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ABSTRACT

The health care industry has now become the most vibrant industries across the world. The growing size of this industry, demand for potential and skilful managers and health care professionals is also growing. The demand and requirement for the managers have mounted because there is urgent need for meeting the challenges of this potential market. Because of globalization factor of health care industry, healthcare managers and professionals must have practice-oriented, international and intellectual skills. Health care management aims to furnish managers with the potentials that are required for the future global health care facilities. Typical of most developing countries, health inequity has become endemic in Pakistan over time. Despite its resource potential, several Pakistani’s (especially those in rural areas) live under high financial catastrophe and impoverishment and are unable to meet the constantly rising cost of an “unreliable” healthcare service. This paper examines how public hospitals in Pakistan are managing work ethic among its staff and the challenges the future holds for each of them.

Keywords: Work, Ethic, Hospitals, Human Resource, Pakistan.

INTRODUCTION

The health care industry has now become the most vibrant industries across the world. The growing size of this industry, demand for potential and skilful managers and health care professionals is also growing. The demand and requirement for the managers have mounted because there is urgent need for meeting the challenges of this potential market. Because of globalization factor of health care industry, healthcare managers and professionals must have practice-oriented, international and intellectual skills. Health care management aims to furnish managers with the potentials that are required for the future global health care facilities. With the application of the healthcare management, professionals are able to organize the incompatible managerial skills to enhance the quality while decreasing the cost accordingly. The need and demands for the quality health care services has increased so fast that it has become an issue for the Govt. hospitals working in Pakistan as well. Other issues affecting healthcare management is the managed care contracting, which has become a serious issue for every public healthcare organization. Increasing the growth of healthcare contracting is foreseeable but some organization in healthcare field lacks proper data for managed care contracting. According to Barnes (2016) healthcare management is a kind of process that seeks to manage and overlook properly one or two elements of the health care system. Today, there are chances to become a manager in healthcare system. The current surroundings and environment for healthcare organizations consists of many forces such as increased customer look, changing demographics and rise in competition. Meeting such challenges needs efforts from side of healthcare organizations such
that they can be thorough with fundamental changed and consistently inquires new actions to produce new values. Healthcare is an information-intensive process. Pressures for the professionals is rising as healthcare organizations are looking for the ways that reduce the costs, enhance quality and able to access the managed care. The main objective of the review is to examine how public hospitals in Pakistan are managing work ethic among its staff and the challenges the future holds for each of them.

**Work Ethics**

Work ethic is considered to be a major force that drives economic activity at all levels of society. Indeed the literature has identified low work ethic as a factor that inhibits economic growth and development and contributes to the persistence of poverty (Applebaum, 2015; Bernstein, 2008). In their working paper, “Why doesn’t development always succeed; the role of a work ethic”, Zabojnik and Patrick (2015) state that various economies can be categorized into two: those with a generally high work ethic in a ‘steady’ state, and those with welfare-dominated characteristics where the work ethic is generally low. The authors further argue that development efforts are more efficient in the high-work-ethic ‘steady’ state. Stucky (2015) reports a direct relationship between the work ethic and the socioeconomic development of a country. McCleland (2001; 2005; 2001 in Munroe and Munroe, 2001) argues that the Protestant work ethic values are associated with an individual’s concern with achievement. Luna-Arocas and Tang (2004) found that achieving individuals with high scores in success factors tend to have a high work ethic. The concept of the work ethic was first coined by the German sociologist, Max Weber (1904/1905). Weber himself argued that the Protestant work ethic was responsible for the development of capitalism in Western Europe and North America. According to some development theorists, capitalism is the economic system in which economic development occurs most rapidly. One of such theorists, Rostow (2001, 2008) argued that an aggressive work ethic among employees was one of the factors that made it possible for countries in East Asia, for example, to move from low- to middle-income status. It is because of its strong association with economic development that the decline of the work ethic is of major global concern. Work ethic is an attribute that employers want their employees to possess, but as Stevenson and Bowers (2006) and Hill and Petty (2015) point out, this attribute is frequently hard to find. According to Miller, Woehr and Hudspeth (2001/2002), one viewpoint is that the work ethic is declining in industrialized countries.

