

ETHICAL BEHAVIOUR AMONG HEALTH WORKERS IN SELECTED TERTIARY HEALTHCARE HOSPITALS IN OYO STATE, NIGERIA: A COMPONENT FACTOR ANALYSIS

Lawal A. Bakare

lawal.bakare@uniosun.edu.ng

Leke K. Onabanjo

Oluwafisayo O. Falowo

Department of Public Administration

Faculty of Management Sciences

Osun State University, Osogbo

Oladepo O. Owolade

Uniosun Teaching Hospital

Osogbo, Osun State, Nigeria

ABSTRACT

An ethical work environment is one of the most critical factors influencing decision-making and behavior in any organization. The absence of a systematic understanding of the relationship between work ethics and behavior hinders the development of evidence-based strategies to promote professionalism, enhance patient care outcomes, and strengthen the overall healthcare system. This study examined the ethical behavior of health workers, with particular focus on the component factor analysis of ethical behavior and its relationship with quality healthcare delivery, using the University College Hospital, Ibadan, Oyo State, Nigeria, as a case study. A multi-stage sampling technique was employed to select a total of 200 respondents between the ages of 18 and 55 years and above for questionnaire administration. Frequency percentage tables, means, standard deviations, and descriptive statistics (measures of central tendency and measures of variance) were applied in data analysis. Structural equation modeling and confirmatory factor analysis were used to analyze the findings through the Statistical Package for the Social Sciences (SPSS 22). The results revealed that employee commitment ($\beta = 0.632$), integrity ($\beta = 0.533$), employee performance ($\beta = 0.702$), and work environment ($\beta = 0.982$) demonstrated significant relationships with health workers' behavior. Given the substantial influence of the work environment, healthcare managers must prioritize investments in workplace infrastructure, employee welfare, and psychological safety to improve performance and job satisfaction. Moreover, cultivating a culture of integrity and dedication through ethical leadership, training, and motivational strategies will be crucial for enhancing positive workplace conduct and optimizing healthcare service delivery.

Keywords: Ethics, Behavior, Workplace, Professional, Hospital

INTRODUCTION

Work ethics comprise a collection of values, attitudes, and behaviours that guide individuals in their professional conduct and interactions with patients, colleagues, and the broader healthcare community. In many developing countries, health systems are weakened by inadequate work ethic norms, hindering progress in disease management and undermining the global health agenda for equitable access to healthcare services. According to the World Health Organization's six building blocks of health systems, upholding ethical behaviour is essential for improving service delivery (Rasoal et al., 2017).

The World Health Organization designated the decade from 2006 to 2015 as one focused on the health workforce, underscoring the importance of human resources in healthcare (Trevino & Nelson, 2016). Although healthcare professionals often affirm their commitment to ethical principles, there is growing public demand for professional bodies not only to articulate but also to enforce clearly defined codes of ethics. This demand is especially pressing in the healthcare sector, where complex moral dilemmas frequently arise in medical practice, scientific research, and the broader delivery of healthcare services.

The history of ethical standards and their application dates back to ancient civilizations. Today, both advancements in medicine and the ethical challenges faced by healthcare practitioners are on the rise (Chadwick & Wilson, 2018). Consequently, the importance of work ethics is increasingly evident. Various facets of work ethics evolve throughout different stages of an individual's career (Pogson et al., 2013). Numerous studies have addressed work ethics in the context of professional behaviour in patient care, highlighting ethical concerns related to communication and societal inequalities (González-de-Paz, 2013; Papanikitas & Young, 2022; Sakr et al., 2022).

Research indicates that an ethical workplace is a key determinant of decision-making and behaviour (Wang & Hsieh, 2012). Healthcare delivery has long been governed by ethical principles and regulated through moral and professional standards. Several factors influence ethical conduct in clinical practice, including the importance of ethical codes, clinical competence, moral education, institutional culture, and prevailing societal norms (González-de-Paz et al., 2013).

The rapid evolution of legal frameworks, combined with lawmakers' inability to address emerging and ethically complex issues, has intensified the healthcare liability crisis. As a result, medical professionals increasingly turn to ethical frameworks to guide their decisions in the face of multifaceted challenges (Fowler, 2017). Bioethics in clinical practice relies on case-based reasoning, emphasizing patient autonomy and interests while also considering broader ethical principles rooted in community values, professional oaths, and established codes. Emergency physicians, for instance, must recognize each patient's unique values and determine whether the patient adheres to an individualistic or communitarian ethic. In cases where a patient lacks decision-making capacity, such understanding can assist in identifying appropriate surrogate decision-makers.

