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DISTURBANCES WITHIN FAMILY AND SOCIETY AND THEIR EFFECT ON THE INCREASED MATERIALISTIC TENDENCIES AMONGST HEALTHCARE PROFESSIONALS

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ABSTRACT

Background: *The materialistic professionalism exhibited by working doctors, pharmacists, dentists, and other practitioners is determined by analyses of family and social factors. That is why it is crucial to identify these factors in order to construct effective approaches to prevent unethical behaviours regarding the patient's interest in favour of possible revenues.*

Aim: *The purpose of this study was to investigate how family and social factors influence the materialistic professional behaviour of Healthcare Professionals and to discover specific factors that are significant contributors to this trend so that this information could inform recommendations for improvements in healthcare practices.*

Methods: *The study design was a cross-sectional quantitative survey, participants included 300 healthcare professionals. The quantitative data was collected through an online close ended structured questionnaire that was constructed with Likert scale questions targeting family and social aspects. The study compared ten empirically proposed hypotheses concerning possible antecedents of materialism, including exposure to parental conflict over financial issues, childhood emotional neglect, economic instability during childhood, cultural background that is based on material nature, high parental expectations of financial success, media exposure to wealth glorification, consumer culture, desire for socioeconomic status improvements, peer influence, and organizational culture.*

Results: *The findings showed the total support of the ten hypotheses which means that there are significant relationships between materialistic professional behaviours and proposed family and social factors. The specific contribution of this research is that it brings together all these factors to explain what influences the materialistic inclinations of HC Pros systematically in an attempt to provide directions for possible appropriate strategies for promoting ethical behaviours in the healthcare sector in the future.*

Conclusion: *This study points out the significant modulating effect of family and society on materialism in health care professionals. These findings strengthen the role of healthcare organizations and policymakers in deepening professional values, principles and ethics in order to provide the highest levels of healthcare away from greed and materialistic tendencies.*

KEYWORDS: *Family factors, social factors, materialistic behaviours, Healthcare professionals.*

1. INTRODUCTION

In the current healthcare practice, materialism becomes one of the essential determinants of the actual behaviour of the representatives of the medical profession. Commissioned from the domain of psychology and in the light of values that value material acquisitions and profits more than inherent or other-oriented values, selfishness is said to have a bearing not only on daily existence but also to behaviour at work, ethical choices, and the interpersonal interactions of health practitioners with their patients (Moldes & Ku, 2020; Wilkinson & Lantos, 2018).

Combined with societal expectations toward financial success, the continuous commercialization of public health increases vital ethical concerns of health care workers and their patients (Kasser et al., 2006; Messerli, 2000). It is therefore important that more insight is gained about the interaction of different antecedents that lead to materialism in healthcare professionals and the subsequent impact on ethical practices as well as those hopeful for better improvements in their quality of life. A review of the literature has suggested that family factors, social factors, and culture play a centre role in the generation of materialism (Weaver et al., 2011; Burroughs & Rindfleisch, 2002; Promislo et. al., 2010). However, a similar number of articles that had significant consequences for the concept of materialism and its effects on the ethical standards of those in the healthcare profession do not appear to have sufficient empirical research that explores the long-term effects of materialism on the healthcare workplace. This research will thus try to address this gap by analysing how materialistic values are expressed amongst the health care professionals, what causes them, and what repercussions they have on patient care as well as their ethical choices.

1.1 Consequences of Materialism to Health Care Professionals

Materialism as a concept has attracted a lot of attention in the areas of consumer behaviour and psychology but little is known about this concept among health care profession. Earlier work has shown that medical employees' materialistic orientation produces ethical dilemmas concerning monetary gain as opposed to patient benefits (Fox, 2016; O'Brien et al., 2012).
For example, the healthcare workers may have a higher value to perform those procedures that have high economic returns regardless of the patients need (Promislo et al., 2010). This

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trend therefore leads to ethical concerns regarding motives for the health care decisions and the risk of patient care compromise.

