



ORIGINAL CONTRIBUTION

## Nursing Ethical Leadership Questionnaire: An Improved Measure of Ethical Leadership

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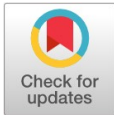
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**Abstract**— This study aims to provide a tool to measure nurse ethical leadership competencies. In this study, the researcher tested a novel questionnaire to measure ethical leadership. The study examines how ethical leadership affects employee voice. Although these studies are meant to examine the new questionnaire's criterion-related validity, the results assist answer issues concerning ethical leadership. Ethical leadership contributes somewhat but significantly to employee voice behavior. This research employed qualitative and quantitative methodologies. A systematic questionnaire was employed for data collection. The study's primary results were drawn from the analyzed tables. This study's findings imply a relationship between ethical leadership and employee voice.

**Index Terms**— Ethical leadership, Leadership behavior, Nursing leaders, Employee voice psychometric analysis

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### Introduction

Frequent crises involving corporate and public sector executives have heightened interest in ethical leadership (e.g., Brown & Trevio, 2006; Sims & Brinkmann, 2003). In the recent decade, there has been a continuous growth in interest in researching ethical leadership's antecedents, results, and processes. Public health care ethics has typically focused on practitioner-patient relationships. The 21st-century healthcare delivery system requires ethical leadership at all levels, from employees to doctors, administrators, and policymakers (Ho & Pinney, 2016). Current nursing leaders have unique ethical difficulties while building promotional and industrial foundations in health care, such as quality improvement and cost (Makaroff et al, 2014).

Ethical leadership has several definitions. Kanungo (2001) said that ethical leaders assist others and avoid harming them. Integrity, ethical standards, and fair employee treatment are pillars of ethical leadership (Brown, Trevio, & Harrison, 2005). True ethical leadership fosters ethical behavior through practicing, supervising, and holding everyone accountable for ethics (Trevio & Brown, 2004). Ethical leaders incorporate moral concepts into their ideas, attitudes, and activities (Khuntia & Suar, 2004). Altruism, compassion, honesty, fairness, and justice may be important in ethical leadership. These values reflect ethical leadership.

Ethical leadership conduct intersects with relations-oriented leadership theories such as helpful or courteous leadership, empowering leadership, improving subordinate abilities and self-confidence, and advocating subordinate interests (Yukl, 2010). In recent years, several questionnaires have been designed to assess ethical leadership, but they all have shortcomings. There is conceptual disagreement regarding how to define and quantify ethical leadership. Our research aimed to determine the most important ethical leadership skills

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for nurses and design a scale that reduces confusion. This study aims to establish whether a newly designed questionnaire could correctly measure nurse leaders' ethical leadership. The study's main purpose was to analyze the research instrument produced to measure nursing's ethical leadership. Employee voice behavior in connection to ethical leadership for good nursing care was also studied.

### **Review of Research on Ethical Leadership**

Three tools have been designed to directly evaluate ethical leadership. These instruments include the ELS (Brown et al., 2005), the perceived leader integrity scale (Craig & Gustafson, 1998), and the ethical leadership work questionnaire (De Hoogh & Den Hartog, 2008). Both the authentic leadership questionnaire (Walumbwa, Avolio, Gardner, Wernio, & Peterson, 2008) and the servant leadership questionnaire (Walumbwa, et.al., 2008) were developed to evaluate different styles of leadership that adhere to certain ethical principles and practices (Barbuto & Wheeler, 2006). In the following paragraphs, we will describe each instrument along with the constraints associated with using it.

#### **Ethical leadership survey**

Respondents to a survey conducted by Trevio, Brown, and Hartman (2003) identified the following characteristics of ethical leaders: honesty, fairness in treatment, communication of ethical ideals, role modeling of ethical behavior, rewarding ethical behavior, and holding subordinates accountable for unethical activity. Based on their findings, moral leadership needs not just personal virtues like honesty and integrity, but also an effort to instill a sense of personal accountability in one's subordinates. In light of these results and prior research, Brown et al. (2005) developed the ELS to assess these same traits in leaders. The ELS contains ten items, each with a response structure akin to a likert scale, with options ranging from one to five. The ELS was shown to be reliable and valid, and leaders' overall ELS scores were found to be predictive of outcomes like subordinates' opinions of their supervisors' performance, whether or not they were prepared to go above and beyond in their work, and whether or not they reported problems. There are several gaps in the discussion of ethical leadership that should be addressed. These include the importance of open communication, living up to one's beliefs, and fair treatment of employees. The fact that two of the criteria, listening to employees and acting in the best interests of the workforce, were seen as more indicative of thoughtful leadership than ethical leadership, is a further negative. Finally, the test for honesty's discriminant validity was flawed since it relied on only two negatively worded questions (unlike the ELS items). Favorably phrased items would probably put a heavy emphasis on the ethical leadership quality.

