

When Ethical Leadership Triggers Followers' Gratitude: Focus on Medical Representatives in Moroccan Pharmaceutical Industry

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Abstract

Throughout the long history of moral philosophy, the focus has generally been on moral reasoning, whereas the moral emotions have been regarded with some suspicion" (Haid, 2003, p.852). To respond to dearth of studies emphasizing emotions link with ethical leadership, this paper investigates whether ethical leadership can stimulate followers' emotions from focusing on district managers (DSMs) and medical representatives (MRs) relationship in the pharmaceutical industry in Morocco. In our study, ethical leadership is defined around two main aspects including moral person and moral manager (Brown and Trevino, 2006). Qualitative data were collected through 15 semi-structured interviews conducted with medical representatives operating as part of the pharmaceutical industry in Morocco. We based our coding process on the Gioia et al., (2012) method. Our study's results indicate that medical representatives who interacted with DSMs engaging in ethical leadership experience and express gratitude. Medical representatives have reflected experiencing thankfulness and appreciation from working with ethical DSMs, which in turn captures the experience of emotions (i.e., gratitude). In other words, medical representatives interact with their DSMs, and cognitively appraise the DSMs conducts. Through reflecting thankfulness and appreciation towards the DSM, we realize that medical representatives' gratitude is stimulated as they perceive the DSMs deeds as positive, and moral in nature. Indeed, our study's results supports the theological basis of gratitude, and indicate that moral considerations are part of the assessment of DSMs conducts and decisions.

Keywords: Ethical leadership, gratitude, moral emotion, medical representatives, district managers.

JEL Classification: M10, O15

Paper Type: Empirical Research

1. Introduction

Defined as one of the most crucial and general types of association, leadership occurs whenever social interactions and relationships take place among individuals or groups regardless of the aims of these interactions (Mumford, 1906). Leadership theories have evolved over time to explain the basis of these social interactions. Considered as part of the leadership positive era, ethical leadership has emerged as a standalone area due to scholars' efforts to investigate leaders' ethical behaviors instead of focusing on ethical dimensions of other leadership forms (e.g., transformational leadership). Ethical leadership construct has been primarily developed by Treviño et al. (2003) through a qualitative study, and then a definition that specifies the building blocks of ethical leadership has been initiated by Brown et al. in 2005. The outcome of this first investigation is a construct of ethical leadership based unidimensional perspective distinguished using social learning and exchange theories. Ethical leadership has been defined as "*demonstration of normatively appropriate conduct through personal actions and interpersonal relationships and the promotion of such conduct to followers through two-way communication, reinforcement and decision making*" (Brown et al. 2005, p.120).

Ethical leadership is found to positively impact a set of followers' outcomes including organizational citizenship behavior (Piccolo et al., 2010), ethical conducts (Mayer et al., 2009) deviant behaviors (Resick et al., 2013), and prosocial behaviors (Kalshoven et al., 2013). However, a limited attention has been attributed to followers' emotions with few exceptions that examined ethical leadership impact on other praising emotions (Zhang et al., 2018). Considering mechanisms explaining ethical leadership impact on followers' outcomes, more emphasis has been attributed to cognitive based mechanisms. This includes for instance perceived accountability (Steinbauer et al., 2014) and perceived organizational politics (Kacmar et al., 2013) while overlooking emotions roles in such relationship.

Since emotions are omnipresent in leaders- followers' relationships, they have been viewed as nascent in leadership. Consequently, along with the evolvement of ethical leadership research, emotions' themes and topics have bloomed. However, research efforts (e.g., Humphrey, 2002; Dasborough & Ashkanasy, 2002; Bono & Ilies, 2006) have been concentrated on examining charismatic and transformational leaders' emotions' displays and regulation while overlooking emotions' role in other forms of leadership. It is factual that charismatic and transformational leadership theories (House, 1977; Bass, 1985) recognize the emotional link between leaders-followers captured by the emotional arousal caused by working along with charismatic leader who strive for attaining a vision (Cherulnik, Donley, Wiewel, & Miller, 2001). However, leadership theories have been criticized for not systematically considering microprocesses (e.g., emotions, cognition, and perception) to investigate leadership complexity and its impact on organizational life.

To address this gap in the literature, the present study has the objective of examining whether ethical leadership would trigger moral emotions. First, we frame the main basis of ethical leadership including its emergence and visualization within leadership research before digging into its main components and theoretical basis. Second, through analyzing the emotions emergence within leadership landscape, we will focus on moral emotions as a subset of this area to rationalize its fit within our study's scope and its potential link with ethical leadership. Accordingly, our study contributes to ethical leadership and moral emotions area. First, through adopting a qualitative approach, we examine through accessing participants' experiences and stories about their reactions toward ethical leadership to identify whether emotions can be captured. This would contribute not only to ethical leadership areas, but also to emotions one considering that this later have a basis within religious believes. In addition, we have chosen to conduct our study with the pharmaceutical industry from focusing on medical representatives-DSMs relationships especially when ethical leadership is adopted and reflected. Indeed, based

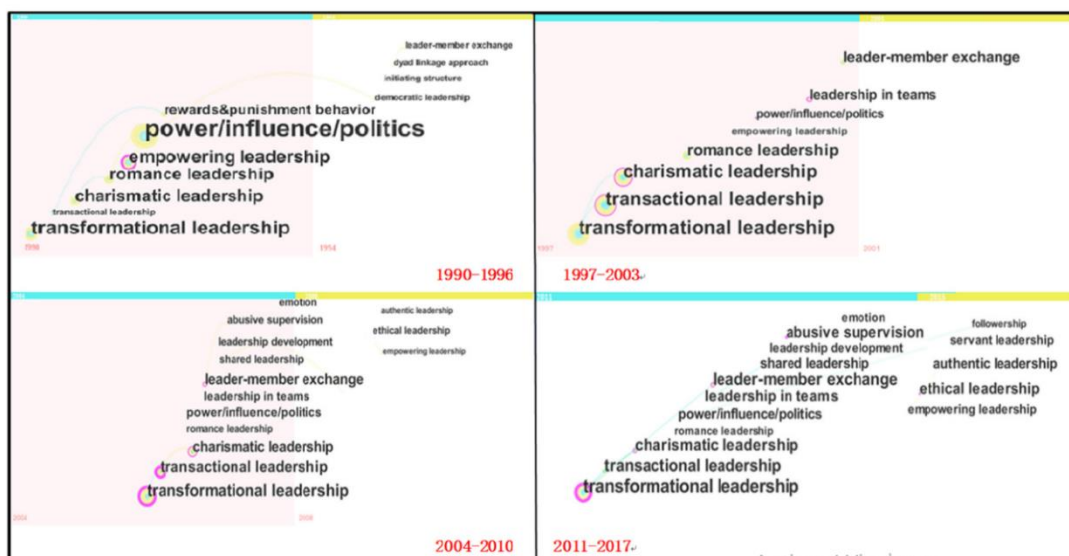
on literature, ethical leadership impact is found to be investigated within the boundaries of specific job positions and industries (e.g., KO et al., 2019; Junghyun et al., 2019; Gong et al., 2019; Badrinarayanan et al., 2018; Zhang et al., 2018). We subscribe in the same logic, we posit for a choice of an industry to investigate the impact of ethical leadership on employees. This is explained by the attention healthcare professionals have received in the literature (e.g., McHugh et al., 2011; Person et al., 2000) especially when it comes to well-being considering the working conditions (e.g., stress).