Prior studies have indicated that increased levels of materialism are positively correlated to unethical works, for example upcoding, unnecessary treatments or even neglect of the patient (Lambert, 2009). Ones such behaviours do not only have adverse effects on a particular patient, but it is also indicative of how system level problems in the healthcare system can be facilitated (Chappell, 2003). Since health care professions perform important humanitarian tasks in society, it is important for everyone to be aware of some deviations and distortions that may affect these tasks and thus affect the nature and level of health services received by patients.

1.2 The Influence of Family on Materialism

Growing up in a family environment is one of the strong predictors of one's values and attitudes including materialism (Wang et al., 2022; Zhan, 2014). A relationship between parental materialism and children's views of money and achievement has already been identified by other scholars (Furnham & Haldor, 2007; Lee & Ahn, 2016). Children who grow up in homes that associate wealth with work success are likely to imbibe these beliefs in their work environment some of the time availing yourself of materialistic inclinations (Bennett, 2010).

Also, parents' beliefs about career decisions may significantly influence children's desires, directing them to particular occupations with better paid opportunities, even if they tend to violate regulations or are immoral (Rindfleisch et al., 2009). It is for such dynamics that heightened critique is appropriate in the exploration of the role of family in the construction of values and, in turn, the behaviour of the future generation of healthcare practitioners. But the picture that describes the connection between the family factors and materialism is not clear-cut. In this case, it is also crucial that one looks at the tenacity of people with non-materialistic orientation although they come from materialistic families (Piff et al., 2012). Such a complexity underlines the need for more investigation into how persons navigate the matter of family culture at the workplace, especially in career intensive sectors like the health sector.

1.3 Factors of societal culture and their effects on materialism

However, other external factors that are of social and cultural nature, strongly contribute to materialistic beliefs among health care employees. Evaluating consumer culture in many societies that's embracing reveals that people hold a belief that success is derived from the accumulation of money (Burroughs & Rindfleisch, 2002).

According to the Social comparison theory, people measure their selves based on the reference to other people and enhances the materialism effect (Dittmar, 2007). In the perspective of healthcare delivery, there will tend to be forces within the healthcare workers to perform success in as far as material wealth is concerned which shifts focus from the core mandate of the healthcare business (Promislo et. al, 2010). Furthermore, media plays a major role in how people perceive income and the allied ideas; such that, materialism is seen as something to be attained (Knoll et al., 2020; Rindfleisch et al., 2009). Self-exposure to such type of media can lead health care professionals to develop such values as a result of socialization and this would seem to create tension between the professional ethic and individual inclinations (Zhao et al., 2019). This relationship comes into question the part played by media literacy within truncation of influence of materialism within the healthcare niche.

Even more, the perceptions of materialism and its acceptance are verified and influenced by cultural norms regarding specific professions. In some cultural frames, acquisitive success, namely, financial success as long considered as definitive kind of achievement while in some other cultural frames, generosity and volunteerism does this (Messerli, 2000; Moldes & Ku, (2020). For that reason, it is important to comprehend these cultural features with regard to ethical models and designing strategies for the creation of an ethical and patient-sensitive treatment team among the representatives of healthcare occupations.

1.4 Research Gap

As it will be apparent, materialism has been explored in the existing literature but largely, there is still a relative dearth of research relating to materialistic values within healthcare settings. Much of the literature published to date is concerned with the consumer perspective; there is, therefore, a knowledge gap with regard to how such values impact on ethical decision-making and patient care in the health care environment (Chappell, 2003; Kasser et al., 2006). Besides, whereas previous literature has examined the effects of family and social factors on materialism, the interdependence of these factors and how they together may affect professional conduct in the healthcare field has received comparatively limited attention.

This gap is significant in the light of possible outcomes of materialistic values on patients and professional ethic. Thus, the knowledge of specific factors that promote or hinder the actions of healthcare professionals may help to maintain patient-centred perspectives in the rapidly marketized healthcare systems (Fox, 2016). However, these factors need to be researched not only in order to establish what kind of influence they exert, but also in terms of what their effects may be within the extended timeframe for health care professionals as well as for the overall health care system.

