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Strategies to Improve Employee Ethical Conduct in Health Care Organizations

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Walden University

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Walden University

College of Management and Technology

This is to certify that the doctoral study by

Shannon La’Vone Hill

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

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Walden University
2019

Abstract

Strategies to Improve Employee Ethical Conduct in Health Care Organizations

by

Shannon L. Hill

MAFM, Keller Graduate School of Management, 2012

MBA, Keller Graduate School of Management, 2011

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Business Administration

Walden University

March 2019

Abstract

Organizational leaders face challenges related to implementing ethical standards, which influence performance, organization sustainability, and culture. The purpose of this single case study was to explore ethics strategies that health care business leaders used to improve employees' ethical conduct. Data were collected through face-to-face, semistructured interviews with a purposive sample of 7 business leaders of a health care organization located in central Georgia and a review of organization documents. The conceptual framework was Brady's Janus-headed model of ethical theory. Using *a priori* coding during the data analysis process provided 3 thematic categories: policy strategies for the improvement of employee ethical conduct, ethics strategies used to address employee unethical conduct, and strategies to overcome barriers of strategy implementation. Themes that emerged from the data were accountability and responsibility, leadership development, escalating behaviors, and adapting to change. The findings from this study might contribute to social change by providing information about ethical strategies leaders used to improve employee ethical conduct, which can be used to influence individuals' livelihood, stakeholders' comfort level, and the well-being of the community.

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Dedication

This dissertation dedication is to God, my family, and many friends. My husband, Maurice Hill, who has stood by me from the beginning and never left my side. A special thanks to my children, T. Hill, J. Hill, A. Hill, and K. Hill, who reassured me that my performance and achievement is conceivable. A special appreciation to my mom, in loving memory Erma Townsend Baker, my dad Charlie Smith, Sr., and loving parents, Roy and Denise Parham, whose words of inspiration and praise gave me the strength to endure the impossible.

I dedicate this work and give special thanks to my graduate friends Cynthia Lightfoot and Vivian Holmes for being there for me during the entire doctorate program. I dedicate this dissertation to Mr. Dwayne and Glenda Gaines, who have supported me throughout the process. I also dedicate this dissertation to myself for instilling the importance of education and continuing the wonderful experience.

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Section 1: Foundation of the Study

The purpose of this qualitative single case study was to explore strategies that health care business leaders use to improve the ethical conduct of employees. Some business leaders lack strategies for the improvement of employee ethical conduct (Hinojosa, McCauley, Randolph-Seng, & Gardner, 2014). But a code of ethics, ethics training, and verbal communication practices to establish a process conduct management may improve employee ethical conduct in the workplace (Kaptein, 2015). Exploration of ethical conduct strategies organizational leaders offer as a solution to reduce employee ethical conduct issues may help improve customer satisfaction (Leonidou, Leonidou, Coudounaris, & Hultman, 2013). As specified by Guerci, Radaelli, Siletti, Cirella, and Shani (2015), employees might deviate from unethical conduct if leaders use rewards, which might significantly outweigh a high cost-intensive impact on improving organizational sustainability (Elayan, Li, Liu, Meyer, & Felton, 2016). Therefore, this study included the exploration of strategies that health care leaders use to improve the ethical conduct of employees.

Background of the Problem

Health care leaders lack strategies to improve the ethical conduct of employees, which can compromise their organization's performance. Leaders should act corporately responsible for developing ethical conduct strategies to improve problems (Sekerka, Comer, & Godwin, 2014). Health care leaders who work in private medical practices, nonprofit, and for-profit organizations turn to strategies to improve employee ethical conduct (Cavicchi & Vagnoni, 2017). Leaders in the health care sector have a

responsibility to use strategies to reduce negative ethical conduct of the employees and encourage the employees to adjust to policy changes (Yukl, Mahsud, Hassan, & Prussia, 2013). Ethical conduct situations in health care organizations include mitigation, health care transformation, and employee engagement surveys, which allow leaders to prevent unethical behavior (VanderKaay, 2016). Health care business leaders can use a code of ethics to regulate norms, improve ethics and prevent workplace mistreatment, thus promoting positive ethical culture (Panwar, Nybakk, Hansen, & Pinkse, 2016). Organizational leaders realize that improving ethical conduct in the workplace may reduce harm to stakeholders, employees, and suppliers (Kaptein, 2015).

Leaders and employees often have different viewpoints regarding ethical conduct that occurs in the workplace, but the concerns of poor ethical conduct may affect the overall performance of a health care organization. A lack of desirable ethical conduct might frustrate workers, resulting in dissatisfaction and a decrease in the service quality provided to stakeholders (Crossan, Mazutis, & Seijts, 2013). Examples of health care organization employee unethical conduct issues include (a) hostile work environment, (b) dishonesty, (c) poor performance, and (d) violation of policies (Celse, Chang, Max, & Quinton, 2016). Ethical conduct issues can lead to negative outcomes and may influence employees to respond unethically to problems (Schwartz, 2015). Implementation of strategies to resolve ethical conduct issues are an option the leaders use to maintain ethical standards (Cash-Gibson, Guerra, & Salgado-de-Snyder, 2015). To address a lack of strategies to improve unethical conduct in health care, I explored health care business leaders' strategies for improving employee's ethical conduct.

Problem Statement

Health care leaders continue to experience employee ethical conduct problems that affect service quality and organizational sustainability (Johansen, Olsen, Solstad, & Torsteinsen, 2015). Approximately 70% of U.S. health care employees who experience ethical conduct issues are in organizations that lack strategies for resolving ethics problems (Courtright, Colbert, & Choi, 2014). The general business problem is that the unethical conduct of employees affects health care organizations, which results in reduced quality of service for the company and stakeholders. The specific business problem is that some health care business leaders lack strategies to improve the ethical conduct of employees.

Purpose Statement

The purpose of this qualitative single case study was to explore strategies that health care business leaders use to improve the ethical conduct of employees. The target population for this study was health care business leaders at a health care business in central Georgia who have implemented strategies to improve ethical employee conduct. Health care business leaders who use these strategies can address ethical conduct issues in the workplace to improve service quality and organization sustainability. Leaders can implement strategies that influence individuals' livelihood and community well-being. Improved employee conduct can lead to social change through stakeholders feeling more comfortable about returning to the health care business for health care services, thus improving community members' comfort level for better health and well-being.

Nature of the Study

I selected a qualitative case study method for this study. There exist three commonly used research methods to consider: qualitative, quantitative, and the mixed method approach (Punch, 2013). The qualitative research method was suitable for this study because I used open-ended interview questions about strategies to improve employee ethical conduct and provide a high level of service quality for the organization. Qualitative methodologies can also help examine leaders' comprehensive approach to managing employee unethical conduct (Stentz, Plano Clark, & Matkin, 2012). A quantitative method is a process that researchers use to improve a study based on statistical analysis conducted by researchers (Yin, 2017). However, the quantitative data collection process from a statistical viewpoint was not beneficial to my study. The mixed method approach is a combination of a qualitative and quantitative method used by researchers to collect data with different approaches to a single research process (Stentz et al., 2012). A mixed method approach includes numerical and quantifiable data, resulting in an unsuitable process for the study. Therefore, I selected the qualitative method to explore health care leader's implementation of strategies to improve employee ethical conduct.

With a focus on researching leaders' strategies for the improvement of ethical conduct, I chose a single case study design to conduct the study. There exist several design approaches such as ethnography, phenomenological, and single case study (Punch, 2013), but the case study design was appropriate for exploring business strategies (Yin, 2017). The use of a case study design provided an understanding of ethics strategies and

extended the concept of ethical conduct for future research. Researchers used ethnography research to obtain data from participants for using an informal interview process (Hallett & Barber, 2014). Ethnography research was not suitable for this study because the focus was on the entire culture to provide detailed observations, which was a larger sample size than I needed. Phenomenological design is an approach to enhance qualitative research that provides insight into the human conduct and the impact that occurs from lived experiences (Marshall & Rossman, 2016). Phenomenological content analysis was not suitable for this study because the goal in using this design was to explore those individuals living the phenomenon. I considered conducting a qualitative single case study that emphasized strategies to improve employee conduct in a health care workplace. This study involved a single case study for the exploration of the strategy, rather than the use of multiple case studies. I chose to conduct a single case study because the design approach was appropriate to gather rigorous data.

Research Question

The study research question was as follows: What strategies do health care business leaders use to improve the ethical conduct of employees?

Interview Questions

Leaders' Interview Questions

1. What strategies do you use to improve the ethical conduct of employees in your work environment?
2. What are strategies have you implemented that are essential factors for rewarding employees for desirable ethical behavior?

3. What are some barriers that affect strategy implementation to improve the ethical conduct of employees?
4. What additional information about strategies to improve the ethical conduct of employees would you like to add about ethical conduct improvement?
5. What strategies are occurring in the work environment to assist in the resolution of ethical conduct issues?
6. What are some of the strategies that complicate the progress of employees' ethical conduct improvement?
7. What strategies did you develop to assist with the resolution of ethical conduct issues that affect service quality?
8. What additional information would you like to add about ethical conduct strategies for ethical conduct improvement?

Leaders' Interview—Follow-Up Questions

1. What strategy decisions have leaders implemented to improve the employees' ethical conduct?
2. What are some barriers leaders' experience with improving the implementation of policies to encourage ethical conduct?

Conceptual Framework

The conceptual framework for the study was the Janus-headed model of ethical theory as established by Brady (1985) to improve the impact ethical strategies have on businesses and society. A Janus-headed model of ethical theory is a philosophy that organizational leaders use to influence employees' performance with positive change and

apply ethical standards to the business objectives (Brady, 1985). Brady used the Janus-headed model concepts to represent complementary constructs of ethical theory, but the framework of the model resulted into two separate constructs. The Janus-headed model was Brady's representation of a process to explore different ethical scenarios that may influence the poor ethical conduct of the employees, which fit with this study's purpose of exploring leaders' strategies to improve ethical conduct resolutions. Brady argued that ethical predispositions in the workplace are either utilitarian or formalistic problem operating concurrently; however, the omission to test the constructs present a gap in the literature. The Janus-headed model applied to this study because the concept includes information on strategies to improve unethical conduct, which guides the leader with results for addressing ethical conduct issues.

Operational Definitions

I used the following definitions for terms used throughout this research study:

Ethical conduct: Ethical conduct is a moral conviction that lacks ethical development and intensifies from misguidance, nonvalue structure, and without commitment in productivity, which results to constraints in performance (Schwartz, 2015).

Ethical standards: Ethical standards are the demonstration of actions through personal and interpersonal relationships that operate through collaborative communication (Pucic, 2014).

Organizational commitment: Organizational commitment is the organizational leader's ability to being committed to the business by improving the company performance status (Chun, Shin, Choi, & Kim, 2013).

Social interaction: Social interaction is a mutual collaboration between employees in the workplace where imminent activity develops from an isolated participant (Luff, Patel, Kuzuoka, & Heath, 2014).

Unethical conduct: Unethical conduct is a performance or behavioral conduct that violates ethical principles (e.g., stealing, cheating, lying, or dishonesty) that results in violence toward others or oneself (Ruedy, Moore, Gino, & Schweitzer, 2013).

Assumptions, Limitations, and Delimitations

Assumptions

Assumptions are adequate circumstances that warrant the validity of subsequent findings, which will not necessarily undermine the findings that may occur (Lindebaum, Geddes, & Gabriel, 2017; Preshaw, Brazil, McLaughlin, & Frolic, 2016). In addition, assumptions are facts that are correct but not confirmed or unverified (Marshall & Rossman, 2016). The first assumption for this study was the availability of the participants who provided honest and unbiased information. The second assumption was the leaders' prejudices or personal beliefs that could result in bias research during the data collection process. The final assumption was my ability to document the themes accurately during the data collection process. If the interviewees decided not to participate, the completion of the study could have taken longer than necessary.

Limitations

Limitations are an identification of boundaries that occur with obtaining research (Marshall & Rossman, 2016). The fundamental limitation of this study is researcher bias in identifying subjective data the health care business leaders use to improve the ethical conduct of employees. Another limitation is that the population consisted only of a combination of health care leaders.

An additional limitation includes determining the leaders' ability to improve ethical conduct resolution of the employees. Limitations may have also occurred with timing constraints to scheduling conflicts with interviews and follow-up discussions. In addition, the accuracy of the interviews and the individuals' honesty may have limited the study because of the leaders' emotions when discussing their strategy for improving ethical conduct.

Delimitations

Delimitations refer to the researcher's ability to control the scope of the study by identifying boundaries such as population, the identified problem that affects the study, and sample size (Corluka, Hyder, Segura, Winch, & McLean, 2015; Yin, 2017). The scope of this study was six to eight health care leaders from a single health care organization in central Georgia. The bounds of this study include information about health care leaders' strategies for improving ethical conduct, which may be indefinite with a lack of ethical understanding. Through observing the health care environment and the literature review process, I conducted interviews to explore strategies that health care business leaders use to improve the ethical conduct of employees in the organization.

Significance of the Study

Contribution to Business Practice

The study findings may be of value to businesses because effective strategies to improve ethical conduct by leaders can lead to fair treatment of employees. The leaders' application of ethical strategies can clarify boundaries of employee unethical conduct to increase better ethical performance, which may prove valuable to businesses (Epstein & Buhovac, 2014). In addition, the collaborative efforts between the leaders and employees may develop better customer satisfaction for the organization. The leaders' ethical process can assist in the reduction of unethical conduct in the workplace and better ethical conduct from the employees (Brown & Treviño, 2014). This study may contribute to effective practices of businesses by the leaders and employees transferring their positive behavior from their business to other organizations.

This study may also contribute to effective business practices by providing ethical strategies leaders use to encourage employees to improve unethical conduct for positive employee conduct in the organization. The development of effective, ethical strategies by leaders can directly influence organization sustainability by improving communication and better customer satisfaction. Leaders' strategies on ethical standards for improvement of health care organizations can result in positive outcomes and develop an ethical culture and sustainability measures for the organization. The leaders can improve business operations by implementing ethics strategies to influence ethical conduct in the workplace.

Implications for Social Change

Social change can occur from leaders increasing ethical conduct for the health care industry, community, and society by implementing ethical strategies to improve the unethical conduct of employees. Implementation of ethics into business strategy can benefit the employee's ethical conduct and company performance (Fontana, Sastre-Merino, & Baca, 2017; Garegnani, Merlotti, & Russo, 2015). Additionally, educating leaders on strategies to reduce ethical conduct issues can lead to a positive influence on employees and produce positive change in the community. To increase awareness of ethics, leaders must establish a guideline to implement ethical strategies for improvement of unethical conduct in the community and society. The results of the study may contribute to positive social change because the leaders' implementation of ethics strategies can influence employees to improve their ethical conduct, which may provide better customer satisfaction. Integrating moral standards of the business into the community strengthens building relationships between the community and society. Business leaders integrating company ethical standards into the employee's job duties ensure they are implementing the company's morals and values (Klettner, Clarke, & Boersma, 2014; Roos, 2017; Schmeltz, 2014), which has implications for positive conduct on the community and society. Thus, this study was important for social change because ethical strategies implemented by leaders may include a process that can improve ethical conduct resolution for larger corporations, the community, and society.

A Review of the Professional and Academic Literature

The literature review includes an exploration of scholarly work that includes information about leaders' ethical strategies. An additional review of ethical theories was included to provide evidence of ethical strategies that may assist scholars in educating future leaders and employees. Databases such as Sage Journals, ProQuest, Google Scholar, and Walden University's librarians assisted me in locating scholarship for the literature review. In researching information about strategies to improve ethical conduct, the Janus-headed model of ethical theory established by Brady (1985) included insight on improving ethical conduct, as the model can be used to strengthen ethical standards in a health care facility.

I conducted the literature review to explore research on strategies to reduce ethical conduct problems, which I have divided into several sections to provide an analysis of the literature. Included in the literature review is the conceptual framework for the Janus-headed model of ethical theory, leaders' strategies to improve ethical conduct, and ethical employee conduct. Other sections of the study include leaders' ethics strategies used to improve the ethical conduct of employees and strategies the leaders use for improving employee ethical conduct in the health care environment. Overall, this review of the literature includes 268 sources, which consists of scholarly peer-reviewed articles, government sources, and seminal books to establish the validity of the research. Of the total articles documented in the entire study, 85% of peer-reviewed articles were no older than 5 years beginning the year 2014-2018. The remaining sources over 5 years old for 2013 and prior, which equaled 15%. Within the literature review are 221 peer-reviewed

articles, 96% of which are published from 2014-2018; 4% of the non-peer-reviewed articles have a publication of 2013 and prior, which includes sources relevant to the history of the Janus-headed model of ethical theory, ethical philosophy, and ethical strategies.

Application to the Applied Business Problem

The literature review provided insight to help the purpose of this qualitative single case study, which was to explore strategies that health care business leaders use to improve employee's ethical conduct. When organizational leaders implement strategies for resolving ethical conduct issues, they focus on the effects the conduct issues have on employee conduct. Research has shown that leaders might negatively add to the consequences of employee conduct (Auh, Menguc, & Jung, 2014; Bagger & Li, 2014; Chi & Ho, 2014). But leaders spending time individually with employees may promote conduct improvement (Fehr, Yam, & Dang, 2014; Neves & Story, 2015). Leaders must strategize on implementing ethical standards in the workplace to address ethical conduct issue that affects employees (Robertson & Barling, 2017). Leaders use strategies to develop ethical decision-making practices for resolving ethical conducts (Goetsch & Davis, 2014; Yukl et al., 2013). Leaders' strategies for improving adverse effects of conscious thinking are an immediate response to address ethical conducts (Steinbauer, Renn, Taylor, & Njoroge, 2014), but leaders lack knowledge on improving unethical conduct (Byrne et al., 2014). Research has also shown that American health care organizations have experienced leaders' unsuccessful approaches to curbing the unethical conduct of the employees (Cox, 2015; Jonson, McGuire, & O'Neill, 2014). A focus

toward strategies to improve ethical conduct issues can increase sustainable measures for the organization. In addition, the review of research on leaders' ethics strategies can indicate how to improve ethical conduct among employees (Chun et al., 2013; van Gils, Van Quaquebeke, van Knippenberg, van Dijke, & De Cremer, 2014). Meaning, valuation, and documentation are requirements for leaders to implement ethical practices for the prevention of unethical conduct (Chughtai, Byrne, & Flood, 2015; Zhang, Gino, & Bazerman, 2014).

Conceptual Framework

The Janus-headed model of ethical theory as presented by Brady (1985) was a foundation for improving organizational health formed the framework for this qualitative single case study. Ethical theory concepts include values, beliefs, and organizational structure for addressing policy strategies for resolving ethical conduct issues in the workplace. Ethical theory is a critical component for the foundation of policy strategies for addressing ethical conduct issues (Dawkins, 2014; Schwartz, 2015). Ethical theory is a process used by leaders to focus on finding resolutions for ethical conduct issues (Walumbwa, Hartnell, & Misati, 2017). Leaders may find opportunities for using ethical theory to understand reasons why ethical conduct issues occur. Ethical theory includes key concepts leaders use to analyze ethical decision-making practices for the resolution of ethical conduct issues (Goetsch & Davis, 2014; Stanton, Sinnott-Armstrong, & Huettel, 2017; Yukl et al., 2013). Analysis of the structures of ethical decision-making techniques requires leaders to develop on solving problems that affect the organization (Gosling, Jia, Gong, & Brown, 2017; Su, 2014; Weaver, Reynolds, & Brown, 2014).