Our article is organized as follows. First, through digging into our study's constructs and providing a theoretical basis, we highlight the potential link between ethical leadership and moral emotions from focusing on DSMs-MRs relationship in Morocco. Second, we present our methodology including analysis methods. Then, we report the results and discuss the findings before conclusion our paper.

2. Ethical Leadership

Viewed as “a universal function of association” (Mumford, 1906, p: 218), leadership remains a fascinating and an appealing area of research. It has evolved over time and different leadership theories have emerged. Ethical leadership was given birth thanks to leadership community's efforts to look beyond the ethical dimensions of the other forms of leadership. Review of the literature (Zhu et al., 2018) demonstrates that over the 2004-2010 time zone (fig.1), ethical leadership started to attract scholars' attention, namely Brown et al., (2005), who significantly contributed to the literature by edging ethical leadership construct and developing its scale. Over 2011-2017 time-zone yet, ethical leadership has become very crucial in leadership research span. In this regard, research efforts have been directed toward investigating ethical leadership personal and work outcomes. Ethical leadership is found to connect with team leadership, abusive leadership, and traits constructs thus opening more areas for future studies (Zhu et al., 2018).

Figure1. Time-zone visualization of leadership-related key word in leadership research¹



Source: Zhu et al. (2018)

¹ It is a bibliometric review to visualize leadership landscape, and they traced leadership research and theories evolution from 1990 to 2017. The time zones reflect exclusively keywords with highest co-occurrence frequency. The keywords are included in the time zone only when they become one of the appealing leadership constructs.

Ethical leadership has emerged as a standalone leadership style when researchers have started to deem it as a set of behaviors and as a distinct leadership approach by itself instead of being concerned only with the ethical dimension of the different leadership theories (Brown et al., 2005; De Hoogh & Den Hartog, 2008, 2009; Kanungo, 2001). In the same regard, Kanungo (2001) identified dimensions of ethical leadership, which resulted in its conceptualization. Basing his understanding of ethical behaviors on three main factors (motives, manifest behavior and social context), Kanungo developed his analysis on altruism foundations. He considers an ethical leader as the one who is guided by altruistic motives leading him/her to be motivated by concern for others including followers, organizations and society as whole. Hence, researchers (Kanungo, 2001; Aronson, 2001) judge leaders' actions effects on others as a crucial feature of ethical leadership.

Through adopting the same approach, Brown et al (2005) deeply studied ethical leadership as an impartial leadership style and define it as *"the demonstration of normatively appropriate conduct through personal actions and interpersonal relationships and the promotion of such conduct to followers through two-way communication, reinforcement and decision making"* (p.120). This new conceptualization of ethical leadership refers to three main construct sections: (1) being an ethical model, (2) dealing in a fair way with people, and (3) continuously including ethics/morality in management (Mayer et al. 2012). Based on Brown et al., (2005), ethical leadership's aspects, the first two construct sections are displayed in the moral person feature. This later captures ethical leader characteristics such as fairness and trustworthiness. However, the third construct section is reflected in the moral manager feature, through which ethical leaders promote normative behaviors and deject unethical conducts of their followers/subordinates. This is based on transactional measures like communicating and rewarding ethical conducts and sanctioning unethical behaviors.

The same definition is constituted of four main parts that provide a deeper understanding of ethical leadership. The first section of the definition *"demonstration of normatively appropriate conduct through personal actions and interpersonal relationships"* reflects that ethical leader are perceived to be engaged in normative correct behaviors (e.g., honesty, trustworthiness, fairness, and integrity) resulting in considering the leader as a genuine and credible one by his/her followers. However, the phrase *"normatively appropriate"* is considered as a context-based one. In other words, what is deemed as a correct behavior in one culture might be viewed totally as an acceptable one in another culture (Brown et al., 2005). The second part of the definition, *"promotion of such conduct to followers through tow-way communication."* claims that ethical leaders explicitly communicate ethics to followers and provide them with formal or informal just process (as cited in Brown et al., 2005). *"The reinforcement"* element of the definition suggests that ethical leaders use transactional efforts to reward ethical conduct and punish the ones who do not respect the norms. The concluding component of the definition is *"decision making"*, which shows that ethical leaders are concerned with the ethical outcomes that their decisions might generate.

For Brown et al., (2005), ethical leadership is addressed from a social learning perspective. Bandura in his social learning theory suggests that individuals tend to learn by observing and then trying to reproduce the conducts and values of role models that are considered legitimate and socially salient (Bandura, 1977, 1986). Also, individuals tend to learn from indirect experiences through observing others' behaviors and their outcomes in the same way as direct experiences. Hence, the same process is applied when it comes to ethical behaviors inside organizations, and leaders influence followers' ethical behaviors through role modeling. In other words, employees tend to learn conducts that are rewarded, expected, and tend to avoid the ones that are punished by their role models (Brown et al, 2005). Yet, the modeling process functions if attention is directed toward the model and the behavior being performed. In other words, the model magnetism is essential to tailor followers' attention and conducts (Brown et

al., 2005). Hence, Brown et al., (2005) claim that ethical leaders' attractiveness and thus impact is based on different building blocks. First, leaders are perceived as genuine and credible ethical models through displaying constant behaviors that are viewed by followers as normatively correct, and that are based on altruistic motives. Examples of those behaviors enclose honesty, fair treatment, and care for others, which is captured by the altruistic dimension. In addition, as it has been reported by Brown and his colleagues, organizational justice is crucial when it comes to role models evaluation. In other words, a leader becomes an attractive legitimate model by reflecting honest, fair and caring practices inside a just work environment. Second, for an effective modeling process, attention should be attributed to the modeled behaviors. Based on research, leaders draw their followers' attention toward a message thanks to their virtue position (Brown et al., 2005). However, since employees might be easily confused in some organizational surroundings, it is concluded that leaders get their followers' attention through making an ethics message relevant by capitalizing on explicit communication of ethics standards (Treviño et al., 2003). In addition, since employees learn from others' behaviors based on reward and punishment, the modeling process effectiveness is driven by outcomes (rewards and punishment) salience (Brown et al., 2005). In other words, ethical leaders are perceived as role models based on rewarding correct conducts and punishing the inappropriate one.