#### **Perceived leader integrity scale**

Craig and Gustafson (1998) created the PLIS after reviewing leadership literature. The items represent how followers see their leader's ethical behavior. 31 items on the PLIS describe unethical or abusive behavior (such as "is vindictive," "would lie to me," "would blame me for his/her flaws," "would steal from the organization," "would take credit for my ideas," or "gives special advantages to "pet" workers"). How much do you agree or disagree with the manager's description? (1=not at all, 2=slightly, 3=a lot, 4=exactly). Their main and secondary investigations produced promising validation data (Parry & Proctor-Thompson, 2002). PLIS lacks positively worded pieces. High-ethics people can be immoral. Many items are described with hypothetical language (such as "may steal") rather than specific instances of their behavior. Respondents are less likely to fill out a survey with mostly unfavorable answers because they fear repercussions from employers or superiors.

#### **Ethical leadership work questionnaire**

Interviews and questionnaires were used in the research by De Hoogh and Den Hartog (2008) on Dutch managers. The study of ethical leadership in executive teams relied on a preliminary questionnaire created by the researchers. According to the component analysis results, morality and justice are separate from power-sharing and negatively phrased dictatorial actions (e.g., punitive, vengeful, and tyrannical). The early questionnaire had certain drawbacks, such as using questions with many components and imprecise language, and mixing positively and negatively phrased items, which might mislead respondents and make data analysis more difficult (Rorer, 1965; Schriesheim & Eisenbach, 1995).

The ethical leadership work questionnaire (Kalshoven, Den Hartog, & De Hoogh, 2011) was used in the follow-up study (ELW). The 38-item quiz featured 7-point rating scale responses (1 = strongly disagree, 7 = strongly agree). Fairness, honesty, ethical guidance, people orientation, power sharing, role clarity, and sustainability are ELW subscales. Fairness (e.g., my leader has obvious preferences), integrity (5 items; e.g., my leader follows commitments), and ethical direction appear most relevant for ethical leadership (e.g., my leader clearly explains integrity-related codes of conduct). Role clarity, power sharing, and people orientation are well-studied leadership traits. Role

clarification is a key task habit, while the other two are relational. These activities aren't ethical and may be employed unethically. Sustainability is one of several social concerns leaders may choose to embrace (e.g., democracy, free speech, global health, free enterprise, animal rights, and world peace). Ethics arguments shouldn't complicate the definition and assessment of ethical leadership.

### **Authentic leadership questionnaire**

To measure authentic leadership, the authentic leadership questionnaire was designed (Walumbwa et al., 2008). Authentic leadership questionnaire measures self-awareness, relational transparency, internalized moral stance, and frequent response structure. Walumbwa et al. (2008) found similarities between authentic and ethical leadership measures. Two aspects of ethical leadership stand out. When leaders follow their own moral norms and values, they take an internalized moral attitude (e.g., making decisions based on core beliefs and expressing beliefs consistent with actions). A leader must be honest about personal principles and ideals to build trust (by doing things like saying what one means and being forthright when admitting to making errors). The other two qualities of authentic leadership don't capture moral leadership. Self-awareness has similarities to emotional maturity and emotional intelligence. A leader may be self-aware without being honest, compassionate, or open with others, and a leader might be honest and open without completely understanding his or her core ideas and principles. Balanced processing requires objectivity and pragmatism while making decisions. This trait includes personality traits and cognitive talents that may facilitate problem resolution, but do not guarantee ethically correct decisions. Adaptability implied by being receptive to new information and ideas is incongruent with certain components of ethical leadership, such as stating values in a solid, compelling way and mandating their application.

### **Servant leadership questionnaires**

Altruism, organizational stewardship, persuasive mapping, wisdom, and emotional healing are the five dimensions of servant leadership that make up the scales created by Barbuto and Wheeler (2006). Each scale comprises four to five likert rating scales at questions (1 = strongly agree, 2 = slightly agree, 3 = somewhat disagree, 4 = strongly disagree). The altruism subscale includes actions that demonstrate altruistic principles and are, therefore, very important to ethical leadership. Social responsibility and the idea that a company should benefit the world are central to the concept of "organizational stewardship". Of course, not all experts believe that CSR advocacy should be included in any definition of ethical leadership. Ethical leadership does not have much to do with the other three servant leadership scales. The capacity to influence others is at the heart of the interpersonal skill known as "persuasive mapping," while the social intelligence and situational understanding that makeup "wisdom" round out this set of attributes. These abilities may be used for both moral and immoral use. Some leaders may benefit from having the ability to "emotionally heal" their followers, but it is not necessary for moral leadership.

