

The Role of Business Ethics in Healthcare Establishments (A comparative evaluation of findings of Govt. & Private hospitals of RJ, India).

Dr. Sandeep Singh Naruka¹, Dr. Sandeep Kumar Singh², Dr. Shobhit Sagar³

¹Assistant Professor School of Commerce & Management, IIMT University, Meerut, UP, India

Email ID : drsandeepsnaruka@gmail.com

²Assistant Professor School of Commerce & Management, IIMT University, Meerut, UP, India

Email ID : sandy198099@gmail.com

³Assistant Professor School of Commerce & Management, IIMT University, Meerut, UP, India

Email ID : drshobhitsagar@gmail.com

ABSTRACT

The paramount role of business ethics in the functioning of healthcare establishments is a desideratum and requires due attention and thoughtful consideration in today's competitive world. This study examines critical healthcare factors that affect govt. & private hospitals' operations. 24 factors on a 5-point Likert scale comprised the structured questionnaire that served as the main source of data collection. The functioning and approach to ethical adherence in selected govt. & private hospitals were compared using the independent t-test. The study shows statistically proven and significant differences in the manner of functioning in both public and private hospitals and their approach to ethical adherence. Due to covid-19, data collection took longer than expected. The inferences of the study can be effectively utilized in identifying essential ethical norms to be followed in healthcare and the paramountcy of ethical functioning of healthcare establishments.

Keywords: Healthcare adherence to ethical norms, Adequate patient-care, Prudent allocation of healthcare funds and resources, Equitable healthcare access, Ethics committee in healthcare..

1. INTRODUCTION:

The concept of business ethics owes to corporate conscience and increasing public outcry regarding certain malicious practices and series of scandals witnessed. Mostly business ethics are observed as accountability and discharged to fulfill legal or social norms only. Very few businesses realize that ethics and performance are two sides of the same coin. Profits may even be earned while performance and ethics go hand in hand together. Business should be evenly steadfast towards people and society along with revenue generation. Consistent adherence to ethics attracts new customers and investors to business along with keeping the existing ones committed and satisfied. Business ethics add value to organizational justice which creates a fair and just environment and in turn, influences employee morale and organizational outcomes. Employees relish just and fair treatment around them and wanted to relish their work effortlessly. Motivated employees increase output and reduce attrition rate and labor turnover. On the other hand, unfair practices and imprudent behavior may blemish a firm's reputation and credibility among its valued customers. In the new era of customer-focused solutions, aggressive market trends and immense competition are unfolding the cognizance and paramountcy of business ethics. Business ethics deals

with a complex mix of human aspirations and needs along with business goals. It further extends to the influence and impact of its decisions on employees, community, and society. It helps businesses in shaping socially conscious and environmentally responsible images in the business community and amongst target customers.

The presence of ethics ensures stewardship of resources and their appropriate allocation throughout the organization. The very concept of business ethics evaluates decisions and practices followed by clearly articulated responsibilities and ethical conscience. Notable prominence of business ethics could be seen when an organization's actions affect society and the community which it serves. Any pharmaceutical company manufacturing chemical-based medicine or drugs should act vigilantly on how it disposes of the medical waste. It should be in a manner or way possible that causes no or least damage to society. People living around these kinds of factories or plants deserve thoughtful, diligent, and cautious working approach from business owners and respective decision-makers. Any kind of excretion including factory, medical, or other hazardous waste that may imperil or have a pernicious effect on people's health and can be detrimental to society and the environment should be ceased or be controlled in a manner that causes the least or no damage to flora and fauna. A firm's credibility is often concluded by how ethically it

collaborates its operations and functions with social and environmental surroundings. Business ethics in connection with legal constraints help to shape a sound society. Ethics always exist one step ahead of the law. Law crosses the way when something wrong happens, however, ethics being in place can act as a controlling factor to avoid the unscrupulous and malicious course of actions.