3. Moral Emotions: Gratitude as Others Praised Emotion

Emotions area has become nascent in leadership research (figure 1, time-zone (2011-2017)). Scholars (e.g., Dinh et al. 2014) have criticized leadership theories for not focusing on microprocesses (e.g., emotions, cognition, and perception) to understand the complexity of leadership development and this later impact on organizational phenomena. In this regard, research efforts (e.g., Bono & Ilies, 2006; Dasborough & Ashkanasy, 2002; Humphrey, 2002) have been deployed to investigate emotions' impact on leaders and followers at all levels of leadership process. The focus on emotions in the workplace has been extended to include leadership field as substantiated by *Leadership Quarterly* special issue (volume 13, issue 2, 202) that is dedicated to subjects about leadership and emotions. This special issue reviews articles while considering a set of key issues. In addition to the focus on traits (i.e., empathy) that are vital for leadership emergence; Humphrey (2002) discusses the link emotions have with leadership process and the perception individuals develop about leaders. Three out of the reviewed articles point out important findings, thus highlighting the duty of leaders when it comes to managing followers' emotions. Consequently, Humphrey (2002) opened lines of research positing that because of charismatic and transformational leaders' emotions, followers experience motivational influence thus stimulating an emotional arousal to achieve a vision (Cherulnik, Donley, Wiewel, & Miller, 2001).

Although emotions' investigation is known for its long history, it remains fragmented (Plutchik, 1994). It is said to predate the birth of and interest in psychology research area. Yet, emotions construct related studies started to take shape with very early work in psychology. Nevertheless, the rate of this evolvement was more emphasizing basic types of emotions (e.g., anger, sadness, happiness) while overlooking aesthetic emotions (e.g., moral emotions). Although moral psychology became independent from moral philosophy and started to define its contributions, it directed all its efforts in focusing on investigating moral reasoning. Since then, conceptual framework for investigating moral reasoning has been finalized (Kohlberg, 1971). This framework has positively impacted research in that specific area, and it has been viewed as a prominent work as part of the cognitive revolution and proving that morality like any other construct can be investigated. Nevertheless, as the cognitive revolution has developed, scholars

started recognizing the need for “affect analogy revolution” (Tomkin, 1981). This later has occurred and in 1980s and 1990s articles about moral emotions reflected a significant increasing trend. Consequently, “academies” of studies about moral emotions have emerged. Research about “old academy” including empathy and guilt as moral emotions, has declined in 1970s while the “new academic” research (e.g., anger, shame, and disgust as moral emotions) has taken over. Moral emotions are crucial constitute of human moral apparatus, yet they are overlooked (Tangney et al., 2007). They are vitally central to comprehend the level to which individuals’ behaviors adhere to their moral standards.

Based on the second approach of morality (Haidt, 2003), moral emotions have been originally defined. This approach emphasizes the relevant rules and basis of moral concern. In other terms, the moral assessment “must bear on the interest or welfare either of society as a whole or at least of persons other than the judge or agent” (Gewirth, 1984 as cited in Haidt, 2003, p. 853). Accordingly, moral emotions have been defined as those emotions that benefit or contribute to the prosperity of the whole community other than the individual by him/herself. They are identified based on two factors including “elicitors” and “actions tendencies”.

The more it is stimulated by impartial elicitors, an emotion can be considered as a moral one. For instance, happiness arises initially when an individual experiences good events/thing (referring to the self). The same emotion is expected to occur when good events happen to another person. Yet, in this case, the individual is expected to link to the other person (being happy for a close friend’s achievements) or to identify with him/her (as one being happy for a hero in a movie). On another scale, emotions usually drive individuals’ actions to respond to an event. This action might not happen, yet individuals experience motivational and cognitive states driving the actions’ tendencies. Emotions can be described and classified based on their pro-sociality level. Based on Haidt (2003), there is no clear and distinct cut between moral and non-moral emotions. Indeed, “each emotion and its many variants can partake to a greater or lesser degree in each of the two features that make an emotion a moral emotion.” (Haidt, 2003, p. 854).

Moral emotions are viewed and grouped as families. The first family is referred to as “self-conscious emotion” (Tangney et al., 2007) describing emotions that are elicited by both self-assessment and reflection. It includes shame, guilt, embarrassment, and pride. Although the self-assessment can be performed in explicit or implicit terms, the focal point of these emotions is the self. On another scale, pride is an example of positive moral emotion. Scholars (e.g., Mascolo & Fisher, 1995) describe it as an emotion stimulated when individuals are evaluated as responsible for a socially important outcome or being a socially prized individual. Considering these scholars’ perspective, pride contributes to positive self-value and self-worth and promotes behaviors in compliance with social norms and standards. The second family of moral emotions is referred to as “others-focused” including negative and positive emotions. They are also referred to as condemning emotions, anger, disgust, and contempt are categorized as negative other oriented moral emotions. The basis of this moral emotions category lies in the reciprocal of altruism among individuals. Based on Haidt (2003), “human beings, then, live in a rich moral world of reputations and third-party concerns. We care what people do to each other, and we readily develop negative feelings towards individuals with whom we have never interacted.” (p.856). It is these types of negative emotions towards other persons or characters that are referred to as “condemning emotions”. However, moral emotions research area has evolved to cover other types of emotions. Through his work, Haidt (2000, 2003) contributed to the realm of moral emotions, and highlighted two of them namely gratitude and elevation. Based on him, positive moral emotions “are experienced when observing the admirable deeds of others, and that then motivate observers to engage in admirable deeds themselves” (as cited in Tangney et. al, 2007.p. 361). Gratitude is one of the positive other-oriented moral emotions and a component of the emotional mechanism to respond to altruistic behaviors and to

reciprocate a benefactor's conducts. Individuals are prone to experience gratitude when they receive unexpected and costly benefits from benefactors. Gratitude is also described as a positive agreeable emotional affirm, which adds to individuals' well-being, community involvement for instance (Emmons & Crumpler, 2000; Emmons & Shelton, in press).

