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Original Article

Prioritization and Presentation of an Ethical Competency Model for Managers in Various Competency Frameworks (Case Study: Ministry of Health and Medical Education)

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Abstract

Introduction: Ethical competencies of managers represent a fundamental element in enhancing the quality of governance, transparency, accountability, and administrative integrity in public organizations. Given the extensive and sensitive responsibilities of managers within the Ministry of Health, prioritizing the components of ethical competency can improve managerial processes and enhance the quality of healthcare services. The objective of the present study is to propose an ethical competency model for managers within various competency frameworks.

Material and Methods: This applied research employed a mixed-methods design. In the qualitative phase, the study population consisted of managers, faculty members, and senior experts in the field of health management, among whom 15 experts were selected through purposive sampling. The data collection tool was Delphi questionnaire, and data were analyzed using the Delphi technique. In the quantitative phase, the study population comprised senior managers, middle managers, experts, and employees of the Ministry of Health and Medical Education. Using cluster sampling, 265 individuals were selected as the sample. A researcher-made questionnaire was used for data collection. In data analysis, the Friedman test was applied for prioritization, and structural equation modeling (AMOS) was used for model assessment.

Results: The results indicated that ethical competencies can be explained across three categories: behavioral, structural, and contextual. The mean rank scores showed that components such as job responsibility, ethical capability, managerial discipline, and rule adherence hold the highest priority. Structural equation modeling further demonstrated that all three categories of competencies have a direct and significant effect on managers' ethical competency. The findings revealed that strengthening ethical competency requires simultaneous attention to individual skills, organizational infrastructures, and cultural contexts within the Ministry of Health.

Conclusion: The final model provides a comprehensive depiction of prioritized competencies essential for achieving ethics-oriented management in the healthcare system.

Keywords: *Ethics, Managers' Ethical Competency, Health Care, Medical Education*

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INTRODUCTION

Ethics in management, particularly within public organizations, is of notable significance due to its broad impact on society and the level of public trust. Ethical competencies of managers encompass a set of characteristics, values, and

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behaviors that enable them to make ethical and responsible decisions and demonstrate professional and respectable conduct. These competencies can substantially influence organizational culture, employee job satisfaction, and public trust in governmental organizations [1].

Human resource competencies constitute one of the vital elements for organizational success [2]. Understanding and addressing human resource competencies enhance organizational performance and efficiency [3]. Today, given the substantial transformations in the business environment and the emergence of multiple challenges - including increasing competition, advanced technology, and shifts in organizational culture - attention to human resource competencies has become an effective strategy for managing such challenges [4].

A general challenge facing organizations is the development and management of human capabilities. These capabilities include employees' skills, knowledge, attitudes, and motivations, which are determined based on organizational needs and competencies. Identifying and developing necessary competencies increases organizational adaptability to challenges [5]. Moreover, recognizing and addressing employee motivation and satisfaction is undeniable. Mastery of human competencies in areas such as leadership, interpersonal communication, and social skills fosters a positive and dynamic work environment, ultimately increasing employee motivation and satisfaction [6]. Overall, strengthening organizational identity and advancing shared goals through competent human resources plays an essential role in organizational resilience [7]. Among the various types of competencies within organizations, ethical competencies hold particular importance [1].

Ethical competency in public organizations refers to the ability of individuals to adopt ethical behaviors and avoid any deviation from ethical principles and regulations aligned with their roles and responsibilities [8]. This competency is linked to an individual's ethical judgment and decision-making in interactions and behaviors. Individuals with ethical competency can align their actions with the organization's values and ethical goals and demonstrate adherence to expected ethical principles. Such competency contributes positively to public trust, internal and external organizational relations, and the efficiency and quality of public services [9]. Thus, enhancing ethical competency in public organizations is considered a key instrument for fulfilling their ethical and social objectives.

Implementing ethical competencies in governmental organizations, however, faces several challenges. Corruption and external pressures may hinder progress; changes in organizational culture and enhancing cultural awareness require effective leadership [4]. Deficiencies in ethical training, lack of transparency and communication, political factors, power dynamics, and conflicts between ethical objectives and competing interests are among other challenges. To address these issues, governmental organizations must adopt effective policies and programs to promote ethical competencies, and leaders must remain committed to these principles to facilitate the continuous improvement of ethics within organizations [10].

