

Factors affecting the Ethical behaviour of Physicians at workplace in India - An empirical study on the select hospitals of Assam

Dr. Shailendra Kumar

Assistant Professor, Department of Management, Sikkim University, Gangtok, Sikkim

Bishal Bhuyan

Department of Management, Sikkim University, Gangtok, Sikkim

Sanghamitra Choudhury

Department of Peace and Conflict Studies, Sikkim University, Gangtok, Sikkim

ABSTRACT

Health care sector is one of the largest growing segments in India. Attributable to certain factors such as ageing population, rising health awareness and shifting attitude towards preventing health care, physicians are expected to have skills and knowledge regarding medical field. Although physicians provide health care services, poor practice of code of ethics has been a serious issue guiding numerous harmful consequences. Therefore, the present study seeks to give an insight about the various medical care practices being adopted by the hospital physicians as well as to explore the various factors that influence the ethical behaviour of hospital physicians. For the study the targeted respondents were the general practitioners and the specialist in the medical ground (7 government and 5 private hospitals) from the selected district of Assam. 114 samples comprising of male (56) and female (58) respondents were selected through stratified random sampling technique with age group 25 years and above. The results highlighted a significant relationship among the level of work satisfaction, ethical behaviors in co-workers, ethical optimism, education in ethics and ethical behaviour with practice code of ethics. Moreover, ethical behaviour of self, ethical behaviour of co-workers, ethics in education and satisfaction in work has a significant impact on practice code of ethics. From the gender perspective, females seemed to be higher on satisfaction in the job, while male seems to be higher on ethics in education and ethical optimism. Implementing the code of ethics and establishing the system in the institute may help to identify the root cause of various complains and grievances related to the violation of ethics.

Keywords: Health care sector, hospitals, physicians, ethical behaviour, ethical optimism, education in ethics

Introduction

The problem which today's modern world is facing is not new and different from the one which our ancestors had faced once. The problems can be defined in cultural and technological context which has changed over time. Talking about today's modern scenario, many commercial activities are suffering from numerous complexities which are hampering their daily activities (Kumar & Rai, 2019). It is snowed under various ethical problems making it a cause of big concern to look upon. As a reason, business schools across the globe have realized the need to introduce ethical learning as an obligatory subject to address the ethical concerns of modern business and to produce morally strong leaders (Ravindran, 2008).

But what exactly does ethics means? Originally the word *Ethics* is derived from the Greek word *ethikos* and *ethos* which means *custom, habit or character*. However it has been defined in fine line and distinction in different dictionaries (Kumar & Rai, 2019). According to the dictionary by Merriam Webster, ethics is defined as "the discipline dealing with what is good or bad and with the moral duty and obligations" (Sanmukhani & Tripathi, 2011). The words of Oxford dictionary defines the term ethics as "the moral principles which govern a person's behavior or the conducting of an activity" (Australian Medical Council, 2009)

Taking into account the above mentioned definitions we can now have a better notion about ethics. Simplifying the statement we can consider ethics as a moral standard which helps in guiding an individual in distinguishing between what is right and what is wrong. Therefore ethics is a set of moral standards which govern and guide the conduct of individuals (Nazish et.al, 2014).

As we have a clear image about what ethics is, now let us see it in the scenario of medical practices. Medical practice is one of the few professions that sets principles and regulation of behaviour for the practitioner. In the

earlier period, probably the doctor-patient relationship was paternalistic or oppressive (Biruk et al., 2015). The patient didn't have the authority to take their own decision. But today, perhaps due to advancement of medical science and technology there has been a marvelous impact on the medical practice. People have more knowledge and are well informed about their health condition and practices. As the medical practice is being commercialized, ethics seems to have taken a backseat. Considering the various discrepancies and contradictions in code of conduct especially in the field of medical practices, it is very important for the physicians to understand the significance of the ethical dimensions.

A good medical practice follows a healthy principle which explains the standards of professionalism in following the ethical standards by the medical doctors, professional peers and other health professionals (Baldwin et al., 1998). Although the principles of medical health ethics follow universally accepted fundamentals which are accepted by various countries, yet certain modification and specific interpretation can be suggested based on the existing culture, religious beliefs, social norms, laws of the land, and standards of medical practice in the health system by each countries (Walrond et al., 2006).