1.5 Research Question and Objective

1.5.1 Research Question

In response to the identified research gap in the literature, this research is set to answer the following research question:
In what ways does family and social influence foster materialistic professional behaviour in healthcare practitioners and what are the vice impacts from such behaviour on patients or ethical practice?

1.5.2 Research Objective

The aim of this present study is: *To explore the factors originating in the family and social environment that may shape*

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materialistic values in HCPS and evaluate possible consequences of such values for patient care and ethical practice within the health care industry.

In conclusion, the research analysed suggests that current and future professionals in the field of healthcare may become more materialist, and thus, issues related to materialism demand further academic attention regarding their effect on professional and ethical conduct as well as the quality of HC services.

2. LITERATURE REVIEW

The trends of materialistic professional behaviour among health care workers including physicians, pharmacists and dentists are gaining much attention from scholars because of its implications on different aspects including ethical decision-making, treating patients and overall ethical standards of all related professions. The factors that surface to explain materialism are therefore familial and social and are a combination of the two. This paper critically discusses these factors as well as their impacts on materialism behaviour, focusing on different perspectives and emerging discussions in the literature.

2.1 Family Factors as the Determinant of Materialistic Professional Conduct

Familial relationships affect the level of materialism in an individual, by so doing affects one's values. Some aspects of financial instability are deeply embedded throughout childhood and force the person to aggressively strive to achieve financial stability in adulthood. Mendolia, et al (2019) explain that when people endure economic struggle, the mindset that arises in this economy is the ability to associate money with stability. Nonetheless, Kasser, (2016) indicate that even though economic stress affects materialism, it is not the only factor; people own materialism has been said to be partly caused by personal psychological elements such as strength and flexibility. From this discussion, the study arrives at the first hypothesis:

Hypothesis 1*: Economic instability during childhood is significantly lead to materialistic professional behaviours amongst healthcare professionals.*

Conflict between parents, especially in the field of financial management also plays a role in increasing the level of children's tendency towards materialism. Wickrama et al. (2020) argue that often heard arguments about money may set children up to accept that conflict resolution is only possible through money. In contrast, Griskevicius et al. (2007) argue that some individuals may make an opposite shift in response to parental conflict and cease valuing material possessions as a resource to attain relationship goods, and instead might value relationships while rejecting materialism. This division raises the question about direction and degree of parental impact on materialistic behaviours, which leads to the following hypothesis:

Hypothesis 2*: Parental conflict concerning money has a positive correlation with materialist professional attitude.*

Child abuse through lack of affection makes children turned to seek affection through material wealth. Ramsey (2020) opine that since children with no emotional support to offer will resort to buying the things they need to fill this void.

On the other hand, Wang et al. (2022) argued that emotional neglect does not always result to materialism because some people seek for other ways to cope, which provide for call for more sophisticated characterizations of these links. Therefore, the next specific research hypothesis is formulated.

Hypothesis 3*: Childhood emotional neglect was also found to lead to materialistic professional behaviour in healthcare.*

Foremost the aim of parents and peers often sets materialistic behaviour since parents expect their children to become financially successful. According to Malik et al. (2013), high parental expectations expose children to rich careers regardless the ethical implications of doing so.

However, Richins and Dawson (1992) suggest that they do not all do, some may view the parents' expectations as enabling them to achieve financial success, as well as gaining personal ethics. Hence, the next specific research hypothesis formulated as follows:

Hypothesis 4: *While conducting the research, it became clear that high parental expectations of financial success have a positive correlation with materialistic professional behaviour among healthcare professionals.*

Other factors that come in handy in determination of materialistic professional behaviour include Cultural background and family values. Cultures altogether emphasizing wealth may thereby make healthcare professionals adopt materialism (Kasser, 2018).