Clinical ethics, a subfield of medical ethics, involves the application of moral reasoning in evolving clinical contexts (Tarima et al., 2014). Four main approaches include the code of ethics, consequentialism, principlism, and virtue ethics. The code of ethics identifies actions as inherently right or wrong; consequentialism focuses on moral choices that yield the best outcomes; principlism relies on ethical principles—namely, non-maleficence, beneficence, autonomy, and justice; and virtue ethics emphasizes the character of the decision-maker (Resick et al., 2013). The principle of non-maleficence requires avoiding harm to the patient, while

beneficence entails acting in the patient's best interest. Respect for autonomy involves honoring the patient's right to make informed decisions, which includes providing adequate information and obtaining consent for proposed interventions. Justice refers to the fair and equitable distribution of healthcare services (Ciliberti et al., 2018).

Despite the critical importance of work ethics in healthcare, there is a lack of comprehensive evaluation regarding their impact on health worker behaviour. The absence of a systematic understanding of the relationship between work ethics and behaviour hinders the development of evidence-based strategies to promote professionalism, improve patient care outcomes, and strengthen healthcare systems (Miller, 2016). Nigerian public hospitals, in particular, suffer from poor performance, lack of discipline, declining ethical standards, disregard for procedures, blatant rule violations, weak oversight, and corruption (Wakaba et al., 2014). The inconsistent performance and increasing reports of unethical conduct among healthcare personnel in Ibadan raise important questions about the potential link between unethical behaviour and individual productivity.

This study aims to examine the relationship between work ethic practices and the behaviour of health workers. Accordingly, it is essential to assess work ethics in relation to health worker behaviour to address the existing knowledge and practice gap. The findings of this study will inform government policies aimed at regulating and monitoring the professional conduct of healthcare workers, thereby ensuring compliance with ethical standards and enhancing accountability and patient safety. Specifically, the study seeks to investigate the extent of ethical behaviour among health workers and conduct a factor analysis of ethical behaviour in selected tertiary healthcare centres in Oyo State, Nigeria.

LITERATURE REVIEW

Work ethics

Ethics, often referred to as the "science of morality" or the systematic study of fundamental principles of moral law, is a normative science—unlike descriptive or empirical sciences. At its core, ethics addresses how individuals ought to approach their work, interact with colleagues, and uphold values such as integrity and self-discipline. Work ethics reflect one's personality, temperament, character, and deeply held beliefs. This concept extends beyond individuals to groups and society at large. Work ethics are shaped by habitual behavior, cultural influences, and ingrained value systems (Tasmara, 2002; Pangestika et al., 2018).

Work ethic encompasses various elements derived from an individual's psychological values, reflecting their internal perspectives, attitudes, and aspirations (Northouse, 2018). Ethos, in this context, refers to the distinctive character, attitudes, habits, and beliefs of an individual or group—including entire nations. It embodies the collective values and moral judgments of a community, delineating what is considered right or wrong (Abd Majid et al., 2010).

Work ethics involve the moral principles and values that guide professional conduct and decision-making (Trevino & Nelson, 2016). These include adherence to honesty, integrity, responsibility, and professionalism in the workplace (Ezenwakwelu et al., 2020; Cummins, Byers, & Pedrick, 2023). Ethical conduct in the workplace entails fairness, respect for others, diligence, and a commitment to one's responsibilities. Moreover, work ethics incorporate both personal and professional values that inform ethical decision-making, work commitment, and pursuit of excellence (Schermerhorn et al., 2020; Snell et al., 2021).

In summary, work ethics are grounded in a framework of guiding principles and values that shape professional behavior. These ethics cover a wide range of standards, including

integrity, accountability, and dedication to ethical conduct, which influence how individuals function in the workplace.