The scholarship of ethical theory in this study may allow organizational leaders to implement ethics strategies to streamline the improvement of ethical conduct. Leaders' strategies for implementation of ethics strategies and procedures connect with current business objectives to improve employee conduct for sustainability measures in the organization. I also used the ethical theories from Chun et al. (2013) and Brown, Trevino, and Harrison (2005) as the conceptual framework of this study to synthesize the literature and provide a development of concepts that could enhance the leaders' strategic growth of ethical standards for implementing strategies to improve ethical conduct resolutions. To attain positive outcomes for resolving ethical conduct issues, leaders use ethics strategies to improve integrity, reduce unethical conduct, and provide support to sustainability measures (Gu, Tang, & Jiang, 2015; Yukl et al., 2013). Addressing social prejudices with a positive resolution allows leaders to improve health care practices (Stephan, Patterson, Kelly, & Mair, 2016). Ethical theory is an approach to shifting the leaders' policy paradigm toward an improved focus of ethical conduct resolutions to advance progress in corporate sustainability (Kolk, 2016; Schneider, 2015; Schwartz, 2015). In review of the Janus-headed model theory, I also considered using principlism ethical theory and pragmatic ethics because the concept of both theories includes information on improving employee conduct issues in the workplace.

Principlism ethical theory. Principlism ethical theory may be an option to use in exploring ethics strategies for improving employee ethical conduct. Principlism is an approach leaders' use as a universal principle to resolve unethical conduct, which may be unrealistic because the universal principle may not improve the severity of every situation

(Hildreth, Gino, & Bazerman, 2016). As discussed by Ståhl, MacEachen, and Lippel (2014), leaders use principlism ethical theory for employees who lack ethical training, which can affect employee ethical conduct. The principlism ethical theory is an approach that leaders may use as a theoretical framework (Cropanzano, Massaro, & Becker, 2017). I chose not to use principlism ethical theory because the basis of the theory was on a common morality in a limited environment instead of a diverse workplace, and this study included exploration of concrete information on ethical strategies leaders use to improve employee ethical conduct.

Pragmatic ethics theory. The second theory of choice was pragmatic ethics because the theory includes information about collecting research data about ethical strategies that leaders use as a political or emotional tactic to influence ethical conduct. Pragmatic ethics theory can be used to provide strategies to improve conduct issues that frequently occur in the workplace (Rasoal, Kihlgren, James, & Svantesson, 2016). Leaders use pragmatic theory as a tool to prevent the contingency of unethical situations (Griffith, Connelly, Thiel, & Johnson, 2015; Ren & Zhu, 2015). Some leaders may provide data from ethical consequences that occur rather than a proactive process to prevent the occurrence of unethical conduct (De Klerk, 2017; Demirtas, 2015; Graham, Ziegert, & Capitano, 2015; Palanski, Avey, & Jiraporn, 2014). Pragmatic ethics theory was not suitable for this qualitative study because the interviewees needed to be from a philosophical approach rather than empirical reasoning (transparent approach). Although principlism ethical theory and pragmatic ethics theory were suitable for the study, both theories did not provide a comprehensive ethical decision process that leaders may use as

a strategy to improve employee ethical conduct in a diverse workplace. My selection of theory was the Janus-headed model of ethical theory because the method was ethically idealistic and provides validity to the qualitative case study.

Ethical philosophy. The Janus-headed model of ethical theory clarifies why employees perform a certain way. The Janus-headed model developed by Brady (1985) includes two ethical aspects— one that is utilitarianistic based (forward-looking) and one that is deontological based (retrospective and formalistic). Organizational leaders understand the need for ethical development resulting in demonstrations of integrity (Lawton, & Páez, 2015) and respect in the workplace (Brown & Treviño, 2014; Huang & Paterson, 2017). Moral principles affect organization leaders' views of ethical standards and the management of employee moral conduct (Kohlberg, 1976). The structure of the conceptual framework also included Kohlberg's view of cognitive moral development, which is based on values and social interaction from an individual's view of improving the employees' ethical improvement. Brady's Janus-headed model of ethical theory may assist leaders in educating employees and customers on ethical conduct resolutions that may create positive interaction with the business practices.

An inclusion of ethics in the company strategies may lead to improving ethical conduct in the workplace. For example, Brown and Treviño (2014) investigated the leaders' abilities to apply ethical standards to the business objectives to implement a strategic plan for improving conduct. Unethical conduct in an organization can lead to financial constraints on operations, revenue, and performance (Fassin & Drover, 2017; Jo, Kim, & Park, 2014; Yukl et al., 2013). Leaders' moral development process and

ethical conduct resolution affects how individuals may adapt to situations (Eisenbeib & Giessner, 2015). Some leaders may tarnish the company's reputation if their organization lack strategies to improve unethical business practices (Conroy, Henle, Shore, & Stelman, 2017; Pangarkar, 2016; Zhang, Lawrence, & Anderson, 2015). Leaders are becoming transparent to implementing sustainable practices to improve ethical behavior (Blome, Foerstl, & Schleper, 2017). The Janus-headed model of ethical theory includes a critical analysis of the leaders' ability to strategize ethics that encourage improvement of employee ethical conduct. The inclusion of cognitive moral development in the study may also provide the leader's insight on how conduct problems occur in the organization.

Organizational leaders have reviewed current policy strategies to guarantee if ethical conduct resolutions on conduct can improve organizational sustainability. Leaders understand that ethics may contribute to the correction of conduct and eliminate unethical situations (Collins, 2017; Mo & Shi, 2017; Zhang et al., 2014). Transparency and accountability measures can assist leaders in transforming an unethical work environment into an ethical workplace (Eisenbeib & Giessner, 2015; Fehr et al., 2014; Gamble & Beer, 2017). Transparency is a problem along with a breach of trust between leaders and their employees that affects the implementation of policies (Caldwell & Hasan, 2016; Xu, Loi, & Ngo, 2016), and a lack of transparency is the leading cause of ethical conduct that can be improved by observing reported problems (Kaptein, 2015; Weber, 2015). The implementations of policies are a development of ethical decisions from the leader's and employee's perspective (Ho & Lin, 2016). Most companies seek to develop a common ethical principle that can work for every organization (Melé, 2014). Kohlberg (1976)

explained three levels and six stages of moral development that described individuals' traditional values or ethical beliefs (see Table 1).

Table 1

Stages of Kohlberg's Moral Development

Levels	Moral Development Stages
Preconventional (Premoral)	Stage 1 - <i>Punishment-and-Obedience</i>
	Stage 2 - <i>Individualism/Instrumental-Relativist</i>
Conventional	Stage 3 - <i>Interpersonal Concordance Or "Good Boy/Nice Girl"</i>
	Stage 4 - <i>"Law and Order"</i>
Postconventional	Stage 5 - <i>Social-Contract, Legalistic</i>
	Stage 6 - <i>Universal-Ethical-Principle</i>

Note. Adapted from "Moral Development: A Review of the Theory," by L. Kohlberg & R. H. Hersh, 1977, *Theory into Practice*, 16, p. 54-56. (see Appendix E)

Leaders should focus on positively influencing employees on using ethical principles. Guerci et al. (2015) found evidence that leaders who develop ethics strategies can positively influence organizational sustainability. Moral development helps integrate organizational beliefs with individuals' values into the decision-making process (Moore & Tenbrunsel, 2014). Unethical conduct develops from a lack of the leaders' responsibility awareness, which generates disengagement by the employees (He, Zhu, & Zheng, 2014). Health care organizational leaders may implement strategies to support the moral development of employees, which may improve conduct issues. Moral development might not be only for employees; nevertheless, organizations should use ethical principles to improve employee conduct (Rodhouse & Vanclay, 2016). Additionally, moral development can assist leaders with improving behavioral issues and workplace culture (Chun et al., 2013; O'Connell, 2014). Moral theory provides variables that result in unethical conduct because of employees' concerns about changes in the

organization (Bonner, Greenbaum, & Mayer, 2016; Steinbauer et al., 2014). Integrating moral principles into business practice can help leaders find more solutions to resolving ethical conduct issues.

Leaders in health care establishments face numerous external and internal ethical problems in identifying solutions for organizational sustainability. For example, Crossan et al. (2013) and Khoury, Junkunc, and Mingo (2015) stated that employees' unethical conduct occurs during problematic conflict or situations because leaders lack ethical development and training. When unethical conduct occurs, leadership should take preventive steps to implement a process for intervention or a strategy for resolution (Aarons, Ehrhart, Farahnak, & Hurlburt, 2015; McCord, Joseph, Dhanani, & Beus, 2018; Segon & Booth, 2015). Leaders' approach for evaluating the employees' moral conduct and performance assessment should reflect customer satisfaction levels, quality of service, and employee engagement (Chun et al., 2013; Quintana, Park, & Cabrera, 2015; Sturm, 2017). However, employees' conduct might not coincide with different organization culture norms, which may require leaders' implementation of ethical strategies (Kim & Kim, 2013). Encouragement from leaders can stimulate improvement in the employees' ethical conduct (Guerci et al., 2015; Li, Wu, Johnson, & Avey, 2017; Ma & Tsui, 2015). Ethical leadership in the industry may mandate moral awareness (Eisenbeib & Giessner, 2015), and ethical leaders may determine the influence that moral development has on health care employees' improvement of unethical conduct in the organization (Fehr et al., 2014; Lindebaum et al., 2017; Weaver et al., 2014). The

prevention of ethical conduct issues might improve organizational sustainability in the health care industry if the leaders' focus was on ethical policy strategies.

The use of Kohlberg's cognitive moral development to engage employees in social interaction may exemplify moral behavior, leadership development skills, and provide motivational techniques for businesses (Dunlop, Walker, & Matsuba, 2012; Kohlberg & Hersh, 1977; Steinbauer et al., 2014). Moral growth is an opportunity for leaders to provide reasoning for resolving conflict and improving unethical conduct (Neill, 2017; Skoe, 2014). Poor moral development may result in mental incompetence, emotional distress, and unengaged employees (Fein & Weibler, 2014; Kim & Kim, 2013; Moore & Tenbrunsel, 2014). Ethical standards are a necessity for personality development to prevent a lack of improvement in the employees' behavioral conduct (Skoe, 2014; Thomas, Rothschild, & Donegan, 2015). An individuals' concept of obligations may allow trust of cognitive moral development to justify the duties the employees experience within a group setting (Folger, 2012; Hannah, Jennings, Bluhm, Peng, & Schaubroeck, 2014; Hsu & Stanworth, 2018). For instance, Newman, Kiazad, Miao, and Cooper (2014) detailed a strategy identified by three steps to improving leaders' responsibility.

Step 1. Companies may focus on identifying a process disciplining the leaders for not implementing ethical standards.

Step 2. Business leaders decentralized the decision-making process to implement ethics policies.

Step 3. Companies implemented policies to improve the abilities of leaders within their organization.

A leaders' ability to strengthen their skills of effectively managing employees' unethical conduct may use these instruments or policy management processes to assist the leaders in the development process for employees (McCann & Sweet, 2014; Segon & Booth, 2015; Stahl & de Luque, 2014). Identifying opportunities to apply ethics strategies to the business objectives can add support to the leaders' ability to resolve ethical conduct issues.

The employees' conduct was important to leaders. Discussions of managing and developing business strategies to decrease behavioral risks in the organization was a process that leaders might identify as a framework for the future of the company (Dentoni, Bitzer, & Pascucci, 2016; Lizarzaburu, 2014; Weaven, Grace, Dant, & R. Brown, 2014). Therefore, the identification of leaders' responsibilities is necessary to maintain ethical standards for improving the employees' conduct (Stouten, van Dijke, & De Cremer, 2015; Tu & Lu, 2016). The leaders' approach to evaluating employees was to utilize a benchmark strategy that identifies particular areas for behavioral improvement (Engert & Baumgartner, 2016; Goldman, Scott, & Follman, 2015; Lizarzaburu, 2014). In the qualitative single case study, exploration of ethics policy strategies by the leaders was a process developed for the improvement of service quality for the health care organization.

A leaders' focus may reflect on processes and operations majority of the time. With a little attention towards a person's characteristics, leaders can find opportunities

that provide information on how the individuals' behavioral conduct with other employees can improve (Hon, Bloom, & Crant, 2014; Mencl & Lester, 2014; Strom, Sears, & Kelly, 2014). Craft (2018) and Turhan (2014) investigation process included results of the employees' unethical conduct that may develop from the lack of value or appreciation. Mencl and Lester (2014) discussed a development process about the insight on behavioral conduct to balance performance outcomes. Whether or whether not employee conduct can improve, the leaders may increase engagement through adding ethical standards to organizational guidelines and policies (Cheng, Chang, Kuo, & Cheung, 2014; Honig, Lampel, Siegel, & Drnevich, 2014). The inclusion of ethics strategies may create a positive culture and build sustainability in the organization.

The qualitative single case study includes strategies to improve leadership strategies for ethical conduct and provide moral support to the employees. Zacher and Rosing (2015) research discussed training leaders to increase the team output for behavior innovation. Kabasheva, Rudaleva, Bulnina, and Askhatova (2015) argued about a limited number of problems that the company could overcome to decrease the employees' unethical conduct. Hoch (2013) identified practical consequences for training team leaders and social implications for facilitating organizational innovation that were a limitation to the growth of the company. Most individuals had a perception that was going to be different from other's viewpoint.

The ethical conflict in the workplace derives from several factors. Kabasheva et al. (2015) further contended, as a recommendation for future research, that the employees' relationship with the leaders was a review to extend innovation for the

company's future benefit. Zacher and Rosing (2015) agreed with Kabasheva et al. that social interaction between the leaders and employees could provide a solution to addressing the unethical conduct. Incorporating a distinctive leadership style within the corporate strategy can provide the organization with positive results to addressing behavioral concerns (Belle, 2017; Meng, Berger, Gower, & Heyman, 2012; Park & Jo, 2018). Eisenbeib and Giessner (2015) discussed ethical leadership as an approach to providing normality of ethics within the decision-making process. In reviewing moral aspects, the manager and individual have a connection or relationship constructed by trusting each other and honesty.

Leaders have a creative mindset with developing goals to implement ethical strategies because employees may reject change initiatives (Collins & Jackson, 2015). Chun et al. (2013) and Yahaya and Ebrahim (2016) discussed opportunities for sustaining the organization on the condition that leaders' focus on improving the employees' behaviors and attitudes. Moral leaders, which are authentic and trustworthy, are capable of influencing employees positively by providing developmental practices (Bedi, Alpaslan, & Green, 2016; Sendjaya, Pekerti, Härtel, Hirst, & Butarbutar, 2014). Yukl et al. (2013) identified the leaders' beliefs, behaviors, and values as being important aspects of preventing the challenges that occur with measuring ethical leadership. Moriano, Molero, Topa, and Mangin (2014) revealed that the leaders' role in providing support for ethical policy initiatives was to improve culture and employee conduct. In a consistently changing environment, business employees understand the need for moral support because the influence can affect the perceptions of customers (Kalshoven, Den Hartog, &

De Hoogh, 2011; van Gils & Horton, 2019). Leaders rely on outcome-based decisions and fail to focus on judgments of moral wrongness.

Steinbauer et al. (2014) provided specific details as to why organizations should implement ethical development as a requirement for leaders. Leaders, managing employee conduct, could become ideal for creating a more diverse culture (Schneider, Ehrhart, & Macey, 2013; Torres & Augusto, 2019; Yang, 2014). Organizations may find opportunities for leaders being accountable for contributing positive influence on the employees' behavioral conduct (Eisenbeib & Giessner, 2015; Peng & Wei, 2018; van Gils et al., 2014). Chughtai et al. (2015) indicated that empowering leaders could create an ethical environment by building a relationship with the employees. Employees may follow leaderships' morals to accomplish tasks. Brown and Treviño (2014) investigated the leaders' abilities to apply ethical standards to the business objectives to implement a strategic plan for improving behavioral conduct.

In understanding the impact of ethics strategies, leaders do have the ability to improve employee's behavioral conduct. Some larger organizations incorporated new developmental training courses for the entire workforce for improving everyone's level of accountability (Mishra & Mishra, 2013). Leaders and employees should engage in a collaborative approach to improving unethical conduct. Steinbauer et al. (2014) argued that since leaders have abilities to make decisions, sometimes they leave employees out of the process. In Table 2, Eisenbeib and Giessner (2015) provided literature on their viewpoint on the measurement of ethical leadership, which included my review of research topics.

Table 2

Empirical Studies on Ethical Leadership

Author	Pub. Year	Measure of ethical leadership	Role of ethical leadership	Sample	Level of analysis	Research question
Brown et al.	2005	Ethical leadership scale	Predictor	183 work groups	Unit level	Development and validation of Ethical Leadership Scale (ELS)
Resick, Mitchelson, Dickson, and Hanges	2006	Integrity, altruism, collective motivation, encouragement	Criterion (endorsement of ethical leader attributes)	59 societal cultural clusters	Cultural cluster	Relationship between culture and endorsement of ethical leadership
Detert, Trevino, Burris, and Andiappan	2007	Ethical leadership scale	Predictor	265 business units (restaurants)	Unit level	Relationship between ethical leadership and counterproductivity
De Hoogh and Den Hartog	2008	Morality, fairness, role clarification, power sharing	Predictor	Min. 62 organizations	Organizational level	Relationship between ethical leadership and leaders' social responsibility, top management team effectiveness, and subordinates' optimism
Mayer Kuenzi, Greenbaum, Bardes, and Salvador	2009	Ethical leadership scale	Predictor and criterion	195 units	Unit level and organization level	Relationship between top management and supervisory ethical leadership and group-level outcomes – deviance and organizational citizenship behavior (mediation model)
Walumbwa and Schaubroeck	2009	Ethical leadership scale	Predictor and criterion, mediator	894 employees/ 222 supervisors	Multilevel	Relationship between leader personality traits, ethical leadership, psychological safety, and employee voice behavior (mediation model)
Neubert, Carlson, Kacmar, Roberts, and Chonko	2009	Ethical leadership scale	Predictor	250 employees	Individual level	Relationship between ethical leadership, ethical climate, job satisfaction, and affective commitment
Toor and Ofori	2009	Ethical leadership scale	Predictor and covariance with other variables	62 leader-peer subordinate set	Individual level	Relationship between ethical leadership, transformational and transactional leadership, employee satisfaction with the leader, employee willingness for extra effort, leader effectiveness transformational and transactional culture
Den Hartog and De Hoogh	2009	Fairness, integrity, and empowerment	Predictor	503 employees in 79 work groups	Multilevel	Perceptions of perceived ethical leader behavior and their relationship with employee trust and commitment
Resick, Mitchelson, Dickson, and Hanges	2009	Integrity, altruism, collective motivation, encouragement	Criterion (endorsement of ethical leader attributes)	9,132 managers from 312 organizations	Multilevel	Relationship between societal and organizational culture and societal corruption for the endorsement of ethical leadership
Piccolo, Greenbaum, Den Hartog, and Folger	2010	Ethical leadership scale	Predictor	181 employees/ coworker dyads	Individual	Relationship between ethical leadership, perceived job characteristics, and job performance (mediation model)
Kalshoven et al.	2011	Ethical leadership at work questionnaire	Predictor	294 employees/ supervisor dyads	Individual	Development and validation of Ethical Leadership at Work (ELW) questionnaire

Note. Adapted from “The emergence and maintenance of ethical leadership in organizations: A question of embeddedness,” by Eisenbeib & Giessner, 2015.

The participants in the study are going to provide additional analysis of ethics strategies and the leaders' decision to improve organizational sustainability. Researchers discovered that leaders should integrate ethics into the business practice (Carter, Armenakis, Feild, & Mossholder, 2013; Yukl et al., 2013). Weber (2015) have argued that without the support of the company initiative to implement ethical standards, leaders may not consistently enforce ethical conduct resolutions. Chun et al. (2013) agreed that the support of high-level executives within the company should assist the leaders with moral development training and education. Sendjaya et al. (2014) identified different types of the leaders, such as authentic leaders, transformational and transactional leaders (Moriano et al., 2014), or servant leaders (Hunter et al., 2013). Different types of leaders who can help organizations in educating employees on moral development may improve ethical conduct.

