



Ethical Leadership and Counterproductive Work Behavior: The Mediating Role of Job Stress – A SEM Multi-Group Analysis of Doctors and Nurses

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ABSTRACT

The paper focuses on exploring how ethical leadership influences job stress and counterproductive work behavior (CWB) among the health care professionals in the private hospitals within the city of Hyderabad in Pakistan. Data collection was done by using the Partial Least Squares Structural Equation Modeling (PLS-SEM) and Multi-Group Analysis (MGA) on 400 respondents (200 doctors and 200 nurses). The results indicate that ethical leadership has a great impact on decreasing both job stress and CWB, whereas job stress positively forecasts CWB. Also, job stress mediates the association between ethical leadership and CWB, and it is imperative to reduce stress as a route towards negative employee behaviors minimization. The MGA does not show any significant differences between doctors and nurses, as to suggest that ethical leadership works equally across the two groups. These findings demonstrate the importance of ethical leadership in determining the employee well-being and behavioral outcomes within the healthcare setting. The research has practical suggestions that hospital administrators may use to enhance the quality of leadership, minimize stress, and promote positive organizational behavior. These are cross-sectional design and restriction to the private hospitals in a single city. Further studies are needed in the longitudinal impact and extensive institutional and geographical comparison.

Introduction

The behavior of the employees in the medical facility has emerged as the point of special concern, especially in the context of the private hospitals in Pakistan that are faced with the escalating work-load, ethical dilemmas, and leadership issues. COWB is currently being considered as one of the obstacles to effective healthcare provision because it has a direct influence on patient safety, organizational efficiency, and staff well-being (Elliethey et al., 2024; Saggu et al., 2022; Ali Awad and Mohamed El Sayed, 2023). Perceived injustice, workplace ostracism, and emotional strain are among the causes of behavioral deviance in the doctors and nurses in complex hospital settings, which compound performance issues (Haider and Yean, 2023; Zahid et al., 2025). The leadership behaviors are especially helpful in employee attitude and behavior, where stress can be increased, and CWB can be activated through the devastating or unethical leadership style (Maqbool et al., 2024; Naheed and Malik, 2023). The role of leadership as a factor effecting behaviour needs further insight in the context of staff shortages and hierarchical pressures that staff have to endure in private hospitals in Hyderabad (Faisal, 2024). This, in turn, has made the necessity to investigate the role of leadership and psychological factors as contributors to CWB in this regard all the more pressing.

In all healthcare systems, particularly those in developing nations, stressful working environments increase the risk of CWB among clinical practitioners. It has been found that negative behavioral reactions among physicians and nurses are often caused by emotional exhaustion, heavy workloads, and the absence of support by managers (Zahid et al., 2025; Haider and Yean, 2023; Ke and Li, 2025). Likewise, the ostracism at the workplace, ethical dilemmas and poor internal relationships may force employees to adopt

maladaptive behaviors, eventually affecting patient care (Elliethey et al., 2024; Ali Awad and Mohamed El Sayed, 2023; Abo Shama, 2024). Empirical evidence indicates that perceived injustice and stressors are excellent predictors of deviance and counterproductive behaviors among healthcare workers all over the globe (Saggu et al., 2022; Hassan Mekawy and Ali Mohamed Ismail, 2022; Naheed and Malik, 2023). Such pressures may be more acute in private hospitals as the level of performance pressure and accountability is much greater (Faisal, 2024). Consequently, job stress is one of the focal variables that influence employee behavior within an organization.

Ethical leadership has become an effective factor in employee behavior especially in very sensitive professions like healthcare. Integrity, fairness, and empathy are modeled by ethical leaders and influence how employees should make moral decisions and decrease their propensity to CWB (Dewanata, 2024; Naheed and Malik, 2023; Ke and Li, 2025). Such indicators can be observed in different healthcare settings where ethical leaders reduce stress levels among employees, enhance their commitment to the organization, and foster interpersonal relationships (Ali Awad & Mohamed El Sayed, 2023; Haider et al., 2023; Maqbool et al., 2024). On the other hand, dedicated or toxic leadership styles increase the level of psychological pressure, which exposes workers to unethical actions and deviant behavior (Hassan Mekawy and Ali Mohamed Ismail, 2022; Abo Shama, 2024; Shah et al., 2023). Because in private hospitals, the leadership directly affects the staff morale, contentment, and workload allocation, ethical leadership will be necessary to reduce behavioral issues caused by stress (Faisal, 2024). As such, organizational cultures can facilitate or prevent productive work behaviors through leadership behavior. With the stressful working environment that is present in the private hospitals in Hyderabad,

