

The Relationship Between Human Capital Behaviors and Health Practice Ethics: An Exploratory Study

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ABSTRACT

The purpose of this research is to shed light on the nature of the correlation between human capital behaviors and the ethics of practicing health professions. The problem of the field research was to answer a basic question: Does the director in Iraqi hospitals realize how to employ the relationship between the behaviors of human capital and the ethics of practicing health professions in enhancing the health services provided? Based on this problem and objectives, and to clarify the relationship between the main research variables, a basic hypothesis was formulated, from which (3) sub-hypotheses branched out. The questionnaire was adopted as a tool for collecting data and information related to the research, as it was prepared based on several ready-made scales and using the five-point Likert scale, and it was subjected to validity and reliability standards. It was distributed to a sample of (232) doctors in (6) private hospitals in Baghdad. To analyze the research data, the ready-made statistical program (SPSS) was used. Among the most important statistical tools used in the analysis are: (the recurrence percentage, the arithmetic mean, the standard deviation, the coefficient of variation, and Spearman's correlation coefficient). The statistical methods produced several results, perhaps the most prominent of which is the existence of a significant correlation between the behavior of human capital and the ethics of practicing health professions.

Keywords: *Human Capital Behaviors; Health Professions Ethics; Hospitals; Doctors*

INTRODUCTION

Interest in the ethics of the health professions began in the early stages of the emergence of the administration, and it has evolved through the various stages of development that it has gone through, and therefore it is as old as human society, as its roots extend to the time when social interaction began and the distribution of tasks and jobs between individuals and groups, and their joining in organizations and social groups. Multiple, but the scientific interest in it has increased with the beginning of the twentieth century, as the concept of ethics of health professions has developed with the development of organizational thought. Because of the continuous developments and changes in the environment, multiple and diverse patterns emerged, and for organizations to be able to manage the developments and keep pace with them, they need human capital behaviors that can keep pace with the rapid developments witnessed by the contemporary environment, and the speed of change in recent years related to the variables of this environment, and increase attention to technological developments, all of which ultimately led to an increase in competition between organizations in various sectors, forcing them to compete to be the best and strongest to ensure survival and continuity of work. As organizations today need to achieve a set of indicators that reflect the amount of their organizational success and to be able to adapt and change with developments in the environment. Therefore, the main idea of the study is to identify the importance of the relationship that combines the behavior of human capital and the ethics of health professions. To achieve this idea, the research was divided into four sections, starting with the first topic, which represents the scientific methodology of the research, then the second topic, which represents the theoretical framework for the research, we move on to provide an analysis of the data collected in the third topic, to present conclusions and recommendations in the fourth and final topic.

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THE FIRST TOPIC: RESEARCH METHODOLOGY

Research problem

After reviewing a group of previous Iraqi, Arab, and foreign studies, the researcher did not find a study that attempted to combine these important variables in the field of business administration and strategic management specifically (human capital behaviors, health professions ethics), and this indicates that there is a clear knowledge gap in the field of combination. Among these variables in one study, which the researcher will try to fill even a small part of in this study, to complete the previous intellectual efforts and start from where they ended, which have not yet been satisfied, especially in the Iraqi health sector. Also, this study includes overlapping fields of knowledge in the disciplines of business administration, as it focuses on organization theory and strategic management at the same time, and therefore it needs a combination of thinking and design in the fields of knowledge. The researcher was able to formulate the problem of the study through field coexistence within several Iraqi health organizations, and conducting a set of structured and unstructured interviews with administrators in higher positions in them, which is summarized in the following main question: Is there knowledge awareness among administrators in Iraqi hospitals about the importance of Employing the relationship between the behavior of human capital and the ethics of health professions? and accordingly, it can be raised by some of the following sub-questions:

1. What is the level of interest in applying human capital behaviors within Iraqi health organizations?
2. What is the level of interest in applying the ethics of health professions in Iraqi hospitals?
3. What is the nature of the individual correlations that combine the behaviors of human capital and the ethics of health professions within Iraqi hospitals?

Research Importance

The scientific importance is highlighted by discussing the most prominent foundations and knowledge proposals related to the variables researched (human capital behaviors, ethics of health professions), as these topics constitute contemporary strategic concepts that occupy special importance in business administration, as they are directly related to the ability of organizations to achieve their strategic goals within the framework of Its dynamic environment, and despite the special importance of studying contemporary strategic phenomena and combining them, the previous studies that combined them are characterized by their relative scarcity, according to the researcher. Therefore, the scientific importance of this study is summarized by providing a theoretical addition that combines three contemporary variables in the field of strategic management to the Tunisian and Iraqi libraries. The researcher also seeks to see the results of previous studies, which were applied to successful organizations in developed countries, related to (human capital behaviors, and ethics of health professions) and then transfer them to the Iraqi environment, by preparing a questionnaire according to indicators and standards after Adapting them to suit the Iraqi environment. Based on this a set of recommendations are presented that can be used to address the problems facing the Iraqi hospitals under study.