Establishing moral principles between leaders and employees may provide an opportunity for correcting behavioral constraints. Critical analysis of ethical and unethical perceptions could result in an unbiased observation during the interview process (Carter & Baghurst, 2014; Yukl et al., 2013). Leonidou et al. (2013) agreed that the leaders' analysis of the cause-and-effect approach to ethical standards could significantly influence organizational culture. Employees' engagement in the organization process for improving ethical conduct resolution may become more complexed without guidance from leadership (Chun et al., 2013; Jones, Felps, & Bigley, 2007; Rozuel, 2016). The use of ethical leadership to improve ethics strategies may have a positive effect on leaders implementing moral principles in the workplace.

Ethical Conduct Issues in Health Care Organizations

As health care organizational leaders strategize to include ethics in their business culture, the way leaders address employee ethical conduct could result in positive outcomes. Health care business leaders may review situations where ethical issues occurred in other health care environments and identify ethics strategies that may correct future problems. Examples of ethical conduct issues that occur in health care organizations are (a) accountability and responsibility, and (b) workplace mistreatment, such as incivility and bullying (Joseph & Huber, 2015; Rathert, May, & Chung, 2016; Sharma, 2018). According to Graham et al. (2015), leaders developed strategies to improve employee ethical conduct to prevent major ethical emergencies in the company's future.

Accountability and responsibility. Health care business leader's perspectives of accountability and responsibility measures may assist the organization in identifying the appropriate ethics strategy for addressing employee ethical conduct. Leaders identified employees who assisted in facilitating the organization's ethical standards. Steinbauer et al. (2014) discussed accountability and responsibility efforts of leaders and their seniority to hold employees to high ethical standards. Lu and Lin (2014) and Ahn, Lee, and Yun (2018) stated that ethical leaders placed responsibilities on employees and may not worry about the individuals who are accountable to complete the task until an unethical situation occur. By improving employee ethical conduct in a health care organization, leadership may focus on identifying the level of responsibility given to employees and the leaders that are accountable for their outcomes. Health care organization leaders may

educate employees on organizational ethical standards to guarantee that the employee understands the importance of behaving ethically.

Workplace mistreatment. Common factors of workplace mistreatment are incivility and workplace bullying. Nikstaitis and Simko (2014) defined workplace incivility as the intent of individuals to cause harm to one or multiple individuals, which was a violation of workplace ethical standards. Zuber and Kaptein (2014) stated that workplace bullying was an attempt for one or more employees to manipulate and intimidate others into wrongdoing.

Incivility. Some researchers identified ethical situations in which health care employees screened incoming phone calls and responded in an informal manner to the callers (Clarke, Yanson, Saleem, Edworthy, & Khalifa, 2016). Warner, Sommers, Zappa, and Thornlow (2016) and Sliter, Withrow, and Jex (2015) stated that workplace incivility was not reported often by employees, which limited the ability of leaders to document the situations. According to Doshy and Wang (2014), their findings included documentation where leaders developed an ethical work environment by delivering disciplinary action to employees who display uncivil behavior. Wu, Kwan, Yim, Chiu, and He (2015) stated that leaders used valuable ethics strategies to improve ethical conduct in the workplace. Sharif and Scandura (2014) further examined ethical conduct situations, and ethics strategies leaders use to improve ethical employee conduct. By identifying workplace mistreatment issues, leaders can implement ethical strategies to improve ethical conduct of employees.

Workplace bullying. Some leaders may use organizational governance as a strategy for addressing workplace bullying. Valentine, Fleischman, and Godkin (2015) stated that workplace bullying includes three components: (a) personal bullying, such as gossiping, (b) work-related, such as withholding important information, and (c) physical bullying, such as threatening individuals with physical harm. Laschinger and Fida (2015) discussed that bullying might affect ethical conduct in a health care workplace, which could create difficult situations for leaders and employees who struggle to have a healthy work environment. Health care leaders may realize they can prevent unethical conduct if they address workplace bullying. Over a long period, workplace bullying by employees could result in serious situations, which may allow leaders to develop ethics strategies that promote zero-tolerance policies for employee unethical conduct.

Employee Ethical Conduct

Health care leaders may strive to improve a health care work environment by focusing on improving employee ethical conduct (Bakker, 2018). Dixon-Woods et al. (2014) stated that promoting a positive environment gives health care leaders an opportunity to provide quality service to the customers that visit health care businesses. Company leaders found that in presenting a positive workplace, they must address the topic of employee conduct (Xu et al., 2016). The leaders' responsibility of the organization was to provide standards that address employee conduct within health care facilities (Dixon-Woods et al., 2014). Sekerka et al.'s (2014) study encompassed organizational ethics leaders use to deal with a reduction in unethical conduct to achieve sustainability. Ruedy et al. (2013) reviewed ethical decision-making tactics by leaders to

confirm if the techniques used for the improvement of employees' unethical conduct existed. Moral constraints that existed in businesses may result in dissatisfied customers, employees, and suppliers, which could assist leaders in the implementation of ethical guidelines (Tian, Liu, & Fan, 2015; May, Li, Mencl, & Huang, 2014). As a result, the intent of this qualitative case study analysis was to explore ethical conduct of employees.

In a health care environment, ethics has a significant role in customer care. Chughtai et al. (2015) explained the code of ethics and the health care leader's strategies might provide opportunities for leaders to improve unethical conduct. Kacmar, Andrews, Harris, Tepper (2013) stated that unethical leaders influence on a company leads to an economic recession, which drove Thailand and United States to establish a high awareness in promoting moral principles in the health care industry. Ruiz, Martinez, Rodrigo, and Diaz (2015) agreed that an understanding of ethics must involve ethical strategies that alleviate threats of unethical conduct to reduce continual issues. Sekerka et al. (2014) suggested that implementing ethical standards could assist in improving culture and workplace environment. Ruedy et al. (2013) argued that when leadership enforces ethical decisions for improving unethical conduct, the leaders have the abilities to trigger positive results with the employees' performance and service quality. Ethical input from leaders may influence positive output for the employees.

Encouragement from managers, leaders, and employees can build a robust process in techniques for decisions with developing ethics strategies (Sekerka et al., 2014). Brown et al. (2005) argued that ethical leaders should motivate employees to circumvent unethical conduct. Influencing ethical conduct resolution was an understanding that

leaders must promote and introduce to their followers. Treviño and Brown (2005) debated on organizational ethics improving the leaders' ability to influence ethical behavior by exploring social exchange and cognitive moral development. Hunter et al. (2013) and Kim and Kim (2013) discussed the value of enhancing the ethical performance of the employees; which included developing teamwork, improving customer service, communicating, and supporting a positive workplace.

Although other industries may experience similar concerns, in health care the level of responsibility leaders may have on behavior should contribute to influence the growth of employees' ethical conduct. Eisenbeib and Giessner (2015) argued that leadership should have a system for implementing ethical priorities for encouraging employees to build growth in their characteristics. Yukl et al. (2013) and Tang, Kwan, Zhang, and Zhu (2016) discussed leaders' willingness to have role models and mentors assist in guiding the employees to use ethical conduct resolution while on the job. The connection with effective leadership involves moral development to improve the ethical performance of leaders.

Leaders' implementation of ethical standards to improve employee ethical conduct may increase the performance of the employees completing their job duties. Carter et al. (2013) debated that the progression of the relationship between employees and leaders assisted in guiding the ethical performance of the company. The ethical standards that leaders acquire can help with encouraging employees to show their best ethical conduct (Babalola, Stouten, & Euwema, 2016; Fehr et al., 2014). Hunter et al. (2013) elaborated on leaderships' ability to provide motivation, though the leaders must

acquire certain ethical mannerisms. Employees seek guidance in challenging situations by adapting to daily routines, although sometimes the connections are not always positive interactions (Albert, Allen, Biggane, & Ma, 2015). Leadership focus was to utilize personal characteristics by transforming the company into the implementation of ethical practices (Eisenbeib & Giessner, 2015; Liu & Baker, 2016; Tian et al., 2015). A company may review and update ethics strategies to assist leaders with improving ethical conduct issues.

Scholarship of Leadership Strategies for Improved Ethical Conduct

Managers may review leadership development evaluations as a process to transform leaders in the pursuit to include ethical standards into practice for improving behavior (Schwartz, 2015). Wang, Feng, and Lawton (2017) argued the positive effect that ethical leadership has in promoting change in sustaining the employees' conduct. Kong, Dirks, and Ferrin (2014) explored options in which companies can benefit from an effective leadership team by leaders providing influence that made a difference. Guerci et al. (2015) and Häusser, Schulz-Hardt, Schultze, Tomaschek, and Mojzisch (2014) argued that businesses have opportunities to improve motivational-related processes for developing ethical standards. Nevertheless, the inclusion of ethics within the process can result in negative consequences for improving employee conduct.

Leaders' responsibilities in establishing ethics in the health care industry can improve the impact employees have on changes in behavior (Epstein & Buhovac, 2014). Chun et al. (2013) context in Figure 1 exemplify an observation of the theoretical

framework of corporate ethics for addressing employee behavior. Chun et al. researched factors, such as, corporate ethics and attitudes that may affect behavior and performance.

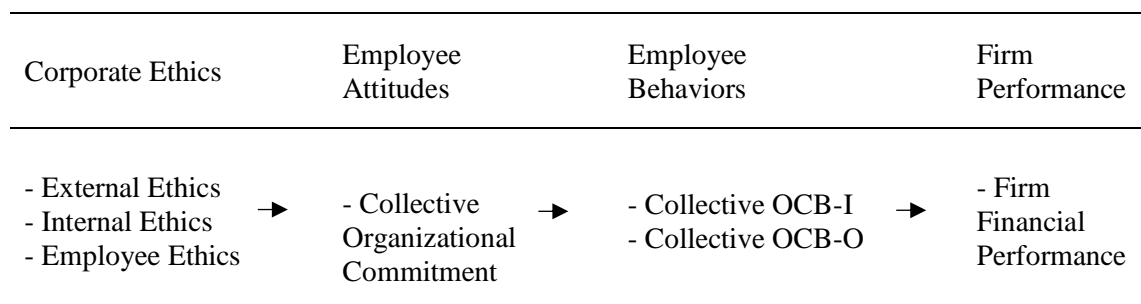


Figure 1. Framework for corporate ethics and firm performance. OCB-I = interpersonally directed organizational citizenship behavior; OCB-O = organizationally directed organizational citizenship behavior. Adapted from “How does Corporate Ethics Contribute to Firm Financial Performance? The Mediating Role of Collective Organizational Commitment and Organizational Citizenship Behavior,” by J. S. Chun, Y. Shin, J. N. Choi, & M. S. Kim, 2013, *Journal of Management*, 39, 853-877 (see Appendix D).

A health care leader should share knowledge of their ethical values to connect the performance and productivity of the employee’s work life. Chun et al. (2013) explained the necessity corporation leaders have with applying ethics to developing a systematic process for their business practices. Health care companies have struggled to reduce or prevent employee’s unethical conduct (Armenakis & Lang, 2014; Korschun, Bhattacharya, & Swain, 2014). Besio and Pronzini (2014) further discussed the corporate responsibility of the leaders’ transformational capability on ethics can improve on how internal dynamics in the environment assists in developing leadership. Carter et al. (2013) argued that employees, whose focus was on conventional processes, might not adjust to a continuous organization transformation. Leaders’ determination in finding opportunities to improve behaviors can reassure employees that the business objectives reflect ethical standards (Epstein & Buhovac, 2014). Schwartz (2015) discussed ethical theory as a critical component of leaders’ strategies for the improvement of employee ethical

conducts. The use of ethical theory in the study includes policy strategies the leaders' can use to eliminate ethical conduct issues can produce a better culture.

Leaders must go through training courses to improve their knowledge on effective leadership (Crossan et al., 2013). Corporations invested money in opportunities to engage their leaders (Schwartz, 2015). Yukl et al. (2013) identified benefits that benefit to leadership developing the knowledge to include ethics in the practices of health care organizations. Health care leaders may focus on developing a process for educating employees by implementing accountability strategies, which may improve unethical conduct in the workforce (Aarons et al., 2015; West, Beh, & Sabharwal, 2013).

Schminke, Caldwell, Ambrose, and McMahon (2014) discussed how labor rights and consumer protection services supported employees in preventing the unethical behavior of leaders. Leaders must seek ethical strategies for applying ethics to resolve employee ethical conduct issues on a frequent basis because the employees may react to situations that could escalate into disastrous outcomes.

The specifications of an ethical theory assist the leaders with the skills to recognize several unethical situations. Leaders are becoming more innovative by applying ethics training and developing an ethics committee to assist with the reinforcement of policies (Wang, Xu, & Liu, 2016; Weber, 2015). Schwartz (2015) reflected elements in improving ethics training by implementing core ethical values, establish a formal ethics program, and continuously develop moral leadership. Leadership may review current employee behavior trends with a focus on reducing employees' perspective on better behavior and performance (Eldor & Harpaz, 2016; Hunter et al.,

2013; Panaccio, Henderson, Liden, Wayne, & Cao, 2015). Disciplinary actions can assist leadership in addressing the employees' unethical conduct (Schwartz, 2015; Xu et al., 2016). Some leaders' decisions to improve strategically on decision-making techniques can offer opportunities to guide the employees' progress towards consistently doing the right thing all the time (Eisenbeib & Giessner, 2015; Higgins & Coffey, 2016). The participants identified for the study can provide information about their experiences with ethical conduct resolutions.

Some of the ethical influence leaders have on the workers can motivate employees to improve unethical behavior. Business leaders may review ethical culture as an important factor for understanding the need for implementing ethical standards (May, Luth, & Schwoerer, 2014; Stahl & de Luque, 2014). Leaders evaluate the company's ethics transformation and the effect it may have on culture (Carter et al., 2013). Kacmar et al. (2013) explained leaderships' responsibility in implementing ethics to encourage ethical conduct resolution in the work environment. Klettner et al. (2014) study indicated findings that leadership responsibilities were a link to risks. The leaders' knowledge of procedures that heavily relate to accidents and behavioral practices may require implementation of new ethical strategies (Aarons et al., 2015; Camuffo, De Stefano, & Paolino, 2017). The perception of employees resulted in negative behavioral consequences that were because of the dissatisfaction for challenges in the workplace (Valentine et al., 2015). Although ethical challenges may occur in the workplace, leaders must be ready to implement their ethics policy and resolve issues quickly.

Eisenbeib and Giessner (2015) and Genovese, Lenny Koh, Kumar, and Tripathi (2014) discussed leaderships' ability to implement ethical practices by developing skills that promote positive environments. The efficient methods implemented by leaders can prove to influence the employees' behaviors and attitudes (Ma'Ayan & Carmeli, 2016). Leaders' personal experiences may negatively influence employee's ethical conduct, and that leaders should inform the workers on displaying positive strengths (Crossan et al., 2013; Frisch & Huppenbauer, 2014). The leaders' ultimate goal of addressing ethical leaders' responsibilities for sharing information about employees' conduct may provide opportunities for the organization and cultural growth (Carter et al., 2013; Liden, Wayne, Liao, & Meuser, 2014). Kohlberg (1976) argued leaders' moral development level may affect the perception of the followers and that the leaders may require training to share knowledge with employees. Leaders' ability to transfer knowledge to employees for establishing ethical standards may reflect the change to business objectives (Crossan et al., 2013; Steinbauer et al., 2014). In a review of the company's current ethics strategies, leaders may strategize to resolve ethical conduct issues.

As a company advances, a request for leaders to improve ethics strategies and educate the employees could improve ethical conduct. MacPhee, Chang, Lee, and Spiri (2013) discussed self-leadership identity development being a process that leaders use to assist employees with learning a process for ethical conduct resolutions. MacPhee et al. represented key competencies as an active process for leaders to achieve a level of responsibility for implementing moral values to the employees. In Table 3, MacPhee et

al. provided competencies that were developed based on the identity standards of the leader.

Table 3

Levels Associated with Leadership Development

Level	Key competencies
Self	Self-awareness/reflection Self-empowerment
Relational	Positive psychology/ “reflected best self” Other-empowerment/leader empowering behaviors Team-building
Collective	Collective empowerment Participatory action learning
Additional considerations	Developmental evaluation
Organizational learning collaborations culture	Engagement within and across boundaries (e.g., boundary spanning, bridging, blending) Cultural intelligence/global mindset

Note. Adapted from “Global Health care Leadership Development: Trends to Consider,” by M. MacPhee, L. Chang, D. Lee, & W. Spiri, 2013, *Journal of Healthcare Leadership*, 5, 21-29. (see Appendix F)

Leaderships’ Education Challenges that Influence Employees’ Unethical Conduct

As ethical conduct issues occur in the workplace, leaders may strategize on improving ethics strategies. Leaders encounter many ethical challenges, such as unethical conduct and poor employee performance, which affect employee ethical conduct and they may rely on the implementation of ethics strategies to streamline performance processes (Fusch & Fusch, 2015; Liu, Liao, & Wei, 2015). Jurkiewicz and Giacalone (2016) and Civaner, Vatansever, and Pala (2017) examined factors, such as communication, abuse of power, self-interest, and favoritism that influences employees’ unethical conduct. In trying to resolve ethical conduct issues to improve the organization sustainability, leaders

often review policy strategies (Atlason & Gerstlberger, 2017; Schminke et al., 2014). Chun et al. (2013) and Goldman et al. (2015) found that leaders' implementation of ethical strategies may influence employees to resolve ethical conducts positively. Leonidou et al. (2013) argued that eliminating the ethical challenges that affect behavior, leaders must review performance trends to identify variances in productivity and conduct. Perrewé, Hochwarter, Ferris, McAllister, and Harris (2014) discussed the employees' work passion connected to unethical conduct, which allows leaders to pursue different avenues of disciplinary actions.

A high level of tension among the workforce may permit employees to experience challenges with the competition (Abstein & Spieth, 2014). The employees' ability to rely heavily on the leaders' responsibilities or guidance and may provide improvements of ethical conduct resolutions (Crossan et al., 2013; Weber, 2015). Mishra and Mishra (2013) argued that problems with unethical behavior stimulate from a lack of trust the employees have with leadership. Ho and Lin (2016) analyzed leaders' ability to monitor ethical issues by enforcing the company's principles and norms, which may result in an improvement of unethical conduct. Challenges that may occur from ethical conduct issues can affect the overall performance of the health care facility. Shin, Sung, Choi, and Kim (2015) stated that ethical conduct issues could result in unpredictable circumstances, such as low employee morale, loss of trust, and low-performance levels. Leaders may be able to better influence employees by building a relationship that promoted positive behavior.

Mishra and Mishra identified a significant level of activities that build trust in the organization (see Figure 2). The employees' behavior was sometimes a reflection of the leader (Kim & Kim, 2013).