There are many negative consequences of not following an ethical code of conduct in a clinical practice. The violation of ethical code and conduct may seriously jeopardize the patient's health and life. According to a study by Plunkett Research Ltd., (2008) and National Priorities Partnership (2008), one key component of rising health care costs is defensive medicine practiced by physicians. Defensive medicine also known as defensive medical decision making, is a situation in which the doctors practice medicines such as diagnosis, treatment or ordering of test, procedures, referrals not to help the patients but to prevent legal actions (Vento et al., 2018). In addition to this, doctors' routinely order tests and procedures that may be unnecessary at times is another related factor. It may lead to weak patient- doctor relationship, deterioration in offering quality service and a higher probability of violence and abuse among the doctors and patients. The American College of Physician Executives reported that in one of their membership surveys, nearly 33% of respondent doctors knew of a doctor who are engaged in unethical practices (Baldwin et al., 1998). Therefore certain administrative and legal measures should be taken on health professionals who are indulged in infringement such as reusing syringe, unnecessary prescription and health care fraud. Ethics plays a vital role in fulfilling moral, legal and basic need in almost all stages of medical practice.

Although physicians provide healthcare services, patients mostly portray dissatisfaction on the services endow to them due to various unhealthy ethical practices adept by the physicians (Truesdell, 2008). Therefore, there can be certain key element which could help in determining the ethical behaviour among the physicians regarding, "How are the doctors trained/educated?", "How the doctors perceive their seniors/coworkers?", or "If the doctors are satisfied with the job or not?"

Ethical medical practices in India

Health care sector is one of the leading growing segments in India. Increasing income level, ageing population, rising health awareness and shifting attitude towards preventing health care is expected to enhance demands of health care needs. Due to these factors, physicians are expected to have skills and knowledge regarding medical field. However, practicing ethical behaviour is supposed to take place out of the standard practices.

In Indian medial curriculum ethics was often given little attention and delivered hardly any pages in the textbook of medicine. Students were likely to take in lessons in ethics from the seniors and gain knowledge of own to solve the medical ethical dilemma. Unfortunately, the number of role models in the medical practice has been diminishing as the unethical behaviours have been increasing (Pandya, 2006).

Nonetheless, sparkle of hope has been reflected as there has been an introduction of formal ethical teaching initiated in institutes like St John's Medical College in Bengaluru (Ravindran, 1997) and university like the Rajiv Gandhi University of Health Sciences. Therefore, a blend of exercise has been carried out in the undergraduate medical curriculum by the directive of the Board Inclusion of ethics.

In India the ethical committee to supervise clinical/medical research by Indian Council of Medical Research was published in 1980. The medical Council of India (2011) adopted the Vision 2015 document which puts forward to reform the undergraduate and postgraduate curriculum including the plan to incorporate ethics and professionalism into all phases of learning to facilitate the graduates to function ethically.

Even though regulations have been endorsed and ethics committee has been established in India, clients and patients have complains on medical doctors. Since India has its own culture, education and regulatory system, it is necessary to conduct a research. Moreover there is insufficiency of data exploring practice of ethical behaviour among the physicians in the country. Specifically the present study seeks to give an insight about the various medical care practices being adopted by the hospital physicians as well as to explore the various factors that influence the ethical behaviour of hospital physicians

Literature Review

According to a study by Baker and Hunt (2003) and Roughgarden (2004), a successful manager can significantly impact the ethical behaviours of the referent group within the hospital. Subordinates follow the foot path of the managers representing them as their role model. However, based on the social learning theory (Bandura, 1977) the employees would be motivated and satisfied to follow the ethical behaviour if the managers are perceptible to be ethical. Moreover, ethical climate of an organization can have an impact on the ethical behaviours of the subordinates (Randall & Fernandes, 1991). Deshpande et al., (2006) examined the factors impacting the ethical behaviour of hospital employees. The study revealed that the ethical behaviour of peers had the most significant impact on the ethical behaviour of the employees. Additionally ethical behaviour of the successful managers, education in ethics and gender of the respondents' impacted ethical behaviour. A study was conducted by Anup et al., (2014) on medical and dental professionals of Rajasthan, specified that ethical behaviours practiced by the medical doctors varied with the work experience from 10 to 20 years. Another study conducted in Lahore, Pakistan among the medical doctors showed that medical doctors had poor practice code of ethics (Quratul et al., 2013).