In Iranian public organizations - particularly within the Ministry of Health, Treatment, and Medical Education - a major issue is the lack of ethical competencies among managers, which has resulted in extensive structural and performance-related challenges. This problem affects middle and senior managers of the Ministry (who manage more than 600 affiliated hospitals and oversee approximately 62.7% of the nation's hospital beds), along with their subordinate personnel (comprising over 110,000 beds and

hundreds of thousands of staff). Frequent managerial turnover (such as premature replacements within the Ministry) and the absence of practical guidelines for reassessing competencies have reduced organizational trust [11].

Given the extensive hospital network of the Ministry of Health and the critical role managers play in guiding human resources and delivering vital services, the absence of a quantitative, evidence-based model for assessing and prioritizing ethical competencies may lead to serious consequences in organizational trust, quality of decision-making, and managerial effectiveness. Since existing models are often scattered, incoherent, and theoretically dependent, this study seeks to provide a validated ethical competency model - based on quantitative and evidence-driven approaches - to improve managerial performance within the Ministry of Health.

MATERIAL AND METHODS

This study is applied in terms of purpose and mixed-method in terms of nature.

In the qualitative phase, the statistical population consisted of managers, faculty members, and senior experts in the field of health management, among whom 15 experts were selected through purposive sampling. The demographic characteristics of the experts are presented in the table below:

Table 1: Frequency Distribution of Research Experts

Category	Frequency	Percentage
Male	9	60
Female	6	40
30-39ys	7	47
40-49ys	5	33
50-59ys	3	20
B.A degree	4	27
M.A.	6	40
Ph.D.	5	33
0-5 (job experience)	2	13
6-10 (job experience)	3	20
11-15 (job experience)	5	34
16-20 (job experience)	2	13
21-25 (job experience)	3	20
Total	15	100

The data collection instrument was a Delphi questionnaire, which was administered to the experts in three rounds. After the stabilization of opinions and reaching consensus (mean difference below the threshold), the process was concluded. Throughout the Delphi procedure, the addition of new components, elimination of less important items, and modification of definitions were allowed. Data analysis was conducted using the Delphi method, and ultimately, the final model was designed. The validity of the entire process was ensured through data triangulation, expert review, and the criteria of credibility, confirmability, and dependability.

In the quantitative phase, which involved descriptive analysis, the statistical population consisted of senior managers, middle managers, experts, and employees of the Ministry of Health and Medical Education, reported to be 850 individuals. Multi-stage cluster sampling was used, and the sample size was determined to be 265 based on Morgan's table. The data collection

instrument was a researcher-made questionnaire developed based on the components identified by the researchers of the present study in a meta-synthesis. The questionnaire components are presented in table2.

Table 2: Components of the Ethical Competency Questionnaire

Dimensions	Indicators
Behavioral competence	Ethical capabilities
	Career responsibilities
	Attention to religious and ethical values
	Professional knowledge and information
	Honesty
	Self-control
	Empathy
	Respect to others
	Conscientiousness
Background competence	Legalism
	Social responsibility
	Maintaining environmental sustainability
Structural competence	Ethical leadership
	Ethical intelligence
	Ethical justice
	Transparency
	Ethical decision-making

Content validity was examined through expert judgment and construct validity through confirmatory factor analysis (CFA). Reliability of the instrument was confirmed using Cronbach's alpha and composite reliability.

For data analysis, the Friedman test was used for prioritization. In addition, structural equation modeling (SEM) with AMOS software was employed to evaluate the fitness of the conceptual model, determine the explanatory power of the three competency categories for ethical competency, and assess the relationships between latent variables and observable indicators. Fit indices including RMSEA, CFI, GFI, and χ^2/df were examined, and the results indicated acceptable model fit.

RESULTS

Qualitative Phase

In this phase, the 15 experts were requested to participate in multiple sessions to assess the alignment between the ethical competencies identified in the previous stage and the competencies required in the target population. Experts were also asked to indicate additional competencies if their desired components were not included in the list. The Delphi method was conducted over three rounds, during which some components were removed or added.