However, Lee & Ahn, (2016) state that dimensional cultural differences may exist in terms to what is define as success, where some cultures may preferentially value the welfare of group over the richness of individuals. This debate implies the following hypothesis:

Hypothesis 5: *Cultural background that is based on material nature and considers the collection of money and wealth as a primary goal increases the level of materialism of health care professionals.*

2.2 Social Factors as Determinants of Materialistic Professional Conduct

Professional attitudes to materialism are influenced to a greater extent by social factors and include consumer culture, media exposure and peer pressure. In many societies there is a consumer culture that leads others to believe that success is stored in material gains.

According to Rindfleisch et al. (2009) consumer culture leads to societal culture that teaches people including healthcare personnel to value stuff as the primary measure of self-worth. However, Shrum et al. (2013) argue that everybody is not a 'consumer,' they agree that cultural values influence consumer culture but added that there is always resistance within the individual. The discussion of this argument supports the following hypothesis:

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Hypothesis 6: *Consumer culture is positively related to materialistic professional behaviour among the healthcare professional.*

Frequency of media use with regard to materialistic media content such as that which portrays wealth can cause materialism. Knoll et al. (2020) note that professionals can assimilate values espoused in material success media messages because the latter is frequently encountered.

On the other hand, Dittmar, (2007) posit that media literacy can help decrease the effects of materialistic depiction, with the competence of media can help in developing improved values. From this discussion the following hypothesis:

Hypothesis 7*: There was a found significant positive relationship between the amount of media exposure to wealth glorification and materialistic professional behaviour in healthcare.*

Another social influence the researchers have identified is the peer influence. Flynn et al. (2016) make it clear that materialistic peers force individuals to conform to such standards as a result of the pressure that is put on them to be materialistic within that setting as a result of the creation of collective materialistic work culture. And, however, Gentina at al., (2018) describe situations when peer support strengthens ethics, emphasizing the patient's need, thus, peer effect is not always unfavourable. The discussion of this argument supports the following hypothesis:

Hypothesis 8*: Peers influence focusing on materialism is positively correlated with materialistic professional behaviour of Medical Heath Care workers.*

Socio-economic status and desire for social mobility can and does lead to materialistic professional conduct. Piff et al., (2012) state that people from a low SES (Socioeconomic status) struggle to give more attention to monetary outcomes as ways of raising the social position. However, van der Wal et al. (2024) have identified that this has occasionally creates the understanding that these earnings are beneficial, and ethical concerns are forgotten in lucrative career paths arising concerns about the impact such ambitions. The hypotheses being considered in this discussion entail the following:

Hypothesis 9*: Desire for socioeconomic status improvements in a positive relationship with materialistic professional behaviour in healthcare.*

Last but not the least, materialism in the system and environment of health care professions can affect the professional growing up of materialist orientation. Cohen et al., (2014) opine that, when workplaces focus on increasing the financial returns, the healthcare professionals may have tendencies of prioritizing their financial aspects than ethical issues. Nonetheless, according to Davidson et al., (2018), the environments promoting collaboration and ethical practice can work as the countermeasures; suggesting that organizational culture plays the important role in forging the professional conduct. On the basis of this discussion the following hypothesis can be formulated:

Hypothesis 10*: Organizational culture* that gives priority to financial aspects and ignores ethical principles promotes materialistic professional behaviour of the members of the healthcare profession.