Overall, there is a lot of conceptual misunderstanding concerning the breadth of the ethical leadership construct domain and the right technique to assess it due to the previous theory and research on ethical leadership. It seems that (a) honesty and integrity, (b) behavior that conveys or imposes moral principles, (c) fairness in choices, and (d) compassion and regard for others' needs and emotions are the most pertinent themes for a special emphasis on ethical leadership. These characteristics are not consistent with what has been learned about effective leadership in the past, except for a few ancillary actions.

### **Ethical leadership and employee voice**

Prior research has examined the relationship between ethical leadership and a range of outcomes, including deviant conduct (Mayer, Aquino, Greenbaum, & Kuenzi, 2012; Mayer, Kuenzi, Greenbaum, Bardes, & Salvador, 2009), task performance (Walumbwa et al., 2011), voice behavior (Walumbwa & Schaubroeck, 2009), and organizational citizenship behavior (Mayer et al., 2009). Employee Voice, a well-established indication of leadership impact in the literature on organizational behavior, is the subject of our validation study.

The employee voice is a transparent, proactive, and strategic channel of communication for improving company-wide processes and dynamics. A person whose usual conversation topic is innovation or change fits this description. Constructive criticism is most often defined as an approach to making comments about or challenging the status quo; however, it is also occasionally defined as an attitude that emphasizes communicating constructive challenge and working toward improvement (Van Dyne & LePine, 1998). Voice conduct has a social foundation since it facilitates social transformation via increased access to possibilities. Nonetheless, there are repercussions for society when people challenge the status quo and push for change (LePine & Van Dyne, 2001). As a result, providing management and organizational support is essential for mitigating risks. It is also considered, based on the theoretical foundations laid forth by Blau (1964) and Eisenberger et al (1986), that nurses favor one another under all conditions because of the support they get from hospital and agency workers, particularly administration and leadership (e.g., patients, medical staff).

In their analysis, Cropanzano and Mitchell (2005) showed that interactions like this provided a strong basis for people's ability to speak out. Ethical leadership based on the positive social interchange is believed to have an impact on nurses by stimulating an ethical response and empowering nurses to speak out. Ethical leaders in organizations put their followers' interests above their own (Brown et

al., 2005; Brown and Trevino, 2006; Trevino et al., 2003). According to the SET model, a morally upstanding leader inspires a community to act morally, which in turn leads to more positive outcomes (Chan & Mak, 2012).

A supervisor-led work culture that recognizes and rewards positive employee actions is a win-win for both the supervisor and the supervised worker (Tangirala et al., 2007). Previous studies have demonstrated that when leaders are ethical, they inspire stronger commitment from their followers in terms of conduct and performance (Gu et al., 2015). Followers see leaders and supervisors as agents and representatives of the organization as a result. When people have this insight, they are more likely to care about and rally behind ethical leaders (Eisenberger et al., 2002). People with these beliefs are usually counted on to aid others and advise them (Maynes and Podsakoff, 2014; Pavitra, K. H., & Sarikwal, L., 2022).

Many businesses now give workers a voice in decision-making and encourage them to share their perspectives (Dyne Van & LePine 1998). Leaders are role models when they prioritize ethics and stand up against unethical conduct (Brown et al. 2005). Ethical leaders inspire their followers by setting a good example and encouraging them to speak out against immoral actions (Brown et al. 2005). For instance, Brown et al. (2005) stated that ethical leaders encourage their followers to notify an administrator of difficulties. When leaders act ethically, they create a community where everyone's opinions are heard and valued. Ethical responses from hospital administrators are expected to increase nurses' morale and productivity by encouraging and empowering workers to advocate for necessary changes and expansions to patient care.

### **Employee voice**

To accomplish goals, people will constantly speak out against anything that could hinder their success, no matter how small or inconsequential they may think it is. A person's level of identification with the organization can be used as a predictor of whether or not they will engage in positive, extra-role behavior (Bracht, et.al., 2022). Because of the proactive nature of the ethical leader's role, it is expected that teamwork will improve and that both individual and collective voices will be encouraged (De Cremer, & Van Knippenberg, 2003; Van Knippenberg & Dwertmann, 2022). Employees are more likely to take initiative and speak up in a workplace where they feel safe expressing their values and beliefs in a safe and supportive work environment (Cremer, Brebels, & Sedikides 2008; Tariq, 2022). In addition to increasing nurses' sense of belonging to the hospital, the study's authors hypothesized that ethical leadership would lead to more nurses using their voices in advocacy efforts.