it is important to know how ethical leadership influences job stress and CWB with the aim of providing quality patient care. According to recent research, psychological mediating variables (stress, moral disengagement, job satisfaction, emotional exhaustion) play an intermediate role in the behavioral reactions of the employees (Ke and Li, 2025; Dewanata, 2024; Zahid et al., 2025). Specifically, job stress has always been associated with adverse behavioural results, and its role as a mediating variable in leadership-behavior theories has been emphasized (Saggu et al., 2022; Naheed and Malik, 2023; Haider and Yean, 2023). Leadership interventions at reducing stress and increasing ethical climates are crucial to healthcare organizations, whose leaders ensure that their organizations deliver ethical services (Maqbool et al., 2024; Faisal, 2024; Ali Awad and Mohamed El Sayed, 2023). Thus, the discussion of the interaction of ethical leadership, job stress, and counterproductive behaviors of doctors and nurses in the private hospitals of Hyderabad provides the key information to enhance the stability of the workforce and the performance of the organization.

Aim of the Study

The proposed study seeks to examine the impact of ethical leadership on counterproductive work behavior among doctors and nurses in private hospitals in Hyderabad, Pakistan. It also analyses the mediating effect of the job stress and compares group differences by Multi-Group Analysis.

Research Objectives

- To examine the influence of ethical leadership on counterproductive working behavior among health workers working in the private hospitals.
- To investigate how ethical leadership can influence job stress among physicians and nurses.
- To find out how job stress impacts on counterproductive work behavior.

To examine the mediating job stress between ethical leadership and counterproductive work behavior.

To make a comparison between the structural association of doctors and nurses by Multi-Group Analysis (MGA).

Literature Review

Ethical leadership has attracted a lot of interest in research studies in healthcare given its importance in influencing employee attitudes, stressor reduction, and ethical behaviors. Research has indicated that ethical leaders are very fair, upright, and caring, and this aspect minimizes the deviant behavior among healthcare practitioners (Dewanata, 2024; Naheed and Malik, 2023). A moral and ethical leadership practice in the nursing setting was discovered to have shielded against the adverse consequences of counterproductive working conduct that might have resulted in counterproductive behavior (Ali Awad and Mohamed El Sayed, 2023; Elliethey et al., 2024). On the other hand, toxic, abusive, and despotic leadership styles have always been associated with an increase in stress and emotional burnout and deviant behavior among hospital employees. (Maqbool et al., 2024; Hassan Mekawy & Ali Mohamed Ismail, 2022; Shah et al., 2023). Pakistan-based evidence suggests further that a hospital worker is prone to ethical dilemmas, a high workload, and hierarchical pressures, and leadership is a key factor that influences the way professionals react to the strain of the workplace (Zahid et al., 2025; Faisal, 2024).

Job stress is one of the factors that have been identified to be a strong predictor of counterproductive work behavior in healthcare organizations, especially where working hours are long, emotional workload and support systems are few. It is shown that stress occurrence leads to the development of negative behavioral outcomes (withdrawal, non-compliance, intentional deviance) in doctors and nurses (Saggu et al., 2022; Haider and Yean, 2023; Ke and Li, 2025). In several

studies in the health care sector, stress due to perceived injustice, work-related pressure, and emotional burnout has been identified to increase CWB (Zahid et al., 2025; Ali Awad and Mohamed El Sayed, 2023; Abo Shama, 2024). Further, psychological theories, including Job Demands-Resources model, state that ethical leadership can serve as a resource that lessens stress, and thus lowers the possibility of deviant behavior (Naheed and Malik, 2023, Faisal, 2024). Considering that the private hospitals in Pakistan are a source of stress, the shortage of staff and heavy patient load are frequent, it is necessary to comprehend job stress as a mediator variable between ethical leadership and CWB to enhance organizational performance.