Research Goals

1. Diagnosing the extent to which Iraqi hospitals are interested in achieving their human capital behaviors.
2. Diagnosing the extent to which Iraqi hospitals are interested in using the ethics of health professions when dealing with their human resources.
3. Identifying the nature of the correlations between human capital behaviors and health professions ethics within Iraqi health organizations.

Hypothesis Chart

The hypothetical diagram of the study embodies its main idea, which is represented in diagnosing the role played by (the behavior of human capital and the ethics of health professions), within the framework of the relationships that combine them, as in Figure (1):

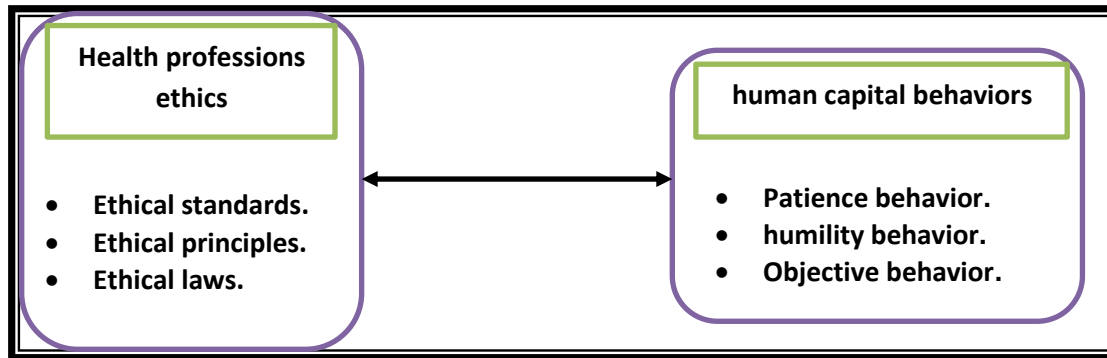


Figure (1) Hypothetical chart

Research Assumes

The first main hypothesis: There is a statistically significant correlation between human capital behaviors and the ethics of the medical professions within the Iraqi health organizations, and the following sub-hypotheses emerge from it:

1. **The first sub-hypothesis:** There is a statistically significant correlation between the behavior of patients and the ethics of the medical professions within Iraqi health organizations.
2. **The second sub-hypothesis:** There is a statistically significant correlation between the behavior of humility and the ethics of the medical professions within Iraqi health organizations.
3. **The third sub-hypothesis:** There is a statistically significant correlation between the behavior of objectivity and the ethics of the medical professions within Iraqi health organizations.

Research Methodology

After the researcher was able to identify the problem of his study and its importance, and the nature of the hypothetical scheme and its hypotheses, based on which the most important goals that it seeks to achieve with its theoretical and applied aspects were determined, the scientific method was chosen for it by focusing on the nature of the phenomena to be studied and what is the relationship that unites Between them, and the nature of the data that must be obtained to implement the applied side of the study. In the framework of this, the descriptive analytical approach was chosen because it focuses on collecting data in a meaningful way that helps to verify the validity of the hypothetical scheme of the study and to test its main and sub-hypotheses after identifying the correlations between the variables studied, under the conditions of the original community of the phenomenon under study, after surveying the vision of the sample. The questioned direction of removal.

Research Data Collection Tools

Based on the descriptive analytical approach that was chosen to implement the current study, the questionnaire was chosen as the main tool for data collection, as it is compatible with the applied foundations of the study and the objectives it seeks, in addition to the time allotted for its completion in its theoretical and practical aspects. The researcher formulated paragraphs of a questionnaire based on a set of previous ideas and used ready-made standards that have already been tested by researchers and scholars in the field of (human capital behaviors, and health professions ethics), after adapting them to be compatible with Iraqi health organizations. The researcher also held a series of structured and unstructured meetings and interviews to enhance the knowledge and conviction of the study sample of the importance of giving objective answers when dealing with the questionnaire paragraphs.

Statistical Analysis Tools

The researcher used a set of statistical tools available in the ready-made programs (SPSS-V23), to implement the applied side of the research, as he used (percentage of agreement, arithmetic mean, standard deviation, and coefficient of variation), to find out the level of interest in applying each of (human capital behaviors Ethics of health professions, quality of health services, and knowledge sharing) within Iraqi health organizations. To test the main and subsidiary hypotheses, the correlation coefficient was used.

Research Limits

The most prominent research limits that can be focused on are as follows:

1. Knowledge limits: It is represented by three important variables in the field of business administration in general and strategic management in particular, which are (human capital behaviors, and health professions ethics).
2. Human limits: include a group of human resources in Iraqi health organizations.
3. Spatial boundaries: a sample of health organizations affiliated with the Ministry of Education, which are located within the city of Baghdad.
4. Temporal limits: The time limits of the study extend from the beginning of its preparation with its theoretical and applied aspects, until its completion and the conclusion of its recommendations.

