

Ethical Leadership Practices Among Pharmacists in Türkiye: A Regional Study

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ABSTRACT

Ethical leadership in community pharmacies is crucial for maintaining high standards of patient care and operational effectiveness. This study investigated the adoption of ethical leadership principles among pharmacists in Türkiye and their impact on pharmacy operations. A structured questionnaire, consisting of five Likert-type statements related to pharmacists' skills and practices, was administered to a randomly selected sample of 97 community pharmacists across various regions. The data were analyzed using IBM SPSS Statistics 22.0.

The findings revealed a significant correlation between awareness of ethical leadership and the size of pharmacy teams, with pharmacists managing larger teams scoring higher on ethical leadership assessments. Additionally, those with formal ethical leadership training demonstrated notably higher scores, highlighting the importance of incorporating ethical leadership education into pharmacy curricula and ongoing professional development. Interestingly, less experienced pharmacists reported greater awareness of ethical leadership, indicating a potential gap in training for more seasoned professionals.

Demographic analysis showed variations in ethical leadership practices based on pharmacy location, with neighborhood pharmacies scoring higher than those near healthcare facilities. This study underscores the need for targeted interventions to enhance ethical leadership and foster patient trust, satisfaction, and a cohesive work environment in diverse pharmacy settings.

Keywords: Ethical leadership, Leadership, Pharmacist, Community pharmacist, Ethics

1. Introduction

Ethical leadership is a critical factor in improving patient care, increasing employee satisfaction, and strengthening organizational commitment in healthcare services [1]. In pharmacy practice, ethical leadership is a fundamental element for ensuring patient safety and upholding professional standards [2]. The integration of artificial intelligence into healthcare systems further underscores the need for leaders to adopt approaches centered on justice, transparency, and patient focus [3]. Additionally, ethical leadership fosters open communication, encourages employee voice, and helps create a safe working environment in healthcare organizations [4].

The pharmacist's attitude toward ethics significantly impacts not only their own practices but also every procedure and interaction within the pharmacy, underscoring their role as a leader [5]. In this leadership role, pharmacists are tasked with the adoption and implementation of ethical principles within the pharmacy setting [6]. Consequently, pharmacists are expected to serve as ethical leaders [7]. As the leaders of the pharmacy, pharmacists should model these principles for their staff, fostering an ethical environment in the workplace and ensuring that these standards are maintained in their interactions with patients [2, 8].

Ethical leadership encompasses the adoption, promotion, and integration of ethical values at both the individual and institutional levels, with leaders acting as role models for these principles [1]. Within the healthcare sector, ethical leadership holds particular importance for pharmacists, who carry a dual responsibility as leaders guiding the ethical conduct of their staff and as trusted advisors to their patients [9]. An ethical pharmacist fosters an environment characterized by integrity, transparency, and fairness within the pharmacy, thereby enhancing patient satisfaction and fostering collaboration among team members. Additionally, ethical leadership is instrumental in elevating professional standards and increasing public trust in the pharmacy profession [6]. In this context, ethical leadership is not only vital for professional success, but also plays a crucial role in safeguarding and advancing public health.

This study aims to investigate the adoption and implications of ethical leadership practices among community pharmacists in Türkiye. By examining factors such as demographic variables, training, and

ethical awareness, the study seeks to provide evidence-based recommendations for pharmacy education and professional development.

2. Material and Methods

The questionnaire used in this study was developed based on a comprehensive review of the literature on ethical leadership in pharmacy and healthcare settings. An initial item pool was generated and then reviewed by a panel of three experts in pharmacy ethics and leadership to ensure content validity.

The finalized questionnaire consisted of 64 items across 5 sections. The first section included demographic questions (e.g., age, gender, years of experience, education level, location of the pharmacy). The remaining four sections contained Likert-type statements aimed at evaluating different dimensions of ethical leadership awareness and practice among community pharmacists.

The questionnaire was created and administered online via Google Forms. Data collection took place between May and June 2024, and the link was shared with community pharmacists practicing in various regions of Türkiye.

The total score for the ethical leadership questionnaire was calculated by summing the responses to 55 Likert-type items included in Sections 2 through 5 of the questionnaire. Each item was rated on a 5-point scale ranging from "Strongly Disagree" (1) to "Strongly Agree" (5). The theoretical minimum total score was 55, and the maximum was 275. A higher score reflects a greater awareness and more consistent application of ethical leadership principles in pharmacy practice.

The collected data were analyzed using IBM SPSS Statistics 22.0 to identify potential correlations between ethical leadership and patient-related outcomes.

Ethical approval for this study was obtained from the Ankara University Ethics Committee (Approval No: 08/89, Date: 13/05/2024) prior to its commencement. All participants were fully informed about the objectives of the study, and written informed consent was obtained before their participation.