Hypotheses Development

Understanding of ethical leadership has been prominently identified as a major factor that influences the actions of the employees especially in stressful workplace like the cases of hot-pressured hospitals. Ethical leaders are fair, transparent and possess moral integrity and this encourages positive ethical climate and limits the chances of deviant response by employees. Previous studies prove that ethical leadership deteriorates harmful and counterproductive behavior through ethical modeling and establishing accountability (Dewanata, 2024; Naheed and Malik, 2023). Research in healthcare facilities also indicates that ethical leadership decreases deviant workplace behavior by enhancing psychological safety and decreasing adverse interpersonal communication (Elliethey et al., 2024; Ali Awad and Mohamed El Sayed, 2023). Doctors and nurses in the private hospitals are exposed to high emotional and professional demands and hence ethical leadership would be yet more critical in preventing counterproductive behaviors.

H1: Ethical leadership negatively influences counterproductive work behavior among healthcare professionals.

Ethical leadership is also the primary determinant of the psychological wellbeing of workers because ethical leaders tend to alleviate workload pressure, interpersonal struggles, and organizational ambiguity stresses. According to research, ethical behavior of leaders leads to the reduction of emotional strain and increase in the perceptions of fairness among employees, which will reduce the stress level (Naheed and Malik, 2023; Faisal, 2024). On the other hand, the unethical or harmful leadership styles correlate with greater job stress, burnout, and emotional exhaustion in the healthcare staff (Maqbool et al., 2024; Hassan Mekawy and Ali Mohamed Ismail, 2022). Due to their high workloads and ethical dilemmas, doctors and nurses in the private hospitals usually face stress and leader support is critical in reducing stress. Thus, ethical leadership will be likely to reduce work-related stress in the employees of challenging healthcare settings.

H2: Ethical leadership negatively influences job stress among doctors and nurses.

Job stress is an established predictor of many undesirable work outcomes, such as a decrease in productivity, a decrease in engagement, and a rise in counterproductive work behavior. Repeated withdrawal, a lack of empathy, and deliberate deviance are frequent outcomes of stress in healthcare caused by work overload, emotional demands, and time pressure (Saggu et al., 2022; Haider and Yean, 2023). Research indicates that the stressful employees will be more prone to behaviors that impair the operations of the organization, including absenteeism, breaking of rules, and lack of effort in work (Zahid et al., 2025; Ke and Li, 2025). The issue of patient complexities, ethical conflict, and interpersonal challenges can also contribute to job stress among the doctors and nurses. Hence, it is anticipated that increased job stress will result in increased

counterproductive work behavior in the private hospital environments.

H3: Job stress positively influences counterproductive work behavior.

Since leadership has a significant effect on employee stress, and extensive evidence of the linkage between stress and counterproductive behavior, job stress will be a central mediating variable between ethical leadership and CWB. Ethical leadership offers emotional and psychological support enabling employees to cope with job requirements hence minimizing deviant reactions brought about by stress (Naheed and Malik, 2023; Dewanata, 2024). Healthcare-based literature shows that ethical leadership is likely to minimize perceived strain when it leads to decreased negative workplace outcomes (Ali Awad and Mohamed El Sayed, 2023; Abo Shama, 2024). This intervening process is consistent with stress theories about organizations, which hold that leadership support will cushion stress and reduce destructive behavior. Therefore, it is expected that job stress will mediate the relationship

H5: The structural relationships among ethical leadership, job stress, and counterproductive work behavior differ significantly between doctors and nurses.

between ethical leadership and CWB between the doctors and nurses in the private hospitals.

H4: Job stress mediates the relationship between ethical leadership and counterproductive work behavior.

The disparities in job roles, professional roles and emotional requirements of nurses and doctors imply that the influence of leadership and stress can have diverse impacts on groups. Physicians are usually under pressure in their decision making and diagnostic roles whereas nurses are under constant pressure in relation to patients, emotional labor and hierarchical issues. According to the literature, the leadership and stress-related results may vary depending on the job group since work and power relations in hospitals are different (Haider and Yean, 2023; Zahid et al., 2025). Consequently, ethical leadership can lessen the stress among doctors, unlike nurses, and job stress can affect their counterproductive behaviors differently. Multi-Group Analysis (MGA) can thus be used to evaluate such variations.