THE SECOND TOPIC: THE THEORETICAL SIDE

Human Capital Behaviors

When discussing the concept of human capital behaviors, it is preferable to refer to its historical origin from the academic applied point of view, as it is a natural extension of the development and management of human resources, and what happened to it in its additions and modernization as a result of the changes that occurred in the surrounding environment, and the shift from the technical society to the knowledge society that focuses on Cognitive and mental capabilities of human resources in competition (Shahbaz et al, 2018: 4). Accordingly, interest in the behavior of human capital as an idea began in the fifties of the last century within the study of (Schmuckler) in 1952 and the world (Schultz) in 1953, who studied growth in the United States of America, and confirmed that its source is the behavior of human capital and not capital or natural resources. As for the researcher (Mincer), he indicated in his research (investment in human resources and personal income distribution) in 1958 the concept of investing in human behaviors, and the importance of education and training in developing and modernizing them (Eriksson & Rataj, 2019: 2). As for the International Labor Organization's advisor for manpower affairs (Frederick Harrison), he emphasized the importance of knowledge, skills, abilities, and behaviors for all human resources in society, as the best investment to enhance their levels of productivity, and then achieve the accumulation of effective human capital. As indicated by (Robert Bootnam) in his articles that the behavior of human resources will be more efficient in creativity and excellence if the appropriate environment is available to them, and therefore most studies confirmed that the beginning of interest in studying the behavior of human capital in an actual way began in the last decade of the last century, which was the result The nature of the organization's orientation to adopt a set of strategic assets in competition and work to achieve its goals, of which human capital behaviors were the most prominent (Tvaronaviciene et al, 2021: 3). Perhaps the most prominent features that confirm the behavior of human capital and the escalation of its fields of investment in the twenty-first century, according to the researcher, is the organization's use of the wealth of information and the exacerbation of competitive processes between them, and the spread of pure globalization, which was the result of the nature of human capital behavior and the resulting ideas and human creativity. About defining the concept of human capital behaviors, it is beset with difficulty due to the multiplicity of areas that can be relied upon in its study, and therefore the diversity of the entrances to its definition, which we will try to discuss, the most prominent of which are in the current paragraph. Human capital behaviors were defined as (the main and solid nucleus that helps the organization build its knowledge capital, which plays an important role in the development of the entire society) (Boon et al, 2018: 36), and accordingly, human capital behaviors are the main source for building Knowledge capital within the contemporary organization. From an investment point of view, human capital behaviors have been defined as (the behaviors that help the organization to invest the human resources available to it in the best possible efficiency, mobilize the resources and other capabilities available to them, and then achieve differentiation and excellence in performance) (Fishman et al, 2018: 3), and this definition confirms in its intellectual implications the importance of the investment role of human capital behaviors. On the other hand, it was defined as (a group of implicit behaviors of human resources that have high economic value, and that contribute effectively to enhancing their competitive advantage and sustaining it for the longest possible period) (Fraumeni et al, 2019: 2), and accordingly, the behaviors of human resources It contains an economic value, the same as any material or financial resources owned by the organization. Human capital behaviors were measured in the framework of three dimensions:

1. **Patience Behavior:** one of the behaviors of human capital that is directly related to the ability of human resources to accept delay in achieving desired results and achieving goals (Knockaert et al, 2006: 10). In other words, possessing human capital and being patient when investing in the skills, knowledge and capabilities of human resources, to achieve cohesion and avoid inactivity, specifically in the long term compared to the short term (Bleakley & Ferrie, 2016: 4-5). The behavior of patience was also referred to as referring to not rushing and impulsiveness in making decisions, especially in difficult and emergencies, which may confront them or their organization, but rather waiting for the appropriate time to make the best decisions for the benefit of all (Fishman

el at, 2018: 3). It is necessary to emphasize an important idea, which is that the importance of the behavior of patience stands out especially when dealing with the opportunities available to the organization, as deliberation and not rushing in making decisions to invest these opportunities (Sima el at, 2020: 3), can help the organization in diagnosing opportunities Others, or identifying mechanisms to invest these opportunities in the highest possible efficiency, and then achieve their goals effectively (Rahman el at, 2021: 25-26).

2. **Humility Behavior:** The behavior of humility is one of the ethical behaviors that characterize the behavior of human capital, which refers to how to think acceptably and convincingly by all parties dealing with human resources about the implementation of their operations and activities (Hamadamin & Atan, 2019: 3). It is necessary to emphasize the importance of reducing the role of personal inclinations of human resources and their impact on the behavior of human capital, in a way that helps achieve justice and objectivity when dealing with others within the organization (Ahmed el at, 2020: 2-3). Perhaps the most important sub-behaviors that emerge from the behavior of humility are the desire to learn by looking at the experiences of others, the willingness to accept failure with high spirits and deal with it as an opportunity to learn, as well as respecting others, providing service and helping others (Song el at, 2021: 3).
3. **Objectivity Behavior:** This behavior refers to how human capital behaviors deal rationally with others inside and outside the organization, regardless of their characteristics, as well as the secondary factors that can affect their behavior and behavior when evaluating their achievements and activities (Bleakley & Ferrie, 2016: 4-5), as well as focusing these behaviors on clear thinking approaches when dealing with problems that they encounter at work, and presenting a set of regional and mental solutions accepted by others because they are clear-cut (Zaidi el at, 2019: 2-3). Accordingly, the behavior of human capital must emphasize self-respect and appreciation for other human resources, and deal with their decisions and achievements impartially (Sharma el at, 2021: 2).