A study conducted among the medical professionals of Rajasthan, signified various practice scores due to their work experiences. Doctors working in government health sector showed healthy practice of ethical principles than those of the private health facilities as the government health facilities have ethical committee that oversees the medical doctors working according to the ethical codes (Anup et al., 2014). For medical doctors to practice health ethics a proper training with respect to clinical expertise and knowledge about the subject matter is necessary. Therefore, medical doctors are expected to know and apply ethical principles in their regular clinical practices (McCabe et al., 2006).

The impact of professional education on ethical behaviour of respondent is also less examined. This can be identified as a critical issue in health care as hospital employees addresses various issues related to ethical implications (Schoderbek & Deshpande, 1996). Although, medical schools necessitate students during their graduation to take ethics course, but issues such as number and timing of ethics courses can have an influence on the professional education.

Another study signifies that there exist a differences in ethical behaviour among male and female is notable (Nazish et al., 2014 & Pandya, 2006). Men tends to behave unethically than that of women (MCI, 2002) as men and women are genetically programmed differently to behave since birth (Anup et al., 2014) Therefore gender role attitudes may lead to perception of unethical behaviour among the men.

In order to pose questions on topics such as ethics, certain influential factors might give socially desirable responses by respondent. The issue can be addressed by measuring for over claiming by respondents. An over claiming scale is to measure the misrepresentation of the responses on the survey (Howitt, 2002 & Tiruneh , 2018). This facilitates to evaluate if the respondent actually does what they claim for the stated behaviour. With notable progress in the medical field, there is rise in many ethical concern associated with healthcare. Despite of regulations, unethical behaviours of the physicians are reported very often, which needs to be handled with various principles and codes of ethics (Deshpande, 2006)

This paper examines various factors that influence the ethical behavior of hospital physicians. Therefore asking about the ethical implications by the hospital physicians can facilitate to portray the changes undergoing in the area of medicine. This will moreover, allow for the ethical analysis and the ways it can be implemented in practice.

Need of the study

1. The study aims to give an insight about the various medical care practices which are being adopted in hospitals by the physicians.
2. It will help in upgrading ethical standards in order to promote healthy medical care.
3. The study aims to offer a valuable framework for establishing standard ethical norms for medical care.

Objectives

As the ethical behaviour reflects the concern of the physician-patient relationship with respect to work satisfaction, ethical optimism and ethical training, this study aims to explore the various dimensions of ethical behaviour among the physicians in the hospital set-up. The study aims to explore the following objectives:

1. To find out the correlation between ethical behaviour of physicians with factors such as levels of work satisfaction, ethical behaviour in co-workers, ethical optimism, ethical training and ethical behaviour of self.
2. To find out if the ethical behaviour in co-workers will impact the ethical behaviour of the individuals.
3. To find out if ethical behaviour of successful physicians will impact the ethical behaviour of the subordinates.
4. To find out if the respondents believe that ethical training will help them in exhibiting ethical behaviour at their workplace.
5. To identify the impact of demographic variables (gender, education level, work experience and age) on the practice related code of ethics among the physicians.
6. To explore the gender differences on the basis of factors like work satisfaction, ethical behaviour in co-workers, education in ethics and ethical optimism.

HYPOTHESES

- H1: Levels of work satisfaction, ethical behaviour in co-workers, ethical education and ethical behaviour of self will correlate significantly with practice related code of ethics.
- H2: The ethical behaviour in co-workers has an impact on the practice related code of ethics among the physicians.
- H3: Ethical behaviour of successful physicians (ethical optimism) has an impact on the practice related code of ethics among the physicians.
- H4: Ethical education among the respondents helps them in exhibiting ethical behaviour at their workplace.
- H5: The demographic variables (work experience, age, gender and educational level) have an impact on the practice related code of ethics.
- H6: Male and female physicians differ on the basis of factors like work satisfaction, ethical behaviour in co-workers, education in ethics and ethical optimism.
- H7: Female respondents are more likely to behave ethically than the male respondents

Methodology**Research design**

A descriptive research design was used to obtain information on the ethical behaviour among the physicians. Primary data was collected on a one to one basis from 114 physicians.

Data collection

In the present study, socio-demographic data sheet as well as standardized questionnaires was applied to a heterogeneous population of physicians in Assam. The targeted respondents come from different gender, age group, education level and work experience. The responses were collected by visiting different hospitals in order to encompass a better coverage of responses.