Conceptual Framework

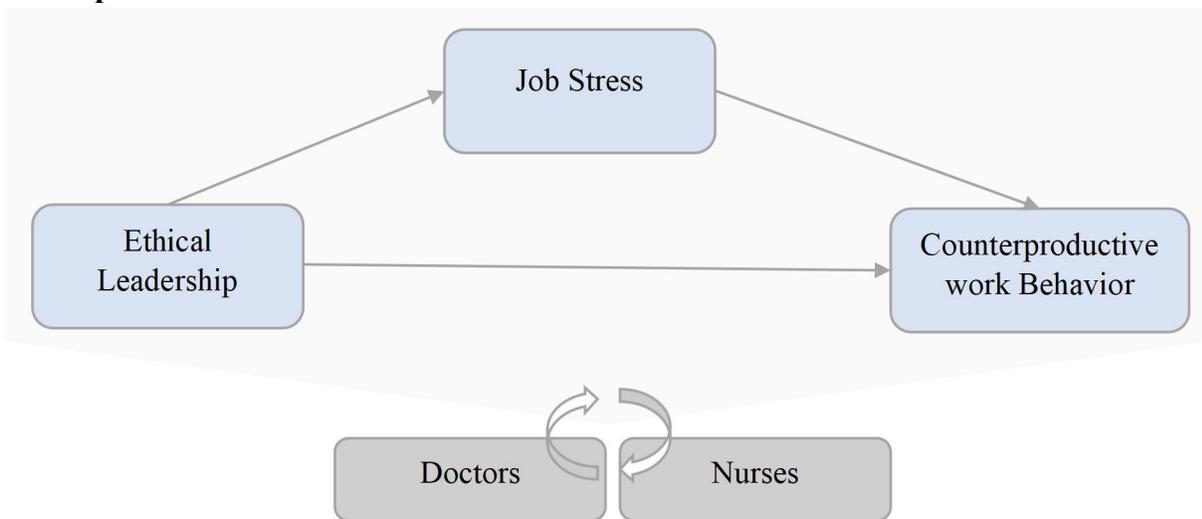


Figure 1. Conceptual Model of the study, formulated by authors after review of existing literature

3. Methodology

The research philosophy employed in this study is positivist research philosophy, whereas the research design is quantitative and explanatory research in the investigation of the relationship between ethical leadership and counterproductive work behavior with the mediating variable of job stress in healthcare employees working in private hospitals in Hyderabad, Pakistan. The research used a cross-sectional survey technique as it is highly recommended in research on organizational behavior when the researcher tests the relationship between variables at one point in time (Creswell and Creswell, 2018). The population of interest was doctors and nurses who work in the private hospitals since they are core groups of staff who are most influenced by the leadership behavior and stress in the work place. The purposive sampling method was applied to capture the respondents who had enough working experience in the field of their profession to assess the relationship between ethical leadership and job stress. A sample of 200 participants was aimed at, as per the recommendations of Hair et al. (2020) in PLS-SEM research where 10 times the maximum amount of structural paths is needed towards a construct.

The data were gathered using a structured Likert scale questionnaire which will be administered both physically and electronically to ensure ease of administration and ensure a high response rate. The questionnaire was based on ethical leadership, job stress, and counterproductive work behavior validated scales. Data analysis was chosen as the Partial Least Squares Structural Equation Modeling (PLS-SEM) with SmartPLS 4 because it is highly effective in the analysis of complex models, mediation testing, and Multi-Group Analysis (MGA)

(Hair et al., 2020). Dr. Ethics such as voluntary participation, informed consent and secrecy of the responses were administered with strictness during the process of data collection.

Measures: Ethical leadership was assessed on a 7-item scale borrowed by Brown et al. (2005), which evaluated fairness, integrity, and ethical leadership of the leader. A 6-item scale based on Parker and DeCotiis (1983) content was used to measure job stress, and the items included time pressure, role demands, and psychological strain. Spector et al. (2006) employed an 8-item short form of the scale in determining counterproductive work behavior which included withdrawal, misuse of resources and interpersonal deviance. Each of the items was measured using a 5-point Likert scale (1 = strongly disagree to 5 = strongly agree) as required by the previous organizational behavior research conventions. The following well-validated scales made the PLS-SEM analysis reliable and construct valid.

Data Analysis

Demographic Characteristics of Respondents

The demographic profile shows that there is an equal and balanced representation of the two MGA groups- Doctors (50) and Nurses (50) which are needed to establish a valid multi-group comparison in structural equation modeling. It is an equal distribution that guarantees the interpretation of group differences in a meaningful way without sampling bias. The gender distribution is predominantly female (59%), which is also a reflection of the situation in Pakistan in the sphere of the work of the private hospital where nursing jobs are filled mostly by women, but a significantly higher percentage of males is represented in the doctor category.