The business operates in an environment and comprises people from society, hence ethical conduct becomes due diligence. Giving fair treatment to society with its actions and efforts helps businesses to achieve a certain level of trust amongst consumers. Business ethics has become an indispensable part of today's flourishing and thriving commercial world. Ethics in business has substantial influence and is not limited to management and employee morale conduct only. It accentuates the obligations and accountability towards community, environment, and legal constraints. Ethically upright corporations are much competent in building a positive image among shareholders and prospective investors which earns support from society and authorities regarding its operations.

Rationale of the paper

Businesses since their inception have been running in the social and economic environment. However social and environmental responsibilities entrusted have been barely taken as seriously until a series of scandals and deceptive conduct got exposed and became widespread in the business community and amongst prospective buyers and consumers. Business ethics are not only moral practices or theory that guides a firm's operation or code of conduct but a practice that covers the practical aspect of business and suggests the best way of doing the right things within and outside of the company. Decision-makers are often found arguing whether going ethical is always in the best interest of the company, but thoughtful consideration here is required that adopting the wrong practices for achieving short-term gain and results may end up in unfavorable consequences. Ethics acts as a mirror image of legal compliance and wards off businesses from various iniquitous activities like insider trading, corruption, over and underutilization of a firm's resources, substandard services, irrelevant cost cutting, and rampant discrimination at all levels in the organization. In order to have a credible track record and a competent business image, it is very important to keep ethics in the first place. No matter how great policies one may have but if proper ethical adherence does not exist everything may go in vain.

Objectives of the study:

To study, highlight and appraise the role of business ethics in existing healthcare practices.

To examine different hindrances to ethical patient care in healthcare establishments.

To identify and substantiate the significance of ethical healthcare practices in selected Private and govt. healthcare institutions.

Review of Literature

The need for laboratory testing is rising proportionally to medical activity, with laboratory medicine accounting for the single largest volume of medical activity in the healthcare industry (**Freedman, 2015**). This irrational and extravagant manner of depleting healthcare resources not only engenders a shortage of resources but also overburdens the entire healthcare facilities with an exaggerated number of patient inflows than actually appears. The meagre and persisting shortage of healthcare resources along with overcrowding of patients is quite evident in the acute care healthcare units, emergency departments, and healthcare system (**Nager & Khanna, 2009**). The unjust and misallocation of medical resources and required funds have deteriorated the availability of patient care access in healthcare facilities (**Withanachchi et al., 2007**). Healthcare managers, public health officials, and Medical Executive committees may also be held accountable and liable for any consecutive or resulting harm sustained by patients in the event of intentional and ill-treatment of healthcare resources arising out of spendthrift or irrational expenditure that are allocated for replacement, or repair of medical equipment and devices (**McQuoid-Mason, 2016**). Continuing in the same vein, along with scarce healthcare resources and careless appropriation of healthcare funds, insufficient or understaffing of healthcare units aggravates the existing situation even more. Lack of medical staff and over-swamped and long work hours often cause fatigue and increase the possibility of the occurrence of medical errors and negligence (**Shah, 2017**). Owing to similar reasons people consciously chose private healthcare facilities over govt. healthcare facilities, or at times they are asked to visit or consult the doctors at their private clinics after OPD hours. The vast majority of practitioners (79%) have stated the fact that they offer quite similar services as comparable to what is being offered in government healthcare facilities. Of those (21%) who said they provided different services, said they provide patients more time, better equipment, and a greater choice of examinations (**Gruen et al., 2002**).

Healthcare workers and professionals also face bullying behaviours from their peers like employees from other businesses that lead to workplace harassment. Healthcare institutions must take proactive measures to safeguard their employees from various related conflicts that they could experience at work. (**Johnston et al., 2010**). (**Thompson et al., 2020**) in their study stated that more than half of the research respondents/participants who witnessed bullying at the workplace admit that they didn't report it to the concerned authority in the organization. The participants had apprehension of being highlighted and prone to being the target of the accused person and may face retaliation for speaking or reporting against them regarding their unethical bullying practices and attitude at work. Physicians/healthcare professionals who are found indulging in unethical practices should be reported to the concerned medical board by the healthcare facilities. Stringent and legit actions including suspension of license to practice medicine and revocation of clinical privileges should be strictly enforced in such cases by the concerned medical authorities (**AbuDagga et al., 2019**). The pragmatic and efficacious work approach of healthcare facilities also gets affected and tainted by the