Sample Size

For the present study, the targeted respondents were the general practitioners and the specialist in the medical ground belonging from 4 government and 6 private hospitals from the selected district of Assam. The geographical location used for the study is Assam, a north-east state of India. Out of 33 districts, three districts, namely, Kamrup, Nagaon and Sonitpur districts were taken into consideration for the collection of data. As Assam is considered as the hub of northeast region and Guwahati is the gateway, medical facilities have the highest standard among all other states. Therefore, data was collected from different hospitals of Assam, regarding Kamrup and the nearest districts. 114 samples comprising of male (56) and female (58) respondents were selected. The sample size was decided regarding the total hospitals. Age of the participants was grouped accordingly: 25-29 years, 30-34 years and above 34years. To accomplish the objectives, purposive sampling technique was used. Purposive sampling technique was used for the study so as to produce the sample that can be a representative of the required population.

Inclusion criteria

- Participants from medical background
- Full time physicians
- Age group (25 years and above)
- Both male and female
- Residence of Assam
- Respondents who have given their consent

Ethical consideration

- Permission was taken from the institution/hospital for data collection
- Informed consent of the participants was taken
- Confidentiality: Ensuring privacy and confidentiality of personal information
- Non-inclusion of subject's personal information in data files

Tools for the study

The following tools were used for the purpose of collecting data

1. Socio-demographic data sheet (self, 2019): Socio-demographic data sheet consist of the personal records of the respondents like age, gender, education level , level of satisfaction and work experience
2. Practice related code of ethics: Practice related code of ethics is a questionnaire developed, based on the Ethiopia's health professional code of ethics (Hunt et al., 1984). Practice related code of ethics is assessed using 16 practice based questions related to medical practice. Scoring is done on a 5-point likert scale.
3. For the "Ethical behaviour of self and ethical behaviour of co-workers scale" 4 mirror items were developed to measure ethical behaviour of self and co-workers (Deshpande et al., 2006). The items were measured on a 4-point likert scale. The cronbach's alpha for ethical behaviour of self and ethical behaviour of co-workers are .71 and .83 respectively.
4. "Ethical optimism" is measured for the study of ethical problems of marketing researchers (Koh & El'Fred, 2001). It is measured using 6 items on a 4-point likert scale. Cronbach's alpha is .83.
5. "Education in ethics" was measured on a 4-point likert scale using one item, "My professional education prepared me to address ethical issues at work".

Result and discussion

Demographic profile of respondents

To portray the sample, demographic profile of the respondents such as sex, age, education, work experience and level of satisfaction were assessed. Sex (M=1.51, S.D. = .50) was coded as male and female. Education (M= 1.46, S.D. = .50) was coded as general practitioner and specialist. Age (M= 35.07, S.D. = 10.89) of the

participants was coded with the following levels: 25-29 years, 30-34 years and above 35 years. Work experience (M= 8.9, S.D. = 2.98) was coded as less than 4 years, 4-8 years and more than 8 years. Level of satisfaction (M= 2.04, S.D. = .90) on work was measured with 5 levels: very satisfied, satisfied, unsure, dissatisfied and very dissatisfied.

TABLE 1: Demographic characteristics of the sample

Characteristics	Categories	Frequency	Percentage %
Sex	Male	56	49.1 %
	Female	58	50.9 %
Age	25-29 yrs	44	38.6 %
	30-34 yrs	30	26.3 %
	>34 yrs	40	35.1 %
Education	General practitioner	61	53.5 %
	Specialist	53	46.5%
Work experience	<4 years	67	58.8 %
	4-8 years	4	3.5 %
	>8 years	43	37.7 %
Level of satisfaction	Very satisfied	32	28.1 %
	Satisfied	58	50.9 %
	Unsure	12	10.5 %
	Dissatisfied	12	10.5 %
	Very dissatisfied	0	0

Self, 2019

Education wise, 53.5% respondents working in the hospitals were general practitioners, followed by 46.5% specialist. As far the work experience of the respondents is concerned, majority (58.8%) of the respondents with work experience less than 4 years, followed by 37.7 % more than 8 years. Only 3.5 % of the respondents were found to have work experience between 4 – 8 years.

Considering the level of satisfaction, 50.9% respondents were satisfied, followed by 28.1% as very satisfied with their job. Only 10.5 % respondents were found to be unsure and dissatisfied with their job.