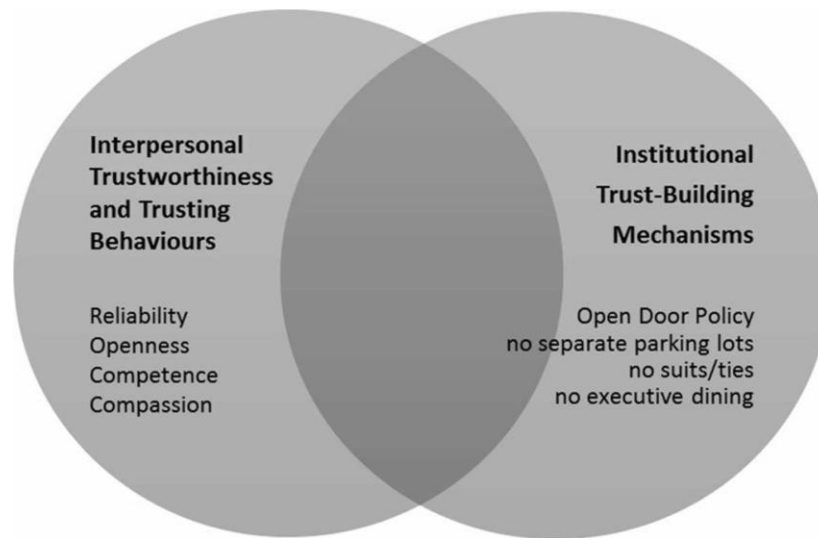


Figure 2. A culture of trust. From “The Research on Trust in Leadership: The Need for Context,” by A. K. Mishra & K. E. Mishra, 2013, *Journal of Trust Research*, 3(1), p. 61. Copyright 2013 by Journal of Trust Research. Reprinted with permission. (see Appendix B)

Mishra and Mishra (2013) discussed several solutions to improve conduct and performance by implementing leadership training, enforcing accountability with audit trails, awareness through reputation management, and developing communication activities to increase team-building skills. In Figure 3, West et al. (2013) addressed negative results that occurred when leaders applied ethical standards to the business process for the improvement of unethical conduct.

Formal Structure	Informal Structure
<ul style="list-style-type: none"> • Adopt a code of ethics • Orient new employees to codes and laws • Institute periodic ethics training • Include ethics as a criterion in performance appraisal • Adopt strategic planning • Adopt a performance management system • Enforce civil service laws and rules • Adopt whistleblower protection policies • Establish internal communication systems (e.g. phone hotline) • Mandate periodic ethics audit • Establish a professional ethics enforcement agency • Create a mechanism to detect and expose ethical violators 	<ul style="list-style-type: none"> • In practice, work to effectively implement civil service rules • In practice, ensure conflict of interest regulations are effectively implemented • In practice, enable a professional ethics enforcement agency to be effective • In practice, protect employees from political and special interest influence • In practice, hear and respond to employee complaints • Provide informal communication opportunities • Monitor peer reporting to detect ethical wrongdoings • Minimize unproductive workplace distractions • Avoid personnel actions that are inconsistent with stated performance criteria
Organizational Climate	Organizational Context
<ul style="list-style-type: none"> • Promote transparency • Help set the tone by routinely discussing ethical principles • Help identify and promote core values • Instill a public service ethos • Provide performance feedback • Open files, when appropriate, in response to citizen requests • Protect and uphold merit principles • Promote open and constructive dialogue • Engage in extensive consultation and promote employee empowerment • Communicate the importance of compliance with laws, rules, codes and procedures 	<ul style="list-style-type: none"> • Partner with managers and top leadership to establish a strategic HR vision • Express a commitment to right behavior • Model proper ethical behavior • Help develop appropriate performance measures • Promote effective ways of working • Support positive ethical standards • Set high performance expectations • Minimize influences that lead to moral deviance • Help the organization to adapt to a changing environment • Remove any obstacles to hiring well-qualified job applicants • Avoid setting unrealistic objectives or deadlines

Figure 3. Selected HRM strategies to promote ethics and address ethical wrongdoing. From “Charting ethics in Asia-Pacific HRM: Does East Meet West, Ethically,” by J. P. West, L. Beh, & M. Sabharwal, 2013, *Review of Public Personnel Administration*, 33(2), p. 200. Copyright 2013 by Sage. Reprinted with permission (see Appendix C).

The employees' opportunity to improve unethical conduct was a clear, consistent impact from leaders' development of ethics strategies for the health care industry. Human resources management team can assist training leaders to identify ethical constraints and apply strategies to transform the organizational culture (Aarons et al., 2015; Carter et al., 2013). West et al. (2013) identified ethical standards that could assist leaders in implementing ethical processes for the employees. The leaders' commitment to change can influence employees to gain knowledge for improving unethical conduct. Historically, the concepts of ethical theories include values, beliefs, and organizational structure for the leader's strategies used to resolve ethical conducts in the workplace.

Training and Development Strategies on Ethical Conduct

Ethical influence by the leaders was an essential factor for the employees' adaptation to policy strategies and ethical conduct resolutions. Eisenbeib and Giessner (2015) and Eisenbeiss, van Knippenberg, and Fahrbach (2014) discussed the practical standpoint of leadership effectiveness in implementing ethics and allowing leaders to have an influence on the employees' individual development for growth in improving unethical conduct. Employees' perceptions of leadership maintaining ethical standards in the policies may provide leaders with concepts on reducing ethical constraints (Eisenbeib & Giessner, 2015). The use of training protocols and educating the employees can introduce positive results for addressing behavior concerns (Robertson & Barling, 2017; Ruedy et al., 2013). Leaders encourage employees to apply ethical standards to daily tasks for maintaining repetition by developing self-esteem and encourage others to stimulate constructive behavior (Day, Fleenor, Atwater, Sturm, & McKee, 2014). In

reviewing current policy strategies, leaders may find opportunities to strengthen sustainable measures for the company and create a positive ethical culture.

The results of research can show insights into consequences of unethical conduct and the leadership's ability to improve the occurrence of immoral activities. Leaders may implement the appropriate training and education for evaluating the leaders, as well as addressing the employees' behavioral performance (Motulsky, Gere, Saleem, & Trantham, 2014). Health care leaders have resulted to reviewing ethical processes for improving unethical conduct in the organization (Morianio et al., 2014). The observation of the leaders' reactions to the improvement of ethical conduct resolutions may encourage other industries to improve the facilities to ensure positive culture.

In the qualitative single case study, participants may provide strategies for ethics strategies that can potentially improve service quality in the health care environment. Tian et al. (2015) discussed in their study, the responsibility of leaders implementing ethical standards into the business process. Tian et al. discovered implications such as the corporate social responsibility (CSR), unethical stress from external participants, and leadership lacking ethical strategies that may cause the unethical conduct of employees. The leaderships' capability of acknowledging the impact on leaders may produce positive results for the employees. In discovering implications, Eisenbeib and Giessner (2015) realized that simultaneously interacting with workforce teams could affect the employees' perceptions of the leaderships' process to encourage positive behavior. Reevaluating ethical standards was an option for authors to realize that their leadership theories require a critical examination of training and knowledge of ethics (Anderson,

Baur, Griffith, & Buckley, 2017; Dinh et al., 2014). As identified in Table 4, leaderships' internal and external motivations, where the practices used, were to encourage the performance of organizational objectives.

Table 4

Internal and External Motivations to Engage in CSR

Internal Motivations	External Motivations
<ul style="list-style-type: none"> • Attract and retain employees • Help improve trust within the company, <i>i.e.</i>, stronger employee motivation and commitment • Have a more compliant workforce • Increase employee productivity • Help to increase product quality • Help boost innovation and innovative practices • Help manage risks, intangible assets, and internal processes • Improve performance and generate more profits and growth • Reduce costs while improving process efficiencies and reducing waste 	<ul style="list-style-type: none"> • Avoid fines and penalties • Help improve trust outside the company, <i>i.e.</i>, with business partners, suppliers, consumers, and others • A belief that corporations must earn their 'license to operate' • Meet and exceed stakeholder expectations • Behave ethically • Improve relations with regulators and easy access to permits • Improve access to markets and customers • Improve customer satisfaction • Help to restore trust in corporations • Help enhance corporate and brand reputation • Reduce or eliminate pressures from NGOs

Note. From "A Holistic Perspective on Corporate Sustainability Drivers," by R. Lozano, 2015, *Corporate Social Responsibility and Environmental Management*, 22(1), 32-44 (see Appendix G).

To provide strategies to employee's ethical conduct, leaders may analyze organizational performance and inquire with employees about their input for improved resolutions to ethical conducts. Carter et al. (2013) explained leaderships' ability to implement continuous transformations in the organization. The quality of the relationships between the leader and employee depends on the extent of development training. Aarons et al. (2015) and Ma'Ayan and Carmeli (2016) argued that the key to improving employee behavior and attitudes, leaders must identify critical areas that

require efficiency. Leaders spend money for developmental workshops for employees and hope for a return on their investment (Broome, Bowersox, & Relf, 2018). An exchange of the leaders' knowledge can introduce opportunities for educating the employees on ethics.

Schneider et al. (2013) identified implications of the organization's responsibility to support changes and ethical strategies to improve practices and policies. Yawar and Seuring (2017) suggested that managers should implement policy strategies, which would evaluate the continuous performance of employees. Schneider et al. identified different culture types, values, and beliefs driven by assumptions (shown in Table 5). The criteria or effectiveness of leaders' responsibility to oversee teamwork can identify whether the culture type developed the skills for effectively completing tasks (shown in Table 5).

Table 5

Competing Values Framework

Culture Type	Assumptions	Beliefs	Values	Artifacts (behaviors)	Effectiveness Criteria
Clan	Human Affiliation	People behave appropriately when they have trust in, loyalty to, and membership in the organization	Attachment, affiliation, collaboration, trust, and support	Teamwork, participation, employee involvement, and open communication	Employee satisfaction and commitment
Adhocracy	Change	People behave appropriately when they understand the importance and impact of the task	Growth, stimulation, variety, autonomy, and attention to detail	Risk taking, creativity, and adaptability	Innovation
Market	Achievement	People behave appropriately when they have clear objectives and are rewarded based on their achievements	Communication, competition, competence, and achievement	Gathering customer and competitor information, goal setting, planning task focus, competitiveness, and aggressiveness	Increased market share profit, product quality, and productivity
Hierarchy	Stability	People behave appropriately when they have clear roles and procedures are formally defined by rules and regulations	Communication, routinization, formalization	Conformity and predictability	Efficiency, timeliness, and smooth functioning

Note. Information from Schneider et al. (2013).

Gotsis, Gotsis, Grimani, and Grimani (2016) identified negative concerns that resulted in unethical conduct of employees and the leaders' challenges in providing resources, support, and rewards to engage the workforce. Gotsis et al. explained that leaders' ability of not trusting the workers, which may result in an improvement of employee ethical conduct. The leaders' observation of employees' behavior may raise concern and explore the discontent of workers or other underlying causes of unethical conduct (Valentine, Hollingworth, & Eidsness, 2014). Therefore, leaderships' ability to manage and reduce unethical conduct might need further investigation as to why the employees are displaying inappropriate behavior.

Leaders identified ethical limitations, which may provide learning fundamentals that can assist the employees during the organizations' recovery process. Schminke et al. (2014) explored ethical constraints to provide an overview of processes that affect the performance of the organization, employees, and leaders. Schminke et al. used a sample size of 16 technology firms by conducting a quantitative study that viewed the internal and external problems that affected culture. Efforts to improve behavior must involve improvement of everyone within the organization.

The relationship between leaders and employees may not entirely demonstrate an understanding of how leadership implementation process applies ethical standards in business practices. Effectively influencing ethical values and morals, leadership may review their perception by encouraging and motivating employees to improve behavior (Chen & Hou, 2016; Fehr et al., 2014; Gu et al., 2015). Organizational leaders identified ethical conduct issues through employee engagement surveys to recognize a need for

improvement in leadership (Brown et al., 2005). One area of knowledge management, which demands exceptional attention to enhancing productivity, was the idea of sharing strategies for ethical conduct resolution among employees (Chun et al., 2013). This section identifies a need for training and leadership development to improve employee ethical conduct.

Organization sustainability for health care facility leaders may consider an ethics policy to improve ethical conducts that occur because of behavioral concerns. As a company develops and grows, leaders focus on sustaining the organization by identifying changes in behavior (Lozano, Lukman, Lozano, Huisingh, & Lambrechts, 2013; Vinkhuyzen & Karlsson-Vinkhuyzen, 2014). In engaging the employees in exchanging concepts, leaders may provide new opportunities to improve organizational culture and ethics (Carter et al., 2013). Leaderships' position in the organization influenced employees to use ethical conduct resolution, which influences the organization positively. Moriano et al. (2014) discussed leaders' ability to encourage employees to provide innovative ideas for improving unethical conduct. Developing new ways to address unethical conduct can improve the work environment and generate a competitive advantage for the future of the company.

Business Leaders Sharing Knowledge with Employees

The purpose of this qualitative single case study was for leaders to identify opportunities to apply ethical strategies in business objectives to address resolutions for ethical conducts that occur in the workplace. The discussion of behavior and ethical concepts influence the leaders' ability to drive employee moral intuition, which cultivates

the value of the organization through different leadership styles (Latham, 2014; Sendjaya et al., 2014; Weaver et al., 2014). Day, Gu, and Sammons (2016) explained leaders' responsibility was a combination of decision-making techniques used to improve culture. The social interaction between the leaders and the relationship established with the employees could drastically affect health care businesses (Fehr et al., 2014). Business practices in health care rely deeply on effective leaders and their responsibility when addressing and improving behavioral concerns (Overstreet, Hazen, Skipper, & Hanna, 2014; Tsai, & Bagozzi, 2014). Just as children learn critical skills to adapt to life changes, adults must experience the same protocol by engaging employees in the workplace (Schwartz, 2015). Schwab, Harton, and Cullum (2014) analyzed employees' ethical situations to identify whether emotions may influence unethical conduct. A review of ethical situations that occur in health care may include information that leaders can use as an opportunity to improve unethical conduct issues.

In exploring ethical conduct resolutions, the explorations of ethics strategies were an option to improve service quality and organization sustainability. Employees' behavior and attitude influences are a development that occurs from a change in culture or leadership (Barnes, Ponder, & Hopkins, 2015). Leaderships' mediation process may address concerns about employee behavior and remove implications associated with blame (Kim, Kim, Han, Jackson, & Ployhart, 2017). The relationship that the employees and leaders established can improve ethical conduct, responsibility, and organizational performance (Kim et al., 2017). Leaderships' ethical obligations are to reflect conscientious expectations for employees' ethical conduct.

In addition, review of ethical conduct resolutions by the leaders gave leadership the opportunity to improve ethical performance and sustained the company. Goetsch and Davis (2014) provided a scope of the leaders' responsibilities by integrating the process of educating employees on ethical conduct resolution. Steinbauer et al. (2014) implemented tests to determine leaders' characteristics of moral development, ethical leadership, and perceived accountability. Leaderships' responsibility in recognizing that ethical problems exist in the workplace may reduce negative outcomes that occur during the leaders' strategic development process (Schwartz, 2015; Sturm, Vera, & Crossan, 2017). Reviews of ethical constraints by leadership can provide leaders with opportunities to inform employees of improving job satisfaction requirements (Walumbwa et al., 2017). Through the interview process, employees may include problems that occur because of a lack of ethical policy application.

The awareness of critical ethical violations that leaders observe on the job that implemented decisions to determine disciplinary treatment. Jacobs, Belschak, and Den Hartog (2014) voiced concerns that led to leaders sharing knowledge of ethical standards to reduce unethical conduct. West et al. (2013) discussed in Figure 4, the formal and informal structure, organizational climate, and organizational context as variables that identify processes, which affect behavior. Eisenbeib and Giessner (2015) reviewed cultural values as factors to evaluate different behavioral patterns in the workplace to improve employee ethical performance. Ethical violations may cause issues with organization sustainability.

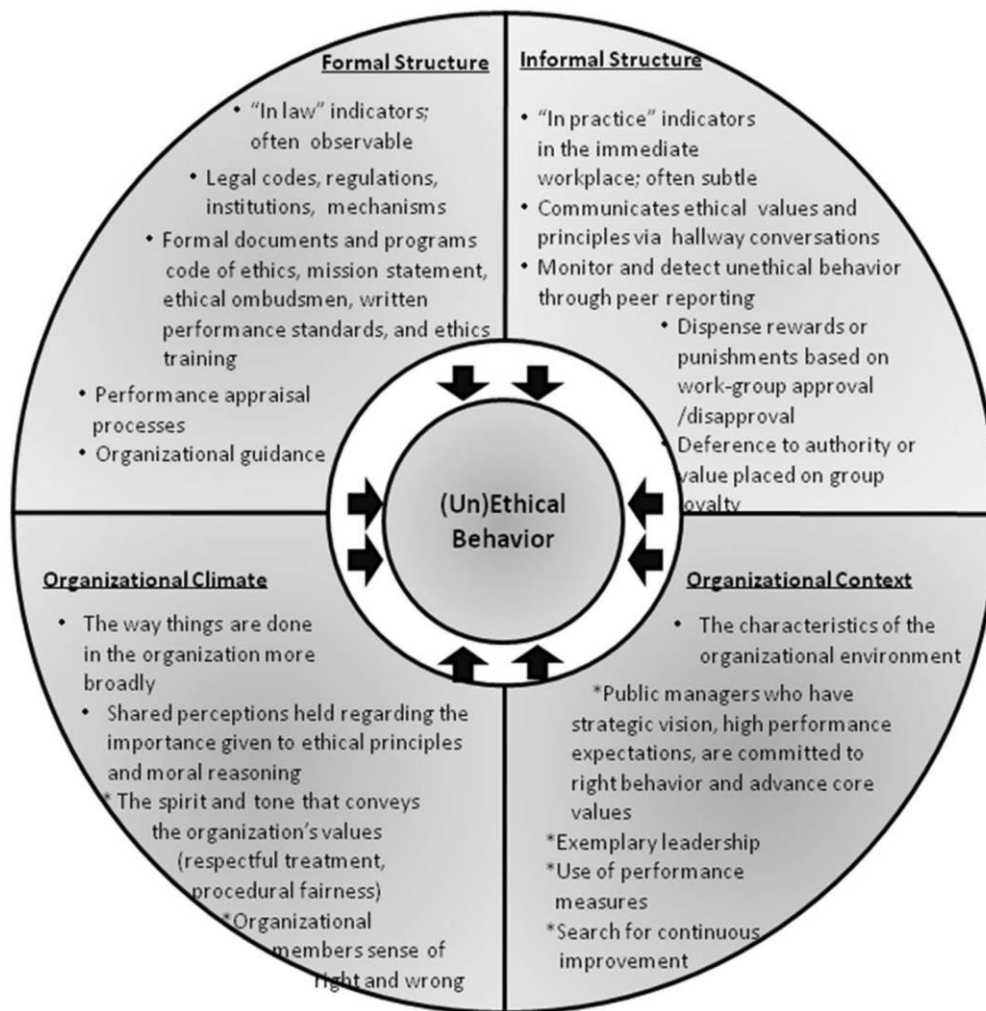


Figure 4. Study relationships. From “Charting ethics in Asia-Pacific HRM: Does East Meet West, Ethically,” by J. P. West, L. Beh, & M. Sabharwal, 2013, *Review of Public Personnel Administration*, 33(2), p. 191. Copyright 2013 by *Journal of Management*. Reprinted with permission. (see Appendix C).

A discussion of the employees' moral values can assist the leaders in resolving ethical conduct issues. Eisenbeib and Giessner (2015) discussed that ethical leaders' responsibility and their ability to share values and beliefs with the employees to develop opportunities to build relationships. The benefits employees receive by improving their ethical standards can develop effective results for exploring and understanding the company's business objectives (Besio & Pronzini, 2014). Analyzing value-enhancing capabilities for leaders' responsibility may identify inconsistency with tasks, training constraints, and lack of ethical conduct of the employees (Malik, 2014; Vidyarthi, Anand, & Liden, 2014). As a viewpoint from other authors identified in the study, the research included highlights on the leaders' development of policy strategies in adding value to the employees' ethical conduct.