cupidity and mercenary attitude of unethical healthcare workers. At-times the profit motivation in medicine works against the moral duties that doctors have acquired (**Sobieski, 2016**). As per the research findings (**Moldovan & Walle, 2013**) demand for informal payments to patients by either healthcare professionals or paramedics has been considered as not acceptable by patients and they are aware of the sheer difference between covering up gifts and bribes in the name of informal payments. Medical professionals' financial interests in or ownership of the healthcare facilities they recommend patients to have been a major source of legal and ethical dispute in the medical community in recent years (**McDowell, 1989**). In order to reach their desired occupancy rates, hospitals that are facing immense competition from nearby establishments could try to increase the average duration of patient stays (**Robinson & Luft, 1985**).

The role of medical representatives in influencing physician's preferred choice of prescription also raises grievous concerns and cannot be denied in both govt. & private healthcare facilities. Physician prescription rates rise significantly following visits with medical representatives, attendance at company-sponsored symposia, or acceptance of samples (**Brennan et al., 2006**). It is crucial to look into the frequency and conditions under which placebos are used and prescribed outside of clinical trials since their use in therapies during healthcare practices stands debatable from being morally correct, acceptable in the general course of working in hospitals, and valid from a law standpoint (**Fassler et al., 2010**). Enhancing consumer knowledge and using generic over-the-counter medications might lead to significant financial benefits and mitigate the increase in prescription expenses (**Kohli & Buller, 2013**). Furthermore, unnecessary surgeries or proffering or advocacy of treatments e.g., C-sections v/s normal delivery and knee replacements in not-so-severe knee pain conditions are quite normal and should be abandoned at all stages. Since surgical operations by themselves can occasionally put patients at risk; medical institutions believe that unnecessary surgical treatments are harmful (**Goodrick & Salancik, 1996**). In addition to increasing understanding among all parties involved—healthcare providers, families, patients, and society—ethical interventions from structured committees may serve as a rational and legitimate institutional endeavour to address nearly all moral, lawful, and healthcare conundrums that physicians deal with while providing healthcare attention to acute and severely ill patients (**Cranford & Doudera, 1984**). Also, cherry-picking of patients within the healthcare community has also been heard and talked about which needs to be addressed in a judicious manner by healthcare managers and decision makers. The majority of nations distribute doctor visits evenly among socioeconomic categories, and where substantial inequality does occur, it is often pro-poor. (**Doorslaer et al., 2006**).

Another hindrance to ethical patient-care is to ensure absolute and safe treatment of discarded biohazard leftovers and maintain absolute hygiene and cleanliness in healthcare premises. It is crucial to remember that improper management of healthcare wastes may make

them even more dangerous and hazardous than the underlying illnesses. Hospitals and other healthcare facilities have a responsibility to address public health concerns, including medical waste. Staff, patients, and the environment are impacted by the careless handling and disposal of medical waste in both direct and indirect ways (**Awodele et al, 2016**). Enhancing hospital cleanliness can help safeguard the most susceptible patients from the most hazardous strains of "superbugs" and should enable the patient to recuperate in a hygienic and salubrious environment (**Bencko & Schejbalova, 2006**).

Obtaining patient's informed consent by healthcare professionals before deciding on any course of treatment/medication and or finalising any surgical procedures is of crucial importance. In accordance with the standards of professional ethics, the patient should be provided with enough relevant information on every facet of the planned procedure, enabling them to make an informed decision (**Moeini et al., 2020**). Despite having strong ideas or when the patient seeks counsel, the doctor should provide impartial answers to questions without pressuring the patient to choose one course of action over another. It is the doctor's responsibility to carry out the medical elements of the choice after the patient has made them (**Quill & Brody, 1996**). While sharing every concerned detail and information with patients regarding their prescribed treatment, maintaining the confidentiality of information shared by patients during patient-physician consultation is equally important and should not be divulged to any unrelated third party until and unless required by law in case of a punishable offense under any law or any contamination that may lead to community spread. Confidentiality in a healthcare setting is especially crucial since during doctor-patient consultations, patients divulge private and sensitive information that shouldn't be made public. (**Neitzke, 2007**). (**Heikkinen et al., 2007**) in their research stated that in general doctors and nurses, both opine that no staff or paramedics unless permitted by a doctor should be present in the room while any discussion is going on between a doctor and a sick person. However, only some consider this as significant. It also violates the physical privacy of patients when someone unanticipatedly barges into a patient room, invades their personal space (such as by approaching too closely), or touches them inappropriately.