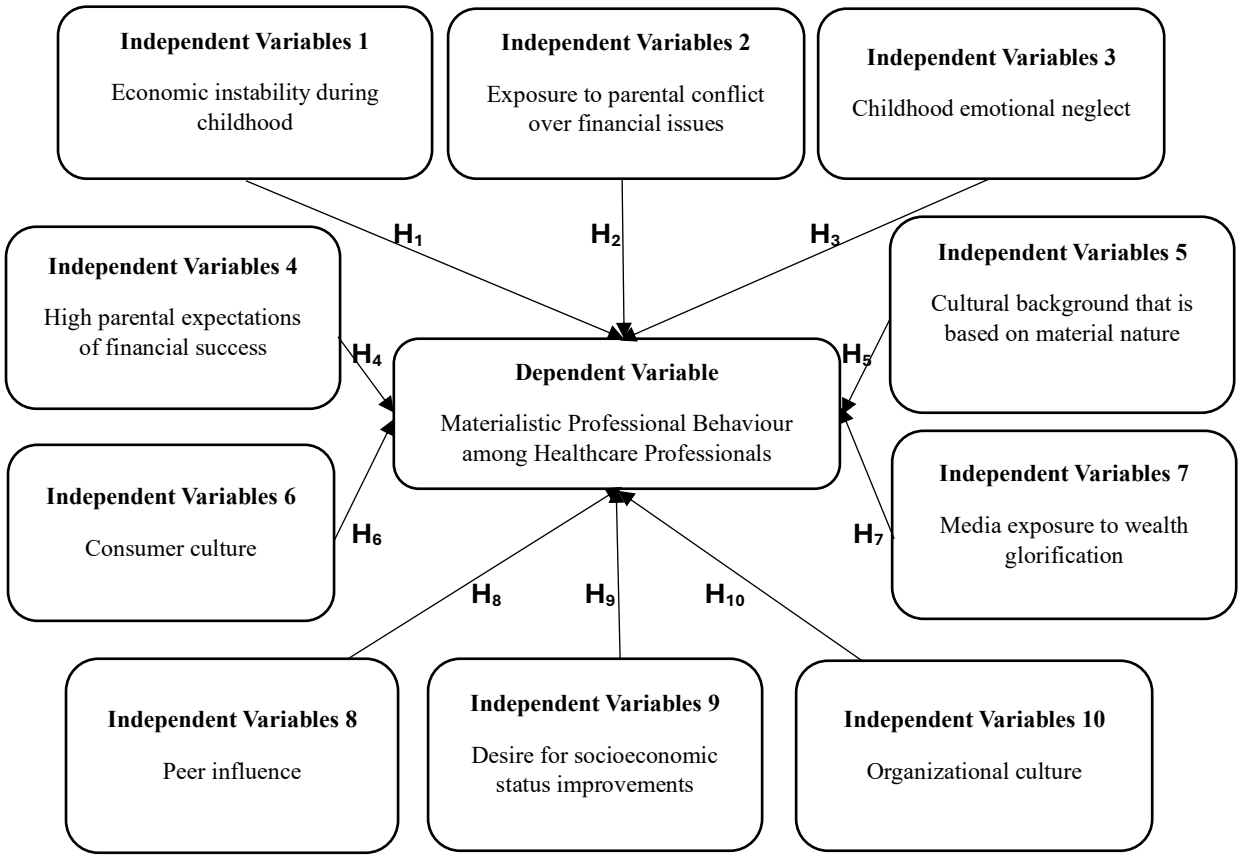
Overall, it can be concluded that many family and social factors have a positive relation with the materialistic professional behaviour of the healthcare professionals. Despite this evidence, there remains an absence of longitudinal literature studying materialism on professional integrity and patient results, which must be investigated.

3. RESEARCH METHODOLOGY

3.1 Conceptual Framework

This research is based on a conceptual model which focuses on the impact of several family /social factors (Indep. Vars.) on materialistic professional conduct (Dep. Var.) among health care professionals. The framework acknowledges that family background and also the social factors have considerable impact on materialistic orientations and behaviours in workplaces. The framework is shown below as outlined in figure 1.

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3.2 Participants

The targeted participants for this study will include health care practitioners that include and is not limited to, physicians, pharmacists, and dentist. The target population of this study consists of men and women aged between 18 – 40 years accessed from urban healthcare centres and the proposed sample size is about 300 employees. The participants have to fulfil the following requirements:

- Serving currently in their respective professions.
- Be at least one year working in an appropriate occupation or a related field.

The participation of diverse professionals will be useful in explaining how materialistic professional behaviour presents in different healthcare professions.