In the third Delphi round, the questionnaire - accompanied by each individual's prior responses and the degree of divergence from the viewpoints of other experts - was redistributed among the expert panel. The experts responded to the items in light of the collective feedback, and the results are presented in Table 3: Results of the Third Delphi Round. According to the views expressed in the second round and the comparison with the third-round results, if the difference between the two rounds fell below the threshold (completely insignificant = 1), the Delphi process was terminated.

Table 2: Results from the third stage of Delphi

Indicators	No	Mean point of phase2	Mean point of phase 2	Average difference between two phases
Ethical capabilities	15	3.86	3.89	0.03
Job responsibility	15	3.84	3.84	0
Respectful interaction	15	3.87	3.87	0
Attention to religious and ethical values	15	3.87	3.87	0
Responsibility in decision-making	15	3.82	3.82	0
Professional knowledge and information	15	3.87	3.87	0
Personal and professional discipline	15	3.82	3.82	0
Attention and concern for justice	15	3.82	3.82	0
Transparent interaction and behavior	15	3.88	3.88	0
Honesty	15	3.87	3.97	0.1
Self-control	15	3.82	3.82	0
Empathy	15	3.87	3.87	0
Respect for others	15	3.87	3.87	0
Conscience at work	15	3.88	3.88	0
Strengthening mutual trust	15	3.87	3.97	0.1
Responsibility to commitments	15	3.87	3.87	0
Legalism	15	3.87	3.87	0
Creating a healthy work environment	15	3.88	3.88	0
Maintaining and committing to the moral values of society	15	3.88	3.88	0
Balance of personal and professional life	15	3.88	3.88	0
Social responsibility	15	3.88	3.88	0
Promoting a culture of organizational transparency	15	3.83	3.83	0
Maintaining environmental sustainability	15	3.82	3.82	0
Ethical leadership	15	3.88	3.88	0
Ethical intelligence	15	3.84	3.84	0
Discipline in management	15	3.82	3.82	0
Determining and committing to ethical policies	15	3.82	3.82	0
Monitoring compliance with ethical standards	15	3.85	3.85	0
Ethical justice	15	3.87	3.88	0.01
Protecting the rights and welfare of employees	15	3.86	3.86	0
Flexible structure tailored to employee needs	15	3.87	3.87	0
Preserving employee privacy	15	3.85	3.87	0.02
Transparency	15	3.9	3.99	0.09
Ethical competence in decision-making	15	3.82	3.88	0.06
Justice in hiring and human resource development	15	3.88	3.92	0.04
Organizational reforms based on ethical feedback	15	3.9	3.99	0.09
Participation in the scientific advancement of colleagues	15	3.9	3.98	0.08
Sharing knowledge with colleagues	15	3.8	3.9	0.02
In accordance with intergenerational values	15	3.8	3.91	0.03
Commitment to organizational goals	15	3.8	3.92	0.04
Assignment of tasks based on capabilities	15	3.86	3.88	0.02

As shown in the table, consensus was achieved among the expert panel for all components, and the degree of disagreement between the second and third rounds was well below the threshold;

therefore, the Delphi process was discontinued. The final output from this phase is presented in table3.

Table 3: Final Component Alignment Output

Behavioral ethical competence	Background ethical competence	Structural ethical competence
Ethical capabilities	Legalism	Ethical leadership
Job responsibility	Creating a healthy work environment	Ethical intelligence
Respectful interaction	Maintaining and committing to the moral values of society	Discipline in management
Attention to religious and moral values	Balancing personal and professional life	Establishment and commitment to ethical policies
Responsibility in decision-making	In line with intergenerational values	Monitoring compliance with ethical standards
Professional knowledge and information	Social responsibility	Ethical justice
Participation in the scientific advancement of colleagues	Promoting a culture of organizational transparency	Protection of employee rights and welfare
Sharing knowledge with colleagues	Maintaining environmental sustainability	Flexible structure tailored to employee needs
Personal and professional discipline		Commitment to organizational goals
Attention and commitment to justice		Assignment of duties based on capabilities
Transparent interaction and behavior		Protection of employee privacy
Honesty		Transparency
Self-control		Ethical competence in decision-making
Empathy		Fairness in hiring and developing human resources
Respect for others		Organizational reforms based on ethical feedback
Conscientiousness		
Strengthening mutual trust		
Responsibility to commitments		

The Delphi data indicated that all identified components were considered highly important by the experts, and none were removed. However, experts placed greater emphasis on the prioritization of certain competencies such as job responsibility, honesty, creating a healthy work environment, and ethical leadership. Ultimately, complete consensus was achieved on 35 competencies, and the final model - derived from integrating the findings - was presented as the proposed framework.