Testing of hypotheses

TABLE II: Mean, SD and coefficient of correlation among levels of work satisfaction, ethical behaviour in co-workers, ethical optimism, education in ethics, ethical behavior of self with practice related code of ethics of the physicians

Variables	Mean	SD	Satisfaction in work	Ethical behavior of coworkers	Ethical optimism	Education in ethics	Ethical behavior of self	Practice codes of ethics
Work Satisfaction	2.04	.90	1					
Ethical behavior in coworkers	8.17	2.70	.22*	1				

Ethical optimism	14.05	2.43	.12	.34**	1			
Education in ethics	3.08	.81	-.07	.43**	-.10	1		
Ethical behavior of self	7.71	2.17	.28**	.65**	.38**	.31**	1	
Practice codes of ethics	48.84	8.74	.35**	.18*	.07	-.14	.34**	1

* Correlation is significant at the 0.05 level (2-tailed)

**Correlation is significant at the 0.01 level (2-tailed)

Table II represents the mean, standard deviation, pearson's correlation among all the variables. The significant correlations are shown in the diagonal pattern. The level of work satisfaction, ethical behaviors in co-workers, ethical optimism, education in ethics and ethical behaviour of self has correlated significantly with practice code of ethics. However there are inter-correlations among the variables that could impact the significance of the hypothesized relationship. Earlier study explored the relationship among the ethical behaviour, ethical optimism and education on ethics. Correlation analysis showed that the mentioned variables correlated with the ethical behaviour of the respondents (Miao et al., 2017).

Considering level of satisfaction and work ethics (Sloane & Williams, 2000) a strong relationship between the two depicts increase in work satisfaction will add to ethical behaviour. The significant relationship between ethical optimism and ethical behaviors of self might be due to the fact that the successful managers are perceived as a role model that might motivate the employees for ethical behaviours (Gordon & Parsi, 2002). Moreover ethical behaviour of co-workers/peers has an important influence on the employees due to outcome of social learning theory (Bandura, 1977). Therefore, hospitals should hire and promote ethical employees for the betterment of the organization (Baker & Hunt, 2003)

Since, levels of work satisfaction, ethical behaviour in co-workers and ethical behaviour of self correlates significantly with ethical behaviour of the physicians. Therefore, we fail to reject the hypothesis.

TABLE III: Mean, SD and t-value among male and female respondents on the basis of factors like work satisfaction, ethical behaviour in co-workers, education in ethics and ethical optimism

Dimensions	Gender	N	Mean	SD	t-value	
Work Satisfaction	Male	56	1.77	.90	3.24	Significant
	Female	58	2.30	.82		
Ethical behaviour in co-workers	Male	56	2.86	.91	0.69	Non-Significant
	Female	58	3.30	.62		
Education in ethics	Male	56	8.35	2.91	2.98	Significant
	Female	58	8.0	2.48		
Ethical optimism	Male	56	14.56	2.50	2.27	Significant
	Female	58	13.54	2.60		

* Correlation is significant at the 0.05 level (2-tailed)

**Correlation is significant at the 0.01 level (2-tailed)

Results of gender difference are presented in Table III. The mean score indicated that females seems to be higher on satisfaction in the job, while male seems to be higher on ethics in education and ethical optimism. Previous studies line up with the present result showing that female doctors are more satisfied with their job. With respect to individual job characteristics, male doctors have more night shifts and more working hours which might exhaust the male physicians(Roxas & Stoneback, 2004). Moreover females have lower expectation about jobs, and place less significance on promotion, leading to greater satisfaction in the job (Baldwin et al., 1998). Since males are higher on ethical optimism, study on social learning by Bandura (1965), highlighted that males are twice as likely to learn by observing others behaviour. This might be the fact that males are high on ethical optimism.

Since a significant gender difference was found on factors such as work satisfaction, education in ethics and ethical optimism. Therefore, we fail to reject the hypothesis.

TABLE IV: Impact of demographic data, ethical optimism, education on ethical behaviour and ethical behaviour of co-workers on the physicians

Hierarchical logical regression

Independent variable	Model 1			Model 2		
	Practice code of ethics			Practice code of ethics		
	B	SE B	T	B	SE B	T
Gender	1.69	1.69	.99	-2.41	1.92	-1.25
Age	4.41	1.78	2.47**	3.02	1.67	1.80
Work experience	3.51	1.61	2.18*	-.45	1.64	-.27
Education level	2.83	1.72	1.64	2.89	1.60	1.80
Ethical behaviour of self				1.26	.52	2.41**
Ethical behaviour of coworkers				.56	.28	2.02*
Ethical optimism				-.42	.35	-1.19
Education in Ethics				.08	1.08	2.27*
Level of satisfaction				3.34	.91	3.67***
R^2	.08			.29		
ΔR^2	.05			.23		
F	2.56			4.80		
P	.043			.000		