Health Professions Ethics

The term ethics of practicing health professions carry many meanings, as it refers linguistically that morals are the plural of morals, and that morality is religion and character, and its truth is that it expresses the inner image of man, which is his self, its descriptions and meanings in the same way as the external image and its descriptions, and they have good descriptions. The definitions provided by researchers and those interested in the field of business administration and hospital management, in particular, have varied and multiplied when introducing them to the concept of ethics in the practice of health professions, according to the approaches and entrances that they relied on in their studies, which resulted in difficulty in finding a clear and accurate definition of this important concept in the field of business administration. The ethics of practicing health professions has been defined as a set of virtuous values and honest standards that can be derived from the correct belief and govern medical behaviors to achieve hospital efficiency and stakeholder satisfaction (Javed el at, 2016: 648). It was also referred to the ethics of practicing health professions as the guidelines that constitute the general policies of the hospital, which must define a comprehensive strategy to derive from it, and at the same time seek to achieve it (Kalemci & Tuzun, 2017: 3), and on the other hand, the ethics of practicing professions were defined Healthcare is a set of ethical values and standards adopted by members of society in general and in the health sector in particular, to distinguish between what is good and what is bad, and between what is right and what is wrong. On the other hand, it was defined as a set of professional standards that dominate the administrative behavior of physicians and are directly related to what is right at work and what is wrong (Ribers, 2018: 1). The ethics of practicing health professions were also defined as everything related to justice, such as community expectations, integrity, public relations and social responsibility, as well as the freedom of the customer (patient) and the regular behavior in the hospital, as well as outside its borders within the surrounding environment (Bernardo el at, 2018: 2). The ethics of practicing health professions were referred to as guiding lines for physicians and workers in the health sector in decision-making, related to their work and the lives of the individuals they deal with within the larger community surrounding them (Carey, 2019: 2), and with a focus on the objective dimension of the ethics of practicing health professions, it has been Defining it as the science that deals with the mental tests of physicians on the basis of evaluation and evaluation among the methods leading to the goals that they and their organizations seek (McGuire el at, 2020: 3). On the other hand, the ethics of practicing health professions was defined as the ability of physicians to achieve the maximum extent that can be achieved from the duties and responsibilities entrusted to him within hospitals (Muenjohn & McMurray, 2017: 3). On the other hand, the ethics of practicing health professions were defined as the ability of human resources working in hospitals and their keenness to perform their jobs in the best possible way (Ferine el at, 2021: 2). The ethics of practicing the health professions was also defined as the ability of physicians to think and judge their behavior logically after carrying out the logical inference process, based on the impression of society's standards, as well as obedience to the law and general moral principles (Brown-Iannuzzi el at, 2021; 2), and accordingly the ethics of The practice of health professions is related to the internal values of hospitals that form part of their cultural environment, which are also linked to the nature of decisions related to social responsibility that clarify their relationship to the external environment (Al-Shamali el at, 2021: 2). There is a set of components through which the ethics of health professions can be formed, which we will try to study in the applied side of this research, the most important of which are the following:

- 1. Ethical Standards:** Rules as a set of rules, therefore, moral rules are regulations about human behavior in a given society. That is, moral standards are the concepts that individuals must distinguish between good and bad concerning moral values. Moral values include moral standards, because they constitute the theoretical framework for the way individuals behave, as moral standards are emphasized by those who belong to a particular society, and their behaviors such as are not written, derived from moral values such as justice, freedom, and respect, and regulating the behavior of the individual in society through Creating remorse, autonomy, and the lack of formal or effective punishment, form part of every individual's natural right (Fiester & Yuan, 2023).
- 2. Ethical Principles:** They are social norms that indicate what people should do or what they should avoid. It also specifies which actions should be promoted or recognized and which should be criticized or punished. These types of standards indicate general questions that can be applied in very different situations. It never refers to specific situations and can therefore be interpreted and applied differently depending on the situation. It comes from the building of human wisdom over time and spreads through time thanks to oral tradition. Therefore, it was not compiled in any book or specified by a specific person (Gardiner et al, 2023).
- 3. Ethical Laws:** Law and morals are two main elements in the structure of human societies, and they aim to regulate human social behavior. The lack of balance and harmony between moral and legal behavior causes instability in society, and the situation may exacerbate Faisal to the point of justifying immoral behavior, under the pretext of his approval of the law in the face of community leaders. (Gross et al, 2023).