Health Workers' Behavior

Behavior is a function of both personal attributes and environmental factors (Manole et al., 2024). Unethical behavior by employees can adversely affect individuals, work teams, and entire organizations (Cotterill et al., 2020). Hence, organizations rely heavily on individuals to act ethically (Hodgins et al., 2020). Ethical behavior involves acting in accordance with one's personal values and the shared values of the organization and society (Geeta, Pooja, Mishra, & Park, 2016). An organization's ability to cultivate ethical behavior that surpasses routine obligations can serve as a strategic asset—one difficult for competitors to replicate. As Bolino and Bloodgood (2002) noted, merely arriving at work on time does not equate to making a meaningful contribution.

According to Dube (2020), health worker behavior refers to the actions, attitudes, and conduct of individuals in healthcare roles. It encompasses their interactions with patients, colleagues, and the broader medical team, as well as adherence to ethical guidelines, professional standards, and institutional policies. It also includes how health workers communicate with patients, showing empathy, listening effectively, and conveying clear, comprehensible medical information (Febriyanto et al., 2019).

Kehinde (2022) adds that health worker behavior involves building and maintaining trusting, respectful relationships with patients—ensuring dignity, privacy, and confidentiality throughout the healthcare process. It includes adherence to clinical protocols, evidence-based practices, and the delivery of safe, high-quality care. Effective collaboration and communication within interdisciplinary teams, shared decision-making, and teamwork also fall under this category (Jiang, Le, & Gollan, 2018).

Adeyeye, Adeniji, Osinbanjo, and Oludayo (2015) assert that professionalism—punctuality, ethical conduct, accountability, professional appearance, and maintaining boundaries—is a vital component of health worker behavior. Akanni, Omisile, and Oduaran (2018) emphasize the importance of continuous professional development, including lifelong learning and staying updated with healthcare advancements to support personal and professional growth.

Theoretical Framework

This study is anchored in **Institutional Theory**, developed by William Richard Scott in 1995. The theory offers a valuable lens for analyzing organizational-environment interactions, emphasizing the influence of social expectations, norms, values, and rules as sources of pressure on organizations (Porter & Kramer, 2006). It proposes that legitimacy—not efficiency or influence—is the primary objective for organizations.

The institutional environment is conceptualized as an organizational field comprising regulatory bodies, courts, government agencies, professional groups, public opinion, laws, and social values. According to Dacin et al. (2010), organizations conform to environmental pressures driven by stakeholder expectations. Institutional theory is pertinent to this study because it informs how ethical leadership is shaped within the organizational context. A positive work environment, influenced by institutional norms, can impact organizational performance (Uysal & Uyargil, 2025).

The theory outlines 12 factors that influence a firm's strategic responses, ranging from passive to proactive strategies (Maina, Gachunga, Muturi, & Ogutu, 2017). However, it has limitations—particularly its insufficient attention to internal organizational factors such as ethical human resource practices. This limitation necessitates the integration of Cognitive Moral Development Theory, which addresses how individuals progress through stages of ethical reasoning, thereby complementing the institutional approach.

Empirical Review

Previous studies have yielded mixed findings regarding the determinants of worker behavior and their influence on employee performance. Barretto, Adeoye, Akewusola, and Ayeni (2021) investigated the individual and combined effects of work ethics on employee performance in selected commercial banks in Ogun State, Nigeria. The study examined integrity, moral values, and trust as predictors of job commitment, work quality, and delivery timeliness. Using a survey design, the study sampled 481 out of a population of 800 employees through stratified random sampling. A structured and validated questionnaire was used, yielding a response rate of 83% (399 responses). Cronbach's alpha ranged from 0.81 to 0.91. Data analysis employed descriptive and inferential statistics.

Findings revealed that integrity significantly influenced job commitment ($\beta = .682$, $F(1,396) = 68.141$, $R^2 = .147$, $p < 0.05$), moral value significantly affected work quality ($\beta = .862$, $F(1,396) = 88.311$, $R^2 = .182$, $p < 0.05$), and trust significantly influenced delivery timeliness ($\beta = .282$, $F(1,396) = 13.277$, $R^2 = .032$, $p < 0.05$). Combined, these variables significantly affected overall employee performance ($F(3,394) = 25.265$, $R^2 = .161$, $p < 0.05$). This study underscores the need for banks to adopt ethical policies and programs that enhance employee performance.

Omisore (2015) examined workplace ethics and performance in the Nigerian public service. The study identified major causes of unethical conduct and reviewed government mechanisms established to address them. Using content analysis, it provided practical recommendations for improving ethics and service delivery in the public sector.