Hypothesis for the study:

In order to demystify and outline paramount dissimilarities in the functioning of govt. & private healthcare establishments, following hypothesis have been proposed (based on concerning and accompanying variables that remains the part of questionnaire):

H₀₁: The functioning of govt. & private hospitals does not crucially differ.

H_{a1}: The functioning of govt. & private hospitals does crucially differ.

H₀₂: The functioning of govt. & private hospitals regarding adherence to business ethics does not crucially differ.

H_{a2}:The functioning of govt. & private hospitals regarding adherence to business ethics does crucially differ.

Research Methodology:

To test and deduce the juxtaposition in govt. & private hospital's functioning a questionnaire comprised of 24 variables was structured and proffered to healthcare professionals for obtaining responses and unswayed responses using a 5-point Likert scale as below:

5: Strongly-Agree.

4: Agree.

3: Rarely.

2: Disagree.

1: Strongly-Disagree.

The final questionnaire was shared with as many medical professionals as possible and 389 responses in total were received from both govt. hospital (194) and the private hospital (195).The independent t-test is considered pertinent for evaluating mean values of govt. & private hospitals as the sample population of both the healthcare settings is completely different and independent of each other. Moreover, the independent t-test also conducts Levene's test that measures equality of evident variance which tests whether or not equal variances are assumed. A sig. value of greater than 0.5 suggests that equal variances are assumed and a value lower than the threshold i.e., < 0.5 indicates equal variances are not assumed.

With a view to verify the proffered hypothesis and foster comparative evaluation between both govt. & private hospital's working along with their adherence to business ethical values, all variables are correspondingly divided under the two major heads of the proposed hypothesis i.e., on the basis of healthcare functioning and based on ethical adherence of hospitals as below:

On the basis of healthcare functioning:

Emergency resource plan mechanisms to manage patient's inrush.

Top hierarchy resists workplace harassment and peer pressure.

Healthcare resources are prudently allocated to patient health and other departments.

Vigilant towards disposal practices of biohazardous waste.

The capacity of the patient to select among other accessible treatment alternatives.

The process of obtaining informed consent.

Use of Placebo.

Fair treatment for all.

Understaffing resulting in overworked schedules and poor patient care.

Disregard for the dearth of necessary medical supplies.

Necessary caution for maintaining hygiene in the hospital.

Discussion between doctor and sick person in the presence of an unrequested third person instead of hospital medical staff.

On the basis of healthcare adherence to ethical norms:

Monitoring of prescription of irrelevant tests or other unethical conduct.

Less reporting of unethical behaviour.

Enforcement of penalties for unethical behaviour.

Influencing patients to seek consultation at a doctor's clinic rather than in an outpatient department.

Impact of pharmaceutical salesperson's visit on doctor's prescription choices.

Patient's referral to other healthcare institutions for financial benefits.

Brand-name prescriptions rather than generic ones.

Ethics resources in the organization are competent.

Support for specific medical procedures, such as knee surgery and C-sections, among others.

Profit-driven medical practices at odds with doctors' moral duties.

Patients' care is being continued for the organization's financial benefit.

Asking for financial reward from relatives or next of kin of patient on healthy child delivery, successful operation, etc.