Quantitative Phase

Friedman Test

The Friedman test was used for prioritization.

Prioritization of Behavioral Competencies

In this section, experts were asked to assign scores to each competency based on pairwise comparison. Based on the mean scores assigned by the experts to the behavioral competencies, and through the analytic hierarchy process (AHP), the final weights of these indicators are presented in Figure 1.

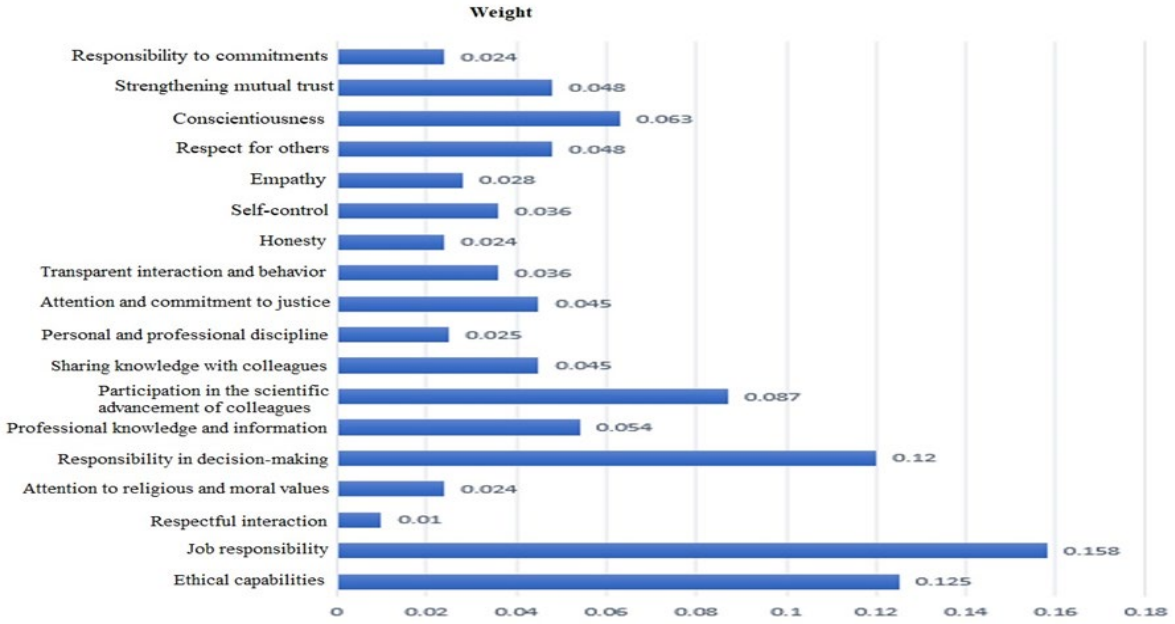

Figure 1: Weight of behavioral competencies

According to the figure, behavioral competencies related to job responsibility, ethical capability, responsibility in decision-making, contribution to colleagues' scientific development, and professional conscientiousness received the highest scores and weights among behavioral competencies.

Prioritization of Structural Competencies

Based on the mean scores assigned by the experts to the structural competencies using AHP, the final weights of these indicators are presented in Figure 2.