Table 1. Demographic Characteristics of Respondents

<i>Variable</i>	<i>Category</i>	<i>Frequency (n)</i>	<i>Percentage (%)</i>
Group (MGA Variable)	Doctors	100	50%

	Nurses	100	50%
Gender	Male	82	41%
	Female	118	59%
Age	20–30 years	94	47%
	31–40 years	70	35%
	Above 40 years	36	18%
Education Level	Bachelor's	92	46%
	Master's	64	32%
	MPhil/FCPS/Equivalent	44	22%
Work Experience	1–3 years	60	30%
	4–6 years	78	39%
	Above 6 years	62	31%
Employment Type	Full-Time	176	88%
	Contractual	24	12%

The age data reveal that the proportion of the younger professionals aged between 20 and 30 years old makes almost half of the respondents (47%), which means that the younger professionals are a significant segment of the private healthcare workforce in Hyderabad. Education levels reflect the professional demands as well, with the doctors being more represented in the higher degrees like FCPS/MPhil and nurses represented by most of the bachelor degrees. The majority of the participants are moderate to high experience (4-6 years = 39%), which adds to the validity of their evaluation of workplace behaviors. The high percentage of full-time employees (88) enhances the strength of the study as full-time workers have a greater exposure to the organizational leadership, colleagues within the same team, and work pressures, hence their answers are more realistic to the realities at the workplace.

Internal Consistency Reliabilities of Constructs

Table 2. Internal Consistency Reliabilities of Constructs

<i>Construct</i>	<i>No. of Items</i>	<i>Cronbach's Alpha (α)</i>	<i>Rho_A</i>	<i>Composite Reliability (CR)</i>
<i>Ethical Leadership (EL)</i>	7	0.891	0.894	0.915
<i>Job Stress (JS)</i>	6	0.874	0.879	0.902
<i>Counterproductive Behavior (CWB)</i>	8	0.887	0.890	0.911

The internal consistency reliability report shows that constructs that were utilized in the study are the most reliable ones. The scale of Ethical Leadership was also high with Cronbach alpha of 0.891, RhoA of 0.894, and composite reliability of 0.915 and above the recommended threshold of 0.70 (Hair et al., 2020). Likewise, Job Stress, having 6 items, displayed excellent internal consistency in all three measures ($\alpha = 0.874$, $RhoA = 0.879$, $CR = 0.902$) confirming that the scale is consistently good at representing perceptions of stress that respondents experience at workplaces in the three hospitals that were privately owned. The counterproductive Work Behavior which has been measured by 8 items also showed the high reliability ($\alpha = 0.887$, $Rho A = 0.890$) which means that the items are coherent and provide a reliable measure of the deviant workplace behaviors among doctors and nurses.

All in all, the findings of the three reliability tests indicate the strength of the measurement model, as every construct is reliable in measuring the intended latent variable. The large values of the Cronbach alpha, Rho A and composite reliability imply that there is little measurement error and high internal consistency which gives a positive assurance of the next PLS-SEM analysis. This shows that reliability of the two MGA groups (doctors and nurses) is constant and therefore that the constructs are measured comparatively in two sub-samples, which is a critical assumption to do multi-group comparisons in SmartPLS.

Convergent and Discriminant Validity

The convergent validity outcomes reveal that the AVE value of all the constructs are above the suggested cut-off mark of 0.50, revealing that over 50 percent of the variance in the indicators are explained by their corresponding latent constructs (Hair et al., 2020). The AVE of the constructs is 0.68, Job Stress 0.61 and Counterproductive Work Behavior 0.65 which validates the convergent validity of all constructs. Square roots of AVE (diagonal values: 0.824, 0.781, 0.806) are also benchmarks of assessing discriminant validity.

Table 3. Convergent and Discriminant Validity (Fornell-Larcker Criterion)

Construct	AVE	Ethical Leadership (EL)	Job Stress (JS)	Counterproductive Work Behavior (CWB)
Ethical Leadership (EL)	0.68	0.824	0.42	-0.35
Job Stress (JS)	0.61	0.42	0.781	0.47
Counterproductive Work Behavior (CWB)	0.65	-0.35	0.47	0.806

Note: Diagonal values are the square root of AVE, off-diagonal values represent correlations among constructs.

The discriminant validity, assessed using the **Fornell-Larcker criterion**, is confirmed because the square root of AVE for each construct is higher than its correlations with other constructs. For example, Ethical Leadership (0.824) correlates 0.42 with Job Stress and -0.35 with CWB, which are lower than its own square root of AVE. Similarly, Job Stress (0.781) and CWB (0.806) have higher diagonal values than their correlations with other constructs, indicating that each construct is distinct and measures a unique concept. These results validate the

measurement model and justify proceeding with the structural model and Multi-Group Analysis.