3. Results and Discussion

The survey conducted as part of this study resulted in 101 responses, out of which 97 were deemed valid for analysis. The average scale score was 226.90, with a median value of 229.00 and a standard deviation of 13.65. The skewness coefficient was found to be -0.726, and the kurtosis coefficient was 0.862, indicating that the data distribution falls within the normal range according to the literature [10].

Reliability analysis was conducted, yielding a Cronbach's alpha value of 0.703, which indicates acceptable internal consistency of the scale. Due to the normal distribution of the data, parametric tests were utilized for the analysis.

3.1. Demographic information

A total of 97 valid responses were analyzed for demographic characteristics, as shown in Table 1.

3.2. Analysis of general professional opinions

Statistical tests, including t-tests and ANOVA, were conducted to explore the relationship between demographic factors and the general professional opinions expressed by participants, as shown in Table 2.

- *Professional Experience:* ANOVA revealed a significant difference in professional opinions based on the level of professional experience [$F(3, 93) = 4.358, p < 0.05$]. The Post-hoc analysis indicated that pharmacists with 31 years or more of experience scored significantly lower than those with less experience.
- *Pharmacy Location:* t-test revealed a significant difference in ethical considerations regarding the pharmacist-employee relationship based on the pharmacy's location [$t(95) = 2.288, p < 0.05$]. Pharmacists working in neighborhood pharmacies scored significantly higher ($M = 84.58$) on ethical considerations compared to those working in pharmacies near hospitals or other healthcare facilities ($M = 81.47$).
- *Number of Employees:* ANOVA revealed a significant difference in professional opinions based on the number of employees [$F(2, 94) = 8.000, p < 0.05$]. Pharmacists working with two employees scored significantly lower in general professional opinions than those working with either one or three or more employees.

3.3. Analysis of ethical leadership and professional experience

The survey also examined the relationship between ethical leadership training and professional experience, as shown in Table 3.

- *Professional Experience and Ethical Leadership Awareness:* ANOVA showed a significant difference in ethical leadership awareness based on professional experience, with less experienced pharmacists being more aware of ethical leadership ($p < 0.05$).
- *Ethical Leadership Training:* t-test revealed that pharmacists who received training on ethical leadership scored significantly higher on related measures compared to those who did not receive such training ($p < 0.05$).

The findings from this study highlight the critical role of ethical leadership in community pharmacies and its impact on various aspects of pharmacy operations. The results indicate that pharmacists who consistently apply ethical principles in their practice tend to foster a more trusting and satisfied patient base, as well as a more cohesive and positive work environment.

The demographic analysis revealed that less experienced pharmacists reported higher awareness and adoption of ethical leadership compared to their more experienced counterparts. This finding aligns with previous research suggesting that newer professionals may be more open to adopting contemporary ethical frameworks and leadership styles, as they are often exposed to these concepts during their recent training and education [11]. However, the lower scores among more experienced pharmacists may suggest a need for ongoing professional development and training in ethical leadership for this group [7].

The significant differences found based on the number of employees in a pharmacy suggest that larger teams may benefit from more structured and defined leadership roles. Pharmacists working with three or more employees reported higher ethical leadership scores, which may reflect the increased need for structured role modeling and ethical decision-making in larger teams. This finding is consistent with the literature, which suggests that effective leadership becomes increasingly important as team size

Table 1. Demographic information of participants

Demographic Variable	Category	Frequency (n)	Percentage (%)
Gender	Female	62	63.9
	Male	35	36.1
Age	30 years and under	27	27.8
	31-40 years	38	39.2
	41 years and above	32	33.0
Marital Status	Married	69	71.1
	Single	28	28.9
Professional Experience	10 years and under	47	48.5
	11-20 years	30	30.9
	21-30 years	12	12.4
	31 years and above	8	8.2
Education Level	Bachelor's Degree	78	80.4
	Master's Degree	18	18.6
	Doctorate Degree	1	1.0
Pharmacy Location	Neighborhood Pharmacy	36	37.1
	Pharmacy near hospitals or other healthcare facilities	61	62.9
Number of Employees	1 employee	14	14.4
	2 employees	34	35.1
	3 or more employees	49	50.5

Table 2. Analysis of general professional opinions

Variable	Test	F/t	p
Gender	t-test	1.476	0.143
Age	ANOVA	0.420	0.658
Marital Status	t-test	1.802	0.074
Professional Experience	ANOVA	4.358	0.006*
Pharmacy Location	t-test	2.153	0.034*
Number of Employees	ANOVA	8.000	0.001*

*p < 0.05 was considered statistically significant.

increases, to ensure coordination, communication, and the consistent application of ethical principles [2, 3, 12].