THE THIRD TOPIC: THE APPLIED SIDE

Presentation And Interpretation Of The Results Of Human Capital Behaviors And Its Sub-Dimensions

This paragraph was devoted to discussing and interpreting the data on the paragraphs of the human capital behavior variable and its sub-dimensions, as it was measured within the framework of three dimensions, which are (patience behavior, humility behavior, and objectivity behavior), and the following an analysis of these results:

Table (1) Descriptive analysis of human capital behaviors

paragraphs	Agreement ratio	arithmetic mean	standard deviation	coefficient of variation
The hospital's leaders have a clear definition of a common vision of its mission, values, philosophy, goals, and strategy.	%87	3.6	0.82	0.23
The hospital has a clear strategy for planning human capital and it is interrelated in terms of its policies, programs, activities, plans, practices, and applications designed toward the goal of excellence.	%86	3.6	0.81	0.23
Top management contributes to physicians, the government, society, and other beneficiaries in setting up an effective communication system for the development of the human capital plan.	%88	3.7	0.81	0.22
patience behavior	%88	3.8	0.79	0.21
The hospital identifies the core competencies and prestigious competencies it needs and works to acquire, develop and maintain them to achieve its short and long-term goals.	%86	3.6	0.78	0.22
The hospital develops coordinated strategies to identify human capital performance gaps and work to close them.	%81	3	0.83	0.28
The results-oriented organizational culture within the hospital has an	%87	3.7	0.80	0.22

essential role in the human capital planning process.				
Human capital management approaches are designed to support the achievement of goals through strategic workforce planning in the hospital.	%86	3.5	0.83	0.24
humility behavior	%86	3.6	0.81	0.23
There are records and documents designed to plan and manage human capital to meet the hospital's future needs.	%92	4.2	0.56	0.13
Top management and human capital specialists contribute to the strategic planning of human resources.	%88	3.8	0.65	0.17
The hospital places its human capital needs within its strategic plan.	%86	3.9	0.75	0.19
objectivity behavior	%88	3.8	0.71	0.19
Human Capital Behaviors	%88	3.8	0.76	0.20

- 1. Presentation and interpretation of the results of patience behavior:** It is clear from Table (1) that patience behavior as one of the dimensions of human capital behavior was measured in the framework of (3) paragraphs, and that the percentage of agreement on patience behavior reached (88%), which is a very good percentage and outperformed The standard ratio is (66.7%), and indicates that the surveyed hospitals have an integrated set of knowledge, skills, experience and capabilities of the doctors working for them, and use them to devise new methods that help them carry out their activities in a manner that ensures the sustainability of their competitive advantage for the longest possible period. The value of the arithmetic mean of the patient behavior was consistent with the previous result, as it reached (3.8), which is higher than the value of the hypothetical arithmetic mean (3), and confirms that doctors inside the surveyed hospitals have a high degree of statistically patient behavior. As for the value of the standard deviation of the patient behavior, it was (0.79), which confirms the good statistical harmony between the members of the research sample when answering the paragraphs on the patient behavior. This result was aligned with the values of the coefficient of difference for the behavior of patience, which amounted to (0.21), which reflects the statistical decrease of the dispersion between the answers.
- 2. Presentation and interpretation of the results related to the behavior of humility:** It is clear from Table (1) that the behavior of humility as one of the dimensions of the behavior of human capital was measured in the framework of (4) paragraphs, and that the percentage of agreement on the behavior of humility reached (86%), which is a very good percentage and outperformed The standard ratio is (66.7%), and it indicates that the surveyed hospitals enjoy a set of social standards and indicators that regulate the relations between the teaching staff and the staff working for them, in a way that enhances their trust in each other and their desire to cooperate and coordinate with each other, to unify their efforts to achieve their goals and the goals of their college. The value of the arithmetic mean of modesty behavior was consistent with the previous result, as it reached (3.6), which is higher than the value of the hypothetical arithmetic mean (3), and confirms that the surveyed hospitals have a high degree of modesty behavior from a statistical point of view. As for the value of the standard deviation of the behavior of humility, it amounted to (0.81), which confirms the good statistical harmony among the members of the research sample when answering the paragraphs on the behavior of humility. This result was aligned with the values of the coefficient of difference for the behavior of humility, which amounted to (0.23), which reflects the statistical decrease of the dispersion between the answers.
- 3. Presentation and interpretation of the results related to the behavior of objectivity:** It is clear from Table (1) that the behavior of objectivity as one of the dimensions of the behavior of human capital was measured in the framework of (3) paragraphs, and that the percentage of agreement on the behavior of objectivity reached (88%), which is a very good percentage And it surpassed the standard percentage (66.7%) and indicates that the surveyed hospitals enjoy a set of organizational policies and procedures that rely on rationalizing official relations and communications between their teaching staff and employees, to enhance their ability to implement the activities and tasks assigned to them, as well as provide them with information and guidance that can be relied upon. to make decisions about their jobs. The value of the arithmetic mean of objective behavior was consistent with the previous result, as it reached (3.8), which is higher than the value of the hypothetical arithmetic mean (3), and confirms that the surveyed hospitals have a high degree of objective behavior from a statistical point of view, while the value of the standard deviation of objective behavior was (0.71).) It confirms the good statistical harmony between the members of the research sample when answering the objective behavioral paragraphs, and

this result was aligned with the values of the coefficient of difference for the objective behavior as it amounted to (0.19), which reflects the statistical decrease of the dispersion between the answers.