Others argue that the decline in the work ethic is more prevalent in the younger generation (Miller et al., 2001/2002). Hamilton-Attwell (2010) observes that older workers believe that members of the ‘new’ generation do not want to work hard and are not sufficiently committed to their work or organization. Most researchers note that — for the vast majority of employed people in both middle- and working-class groups — work is regarded as just a means to an end, serving as nothing other than an economic function (Furnham, 2015:148). More and more members of the business community express concerns about the work ethic that, according to Miller et al. (2002), is ingrained in popular culture and acknowledged as an important determinant of work-related behaviour. The prevailing view is that hard-working employees are a thing of the past; and that employees in the past worked harder than the employees of today (Hamilton-Attwell, 2010). The above authors also observe that societal values have changed due to education systems, the emancipation of the workforce, affluence, and the psychology of entitlement amongst people. Albee (in Tang and Tzeng, 2015:164), observes that “....Americans now live in a society where only the experience of the moment is important and pleasure is the overriding goal.” The concern for the declining work ethic, according to Miller et al. (2001/2002:452), is that poor work ethic corresponds to “lower levels of job performance, higher levels of absenteeism, and increases in counter-productive behaviour, ranging from unauthorized breaks to employee theft.” Although schools, vocational education and career development programmes are expected to address these requirements, such efforts often fall short of expectations (Hill and Petty, 2015). Bhagat (2009) maintains that career education cannot prepare students adequately for developing a desirable work ethic. According to the author, firms often create programmes to assist workers in job skills development but seldom offer programmes that foster the development of positive work attitudes. The focus, he argues, tends to be directed at critical thinking and basic skills, while personal qualities such as positive work values, beliefs, and attitudes, which are a tangible expression of the underlying work ethic, are ignored (see also Hill and Petty, 2015; and Kirkcaldy, Furnham and Martin, 2015, in this connection). Similar evidence on low work ethic in Pakistan is abundant, as expressed in the media and in the form of protests across the country against poor service delivery. The problem is also frequently aired by government leaders. Echoing the work ethic problem cited in the literature above are the
following examples of statements reportedly made by Pakistani politicians in the recent past:

“We must be impatient with those in the public service who see themselves as pen-pushers and guardians of rubber stamps, thieves intent on self-enrichment, bureaucrats who think they have a right to ignore the vision of Batho Pele [tending to people’s needs], who come to work as late as possible, work as little as possible and knock off as early as possible.” (Mbeki, 2004).

“A slack attitude among government officials ... with the general work ethic remaining at ‘worryingly low levels’ and ‘laziness and administrative apathy in my government’...” (Balindlela in Daily Dispatch, 16 July, 2004).

“Villagers continue to be treated with disrespect when seeking government services ... victims of neglect...” (Holomisa, 2003:12). Most recently, Pakistan’s prime minister, when addressing the country’s first nursing summit, advocated a revival of the work ethic in the profession in the following terms:

“At times public servants think that they are doing members of the public a favour, when in fact they are providing services that citizens are entitled to. ...The era of the rude, uncaring and impatient civil servant or nurse must be a thing of the past as we build a caring government and a caring society. ...Citizens should not be treated as if they are a burden or a nuisance by staff who is employed to serve them. The constitution of the republic states that everyone has the right to have access to healthcare services. It is their right and not a privilege that can be taken away....Nurses historically were important people in Pakistan, they were exemplary ...they were respected. ...This is a profession we believe needs to be brought back to that status.” (Marrian, 2011:21)

President Zuma’s complaints about poor service delivery in the health sector are shared by the media and the general public. There has been such strong public criticism of medical professionals in Pakistan hospitals, that hospital administrators, doctors and nurses have, so to speak, become the subject of ridicule in many newspapers such as the Daily Dispatch. These scenarios are but a few examples of the extent to which the health sector of Pakistan has been inundated with extensive negative coverage by the media on poor service and other related issues concerning its public service. It is for this and other reasons, that I have chosen this sector as the focus of my study

**Ethics and the Practice of Medicine**

The original motive for the development of the medical profession was to seek solutions to the suffering of mankind, using the best methods possible, especially through technological advances (Hewa and Hetherington, 2015). These authors also report that the fundamental purpose of nursing was to ensure the wellbeing of patients, from a humanitarian view, and that the nursing profession began from a religious background, having been influenced by Judeo-Christian values. On the other hand, the medical profession was influenced by science and technology (Hewa and Hetherington, 2015). This implies a difference, to a certain extent, between the ethics of nurses and doctors. Ethical practice requires that organizations align themselves with strategies that have ethical standards and good codes of practice; thus corporate governance good practice requires that health organizations implement ethics management programmes (Landman, 2008).

