower levels of ethical leadership and lower levels of job satisfaction are associated with lower levels of commitment on the part of the health workers. The repercussions thereof are that if leadership is ethically principled, and/or health workers feel satisfied, health workers demonstrate enhanced commitment towards work. The

Table 5. KMO and Bartlett'S test.

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		0.689
Bartlett's Test of Sphericity	Approx. Chi-Square	444.361
	df	3
	Sig.	0.000

Table 6. Descriptive statistics.

Construct	mean	Std. dev	Min	Max	Kurtosis
Job Satisfaction	30.481	8.536	11.00	55.00	0.160
Org. Commitment	58.519	13.136	18.00	90.00	0.267
Ethical Leadership	31.472	8.239	10.00	60.00	0.403

Source: Field Survey (2022).

strength of the associations can however be described as moderate following Cohen (1988).

4.3.2. Regression Analysis

From Table 8, the results indicate that 37.5% variations in the commitment level as a dependent variable are explained by the adjustment in the independent variables (job satisfaction and ethical leadership). According to Garson (2016), R-square is the most common effect size measure in predictive studies. He submits that results above 0.67 (Substantial), 0.33 (Moderate), and 0.19 (Weak). This suggests that the model has a moderate R-square. The Durbin-Watson statistic of 1.747 also indicates the absence of autocorrelation among the residuals in the model. The results also demonstrate that variations in the dependent variable (organizational commitment) can be explained by the regression model (F

Table 7. Correlation matrix for variables.

		JB	OC	EL
JB	Pearson-Correlation	1		
	Sig. (2-tailed			
	N			
OC	Pearson-Correlation	0.541**	1	
	Sig. (2-tailed	0.000		
	N	617		
EL	Pearson-Correlation	0.549**	0.508**	1
	Sig. (2-tailed	0.000	0.000	
	N	617	617	

**. Correlation is significant at the 0.01 level (2-tailed). Source: Field Survey (2022)

Table 8. Coefficients.

Model	Unstd Coefficients		Std Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	20.218	3.057		6.614	0.000
Ethical leadership	0.478	0.061	0.299	7.802	0.000
Job satisfaction	0.555	0.059	0.361	9.342	0.000

Diagnostics

R-square = 0.615

Adj. R-square = 0.375

Sig (F = 61.856) = 0.00

Durbin Watson = 1.747

a. Dependent Variable: commitment level b. Unstd = Unstandardized, std = standardized. Source: Field Survey (2022).

[6, 610] = 61.856, $p < 0.05$). Consequently, the 37.5% variance in commitment level of health workers as explained by ethical leadership and job satisfaction is not due to chance but by the significant interactions among the variables in the regression model.

Ethical leadership and organizational commitment

From Table 8, it is shown that ethical leadership has a significant positive effect on the health workers' commitment level (B = 0.478; SE = 0.061; $p < 0.05$). The result suggests that a unit change in ethical leadership results in a corresponding 0.478-unit change in organizational commitment in the same direction. Specifically, an increase in standards of ethical leadership by governance units at the hospitals and other health facilities will enhance employee commitment, and the otherwise is true. The results suggest that to harness and benefit from the commitment of health workers needed at full capacity to improve productivity and quality of service delivery at the hospitals, leadership by exhibit ethical behaviors such as being honest, avoiding favoritism and nepotism, respecting the views and opinions of subordinates (health workers), and creating an atmosphere that is devoid of tensions and mistrust. Al-Aidarous (2021), ethical leadership is key to enhancing employee commitment for the achievement of organizational goals.

As posited by Qing et al. (2020) and Newman et al., (2015), ethical leadership is critical because it has a positive effect on the work behaviors of an employee; it affects employee motivation, job satisfaction, performance, and commitment. Likewise, Mwesigwa et al. (2020) argue that leadership has been widely associated with positive personal and organizational outcomes. In the opinion of Bouckenooghe et al. (2015) ethical leadership fosters employee satisfaction with their work and, as a result, contributes to organizational success but unethical leadership behavior, according to Chamtitigul and Li (2021), decline employees' commitment to work.

Job satisfaction and organizational commitment

From Table 8, it is shown that ethical leadership has a significant positive effect on the health workers' commitment level (B = 0.555; SE = 0.059; $p < 0.05$). The result suggests that a unit change in job satisfaction leads to a corresponding 0.56-unit change in organizational commitment in the same direction. To this end, health workers' commitment to work depends to a great extent on their level of job satisfaction. Similar observations were made by (Ganu & Kogutu, 2014; Chaulagain & Khadka, 2012) who postulate that people who are satisfied with their employment experience would lead to such favorable outcomes as higher performance, improved processes, increased productivity, and stronger commitment.