Analysis of Data

The independent T-test at a 95% level of confidence of difference has been used to test the proffered hypothesis which fosters results in the form of two tables as below:

Table-1: Group-Statistics

Type of Hospital	N	Mean	Std. Deviation	Std. Error Mean
Prescription of irrelevant tests or other unethical conduct.				
Government	194	3.98	.824	.059
Private	195	4.28	.554	.040
Emergency resource plan mechanisms to manage patient's inrush.				
Government	194	2.45	.741	.053
Private	195	4.39	.490	.035

Top hierarchy resists workplace harassment and peer pressure	Government	194	3.09	.967	.069
	Private	195	4.26	2.924	.209
Less reporting of unethical behaviour.	Government	194	3.07	1.111	.080
	Private	195	2.01	.773	.055
Enforcement of penalties for unethical behaviour.	Government	194	2.30	.818	.059
	Private	195	4.36	.482	.035
Healthcare resources are prudently allocated to patient health and other departments.	Government	194	3.96	.826	.059
	Private	195	4.27	.498	.036
Vigilant towards disposal practices of biohazardous waste.	Government	194	4.13	.822	.059
	Private	195	4.22	.542	.039
The capacity of the patient to select among other accessible treatment alternatives.	Government	194	4.04	.639	.046
	Private	195	4.13	.625	.045
Obtaining informed consent.	Government	194	4.19	.667	.048
	Private	195	4.39	.489	.035
Influencing patients to seek consultation at a doctor's clinic rather than in an outpatient department.	Government	194	2.73	.944	.068
	Private	195	1.72	.523	.037
Impact of pharmaceutical salesperson's visit on doctor's prescription choices.	Government	194	2.79	1.044	.075
	Private	195	2.81	.801	.057
Use of placebo.	Government	194	3.53	.550	.039
	Private	195	1.54	.500	.036
Patient's referral to other healthcare institutions for financial benefits.	Government	194	1.96	.804	.058
	Private	195	1.76	.523	.037
Brand-name prescriptions rather than generic ones.	Government	194	2.05	.810	.058
	Private	195	2.32	.863	.062
Ethics resources in the organization are competent.	Government	194	2.42	.766	.055
	Private	195	4.39	.489	.035
Fair treatment for all.	Government	194	2.86	1.161	.083
	Private	195	2.16	.905	.065
Understaffing resulting in overworked schedules and poor patient care.	Government	194	4.14	.801	.058
	Private	195	2.67	.730	.052
Support for specific medical procedures, such as knee surgery and C-sections, among others.	Government	194	2.05	.829	.060
	Private	195	2.19	.825	.059
Profit-driven medical practices at odds with doctors' moral	Government	194	2.54	1.130	.081

duties.	Private	195	2.46	.839	.060
Patients' care is being continued for the organization's financial benefit.	Government	194	1.84	.769	.055
	Private	195	2.16	.815	.058
Disregard for the dearth of necessary medical supplies.	Government	194	3.73	.707	.051
	Private	195	1.58	.495	.035
Necessary caution regarding hygiene in the hospital.	Government	194	3.85	.835	.060
	Private	195	4.12	.670	.048
Asking for financial reward from relatives or next of kin of patient on healthy child delivery, successful operation, etc.	Government	194	2.38	.997	.072
	Private	195	1.94	.715	.051
Discussion between doctor and sick person in the presence of an unrequested third person instead of hospital medical staff.	Government	194	3.63	.571	.041
	Private	195	1.63	.485	.035

Table2: Independent Samples Test

	Levene's Test for Equality of Variances		t-test for Equality of Means						
	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
								Lower	Upper
Prescription of irrelevant tests or unethical conduct.	.350	.554	-4.182	387	.000	-.298	.071	-.437	-.158
			-4.178	337.657	.000	-.298	.071	-.438	-.157
Emergency resource plan mechanisms to manage patient's inrush.	51.722	.000	-30.479	387	.000	-1.941	.064	-2.066	-1.816
			-30.448	334.406	.000	-1.941	.064	-2.067	-1.816
Top hierarchy resists workplace harassment and peer pressure.	.056	.814	-5.263	387	.000	-1.164	.221	-1.598	-.729
			-5.274	236.085	.000	-1.164	.221	-1.598	-.729
Less reporting of unethical	52.635	.000	10.894	387	.000	1.057	.097	.866	1.247