* Correlation is significant at the 0.05 level (2-tailed)

**Correlation is significant at the 0.01 level (2-tailed)

The hierarchical multivariate analysis presented in the Table IV revealed a stronger significance of the proposed relationship. The hierarchical regression proposed that the demographic variables contributed significantly to the regression Model I ($F= 2.56$, $P<.05$). Introducing the other variables such as ethical behaviour of self and co-workers, ethics in education, ethical optimism and level of satisfaction have made alteration in R^2 in Model II which was significant, ($F= 4.80$, $p<.01$). The most important predictors of practiced code of ethics in Model II are ethical behaviour of self, level of education and satisfaction in work.

For practiced code of ethics it is viewed that in Model I, age and work experience seems to have a positive effect. This finding proves that age is one of the key factors, as there is a distinct age variation in determining the

ethical behaviour. The good practice of code of ethics might be higher among the age group (25-29) years than those of the older adults. This might be because the younger physicians are new in the medical sector and are eager to practice appropriately what they have been trained in the medical school. Another possible explanation supporting the positive effect of work experience might be the commitment and interest of physicians for their work. Moreover physicians can gather more knowledge with the increase of work experience, which might facilitate to understand what is right and what is wrong to practice code of ethics (Andrews, 2005). Since the demographic variables (work experience and age) have an impact on the ethical behaviour of the physicians. Therefore, we fail to reject the above mentioned hypothesis.

In Model II, it is seen that, ethical behaviour of self, ethical behaviour of co-workers, ethics in education and satisfaction in work has a significant impact on practice code of ethics. Earlier researches have also shown that behaviour of the co-workers had an impact on the ethical behaviour of the respondent. These findings are found to be consistent with social learning theory which states that the behaviour of others have an impact on the behaviour of the individual (Bandura, 1977).

Though in the study, the result showed that actions of successful physicians did not impact the ethical decisions of the individuals. There is considerable scope that employees often take cues for the success, professionalism as well as ethical code of practice within the organization from the behaviour and action of the successful managers/physicians (Corderio, 2003).

Since Ethical behaviour of successful physicians (both general and specialist) didn't have an impact on the ethical behaviour of the subordinates. Therefore we fail to accept the hypothesis due to insufficient substantial evidences.

Studies have shown that courses on ethics were integrated during the medical education (Singh et al., 2016) which might lead to healthy practice of codes among the physicians. Nevertheless, education in ethic was seen to have an impact on practicing ethical behaviour. Therefore, there is an urgent need of incorporating ethics related curriculum with proper theoretical and practical aspects in every medical discipline. For future research, it is important to understand the impact of the number and timing of the ethical course on professional education that will facilitate to address ethical issues in the workplace.

Apart from education, level of satisfaction in work is vital for maintaining the ethical principles. Lack of motivation for work, unfavorable environment, working at numerous health facilities may lead to exhaustion contributing to poor ethical behaviour (Quratul, 2013). Although no significant impact on practice code of ethics was found with respect to gender in the present study, previous studies showed that female are more likely to behave ethically (Ravindran, 1997). The fact that apart from the genetic makeup gender role attitude might leads to the differences. While other studies found no difference between male and female on ethical behaviour (Roxas & Stoneback, 2004) which lined up with the present study.

Since, the ethical behaviour in co-workers, ethical training among the respondents and level of work satisfaction has an impact on the ethical behaviour of the individuals. Therefore, the three hypotheses have been accepted. However, we fail to accept the hypothesis due to insufficient substantial evidences which is "female respondents are more likely to behave ethically than the male respondents".

The poor practice of ethical principles in the hospital settings demands weak implementation of ethical codes. This might make possible for lower standard services and prevalence of violence and abuse. Unhealthy codes of ethics might result in worsening of health conditions; intensify expenses, needless surgery as well as death. Moreover, the client/patient might suffer from psychological imbalance hampering the doctor-patient relationship. Henceforth, the clients/patients should be aware of the medical services and the rights, ask the doctors about the health status such as diagnosis and treatment. This might make the doctors more careful in providing the medical services, contributing to good practice of ethics.