### **Methodology**

#### **Sample and data collection procedures**

To make questionnaires, two focus groups were held. One for nursing leaders and teachers, and one for all nurses. Before it was put into its final form, the questionnaire was tested to make sure it met our needs and was made to fit our particular social and economic situation. There are different kinds of measuring tools for different kinds of variables and structures. All of the survey questions were reviewed by experts in the field. After the procedure has been done, the example plan comes next. In this case, the sample plan is trying to meet the needs of two different groups. The people who are most likely to benefit from this research are nursing staff leaders and academics. An important part of this process is gathering a lot of first-hand and second-hand information on a wide range of topics. The main places where interviewees come from are the faculty and the nursing administration. There may be about the same number of men and women in the sample. We used a technique called "stratified sampling" to find the right mix of people with the right kinds of interests. In the fourth stage, the planned data collection is put into action. How specific the data collection needs to depend on what the study is about. In the last step, the collected data are looked at in several different ways. Methods that can be used for both describing and analyzing data include tabulations, cross-tabulations, summary statistics, and parametric and non-parametric methods.

Our results from the qualitative data collection process informed the development of the tool. The research was done with the help of standard content analysis. 14 experts in health care and faculty members were interviewed in person, and each session had its own semi-structured way of going about things. To reach the goal of the study, purposeful sampling was used. They were chosen based on the main goal of the study. The idea behind selective sampling is that a well-informed researcher will greatly improve the depth of the survey. Using sampling, we set up a way to collect different amounts of information. This makes sure that the data collected has a lot of different kinds of information. The researcher was able to get a clearer picture of the characteristics and structure of the thing we were studying because he or she had more and different kinds of data.

For this purpose, a broad group of nursing academics and leaders was assembled, including both men and women with experience in a range of nursing specialties and administrative positions. To be considered for participation in the study, nurse executives needed at least two years of experience in the field and be open to participating in the research. In contrast, academics working in healthcare

needed to have demonstrated skill in the areas of both leadership and education administration and ethics. Because nursing leaders play such an important role in making decisions in both clinical and academic settings, interviews were conducted with faculty members.

After presenting the study's goals and providing a comfortable venue for the question-and-answer session, respondents were called for a "semi-structured private session." The workplace sessions lasted 35 to 90 minutes. Only the interviewer and the interviewee were present. Respondents were interviewed on the role of ethics in managing nurses and staff. First, respondents were asked about their management style and the importance of ethics in leadership. The response determines the interview's direction. To get more information and precise answers, interviewees were requested to offer objective instances of their remarks. No repeat sessions were recorded. All interviews were captured using a digital voice recorder and transcribed verbatim. The researcher listened to audio recordings and read the text numerous times to grasp the dialogue. The data collection process was repeated until data saturation, with no more material from the following interviews and adequate support for the gathered data. Despite the researcher's assurance that no fresh information could be gained after 11 exams, 3 more interviews were conducted. No one quit the study.

### **Validation**

A qualitative investigation's reliability and validity are improved by four metrics: creditability, conformability, dependability, and transferability. Data credibility was ensured via a member-led evaluation process, several data kinds, and long-term involvement with the data. Peers evaluated the dependability of interview data, major coding, and thought classifications. Following a structured research protocol, including a specific data collecting and recording technique, and preserving objectivity ensured data conformity. Researchers employed deliberate sampling and collected as much data as possible to make selected ideas transferrable. Discriminant and convergent validity tests and Cronbach's Alpha corroborated quantitative data's correctness and dependability.

Discriminant validity is when subordinates may assess their immediate supervisor's ethical leadership apart from non-ethical leadership practices. Ethical leadership may explain greater variance in a leader's influence on subordinate relationships and unit performance, demonstrating criterion-related validity. An ethical leader would inspire greater subordinate trust and have more favorable exchange connections, according to reasoning and evidence. Less clear are, however, the effects of ethical leadership on job performance. Examining these associations is a purely exploratory element of the study.