3.3 Participant selection and quality of responses

The questionnaires were administered to 420 professional people working in the field of family and community sciences, health care management as well as supervisors and managers because they give significant information of the factors causing materialistic behaviour among the physicians, pharmacists and dentists of the health care field.

These participants were sampled from universities, research institutions, and healthcare organizations in which they engage in academic or professional activities in family and social relations and health care institutions. From 420 questionnaires distributed, 367 were successfully filled, giving a response rate of 87.4%. Out of 367 respondents, 67 responses were invalid due to incomplete or wrong information, thus 300 valid responses were used to test the hypotheses and statistical data analysis to be conducted in MS Excel.

3.4 Data Collection Instrument

The primary data collection tool of this research is going to be a structured Questionnaire. This questionnaire will consist of three parts:

1. **Demographic Information**: All participant selected for the study will complete demographic data questionnaires that will include age, gender, number of years of experience, professional affiliation, and educational level.
2. **Family Factors**: This section will analyse the role of family values in the development of materialistic professional attitude. Questions will be used to assess the level of the independent variables.
3. **Social Factors**: In this section, perceived social pressure will strive to come up as an influential antecedent of materialistic professional behaviour. Questions will be used to measure the independent variables.

3.5 Questionnaire Distribution

In the case of the implementation of the questionnaire, choice will be made for Google Forms in order to make it easy to circulate and gather the responses to the questions that will need to be asked. The respondents will be contacted by email and via professional social networks with a link to the questionnaire.

The questionnaire will use 5 Likert type questions to elicit the respondent's perception about the role of family and social influences on their materialistic professional behaviour ranging from strongly disagree/disagree to strongly agree/agree.

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3.6 Data Analysis

The collected data were analysed using Microsoft Excel; the analysis applied regression test to compare the family and social factors with the materialistic professional behaviour, while the level of significance will be 0.05.

Altogether, the dataset collected 300 valid responses. To assess the validity and reliability of each of the proposed hypothesis and based on the results of the regression analysis we used their corresponding p-values and levels of significance.

The use of this research method seeks to gain an appreciation of factors that lead to materialistic professional conduct within the healthcare professionals and how family as well as social factors contribute towards the same so as to add value to ethical practice in healthcare.

4. RESULTS AND DISCUSSION

4.1 Results

The study was designed to establish the moderating effect of family and social factors on materialistic professional conduct among health care workers. Out of the participants, 300 responded to the questionnaire the research used statistical tools of regression analyses and test the ten hypotheses being proposed. The findings shown on the table 1 reveal that all the independent variables have significant correlation with materialistic professional behaviour.

Table 1: Results of Regressions Analysis

Hypotheses	Coefficient	P-value	Significance Yes/No	Decision Accepted /Rejected	Reason
Hypothesis 1	0.067749	0.000177	Yes	Accepted	P-value < 0.05. Economic instability during childhood has a positive influence on materialistic behaviour.
Hypothesis 2	0.053421	0.001665	Yes	Accepted	P-value < 0.05. Exposure to parental conflict over financial issues has a positive influence on materialistic behaviour.
Hypothesis 3	0.039792	0.033424	Yes	Accepted	P-value < 0.05. Childhood emotional neglect has a positive influence on materialistic behaviour.
Hypothesis 4	0.064987	0.000205	Yes	Accepted	P-value < 0.05. High parental expectations of financial success have a positive influence on materialistic behaviour.
Hypothesis 5	0.058346	0.000830	Yes	Accepted	P-value < 0.05, Cultural background that is based on material nature has a positive influence on materialistic behaviour.
Hypothesis 6	0.050643	0.005826	Yes	Accepted	P-value < 0.05. Consumer culture has a positive influence on materialistic behaviour.
Hypothesis 7	0.041637	0.020117	Yes	Accepted	P-value < 0.05. Media exposure to wealth glorification has a positive influence on materialistic behaviour.
Hypothesis 8	0.059673	0.000968	Yes	Accepted	P-value < 0.05. Peer influence has a positive influence on materialistic behaviour.
Hypothesis 9	0.064417	0.000356	Yes	Accepted	P-value < 0.05. Desire for socioeconomic status improvements has a positive influence on materialistic behaviour.
Hypothesis 10	0.091597	4.60E-07	Yes	Accepted	P-value < 0.05. Organizational culture has a positive influence on materialistic behaviour.

