Journal of Risk Analysis and Crisis Response, 2024, 14(3), 390-403
https://jracr.com/
ISSN Print: 2210-8491
ISSN Online: 2210-8505

Article

Drivers of Ethical Behavior Disruption among Drugstore Retailers: An Investigation on Customers' Perspective

Md. Al Amin [1], Md. Shawfiqul Islam [2], Mahfuja Akter [1] and Sayed Azharul Islam [3,*]

[1] Department of Marketing, Jagannath University, Dhaka (1100), Bangladesh
[2] Department of Management Studies, Jagannath University, Dhaka (1100), Bangladesh
[3] Human Resource Management Discipline, Khulna University, Khulna (9208), Bangladesh
* Correspondence: azharulsayed@hrm.ku.ac.bd

Received: July 5, 2024; Received in revised form: September 22, 2024; Accepted: September 23, 2024; Available online: September 30, 2024

Abstract: In any retail store, it is necessary to maintain ethical behavior by the retailers by providing accurate information to the customer about the usefulness and side effects of the product, not inducing people in an unethical way to the customer so that the retailer can attract the attention of the customers. In addition, the dishonest behavior of drugstore retailers may lead to a massive health crisis in the community. Considering the novelty and significance of this issue, the current study aims to analyze the ethical behavior disruption of drugstore retailers. Quantitative research design has been utilized to analyze drugstore retailers' ethical behavior disruption from the viewpoint of consumers. A structured questionnaire was delivered to 219 customers using a convenient sampling technique. The PLS-SEM was utilized for data analysis. It is identified that the independent variables like easy access to antibiotics, charging higher prices, and selling expired medicine are responsible for the disruption of the ethical behavior of the drugstore retailers. In conclusion, it is noteworthy that the drugstore retailers in Bangladesh are not maintaining ethical behavior towards the customers, which is unacceptable. The paper strives to assist policymakers, particularly the Ministry of Health, in formulating strategies to combat the unethical practices of drugstore sellers in Bangladesh. Furthermore, future research might be conducted from the standpoint of different retailers.

Keywords: Ethical Behavior; Disruption; Drugstore Retailers; Bangladesh

1. Introduction

In this era, consumers heavily rely on retail businesses and their ethical standards since ethical behavior fosters trust and loyalty among consumers [1]. Ethics refers to an individual's moral judgment about right or wrong [2]. Islam [3] states that business ethics differs from market to market, country to country, and society to society. However, retailers can build a mutual relationship between the seller and the customers through trust-based collaboration [4, 5]. If the retailer gains customer loyalty through repurchasing, it will create a tremendous competitive advantage for the retailers [6]. When the salesperson sells a product to the customer in an unethical way, business may gain a profit in the short run, but in the long run, the seller will not be trusted [7]. Hence, a salesperson's ethical behavior is anticipated to play a crucial role in maintaining a long-term relationship between the buyer and seller [8]. Long term relationship is so important because

Rahman [9] argues that retailing is not about maximizing profit but about sustaining the market for a longer time using ethical practices.

It is widely accepted that the primary purpose of business ethics is to guide the business about the codes of ethics that can establish trust and confidence among potential customers to buy goods and services from specific stores [2]. Riana [10] finds that the ethical behavior and attitude of individuals in an organization or any business can impact the decision-making capacity of individuals. Hazrati et al. [11] also mention that unethical behavior of the salesperson occurs when the salesperson provides inaccurate information about the product and its uses and sells more products to the customer when the customer doesn't need the product. Customer trust is the base of any long-term relationship and is the critical determinant of any relational commitment. However, unethical practices create distrust between buyers and sellers. Drugstore retailers are often accused of various kinds of unethical behaviors.

Since medical products are susceptible, a simple unethical practice may damage public health. Unfortunately, minimal evidence exists in the existing literature on this area, to the best of the knowledge of the researchers of the current study. So, this study aims to fill this knowledge gap by identifying the drivers of ethical behavior disruption among drugstore retailers based on customers' perspectives. Hence, the main objective of this research is to identify whether drugstore retailers maintain ethical behavior.

The purpose of this study is to find out the behavior of drugstore retailers towards customers. Through this study, the authors would like to determine whether the drugstore retailers maintain ethical behavior towards the customers. According to a survey, 70 percent of people's deaths in the ICUs happen because of AMR, which is known as "Antimicrobial Resistance" infections [12]. Antimicrobial resistance is a situation where bacteria and viruses are much more potent against medicinal interventions. Moudud [12] finds that the consumption of antibiotics in Bangladesh has been increased by 30.81% compared to the last two years. Partha [13] also argues that due to the overuse of antibiotics, the E-coli bacteria responsible for many diseases are much more potent than before. Drug retailers say that they sell antibiotics because they work better and faster, so people come to a similar shop to buy them, which is profitable enough. Studies argue that the drugstore retailers do this unethical selling practice not only to make money but also to increase customer loyalty [12].