Based on McCullough and his colleagues (McCullough, Kilpatrick, Emmons, & Larson, 2001; McCullough & sang, 2004), gratitude as a moral affect has three main functions including (1) moral barometer, (2) moral motive, and (3) moral reinforce. It serves as a barometer to signal the moral implications of the faced situation and thus indicating the perception that an individual has benefited from moral conducts. Secondly, it functions as a moral motive to drive the beneficiary to react prosaically towards the benefactor. Thirdly, it acts as a moral reinforce when expressed resulting in a more motivated benefactor to exhibit more moral conducts. Consequently, it has been argued that gratitude can be described as an empathetic affect linked with identifying and valuing altruistic actions (Lazarus and Lazarus, 1994).

While emotions are recognized as a fundamental and an indivisible component of organizational interactions, and leadership is described as a naturally emotional process (Dasborough and Ashkanasy, 2002); enormous scientific emphasize has been attributed to charismatic leadership (e.g., Dasborough and Ashkanasy, 2002; Sy et al, 2005; Bonou & Ilies, 2006; Liu, Song, Li & Liao, 2017) with an overlook of the role of emotional mechanisms in other forms of leadership including ethical leadership.

4. Pharmaceutical Industry in Morocco: Zoom on MR

Based on literature, scholars (e.g., KO et al., 2019; Junghyun et al., 2019; Gong et al., 2019; Badrinarayanan et al., 2018; Zhang et al., 2018) have shown increasing interest in investigating impact of ethical leadership within the boundaries of specific job positions (e.g., purchasing function, salespeople) and industries (i.e., health sector). This mainly contributes to the literature through identifying specific gaps explained by the job or industry nature. Aligned with the same logic, we posit for a choice of an industry to investigate the impact of ethical leadership on employees. This is explained by the attention healthcare professionals have received in the literature (e.g., McHugh et al., 2011; Person et al., 2000) especially when it comes to well-being considering the working conditions (e.g., stress).

Several studies have significantly contributed to knowledge about the impact of healthcare professionals' conducts, work environment and characteristics (e.g., organizational support, social interactions) on their care services' quality, and psychological well-being (Jones, et., 2013). In this regard, leadership as a work-related factor is found to generate an impact. Research has focused on the role ethical leadership plays in perceived healthcare quality through the well-being of its actors. This is considering that ethical leadership predicts workers' well-being (e.g., work engagement) (Chughtai et al., 2015). In nursing framework, Wong and Laschinger (2013) also demonstrated that when nurses work with leaders that are seen as authentic through accenting transparency, being self-aware, and adopt a high ethical standard; they are satisfied with their work and perform higher. In other efforts, transformational leadership is found to drive the perceived quality of healthcare services and employees' turnover. Contrariwise, abusive leadership results in poor quality of services and high intentions to leave the organization (Lavoie-Tremblay et al., 2016).

Considered as a strategic sector for the national economy, pharmaceutical industry in Morocco forms today the second-largest chemical area of operations after phosphates. In African continent, it occupies the second position after South Africa. According to the Moroccan Ministry of Industry and Trade, pharmaceutical industry is expected to develop thanks to its potential and assets. In addition to its 50 years of experience, the industry encloses players adopting and producing based on European and/ or American quality requirements with

production capability of up to 350 million units in 8 hours. Another asset of the industry has emerged following the adoption and approval in 2006 of a new code regulating drug and pharmacy activities. This latter also aims at liberalizing pharmaceutical companies' capital stock.

However, Moroccan pharmaceutical industry's classical model has been challenged by competition exerted by Asian and middle Eastern companies, adoption of emerging generations of biotech drugs, and the appearance of diseases beating out the conventional molecules. This is in addition to the use of generic drugs to deal with social pressure, which in turn resulted in prices decrease. In 2014, the trade balance recorded deficit of DH 6.4 billion in medicines and medical devices, thus reflecting the negative impact on sales volumes generated by the above challenges. Considering this context, pharmaceutical companies have been challenged to review their marketing strategies to deal with the competition, which is perceived as unfair one, and to increase their sales volumes.

In pharmaceutical industry in general, there are two marketing streams: one aimed at the influencer (decision maker/ doctor) and another one aimed at the final user (patient). This leads to a conventional marketing integration situation that capitalizes on several channels to target different audience. Hence, marketing expenditures are grouped in marketing direct to consumers (DTC) and marketing direct to health professionals (Groves et al., 2003). While DTC marketing encloses attempts to impact end users (patients); health professionals are found to be influenced by number of approaches including events, meetings and social interactions, professionally targeted marketing and pharmaceutical medical representatives. In France, up to €3300 million (USD\$ 4368 million) is spent on MRs' related activities, which is equivalent to 75% of the overall promotional budget. In Australia, MRs daily interact with more than 70% of doctors for promotional objectives and actions. Based on a study conducted the United States (US) in 2009, MRs interact with 85% of doctors, and they are found to be the first source of information of new drugs and medicines (Mintes et al., 2013). In Morocco, pharmaceutical companies also capitalizes on MRs as the main promotional technique to alter prescribers' behaviors. This later represents the main stake in the pharmaceutical industry, thus driving promotional budgets very high (SIS-Consultants, 2011).

Considering their significant role in driving pharmaceutical companies' sales, MRs do not receive enough attention from scholars in Moroccan context. Indeed, their job and role characteristics are aligned with their peers in other countries (e.g., US, Australia, France, and Canada), hence, deserving more focus by scholars. Moroccan MRs' significant impact holds the same talk as in other regions of the world. In addition, they are also found to influence doctors' prescription behaviors since those ones are resident students. Moreover, within the existing shy literature, Moroccan MRs have been approached to investigate their effectiveness as part of the marketing and promotional strategies of pharmaceutical companies while overlooking areas of studies that closely look at their work conditions. This is considering that their job nature involves a lot of burnout and stress as reflected by a number of studies (e.g., Tander et al., 2007; Harris et al., 2003). In a study conducted to investigate MRs' life quality, results reflect that half of the questioned sample travel more than 15km in a day while they reported doing any physical activity other than working (Kotlo et al., 2016). In the same study, 42% of respondents were found in the pre-obese stage as they are used to consuming less healthy (food) while not exercising. Stress is another factor experienced by medical representatives, which negatively impacts their performance. This is mainly explained by the nature of their jobs that requires them to achieved targeted objectives, and travel kilometers to visit a daily number of doctors located in different areas (e.g., sometimes more than 10 doctors a day) (Kotlo et al., 2016). MR Health Related Quality of Life (HRQoL) is found to be poor because of work-related stress, extensive use of mobile phones, considerable driving hours, as well as lack of ergonomics.