Similarly, Fatile (2013) explored ethics and performance in the Nigerian public sector, arguing that government-led efforts to instill ethical behavior have often failed due to civil service resistance. The study recommended mass education on the costs of corruption, alongside improved enforcement of ethical codes, as key to achieving good governance and accountability.

Imam, Abbasi, and Muneer (2013) examined Islamic work ethics and employee performance by testing Personality X and Y models. Using ex-post facto and structural equation modeling, the study confirmed that Islamic work ethics significantly influence employee performance and interact with personality types to shape behavior.

Ebitu and Beredugo (2015) investigated the relationship between business ethics and service firm performance in Calabar, Nigeria. Their findings demonstrated that adherence to a code of ethics positively influences service performance, and that compliance levels are high in the studied firms.

Han and Hong (2019) surveyed the role of accountability in performance outcomes within the U.S. federal government. Their findings showed a positive relationship between accountability measures and organizational performance. However, the context differs significantly from Nigeria, limiting generalizability. Regional studies (Abe & Mason, 2016; Folorunsho, 2021; Mohammed & Elashram, 2022; Phina, Arinze, Chidi, & Chukwuma, 2018) also lacked a focus on healthcare workers.

Moreover, most local studies—including those by Ngari and Agusioma (2013) and Kamau (2017)—have not directly addressed the correlation between work ethics and health workers' attitudes. This study therefore aims to fill that gap by analyzing ethical behavior among health workers in selected tertiary healthcare institutions in Oyo State, Nigeria.

METHODOLOGY

This study adopted a survey research design, which is appropriate for selecting a sample from a target population and making generalizations about the entire population based on the sample's responses.

The target population for this study comprised approximately 3,000 clinical and non-clinical staff of University College Hospital (UCH), Ibadan, Oyo State, Nigeria. The study focused specifically on doctors, nurses, pharmacists, medical records officers, and laboratory scientists.

A multi-stage sampling technique was employed. In the first stage, simple random sampling was used to select both clinical and non-clinical departments. While all departments were considered, doctors, nurses, pharmacists, medical records officers, and laboratory scientists were purposively selected based on their relevance to the study. In the second stage, simple random sampling was used to select 200 health workers as the final sample size for the study.

Primary data were collected using a structured questionnaire administered to the selected health workers at UCH, Ibadan. The instrument comprised sections A to E. Section A covered the respondents' bio-data, including age, gender, marital status, qualifications, years of service, and department. Sections B to E focused on the study's key variables—dependent and independent.

The questionnaire was pre-tested, and its internal consistency was assessed using Cronbach's alpha reliability test. The results showed consistent and reliable outcomes, confirming that the instrument was suitable for collecting the intended data.

Descriptive statistics—such as frequency tables, percentages, means, and standard deviations—were used to present the respondents' demographic profiles and summarize the data. Measures of central tendency and variance were also employed. To examine relationships between variables, inferential statistics were conducted using the Statistical Package for the Social Sciences (SPSS). The association between components of work ethics and health workers' behavior was specifically analyzed using Correlation Analysis, Frequency Analysis, and Structural Equation Modeling (SEM).

FINDINGS

Demographic Information of the Respondents

It was shown from the chart that, out of 200 respondents, 37% of them were male while the remaining 63% of the respondents were female. Their demographic details were given in Table 1 below.

Table 1: Distribution of Demographic Information of the Respondents

S/N	Background Data	Label	N	Percentage
1.	Gender	Male	74	38%
		Female	126	62%
2.	Age	18-25yrs	26	13%
		26-35yrs	29	14.5%
		36-45yrs	81	40.5%
		46-55yrs	48	24%
		Above 55	16	8%
3.	Length of Service	Less than 5	22	11%
		6 - 10	52	26%
		11 - 15	69	34%
		16 - 20	42	22%
		21 and Above	15	8%
4.	Educational Background	OND	31	15.5%
		HND	55	27.5%
		first Degree	63	31.5%
		Professional Cert.	16	8%
		Masters Holder	22	11%
		Ph.D	13	6.5%
5.	Marital status	Single	46	23%
		Married	132	66%
		Widower	9	4.5%
		Divorced	13	6.5%
6.	Category of staff	Clinical	39	19%
		Non-clinical	163	81%
7.	Department	Doctor	27	13.5%
		Nurse	41	20.5%
		Surgery	12	6%
		Pharmacist Medical	38	19%
		records	72	36%
		Lab. Scientist	10	5%