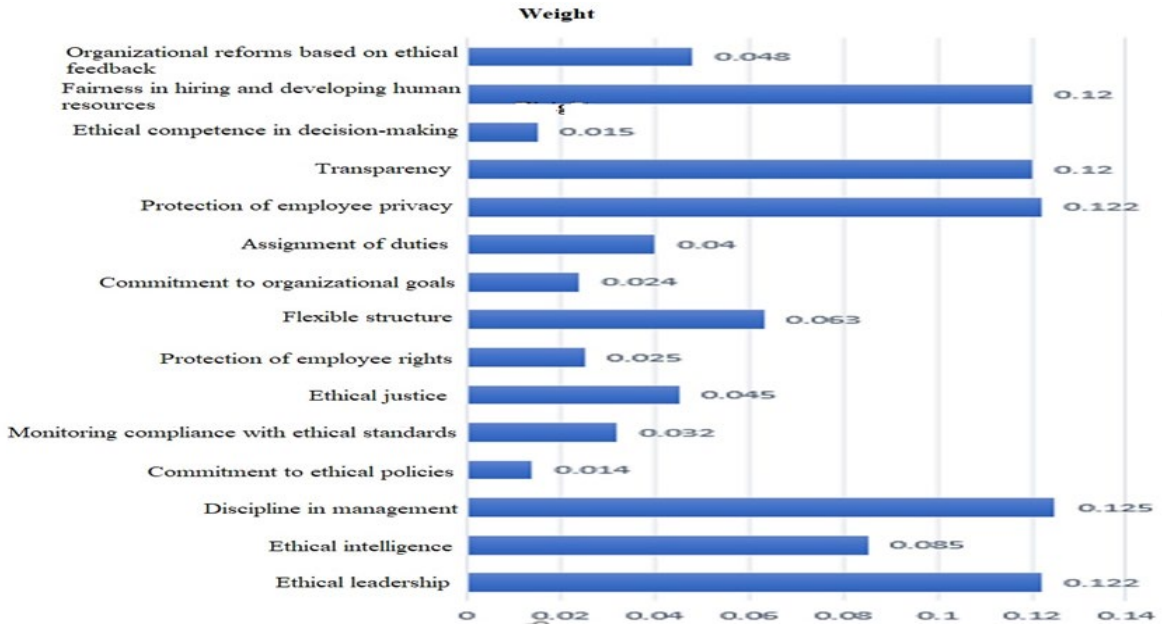

Figure 2: Weight of structural competencies

According to the figure, structural competencies related to managerial discipline, ethical leadership, protection of employee privacy, transparency, and fairness in recruitment and human resource development were assigned the highest scores and weights by the experts.

Prioritization of Contextual Competencies

Based on the mean scores assigned by experts to the contextual competencies using AHP, the final weights of these indicators are presented in Figure 3.