Being driven by the work-related factors that are found to adversely affect individuals' well-being, scholars (i.e., Wender and Kang, 2005) have been interested in examining stressors associated with MRs' work. Indeed, stress for instance can originate from deprived management, absence of authority, ambiguous and unclear relationships, decisions' fairness and concerns with recognition and award (Howard, 1980). Based on the study's results, among the stressors associated with MRs, there is "conflicting demands from supervisors", "unbalance between efforts and reward", and "inadequate incentives" among others (Wender and Kang, 2005). Accordingly, our study investigates the relationship between DSMs and MRs especially when ethical leadership is demonstrated, and identify whether emotions are stimulated as response in this interaction.

We emphasize ethical behaviors and standards as part of the relationship between MRs and their direct supervisors. Considering the role played by MRs in influencing doctors' prescription behaviors as well as knowledge (Almasri et al., 2020), which in turn impacts pharmaceutical companies' sales, we find it crucial to examine the impact of ethical leadership on MRs. Based on the literature, extensive emphasis has been given to the role of MRs in the marketing process of the different pharmaceutical companies' products while overlooking the driving forces (i.e., ethical leadership) behind their performance. In addition to recognizing the importance of leadership in pharmaceutical companies to deal with changing environments, studies (e.g., Maen, 2021) examine the skills and competencies an effective leader should have.

5. Methodology

Through generating less generalized conclusions, qualitative approach looks at the investigated phenomenon across the lenses of the ones experiencing it. Indeed, it aims at deeply understanding a particular situation based on exploratory examinations to identify answers and explanations all through the research process. Its main concern is to have insights about a social case based on a specific context. Qualitative research has been adopted as part of our study to gain understanding of whether ethical leadership stimulates MRs' emotions (i.e., gratitude). The table below reports information about our sample.

Table1. Qualitative Study Sample Description

| Participant | Gender | Date of Joining the Pharma Industry | Industry Tenure | Org Tenure | Org Type | Interview Length |
|------------------|--------|-------------------------------------|-----------------|------------|---------------|------------------|
| MR1 ² | Female | 2008 | 13 YEARS | 4 YEARS | National | 30 minutes |
| MR2 | Male | 2006 | 15 YEARS | 8 YEARS | National | 30 minutes |
| MR3 | Male | 2012 | 9 YEARS | 3 YEARS | Multinational | 30 minutes |
| MR4 | Male | 2011 | 10 YEARS | 6 YEARS | Multinational | 45 minutes |
| MR5 | Male | 2016 | 5 YEARS | 2 MONTHS | National | 50 minutes |
| MR6 | Male | 2014 | 7 YEARS | 2 YEARS | Multinational | 35 minutes |
| MR7 | Male | 2014 | 7 YEARS | 5 YEARS | Multinational | 30 minutes |
| MR8 | Male | 2017 | 4 YEARS | 2 YEARS | Multinational | 45 minutes |
| MR9 | Male | 2010 | 11 YEARS | 6 MONTHS | National | 30 minutes |
| MR10 | Male | 2017 | 4 YEARS | 1 YEAR | National | 35 minutes |
| MR11 | Male | 2019 | 2 YEARS | 2 YEARS | Multinational | 25 minutes |
| MR12 | Male | 2003 | 18 YEARS | 5 YEARS | Multinational | 30 minutes |
| MR13 | Male | 2009 | 12 YEARS | 5 YEARS | Multinational | 30 minutes |
| MR14 | Male | 2007 | 14 YEARS | 7 YEARS | National | 25 minutes |
| MR15 | Female | 2017 | 4 YEARS | 5 YEARS | National | 40 minutes |

Source: Authors

² MR refers to medical representatives. We are going to use it as part of qualitative study data analysis.

5.1. Data Collection Method

we have conducted semi-structured interviews, which allowed interviewees to liberally express themselves while the researchers' effect remains limited to directing discussions to have maximum possible of information. Semi-directed interviews have guided us to access wide range of information regarding the effect of working along with an ethical supervisor while considering the characteristics of MRs' job and work conditions. From exchanging with interviewees, researchers collect statement and speeches that guide them into entering the subject world that is highly identified by its individual peculiarity and context specificities. Interviews generated a wide range of information yet interpreting it within the scope of our study objective is expected to provide us with a systematic understanding beyond what is said. Throughout this exploration stage, we have conducted 15 interviews. Since there is no database that includes all MRs in Morocco and considering their busy schedules, we have considered our personal network³ to contact the interviewees and have their approval to participate in this study.

Drawing on a "life story" method, often used in sociology than management sciences, MRs have provided us with insights about their experiences. This method has emerged within the Western context to become popular in Europe as well (Sanséau, 2005). It is also described as an autobiographical method that analyzes a specific narrative that is expressed by a subject about events s/he has experienced. In this case, the narrative is stimulated by the researcher, yet the subjects remain free to express themselves considering the interpretations they assign (Wacheux, 1996). Our interviews have been conducted considering the following concerns. Firstly, interviewees have been contacted to voluntarily participate in the interview while assuring them a total anonymity. Secondly, we have multiplied the interviews (15 in total) through using the principle of information saturation (Strauss 1987)". Thirdly, while developing the interview guide, we exclusively considered open questions to stimulate and sometimes oriented discussions. We also avoided using closed questions. Indeed, our interview guide has been adapted considering the specificities of each interaction, yet we stick to the main areas of discussions that are previously defined. Fourthly, considering Brunk (2010) suggestions, one-to-one interview with MRs were conducted whenever and wherever it was possible and convenient for them to engage openly in the exchange.

Our interview guide has been developed considering the objective of our study, and to hence frame the main themes of the interaction with MRs. We asked questions about medical representatives' profile such as their job and company's tenure, about their jobs' nature and related challenges, and about the role of leadership in dealing with these challenges, and mainly questions about ethical leadership practices and any related situations in this regard. The objective of our interview guide is to capture MRs' reactions (expression of emotions) toward interacting with DSM reflecting ethical leadership conducts. In specific terms, our interview guide spots the light on the following topics: (1) presentation of the MR (job and company's tenure, type of organization); (2) overview and feedback discussion about being part of the pharmaceutical industry (e.g., in details and through describing their experience of working as a medical representative within the industry and within their current companies, in addition to the main challenges this job is identified with); (3) the role of leadership and more specifically their DSMs efforts in guiding and assisting MRs in dealing with the jobs' challenges and specificities; (4) MRs' opinion in terms of describing the experience of working along with DSMs reflecting ethical leadership conducts; (5) MRs' anecdotes or situations supporting their experience of working with ethical leader. Questions related to ethical leadership have been

³ We have capitalized on our close family relatives that operate within this industry. They put us in contact with their colleagues in different pharmaceutical companies.