Leaders must become more transparent with engaging employees to perform at their best. The obligation to the company was to engage and encourage leaders to assist employees in improving ethical behavior and maintaining consistency (Lozano et al., 2013). The leaders' understanding of the business objectives enhances the organization by developing and improving the employees' applied process to progress positive development in behavior (Dusterhoff, Cunningham, & MacGregor, 2014; Stahl & de Luque, 2014). The leaders can identify significant areas of interest for the employees, which may improve ethical behavior.

Strategies Organization Leaders Use to Encourage Ethical Conduct Resolution

The purpose of this qualitative single case study was to explore organization leaders' policy strategies to improve ethical conduct resolution for improving the ethical

conduct of employees. Leaders' cognitive moral development and training may assist the employees with addressing concerns in a positive manner to promote constructive feedback about ethical conduct resolution (Walumbwa et al., 2017). The literature review included insight on leaders educating themselves about their responsibility to improve conduct and by sharing knowledge with employees on how their involvement influences ethical performance. Leadership may use ethics to increase ethical conduct resolution by enhancing performance, training, and developmental impact on conduct for an improvement in personal growth (Liden et al., 2014; Peters, Lau, & Ng, 2014). Different training guidelines that leaders provide to the employees have an opportunity to improve workplace culture and sustainability of the organization.

Acknowledgment of the need for ethical conduct resolutions by leaders can allow improvement in business practices, strength in employees' morals, and development of ethical policies. Analysis of the structures of moral decision-making techniques requires leaders to develop intellectually (Weaver et al., 2014). Leaders' strategies for implementation of ethics strategies and procedures connections are with current business objectives that promote sustainability measures for the organization (Chun et al., 2013). Crossan et al. (2013) discussed benefits of the leaders' perspective on ethical development by using the virtue-based orientation (VBO) model. Crossan et al. discussed the VBO model and self-reflection as an essential factor in building character strengths to reduce deficiency in implementing ethical policy strategies. The inclusion of ethical research in the study may add to the valuable content other leaders need with improving their encounter of ethical conduct issues in the workplace.

In the qualitative single case study, reviews of the adverse impact of ethical conduct issues allow leaders to process ethics strategies, which may improve service quality and organization sustainability. The results of recent studies showed that leaders might negatively add to the consequences of employee behavior (Auh et al., 2014; Bagger & Li, 2014; Chi & Ho, 2014). Leaders' individualized time with their employees might be a benefit for behavior improvement (Fehr et al., 2014). Robertson and Barling (2017) have expressed concerns for their leaders' responsibility in how to address behaviors. Byrne et al. (2014) discovered that leaders lacked knowledge on improving unethical conduct. Jonson et al. (2014) documented study populations consisting of American organizations operating in the health care industry that experienced leaders' unsuccessful approach in curbing the unethical conduct of the employees. Blome et al. (2017) and Kolk and Perego (2014) discussed that the conservative abilities or interests of CEOs might identify responsible practices within the company to encourage ethical behavior. Wang et al. (2017) provided a perception from a qualitative approach to improving ethical performance initiatives that enhanced the learning abilities of the leaders to manage ethics effectively. The leaders' ability to include ethical conduct resolution into the business objectives may identify strategies that focus on contributing to ethical development and training (Epstein & Buhovac, 2014; Sutter, Bruton, & Chen, 2019). Identifying strategies for improving ethical conduct resolutions has become a new process for the industries in the 21st century.

Transition

The review of literature for the qualitative case study included an exploration of ethical strategies that health care business leaders used to improve the ethical conduct of employees. The conceptual framework of Brady's (1985) Janus-headed model of ethical theory provided an understanding of how business leaders used ethical strategies to improve employee ethical conduct, positive culture, and organizational sustainability. The scholarship in this study provided insight into the conceptual framework to support the leader's implementation of ethical strategies to improve employee ethical conduct. The purpose of Section 1 was to obtain research on the business concern and the chosen method for the study. In addition, the scholarship in the literature review included the importance of leaders' strategies to improve ethical conduct among the employees. An implementation of ethical strategies may assist business leaders in improving the organization's workplace, community, and society with positive ethical culture.

The qualitative single case study was an exploration of the health care leaders' strategic implementation of ethics strategies for the improvement the employees' ethical conduct. A sample size of seven business leaders in a health care organization provided responses to the semistructured interview. The research question, interview questions, and underlining problem provided an understanding of the health care leaders ethical strategies used to improve ethical conduct. In finalizing the study, I am able to answer the research question: What strategies do health care business leaders use to improve the ethical conduct of employees?

The purpose of Section 2 was to introduce further explanation on the data collection process and to discuss the research method and design selected for the study process. The purpose of this qualitative single case study was to explore strategies that health care business leaders use to improve the ethical conduct of employees. In reviewing the data collected from the participants, the focus on identifying ethical strategies the leaders implemented was to encourage ethical conduct among the employees. Section 2 includes the explanation of the role of the researcher, participants, research method and design, population and sampling technique, the collection of the data, and the validity and reliability of the data.

Section 3 includes the findings and results of the research study. The implications of social change and findings of the study are an inclusion in Section 3. In addition, there are data findings about the research question: What strategies do health care business leaders use to improve the ethical conduct of employees? An essential portion of Section 3 was the detailed reporting of the findings. In completion of the study, this section included recommendations for furthering the research on the leader's ethical strategies and reducing employee unethical conduct.

Section 2: The Project

This section of this study includes my role in obtaining participants, a deeper analysis of the research method and design, and identification of the selected population. Further explanation of the ethical research process is also included in this section. As a part of the data collection process, identifying participants for the interview sessions provided content on leaders' strategies for improving ethical conduct of the employees. In the section on reliability and validity, I include strategies health care business leaders use to improve the ethical conduct of employees.

Purpose Statement

The purpose of this qualitative single case study was to explore strategies that health care business leaders use to improve the ethical conduct of employees. The target population for this study was health care business leaders at a health care business in central Georgia who have implemented strategies to improve ethical employee conduct. Health care business leaders who use these strategies can address ethical conduct issues in the workplace to improve service quality and organization sustainability. Leaders can implement strategies that influence individuals' livelihood and community well-being. Improved employee conduct can lead to social change through stakeholders feeling more comfortable about returning to the health care business for health care services, thus improving community members' comfort level for better health and well-being.

Role of the Researcher

The role of the researcher is to obtain credible information that includes awareness and evidence for the improvement of subsidiary processes (Finch, Deephouse,

& Varella, 2015). I was the instrument responsible for the primary data collection process, which involved obtaining the interview data on how to improve ethical conduct resolutions. This is because a qualitative case study includes the researcher's responsibilities for interviewing and observing candidates for participation (Yin, 2017). The researcher in qualitative studies is also the primary data collection instrument with several options for gathering data and attaining external sources to increase validity in a study (Pezalla, Pettigrew, & Miller-Day, 2012). Some secondary sources included in this qualitative single case study are existing policies, employees' collaboration, and facts related to the participants' experiences of ethical issues. My role as the researcher was to analyze the data gathered from the leaders' interviews and archival data on ethics strategies to guide improvement of ethical conduct resolution. In this role, I explored the leaders' strategies to improve the ethical conduct of employees.

Before I acquired participants, I gained research proposal authorization from the Walden University Institutional Review Board (IRB) as a requirement. The training I received on ethical standards through the National Institute of Health was also a requirement needed to conduct the study. Observing leaders' strategic process for establishing ethics strategies in the work environment through involvement can improve ethical conduct resolutions. Therefore, it was an advantage to conduct this study with different sources for data collection such as gathering information from the participants (see Yin, 2017). I obtained data from semistructured interviews and archival data with the leaders participating in the study. The experiences of the participants provided information about ethics strategies and ethical conduct resolution.

During the research process, I followed the principles associated with the Belmont Report, which includes boundaries between practice and research, fundamental ethical values, and applications. The National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research (1978) provided the Belmont Report as a protocol for protecting human subjects during the research analysis process. The intended process was to identify a level of protection for participants and to document the data collection process concerning the participants in the study. An inclusion of steps was necessary to ensure that the participants had the ability to withdraw from the study at any time. The overall expectation of the participants was to safeguard and properly store the data collected from the participants.

While working in a health care facility, I gained experience and knowledge about strategic policies used by leaders that may resolve employee ethical conduct issues in the organization. I have gained 15 years of established personal development, including professional experience observing the activities of others in multiple organizations to assist with eliminating biased information. With no prior experience with the implementation of policies, I was able to look at the information with no opinion to mitigate bias. To mitigate bias, review of responses to the interviews and conducting further research analysis was necessary.

Ethics in this research were also recognized to maintain reliability, integrity, and honesty of the qualitative study (Dinh et al., 2014; Punch, 2013). I used the interview protocol to review the leaders' strategies, document the current processes, and compare data with the literature on ethical conduct resolution strategies (see Appendices C and D).

A protocol for interviewing participants is commonly used in qualitative studies (Marshall, Cardon, Poddar, & Fontenot, 2013). I used the interview protocol to guide the data collection steps for obtaining ethical policy research regarding ethics strategies as described within the qualitative study. The interview protocol for the study included the health care leaders for the semistructured interviews, which followed the guidelines stated in the consent form. I conducted interviews to explore strategies used to improve ethical conduct resolution. Information from the semistructured interviews and review of organization documents provided research for resolving ethical conduct issues.

Participants

This qualitative single case study included leaders who work for a health care facility. The basis for selecting participants for the study is to guarantee adequate information for the study (Marshall & Rossman, 2016). Participants act as contributors to the study by providing a deep insight into their lived-experiences (Punch, 2013). I chose participants who have a minimum of 3 years of health care leadership experience and work in the identified health care facility using strategies for resolving ethical conduct issues to participate in the interview process as detailed in the interview protocol (see Appendix A). By verifying that the employees had health care experience to guarantee their work history, they also had to provide significant information on strategies to reduce ethical conduct issues in the interview process. Leaders who have a lengthy work history can understand ethical issues that continue to place constraints on organizational sustainability (Stahl & de Luque, 2014).

To take part in this study, the participants had to work in a central Georgia health care organization. In selecting the organization for the study, I reviewed U.S. Hospital Finder or the Department of Community Health to ensure that the health care company was in the central area for Georgia. Contacting the company to gain access to the participants can improve the collection of data process (Marshall et al., 2013; Punch, 2013). Researchers selecting a company using various sampling choices promote a broad context of ethical values, and researchers should contact the organization for approval before selecting participants (Myers, 2013). I had face-to-face contact with a health care leader to obtain approval from their organizational leadership and their leaders who met the requirements (see Appendix A; see also Marshall et al., 2013) to participate in this study. The inclusion of a letter of cooperation and IRB Authorization Agreement signed by the organization for participation was a requirement for the study, per Walden IRB guidelines, which was followed because the company did not have its own IRB.

After selecting the business, I provided information to the company to assist in the selection of the leaders who met the requirements to participate in the study. A researcher can identify leaders who have applied ethical strategies adapted throughout their work history to improve employee conduct (Yi, Hao, Yang, & Liu, 2017). I discussed with the health care organization leader about a listing of potential participants to assure that they have 3 years of experience in health care. Then, I used the letter of cooperation form as authorization to obtain access to leaders who implement strategies for ethical conduct resolution. Researchers use the consent form to gain permission from the participants who are willing to participate in the study (Mannix, Wilkes, & Daly, 2015). In conversing

with the leaders on participating in the study, I inquired about business strategies that worked for their use to assist me in gaining information on ethical conduct resolution. The leaders who met the requirements received a face-to-face invitation and an e-mail invitation request to confirm their approval because they are a potential candidate selected to participate in the study.

Once I gained access to the participants, I established a working relationship through e-mails and face-to-face discussions. Collaboration with the participants during the interview process originated through face-to-face semistructured interviews and follow-up phone calls. Cooperation between participants and researchers is important for collecting data and remaining on topic (Morison & Macleod, 2014). By developing a relationship with the participants, collecting research is easier (Marshall et al., 2013). To develop rapport, I provided an overview of the interview protocol and consent form, and I answered any questions about the purpose of the study. It was important to include trustworthy information that offered a description of the study (Elo et al., 2014). This provided information on the study and requirements for participation and showed the importance of their participation. In addition, I used a script for the semistructured interviews, which assisted in keeping the participants engaged in identifying ethics strategies to resolve ethical conduct issues in health care (see Appendix A).

Research Method and Design

Research Method

I used a qualitative method in the study. A qualitative method includes a researcher who is the instrument who gathers information in the study (Yin, 2017).

Researchers use the qualitative method to collect information about the participants' experiences that they practice in the workplace (Elo et al., 2014). The quantitative method can improve the link between knowledge, ethical standards, and political perspectives (Punch, 2013), but the qualitative method was suitable for analyzing personal experiences to address ethical conduct issues. The quantitative method was not suitable for use in this study because the statistical analyses of processes were not beneficial for the type of research exploration needed to resolve ethical conduct issues. By using the qualitative approach and the interviews, I collected information regarding ethical issues from the participants. I chose to use the qualitative method because it allowed me to understand the perspectives and lived experiences of the participants concerning ethics strategies.

Research Design

The research design used in this study was a case study design, which provided a viewpoint on implementing strategies to resolve ethical conduct issues. A single participant for a case study can be acceptable, though the sample size is determined by the researcher (Robins Robinson, 2014). A case study design helps to explore a method for evaluating the empirical evidence analysis of social topics while improving the business concerns (Yin, 2017). The case study design is a process to develop comprehensive conclusions that contribute to gaining knowledge of the research information (Yin, 2017). Although the phenomenological design may offer lived experiences, the focus of the study does not relate to the effect human behavior have on lived experiences of employees as described by Marshall and Rossman (2016).

Case studies are used as an intervention for finding a resolution to addressing critical situations (Punch, 2013). Case studies can be used to examine scenarios on ethical conduct resolution and provide a baseline for conducting research on strategies (Houghton, Murphy, Shaw, & Casey, 2015). A case study design also provides comprehensive data that helps to evaluate equivocal evidence (Punch, 2013; Yin, 2017). The option to use ethnography in the study could have assisted with an exploration of a larger culture size, resulting in collecting data from multiple organizations. However, ethnography design techniques provide more of a disciplined approach (Miller, 2014). Considering that the focus of the study was a single case study with one health care organization, the case study design was more suitable. Additionally, the case study design was also appropriate for this study because I was able to relate the topic to other knowledge. The design allowed for exploring of strategies for ethical conduct resolution through the review of another case study, which is a viable resource to collect rich information to expand a research topic (Yin, 2017).

An important element of data collection considered with the design is saturation, which includes an adequate sampling of the research as a contributing factor of validity (Elo et al., 2014). A repetition of data occurs as the researcher collects information through analyzing data and reviewing semistructured interviews of the participants (Schwab et al., 2014). Data saturation can be determined by finding evidence of duplication in participants' information (Parker & Bull, 2015). I ensured that data saturation was reachable in the study once a repetition of information formed during the

data collection process. I assured data saturation by determining when information occurred repeatedly.

Population and Sampling

A suitable sampling method that supports semistructured interviews in qualitative research is purposive sampling. Purposive sampling is an important feature to ensure data credibility (Elo et al., 2014). Purposive sampling in this study consisted of leaders with health care experience in implementing ethics strategies. Analysis of the health care company offered diversity in sampling. Data were collected through interviewed with the participants centered in central Georgia.

The participants were selected among leaders who hold different leadership positions in the health care industry, and they were required to have experience using ethics strategies to improve unethical behavioral situations that occur on the job. The selected participants were employees who have at least 3 years of employment in health care. The selection process of choosing participants was to determine the individuals that acquire certain conditions (Punch, 2013). The potential participants consisted of six to eight leaders for the semistructured interviews. Sampling sizes in qualitative research add value and quality to the study (Chong, 2014; Myers, 2013). A sample size with a minimum of participants is a requirement for building a rationale to ensure data quality of the study (Marshall et al., 2013; Punch, 2013). The selection of interview participants was suitable for the study because the research required knowledgeable individuals for improving ethics strategies on ethical conduct resolutions in the workplace.

To ensure data saturation occurred, I continued to add additional participants who met requirements until the data replicated. The respondent validation provided by the participants offered validity to the study. Providing information about the purpose of the study gave the participants an idea of expectations for collecting data (Punch, 2013). Additionally, purposive sampling ensures data saturation from the sample size (Marshall et al., 2013). As the researcher, I continued to obtain interview data until the data analysis replicated in the process of exploring strategies for ethical conduct resolutions.

Selecting the right organization was important for collecting the research. Selecting the location can stimulate social change for the environment (Motulsky et al., 2014). The targeted interview setting should reflect the industry that provided findings on the research topic (Dinh et al., 2014). The leaders' interviews took place in an on-site conference room, which was important for selecting the appropriate location to collect the necessary information for data saturation (Marshall et al., 2013). The location selected for this by the organization's leadership allowed participants a comfortable space to relax with privacy and limited distractions.

Ethical Research

This qualitative single case study included a process to gain consent from the organization and business leaders in the health care industry. This study involved participants from a single organization to participate in the research process for implementing ethics strategies to improve ethical conduct resolutions. It was important to provide consent forms to participants who were qualified to continue with the interview process, as it adds to the importance of semistructured interviews (Aarons et al., 2015;

Elo et al., 2014; Marshall & Rossman, 2016; Myers, 2013). Before the interviews, I provided the leaders with an invitation, introduction to the interview, and a confidentiality consent form for approval of the interview process (see Appendices A, C, and D). A consent form contains the purpose of research, including the consequences and benefits of participation in the interview process (Punch, 2013). The participants received a consent form, information on the study, and the opportunity to withdraw at any time. As stated by Punch (2013), the consent form was a requirement to protect the participants' privacy throughout the study. Included in the consent form was a section that allows the participant to withdraw from further participation in the research study. The participants' withdrawal from participation in the study can be verbal or written.

Participants who contribute to the study gained an opportunity to participate in providing information on ethics strategies for ethical conduct resolutions. I provided the business leaders with the opportunity to findings of the interview data as an incentive. The health care business leaders received information from the interview data on ethics policy strategies, and the employees were able to use the policies to resolve ethical conduct issues as they occur in the workplace. The health care business benefit from ethical conduct resolutions may provide ethics strategies for minimizing ethical conduct issues. As a contributor, the participants received a summary of the study findings upon completion and publication as an incentive. An opportunity for the participants in maintaining the confidentiality of their identity was an incentive that provided protection. Leeson (2014) discussed that most researchers consider focusing on the participants' interview by including an option to allow the participating members to feel safe with no

expectations of exploitation. Kilpatrick (2014) discussed the participant's daily interaction on the job that involves cooperative learning to stimulate interest in work activities. Epstein and Buhovac (2014) discussed engaging the participants in identifying strategies to implement ethical policies may encourage the individuals to improve their performance. Including the employees in the strategic planning process for identifying ethical conduct resolutions, may determine if the employee's concepts are a benefit to the corporation.

In collecting data on ethics strategies in a health care environment, the participants' offering was the protection to guard them against ethical issues that may arise throughout the research process. All collected data will remain confidential and properly stored for a minimum of 5 years. Subsequently, the documents destroyed after completion of the study was to protect participants' privacy. The consent form was a document designed to reassure the participants that their information remained confidential, and their privacy is important to the researcher. Aarons et al. (2015) explained the benefit of providing a consent form to the participants who were qualified to continue with the interview process. Elo et al. (2014) and Punch (2013) agreed that the consent form added to the importance of semistructured interviews for the data collection method of qualitative research. After receiving approval from Walden IRB, participants can contribute to the study based on their ability to provide responses during the interviews, which can add value to the research. Myers (2013) discussed obtaining IRB approval as a process resulting in an ethicist review of research to improve the impact ethical policies have on organizations. Marshall and Rossman (2016) stated that IRB

approval was a requirement for approving ethical research and the consent was a necessary component to gain publication. I gained IRB approval before contacting participants and collecting data for completion of my research (approval no. 01-16-18-0460769).