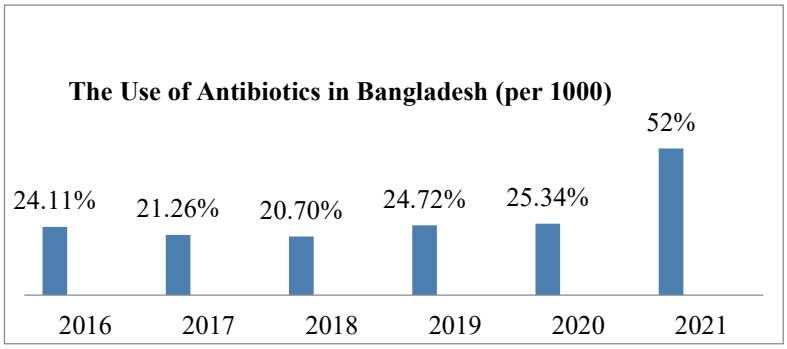

Figure 1. The use of antibiotics in Bangladesh from 2016 to 2021 [14].

Nowadays, the rate of Pneumonia disease is increasing alarmingly, and the treatment of this disease is done by the overuse of antibiotics that are offered either by doctors or drug retailers [15]. The overuse and misuse of antibiotics create a super-bag; thus, the existing antibiotics no longer

protect people from different diseases, creating a pandemic situation. The retail drug shop market in Bangladesh is highly unregulated and unaccountable. Hence, this situation is responsible for motivating the irrational use of drugs which in fact increases the financial expense on public health by increasing the aggregate demand and the price of the medicines. Additionally, majority of the salespersons operate retail drug shops with no formal dispensing training. For instance, Begum et al. [16] find that many dispensing training courses for drug shop attendants are being introduced in Bangladesh; however, very limited number of them received trainings on running a retail drugstore.

2. Literature Review

2.1. Ethical Behavior

The term ethical behavior is used widely, including both ethical and unethical behavior [17]. Additionally, Adams et al. [18] say that the organization should introduce ethical codes and conducts as the signals of moral behavior. To discuss the importance of ethical behavior, Nagashekhara et al. [19] say that there are many controversies about the necessity of ethics in the business sector and also in different professions. The primary purpose of business ethics is to guide the staff about the codes of ethics that can establish confidence among the general public to buy goods and services from certain stores [2]. Kethan et al. [1] claim that customer retention is even more important than attracting new customers. They added that when the salesperson ethically induces the customers, it can build not only customer trust but also customer loyalty. Moreover, retailers should take more initiative to satisfy the customers by providing trade fair and authentic products to the customers [20]. Hence, knowledgeable managers are looking forward to holding customer loyalty because customer satisfaction does not mean that the customer will repurchase in the near future [6, 21].

2.2. Outcome of Ethical Behavior

A salesperson's ethical behavior is anticipated to play a crucial role in maintaining a long-term relationship between the buyer and seller [7, 8]. The value of high customer loyalty tends to reduce marketing costs because they have more excellent customer retention and more new customers [20, 22]. Customer loyalty and customer satisfaction are considered to gain a competitive advantage in this competitive world [23]. Customer trust is the base of any long-term relationship and one of the most critical determinants of any relational commitment. Thomas et al. [24] state that customers can easily understand the store's quality and image during direct interaction with the seller. However, ethical behavior can enhance profitability, growth, and sustainable development [6, 25]. At present, organizations take CSR or corporate social responsibility to attract customers' attention and retain their loyalty. Retailers can build a mutual relationship between the seller and the customers through a trust-based collaboration process [4, 5].

2.3. Factors Influencing the Ethical Behavior

Demographic variables such as age, working area, level of education, gender, and so on may influence ethical judgment, ethical intentions and perceived ethical intensity [26, 27]. Kethan et al. [1] state that customers decide to switch due to insufficient information, poor services and poor quality of products. Mohiuddin et al. [28] also argue that pharmaceutical companies use promotional

activities to induce physicians to prescribe and distributors to induce the local dispenser to sell more medicines to the customers. Though it is normal that advertising is used to inform, persuade, and remind consumers about existing or new products [29], the case should be different in terms of medicine business. Nowadays, pharmaceutical companies spend 15% to 25% of their promotional budget on expensive gifts to renowned doctors to induce them [28]. Unethical advertising has become a highly criticized topic in today's world [30]. Kotler [31] claims that advertising should be corrected; not be deceptive and unethical. Awal and Saidy [32] state that 97% of the total drug requirements are fulfilled by the existing pharmaceutical companies in Bangladesh. Majedul [30] says, in Bangladesh, there are 265 allopathic drug companies, and among those, thirty have maintained large-scale production. Due to this high competition, the existing pharmaceutical companies are using unethical promotional practices. Islam [33] also adds that because of the irrational production system, there is easy access to different drugs by retailers even if there is an inappropriate use of medicines and irrational prescribing. In addition, the drugstore retailers are often found to sell injections, antibiotics, suppositories and many sophisticated drugs without any proper prescription for making profit which is stimulated by unethical promotional activities by the companies [34].

2.4. Consequences of Unethical Behavior

Hazrati et al. [11] state that unethical behavior occurs when the salesperson provides inaccurate information about the product and sells excessive products beyond the requirements of prescription. Selling a product to the customer in an unethical way, a seller may gain profit in the short run, but in the long run it will lead to a negative result in reputation [7]. Lindenmeier et al. [35] show that the pharmaceutical industry is booming day by day. From the viewpoint of Smith [36], as consumer sovereignty increases gradually, it provides a harsher consumer reaction to unethical corporate conduct. Consumers even boycott essential products due to unethical corporate conduct [37]. A study by Lindenmeier et al. [35] depicts that most consumers use over-the-counter drugs in the whole world, and the percentage is very high in the Asian sub-continent rather than the European continent.