### **Population, sample, and procedure**

Purposive sampling approaches were used since they were thought to be most appropriate for achieving the study's goals. According to the goals of the evaluation, participants were chosen. To conduct the most realistic sample approach and maximize the research's overall worth, a reasoned analysis must assume that participants with more conservative data would do so. This method guarantees more diverse results than the specific data set. Because of the larger variety and average breadth of the acquired data, analysts will have a better grasp of the findings of the measurements and the potential for verifying the marvels. Nurses from different specialties, levels, and sex were chosen at random. Cochran, (2007). A formula was utilized for the sample to meet both financial and time constraints. Only 637 usable and full surveys were returned out of a total of 700 questionnaires that were distributed. 91% of people responded.

### **Measures**

Items were developed based on a literature review, focus group discussion, and interviews, and a pool of items was generated to finalize the questionnaire with the expert's opinion. Hence, a Self-developed questionnaire was utilized for measuring Ethical Leadership. Employee voice was measured with the scale developed by Van Dyne & LePine, (1998) scale with 6 items.

### **Data collection**

As primary sources, nurses were surveyed in the first stage of the research. Surveys are self-filled. Lists of nurses, a literature review, yearly reports, and public papers are secondary sources.

### **Data analysis techniques**

Information collecting and study started simultaneously. Data assessment employed acceptance and coding. Latent substance evaluation categorizes and organizes normal focuses. In the future research stages, the instrument will be psychometrically evaluated. For the quantitative portion, SPSS was found appropriate after testing a single idea or thought.

### **Thematic analysis**

The primary goal of the quantitative and qualitative data analysis was to use themed research as a technique to extract the latent patterns and categories in the descriptive and inferential data. The researchers organized their findings by conducting a systematic review of relevant literature, websites, and in-person and online focus groups to identify overarching concepts, themes, and interconnections.

Data collecting and processing began simultaneously. The content analysis employed induction and coding. The latent content analysis helped us uncover textual patterns. The information was transcribed. Codes were extracted line-by-line. We collected "meaning units"—words, sentences, and even paragraphs—from the text itself. Initial categorization was based on the researcher's assessment of the comments and the respondents' answers. Passing codes were compared to the originals for correctness. Next, comparable codes were grouped into subcategories. NVIVO11 software organized the data.

### **Focus group discussions**

The researcher utilized public and commercial sector sources to identify Key Informants to overcome the difficulty of locating contacts to obtain fundamental information about EL results. In Peshawar, numerous department heads have been visited multiple times. FGD was also performed on February 27, 2021. The session was recorded, and a copy of the recording is provided for access. First, the original discussion was transcribed, and then the text was entered into NVIVO software. Thematic analysis proved to be a valuable tool for uncovering the themes that developed throughout the dialogues.

### **Design of the research tool**

Using the results of the theme analysis of the focus group discussions and the literature review, a questionnaire and interview questions were created. The experts accepted the questionnaire and interview method utilized for this study. The face validity of the questionnaires was evaluated, and a pilot study was conducted to determine the dependability of the study's components. The final data collection for the study was approved after the findings revealed positive figures, allowing for final data collection. This section includes interviews, focus groups, literature review findings, and theoretical/empirical evidence. Based on FGD and literature findings, hypotheses were generated and tested in quantitative research in later stages. Ethical considerations required all participants to voluntarily complete an informed written permission form after receiving approval from the relevant institutions and hospitals. By completing the form, participants gave researchers permission to record interviews and use the information anonymously. Of the fourteen people who took part in this study, six held a bachelor's, three a master's, and five a doctoral degree. The top management consisted of five nursing professors and six managers. Members had, on average, more than ten years' worth of managerial experience. The breakdown of the study's participants was as follows: There were twelve people, eight women, and six men, all in their forties. By analyzing interview data, we identified 228 central codes, which we then grouped into the broader concept of "similarities," which was reduced to 32 after some regrouping.

### **Employee voice**

Employees' innovative recommendations and ideas are highly valued in today's fast-paced corporate world. However, while there have been studies that address the importance of employees' voices, not enough of them focus on exploring the process that causes such behavior.

Knowing the domain of the ethical leadership concept is critical, as indicated by Yukl, Mahsud, Hassan, and Prussia (2013). To that aim, they recommended that researchers select and use appropriate measures. Fairness, honesty, trustworthiness, ethical communication, principled decision-making, and equitable distribution are all hallmarks of ethical leadership, but the ELS suggests it is impossible to directly assess these traits and behaviors because they depend on the alignment of leaders' beliefs and actions, consistency in communication, and fairness in distribution (Yukl et al., 2013). There is a need for a more comprehensive and accurate ELS if we are to effectively serve the various interested parties. In other words, it fills out the ELS with the characteristics and actions that were previously missing. The new scale is a more accurate and sophisticated representation of how people feel about their leaders. The aspect of moral management concerned with organizational rewards and punishments is not precisely evaluated in the ELS (Brown et al., 2005). Several new articles were added to ELS to address the topic of an ethical leader who uses both incentives and sanctions in the workplace. It will give a more realistic picture of the moral management feature.