behaviour.	assumed									
	Equal variances not assumed			10.885	344.321	.000	1.057	.097	.866	1.248
Enforcement of penalties for unethical behaviour.	Equal variances assumed	108.206	.000	-30.278	387	.000	-2.060	.068	-2.194	-1.926
	Equal variances not assumed			-30.241	312.516	.000	-2.060	.068	-2.194	-1.926
Healthcare resources prudently allocated to patient and other departments.	Equal variances assumed	1.552	.214	-4.455	387	.000	-.308	.069	-.444	-.172
	Equal variances not assumed			-4.449	316.682	.000	-.308	.069	-.444	-.172
Vigilant towards disposal practices of biohazardous waste.	Equal variances assumed	6.559	.011	-1.153	387	.250	-.081	.071	-.220	.057
	Equal variances not assumed			-1.152	333.775	.250	-.081	.071	-.220	.058
The capacity of the patient to select among other accessible treatment alternatives.	Equal variances assumed	.719	.397	-1.438	387	.151	-.092	.064	-.218	.034
	Equal variances not assumed			-1.438	386.721	.151	-.092	.064	-.218	.034
Obtaining informed consent.	Equal variances assumed	1.096	.296	-3.356	387	.001	-.199	.059	-.316	-.082
	Equal variances not assumed			-3.354	353.813	.001	-.199	.059	-.316	-.082
Influencing patients to seek consultation at doctor's clinic rather than in an outpatient department.	Equal variances assumed	81.434	.000	13.045	387	.000	1.009	.077	.857	1.161
	Equal variances not assumed			13.027	300.882	.000	1.009	.077	.856	1.161
Impact of pharmaceutical salesperson's visit on doctor's prescription choices.	Equal variances assumed	18.210	.000	-.175	387	.862	-.016	.094	-.202	.169
	Equal variances not assumed			-.174	361.894	.862	-.016	.094	-.202	.169
Use of placebo.	Equal variances assumed	6.032	.014	37.407	387	.000	1.992	.053	1.888	2.097

Equal variances not assumed			37.398	383.171	.000	1.992	.053	1.888	2.097	
Patient's referral to other healthcare institutions for financial benefits.	Equal variances assumed	1.739	.188	2.906	387	.004	.200	.069	.065	.335
	Equal variances not assumed			2.903	331.454	.004	.200	.069	.064	.335
Brand - name prescriptions rather than generic ones.	Equal variances assumed	14.395	.000	-3.259	387	.001	-.277	.085	-.444	-.110
	Equal variances not assumed			-3.260	385.663	.001	-.277	.085	-.444	-.110
Ethics resources in the organization are competent.	Equal variances assumed	66.375	.000	-30.195	387	.000	-1.967	.065	-2.095	-1.839
	Equal variances not assumed			-30.162	327.541	.000	-1.967	.065	-2.095	-1.839
Fair treatment for all.	Equal variances assumed	15.408	.000	6.557	387	.000	.692	.105	.484	.899
	Equal variances not assumed			6.552	364.380	.000	.692	.106	.484	.899
Understaffing resulting in overworked schedules and poor patient care.	Equal invariances assumed	.611	.435	19.014	387	.000	1.478	.078	1.325	1.630
	Equal variances not assumed			19.010	383.286	.000	1.478	.078	1.325	1.630
Support for specific medical procedures, such as knee surgery and C-sections, among others.	Equal variances assumed	4.341	.038	-1.710	387	.088	-.143	.084	-.308	.021
	Equal variances not assumed			-1.710	386.961	.088	-.143	.084	-.308	.021
Profit-driven medical practices at odds with doctors' moral duties.	Equal variances assumed	23.302	.000	.739	387	.460	.075	.101	-.124	.273
	Equal variances not assumed			.739	356.177	.461	.075	.101	-.124	.273
Patients' care is being continued for the organization's financial	Equal variances assumed	2.391	.123	-4.033	387	.000	-.324	.080	-.482	-.166
	Equal variances not assumed			-4.033	385.923	.000	-.324	.080	-.482	-.166