2.5. Measurement of the Disruption of Drugstore Retailers' Ethical Behavior

Begum et al. [16] state that unsafe use of medicine, taking medicine without a prescription or not following the prescription, and random use of antibiotics are widespread in Bangladesh. The retailers of the traditional pharmacy shop also allow those things. Afsana [38] argues, in the LDCs, it is ubiquitous for people to take advice from the drug shop attendees because they think it saves their time and money. Customers believe that the medicine will work very fast, and they have an unreal fascination with drugstore retailers, and this fascination is taken for granted by shop attendants [39]. In most less-developed countries, medicine is available and sold over the counter without a prescription [34, 40]. Furthermore, Consumers purchase the drugs for acute and chronic illnesses over the counter without knowing the actual reason for their illness. The main reasons behind this situation are lower per capita income, poor literacy rate, environmental degradation as well as the familiarity of the drug retailers and the increasing production level of pharmaceutical drugs [39].

2.6. Hypothesis and Conceptual Framework

Around 68% of patients visit pharmacies without a doctor's prescription, and 15 Lakh people take antibiotics without any prescription [40]. According to Moudud [12], the consumption of antibiotics in Bangladesh has increased by 30.81% compared to the last two years. The overuse and misuse of antibiotics create a super-bag, so the existing antibiotics are no longer enough to protect people from different diseases and create a pandemic situation. Rousham et al. [41] find that the main factor for antibiotic resistance in Bangladesh is the easy access to antibiotics to the customer through over-the-counter drugs from traditional drugstores. Fahad et al. [42] also find that antibiotics are one of Bangladesh's most expensive and costly medicines. The relevant prices of the medicines are already recorded in the national drug policy, but the retailers charge unofficial prices for medicines [43]. The retail drug market in Bangladesh is highly unregulated and unaccountable as well, as they are responsible for motivating the irrational use of drugs, and they also increase the financial expense on health by raising the price of the medicines. Begum et al. [16] explore that many dispensing training courses for drug shop attendants are being introduced in Bangladesh. Still, those training courses are not maintained because of poor management system. Additionally, the illiterate customers believe that the medicine given by drugstore retailers will work quickly [39]. Based on the above discussion, the hypotheses can be formulated as follows:

H1: There is a significant positive relationship between easy access to antibiotics and the disruption of drugstore retailers' ethical behavior.

H2: There is a significant positive relationship between charging irrelevant prices and the disruption of drugstore retailers' ethical behavior.

H3: There is a significant positive relationship between keeping and circulating expired medicine and the disruption of drugstore retailers' ethical behavior.

H4: There is a significant positive relationship between the drugstore retailer's knowledge gap and the disruption of drugstore retailers' ethical behavior.

H5: There is a significant positive relationship between Illiterate customers and the disruption of drugstore retailers' ethical behavior.

2.7. Conceptual Framework

Figure 2. Conceptual framework of dependent and independent variables.

3. Materials and Methods

3.1. Research Design

A quantitative study has been conducted to determine whether drugstore retailers maintain ethical behavior towards their customers. This study also tries to depict the necessity of ethical behavior of drugstore retailers and the impact of unethical behavior across the whole country. This study used quantitative research to determine the customers' viewpoints towards drugstore retailers.

3.2. Population and Sampling

The convenient sampling approach was used to gather data cost-effectively and promptly. Additionally, it is challenging to get responses from customers randomly. 219 responses were taken from customers to fulfill the purpose of the study. Among those responses, more than half were collected from graduate-level students through an online survey, and the rest of the responses were taken from the older adults of our society through scheduling. Students who had ideas regarding unethical practices and had experienced unethical behavior while purchasing from drug retailers were chosen for the survey. The responses from the older were collected from hospitals where they were attending to relatives who had been hospitalized with an illness. Attendants or family members are mainly responsible for purchasing the drugs according to the prescription, and they have ideas about unethical behavior.

Table 1. List of Instruments and Variables.

Variables	Item statement	Source
Antibiotic	Providing antibiotics without any prescription doesn't have proper knowledge about the antibiotic and doesn't know the side effects of the antibiotics. It is a widespread phenomenon in our country.	Hossain et al. [44]; Fahad et al. [42]; Rousham et al. [41]; Ahmed et al. [43]; Chowdhury et al. [45]; Raihan et al. [46].
Price	Higher prices for antibiotics and different prices for different times of the day are charged, some charge higher prices for particular medicines, and some charge relevant prices for medicine.	Afsana [38]; Lindenmeier et al. [35].
Expire Date	Retain expired medicine in drugstores, provide it to the illiterate, take advantage of the illiterate, and don't send those expired medicines to the pharmaceutical company.	Islam [47]; Ahsan et al. [48].
Degree	Haven't any pharmacist degrees and don't have proper training, so they don't have accurate knowledge about medicine, and there is enough corruption.	Islam [33]; Begum et al. [16].
Illiteracy	Illiterate people encourage them to do unethical behavior, take advantage of illiterate people so that they can use them for profit; they induce them to buy more medicine.	Roy [49]; Moudud [12].
Ethical Behavior	Whether they maintain ethical behavior or they don't maintain ethical behavior.	Adams et al. [18]; Trevino et al. [17]; Gundlach and Murphy [8]; Brunk [2].