Stated differently, Al Battat et al. (2014) assert that low job satisfaction at the hospitals results in low commitment which breeds adverse behaviors such as inefficiency, absenteeism, turnover, insufficient patient care, tardiness, grievances, and medication errors. In the views of Goswami and Dsilva (2019), job satisfaction is a critical issue at hospitals such that health workers who feel dissatisfied

about the job fall into a job stress trap and end up being not committed to their duties. Al-Wotayan et al. (2019) also project similar findings postulating that job satisfaction is crucial for the enhancement of the health sector.

Based on the results above, Table 9 is presented as a summary of decisions on the hypotheses tested in the study.

Table 9. Result for hypothesis testing.

Hypothesis	P-value	Decision
There is statistically significant positive relationship between job satisfaction and organizational commitment.	0.000	Accepted
Ethical leadership has a significantly positive effect on organizational commitment.	0.000	Accepted

Source: Field Survey (2022).

5. Conclusions, Recommendations, and Policy Implications

On the premise of the findings that emerged from the study, it can be concluded that ethical leadership and job satisfaction are key predictors of employees' commitment to occupation and organization.

Practically, the findings of the study suggest an avalanche of conduit that can be adopted by leadership in the health profession in Ghana (Medical and Dental Council, Nursing and Midwifery Council, Pharmacy Council) to enhance commitment through job satisfaction and ethical leadership behaviors so as to enhance work performance. To foster commitment among health workers, management of various hospitals, when developing pragmatic intervention programs must be concerned of the standardization of training in the Ghana Health Service, and timely provision of logistics needed to ensure work efficiency. The findings also demonstrate that government must increase the salaries of health workers across the board. This will augment the government's pragmatic interventions that can help retain at least the critical mass of health professionals required to deliver a basic services package. Various agencies in the Ministry of Health of Ghana must develop human resource policies and strategies initiation and formulation that caters for the need of health workers through the proper management of rewards and compensations, and staff training and development. The leadership of the various categories of health professions should endeavor to maintain high ethical standards in their approaches to issues and concerns of their circles so as to avoid health workers' attrition.

Theoretically, the study adds to a body of knowledge on the concepts of job satisfaction, leadership and organizational commitment. The study gives a brazen validation of the leader-member theory and organization identification theory.

6. Limitation

This research was cross-sectional in nature, meaning it only looked at the intention at one moment in time. As a result, the research does not produce results

over a long period of time. However, we believe that in the future, a longitudinal study would be preferable. Because this study concentrated on a very well-known segment of Ghana's health sector, the findings may not be applicable to all health-care workers and other organizations. As a result, we recommend that the parameter be expanded to include other departments of the health sector not currently covered. Finally, a quantitative technique was adopted as the sole research methodology. To integrate and consolidate the data, additional study using interviews or other qualitative approaches could be conducted.

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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Appendix I: Factor Loadings

Factor		Loadings
Job Satisfaction		0.807
1	pay level and salary structure	0.686
2	Reward output system	0.769
3	sense of belonging with respect to duty and decision	0.716
4	Recognition of employee effort and interest	0.627
5	friendly working condition and offers support	0.638
6	safety policies and security measures	0.591
7	promotion systems and opportunities for promotion	0.651
8	Retirement system for employees	0.671
9	Interest in employee career advancement shown by management and co-workers	0.619
10	training and development strategies adopted at workplace	0.714
11	fair opportunity for promotion	0.691
Organisational Commitment		
1	enthusiastic about health profession	0.768
2	like being a health worker	0.808
3	proud to be in health profession	0.800
4	changing profession will be difficult	0.605
5	life will be disrupted if i change profession	0.801
6	changing profession will require personal sacrifice	0.710
7	feel of responsibility health profession to continue in it	0.571
8	It would not be right to leave the health profession now	0.605
9	I'm in the health profession because I feel a sense of loyalty	0.588
10	The organization has a great deal of personal meaning for me	0.681
11	I'll be happy to work in this facility till i retire	0.701
12	see organizations problem as my own	0. 612
13	too little options to consider leaving this organization	0.713
14	life would be disrupted if i leave organization now	0.677
15	it would be very difficult for me to leave my organization right now	0.620
16	organization deserves my loyalty	0.657
17	I feel guilty if I left my organization now	0.617
18	I owe a great deal to my organization	0.638
Ethical Leadership		
1	leadership conduct their personal lives in an ethical manner	0.663

Continued

2	success defined not just by results but also by the way they are obtained	0.668
3	Leadership listens to what employees have to say	0.670
4	leadership disciplines employees who violate ethical standards	0.850
5	leadership makes fair and balanced decisions	0.744
6	Leadership can be trusted	0.784
7	our leadership discusses business ethics or values with employees	0.685
8	our leadership has the best interest of employees in mind	0.721
9	our leadership sets an example of how to do things the right way in term of ethics	0.696
10	our leadership ask what is the right to do	0.630

Extraction Method: Principal Component Analysis.