Outer Loadings Analysis

Outer loadings indicate the relationship of each observed indicator (item) to its latent construct. It implies that high loadings depict the item as a good reflection of the construct. Hair et al. (2020) suggested loadings of 0.70 and above are deemed as satisfactory to loadings of convergent validity; however, items with a loading between 0.60-0.70 can be retained as long as the composite reliability and AVE is not compromised.

Table 4. Outer Loadings of Constructs

Construct	Item	Outer Loading
Ethical Leadership (EL)	EL1	0.821
	EL2	0.835
	EL3	0.798
	EL4	0.842

	EL5	0.810
	EL6	0.827
	EL7	0.834
Job Stress (JS)	JS1	0.764
	JS2	0.779
	JS3	0.752
	JS4	0.768
	JS5	0.740
	JS6	0.755
Counterproductive Work Behavior (CWB)	CWB1	0.788
	CWB2	0.802
	CWB3	0.817
	CWB4	0.791
	CWB5	0.805
	CWB6	0.790
	CWB7	0.810
	CWB8	0.799

The outer loadings show all items highly correlated with the corresponding latent constructs, and this means convergent validity of the measurement model. All the loadings are beyond the 0.70 criterion as indicated by Hair et al. (2020), indicating that every item is a reliable indicator of its construct. As an example, Ethical Leadership items have a range of between 0.798 to 0.842, which is a consistent contribution irrespective of the rest of the indicators. The load of Job Stress items lies between 0.740 and 0.779, whereas Counterproductive Work Behavior items lie between 0.788 and 0.817, which again confirms the strength of the scales.

Table 5. R² and f² Values for Structural Model

Dependent Variable	R ²	Predictor	f ²	Effect Size
Job Stress (JS)	0.176	Ethical Leadership (EL)	0.213	Medium
Counterproductive Work Behavior (CWB)	0.394	Ethical Leadership (EL)	0.152	Medium
		Job Stress (JS)	0.217	Medium

Notes: R² represents the variance explained by the predictor(s). f² values interpreted as: 0.02 = small, 0.15 = medium, 0.35 = large (Cohen, 1988).

R² and f² Values for Structural Model

The outcome of the structural model shows that Ethical Leadership predicts 17.6% of the difference in Job Stress (R² = 0.176), which implies that leadership has a moderate impact on the level of stress among physicians and nurses working in the private hospitals. The resultant effect size (f² = 0.213) presents the fact that ethical leadership has a significant effect (medium) because it has a significant effect on the perceived stress of employees.

In Counterproductive Work Behavior, the interaction of the two predictors, which include Ethical Leadership and Job Stress, account 39.4% of the variance ($R^2 = 0.394$), which can be regarded as a significant percentage in behavioral study. The personal effect sizes indicate that Job Stress has a medium impact on CWB ($f^2 = 0.217$), and Ethical Leadership has the same effect as well ($f^2 = 0.152$). These results can be used to confirm the theoretical fact that ethical leadership lowers the count of counterproductive behaviors, both directly and indirectly, via job strain, which endorses the mediation model and offers a solid

foundation of Multi-Group Analysis among physicians and nurses.

Path Coefficients, t-values, and p-values

These findings suggest that Job Stress is negatively correlated with Ethical Leadership ($-0.410, p < 0.001$), which validates the claim that an increase in the level of ethical leadership decreases the perceived stress among the workers in the private hospitals. Direct negative effects of Ethical Leadership on Counterproductive Work Behavior ($= -0.294, p < 0.001$) also illustrate that ethical leadership behavior by the leader will contain deviant behavior in the workplace.

Table 6. Path Coefficients, t-values, and p-values

<i>Path</i>	β (<i>Path Coefficient</i>)	<i>t-value</i>	<i>p-value</i>	<i>Significance</i>
<i>EL → JS</i>	-0.410	8.05	0.000	Significant
<i>EL → CWB</i>	-0.294	5.23	0.000	Significant
<i>JS → CWB</i>	0.423	8.92	0.000	Significant

Job Stress is also related to Counterproductive Work Behavior in a positive way ($= 0.423, p < 0.001$) meaning that greater stress levels lead to more negative or counterproductive behavior of the healthcare personnel. These outcomes attest to the proposed direct relationship within the structural model and also form a strong basis of investigation of the mediating influence of Job Stress between the relationship of Ethical Leadership and CWB and subsequently, later MGA comparison of Doctors and Nurses.