3.3. Measurement

A structured questionnaire was employed to gather the primary data, and the PLS-SEM technique was utilized to analyze the data. The utilization of the PLS-SEM method was justified due to the latent characteristics of the variables, which hindered direct measurement. The primary factors of interest in this research are ethical behavior, which serves as an endogenous variable and

charging higher prices, keeping and circulating expired medicine, retailers' knowledge gap, illiterate customers, and easy access to antibiotics are exogenous variables. Each measurement system was assessed using a five-point Likert scale.

3.4. Instrument and Variables

The survey consists of 6 variables; 5 are independent variables such as antibiotics, price, expiration date, degree, and illiteracy, shown in Table 1. Ethical behavior is the only dependent variable in this study.

4. Results

4.1. Respondents Profile

The survey received 219 responses, comprised of 162 males (74%) and 57 females (26%). Around 79% of the respondents were students, 16% were job holders, and 5% were homemakers. Regarding age, 78% of respondents fall below the 25-year range, 6% are from 26 to 35 years old, 4% are from 36 to 45 years old, and 12% are from 45 and above.

4.2. Measurement Model

Table 2. Measurement Model Statistics.

Items	Factor Loading	M	SD	Cronbach's alpha	Composite reliability	AVE
EBD1	0.866	4.215	0.658	0.859	0.859	0.781
EBD2	0.891	4.160	0.653			
EBD3	0.894	4.233	0.686			
ILLC1	0.837	4.055	0.744	0.817	0.821	0.731
ILLC2	0.873	4.114	0.716			
ILLC3	0.855	4.114	0.620			
AN1	0.877	4.137	0.669	0.821	0.841	0.735
AN2	0.869	4.100	0.714			
AN3	0.825	3.941	0.823			
KG1	0.857	3.977	0.773	0.818	0.831	0.731
KG2	0.855	4.073	0.796			
KG3	0.853	4.114	0.777			
HP1	0.854	4.073	0.802	0.830	0.846	0.661
HP2	0.826	3.858	0.948			
HP3	0.766	3.950	0.928			
HP4	0.803	4.050	0.818			
KSEM1	0.753	4.018	0.844	0.832	0.847	0.664
KSEM2	0.829	4.087	0.792			
KSEM3	0.832	4.023	0.791			
KSEM4	0.843	3.927	0.830			

Note. EBD= Ethical Behavior Disruption, ILLC= Illiterate Customer, AN= Easy Access to Antibiotics, KG= Retailers Knowledge Gap, HP= Charging Higher Price, KSEM= Keeping and Selling Expired Medicine, AVE = Average Variance Extracted.

The current research uses measurement model testing to assess construct and internal consistency reliability and validity (AVE), as shown in Table 2. The recommended threshold for two reliability measures, α and rho_A, is 0.700 or more [50]. Table 1 displays that the α and rho_A values are above the threshold. The findings indicate that all constructs have reliability ratings over 0.700, which suggests they surpass the limit values for α and rho_A. Additionally, the convergent validity test assesses the AVE, which must be > 0.500, the average value of the squared loadings of the items related to the construct. AVE values are 0.781, 0.731, 0.735, 0.731, 0.661, and 0.664 for ethical behavior disruption, illiterate customers, easy access to antibiotics, retailers' knowledge gap, charging a higher price, and keeping and selling expired medicine, respectively.

Table 3. Heterotrait-monotrait ratio (HTMT) – List.

HTMT ratio	
Easy Access to Antibiotics <-> Charging Higher Price	0.707
Ethical Behavior Disruption <-> Charging Higher Price	0.706
Ethical Behavior Disruption <-> Easy Access to Antibiotic	0.787
Illiterate Customer <-> Charging Higher Price	0.685
Illiterate Customer <-> Easy Access to Antibiotic	0.745
Illiterate Customer <-> Ethical Behavior Disruption	0.608
Keeping & Selling Expired Medicine <-> Charging Higher Price	0.656
Keeping & Selling Expired Medicine <-> Easy Access to Antibiotic	0.545
Keeping & Selling Expired Medicine <-> Ethical Behavior Disruption	0.579
Keeping & Selling Expired Medicine <-> Illiterate Customer	0.578
Retailers Knowledge Gap <-> Charging Higher Price	0.778
Retailers Knowledge Gap <-> Easy Access to Antibiotic	0.714
Retailers Knowledge Gap <-> Ethical Behavior Disruption	0.581
Retailers Knowledge Gap <-> Illiterate Customer	0.567
Retailers Knowledge Gap <-> Keeping and Selling Expired Medicine	0.684

Table 4. Fornell-Larcker criterion.

Variables	AVE	Charging Higher Price	Easy Access to Antibiotic	Ethical Behavior Disruption	Illiterate Customer	Keeping & Selling Expired Medicine	Retailers Knowledge Gap
Charging Higher Price	0.661	0.813					
Easy Access to Antibiotic	0.735	0.588	0.857				
Ethical Behavior	0.781	0.606	0.673	0.883			
Illiterate Customer	0.731	0.569	0.606	0.510	0.855		
Keeping & Selling Expired Medicine	0.664	0.547	0.455	0.498	0.485	0.815	
Retailers Knowledge Gap	0.731	0.638	0.588	0.494	0.459	0.556	0.855

The HTMT and Fornell-Larker Criteria were used to measure the discriminant validity in Tables 3 and 4. The results of the HTMT ratio provide additional evidence that the constructs possess strong discriminant validity, as all HTMT values are less than 0.850 [50]. For the Fornell-Larker Criteria, AVE's square root was compared to the link of latent variables as part of the discriminant validity test; the AVE has a higher correlation value than the other constructs, thereby supporting the threshold [50]. Hence, all the constructs exhibit favorable levels of discriminant validity.