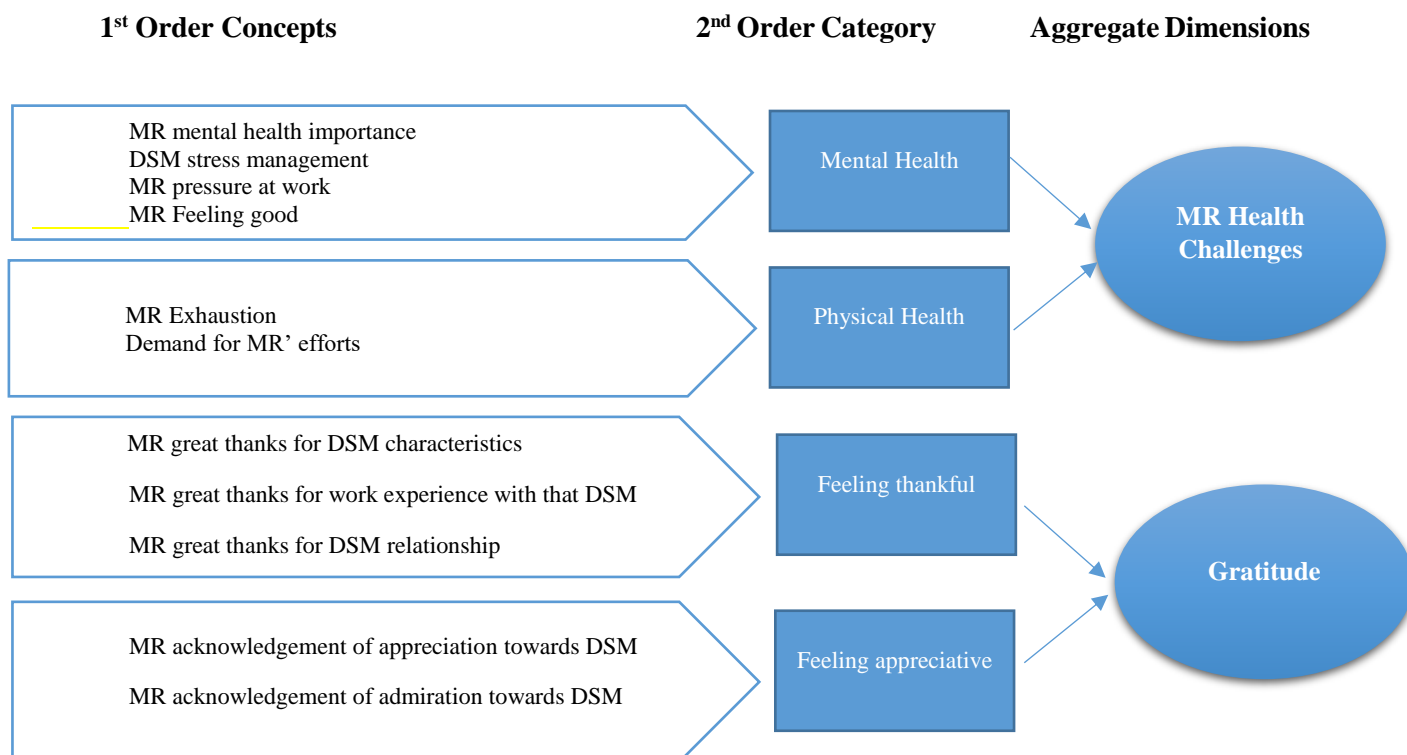
asked in indirect ways from adopting its two main aspects criteria including moral person and moral manager.

5.2. Data Analysis Method

Considering the nature and the importance of the coding exercise, we started first by transcribing the interviews. We used French as the major language to conduct and to transcribe the interviews. This is mainly to keep the meaning inputs conveyed by participants, thus avoiding impacting the context of the study. To convert the identified categories and themes to English, we followed the standard translation and back-translation procedures (Brislin, Lonner, & Thorndike, 1973). The coding process we used is based on the Gioia et al., (2012) method. It starts with generating a myriad of inputs including information, terms and sometimes codes. In this 1st order analysis, since the information distilling is not adopted, the scholar (or interviewer) is highly expected to get lost in the information collected. Indeed, it is part of the process to be found afterwards based on identifying and establishing links among the data (Gioia, 2004). As the reading and analysis of the inputs progress, the scholar through comparing the data starts pursuing similarities and differences among the categories. This ultimately reduces the number of categories to a convenient number. Those categories are labelled while considering the array of inputs associated with each category. Based on Gioia et al., (2012), scholars at this stage are considering themselves as knowledgeable and able to structure and think of the inputs at different scales including the terms, codes, and more abstract theoretical levels of themes. This consequently leads the scholar to question the manifestations behind the data within a theoretical territory. At this stage, scholars start critically questioning the emerging themes and the way they can add into explaining the investigated phenomena. Once a comprehensive set of categories are attained and collected reflecting a certain “theoretical saturation” (as cited in Gioia et al., 2012, p. 20), the scholar can investigate the possibility to reduce these 2nd order categories into aggregate dimensions.

Our data can be structured (figure2) once the first order, second order categories and aggregate dimensions are finalized and ready to be used. This step based on Gioia et al., (2012) is considered as critical in the whole research process. This data structure does not only help with organizing the collected data, but it also provides a visualization of the way data flows from raw one (e.g., terms) to themes, which advances research rigor. In this regard the data is theoretically viewed and analyzed to identify news themes and concepts in comparison with the relevant literature to subscribe in a type of “abductive” research approach. Our work is based on this later as we do not claim a total or semi-ignorance of the literature. In other terms, even though Gioia method is mainly used in the grounded theory cases, we have adopted the same approach while moving from a purely “inductive” research method to “abductive” one. Being developed from elaboration of other prior approaches (e.g., Gioia and Chittipeddi, 1991; Gioia, Thomas, Clark, and Chittipeddi; 1994; Gioia and Thomas, 1996), we have adopted the Gioia method since it is a holistic approach aiming at helping into developing inductive concepts while attaining high levels of rigor set by different journals.

Figure 2. Qualitative Study Data Structure



Source: developed by the authors

Contemporaneously with data collection and after the opening analysis, we also considered going back and forward in viewing and analyzing the emergent 1st order concepts, 2nd order categories, aggregate dimensions, and the literature related to ethical leadership, and emotions. This is for the objective of rationalizing our findings with the scope of the prior related literature.