Referring to Table (1), it is possible to determine the percentage of agreement on the human capital behavior variable, which amounted to (88%), which is a very good percentage and exceeds the standard percentage of agreement, and confirms that the surveyed hospitals have human capital behaviors, both in terms of skills and knowledge. And the capabilities that make up human capital, or through the social relationships and bonds that make up the behavior of humility, or through the regulations, instructions, and effective policies that make up the behavior of objectivity. The value of the arithmetic mean of human capital behaviors was (3.8), which confirms that the surveyed hospitals have human capital behaviors with a statistically high degree, noting that it exceeded the value of the hypothetical mean (3). As for the value of the standard deviation of the behavior of human capital, it amounted to (0.76), which reflects the very good harmony between the individuals of the researched sample when answering the paragraphs on the behavior of human capital. This result came in line with the value of the coefficient of difference for the behavior of human capital, which amounted to (0.20), which confirms the low dispersion towards its paragraphs.

Presentation And Interpretation Of The Results Of Health Professions Ethics And Its Sub-Dimensions

This paragraph was devoted to discussing and interpreting the data related to the paragraphs of the variable of ethics in the practice of health professions and its sub-dimensions, as it was measured within the framework of three dimensions (ethical standards, ethical principles, ethical laws), and in the following a review of these results:

Table (2) Descriptive Analysis of Health Professions Ethics

paragraphs	Agreement ratio	arithmetic mean	standard deviation	coefficient of variation
The administration in the hospital encourages the maintenance of its expenses.	%79	3	0.72	0.24
The administration in the hospital confirms adherence to the standards of professional ethics by its doctors.	%93	4.3	0.56	0.13
The hospital administration stresses the importance of adhering to the hospital's general policies and controls.	%85	3.5	0.67	0.19
Ethical standards.	%87	3.7	0.64	0.18
The hospital encourages its doctors to abide by the prevailing laws.	%90	4	0.59	0.15
The hospital emphasizes the importance of adhering to the standards of community service.	%83	3.3	0.81	0.25
The hospital works to meet the requirements of social responsibility in society.	%92	4.2	0.56	0.13
The hospital administration welcomes new opinions and proposals, even if they contradict their beliefs.	%85	3.5	0.68	0.19
Ethical principles.	%89	3.8	0.66	0.17
The hospital is ready to adapt to all environmental conditions.	%92	4.2	0.55	0.13
The hospital uses the method of waving rewards and promotions as a conditional reward for good performance.	%87	3.7	0.68	0.18
Ethical standards are reviewed periodically under developments in ethical standards.	%83	3.3	0.79	0.24
Ethical laws.	%88	3.7	0.68	0.19
Health professions ethics	%88	3.8	0.67	0.19

- 1. Presentation and interpretation of the results related to ethical standards:** It is clear from Table (2) that ethical standards as one of the dimensions of ethics in the practice of health professions were measured within the framework of (3) paragraphs, and that the percentage of agreement on ethical standards amounted to (87%), which is a very good percentage and exceeded the percentage Normative (66.7%), and indicates that the ethical standards in the surveyed hospitals possess high skills, renewable knowledge, and fundamental ability in the field of managing communication networks, information processing, and designing software necessary for the applications of ethics in the practice of health professions. The value of the arithmetic mean of the ethical standards agreed with the previous result, as it reached (3.7), which is higher than the value of the hypothetical arithmetic mean (3), and confirms the possession of ethical standards within the surveyed hospitals, the ability to use the applications of ethics in the practice of health professions, with a high degree from a statistical point of view. As for the value of the standard deviation of the ethical standards, it amounted to (0.64), which confirms the good harmony in terms of the members of the researched sample when answering the paragraphs on the ethical standards. This result was consistent with the value of the coefficient of difference for ethical standards, which amounted to (0.18), which reflects the low dispersion between the answers.
- 2. Presentation and interpretation of the results related to ethical principles:** It is clear from Table (2) that ethical principles as one of the dimensions of ethics in the practice of health professions were measured within the framework of (4) paragraphs, and that the percentage of agreement on ethical principles amounted to (89%), which is a very good percentage It exceeded the standard percentage (66.7%), and indicates that the surveyed hospitals have communication methods to connect their computers and their clients, whether they are inside or outside with each other, to ensure the exchange of information and communications with each other with speed and accuracy related to ethical principles. The value of the arithmetic mean of ethical principles was consistent with the previous result, as it reached (3.8), which is higher than the value of the hypothetical arithmetic mean (3). As for the value of the standard deviation of the ethical principles, it amounted to (0.66), which confirms the good harmony in terms of the members of the researched sample when answering the paragraphs on the ethical principles. This result was consistent with the value of the coefficient of difference for ethical principles, which amounted to (0.17), which reflects the low dispersion between the answers.
- 3. Presentation and interpretation of the results related to ethical laws:** It is clear from Table (2) that ethical laws as one of the dimensions of ethics in the practice of health professions were measured within the framework of (3) paragraphs, and that the percentage of agreement on ethical laws reached (88%), which is a very good percentage and exceeded the percentage Normative (66.7%), and indicates that the surveyed hospitals have a set of rules interconnected with each other with logical and typical relationships, that store information in classified ways so that it is easier for the human resources working within them to access it at the time they need and with the required accuracy, to enhance their ability to carry out roles required of them to achieve its goals related to moral laws. The value of the arithmetic mean of the ethical laws was consistent with the previous result, as it reached (3.7), which is higher than the value of the hypothetical arithmetic mean (3), and confirms the interest of the surveyed hospitals in the ethical laws necessary for the success of the applications of ethics in the practice of health professions, with a high degree from a statistical point of view. As for the value of the standard deviation of the moral laws, it amounted to (0.68), which confirms the good harmony in terms of the members of the researched sample when answering the paragraphs on the moral laws. This result was consistent with the value of the coefficient of difference for moral laws, which amounted to (0.19), which reflects the low dispersion between the answers.