Multi-Group Analysis reveals that there are no significant differences between doctors and nurses on the relationship between Ethical Leadership, Job Stress, and Counterproductive Work Behavior. Routes between Ethical Leadership and Job Stress ($b \text{ Diff} = -0.024, p = 0.421$) and Ethical Leadership and CWB ($b \text{ Diff} = -0.014, p = 0.489$) are statistically close in both groups. In the same manner, the difference between the effects of Job Stress on CWB ($b \text{ Diff} = 0.023, p = 0.432$) is not significant between doctors and nurses.

Multi-Group Analysis (PLS-MGA) – Doctors vs Nurses

Table 7. Multi-Group Analysis (PLS-MGA) – Doctors vs Nurses

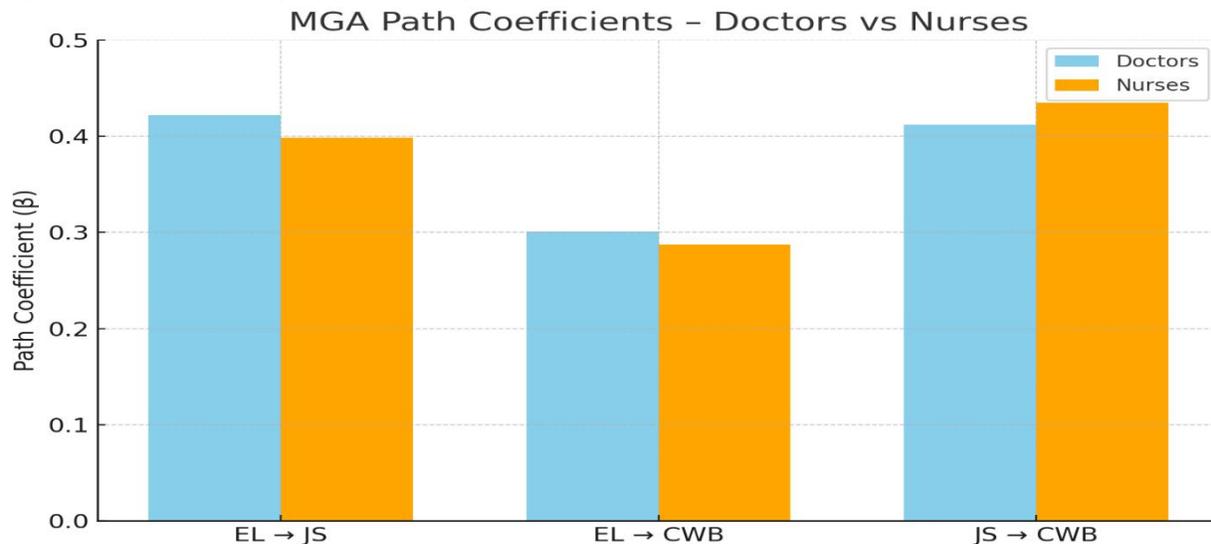
<i>Path</i>	<i>Path Coefficient (Doctors)</i>	<i>Path Coefficient (Nurses)</i>	<i>Difference (β Diff)</i>	<i>p-value</i>	<i>Significance</i>
<i>EL → JS</i>	-0.422	-0.398	-0.024	0.421	Not Significant

<i>EL</i> → <i>CWB</i>	-0.301	-0.287	-0.014	0.489	Not Significant
<i>JS</i> → <i>CWB</i>	0.412	0.435	0.023	0.432	Not Significant

Notes: MGA was conducted using SmartPLS 4 with bootstrapping (5,000 resamples). p -value > 0.05 indicates no significant difference between groups.

In the same manner, there is no significant difference between the effect of Job Stress on CWB (b Diff = 0.023, p = 0.432) between doctors and nurses.

Figure 2. MGA Comparative Analysis



These results indicate that the structural model cuts across the two professions, which indicates that Ethical Leadership lowers Job Stress and Counterproductive Work Behavior similarly between doctors and nurses in the private hospitals of Hyderabad. This validates the strength of the model and substantiates that the findings will be representative of the whole population of the hospital staff.