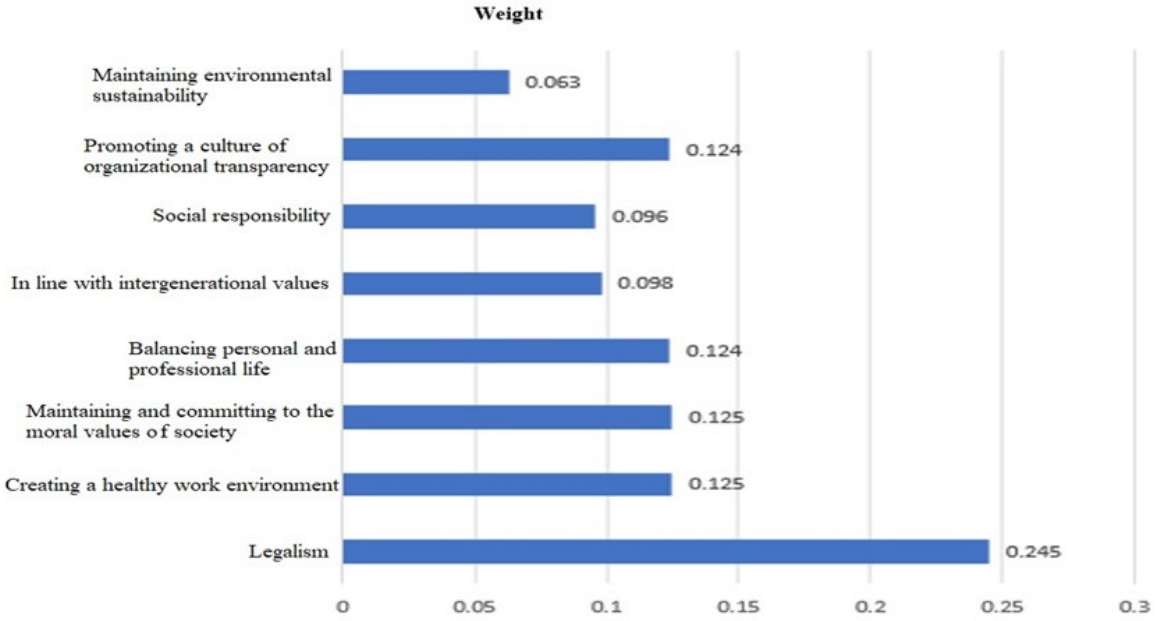

Figure 3: Weight of structural competencies

According to the figure, competencies related to rule adherence, creating a healthy work environment, maintaining and committing to societal ethical values, work–life balance, and promoting organizational transparency culture received the highest scores and weights among contextual competencies.

Structural Equation Modeling (SEM)

To examine the relationships among the main competency components, structural equation modeling was employed. Data were collected using the researcher-made questionnaire, and then first-order confirmatory factor analysis (CFA) was applied to examine the relationships between ethical competency and the three categories of competencies. The results are presented below:

Table 4: Explanation of the relationships between the main research variables

Independent variable	Dependent variable	Test value	Sig.	Result
Behavioral competence	Ethical competence	5.48	0.000	Approved
Background competence	Ethical competence	3.25	0.000	Approved
Structural competence	Ethical competence	6.87	0.000	Approved
RMSEA= 0.048 χ^2/df= 2.874 GFI=0.975 CFI=0.975 NFI=0.986				

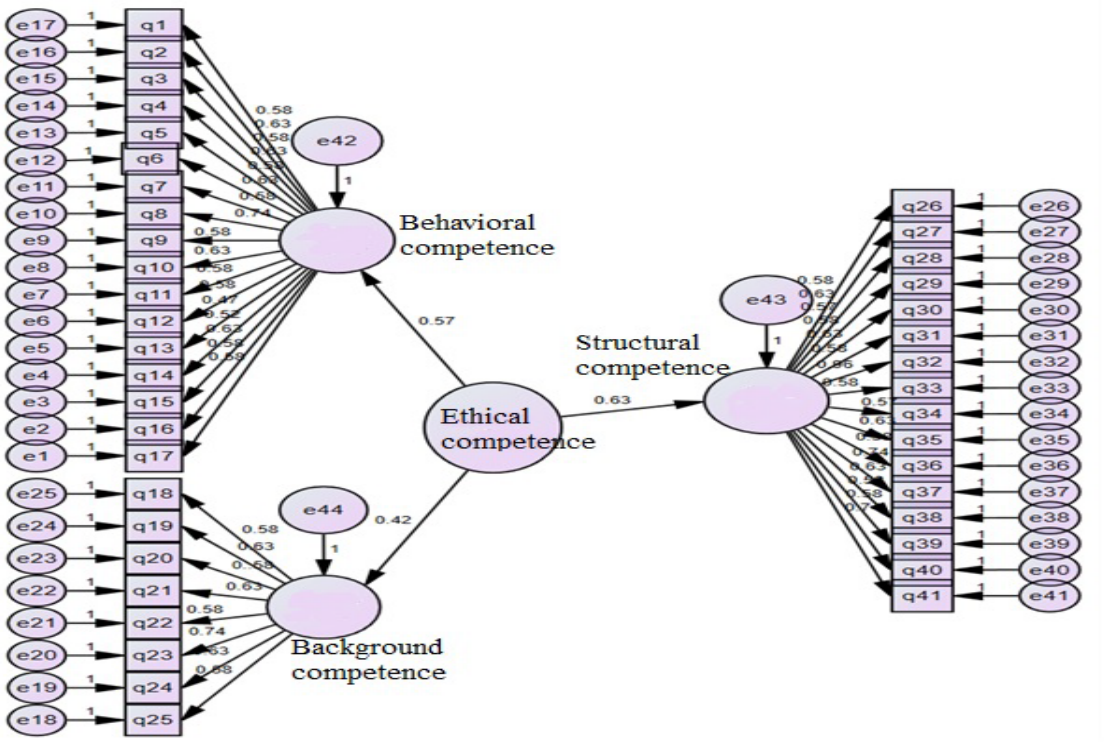

Figure 4: Factor analysis of relationships between the main research variables

Based on the table, it can be stated that there is a significant relationship between all behavioral, contextual, and structural competency components and the ethical competency variable. Additionally, the goodness-of-fit indices - including RMSEA at 0.048 and chi-square to degrees of freedom at 2.87 - indicate that the model demonstrates acceptable fit from the perspective of experts and managers.