To create an ELS, we (a) used deductive reasoning to comb through existing research for items to generate them, (b) assembled a panel of business ethics academics (psychologists, psychiatrists, and professors) to conduct a qualitative evaluation of the scale (as reported in McKenzie, Wood, Kotecki, Clark, & Brey, 1999), and (c) collected empirical data to demonstrate the scale's psychometric characteristics.

We employ scholarly articles and papers from periodicals, books, dissertations, and theses to expand the ELS. The revised ELS was sent to four judges for a qualitative review. Members of the advisory board helped us out by reviewing the twenty factors of the scale

and suggesting changes to be made. The items were measured using a graded Likert scale, with 1 indicating strong disagreement and 6 indicating strong agreement. The major purpose of the judge was to find common ground among its members, which is represented by a percentage mark. When readjusting the scale, we considered the quality evaluation's results. At last, the judges were presented with the revised scale for the third time to identify any remaining problems. The revised scale underwent yet another round of adjustments after being field-tested (see Table I). Two of the four panelists agreed that questions 17 and 18 on the questionnaire are problematic and reduce confidence in the reliability of the poll. At least half of the participants tended to agree on the following points. This is the reason why items 17 and 18 were left off the NELQ. There was a good reason why items 17 and 18 were left from the NELQ.

Table I  
Experts' agreement on items added to the nursing ethical leadership scale

Q #	Qualitative Review	Judge1	Judge2	Judge3	Judge4	Percentage of Agreement 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 wellbeing 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 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 judge has asked for question 20 to be restated. Question 15 was handed to three panelists to rewrite, whereas Question 16 was given to one judge. The judges saw the finished scale one last time to make sure it was perfect. The 20th question was reworded at the suggestion of one of the judges. After finishing these steps, eight more items were added to the scale. The revised scale was put through a series of statistical tests to ensure that the two components of a moral person and moral manager were accurately captured. These procedures were carried out to ascertain the NEL questionnaire's psychometric properties.

**Construct validity**

Before performing a PCA, it was important to check if the data were suitable for factor analysis. Numerous coefficients with values larger than 0.3 were discovered when we analyzed the correlation matrix. With the help of the Kaiser-Meyer-Okin test and the Bartlett test of sphericity, we determined that the correlation matrix was factorable, with a value of 0.93, well over the minimum threshold of 0.6 (Kaiser, 1970, 1974).

Table II  
KMO and bartlett's test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy		.930
Bartlett's Test of Sphericity	Approx Chi-Square	34871.486
	Df	4560
	Sig.	.000

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

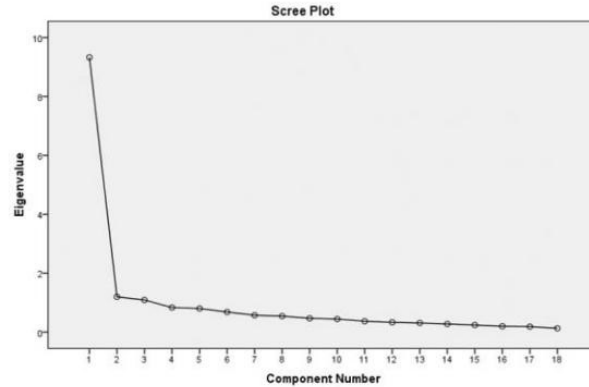


Fig. 1. Nurses ELS scree plot

The Moral Person (MP) and the Moral Manager (MM) are depicted in Figure 1. (MM). A two-factor solution was used to account for 60.13 percentage points of variance. After factoring in both the first-order variance (contributing 32.01%) and the second-order variance (contributing 28.12%), what remains is a total variance of 7.93%. Each item looked to belong in its designated place, and the results seemed to corroborate those of a prior study on ethical leadership practices (See Table II).