4.3 Structural Model

Analyses of structural models depend on the VIF, R2, path coefficient values, and Q-square, which are obtained from PLS and depicted in Tables 5, 6, and 7. As part of the structural model assessment, the first step is to assess the multicollinearity through VIF. VIF values were less than the recommended threshold of 3, indicating no multi-collinearity issues [50].

Table 5. VIF Values.

	VIF
Charging Higher Price -> Ethical Behavior Disruption	2.171< 3.000
Easy Access to Antibiotic -> Ethical Behavior Disruption	2.029< 3.000
Illiterate Customer -> Ethical Behavior Disruption	1.844< 3.000
Keeping & Selling Expired Medicine -> Ethical Behavior Disruption	1.670< 3.000
Retailers Knowledge Gap -> Ethical Behavior Disruption	2.069< 3.000

Note: VIF: Variance Inflation Factor.

Next, model explanatory power is assessed. The R-square value for the endogenous variable is 0.526 in the study. The R square values are moderate to substantial [50]. Predictive relevance was assessed by using the Q square value. The Q square values of the endogenous constructs are 0.491. The Q square values in the study can also be described as moderate to substantial [50].

Table 6. R-square Value.

	R-square	**Q^2 predict**
Ethical Behavior Disruption	0.537	0.491

Table 7. Path coefficient statistics.

Hypotheses	**B**	**SD**	**t values**	**p values**	**Result**
H1: Easy Access to Antibiotic -> Ethical Behavior Disruption	0.452	0.089	5.054	0.000	Supported*
H2: Charging Higher Price -> Ethical Behavior Disruption	0.264	0.100	2.645	0.008	Supported*
H3: Keeping & Selling Expired Medicine -> Ethical Behavior Disruption	0.155	0.075	2.079	0.038	Supported*
H4: Retailers Knowledge Gap -> Ethical Behavior Disruption	-0.040	0.087	0.456	0.648	Not supported
H5: Illiterate Customer -> Ethical Behavior Disruption	0.029	0.075	0.387	0.699	Not supported

*Relationships are significant at $P < 0.05$, B = β Coefficient, P = Probability (P) value.

To determine the connection between the variables under investigation, the path coefficient value is utilized to test hypotheses, as summarized in Table 7. H1 evaluates whether there is an

association between easy access to antibiotics and disruption of ethical behavior. The result revealed that easy access to antibiotics significantly impacts ethical behavior disruption (β = 0.452, t = 5.054, p = 0.000). Hence, H1 was supported. Then, H2 evaluates that charging a higher price significantly impacts the disruption of ethical behavior (β = 0.264, t = 2.645, p = 0.008). Thus, H2 is supported. Next, H3 evaluates that keeping and selling expired medicine significantly impacts the disruption of ethical behavior (β = 0.155, t = 2.079, p = 0.038). Therefore, H3 is also proved. After that, H4 evaluates that retailers' knowledge gap insignificantly impacts disruption of ethical behavior (β = -0.040, t = 0.456, p = 0.648). Thus, H4 is not supported. Finally, H5 assesses that illiterate customers insignificantly impact the disruption of ethical behavior (β = 0.029, t = 0.387, p = 0.699), indicating H5 is rejected. Based on the analysis, the research framework, including the path coefficients, is shown in Figure 3.

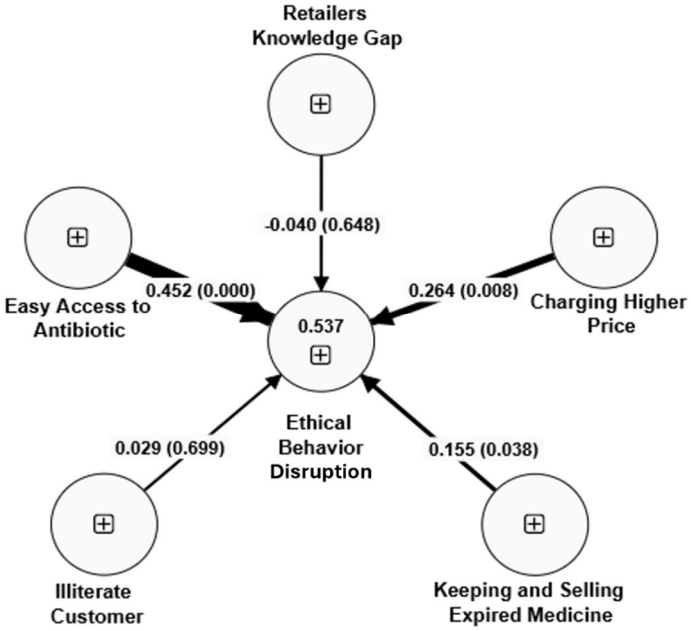

Figure 3. Research Model.

Positive path coefficients are determined between exogenous and endogenous variables for the relationship between easy access to antibiotics, charging higher prices, keeping & selling expired medicine and ethical behavior disruption. As indicated by H1 (t = 5.054, p < 0.05), easy antibiotic access causes ethical disruption to retailers. Previous researchers also found retailers often sell antibiotics without a prescription [41]. Then, the intention to charge higher prices is also responsible for ethical disruption (t = 2.645, p < 0.05). In reality, the retailers sell medicine at the highest retail price, though they get a commission for their sales volume and purchase medicine at a much lower cost than the maximum retail price. After that, keeping & selling expired medicine seems responsible for ethical disruption, as indicated by the result (t = 2.079 and p < 0.05). The results also show that retailers' knowledge gap and illiterate customers are not perceived as the reasons behind unethical conduct.