The results of confirmatory factor analysis and SEM showed that all three categories—behavioral, contextual, and structural competencies - have a positive and significant relationship with ethical competency. The RMSEA value of 0.048, the CFI of 0.975, and the χ^2/df ratio of 2.87 indicate a satisfactory fit of the conceptual model. Path coefficients further demonstrated that structural competency has the greatest effect on ethical competency, followed by behavioral and contextual competencies.

DISCUSSION

In the qualitative phase, full consensus on 35 competencies was achieved, and the final model - derived from integrating the findings - was presented as the proposed framework. In the quantitative phase, to prioritize the components, the analytic hierarchy process (AHP) and pairwise comparison were used to evaluate competencies. According to the results, job responsibility and ethical capability received the highest scores among behavioral competencies. These competencies were prioritized due to their direct and significant influence on individual and organizational performance. Additionally, responsibility in decision-making and contribution to colleagues' scientific

development were identified as other high-ranking competencies given particular attention in the analysis. Furthermore, professional conscientiousness and strengthening mutual trust were also highlighted, underscoring the importance of establishing healthy and responsible interpersonal relationships in the workplace.

This prioritization indicates that experts place special emphasis on individual responsibility, scientific advancement, and ethics in decision-making. These findings align with prior research [12–14].

The quantitative model presented in this study emphasizes the relationship between ethical competency and behavioral, contextual, and structural competencies. The results clearly demonstrate the substantial role of ethical principles in professional and organizational processes. Ethical competencies - especially those related to individual behavior and interactions between employees and managers - play a pivotal role in enhancing organizational culture and improving individual performance. In this study, competencies such as ethical capability, job responsibility, respectful interaction, attention to moral and religious values, and responsibility in decision-making were identified as fundamental ethical competencies, a conclusion supported by several studies [15–17]. These competencies directly influence how employees interact with each other and with managers, ultimately reinforcing a culture of responsibility and commitment to organizational goals.

Based on the findings, the following recommendations are offered:

1. Encouraging fairness in recruitment and human resource development. The Ministry of Health should implement transparent and equitable recruitment and promotion processes to ensure justice in human resource management.
2. Supporting ethical leadership and moral intelligence at managerial levels. The Ministry can organize specialized training programs for managers and organizational leaders focusing on establishing and committing to ethical policies, monitoring adherence to ethical standards, and ethical decision-making.
3. Establishing an ethical reward and sanction system to reinforce appropriate behaviors. This system may include rewards for outstanding ethical performance or corrective measures for ethical violations. Such a system motivates employees to uphold ethical standards and reinforces the organization's commitment to its values.

CONCLUSION

The findings indicated that managerial ethical competency cannot be explained solely by individual characteristics; rather, managerial structures, organizational policies, transparency, justice, and professional requirements also play fundamental roles in shaping ethical competency. Therefore, enhancing ethical competency among managers of the Ministry of Health requires a multidimensional approach grounded in reliable quantitative data.

The model presented in this study can serve as a scientific framework for the selection, evaluation, and empowerment of managers within the Ministry of Health. The precise prioritization of indicators enables policymakers to design targeted training and professional development programs and to shift performance evaluation systems from intuition-based judgments to evidence-based assessments. Attention to high-priority components - such as managerial discipline, job responsibility, transparency, and justice - can foster organizational trust, improve the quality of health services, and enhance managerial effectiveness within the health system.

ETHICAL CONSIDERATIONS

Ethical issues (such as plagiarism, conscious satisfaction, misleading, making and or forging data, publishing or sending to two places, redundancy and etc.) have been fully considered by the writers.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interests.

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