Interestingly, pharmacists who received formal training in ethical leadership scored significantly higher on related measures. This emphasizes the importance

Table 3. Analysis of ethical leadership training and professional experience

Variable	Test	F/t	p
Professional Experience	ANOVA	4.358	0.032*
Ethical Leadership Training	t-test	4.509	0.013*

*p < 0.05 was considered statistically significant.

of incorporating ethical leadership training into both initial pharmacy education and ongoing professional development programs. The positive impact of such training on ethical practice is well-documented in the literature, further reinforcing the need for structured ethical leadership training in pharmacy education [13].

The study also found that pharmacists working in pharmacies located near hospitals or other health-care facilities scored lower on ethical leadership measures compared to those in neighborhood pharmacies. This could be due to the increased pressure and complexity of working in environments closely tied to larger healthcare systems, where operational demands might overshadow the focus on ethical leadership. Further research could explore the specific challenges faced by pharmacists in these settings and develop targeted interventions to enhance ethical leadership in such environments [4].

Overall, the results of this study underscore the importance of ethical leadership in community pharmacies and suggest that ongoing training and support are crucial for ensuring that pharmacists at all levels of experience and in various settings can effectively lead their teams and provide high-quality, ethical care to their patients [14].

4. Conclusions

This study underscores the significant role that ethical leadership plays in the operational effectiveness and patient satisfaction within community pharmacies. The findings indicate that pharmacists who prioritize ethical principles not only enhance the trust and satisfaction of their patients but also create a more cohesive and positive work environment for their teams.

Key findings from this study include:

- Less experienced pharmacists demonstrated a higher awareness and adoption of ethical leader-

ship compared to their more experienced counterparts, suggesting the importance of continuous professional development in this area for all experience levels.

- Pharmacies with larger teams reported higher ethical leadership scores, highlighting the need for clear leadership roles in managing bigger teams effectively.
- Formal training in ethical leadership was strongly associated with higher scores on ethical practice measures, emphasizing the need for structured ethical leadership training in both initial pharmacy education and ongoing professional development programs.
- Pharmacists working in pharmacies located near hospitals or other healthcare facilities scored lower on ethical leadership measures, potentially due to the increased pressures of working in such environments. This finding suggests that targeted interventions may be needed to support ethical leadership in these high-pressure settings.

Community pharmacists practice a profession that serves people and carries the responsibility of prioritizing individual rights during service delivery. Pharmaceutical care is a service that varies from patient to patient or from illness to illness, depending on the demand and the specific circumstances. When it comes to health, services must be delivered at the highest standard of quality without any compromise. Often, leading pharmacists are expected to place the utmost importance on ethical values while providing care and to serve as ethical role models for both their patients and employees.

In effective ethical leadership, a pharmacist should be aware of their own societal and cultural values, while also remaining committed to ethical principles when faced with challenging situations. A pharmacist who lacks this awareness may make incorrect ethical judgments both in patient care and in leadership contexts. In contrast, a self-aware pharmacist tends

to have high self-esteem and self-confidence. This self-assurance enables the pharmacist leader to communicate positively with colleagues, fostering an environment in which employees also develop self-confidence. Moreover, employees are more likely to accept and adopt a confident leader as a role model.

It is essential for pharmacist leaders to care about the needs of their staff and to demonstrate empathy. When employees feel understood by their pharmacist leader, their productivity increases, and their own empathic skills improve. Acting ethically without understanding the emotions, thoughts, and values of others is quite difficult. A person who fails to understand others may also fail to perceive the real issue at hand, which ultimately affects the quality of decisions made. Overall, the study suggests that fostering ethical leadership in community pharmacies is crucial for ensuring high-quality, ethical care. The results point to the need for ongoing training and support to help pharmacists at all levels of experience effectively lead their teams and uphold the ethical standards of their profession.

Further research is recommended to explore the specific challenges faced by pharmacists in different settings and to develop targeted strategies for enhancing ethical leadership across the profession.

Ethical approval for this study was obtained from the Ankara University Ethics Committee (Approval No: 08/89, Date: 13/05/2024), and informed consent was obtained from all participants.

Conflict of Interest

The authors have no conflicts of interest, financial or otherwise, to declare.

Statement of Contribution of Researchers

Concept – Z.B., G.Ö.; Design – Z.B., M.Ç., G.Ö.; Supervision – G.Ö.; Resources – Z.B., M.Ç., G.Ö.; Materials – Z.B., M.Ç., G.Ö.; Data Collection and/or Processing – Z.B., M.Ç., G.Ö.; Analysis and/or Interpretation – Z.B., M.Ç., G.Ö.; Literature Search – Z.B., M.Ç., G.Ö.; Writing – Z.B., M.Ç., G.Ö.; Critical Reviews – M.Ç., G.Ö.

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