5. Discussions and Conclusions

The study is conducted to identify the drivers of ethical behavior disruption in drugstore retailers. To find out the outcome, customer's perception was considered to measure the moral behavior of the drugstore retailers. From the customer's perspective, three variables significantly impact the disruption of drugstore retailer's ethical behavior. These variables are easy access to antibiotics, charging higher prices, and keeping and selling expired medicine. Since antibiotics are readily available, expensive retailers sell them without a prescription or often advise customers to take them. Again, the expiration date has a positive impact on unethical behavior. Usually, drugstore retailers provide expired products to people because most people in our country don't know how to check the expiry date to justify whether the medicine has a working date. Finally, retailers often sell expensive medicine to gain high commissions. However, the same generic medications are available at a lower price. In addition, they try to charge the highest retail price of the medicine, though they can keep it less since they also earn commission. Often, they provide different drugs to gain more profit and take the highest retail price. They charge higher prices for the antibiotics to gain much profit by selling the antibiotics in a single moment. In a nutshell, there is no doubt that drugstore retailers are engaging in unethical behaviors to sustain themselves in this growing market. They are self-centered, which is not acceptable at all.

Nowadays, the range of death in ICU is very high because, after the operation, the human body can't take the usefulness of the antibiotics which are given from outside. After all, antibiotic resistance is already set in the human body. Antibiotic resistance is more potent than many antibiotics that pharmaceutical companies make. It is anticipated that many people will die shortly due to antibiotic resistance, and if the present situation continues, then the future will be dangerous. In our country, over-the-counter sales should be stopped right now to prevent future pandemics. Also, charging a high price is an apparent ethical disruption. Most often, retailers charge customers the highest retail price to get more sales commission and profit. If a medicine is short in supply, retailers usually take higher prices. Additionally, the tendency to store and sell expired medicine has increased. Retailers often try to sell expired medicine to a poorer section of customers who seem to lack education or insight into the production or expiration dates.

Consequently, the government should take proper initiatives to inform the citizens about the consequences of antibiotics and the ethical behavior disruption of drugstore retailers to encourage not buying non-prescription medicine from the drugstore retailers.

Overall, the independent and dependent variables have a positive relationship. The dependent variable highly influences the independent variables, and there is a positive correlation between the independent and dependent variables. Through this study, it is identified that the independent variables positively impact the disruption of the ethical behavior of drugstore retailers. This study shows that drugstore retailers do not maintain the moral behavior that is highly needed in this business. If drugstore retailers provide the wrong medicine to people without any prescription, it may create a disaster for certain people, and they may die due to inaccurate medicine. In this sector, the business should be authentic enough, and there should be no opaque. But in our country, there is enough obscure information about this business. So, it is time to consider the nation's health by taking initiatives against those drugstore retailers who are not maintaining ethical behavior.

Despite some groundbreaking findings, the current study also confesses to some limitations. The study used a convenience sampling technique, and the sample size was too small, which may not represent reality of the entire population. The data may not represent the entire country because

of the socio-demographic differences of various locations. Hence, we suggest a study of a mixed approach, collecting a rich data set to understand the entire reality. We need more qualitative studies to explore potential unknown variables and policy forward. Future studies may also focus on getting insights from doctors, pharmacists, health economists, social scientists, pharmaceutical companies, policymakers, and other stakeholders to tackle the ethical behavior disruption of drugstore retailers.

Acknowledgements: The authors would like to thank all the respondents who provided valuable support responding.

Funding: This research received no external funding.

Conflicts of Interest: The authors declare no conflict of interest.

References

[1] Kethan, M., & Basha, M. (2022). Relationship of Ethical Sales Behavior with Customer Loyalty, Trust and Commitment: A Study with Special Reference to Retail Store in Mysore City. East Asian Journal of Multidisciplinary Research, 1(7), 1365-1376.

[2] Brunk, K. H. (2010). Exploring origins of ethical company/brand perceptions—A consumer perspective of corporate ethics. Journal of business research, 63(3), 255-262. https://doi.org/10.1016/j.jbusres.2009.03.011

[3] Islam, K. (2016). Can Ethical Business Strategy Influence Consumers' Buying Behavior and Loyalty: Marks and Spencer PLC? https://doi.org/10.5296/csbm.v3i1.9471

[4] Dayal, M., Parmar, D., Ali, M., Dhawan, A., Dwivedi, U. N., & Seth, P. K. (2001). Induction of rat brain cytochrome P450s (P450s) by deltamethrin: regional specificity and correlation with neurobehavioral toxicity. Neurotoxicity research, 3, 351-357.

[5] Elbeltagi, I., & Agag, G. (2016). E-retailing ethics and its impact on customer satisfaction and repurchase intention: a cultural and commitment-trust theory perspective. Internet Research, 26(1), 288-310. https://doi.org/10.1108/IntR-10-2014-0244

[6] Tuan, N. M. (2015). The impact of ethical sales behavior on customer loyalty: A case from Vietnam. International journal of business and managemhttps://pdfs.semanticsent, 10(3), 152. https://doi.org/10.5539/ijbm.v10n3p152

[7] Pezhman, R., & Kazemi Mahyari, H. (2015). Proposing and analyzing a model for the influence of ethical sales behavior on customers loyalty with a case study in Parisian insurance company. Journal of Marketing Management, 10(29), 21-39.