Previous researchers have suggested beginning codes and principles of ethics which might promote ethical behaviour among the employees raising the overall organizational standards. Individual features like Machiavellianism and locus of control may impact the ethical decision (Bossoff & Zyl, 2011). Therefore, during the hiring process of the employees HR department can screen these factors. Human Resource Management

conducted a survey, where they found more than 80% of the respondents wanted their organization to consider personal ethics and off-the-job behaviour while making decisions for hiring and promotion.

In India, medical ethics are highlighted in research but mostly ignored in clinical practice. Although there are ethical committees in the institution, they focus on the research studies. It is imperative to understand that clinical ethics and research ethics are quite different. The regulations formulated for professional conducts must be made aware, facilitating for better knowledge about the practical aspect among the physicians

Limitation of the Study

- Participants' practices were self-reported and their responses may have reflected what they believed were appropriate.
- The study involved only few hospitals in the state of Assam, the results may not necessarily be representative to all hospital healthcare providers.
- The number of physicians may not have represented the whole population.

Conclusion

Practicing code of ethics among the physicians was found to be high. Age, education level, work experience, level of satisfaction, ethical behaviour of coworkers and ethics in education was found to be significantly associated with practice of code of ethics. Therefore it is vital to change the attitude of physicians and have adequate knowledge and awareness about the ethical codes through training, increasing public awareness about the health care deliverance, client/patient rights, establishing ethical committee in the institution, strengthening practical based education, proper medical ethics course and reporting of unethical conducts. Moreover, conferences, symposium and workshops can be conducted for sensitizing the physicians. This will aid to avoid illegal actions as well as protect the well being and confidentiality of the patients. Implementing the code of ethics and establishing the system in the institute may help to identify the root cause of various complains and grievances related to the violation of ethics.

Acknowledgement

The author would like to thank all the physician participants who participated during the collection of data for the study.

References

1. Andrews, L. W. (2005). The Nexus of Ethics. *HR Magazine*, 50, 52-57.
2. Anup, N., Himanshu, K., Gautam, B., Sonia, P. & Swasti, T. (2014). Knowledge, attitude & practices regarding Ethics & Law amongst medical and dental professionals in Rajasthan. *Journal of Dental and Medical Sciences* 13(5), 102-109.
3. Australian Medical Council (2009). Good Medical Practice: A Code of Conduct for Doctors in Australia.
4. Baker, T. L., & Hunt, T. G. (2003). An Exploratory Investigation into the Effects of Team Composition on Moral Orientation. *Journal of Managerial Issues*, 15, 106-119.
5. Baldwin, D. J., Daugherty, S. R., & Rowley, B. D. (1998). Unethical and unprofessional conduct observed by residents during their first year of training. *Academic Medicine*, 73(11),1190-1200.
6. Biruk, L., Mesafint, A., Yeweyenhareg, F., Abiy, H., & Yeneneh, G. (2015). Analysis of Medical Malpractice Claims and Measures Proposed by the Health Professionals Ethics Federal Committee of Ethiopia: Review of the Three Years Proceedings. *Ethiopian Medical Journal*, 53 (Supp 1).
7. Bossoff, E., & Zyl, V. E. (2011). The relationship between locus of control and ethical behaviour among employees in the financial sector. *Koers*, 76(2), 283-303.
8. Cordeiro, W. P. (2003). The Only Solution to the Decline in Business Ethics: Ethical Managers. *Teaching Business Ethics*, 7, 265-277.
9. Deshpande, S. P. (1996). Ethical Climate and the Link Between Success and Ethical Behavior. An Empirical Investigation of a Non-Profit Organization. *Journal of Business Ethics*, 15, 315-320.