Table 1 shows that all hypotheses that concern the independent variables are accepted. This means that all of them impact materialistic-professional behaviour, given the coefficients and p-value < 0.05 for all of them. The positive signs of coefficients give a direct positive association of these variables with materialistic-professional behaviour.

These studies have implication for the stakeholders who are interested in countering materialism in health care organization especially through highlighting of ethics and self-achievement rather than material gain.

4.2 Discussion

This research finds the complete storyline of how various factors influence materialistic professional conduct among healthcare professionals while highlighting the key role of family and social factors. Every hypothesis analysed not only concerns specific experiences but also reveals patterns that can be observed in present society and affecting the values and orientations of providers of healthcare services.

First of all, the results were consistent with the first hypothesized claim referring to the idea of the presence of economic instability during childhood leads to the enhanced probability of materialistic professional behaviour. Through the questionnaire, participants provided very deep insights into the impact of economic instability on childhood experiences in financially leaning families and how this created a lasting passion for the material wealth of those families' children in adulthood. Such a conclusion can be explained in the light of the findings presented by Mendolia et al. (2019) who observed that economic stress leads to framing of financial security in terms of stability. These ideas suggest that childhood financial instability have a direct impact on shaping the bad financial experiences of future adults because people will work by all

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means to bridge the gap they lived in childhood and achieve well-being and financial success in adulthood.

In the same way, the second hypothesis which proposed a relation between children's exposure to parental conflict involving money matters was supported as well. Many respondents described often heated discussions concerning money issues within households and the memories influenced their attitudes and behaviour patterns. Wickrama et al. (2020) for instance tested the premise that children who grow up in such conflict-ridden homes may grow up with the impression that money is important for peace and this resonating with the results of this research. They identified the ways in which the experience of parent conflict influenced healthcare professional's relationships with money, to attain financial rewards as a way to resolve conflict in their workplace.

The third hypothesis received the most acceptance and the theme of emotional neglect was identified in a significant manner here. The study related the participants' responses on childhood emotional neglect to hoarding and validated the study conducted by Ramsey, (2020). In these persons, material objects functioned as nurturant objects, thereby pointing out the tenable psychodynamic theory of object substitution. This has underlined the importance of the early emotional feeding because the lack of it leads to the perverting of a person into a materialist.

Another variable that had a direct impact on the materialistic behaviour was the expectations from parents. This hypothesis that was the fourth also postulated high levels of support. Many participants had high expectations from parents on the aspect of financial success, and therefore, their principal consideration where income over ethical issues arose. According to Malik et al. (2013), such pressures can push children to choose high paying job over their values. Several participants said that there was pressure to run after the money, and in doing so often lost their bearings, so it can be concluded that parental expectations, even from childhood, can shape the standards of behaviour throughout a career.

Cultural context also came out strongly as another determinant of materialistic professional conduct, the fifth hypothesis having been approved. Healthcare professionals' cultural orientation that was in relation to wealth and money was one that brought out many testimonies from the participants in relation to cultural values that support greed and a materialistic culture. This is in support of the same observation made by Kasser, (2018) opining that a culture that supports accumulation of wealth makes the same the tendency of the same to be adopted. The above cultural narratives have repercussions; they mainly influence how these professionals perceive achievement and happiness within the course of their practice.

The consumer culture was the first external factor affecting the development of materialistic behaviours due to social factors. The sixth hypothesis showed that consumer culture in all its extent is directly related to materialistic professional conduct. Many respondents described through the questionnaire responses or through direct contact with them and discussing the topic that they are immersed in a declining societal culture that has come to associate human principles and value with material property, as pointed out by Rindfleisch et al. (2009). These pressured beliefs from society may change the principles that guide the profession to lean towards consumerism more, which leads to a deviation in professional behaviour and a deterioration in the quality of health services provided.