[8] Gundlach, G. T., & Murphy, P. E. (1993). Ethical and legal foundations of relational marketing exchanges. Journal of marketing, 57(4), 35-46. https://doi.org/10.1177/002224299305700403

[9] Rahman, M. (2023). A Study on Financial Aspects of BEXIMCO Pharmaceuticals Limited in Bangladesh. Journal of Business, 8(01), 15-27. https://doi.org/10.18533/job.v8i01.292

[10] Riana, I. G. (2021). The important role of ethical behavior in improving customer loyalty. Human Systems Management, 40(3). https://doi.org/10.3233/HSM-190588

[11] Hazrati, S. S., Zohdi, M., Zohdi, M. H., Seyedi, S. M., & Dalvand, M. R. (2012). Examining impacts of the salesperson's ethical behavior on the customer's satisfaction, trust and commitment. African Journal of Business Management, 6(14), 5026.

[12] Moudud, A. (2020) daily star, date Jan 13, 2020. Antibiotics use, sale: who needs prescription? *The Daily Star*. https://www.thedailystar.net/frontpage/antibiotics-use-and-sale-in-bangladesh-without-prescription-continues-1853359

[13] Partha, S. S. (2021, November 26). 12 Antibiotics are ineffective against a single organism. *Prothom Alo.* https://www.prothomalo.com/bangladesh/

[14] Antibiotic use has increased by 32 percent in three years. (2023, October 30). *Jugantor.* https://www.jugantor.com/national-others/734311

[15] Moinuddin, M. (2023, March 12). Antibiotic control is required. *Kalerkantho*. https://www.kalerkantho.com/print-edition/sub-editorial/2023/03/11/1260091

[16] Begum, M. M., Rivu, S. F., Iqbal, M. Z., Tabassum, N., Nurnahar, Uddin, M. S., ... & Rahman, M. S. (2021). Comparison of the Knowledge and Practices in Medicine Dispensing between Retail Medicine Shops and Model Pharmacies in Dhaka Metropolis. Advances in Public Health, 2021, 1-12. https://doi.org/10.1155/2021/6633178

[17] Trevino, L. K., Den Nieuwenboer, N. A., & Kish-Gephart, J. J. (2014). (Un) ethical behavior in organizations. Annual review of psychology, 65, 635-660. https://doi.org/10.1146/annurev-psych-113011-143745

[18] Adams, J. S., Tashchian, A., & Shore, T. H. (2001). Codes of ethics as signals for ethical behavior. Journal of Business ethics, 29, 199-211. https://doi.org/10.1023/A:1026576421399

[19] Nagashekhara, M., & Agil, S. O. S. (2011). Does organizational culture influence the ethical behavior in the pharmaceutical industry? Journal of Basic and Clinical Pharmacy, 3(1), 219.

[20] Palazzo, G. (2007). Organizational integrity—understanding the dimensions of ethical and unethical behavior in corporations. In Corporate ethics and corporate governance (pp. 113-128). Berlin, Heidelberg: Springer Berlin Heidelberg.

[21] Hansen, J. D., & Riggle, R. J. (2009). Ethical salesperson behavior in sales relationships. Journal of personal selling & sales management, 29(2), 151-166. https://doi.org/10.2753/PSS0885-3134290204

[22] Love, E., Staton, M., & Rotman, J. D. (2016). Loyalty as a matter of principle: the influence of standards of judgment on customer loyalty. Marketing Letters, 27, 661-674. https://doi.org/10.1007/s11002-015-9371-0

[23] Mansouri, H., Boroujerdi, S. S., & Husin, M. M. (2022). The influence of sellers' ethical behavior on customer's loyalty, satisfaction and trust. Spanish Journal of Marketing-ESIC, 26(2), 267-283. http://dx.doi.org/10.1108/SJME-09-2021-0176

[24] Thomas, J. L., Vitell, S. J., Gilbert, F. W., & Rose, G. M. (2002). The impact of ethical cues on customer satisfaction with service. Journal of retailing, 78(3), 167-173. https://www.sciencedirect.com/science/article/abs/pii/S0022435902000623

[25] Weeks, W. A., & Nantel, J. (1992). Corporate codes of ethics and sales force behavior: A case study. Journal of Business Ethics, 11, 753-760. https://link.springer.com/article/10.1007/BF00872307

[26] Mohammad, S. (2022, July 01). Typhoid is becoming antibiotic resistant in the country. *Bonikbarta*. https://bonikbarta.net/home/news_description/305149

[27] Pierce, B., & Sweeney, B. (2010). The relationship between demographic variables and ethical decision making of trainee accountants. International journal of auditing, 14(1), 79-99. https://doi.org/10.1111/j.1099-1123.2009.00404.x

[28] Mohiuddin, M., Rashid, S. F., Shuvro, M. I., Nahar, N., & Ahmed, S. M. (2015). Qualitative insights into promotion of pharmaceutical products in Bangladesh: how ethical are the practices?. BMC medical ethics, 16, 1-9. https://doi.org/10.1186/s12910-015-0075-z

[29] Singh, R., & Vij, S. (2007, April). Socio-economic and ethical implications of advertising-A perceptual study. In International Marketing Conference on Marketing & Society, April (pp. 8-10).