The IRB approval guidelines as the standard process for the researcher's implementation within the proposal was to protect the participant's rights for contributing to the research study. Punch (2013) discussed assigning aliases that allowed the participants to remain confidential throughout the research process. As documented in the appendix, I identified the participants as I-1, I-2, and so forth (see Appendix A). The removal of questions that allowed the participant's responses to result in a breach of confidentiality was not permissible; nor should interview questions reveal personal information be acceptable for the study. Yin (2017) stated that a good researcher must ask questions that do not reveal the participant's identity. Provided to the participants was a notification to withdraw from contributing to the study, as an option at any time releasing them from being obligated to participate. The interview number assigned to the participants was for transcription purposes, which I used to organize the content of the leaders' interview session. Chong (2014) discussed using a coding technique for the interview process to provide participants with an identifier to assist with maintaining their privacy. As stated by Myers (2013), the interview process was a step considered as the most important qualitative technique. By maintaining the confidentiality of the participants, safely storing the password protected material in a special folder on the computer and to a flash drive was necessary to protect the participant's identity. In

protecting the confidentiality of the organization, I identified the company in the qualitative single case study as the health care organization. My continuation of following a strict process for protecting the privacy of the organization and the participants was a process conducted throughout the study and 5 years after completion.

Data Collection Instruments

In the qualitative single case study, I am the primary instrument for data collection about ethics policy strategies leaders use for improving ethical conduct resolution. I used a semistructured interview process for the leaders and archival organization data information for the data collection activities of the study. Yin (2017) stated that researchers who conduct a case study must realize that this design lacks parameters for conducting the research study. The interview content consisted of participants' responses that offered strategies on ethical conduct resolution to improve the ethical conduct of employees. First, the selection of a semistructured interview process provided insight into the participants' strategies for addressing ethical conduct issues. Yang, Che, Hsieh, and Wu (2016) agreed and discovered through conducting semistructured interviews that some perspectives the leaders identified of nurses, allowed other individuals to influence their attitudes when encountering ethical conduct issues throughout different cultural types. Punch (2013) and Elo et al. (2014) used semistructured interviews to collect data that allowed the researcher to do a thorough analysis of the topic of choice. Semistructured interviews (see Appendix A) use assisted me to guide the data gathering processes with participants.

The interview protocol for the qualitative single case study includes identification of a face-to-face discussion with leaders (see Appendix A). Yin (2017) and Punch (2013) discussed how the interview protocol should consist of questions that answer the research question. To conduct semistructured interviews with the leaders, I used a consent form for the participants, e-mail invitations, and an interview protocol form (see appendices A and C). Leaders had an opportunity to provide insight into the research question through participation in a semistructured interview process. Elsayah, Guillaume, Filatova, Rook, and Jakeman (2015) discussed interviews as an opportunity to demonstrate diversity in gathering data. I used the semistructured interviews for revealing themes throughout the data collection process. I reviewed the participants' lived experiences, and I went to explore new concepts for resolving ethical conduct issues. I greeted the participants, explained their participation requirements (Appendix A), and reviewed the primary points of the study.

Lastly, the use of data collection instruments, such as semistructured interviews and archival data may provide information about strategies to improve ethical conduct resolutions. Marshall and Rossman (2016) explained the purpose of archival data as being historical research for obtaining information. Yin (2017) and Myers (2013) discussed that interviews are the most important technique for qualitative studies. I reviewed archival data, such as pre-existing organization documents that serve as evidence of strategies used to improve ethical conduct resolutions for the organization.

The third source of collecting research in the qualitative single case study was archival data such as the Code of Ethics, which might include ethical strategies that

leaders use to document ethical resolutions. A preview of the health care business' human resources handbook policy may inform the employees and leaders on expectations of positive ethical behavior. In reviewing archival data, some ethics strategies may be obsolete and may allow ethical conduct issues to occur frequently. Marshall et al. (2013) and Yin (2017) agreed that archival documents are valuable sources of research, which may contain useful information for data analysis. Dixon-Woods et al. (2014) documented the assessment of interview data as being beneficial for adding an adequate resource for gathering research. Data collection instruments used in the study allowed me to explore policy strategies in resolving ethical conduct issues for the improvement of ethical conduct of the employees.

The member checking process documented in the qualitative single case study allow interviewees review of the initial data gathering and analysis results to verify the accuracy of the information collected. Elo et al. (2014) described member checking as a process of qualitative research that supports trustworthiness in collecting data from the participants' lived experiences. Cho and Lee (2014) stated that enhancing reliability and validity by using the member checking process was for ensuring that the interviews are accurate with the responses of the participants. Member checking was a consideration by the researcher as a technical process that requires an enhanced amount of rigor in the research (Marshall & Rossman, 2016). After collecting the research, I conducted member checking by following-up with the leaders on discussing the findings. I requested the contributors, who participated in the study, to review the interview data and provide feedback to validate the accuracy of the information. The participants had an opportunity

to evaluate the results of the interview and make corrections before finalizing the research process.

Data Collection Technique

The data collection techniques suitable for this qualitative single case study are face-to-face semistructured interviews with the leaders and data from archival documents. The primary data collection process consisted of open-ended questions for the face-to-face semistructured interviews with health care business leaders. The basis for selecting participants for collecting research was to guarantee the appropriate information for the study (Punch, 2013). Social interaction between participants was an advantage of face-to-face semistructured interviews (Myers, 2013). Punch (2013) agreed that interaction between the interviewer and interviewee allowed researchers to obtain positive results in collecting data. Chong (2014) disagreed and debated that semistructured interviews could result in social interaction among the participants' withdrawal from participating in their study. Elo et al. (2014) stated that a disadvantage of the semistructured interview process was to have enough participation to collect rigorous data. For the participants, advantages for participation provided an opportunity for the individuals' contribution to a scholarly study. Marshall et al. (2013) argued that semistructured interviews provide subjective data, which may lead to biased information. Lack of participation can result in limited research but may provide the participants' experience on improving ethical conduct issues.

The leader's semistructured interviews (Appendix A) were appropriate in the study because the researcher requires feedback from participants and allows them to

express their viewpoints about ethics strategies on ethical conduct resolutions. Elo et al. (2014) and Marshall et al. (2013) stated that the data collection technique selected by researchers should not guide the contributor's responses to the interviews. The data collection activities contain participants who provided responses to questions about the leaders' policy strategies for improving ethical behavior. The qualitative single case study included a semistructured interview process with leaders in Georgia employed in one participating company. Day et al. (2014) stated that interviewing leaders could provide formative information from a leadership perspective but may result in complex problems for the employees. Hunter et al. (2013) agreed that leaders could produce status conflict with participants and may result in biased responses. The use of semistructured face-to-face interviews with leaders provided the data needed for the study.

I included the Code of Ethics as archival data instrument to collect ethical research in the qualitative single case study. Ruiz et al. (2015) discussed leaders' implementation of the Code of Ethics into organizational policies was a positive result of the employees adapting to an ethical environment. Marshall et al. (2013) stated that the data collection process for gathering data was an advantage because the analysis can extend the research. Elo et al. (2014) agreed that the analysis of the research documentation was achievable by selecting an appropriate data collection method. Kacmar et al. (2013) stated that organizations might use ethics strategies to reinforce positive behavior. Leaders use archival data to implement ethical standards in a health care organization. Noval and Stahl (2017) identified ethics strategies as the leader's protocol to establish ethical guidelines and develop a positive workplace. The collection

of archival data may contain information on improving ethical conduct issues that occur in the workplace.

Leaders may not view ethics strategies for ethical conduct resolutions the same as employees do for the interview process and may cause complications in the study. Dinh et al. (2014) researched trends in participants' perspectives and identified the possibility of interviewing leaders might not have the same perspective as employees. Chong (2014) agreed that open discussions of interviews could result in self-belief of the participants, which may influence ethical issues. Dixon-Woods et al. (2014) stated that the disadvantages of group interviews are the comfortability level of the participants. In collecting information from analyzing archival data during the research process, as documented in the interview protocol (see Appendix A), I used a Smartphone, writing tools, and a tablet for the data collection process.

Archival data can include organizational documents that leaders use to improve ethical conduct issues, such as hospital vision/mission policy and behavior/performance policy Marshall and Rossman (2016) and Yin (2017) specified that using multiple archival data sources for collecting comprehensive data must include an explanation of the instrument, such as the code of ethics. An advantage to collecting archival data for this qualitative single case study was because leaders can review or develop updated ethics strategies for addressing ethical conduct resolutions. Yukl et al. (2013) stated that companies update policy guidelines in their facility to identify improved ethical standards of specialized practices. Any possibilities for reviewing ethics strategies may provide an opportunity for leaders to ensure employees are following the rules. Punch (2013)

discussed the code of ethics policy requiring updates each time situations cause a change to the current process, which then could result in a leader's immediate review of the policy content. A disadvantage to using archival data as a collection method may lead to policies being obsolete and not aligned with governmental practices. The archival documents I reviewed provided findings related to policies that work effectively in resolving ethical conduct issues. Archival information may reveal other ethical concerns that could affect organizational sustainability.

After the interviews, I allocated time for the participants to review the interview data and provide feedback on the identified themes, which validated member checking. In conducting member checking, participants were able to review the findings of the study to validate the credibility of collected information. Cho and Lee (2014) identified member checking as a technique to increase the credibility of the analysis of collected research. As described by Elo et al. (2014) and Marshall and Rossman (2016), to validate member checking, a copy of the interview findings was provided to the participants for review to make corrections to the transcripts. Upon completion of the data collection process, the interview data were available for consideration of a review by the participants to ensure accuracy. Other steps taken in the interview process was to make sure the transcripts were free of errors and mistakes. I validated member checking by reviewing the data with all participants in a follow-up meeting to identify the accuracy of the collected research. Houghton et al. (2015) stated their reason for member checking was to analyze the transcripts critically and make modifications accordingly. Elo et al. specified that performing member checking was a process used by researchers to analyze

and make corrections to the collected interview data before finalizing the study. In general, member checking was a protocol where the participants had an opportunity to make corrections to the interviews before the completion of the study.

Data Organization Technique

In preparation for conducting the study, the data organization technique included a process for establishing a record for organizing the research data. Documenting and tracking information in a research journal generated in Microsoft Excel to assist with remaining on track. Myers (2013) stated that research journals used to document data, provide organizations with a process to categorize the collected data. Marshall and Rossman (2016) discussed a journal as a solution to documenting particular topics with critical research concerns for further analysis. Elo et al. (2014) used instruments such as journals and interview transcripts for collecting and organizing data for a qualitative research study. During the research analysis process, I documented themes in the journal that I identified from the use of data collection instruments.

I organized the data using Microsoft Office software designed to transcribe and analyze research material. Encrypting a flash drive with a password was the primary hardware storage location for leaders for semistructured interviews. Yin (2017) stated that safely securing data collected on flash drives, until destroyed, could guarantee the protection of the participants' identity. Punch (2013) indicated that adding a password on devices could protect the participants' identity. The recorded leaders' interviews, journal, transcripts, and archival data was confidential and retained in storage on the flash drive for 5 years to completion of the study until destroying the information, was a requirement

of Walden University. In protecting the participants' information, I found the process useful by not using real names. A qualitative method requires storing the confidential data in a secure location for a minimum of 5 years, destroying the information afterward (Myers, 2013; Punch, 2013; Yin, 2017). By safely securing the participant's confidential interviews, I was able to scan documents to a backup storage location for extra security.

Data Analysis

In a review of health care business leaders' ethics policy strategies, I analyzed data used of ethical conduct resolutions to improve the ethical conduct of employees. Marshall and Rossman (2016) stated that while researchers conduct a qualitative study, the use of experiential data between determining the relationship of variables used to triangulate; therefore, eliminating hypothesis testing, which occurs in a quantitative study. Using triangulation could assist with theories, data, and methodology (Cho & Lee, 2014). Yin (2017) documented the methodological triangulation as a process used to identify validity in the study. I used methodological triangulation to triangulate data collected from the leaders' semistructured interviews and archival data reviewed during the data collection process. Gorissen, van Bruggen, and Jochems (2015) described methodological triangulation as a technique used to explore research and apply multiple data collection methods as a strategy for collecting data. The overall goal of this study was to explore leaders' ethics policy strategies to improve ethical conduct resolutions to improve the ethical conduct of employees.

As I conduct the leaders' interviews, labeling the collected data by themes help to organize the information into a useful order for compilation. A compilation of transcribed

data into codes based on participants' most repeated word and their level of importance was a representation of main factors identified from the research analysis. Houghton et al. (2015) stated that researchers transcribed data to identify a collection of comparable themes from each participant. A dissimilation of the data into similar themes to categorize the information and reassemble the data occurred for a more structured, sequential format presentation. Next, I interpreted the reassembled data by recompiling research into an organized format was necessary for data analysis process. Finally, to draw conclusions from the interpreted data and other stages of the process I determined the most critical themes that may improve ethical conduct resolutions. Cho and Lee (2014) identified themes as a critical process for coding interview data. Through the identification of highest ranked themes, the data analysis may provide enough research needed for improving ethics strategies. To organize and interpret the interview data, I reorganized the collected research data to document the codes in the journal and Microsoft Excel software. As stated by Myers (2013), the importance of organizing and interpreting collected data allowed researchers the ability to obtain themes from the data analysis process. I categorized, and reassemble collected research data in a structured format of the participants in ranking the level of importance. After identifying the themes from interpreting the data, the participants reviewed the codes to validate accuracy.

Case studies are a useful method for gathering data because researchers can use coding systems as a common approach to identifying themes within the design. The coding method was a critical necessity to use and a major component to include in qualitative research for case studies (Elo et al., 2014). Punch (2013) used *a priori* system

to code data for the analysis of themes and patterns in a conceptual analysis. Cho and Lee (2014) discussed *a priori* coding as a general methodology for analyzing social research. I used the *a priori* coding technique to code themes identified from the leaders' interviews. Chong (2014) discussed *a priori* coding technique and using the analysis tool for transcribing interviews through using words identified from collecting research data. The themes identified from the research analysis include data gathered from the collection methods. In addition, I coded the themes into priority categories from existing data that derive from analyzing research.

While documenting the coding process, identifying themes within the literature and conceptual framework occurred to organize the data. According to Yin (2017), researchers should take specific steps to eliminate mistakes while collecting data. After collecting research from the leader's interviews and archival data, I categorized the participant's most used words and used them as themes. Fry and O'Brien (2015) discussed the use of *a priori* improving their research findings by coding words into themes based on priority or a high level of importance. Cho and Lee (2014) and Chong (2014) described *a priori* coding as a process that allowed researchers to use words to code interview data. During the data collection process, I identified key themes, compare information with the conceptual framework, and review scholarly literature.

Reliability and Validity

Reliability

Gathering research to develop reliability in the study may improve the exploration of ethics strategies by using the collected data to allow comparison between the literature

and dependability within the study. Elo et al. (2014) stated that dependability, described as the data over a specified period, remains stable regardless of different conditions. Yin (2017) used the case study and member checking process to establish dependability in the research study. Houghton et al. (2015) identified data saturation resulting from establishing dependability from using multiple sources to collect data. Prior to conducting the interviews, I captured background data, years of management experience, and years of organizational knowledge to ensure the participant's meet the participation requirements. In the interview process, the interview questions require detailed information on the participants' workplace experience and the leader's responsibility for addressing behavioral concerns. The leaders had a chance to review their research data for member checking purposes and to confirm accuracy.

While conducting member checking with leaders, the process was a requirement of quality qualitative research, which allows researchers to check for trustworthiness. Punch (2013) stated that the member checking process was a step in qualitative research where researchers can justify the accuracy of the data collected. Elo et al. (2014) applied open-ended interview questions to gain detailed responses from participants, which evaluated trustworthiness in the content of the qualitative analysis. Yin (2017) and Punch discussed confirming validity through member checking as a purpose for reviewing the collected data with participants. I documented precise notes, properly recorded the interviews, and provided participants an opportunity to make corrections for presenting better member checking results.

Validity

The essential components of validity are credibility, confirmability, and transferability. Validity may enhance the research with the use of more than one data collection method in the qualitative study (Yin, 2017). The documentation of each step for collecting the research was essential to identifying themes in the data (Cho & Lee, 2014). Enhancement of the rigor in qualitative studies can improve the validity of the research. Elo et al. (2014) stated that establishing credibility begins with the participants' review of the findings for determining accuracy in the research. Yukl et al. (2013) developed the validity of research by providing questions that resulted in trustworthiness and credibility of the results. The ability to enhance the accuracy of the findings was by conducting member checking for the interview protocol. Punch (2013) and Cho and Lee (2014) stated member checking was a high level of reviewing research for establishing trustworthiness with the participants. The collection of data included interviews and a case study, which provide credibility to the study. Therefore, I determined the credibility of the findings by allowing the participants to review the results for member checking purposes to ensure the accuracy of the data.

Strategies for qualitative research are recognizable with triangulation and member checking, which assured credibility. Triangulation was a development of four factors, such as data triangulation, investigator triangulation, theory triangulation, and methodological triangulation (Gorissen et al., 2015). Some capabilities of the researcher were to discover specific findings through research, which provides a benefit from triangulation by creating innovative concepts for understanding ethical conduct

resolutions. Kezar, Gehrke, and Bernstein-Sierra (2017) discussed data triangulation as an option to use observations, site documents, and interviews as forms of collecting qualitative data. Methodological triangulation incorporates different methods for studying the case or problem (Houghton et al., 2015). In the study, I used method triangulation because it was an effective method for collecting rigorous data from interview transcripts and archival data.

Transferability. Transferability in the qualitative study may guarantee that the research findings are practical to other perspectives. Elo et al. (2014), and Cho and Lee (2014) stated that transferability was a measure to receive rigorous data in the findings and determine whether the outcomes may be transferable throughout reviewing future qualitative research. Punch (2013) agreed that the process of transferring information might result in collecting findings of other research data to broaden the results of a theme. I gathered interviews with all participants. Houghton et al. (2015) stated that for individuals to obtain transferability, another researcher would use the same techniques as identified in this study, whether the findings are similar or indifferent. Once I collected the data, member checking with leaders occurred to allow them a review of the interview data, validating accuracy. Using methodology triangulation to analyze and report on the collected data could enabled other researchers and readers opportunities to determine the appropriateness of finding transferability to other scenarios. I focused on following protocols for gathering interview data, conducting member checking, and triangulating the data collected.

Confirmability. An overview of confirmability was a process for researchers to maintain documentation of every step in the entire data collection process. Yin (2017) and Punch (2013) stated that confirmability of the research occurs when the researcher provides the findings of the study to participants. Confirmability allows support of the participants' ability in confirming the accuracy of the replies to the transcripts (Punch, 2013). The leaders reviewed the results and confirmed their responses through the member checking process to reduce bias contribution from my process as the researcher. Myers (2013) stated that the findings must be confirmable and understandable by others. I confirmed the truthfulness of the study by analyzing the interview process of the participants and validating the responses through a coding system.

Data saturation. Obtaining data saturation by adding additional participants can enhance value and extend the research by determining the adequate information needed for the study. Elo et al. (2014) explained data saturation as a strategy for analyzing the right amount of information for the validity of the detailed research. Cho and Lee (2014) stated that once no new themes emerge, then data saturation was complete. I obtained additional information by adding the important individuals to the interview until a replication of data forms to complete data saturation. Marshall et al. (2013) discussed data saturation as the process of continuing research by adding participants until the completion of data. The comparing and contrasting of data in a case study may assist with simplifying validity and reliability within the analysis of the study (Goldin, Pinkus, & Ashley, 2015; Su, Linderman, Schroeder, & Van de Ven, 2014). Once new information

replicates from accumulating additional research within the study, saturation reaches completion.