6. Results

Moral emotions including its subsets are not a fully investigated avenue in ethical leadership related literature. Except from few attempts to spot the light on moral emotions (i.e., Zhang et al., 2018), to our knowledge, we are among the few who deployed efforts to examine whether emotions can be stimulated while working with DSM demonstrating ethical leadership through qualitative approach. In prior attempts, moral emotions specifically others-oriented positive emotions have been investigated on a “one package” basis. They have referred to others-oriented positive emotions all together to examine ethical leadership effects. This is considering that emotions are activated with the person’s appraisal of what the event means for his/her well-being (Lazarus, 1991). Consciously or unconsciously manifesting, the appraisal course prompts a flow of reaction tendencies that might be coupled with physiological alterations or facial expressions. In addition to the fact that although others-oriented positive emotions are grouped under one umbrella, Haidt (2003) identified the line of difference between its components. Hence, indirectly positing for differences that exist among those emotions especially when we consider the conditions of stimulation.

It is true that the main contribution of our study lies in investigating whether moral emotions are present as part of DSMs-MRs relationship. However, by no means, we have directly asked interviewees about their emotions from working with DSMs demonstrating ethical leadership conducts. This is to avoid any responses’ bias, and because we investigate a new construct of emotions, which is explained through three main functions. We also avoided direct questions

about emotions as they cannot always be easily described and articulated. However, as reflected in the interview guide main themes, we indirectly described ethical leaders, and we asked MRs to describe the experience of working along with DSMs reflecting those qualities.

Our analysis of MRs' answers is structured in figure 2. These results are discussed in the following section within the scope of the related literature. Nevertheless, it is worth to note that our interviews have guided us in generating other outputs that are used as part of other studies. As part of our results, DSMs are expressed to be an important component of MRs work environment and key driver in their daily performance. This has been reflected through medical representatives' answers. Indeed, 40% of interviewed MRs have explicitly shared their personal experiences regarding the importance of supervisors in their daily activities as well as their decisive decisions. For instance, MR4 and 5 have confirmed that they have quitted their previous workplaces because of their supervisors. For the MR4, "it was just impossible to work with a person who is not a good listener" and explaining that part of the reasons behind such situations is that "in the pharmaceutical industry, many people have been appointed as DSM because of seniority." On the other hand, the MR5 has explicitly explained to which extent he was ready to make consensus regarding his compensation to be side by side with a good supervisor. He claims that after leaving his previous position, "I accepted small salaries to work with good DSMs." And to reflect the importance of this relationship, he reflects his nostalgia towards his previous supervisor through positing "during my last experience, I had hard times leaving the laboratory because I left a person who trusted me. I had hard time because the DSM was a good person."

In the same line, MR7 has also attested that some of his colleagues have left their workplaces and cities outright because simply they could not stand working with their supervisors. This reflects the extent to which supervisors are an important aspect of the working conditions that might result into having MRs resigning for their jobs, or simply generating high turnovers. An opposite story is also possible as thanks to supervisors, MRs might express more willingness to join some laboratories. This is the case of the MP5 as he was contacted by his previous laboratory. He explains that "their offer is very interesting, but what triggers me the most to start again with them is my relationship with my former DSM." And "today, if I am thinking about resuming work with my former laboratory, it is for my DSM."

Considering the nature of their job, not surprisingly that challenges are linked to their daily activities. Nevertheless, our findings indicate health-related challenges MRs deal with. A set of these challenges are associated with medical representatives' mental health. This is mainly explained by stress and pressure at work. Based on their answers, this is due to the objectives MRs are required to attain in addition to some DSMs lack of competences especially when it comes to stress management while other DSMs opt for putting MRs under pressure for objective purposes. For instance MR8 have explained that "in meetings for example or during phone calls, DSMs do not communicate in a professional manner, and they push the delegates to work under pressure. For example, DSM can say to the medical representative "I don't care I need the objective regarding the pharmacy packs, you manage it". Other MRs namely 1, 2,3, and 15 have openly posited that they had to deal with pressure that has been exerted by their respective DSMs to achieve their sales objectives.

A noteworthy finding has been captured during the analysis if our results. Indeed, when MRs have been asked about their experience of working with an ethical supervisor, a very important expression has emerged as part of their answers. A group of them have expressed their thankfulness mainly through using "al-Hamdulillah⁴" expression. For example, when MR14

⁴ In the body of the qualitative data analysis, we are using this specific spelling to be aligned with the literature. However, it refers to the same meaning as the key term "hamdollah" used by the participants as shown in the excerpts.

was implicitly asked whether he got the chance to work with an ethical DSM, he answered ““al-Hamdulillah” with my current DSM, we found all these criteria. The atmosphere can be described in two words: mutual trust and responsibility...”. In the same line, MR8 has answered “if I talk about my case, “al-Hamdulillah” I feel very well with my DSM...”. MR14 has also added more details describing the experience of working with an ethical DSM. He posits that “It is a positive experience "al-Hamdulillah" because when we work in a healthy environment "Al-Hamdulillah" our profitability and efficiency are good.”

MRs also have expressed their appreciation toward their respective DSMs. Considering our sample, 40% of MRs have expressed their appreciation. For instance, MR1 posits that her DSM “is among the best DSMs that I have had because I have worked with other people and sincerely, they have nothing with "leadership". There are DSMs that transmit the message in the hardest and most impolite way. They send e-mails asking us to execute and not to discuss.” Thus, emphasizing the positive aspects of working with this person when recognizing the consideration, and open communication reflected by the DSM. In addition, MR5 explains that his DSM “is not a simple one...”, and he adds that “I left one of the best laboratories where I worked for a good period with a very satisfactory salary (at that time it was the best salary I could have dreamed of. When I used to view my bank account, my eyes used to tear because it was what I always wanted) because of my DSM.” Our results reflect the importance of DSMs role in MRs’ job that is associated with a set of challenge mainly related health. And within the realm of this relationship, gratitude as a moral emotion is captured to be stimulated by ethical leadership.

7. Discussion

“Al-Hamdu Lillah” means that praise and thanks are due to God (Allah). From Islamic perspective, this expression reflects thankfulness people experience in situations they face. Considering our work, MRs experience “thankfulness” from working with an ethical supervisor. Thus, capturing an important output of this qualitative part especially if we consider its religious perspectives. However, in Islam, people are not only asserted to be thankful in bad and good situations. Yet they are asked to consider justice, care, and responsibility (Bhatti et al., 2021). This explains the reasons behind considering thankfulness as one of the prominent virtues in Islam and its related literature as reflected in the Hadith narrates; “He who does not thank people is not thankful to Allah” (Abu-Dawood 4811). This captures in general terms the fact the being grateful towards others is about being grateful towards God.