Table III  
Rotated factor pattern (Revised NEL questionnaire)

Items	Description	Moral Manager	Moral Person
NELQ 1	"He's an attentive listener who heeds what the workers have to say"		.586
NELQ 2	"Penalize workers who break ethical norms."		.532
NELQ 3	"Acts with integrity in his own life"		.540
NELQ 4	"Is always concerned with the wellbeing of the workforce."		.620
NELQ 5	"Treats everyone fairly and even-handedly"		.695
NELQ 6	"Is impossible to trust him."	.342	
NELQ 7	"Displays ethical ideals or business practices with employees."		.766
NELQ 8	"Sets an example of proper behavior by showing how to conduct things correctly in terms of ethics"		.755
NELQ 9	"Success does not only depend on whether the outcomes are attained but also on the method that they are obtained"		.793
NELQ 10	"Asks, "What is the appropriate thing to do?"		.616
NELQ 11	"Focused on ensuring that Nurses are appropriately promoted based on their demonstrated ethical behavior."		.789
NELQ 12	"Recognizes ethically appraised Nurses behavior."		.643
NELQ 13	"Encourages Nurses to perform ethical actions and rewards them for such actions"		.727
NELQ 14	"The beneficial impact that nurses' Leader decisions have on the wellbeing of the hospital and other stakeholders are attributable to his/her behavior."		.653
NELQ 15	"Reprimands deal with ethically defective behavior by Nurses by Leader."		.649
NELQ 16	"While observing his or her ethical behaviors, staff Nurses encourage one another to work in principled methods to deal with ethical issues."		.742
NELQ 17	"Sets an example of ethical leadership by treating subordinate Nurses with respect and honoring ideas."		.553
NELQ 18	"Assigns Nurses the liberty to behave in line with their own moral standards."		-.625
Eigen Values		5.47	4.87
%Variance		32.11	28.12
Cum. %		32.11	60.43



Table IV  
Reliability

Factors	Items	Cronbach's $\alpha$
Ethical Leadership	18	.96
Moral Manager	9	.88
Moral Behavior	8	.76
Voice	6	.90

Overall, it was determined that the NEL questionnaire (Nurses Ethical Leadership Questionnaire) had a reliability of = 0.90. Both the Moral Person and the Moral Manager have very high levels of reliability, at 0.87 and 0.76, respectively. Reliability testing was done to determine if it would improve if the line "When the supervisor is absent, employees have a difficult time detecting moral flaws." was removed. The findings indicated that doing so will raise the moral manager component's overall reliability and bring it up to 0.88. After considering the feedback, the suggestion was scrapped. Once again, the NEL questionnaire was found to have an alpha of 0.96. Employee Voice was shown to have reliability coefficients of 0.90.

**Descriptive statistics**

Six hundred and thirty-seven nurses from public and private hospitals in Khyber Pakhtunkhwa and Punjab were surveyed. With a total of 523 female nurses and 114 male nurses making up the sample, the female-to-male ratio was 82.1:1 and the male-to-female ratio was 17.9:1. Two hundred and thirty-seven participants were aged 19 to 29, two hundred and ten were aged 30 to 39, and two hundred and ten were aged 40 to 50. The breakdown was as follows: 13.5% had nurse managers, 56.7% had nurses, 15.1% had nurse educators, and 14.8% had nurse trainees, with 86 managers, 361, 95 instructors, and 94 students. 218 people had less than 5 years of experience, 417 people with 6-10 years, and 2 people with 21-30 years. Registered Nurses in multiple hospitals across KP and Punjab were given copies of the NEL questionnaire. The NEL questionnaire is a set of statements on characteristics and actions that nurses were asked to agree or disagree with. It was made clear to those who gave data that their privacy would be protected. The nurses sent back the completed survey to the investigator.

**Data normality**

There were no issues with the sample size or the normality of the data, thus factor analysis was performed only afterward. Two items (numbers 15 and 18) have skewness and kurtosis values beyond the typical range, at +3 and -3, respectively. Therefore, they were disqualified from taking part in the research. According to Cattell (1978), the component analysis for Survey could have been conducted with a sample size of "N/p = 3," which is below the minimum required for several respondents. The sample size was sufficient to do component analysis for each item, and the skewness and kurtosis values ranged from +3 to -3.

Table V  
Correlations

			Ethical Leadership	Moral Person (MP)	Moral Manager (MM)	Voice
Spearman. rho	Ethical Leadership	Correlation. Coefficient	1.000	.227**	.313**	-.331**
		Sig. (2-tailed)	.	.000	.000	.000
	Moral Person (MP)	Correlation. Coefficient	.227**	1.000	.243**	-.204**
		Sig. (2-tailed)	.000	.	.000	.000
	Moral Manager (MM)	Correlation. Coefficient	.313**	.243**	1.000	-.072
		Sig. (2-tailed)	.000	.000	.	.082
	Voice	Correlation. Coefficient	-.331**	-.204**	-.072	1.000
		Sig. (2-tailed)	.000	.000	.082	.