benefit.	not assumed									
Disregard the necessary medical supplies.	forEqual ofvariances assumed	24.809	.000	34.710	387	.000	2.147	.062	2.026	2.269
	Equal variances not assumed			34.679	345.337	.000	2.147	.062	2.026	2.269
Necessary caution regarding hygiene in the hospital.	Equal variances assumed	11.231	.001	-3.551	387	.000	-.273	.077	-.423	-.122
	Equal variances not assumed			-3.549	368.780	.000	-.273	.077	-.424	-.122
Asking financial reward from next of kin of patient healthy child delivery, successful operation, etc.	forEqual variances assumed	52.367	.000	5.037	387	.000	.443	.088	.270	.616
	onEqual variances not assumed			5.033	350.011	.000	.443	.088	.270	.616
Discussion between doctor and sick person in the presence of an unrequested third person instead of hospital medical staff.	Equal variances assumed	7.503	.006	37.373	387	.000	2.008	.054	1.903	2.114
	Equal variances not assumed			37.357	376.478	.000	2.008	.054	1.903	2.114

Finding of the Study:

The result of t-test and detailed analysis of constituting variables correspondingly divided under the two major heads of the proffered hypothesis can be studied as below:

The finding of t-test concerning variables categorized under the first hypothesis statistically substantiates that the functioning of govt. & private hospitals crucially differs. Out of all 12 variables grouped under hypothesis 1, the significant value (p) of 10 variables has been recorded as less than the threshold value i.e., 0.05 which enunciates that the working of the govt. & private healthcare facilities under study stands out statistically different and both healthcare establishments vary in the manner they perform and execute their professional obligations and duties. These decisive 10 variables are as under:

Emergency resource plan mechanisms to manage patient's inrush.

Top hierarchy resists workplace harassment and peer pressure.

Healthcare resources are prudently allocated to patient health and other departments.

Obtaining informed consent.

Use of placebo.

Fair treatment for all.

Understaffing resulting in overworked schedules and poor patient care.

Disregard for the dearth of necessary medical supplies.

Necessary caution for maintaining hygiene in the hospital.

Discussion between doctor and sick person in the presence of an unrequested third person instead of hospital medical staff.

Results of t-test concerning variables those categorized under the second hypothesis remain quite similar to the first one i.e., there is a significant difference between public and private hospitals regarding adherence to business ethics. Out of all 12 variables grouped under the second hypothesis, the significant value p of 09 variables has been recorded as less than the threshold value i.e., 0.05 which enunciates that the approach and extent of adherence to business ethics in public and private hospital under study is significantly different and that the manner

and approach to address ethical dilemmas and conflicting situations at the workplace is somewhat different in both the healthcare establishments. These decisive 09 variables are as under:

Prescription of irrelevant tests or other unethical conduct.

Less reporting of unethical behaviour.

Enforcement of penalties for unethical behaviour.

Influencing patients to seek consultation at a doctor's clinic rather than in an outpatient department.

Patient's referral to other healthcare institutions for financial benefits.

Brand-name prescriptions rather than generic ones.

Ethics resources in the organization are competent.

Patients' care is being continued for the organization's financial benefit.

Asking for financial reward from relatives or next of kin of patient on healthy child delivery, successful operation, etc.

2. CONCLUSION

The conclusive results clearly demystified that both the govt. & private healthcare establishments crucially differ in the manner they work. Also, the inferences and findings, so withdrawn, can be further adapted and used as a substratum to effective and efficient decision-making aimed at alleviating the functional anomalies within healthcare organizations. The study very precisely highlights the crucial variables of healthcare establishments that affect and influence patient care and the righteous deliverance of healthcare services towards meeting community needs. The desideratum of ethical foundation in each and every facet of a healthcare organization is also evident and every attempt should be made in this regard keeping in mind all the statistically significant variables so proffered and obtained from the findings. The role of ethics committees needs to be acknowledged as an integral part of healthcare work along with providing the required leeway to promote independent functioning of the same. Management should proselytize and express through its functioning that ethical adherence and adopting an altruistic approach in discharging duties and responsibilities is the essence of healthcare services and at no cost, avaricious means or practices tainted by cupidity should drive the healthcare professionals while fulfilling their roles and responsibilities.

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