Discussion

This study shows that ethical leadership will greatly decrease job stress and counterproductive work behavior on healthcare employees in the private hospitals in Hyderabad. The correlation between ethical leadership and job stress ($b = -0.410$, $p < 0.001$) is also qualified as negative and is consistent with the earlier findings that indicated that ethical leaders possessing the ability to be fair, impeccable, and morally upright provide employees with a conducive

work environment that reduces their stress (Naheed and Malik, 2023; Dewanata, 2024). Likewise, ethical leadership directly impacts negatively on counterproductive work behavior ($b = -0.294$, $p < 0.001$), which confirms the previous results that moral and ethical leadership behaviors deter counterproductive work conduct and encourage compliance with organizational standards (Elliethey et al., 2024; Ali Awad and Mohamed El Sayed, 2023). The findings indicate that ethical leadership practices need to be developed in the context of private hospitals where the high workloads and emotional pressures are likely to otherwise contribute to stress and deviant behaviors (Zahid et al., 2025; Haider and Yean, 2023). The research also establishes the fact that job stress mediates the interaction between ethical leadership and counterproductive work behavior since there is a significant

relationship between increasing stress level and CWB ($b = 0.423, p < 0.001$). This is in line with the previous research in a healthcare environment, which states that negative behaviors, like withdrawal, lessened compliance, and interpersonal deviance, are caused by workload stress, interpersonal conflict, and ethical dilemma (Saggu et al., 2022; Ke and Li, 2025; Abo Shama, 2024). The Multi-Group Analysis also indicates that there are no significant differences in these structural relationships between doctors and nurses, which indicates that ethical leadership and stress have a consistent effect on CWB among the various professional functions. These results support the idea that the behavioral changes that can be implemented to enhance ethical leadership can also improve stress and counterproductive behavior on the whole level of the workforce, improving the well-being of employees and improving organizational performance (Maqbool et al., 2024; Faisal, 2024).

Recommendations

It is suggested, based on the present study findings, that Hyderabad private hospitals should implement the structured ethical leadership development programs to enhance the ability of leaders to model fairness, respect, and integrity. To alleviate the job stressing factors, hospitals are encouraged to have regular stress management training, workload balancing training, and conflict resolution training. Clearing communication lines and confidential reporting lines may also help in curbing isolated and dissatisfied employees. The human resource departments should also come up with policies that will actively check and correct counterproductive behavior at work so that preventive measures are put in place instead of just punitive measures. To foster a healthier organizational climate, teamwork, reward systems which are based on recognition and wellness initiatives can also be encouraged.

Implications

The findings of this research have solid practical implications on the healthcare administrators and policymakers. The ethical leadership should be reinforced in the private hospitals to make the environment more favorable thus enhancing the well-being of employees and reducing the risk of behavioral issues. The minimized work stress and minimized counterproductive work behavior are not only improved as per individual performance, but also to improve patient care quality, which is a vital outcome in a health care setting. The fact that the outcomes are uniform when considering doctors or nurses supports the universality of the ethical leadership strategies in all of the professional groups. To the policymakers, these revelations underscore the necessity of integrating ethical leadership philosophy within the hospital accreditation guidelines, clinical managerial education, and performance measures, to attain a more sustainable workforce management.

Future Directions and Limitations

Despite the fact that this study provides valuable information, it has a shortcoming since its design is cross-sectional, which does not allow cause and effect interpretations of variable relationships. The sample consisted of data on private hospitals within one city, and this might limit the applicability to other areas (e.g., the public hospitals). Longitudinal designs can be used in the future to achieve a stronger capture of changes in stress, quality of leadership and counterproductive behavior over time. To gain more insight into the differences in the context, comparative research in a group of public and private healthcare institutions, or even in city and rural hospitals may be conducted. The researchers can also examine other mediators or moderators like emotional intelligence, organizational justice or resilience to broaden

the notions of the influence of ethical leadership.

Conclusion

This paper concludes that ethical leadership is paramount in minimizing job stress and counterproductive work behaviour amongst healthcare professionals in private hospitals in Hyderabad. Job stress is one of the most significant mechanisms that leadership affects employee behavior and this explains why it is important to ensure that managerial practices are supportive and founded on morality. These effects are similar in both doctors and nurses as can be seen in the multi group analysis showing that ethical leadership is universally applicable across roles. Finally, ethical leadership may be promoted to help achieve a healthier organizational climate, staff satisfaction, and better healthcare service provision.

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