Referring to Table (2) to identify the total percentage of agreement on the variable of ethics in the practice of health professions, we find that it amounted to (88%), which is a very good percentage and exceeded the standard percentage of agreement, and confirms that hospitals in the field of application possess an integrated set of ethical standards with advanced skills and knowledge, advanced physical devices and ethical principles with the ability to implement integrated communications with high quality and speed, as well as ethical laws capable of processing data to extract information from it, store it and provide it to users when they need it. The value of the arithmetic mean of the ethics of practicing health professions was (3.8), which confirms the ability of hospitals in the field of application to provide the components of the ethics of practicing health professions with a high degree in statistical terms, noting that it surpassed the value of the hypothetical mean (3). As for the value of the standard deviation of the ethics of practicing health professions, it amounted to (0.67). This result was consistent with the value of the coefficient of difference for the ethics of practicing health professions, which amounted to (0.19), which confirms the low dispersion between the answers.

Research Hypothesis Testing

This paragraph was devoted to testing the hypothesis that explains the correlations between the explanatory variable (human capital behaviors) and its three sub-dimensions, with the dependent variable (medical professions ethics) and its three sub-dimensions, as it states: (There is a correlation between human capital behaviors and medical professions

ethics Statistically significant within the Iraqi health organizations). Within the framework of the sub-correlations between the dimensions of these two variables, three sub-hypotheses emerged. These results are summarized in Table (3), which shows the matrix of correlations between the human capital behaviors variable and its dimensions, and the medical professions ethics variable and its dimensions, which consist of (16) correlations, as the vertical level is allocated to the sub-dimensions of the human capital behaviors variable (X) which includes: (behavior of patience, behavior of humility, behavior of objectivity), while the horizontal level shows the sub-dimensions of the medical professions ethics variable (Y) that includes (ethical standards, ethical principles, ethical laws), and the following is an interpretation of these results to rely on them In testing this main hypothesis and its sub-hypotheses, as follows:

Table (3) the results of the correlations between human capital behaviors and the Health professions ethics

	Ethical standards	Ethical principles	Ethical laws	Health professions ethics
patience behavior	**0.63	**0.57	**0.59	**0.59
humility behavior	**0.59	**0.64	**0.71	**0.65
objectivity behavior	**0.58	**0.66	**0.69	**0.64
human capital behaviors	**0.60	**0.62	**0.65	**0.63

- 1. Testing The First Sub-Hypothesis:** We note in Table (3) that the values of the correlations between the behavior of patience as one of the dimensions of human capital behaviors, and the dimensions of medical professions ethics amounted to (0.63**, 0.57**, 0.59**), which are strong and significant positive relationships in the same time at the level of (0.01). The value of the correlation between the behavior of patients and the total ethics of the medical professions was (0.59**), which is a positive and significant relationship at the level of (0.01). This relationship confirms that the patient behavior of the Iraqi health organizations plays an important role in helping them to the ethics of the medical professions, through its role in determining the most important procedures and policies that must be adhered to by the human resources working in them, when implementing the activities and tasks assigned to them, and then ensuring that they do not happen. Any chaos or collapse when the organization is exposed to a crisis or any exceptional situation. At the level of the sub-dimensions, the strongest relationship was between the behavior of patients and the ethical standards as it amounted to (0.63**), and this means that the ethical standards respond more strongly than the components of the ethics of the medical professions to the patience behavior of the Iraqi health organizations. The weakest relationship, it was between patient behavior and moral principles, as it reached (0.57**). It is also a positive and strong relationship. Accordingly, the results explained above support the researcher and give him the justification for accepting the first sub-hypothesis, which stipulates: (There is a statistically significant correlation between the behavior of patients and the ethics of medical professions within the Iraqi health organizations).
- 2. Testing The Second Sub-Hypothesis:** we note in Table (3) that the values of the correlations between the behavior of humility as one of the dimensions of human capital behaviors, and the dimensions of medical ethics were (0.59**, 0.64**, 0.71**), which are strong positive relationships And significant at the same time at the level (0.01). The value of the correlation between the behavior of humility and the total ethics of the medical professions was (0.65**), which is a positive and significant relationship at the level of (0.01). This relationship confirms that the behavior of humility of the Iraqi health organizations plays an important role in assisting them in the ethics of the medical professions, through its role in enhancing trust between top management and human resources at all organizational levels and encouraging them to share their knowledge and information among themselves, so that it is relied upon in the decision-making process. Decisions to be taken to deal with the ethics of health professions that hinder them at work. At the level of the sub-dimensions, the strongest relationship was between the behavior of humility and the ethical laws, as it amounted to (0.71**), and this means that the ethical laws respond more strongly than the components of the ethics of medical professions to the behavior of humility of the Iraqi health organizations. As for the weakest relationship, it was between the behavior of humility and moral standards, as it reached (0.59**), which is also a positive and strong relationship. Accordingly, the results explained above support the researcher and give him the justification for accepting the second sub-hypothesis, which states: (There is a statistically significant correlation between the behavior of humility and the ethics of medical professions within Iraqi health organizations).
- 3. Testing The Third Sub-Hypothesis:** We note in Table (3) that the values of the correlations between objectivity behavior as one of the dimensions of human capital behaviors, and the dimensions of medical ethics were (0.58**, 0.66**, 0.69**), which are strong and significant positive relationships in the same time at the level of (0.01). The value of the correlation between the behavior of objectivity and the total ethics of the medical professions was (0.64**), which is a positive and significant relationship at the level of (0.01). This relationship confirms that the objective behavior of the Iraqi health organizations plays an important role in assisting them in the ethics of