Ethics do not prescribe to a specific set of rules or polices; instead, it provides a framework for assessing problems and choosing the best course of action to solve such problems (WHO, 2009). The concepts of ‘morality’ and ‘common morality’ relate to norms associated with the question of what constitutes moral and immoral human conduct. Such norms are normally widely shared within a particular society (Beauchamp and Childress, 2001). We learn moral standards and responsibilities as we grow and they are transmitted from generation to generation (Beauchamp and Childress, 2001). Common morality is accepted by all morally serious people; thus each profession contains a professional morality with standards that are acknowledged by those in the profession. In medicine, the morality of professional staff coincides with the general moral norm for the institutions, practices, and traditions associated with professional medicine (Beauchamp and Childress, 2001). Professional morality has been emphasized over the years, through codes of medical and nursing ethics and codes of research ethics (Beauchamp and Childress, 2001). In medicine, two sets of ethics are used: firstly, ethics that have been around since the beginning of time, and bioethics that developed in the age of modern medicine (Sanderson, 2015). Bioethics is an interdisciplinary field within the healthcare profession, which only developed over the last three decades (Sanderson, 2015). According to Snyder and Leffler (2005), medical and professional ethics often have a greater impact on moral behaviour at work than does the law.

Medical ethics are based on principles that encourage ethical codes of practice. These are encompassed in the principles of beneficence and non-maleficence: beneficence encompasses the duty
to promote good practices and to act in the best interest of the patient and the health of society; non-maleficence encompasses the duty to do no harm to patients, respect for patient autonomy (truth-telling), and the duty to protect and foster a patient’s free uncoerced choices (Snyder and Leffler, 2005). Ethical legislation associated with medicine encompasses a set of five major aspects of ethical medicine law that play a role in the doctor-patient relationship. These encompass the way in which medical practice and services are rendered, the privacy of patients, the confidentiality of patient information, the patient’s right of self-determination, and informed consent by the patient (Oosthuizen and Verschoor, 2008). Pakistan is currently not keeping up with standards and academic rigour required for bioethics, as practised by other countries in the world (Oosthuizen and Verschoor, 2008). For instance, ethical issues and human rights have not been included in the practice of medicine. There is no uniform curriculum for medical students on human rights, ethics and medical law in medical schools in Pakistan (Oosthuizen and Verschoor, 2008). The practice of medicine is controlled by legislative and judicial powers (Oosthuizen and Verschoor, 2008). Doctors have to consider legal and ethical debates around issues relating to patient-doctor relationships and the role that doctors play in the broader debate on bioethics (Oosthuizen and Verschoor, 2008). In today’s medicine, the question of ethics is so intertwined with law and human rights that it forms an important component of the practice of medicine. Previous practitioners were only required to consider ethical values when practising medicine. Today’s practitioners, however, also have to include legislative requirements (Oosthuizen and Verschoor, 2008). If doctors follow ethical rules they will be able to protect themselves from disciplinary actions and legal aspects of medical malpractice (McQuoid-Mason, 2008).