Transition and Summary

The purpose of Section 2 was to provide specific details regarding this qualitative single case study that explores leader's policy strategies for improving ethical conduct resolution. As a key section of the study, the role of the researcher was an explanation of how I analyzed research. Section 2 consists of information that reflects the leader's semistructured interview process. To maintain the accuracy of data collected, documenting facts with peer-reviewed articles, journals, and governmental sources ensured the reliability of the information.

The qualitative single case study included population sampling, which consists of participants for purposive sampling, who offered information on ethics strategies. I chose purposive sampling as the method for conducting the study. The sample size consisted of six to eight leaders that provided insight on implementing ethics strategies. I used *a priori* coding throughout the data collection process, which allows researchers to identify keywords for coding interview data. I allowed all participants to review the collected data, make corrections to confirm trustworthiness, and ensure accuracy for member checking purposes. Reliability and validity section included rigorous research data to establish credibility, dependability, confirmability by reviewing the participant's interview data and confirm accuracy through conducting the member checking process. Member checking was a process I conducted in-person to provide the participants with an opportunity to correct the interview data and to confirm the accuracy of research data. In

addition, Section 2 included concepts for gathering data and ethical information to guide ethical conduct resolution for ethical behavior in the health care organization.

The purpose of Section 3 was to provide findings of the study, address how research relates to professional practice and implications of social change. Within Section 3, the focus was on strategies for ethical conduct resolution to implement policy strategies into the organization's business process. In addition, Section 3 was a comprehensive exploration of the findings in the case study. In this qualitative single case study, the objective was to explore the leaders' ethical policy strategies to guide ethical conduct resolution for ethical behavior in the health care organization.

Section 3: Application to Professional Practice and Implications for Change

Introduction

This section includes (a) Presentation of the Findings, (b) Application to Professional Practice, (c) Implications for Social Change, (d) Recommendations for Action, (e) Recommendations for Further Research, (f) Reflections, and (g) Conclusion. The purpose of this qualitative single case study was to explore strategies that health care business leaders use to improve the ethical conduct of employees. For this study, the conceptual framework was Brady's (1985) Janus-headed model of ethical theory.

I identified three thematic categories and six themes by using Chong's (2014) *a priori* coding technique (see Table 6).

Table 6

Thematic Categories and Themes

Thematic categories	Themes
Policy Strategies for the Improvement of Employee Ethical Conduct	Theme 1: Strategies for applying the Code of Ethics or Standards of Behavior policies Theme 2: Leaders involvement in improving employee ethical conduct
Ethics strategies used to address employee unethical conduct	Theme 3: Use of organization values to improve unethical behavior Theme 4: Implementation of ethics strategies
Strategies to overcome barriers of strategy implementation	Theme 5: Resistance to change Theme 6: Not reporting unethical conduct

Themes 1 and 2 include findings on the effects of ethical strategies used to improve employees' ethical conduct. Themes 3 and 4 reflect the leaders' strategies used to address employee unethical conduct in the workplace. Themes 5 and 6 provide information on strategies to overcome barriers of strategy implementation.

Presentation of the Findings

The overarching research question for this qualitative study was the following: What strategies do health care business leaders use to improve the ethical conduct of employees in a health care environment? Seven business leaders from the health care organization (see Appendix H), selected based on having at least 3 years of work experience and a demonstrated ability to implement ethics strategies to improve employees' ethical conduct, participated in the study and provided interview data that I recorded and transcribed. Afterward, I scheduled follow-up sessions to conduct member checking. During the follow-up sessions, the advice of Myers (2013) on compiling and interpreting data provided a foundation for organizing the information into categories. Six themes emerged from my analysis of the participants' responses, publicly accessible information, and literature such as company archival documents. In addition, I explored how the findings related to the conceptual framework.

Health Care Organization and Participant Information

The location selected for this study was a health care organization in central Georgia. The health care organization's diverse workforce consists of approximately 5,000+ employees, who include affiliated and employed medical staff, physicians, registered nurses, contracted workforce, volunteers, operational, and personnel staff. The company works closely with the Centers for Medicaid and Medicare Services to provide care to the community. The health care facility leaders implement organizational values to develop a culturally driven environment. The health care organization's leadership

focuses on their leaders providing a high level of quality, services to the community, and has sustained a successful health care business for over 100 years.

I selected seven participants who consisted of an executive director, directors, and managers. All participants stated that they developed and implemented ethical strategies for the organization. Based on the business leaders' understanding of successfully implementing ethical strategies to address employee ethical conduct in a health care environment and having worked at the facility for more than 3 years (see Appendix A), they met the requirements to participate. The participants served an important role in providing information for my documentation of thematic categories and themes from the collected data.

Thematic Category 1: Policy Strategies for the Improvement of Employee Ethical Conduct

In health care, the negative results of unethical conduct affect leaders, employees, patients, and stakeholders. Implementing ethics strategies has resulted in positive outcomes for ethical conduct. Leaders have supported the code of ethics or other ethics policies as they saw fit to assure the employees' conduct represents the company core values. I used the conceptual framework to compare the findings to ethical theory and prior literature. I identified that health care leaders contributed much time in developing ethical policies to improve employee engagement, employee's attitude, and ethical behavior. This is supported by Gu et al. (2015), who suggested that a leader's view on ethical theory provides concepts on bringing creativity to improve ethical conduct in the work environment. The findings of this study indicated that all seven participants

advocated for strategic leadership's support to improve employee ethical conduct. The participating business leaders endorsed employee engagement as a corporate value and standard of behavior to increase employee morale and reduce unethical conduct across the health care organization.

Thematic Category 1 included corporate policies the leaders used as strategies to improve employee ethical conduct and create a healthy work environment. In this category, I identified two themes from coding and conducting the analysis. Previous research has identified other strategies such as accountability, leadership training, and development as processes to assist leaders in improving employee ethical conduct (Mishra & Mishra, 2013; Steinbauer et al., 2014). The health care leaders in my study discussed the standards of behavior policy as a strategy for improving employee ethical conduct. Participant I-2 stated, "Modelling the established standards of behavior from the organization influenced employees to improve their ethical conduct." Participant I-4's response was, "The leader's ability to influence employees by representing the organizational values outlined in Hospital Vision/Mission/Core Values Policy, Standards of Behavior, or Just Culture encouraged employee engagement." Participant I-1, I-3, and I-6 agreed that leaders could encourage employees to uphold the company values and adhere to the health care organization's ethics policies. Participant I-5 added, "Leaders must document each unethical situation to hold the employees accountable and seek human resources involvement for additional support."

Participant I-6 discussed employees reacting negatively to situations because of the inconsistent application of policies and procedures. Participant I-7 responded by

stating, “Leaders allow a barrier and leniency towards employees who may not fully understand policy and procedure. We have to be consistent with enforcing policies.” This is supported by Lozano et al. (2013) and Ahn et al. (2018), who indicated that the main strategies to improve ethical behavior are continuous training and development courses to increase the effectiveness of policies. Leaders have recognized the importance of engaging employees in the process (Carter et al., 2013; Chughtai et al., 2015). Leaders’ long-term approaches to incorporating ethical strategies in ethical policies such as the hospital vision/mission/core values policy in this study have improved social change and culture (see Ahn et al., 2018). Appendix H and Figure 5 show the two themes and related codes collected from the data for Thematic Category 1.



Figure 5. Thematic Category 1. Theme 1 and 2 with codes addressing ethics strategies impact on policy for improvement of employee ethical conduct. The subtheme includes two central themes, which represented a frequency of numbers per each code mentioned among seven health care participants.

Theme 1: Strategies for applying the code of ethics or standards of behavior policies. The health care leaders shared a common concept, which was the importance of ethics policies. Interviewee I-1 indicated, “One strategy to assist in the resolution of

ethical conduct issues was the establishment of standards of behavior.” This coincides with Walumbwa et al. (2017), who specified that leaders should set clear expectations for ethical behavior to eliminate poor employee conduct. Brady’s (1985) Janus-headed model of ethical theory also provides empirical support to these leaders, as it provides an understanding of how to implement ethical standards through decision-making techniques and different leadership styles and connect theory to practice.

Additionally, Chen and Hou (2016) and Mo and Shi (2017) indicated that communicating to the employees on the value of integrity might enhance an ethical learning environment. Interviewee’s I-3, I-4, I-5, and I-6 stated that “Just Culture identified if employee behavior was human error, neglect, or risky behavior.” Interviewee I-2 and I-7 stated, “We encourage staff to adhere to our standards of behavior, mission, and value statements.” Interviewee I-1 stated, “Our values of *Do Good* and *Do Right* are recognized via our own employee recognition for rewarding employees who demonstrations positive ethical conduct.”

The leaders’ obligation in developing an ethical culture was to be accountable and responsible for their own actions, which influence employee engagement—a key factor that was mentioned (I-1, I-3, I-4, and I-5). The health care business leaders focused on being involved with engaging employees in daily practices to improve ethical conduct (I-1, I-3, I-4, I-5, I-6, and I-7). The Janus-headed model can help understand how the code of ethics and other morally constructed policies are the foundation to establishing protocol for developing ethical leaders, and prior researchers have stated that leaders encourage employees to go beyond their job duties and engage in positive behavior to

build a relationship with the organization (Shin et al., 2015; Walumbwa et al., 2017). The executive director (I-2) indicated, “Involving witnesses for disciplinary problems may engage employees in following ethical policies to the resolution of ethical conduct.” Xu et al. (2016), Huang, and Paterson (2017) also stated that the unethical conduct of the employees negatively affects the performance of the organization. The employees agreed to adhere to organizational policies upon accepting the job opportunity.

Theme 2: Leaders’ involvement in improving employee ethical conduct. In developing an ethical culture, the seven participants focused on rounding with employees, providing training, and attending leadership development conferences to improve employee ethical conduct. The participants discussed ethics strategies that they used to build trust and respect with employees. Training and leadership development ranked high out of three factors identified from the data collection process (see Figure 5).

Effective rounding sessions can provide an opportunity to build relationships between leaders and employees. The leaders realized that employees were appreciative of their involvement in resolving ethical concerns that arise in the workplace. Health care managers (I-6 and I-7) discussed rounding as an option to understand the employee’s view on resolving unethical issues as they occur. Interviewee I-6 stated, “I listened closely to the issues, in an unbiased manner, to determine that there was an ethical dilemma.” In previous research, Sendjaya et al. (2014) specified that leaders can benefit from thinking more carefully about the employee’s response to unethical issues. Interviewee I-7 added, “Counsel the person as to the correct response in the situation.”

Also noted in research by Yawar and Seuring (2017), leaders should think carefully about setting objectives that may prevent employees from meeting a high level of expectations.

In using training and leadership development as a tool to improve employee ethical conduct, the executive director (I-2) provided valuable information on some strategies he used to resolve ethical situations the leaders encountered. Chughtai et al. (2015), Huang, and Paterson (2017) also documented research on training programs that allowed leaders to reward and support employees who present positive ethical conduct. Interviewee I-3 stated, “Leaders have to do an ethical self-assessment in order to know where they are on a scale, and then make adjustments in order for culture to be changed.” As indicated by Walumbwa et al. (2017), leaders can influence employees’ behavior through ethical leadership. Interviewee I-1 stated, “We complete a corporate compliance computer-based learning module,” and “as a director, we are asked to sign a conflict of interest agreement annually.” I-2, I-3, I-4, and I-5 agreed based on their responses. As a part of leadership development, according to Weber (2015) and Craft (2018), leaders complete ethics training programs to assist the organization in improving employee ethical conduct. According to I-5, leaders’ training in ethics could drastically improve employee ethical conduct. Data collected in this study indicated a need for a leader contribution to improving employee ethical conduct.

Thematic Category 2: Ethics Strategies Used to Address Employee Unethical Conduct

The implementation of ethical strategies by leaders can directly influence employees’ conduct in the health care work environment (Valentine et al., 2015;

Walumbwa et al., 2017). The participants' responses provided data for identifying the codes (see Appendix H). Figure 6 shows the codes for Thematic Category 2 and two themes I identified from the data analysis and coding process. The frequency, shown in Figure 6, displays the number of leaders who specified each code as a strategy used to address employee unethical conduct. The results of the responses from each participant support the concept that using ethical strategies provides resolutions to improve employee ethical conduct.

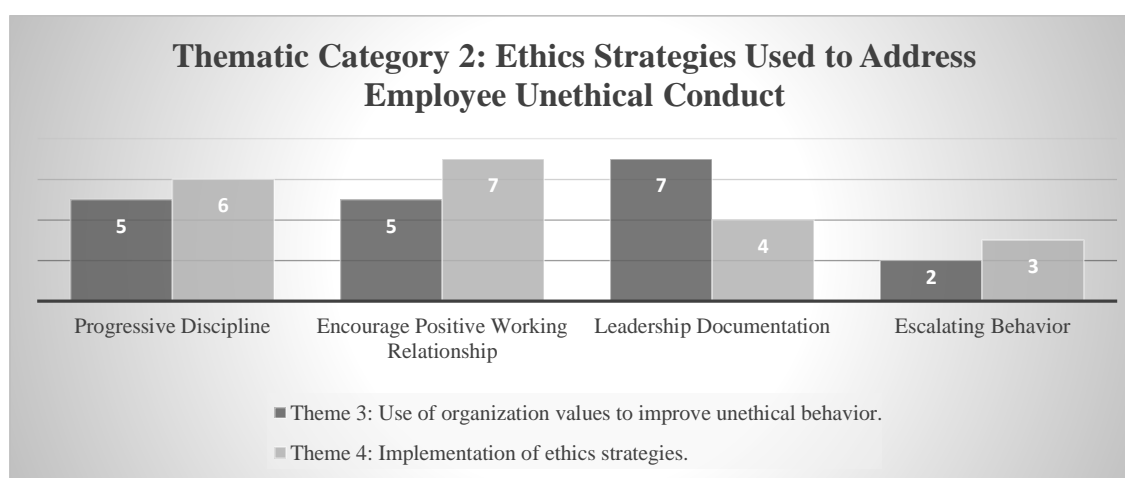


Figure 6. Thematic Category 2. This included Theme 3, Theme 4, and codes addressing ethics strategies used to address employee unethical conduct. The subtheme included two listed themes, which represented the frequencies of four codes mentioned across the seven participants.

Theme 3: Use of organization values to improve unethical behavior. In a health care environment, employees work together as a team, so competitiveness can affect employee ethical conduct (Kolk, 2016). Discipline, action plans, education, and documentation are common practices to improve employee conduct revealed in participant responses. The health care organization relies on policies, such as the

standards of behavior policy to assist leaders with correcting poor behavior by enforcing business objectives.

The progressive discipline method for improving employee unethical conduct involves the leader's ability to document the employee's behavior and attitude changes as the issues occur. According to Bedi et al. (2016) and Mo and Shi (2017), the role of managers or directors may have different perceptions of responding to misconduct. Applying ethics strategies and procedures enable employees to abide by the organization's rules and regulations outlined in policies. The seven participants agreed that encouraging positive relationships allow employees the chance to improve their conduct.

Identification of different behavioral patterns of the employees can provide leaders with the opportunity to address unethical concerns early. The executive director (I-2) specified, "Partnering with human resources to reduce the reoccurrence of unethical conduct was important." Interviewee I-6 stated,

After a determination that there was an ethical issue, I spoke to the individual or individuals involved and attempted to help them understand that there was an ethical infraction and what the proper response should have been. If the individual accepts the counseling, then we discuss possible consequences.

Leaders who use progressive discipline as a tool for disciplinary action find it better, rather than terminating the employees (Schwartz, 2015; Xu et al., 2016).

While reporting unethical behavior may seem difficult, I-3 stated, "There are ways in the institution to report unethical conduct in an anonymous manner." In

previously documented research, Dinh et al. (2014), Huang, and Paterson (2017) stated that leaders focused on intervention methods to reduce or eliminate unethical conduct. Participant I-2 stated, “Involve witnesses in the disciplinary process.” Although this seems feasible, I-3 responded by stating, “If an employee senses there will be retaliation for coming forward with information about unethical conduct, there will be a reluctance to strive for improvement.” Leaders focused on not involving other employees in the process; nevertheless, result in implementing knowledge or education on engaging employees in the decision-making process.

Theme 4: Implementation of ethics strategies. Leaders may share information on developing goals to establish metrics for implementing ethical standards. He et al. (2014) stated that the key to implementing ethical strategies was easy if leaders are transparent in discussing organizational changes and their ability to stand firm on making decisions. Bedi et al. (2016) agreed leaders should enforce ethical policies. The principle of implementing ethical strategies was to allow leaders to reduce escalating behaviors and encourage positive working relationships.

In a health care environment, leaders who respond to unethical issues promptly produce positive outcomes on performance (Yawar & Seuring, 2017). Some of the social responsibilities of leaders include their involvement in incorporating ethics training as a strategy to improve employee ethical conduct. As stated by Interviewee I-2, “Communication of expectations is the key for those who will choose to behave ethically.” The participant’s responses pertained to leaders communicating the need for

employees to behave ethically (I-4, I-5, I-6, and I-7). All participants supported the implementation of ethics strategies for the improvement of employee ethical conduct.

While implementing strategies to improve ethical conduct, some leaders may identify weaknesses in their approach to handling certain situations. Brady (1985) stated that the purpose of Janus-headed model theory was to provide an understanding of how the implementation of morally constructed policies has established a foundation for developing ethical leaders. According to Blome et al. (2017) and Ahn et al. (2018), leaders rely on ethical strategies and company values to reduce the impact of poor ethical conduct. I-1 specified, "Hiring the right person for the position is paramount. As well as having a system of checks and balances when it entails patient safety and finances." According to Stahl and de Luque (2014), distinguishing between ethical choices that are effective towards improving employee conduct could allow leaders to depend on policies and procedures to prevent the widespread result of dishonesty and unethical behavior. I-3 stated, "Leadership implemented Schwartz Rounds, which is a forum to discuss ethical dilemmas in an environment that encourages nonjudgmental dialogue and resolution." Guerci et al. (2015) and Craft (2018) stated that organizations seek to implement long-term strategies that have an impact on reducing unethical employee conduct for the workplace. The health care organization's leadership and managers provide opportunities for the staff to communicate or seek resolutions to reduce unethical conduct. In addition, with generational differences, leaders must communicate and listen effectively to improve employee ethical conduct.

Thematic Category 3: Strategies to Overcome Barriers of Strategy Implementation.

Thematic Category 3 encompasses barriers that affect employee ethical conduct in the health care workplace. The interview questions provided responses from the participants on barriers that affected the improvement of employee ethical conduct. In a review of the collected data from the participant's responses during the semistructured face-to-face interview sessions, I identified the codes about factors that occur from not reporting unethical conduct and resistance to change. Figure 7 describes Thematic Category 3, two themes, and relevant codes.