the medical professions, through its role in instilling confidence in human resources that the administration will be lenient with them if they take an action or make a decision, to address the crisis and its results are not compatible with directions of top management. At the level of the sub-dimensions, the strongest relationship was between behavioral objectivity and the moral laws, as it amounted to (0.69**), and this means that the moral laws respond more strongly than the components of the ethics of the medical professions to the behavioral objectivity of the Iraqi health organizations. The weakest relationship, it was between objectivity behavior and ethical standards, as it reached (0.58**), which is also a positive and strong relationship. Accordingly, the results explained above support the researcher and give him the justification for accepting the third sub-hypothesis, which stipulates: (There is a statistically significant correlation between the behavior of objectivity and the ethics of medical professions within Iraqi health organizations).

Referring to Table (3), it is clear that human capital behaviors and its sub-dimensions achieved (16) positive correlations with significant significance, out of (16) total relationships with the variable of medical professions ethics and dimensions, meaning that they constitute (100%) of the correlations between these two variables. From the foregoing, it is clear that the behavior of human capital is linked to the ethics of the medical professions, whether through the adoption of a set of procedures and policies that regulate the behavior of human resources working within Iraqi health organizations or through sharing information and knowledge among them and rationalizing their decision-making processes, as well as through Be lenient with them when they make mistakes or are exposed to exceptional situations. What reinforces this is the value of the correlation between the behaviors of human capital and the ethics of the medical professions, as it amounted to (0.63**), which is a strong direct relationship with a significant level of (0.01). Accordingly, the interpreted results support the researcher and give him the justification for accepting the first main hypothesis, which states: (There is a correlation between the behavior of human capital and the ethics of medical professions within the Iraqi health organizations, statistically significant).

THE FOURTH TOPIC: CONCLUSIONS AND RECOMMENDATIONS

The researched organization possesses human capital behaviors that help them carry out the tasks and duties entrusted to its human resources in the best possible way. Therefore, the researched organization must review the experiences of developed countries in the field of enhancing human capital behaviors and try to benefit from them to improve their performance. The results of the analysis also confirmed that the doctors in the researched organization have the behaviors of patience, objectivity, and humility that help them to visualize deal with, and understand the situations with the real necessity that are realistically transferable and that have a great impact on achieving their goals and achieving success for the organization and continuing to work, and therefore the researched organization must provide specialized frameworks and training programs And the qualification necessary to develop the behaviors of patience, humility and objectivity among its doctors, by focusing on the tasks and duties assigned to them. Most of the answers of the respondents confirmed that the surveyed organizations can abide by the ethics of the health professions and realize them directly as one of the means through which the organization can achieve excellence compared to its competing organizations. Therefore, the researched organization must identify methods of building and enhancing its human resources awareness of ethics and Health professions based on the results of performance evaluations to diagnose the most important reasons behind the decline. The results of the analysis also revealed that the researched organization possesses ethical standards, principles, and laws that enhance its ability to deal with factors outside its control that hinder its various performance processes. Therefore, the researched organization must allocate some of its resources to send an informational message to its employees about the most important advantages you are trying to achieve through ethical standards, principles, and laws. The results of the analysis also showed that human capital behaviors play a prominent role in applying the ethics of practicing health professions for the researched organization, as it has used the behavior of humility, patience, and objectivity to enhance the conviction and desire of doctors to abide by laws, standards, and ethical principles, and therefore it is necessary to increase the interest of the organization in employing behaviors Human capital in applying the ethics of the health professions that must be followed within the framework of the environment in which they work, to benefit from the nature of the positive relationship in achieving its goals.

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