[30] Majedul Islam & Kabir, E. R. (2016). Development of a strategic model of customer relationship management for the pharmaceutical industry of Bangladesh. African Journal of Pharmacy and Pharmacology, *10*(19), 430-441.

[31] Kotler, P. (2012). Kotler on marketing (1st Edition). Simon and Schuster.

[32] Awal, A., & Saidy, S. (2021). The unethical practices of the pharmaceutical industries in Bangladesh in their drug promotion and its impacts. International Journal of Engineering and Management Research, 11(4), 1-5. https://doi.org/10.31033/ijemr.11.4.1

[33] Islam, M. S. (2010). Study on Drug Selling Pattern in Bangladesh (Doctoral dissertation, East West University).

[34] Malik, F., Shah, S., & Shah, S. M. (2021). The role of drug regulatory authority in ethical promotion of pharmaceuticals in Pakistan: A grounded theory study. City university research journal, 11(1).

[35] Lindenmeier, J., Tscheulin, D. K., & Drevs, F. (2012). The effects of unethical conduct of pharmaceutical companies on consumer behavior: Empirical evidence from Germany. International Journal of Pharmaceutical and Healthcare Marketing, 6(2), 108-123. https://doi.org/10.1108/17506121211243040

[36] Smith, R. L. (1987). Estimating tails of probability distributions. The annals of Statistics, 1174-1207.

[37] Yamin, M. A. Y. (2020). The relationship between RIGHT ethical behavior perspective, demographic factors, and BEST ethical performance. International Review of Management and Marketing, 10(1), 27. https://doi.org/10.32479/irmm.9100

[38] Afsana, K. (2004). The tremendous cost of seeking hospital obstetric care in Bangladesh. Reproductive health matters, 12(24), 171-180. https://doi.org/10.1016/S0968-8080(04)24142-8

[39] Kamat, J. P., Devasagayam, T. P., Priyadarsini, K. I., Mohan, H., & Mittal, J. P. (1998). Oxidative damage induced by the fullerene C60 on photosensitization in rat liver microsomes. Chemico-Biological Interactions, 114(3), 145-159.

[40] Matin, M. A., Khan, W. A., Karim, M. M., Ahmed, S., John-Langba, J., Sankoh, O. A., ... & Wertheim, H. (2020). What influences antibiotic sales in rural Bangladesh? A drug dispensers' perspective. Journal of Pharmaceutical Policy and Practice, 13(1), 1-12. https://doi.org/10.1186/s40545-020-00212-8

[41] Rousham, E. K., Islam, M. A., Nahar, P., Lucas, P. J., Naher, N., Ahmed, S. M., & Unicomb, L. (2019). Pathways of antibiotic use in Bangladesh: qualitative protocol for the PAUSE study. BMJ open, 9(1), e028215. https://doi.org/10.1136/bmjopen-2018-028215

[42] Fahad, B. M., Matin, A., Shill, M. C., & Asish, K. D. (2010). Antibiotic usage at a primary health care unit in Bangladesh. Australasian Medical Journal (Online), 3(7), 414. https://doi.org/10.4066/AMJ.2010.322

[43] Ahmed, I., Rabbi, M. B., & Sultana, S. (2019). Antibiotic resistance in Bangladesh: A systematic review. International Journal of Infectious Diseases, 80, 54-61. https://doi.org/10.1016/j.ijid.2018.12.017

[44] Hossain, M. M., Glass, R. I., & Khan, M. R. (1982). Antibiotic use in a rural community in Bangladesh. International journal of epidemiology, 11(4), 402-405. https://doi.org/10.1093/ije/11.4.402

[45] Chowdhury, S., Ghosh, S., Aleem, M. A., Parveen, S., Islam, M. A., Rashid, M. M., & Chowdhury, F. (2021). Antibiotic usage and resistance in food animal production: what have we learned from Bangladesh? Antibiotics, 10(9), 1032. https://doi.org/10.3390/antibiotics10091032

[46] Raihan, M. A., Islam, M. S., Islam, S., Islam, A. M., Ahmed, K. T., Ahmed, T., ... & Lamisa, A. B. (2024). Knowledge, attitudes, and practices regarding antibiotic use in Bangladesh: Findings from a cross-sectional study. Plos one, 19(2), e0297653. https://doi.org/10.1371/journal.pone.0297653

[47] Islam, M. S. (2006). A review on the policy and practices of therapeutic drug uses in Bangladesh. Calicut Med J, 4(4), e2

[48] Ahsan, H, (2022, January 31). Top drugmakers keep growth trajectory in H1. *The Business Standard*. https://www.tbsnews.net/economy/stocks/top-drugmakers-keep-growth-trajectory-h1-364801

[49] Roy, J. (1997). Health status, treatment and drug use in rural Bangladesh: a case study of a village. Australian Journal of Rural Health, 5(2), 70-75. https://doi.org/10.1111/j.1440-1584.1997.tb00241.x

[50] Hair, J. F., Ringle, C. M., & Sarstedt, M. (2013). Partial least squares structural equation modeling: Rigorous applications, better results and higher acceptance. Long range planning, 46(1-2), 1-12. https://doi.org/10.1016/j.lrp.2013.01.001

(Executive Editor: Wang-jing Xu)