The participants’ answers meet the theological basis of gratitude. Like forgiveness and gratitude, most of insightful emotions are embedded in religion. Gratitude’s origins can be spotted in the traditions of greatest religions namely Judaism, Christianity, and Islam, and it is ingrained in the prayers, and texts (Emmons and Crumpler, 2000). In the Holy Quran, and throughout its different suras, gratitude and thankfulness towards God is asserted. For instance, Ayat 7 in Sura Ibrahim says “In the name of God, most gracious most merciful, If you are grateful, I will give you more” (as cited in Emmons and Crumpler, 2000, p. 61). In addition, gratitude is permeated in the “pillars” of Islam such as prayers. The core of this later is to exhibit eternal praise to God for mercy, and gift of life. This is mainly noticeable in the first lines⁵ of Sura *al Fateha* (1: 1-5), which is the first cited sura in each of the five daily prayers.

Considering it as one the most profound emotions, gratitude has been investigated while emphasizing its theological basis to bridge this later with gratitude’s psychological foundations for a comprehensive understanding of the human apparatus. We basically adopt the same

⁵ We refer to the translated version of Sura Al Fateha used as part Emmons and Crumpler, 2000 (p. 61). It says “In the name of God, most gracious most merciful. Praise be to God, The cherisher and sustainer of the worlds; Most gracious, most merciful; master of the day of judgment. Thee do we worship, and Thine aid we seek.”

approach to critically analyze the qualitative study data, especially the use of “al-Hamdulillah” expression. Digging further into its theological basis, in Islam, people can express gratitude at different levels. Gratitude can be experienced thanks to a gift received from God. On a higher stage, people can be grateful even for not receiving gifts or when they are delayed. In this case, people get to focus on the blessings that are hidden in the difficult times faced while believing in God’s wisdom and workings (Emmons and Crumpler, 2000). In the highest stage, people can climax their gratitude and acknowledge that no worshipping is enough to reflect admiration and gratitude towards God. Our research objective is to examine gratitude as a moral emotion while considering its framework to explain the way it functions within an organizational setting. Consequently, our focus is the first stage of gratitude. In other words, our main objective is to spot the light on gratitude that is experienced thanks to a “gift” from God following the Islamic perspective. The “gift” as part of our work is the experience of working with an ethical DSM. For this reason, we have analyzed the qualitative study outputs while considering the theological basis of emerging prominent expressions such as “A-Hamdulillah”. And, that is why we emphasize the gratitude that is stimulated thanks to DSMs deeds when they are described as positive, reflecting altruism basis.

Along feeling thankful, MRs also experience appreciation towards their DSMs. Before digging into the specificities of this gratitude aspect, “appreciation” based on Oxford dictionary refers to the enjoyment and pleasure people experience when they recognize the good qualities of others. Yet, in some definition, being appreciative is described to be thankful and grateful. Nevertheless, we do not agree with using those concepts on an alternative or a substitute basis because they are different constructs. And all of them combined capture the measurement approach of gratitude (McCullough et al., 2002). This is considering that gratitude has been defined based on McCullough et al. (2002) as “a generalized tendency to recognize and respond with grateful emotion to the roles of other people’s benevolence in the positive experiences and outcomes that one obtains.” (p.112). In addition, medical representatives’ answers capture the difference among “thankfulness” and “appreciation” components. Indeed, 40% of MRs have implicitly claimed experiencing pleasure from recognizing the positive qualities of their DSMs. This is mainly from working with supervisors reflecting “ethical” qualities⁶. For instance, MR1 posits that her DSM “is among the best DSMs that I have had because I have worked with other people and sincerely, they have nothing with "leadership". There are DSMs that transmit the message in the hardest and most impolite way. They send e-mails asking us to execute and not to discuss.” Thus, emphasizing the positive aspects of working with this person when recognizing the consideration, and open communication reflected by the DSM. In addition, MR5 explains that his DSM “is not a simple one...”, and he adds that “I left one of the best laboratories where I worked for a good period with a very satisfactory salary (at that time it was the best salary I could have dreamed of. When I used to view my bank account, my eyes used to tear because it was what I always wanted) because of my DSM.” Consequently, reflecting the extent to which this MR has preferred to be along with a DSM who would make the experience more pleasurable than a high salary. We notice that some MR (10 & 12) mine into describing the scope of their relationships with their supervisors, which go beyond attachment and respect. For example, MR10 stated that “you can be more than attached to your DSM. If s/he someone you really appreciate and trust, they’re going to be considered more than a supervisor. Personally, I consider one of our DSMs as a mentor, who can influence my judgments, my choices.”

⁶ By ethical qualities, we simply refer the components defining ethical leaders considering its two pillars namely moral person and manager.

8. Conclusion

MRs have reflected experiencing thankfulness and appreciation from working with ethical DSMs, which in turn captures the experience of emotions (i.e., gratitude). In other words, MRs interact with their DSMs, and cognitively appraise the DSMs conducts. Through reflecting thankfulness and appreciation towards the DSM, we realize that medical representatives' gratitude is stimulated as they perceive the DSMs deeds as positive, and moral in nature. For instance, MR8 claims thankfulness as he feels good with his DSM, thus capturing the positive aspect of working along with this supervisor. Also, MR14 defines the interaction with his DSM as "a positive experience "hamdoullah" because when we work in a healthy environment "hamdoullah" our profitability and efficiency are good." Others, through being appreciative towards their DSMs, have reflected the extent to which the experience is positive; consequently, impacting their decision-making process regarding their job's future. This is mainly the case of the MR5, who considers an offer of his previous laboratory just to be with his previous DSM. He commented "If I still think about her offer because I know that my daily routine with this lady is an experience that I like."

Within the same group of respondents, we realize that MRs cognitively appraise their DSMs' interactions and conducts from a moral lens. Most of them have recognize as part of their thankfulness or appreciation that their relationship with their respective DSMs is driven and based on trust, altruism, and interactions. For instance, MR12 was asked to dig into a situation during which his trust in his DSM has been negatively impacted. And his answer was negative, "For the moment, no "hamdoullah". I'll tell you one thing, when I left my previous work, among the elements that pushed me to choose my current company was respect and trust." Into other terms being thankful as this trust towards his DSM was not challenged. The same MR12 shared with us as an anecdote a remarkable situation for him, and in which he perceives his DSM as just towards the team members. He narrated that "*There was a colleague who did not reach his objectives, so he did not get his bonus. The reason for this decision was not the efforts of our colleague but because he was responsible for a sector full of problems. So, our DSM suggested that each of us should contribute so that our colleague would receive a part of this bonus. So, there you have it, I thought it was fair and just.*" This captures that the moral considerations are part of the assessment of DSMs conducts and decisions. Into other terms, DSMs' behaviors are judged to be important with respect to morality (Emmons and McCullough, 2004).

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