10. Deshpande, S. P., Joseph, J., & Prasad, R. (2006). Factors Impacting Ethical Behavior in Hospitals. *Journal of Business Ethics*, 69, 207-216.
11. Gordon, E. J., & Parsi, K. P. (2002). It's Alive! Giving Birth to Research Ethics Education. *American Journal of Bioethics*, 2, 65-66.
12. Howitt, M. (2002). Medical Ethics. Barbados Association of Medical Practitioners Bulletin. 152- 155.
13. Hunt S. D., Chonko, L.B., & Wilcox J. B. (1984). Ethical Problems of Marketing Researchers' *Journal of Marketing Research*, 21, 309-324.
14. Koh, H. C., & El'Fred, H. (2001). The link between organizational ethics and job satisfaction: A study of managers in Singapore. *Journal of Business Ethics*, 29(4), 309-324.
15. Kumar, S., & Rai, K. A.(2019). *Business Ethics*, Cengage Publisher.
16. McCabe, C. M., Ingram, R. & Conway, M. (2006). The Business of Ethics and Gender. *Journal of Business Ethics*, 64, 101-116.
17. Medical Council of India (2002). Professional Conduct, Etiquette and Ethics-Regulations.
18. Medical Council of India. Vision 2015. MCI: New Delhi; 2011 Mar 29.
19. Miao Y, Li L., & Bian Y. (2017). Gender differences in job quality and job satisfaction among doctors in rural western china. *Health service research*, 17, 848.
20. Nazish, I., Imran, I., Masood, J. & Nauman, M. (2014) Health ethics education: knowledge, attitudes and practice of healthcare ethics among interns and residents in Pakistan. *Journal of Postgraduate Medical Institute*, 28(4), 383-389.
21. O'Fallon, M. J., & Butterfield, K. D. (2005). A Review of the Empirical Ethical Decision-Making Literature: 1996-2003. *Journal of Business Ethics* 59, 375-413.
22. Pandya, S. K. (2006). Clinical ethics: A practical approach. *National Medical Journal of India*, 19, 340-1
23. Quratul, A., Sidrah, L., Syed, T., & Sajid, A. (2013). The Study of Knowledge, Attitude and Practice of Medical Law and Ethics among Doctors in a Tertiary Care Hospital in Lahore, Pakistan. *ANNALS*, 19(1), 59.
24. Randall, D. M., & Fernandes, M. F. (1991). The Social Desirability Response Bias in Ethics Research. *Journal of Business Ethics*, 10, 805-817.
25. Ravindran, G. D. (2008). Medical ethics education in India. *Indian Journal of Medical Ethics*, 5 (1).
26. Ravindran, G. D., Kalam, T., Lewin, S., & Pais, P. (1997). Teaching medical ethics in a medical college in India. *National Medical Journal of India*, 10, 288-9.
27. Roughgarden, J. (2004). *Evolution's Rainbow: Diversity, Gender, and Sexuality in Nature and People*, University of Californian Press.
28. Roxas, M. L. & Stoneback, J. Y. (2004). The Importance of Gender Across Cultures in Ethical Decision.
29. Sanmukhani, J. & Tripathi B. C. (2011). *Indian Journal of Pharmaceutical Science*, 73(2), 125-130.
30. Schoderbek, P. P. & Deshpande, S. P. (1996). Impression Management, Over claiming, and Perceived Unethical Conduct: The Role of Male and Female Managers. *Journal of Business Ethics*, 15, 409-414.
31. Singh, S., Sharma, P.K., Bhandari, B. & Kaur, R. (2016). Knowledge, awareness and practice of ethics among doctors in tertiary care hospital. *Indian journal of pharmacology*, 48(1), 89-93.
32. Sloane, P. J., & Williams, H. (2000). Job satisfaction, comparing earnings, and gender. *Labour*, 14(3), 473-505.
33. Tiruneh, A. M., & Ayele T. B (2018). Practice of code of ethics and associated factors among medical doctors in Addis Ababa, Ethiopia. *PLoS ONE* , 13(8)

34. Truesdell, C. J. (2008). Pooler Physician Hung Thien Ly Convicted of 129 Felony Counts of Dispensing Drugs Illegally. US Fed News Service, Including US State News. Access at http://gowmu.wmich.edu/cp/render.UserLayoutRootNode.uP?uP_tparam=utf&utf=http%3A%2F%2Fwww.wmich.edu%2Flibrary%2F.
35. Vento, S., Cainelli, F., & Vallone, A. (2018). Defensive medicine: It is time to finally slow down an epidemic. *World Journal of Clinical Cases*, 6(11), 406-409.
36. Vitell, S. J. & Davis, D. L. (1990). Ethical Beliefs of MIS Professionals: The Frequency and Opportunity for Unethical Behavior. *Journal of Business Ethics*, 9, 63-70.
37. Walrond, E., Jonnalagadda, R., Hariharan, S., & Moseley, H. S. (2006). Knowledge, Attitudes and Practice of Medical Students at the Cave Hill Campus in Relation to Ethics and Law in Healthcare. *West Indian Medical Journal*, 55(1), 42-47.