\*\*Correlation is significant at the 0.01 level (2-tailed).  
\*Correlation is significant at the 0.05 level. (2-tailed).  
N = 584

**Inter-correlations**

Seventeen elements were determined to be remaining after the data was analyzed and verified. Business leaders with integrity (9 Items) and ethical conduct (8 items). Inter correlation analysis was performed by computing the item correlation on the NEL questionnaire to determine item consistency. Statistically significant positive correlations were found between Moral Manager ( $r = 0.62, p 0.01$ ) and Moral Behavior ( $r = 0.69, p 0.01$ ), as well as between the entire scale ( $r = 0.80, p 0.01$ ).

Results show that a strong positive correlation exists between EL and MP and MM. While the employee's voice is showing a negative relationship. Negative correlation, also known as inverse correlation, defines the scenario in which one of two variables increases in value while the other declines. A negative correlation is symbolized by a "-". This demonstrates that when x or the first variable (EL) increases in value, y or the second variable (EV) drops. It is logical that when there is Ethical leadership in the organization the employee will need less to raise their voice against the administration because the ethical leader will take care of justice and fairness while making decisions so the employee will have fewer issues or reservations.

In many firms, employees are included in decision-making (Dyne Van and LePine 1998). Leaders become role models when they focus on doing the right thing and speak out against unethical behavior (Brown et al. 2005). Ethical leaders encourage followers by exhibiting high moral standards and opposing unethical actions (Brown et al. 2005). Brown et al. (2005) found that ethical leaders stimulate followers to reveal difficulties to the administration. Ethical leaders create an environment where voices may flourish. Leaders' ethical response is expected to inspire and encourage nurses to advocate for hospital changes and growth.

## **Discussion**

More and more studies are emphasizing the need for ethical leadership in both the public and private sectors. However, problems with the questionnaires employed to assess ethical leadership are stifling progress in this study. The previous metrics have the disadvantage of duplicating other leadership principles such as helpful and empowering leadership. The purpose of this study was to investigate the impact of ethical leadership in nursing in the context of Pakistani society and culture. This topic is divided into two main categories and several subcategories. It was fascinating to see how the categories overlapped. As a result of this realization, the participants concluded that ethical leadership results in similar incentives, which motivate people to act ethically.

To provide a more dependable and precise metric, researchers developed and tested a new NELQ based on current theory and research. The NELQ covers several critical facets of ethical leadership in depth, including integrity, honesty, fairness, communication of ethical values, behavioral congruence with professed principles, ethical guidance, and selflessness. The NELQ is also inexpensive and simple to administer, with only 15 items and a single composite score. Our findings validated the NELQ's high reliability, discriminant validity, and criterion-related validity. According to factor studies, the NELQ's components are distinct from the task- and change-oriented leader behaviors, with little overlap with relationally focused leader behaviors such as supportive and empowering leadership.

We used different measures to replicate the findings of many previous studies, which likewise revealed a significant association between ethical leadership and Employees Voice. In today's fast-paced corporate world, employees' unique proposals and ideas are highly recognized. Even though this topic has been studied in the past, more research is needed to completely understand what motivates individuals to use their voices in the workplace.

People will always speak out against anything that threatens to impede them from attaining their goal, no matter how small or insignificant it may appear. The degree to which an employee feels a part of the organization may influence their chances of acting ethically outside of the limits of their professional obligations (Riketta and Dick, 2005). An ethical leader's proactive style is believed to boost collaboration and foster both identification and voice behavior (Cremer and Knippenberg, 2003). Companies that develop an ethical culture are more likely to have employees who have a sense of belonging and aren't scared to speak out when something doesn't seem right (De Cremer, Brebels, and Sedikides 2008). Ethical leadership is thought to strengthen nurses' connections with the organization, which in turn strengthens nurse-voice behavior, which helps patients.

## **Conclusion**

This study aimed to validate the scale of ethical leadership in the healthcare and education sector. This study also examined how ethical leadership influence employee voice. The results of this study indicate that ethical leadership is positively and significantly related to employee voice behavior. In this study, we used qualitative and quantitative research techniques to find a better answer to the relationship between ethical leadership and employee voice.

## **Limitations and Future Directions**

There are a few limitations of this study which are as follows. First, this study was conducted in the health sector and education sectors. Second, the sample size of this was very limited. Third, only a direct relationship between ethical leadership and employee voice was found. In future studies, other leadership style such as authentic leadership, and participative leadership can be used as independent variables. Future studies can also find possible moderating and mediating variables that create novelty in the study. Lastly, future studies can use a time lag study design to reduce common method variance problems.

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