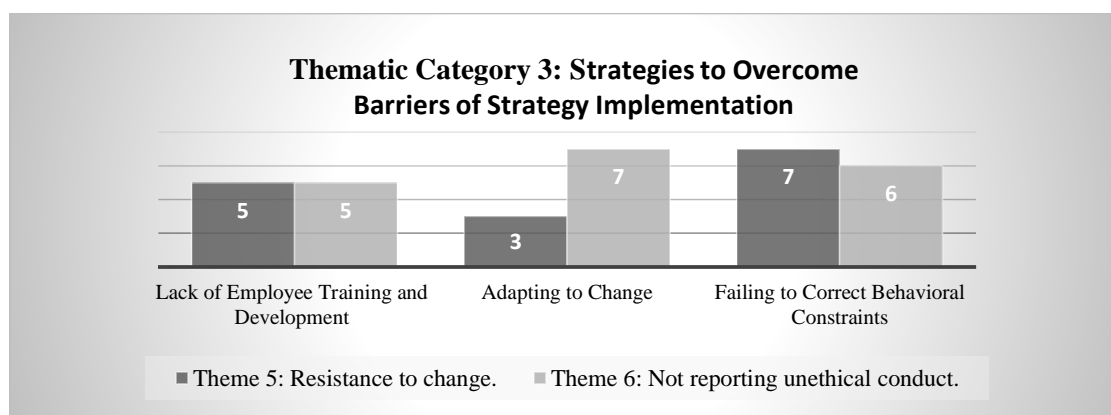


Figure 7. Thematic Category 3. Theme 5 and 6 and codes on strategies to overcome barriers of strategy implementation. The subtheme included two listed themes, which represented a frequency of numbers for three codes mentioned across seven participants.

Theme 5: Resistance to change. All participants agreed that if organizational changes occur frequently, the employee's ability to adapt to the changes could become challenging and result in resistance. I-3 commented, "There must be an openness to change because there may be areas that need improvement in conduct." Some of the employee's resistance to change and their decisions to adhere to policies contributed to the new employees following suit with the same behavioral patterns presented by tenured employees. Interviewee I-2 indicated, "It is hard to get a leopard to change his spots.

Unethical people are often that way by choice.” In prior research, Craft (2018) stated managers should embrace change because the culture was steadily growing. The participants realized that their senior leadership must support them in implementing change through rewards and recognition for employees who present positive behavior.

The Health Care Organization may benefit from employee’s training and development because the company can improve culture. Brady (1985) developed the Janus-headed model theory to provide leaders an opportunity to rely on traditional morals and beliefs to improve business and society issues. Leaders streamlined employee training and development to implement an effective learning process (Aarons et al., 2015). The lack of employee training and development was an inhibiting factor that affects the leader’s ability to implement strategies to improve ethics. The participants agreed that training and development was a resource provided to the staff although the employees may not see the request as a benefit (I-4, I-5, I-6, and I-7). Bedi et al. (2016) discussed reducing resistance to change by correcting employees conduct and utilizing the code of ethics policy.

Leaders have an obligation to the organization to address employee unethical conduct before they escalate the issues to human resources. Interviewee I-1 stated, “Holding all employees at any level in the organization accountable for their behaviors and actions” can affect strategy implementation for improving ethical conduct. According to Fehr et al. (2014), leaders should pay attention to staff that reports to them and guarantee the employees are following organizational policies. If leaders focus on

developing employees and being transparent about changes that occur, the staff may accept new processes and support future initiatives by the organization.

Theme 6: Not reporting unethical conduct. Any individual can anonymously report unethical conduct within the organization (I-3, I-5, and I-7). In reporting unethical conduct, leaders must take a different approach to address this concern. Researchers have discovered that employees seldom reported unethical situations (Chen & Hou, 2016; Kaptein, 2015; van Gils et al., 2014). I-3 stated, “Staff is not aware of what is proper ethical conduct, the staff is not willing to adopt policies, and there are no consequences for unethical conduct.” In prior research, Craft (2018) indicated that employees might continue to reflect poor, unethical conduct unless leaders document each occurrence and include corporate values into their processes. As stated by I-1, “Human resources and department’s inconsistent application of policies and procedures” were some factors that complicated the progress of employee ethical conduct improvement. The participants (I-2, I-3, and I-7) explained Just Culture policy was implemented so leaders can provide awareness to the employees that culture will drive the health care organization. The leader’s implementation of policies is for the employees to adhere to and comply with the rules. The employee’s ability to follow policies are a part of training. I-1 also stated, “Obtaining 100% compliance with employee completing the training on ethical conduct” was an option to reduce unethical circumstances.

Other barriers identified by reporting unethical problems were “personal bias” (I-1) and “peer pressure” (I-3 and I-6). Participant I-5 stated that the leader’s approach of dealing with employees who display unethical conduct was termination. I-2 responded by

saying, “Unless there is very objective evidence in dismissing someone who behaves unethically, the process can take time and effort and affect morale in the meantime.” In previous literature, Xu et al. (2016) discussed other options such as disciplinary action to improve employee ethical conduct. I-3 stated, “Conduct in-services and employee forums to make staff aware of unethical conduct and what is expected in the organization.” I-4 agreed by specifying, “Building working relationships could result in a positive culture.” The noted research of Guerci et al. (2015), Mo and Shi (2017), and Kim et al. (2017) implied that managers and employees have different viewpoints on observing behavior. Some ethical strategies used by leaders may encourage all employees to have conversations on topics that result in poor ethical conduct.

The Connection of Themes to Conceptual Framework

For this qualitative single case study, I used Brady (1985) Janus-headed model of ethical theory in the conceptual framework to understand ethical strategies leader’s practice to improve employee ethical conduct in a health care environment. The Janus-headed model of ethical theory provided an approach for leaders to address behavioral decisions and build trust between leaders and subordinates (Brady, 1985). Trust built among leaders and employees may increase or decrease unethical behavior because the staff may not possess ethical strategies to improve their conduct. Organizational changes not presented timely to employees may hinder performance and employee engagement. Participants agreed that promoting an ethical environment influences ethical culture (I-2 and I-3). Pucic (2014) stated that the Janus-headed model of ethical theory was an approach used to formulate ethical and value processes into practice.

During the data collection process, the participants discussed using a rewards system to encourage employees to present positive ethical conduct (I-1, I-2, I-6, and I-7). I-4 and I-5 stated that use of ethical strategies by leaders prevented employees from behaving unethically in the workplace. Researchers used ethical theory to provide the leaders with an ethical perspective on implementing value-oriented strategic goals to improve employee ethical conduct (Guerci et al., 2015). In prior research, Kolk (2016) stated that employees who assist with resolving ethical conduct issues in the workplace would handle problems that occur in the community and society. Leaders progress to the practice of ethical strategies to address employee ethical conduct and extend their knowledge to encourage employee engagement. Through the lens of Brady's (1985) Janus-headed model of ethical theory, the leader's involvement with continuous support from senior leadership was essential to the health care organization.

Applications to Professional Practice

The purpose of this qualitative single case study was to explore strategies that health care business leaders use to improve the ethical conduct of employees. In a review of the causes and effects of improving employee ethical conduct, the analyses of the participant's responses to the semistructured interviews, company archival documents, and prior research provided a comprehensive understanding of the subject. Researchers viewed ethical conduct as disadvantageous to providing positive culture for the health care facility (Stahl & de Luque, 2014). The health care organization leader's awareness of employee ethical conduct could improve unethical behavior and poor attitudes that

affect organization sustainability and performance (Guerci et al., 2015; Valentine et al., 2015).

Participants communicated with leadership the requirement for implementing ethical strategies to improve employee conduct. The leader's ability to establish strategies to reduce ethical conduct in a stressful environment may be difficult if the organization does not have an effective policy in place to address unethical behavior (Sendjaya et al., 2014; Valentine et al., 2015). To reestablish a protocol for enforcing ethical policies in a health care environment, participants communicated the situations to human resources and leadership on implementing strategies to improve employee ethical conduct. The participants discussed strategies to improve ethical conduct, such as discipline, rounding technique, training, and development (I-1, I-2, I-3, I-4, I-5, I-6, and I-7), which led to positive employee conduct and performance. The participants agreed leaders find an excellent benefit with improving organizational performance by engaging staff in the process (I-3, I-4, and I-7). Participant I-2 and I-5 discussed opportunities to involve human resources for assistance in educating the employees on current ethical policies. Failure to address employee ethical conduct limits the improvement of organizational performance, employee development, and job satisfaction (Walumbwa et al., 2017). Implementation of effective, ethical strategies can reduce unethical employee conduct and provide an approach to promote positive ethical culture (I-6 and I-7).

The leader's ability to recognize barriers, such as employee training and development, resistance to change, and correcting behavioral constraints provide strategies to improve the health care organization. Although organizational culture was

not the focus of this study, participants discussed this topic because the value of ethical strategies influencing positive culture basis was on the outcome of employee ethical conduct (Chen & Hou, 2016; Chughtai et al., 2015). However, the topic ethical strategies implemented by leaders provide opportunities to promote positive organizational culture in the workplace. The leaders can use ethical strategies to eliminate or reduce barriers that influence unethical conduct.

Employee ethical conduct was a common concern in the workplace and continuously impact organizational sustainability, affecting productivity, and employee morale. Leaders can take an extra step in guiding and educating employees on ethical standards to ensure that they follow the business objectives. Findings in this study might help leaders with the improvement of a comprehensive structure for implementing ethical strategies to improve the ethical conduct of employees in a health care environment.

Implications for Social Change

The purpose of this qualitative single case study was to assist in exploring strategies that health care business leaders use to improve the ethical conduct of employees. The findings in this study indicate poor ethical conduct in a health care environment being a concern that affects the employees and society. Leader's ethical strategies will affect employees because they will use these strategies outside the organization to improve the society. These findings can allow leaders to understand how ethical strategies improve employee conduct, in addition to implementing resolutions. This study could provide information on strategies that assist leaders and employees in reducing unethical issues that occur in the community. The findings in this study

provided information on ethical strategies, which could be of use in different industries across the United States and other countries.

The organization's success relies on the leader's ability to influence positive employee ethical conduct to improve culture and organizational sustainability by adhering to the company's mission, values, and beliefs (Sendjaya et al., 2014). A poor level of employee ethical conduct can significantly affect employee engagement and organizational results (He et al., 2014; Mo & Shi, 2017). In the findings, all participants voiced their concerns about the ethical conflict that occurs when leaders do not seek disciplinary actions and identified ethical strategies they used to improve employee ethical conduct. (I-1, I-2, I-3, I-4, I-5, I-6, and I-7). The ethical concerns introduced by the employees, such as bullying or arguing can affect behavior and cause the employees to misbehave or witness poor behavior in society. Researchers documented that an important factor in why unethical conduct exists in the workplace was because the organization leadership uses outdated policies and procedures (Chen & Hou, 2016). The participants stated that they improvised by using ethical strategies to improve employee ethical conduct and culture (I-1 and I-6). In addition, the use of ethical strategies can transform the conduct of employees to improve service quality for stakeholders, community, and society.

In prior research, the implementation of ethical strategies contributes to the leader's ability for effectively, communicating conduct expectations and encouraging employees to behave ethically (Walumbwa et al., 2017; Xu et al., 2016). The study revealed the lack of accountability and responsibility for an individual's action. The

findings in this qualitative single case study implied that the leader's responsibility to influence positive conduct improves organizational culture and that those individuals will present positive attitudes and behaviors in the community. When organizational restructuring occurs, the work environment might have limited resources that make adapting to change a slow process (Lozano, 2015). Researchers may use the findings of this study to improve ethical strategies used in the business, community, and society.

Recommendations for Action

The findings of this study are data collected from the seven participant's semistructured interviews and archival data. The findings showed that leaders could consider using ethical strategies to develop transparency and improve employee conduct. The ethical strategies identified in the findings may provide resolution for leaders to reaffirm organizational values and allow employees to adapt to changes in the organization. Leaders may explore ethical strategies to maintain organizational sustainability, employee engagement, and a positive culture. In prior research, Aarons et al. (2015) discussed leaders developing departmental goals for the performance of their department, which influenced an overall positive organizational culture. Senior leadership must send their leaders to leadership development conferences to assist with aligning standardized processes and procedures and providing their staff with further education on being ethical leaders. In addition, if leadership decides to implement employee engagement surveys, the leaders can include employees in the decision-making process to have better alignment of processes with objectives of the organization.

Employee ethical conduct affects many organizations, the community, and society. Leaders and employees must have an obligation to strive and collectively improve ethical standards to better the organization. The effect of ethical strategies may improve the employee's performance and increase organizational sustainability. Leaders should reiterate the ethical policies established by the organization and human resources to improve employee ethical behavior. Organizations must ensure that the staff practice ethical policies in the workplace and employee unethical conduct were addressed appropriately (Guerci et al., 2015). Leadership, leaders, and future management teams valued the findings of this study. The implementation of ethical strategies not only provided an opportunity for the organization to improve culture but also employees introduced ethical conduct to the community and society by performing positive ethical behavior.

The results of this study will be in circulation or disseminated through training sessions, conferences, and scholarly journals. I will seek an opportunity to publish the study findings in peer-reviewed articles and present the material at relevant conferences. Upon request, I will provide a summary of this study to participants, stakeholders, and future researchers. Finally, the approved doctoral study will appear in the dissertation database of ProQuest/UMI, which guarantees publication for access to researchers.

Recommendations for Further Research

My focus was conducting the study in the demographical area of central Georgia. This study explored the lived experiences of seven participants that used ethical strategies to improve employee ethical conduct in a health care environment. The findings in this

study resulted in closing the gaps in literature with the intent to extend research on ethical strategies.

The first limitation was the identification of subjective data by the health care leaders. No identification or inclusion of subjective data occurred in this study. The participants responded professionally and focused on the topic of ethical strategies. The study topic permits further research on the development of ethical leaders being accountable for their ethical behavior.

The second limitation was a limited population. Expansion of the demographical area, two types of health care organizations, or obtaining more leaders to participate might provide a substantial amount of information on ethical strategies for the overall results of improving employee ethical conduct. A new study could provide results on conducting a multiple case study on implementing ethical strategies to improve workplace incivility.

The third limitation was the leader's understanding of policies and the contribution they provide for the improvement of employee ethical conduct. A recap of the organizational policies by leaders can provide transparency and is important to the leaders and employees understanding of the organization's expectations. Although the findings provided information on the topic, additional research on ethical strategies improving employee ethical conduct as a need for further exploration.

The last limitation was the scheduling of semistructured interviews effect on the results of the study. Although a delay did not transpire, the scheduling of the interviews after working hours did occur. I adjusted to the scheduled interviews. No problems or

privacy concerns occurred with the data collection process. Each participant answered all the interview questions and follow-up questions in profound detail. All seven participant's responses did not include irrelevant or personal information. The participants volunteered to participate, and I advised them of the potential risks.

Reflections

My experience in working on a Doctorate in Business Administration with a focus in leadership has allowed me to understand the value of ethical strategies. As a researcher, I encountered a few obstacles over the course of writing this study. Although this project was challenging, I appreciate my hard work on aligning academics in my professional life. I admit that this research project was overwhelming, but I gained a high level of understanding employee ethical conduct and applying ethical strategies for reducing conflict in the company, community, and society. I received insight on the impact ethical strategies have on the employee's performance, organization sustainability, and organizational culture. My fascination with the participant's participation was to review their responses to the interview questions. Their focus was towards improving employee ethical conduct.

The findings in this study allowed me to acknowledge the benefit of using ethical strategies to improve employee ethical conduct. The participant's responses presented similar data from the findings of this study. The findings positively affected me because I can successfully apply ethical strategies to improve employee conduct through future experiences. From an academic approach, a few of my lived-experiences would have

different outcomes if I were knowledgeable of additional ethical strategies identified in this study. In addition, I expected the participants to agree to similar concepts.

Conclusion

As a leading industry, health care was a large group of economic activity in the United States (Kacmar et al., 2013). The stakeholder's lived-experiences introduced in this study was extraordinary. Health care business leaders take into account the effects ethics have on the employees, stakeholders, and suppliers who visit the facility. Effective, ethical strategies used to improve employee ethical conduct was a necessity for servicing the community and society. After collecting data and analyzing the results from the semistructured interviews, three thematic categories developed: (a) effects of policy on the improvement of ethical conduct, (b) ethics strategies used to address employee unethical conduct, and (c) identifying barriers and implementing strategies or applying values to improve employee ethical conduct. The findings validated that the Janus-headed model of ethical theory was appropriate for exploring ethical strategies leaders use in a health care environment to decrease employee unethical conduct. Successful business leaders use ethical strategies to benefit employee engagement, sustainability, and organizational performance for providing better health care to the employees, company, and communities.

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Appendix A: Interview Protocol Form

I contacted you to participate because you are a health care leader or employee with experience in a health care business within central Georgia. Participation in the research study is voluntary and is confidential. To achieve the objectives of the research study, your participation depends on satisfying certain criteria in addition to being an employee of a health care business. To include: (a) health care business leader or employee responsible for ethics strategies, (b) health care experience for 3 years or more, and (c) participants must be 18 years of age, with no maximum age requirement. If you satisfy these criteria, and you would like to participate in this study, please reply to schedule a convenient time for an interview.

Interview Subject:

The purpose of this study is to explore policy strategies health care business leaders use to improve ethical conduct resolution to improve the ethical conduct of employees. The Health Care Industry need improvement of ethics strategies to respond more effectively to ethical conduct resolutions that directly influence poor ethical behavior in the workplace.

- a. I will identify myself as Shannon Hill, and greet the participants by stating, "I am a Walden University Doctoral Student conducting a study on Employee Ethical Conduct in Health Care."
- b. The participants will be thanked for their time provided for the interview process.
- c. Participants will be asked to review the forms of consent and provide a signature. I will inquire if the participants have additional questions to be answered prior to the interview.
- d. The participant will be given a copy of the consent form for their records.
- e. I will announce that I will record the interviews with my Smartphone. I will provide notification to the participants that the Smartphone will be turned on and the interview process will begin. I will state the date, time, and location.
- f. The participant will be known as Interviewee xx for recording with the Smartphone but known as I- for the thematic coding. This information will be noted on the recorder and documented on my copy of the consent form.
- g. The interview is expected to last a minimum of 15 minutes, but a blocked time of 30-60 minutes has been scheduled as a precaution.
- h. When the interview is over, I will thank the participants.
- i. The participants may review the interviews to ensure the accuracy of information and make corrections upon completion to confirm member checking. I will ask the participant if they would like to have the summary of the interview for validation. The Smartphone will be turned off, and the interview will be completed.

Leaders' Interview Questions:

1. What strategies do you use to improve the ethical conduct of employees in your work environment?
2. What are strategies have you implemented that are essential factors for rewarding employees for desirable ethical behavior?
3. What are some barriers that affect strategy implementation to improve the ethical conduct of employees?
4. What additional information about strategies to improve the ethical conduct of employees would you like to add about ethical conduct improvement?
5. What strategies are occurring in the work environment to assist in the resolution of ethical conduct issues?
6. What are some of the strategies that complicate the progress of employees' ethical conduct improvement?
7. What strategies did you develop to assist with the resolution of ethical conduct issues that affect service quality?
8. What additional information would you like to add about ethical conduct strategies for ethical conduct improvement?

Leaders' Interview - Follow-Up Questions:

1. What strategy decisions have leaders implemented to improve the employee's ethical conduct?
2. What are some barriers leaders' experience with improving the implementation of policies to encourage ethical conduct?

Signature of Interviewer:

Post Interview Comments:

Appendix B: Permission to Use Figure 2

Our Ref: DE/RJTR/P4375

7th July 2015

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Appendix C: Permission to Use Figure 3

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Editor of portion(s)	N/A
Author of portion(s)	MacPhee, M., Chang, L., Lee, D., & Spiri, W
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Appendix H: Participant Geographic Data

Identifier/ Code	F/M	Years of Employment	Status	Roles/Title	Geographic Location
I-1	F	5+	Full-Time	Director	Central Georgia
I-2	M	5+	Full-Time	Executive Director	Central Georgia
I-3	M	5+	Full-Time	Director	Central Georgia
I-4	F	10+	Full-Time	Director	Central Georgia
I-5	F	10+	Full-Time	Director	Central Georgia
I-6	M	3+	Full-Time	Manager	Central Georgia
I-7	F	3+	Full-Time	Manager	Central Georgia