The seventh hypothesis posed test results that there is a direct relationship between the frequency of media exposure to wealth glamour and materialistic business demeanour. In these narratives, participants felt similar to Knoll et al., (2018), indicating that portrayals of wealth in media have altered their values. That said the findings support the argument that media operates as more than entertainment; it is a tool to adapt societal behaviour towards the idea assigned to it and drawn by the entities that manage that media institution.

Peer influence was found to be the other significant factor with the aid of the eighth hypothesis. As per the participants, healthcare professionals sometimes develop those values because they noticed that other people in society focus on those goals and achievements. In their article Flynn et al. (2016) underline the significance of peer influence in regulation of the individual behaviours, and this work supports this point of view. This pressure shows a typical example of how social relationships enforce people to adopt other's materialistic attitudes and perceptions within the course of workplace practice.

The hypothesis of the desire for socioeconomic status improvements was supported in the ninth hypothesis, which established that a desire for such mobility is positively associated with materialistic workplace conduct. Several people right from needy families reported feeling obliged to chase after money as a way of enhancing their socioeconomic status. Piff et al. (2012) explained that the people from these backgrounds tend to attach even more importance to the achievement in the realm of this aspect, and the discussions with the participants were rather illustrative of this.

In the final analysis, the last hypothesis that tested the effects of professionalism in the commercial environments (work context) where profits are over priories and ethics are underrated receive a strong positive support. Employees noted that remunerative rewarding by the workplace made them represent materialistic goals consistent with the study of Cohen et al., (2014). That is why the problem of organizational culture as an aspect that defines professional behaviour is so crucial; the idea is that the environments that focus on ethics and cooperation could balance the perverted materialist values.

Overall, the acceptance of all ten hypotheses confirms the complexity of interacting family and social factors in determining materialistic professional behaviour among HCPS. These results highlight the differences, which should contribute to the consideration of a broader range of solutions to combat materialism in healthcare organizations and promote non-material values to create proper conditions for ethical evaluation of practices in the healthcare sector for achieving

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personal satisfaction. Thus, becoming aware of the interactions between multiple levels of healthcare professionals' formation, stakeholders can promote personal and collective professionalism for the benefit of health consumers.

5. CONCLUSION

This paper gives basic information about the role of the family and social factors in materialistic professional behaviour of healthcare professionals. This fundamental discovery highlights those influences, such as economic fluctuations, the parent's conflict, and peer pressure, which create inherent materialized inclinations identified health-care facilities. Moreover, ten hypotheses formulated tentatively were assumed as the most relevant to the tendencies discerned; and, in general, the suggested hypothesis was confirmed, and the relationships between these factors and potential materialism of the health care providers were identified unambiguously. This means that values as held by the family and societies frequently assert influential control over the personal and professional values which holds an implication to ethical decisions and patient care services.

These findings have major implications for healthcare organizations and policy makers. Understanding how factors associated with family and social environment influence materialistic behaviour contributes to personal and organisational efforts to design interventions that may encourage healthcare professionals to embrace high ethical benchmark that responds to patients' needs. It is possible to suggest that, by creating conditions where ethical reasons are valued more than or even instead of monetary motivation, the hazards of materialism for health care professional's ethos can be reduced and/or prevented.

Nevertheless, there were limitations in the study since sources of data collected were self- reports, and the participants might provide inaccurate materialistic tendencies because of social desirability. Furthermore, the cross-sectional design continues to limit the generalization of studying relationships between the variables under consideration. Also, studies need to be conducted in relation to developmental research where studies can be done longitudinally with a view of determining change in materialistic values due to change in family and social factors. Moreover, qualitative research might shed more light concerning the other aspects of HCPs' experience of materialism and therefore can enhance the literature. Enlarging the study to other types of healthcare contexts and other participants may also enrich the results in advance of developing varied strategies for dealing with materialism in healthcare practice.

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