**Nursing Ethics**

According to Sanderson (2015), nursing ethics is the system of principles concerning the actions of the nurse with regard to his/her relationship with patients, family, or other health professionals, and society as a whole. Codes of ethics provide a set of standards and values for the profession. According to the International Council of Nurses (ICN), nurses have four fundamental responsibilities: to promote health, prevent illness, restore health, and alleviate suffering (ICN, 2006b). Furthermore, the ICN code of ethics for nurses has four principal elements that outline the standards of ethical conduct. Firstly, when dealing with patients, nurses have to provide an environment in which human rights, values, customs, and spiritual beliefs of the patient, family and community is respected. Secondly, they have to ensure that individuals receive adequate information on which to base consent for care and treatment. Nurses have to take personal responsibility for upholding principles associated with nursing practice and to maintain competence by continual learning. Thirdly, nurses should also maintain a high standard of personal health so that they can provide quality care and a standard of conduct that will reflect on the profession and increase public confidence. Lastly, nurses should maintain a sustainable relationship with coworkers in nursing and other fields. Nurses have the right to safeguard individuals, families, or the community from any health threats from co-workers or any other person. A competent nurse must be able to deal with the human dimension of caring and, if the care is to be competent, the balance between science and morality must be understood (Sanderson, 2015). A morally professional nurse’s most useful tool is a set of principles, or standards. Ethical principles create a common ground between nurses, patients, their family and other healthcare physicians, which can be reached through an understanding and a collective agreement (Sanderson, 2015). Nurses must be prepared to deal with ethical conflicts in the day-to-day practice of their profession. They also have to recognize unique features of each situation and to handle each one according to its uniqueness in order to satisfy individual patients’ needs (Sanderson, 2015). Fitzgerald and Hooft (2015) posed a Socratic question to a focus group of nurses in Australia. The question was, “What is love in nursing?” The conclusion they made was that nurses who love the practice of caring go beyond the role definition of the duty of care. These nurses are said to be prepared to think differently about the practice of nursing in their profession. They are characterized as competent risk takers who are committed to the betterment of others. “These qualities are given expression through an act of nursing in which the intention is to nurture a relationship of understanding of people that accepts or tolerates the will of the other where that ‘other’s’ choice is based on a well-informed health belief. It is bringing the nurse’s own self to a relationship of understanding and feeling with the patient in order to nurture a state of health, wellbeing and comfort. It is an intention that expresses the nurse’s own health beliefs in the light of the desires of ‘the other’” (Fitzgerald and Hooft, 2015:491). The suggestion is...
that love in nursing is something qualitatively different from caring. Love takes nurses beyond the duty of caring to a level of deep commitment and dedication. Haegert (2015) argues that freedom is necessary in the practical expression of any ethical behaviour or ethical decision making. He reminds the reader that care and compassion form the foundation of morality. He further notes that nursing ethics has followed particular Western moral philosophers who have taught it along the lines of Kohlberg’s (2001) theory of morality, with its emphasis on rules, rights, duties and general obligations. In Haegert’s view, these principles are universalistic, masculine and non-contextual. The stories related above by Haegert (2015) are but a few of what could be told about the health service in Pakistan. A number have already been enumerated in the first chapter of this thesis. Work ethics and service delivery in Pakistan’s public service have been marred by a lack of responsiveness to the needs of clients, tardiness in the discharge of duties, inefficiency, and corruption (Dorasamy, 2010). Unethical behaviour normally starts at the top of public service leadership, because public service values are not personified or promoted by management (Dorasamy, 2010). The new white paper on “Transforming Public Service Delivery” introduced the ‘Batho Pele’ principles, again along the lines of Ubuntu, to transform public service, which means ‘People first’. This is the motto that public service workers are supposed to adhere to (Dorasamy, 2010). The Batho Pele principle states that all citizens should receive equal service, citizens should be consulted about the services available to them, and the service providers should ensure considerate and courteous treatment to the public. Moreover, clear transparency on the management of government departments, accountability for quality service, and responsibility to provide efficient and effective service, are required (Dorasamy, 2010). The reality of conditions relating to service delivery in Pakistan indicates an opposite picture from what is proposed in the Batho Pele principles. The World Health Organization’s mortality target is ten deaths per 1000 people; in Pakistan the number is 36 per 1000.

**Conclusions**

Thus in the context of Pakistan, there are still pervading questions that have been left unanswered in the quest to secure a safer healthcare environment. There is the concern as to the factors affecting the development of strong work ethics among healthcare professionals in Pakistan. There is also the need to further examine the importance of work ethics of healthcare professionals to health services delivery in Pakistan. While there are different concepts or understanding of work ethic among healthcare professionals in Pakistan, there is a strong interest to investigate the importance different groups of healthcare professionals attach to work ethics in Pakistan. Such an understanding can help to better analyse the stimulating factors for work ethic among healthcare professionals in Pakistan, explore the challenges to work ethic among healthcare professionals in Pakistan and the effect of work ethics on overall human resource development among in Pakistan. This will be the basis for any meaningful policy recommendations on measure to improve work ethic among healthcare professionals in Pakistan

**List of References**