Source: Field Survey, 2024

Table 2: Psychometric Property of Measurement Scale

Variables	Reliability (α)	Validity				Remark
	Cronbach Alpha	KMO	Bartlett's Test	df	sig	
Work Ethics	0.791	0.833	522.42	34	.000	good
Workers Behaviour	0.894	0.897	641.21	34	.000	good

Source: Field Survey, 2024

Reliability and Validity Test

Table 2 presents a comprehensive evaluation of the reliability and validity of the measurement scales, using established statistical methods. The assessment includes the Cronbach's alpha for internal consistency, the Kaiser-Meyer-Olkin (KMO) Measure of Sampling Adequacy, and Bartlett's Test of Sphericity to assess the validity of the measurement instruments.

For internal consistency, the Cronbach's alpha values serve as strong indicators of the reliability of the scales. These values, which range from 0.833 to 0.894, meet widely accepted standards (Pallant, 2020). According to these standards, an alpha value of 0.7 or higher indicates good reliability. Therefore, the calculated alpha values confirm that the scales demonstrate high levels of consistency and reliability.

With regard to validity, the KMO values offer valuable insight into the adequacy of the data for factor analysis. The KMO values, ranging from 0.894 to 0.897, exceed the recommended minimum threshold of 0.5. This indicates that the sampling is adequate and that the scales are valid for measuring the intended constructs.

In addition, the application of Bartlett's Test of Sphericity—alongside the KMO measure—further reinforces the validity of the instruments. This test assesses the appropriateness of applying factor analysis to the dataset. The combination of KMO values well above 0.5 and statistically significant Bartlett's test results confirms the suitability of the data for factor analysis, highlighting the capacity of the measurement scales to accurately capture the latent constructs under investigation.

Table 3: Descriptive analyses showing the extent of employees' adherence to ethical values in the study area.

S/N	Employee Adherence	SD	A	N	D	SD	Mean	St.D
		5	4	3	2	1		
1.	I consistently follow ethical guidelines and policies in my work?	76 (38%)	42 (21%)	28 (14%)	25 (12.5%)	29 (14.5%)	3.66	.830
2.	I communicate openly and transparently with others?	80 (40%)	30 (15%)	21 (10.5%)	52 (26%)	17 (8.5%)	3.84	.704
3.	I actively engage in continuous professional development to enhance my ethical knowledge and skills?	38 (19%)	69 (34.5%)	-	50 (25%)	43 (21.5%)	2.59	.986
4.	I maintain confidentiality and respect the privacy of sensitive information?	124 (62%)	55 (27.5%)	-	10 (5%)	11 (5.5%)	4.83	.544
5.	I value and respect diversity and inclusion in the workplace?	116 (58%)	48 (24%)	16 (8%)	12 (6%)	8 (4%)	4.96	.715
6.	I demonstrate honesty and integrity in all my professional interactions?	80 (40%)	60 (30%)	10 (5%)	30 (15%)	20 (10%)	4.00	.461
	Mean and Standard Deviation						3.92	.707

N= 200; Legend:4.21-5.00 (very high); 3.41-4.20 (high); 2.61-3.40 (moderate); 1.81-2.60 (low);1.00-1.80 (very low).

Source: Primary Data 2024

RQ1: What is the extent of employees' adherence to ethical values in the study area?

From table 3 above, the respondents agree to the response that; they consistently follow ethical guidelines and policies in their work (M = 3.66 and SD = 0.830); they communicate openly and transparently with others (M = 3.84 and SD = 0.704); they actively engage in continuous professional development to enhance my ethical knowledge and skills (M = 2.59 and SD = 0.986); they strongly agree that they maintain confidentiality and respect the privacy of sensitive information (M = 4.83 and SD = 0.544). Likewise, the respondents strongly agree that they value and respect diversity and inclusion in the workplace (M = 4.96 and SD = 0.986); and that they demonstrate honesty and integrity in all my professional interactions (M = 4.00 and SD = 0.461).

This implied that respondents strongly agreed to the extent to which employees' adhere to ethical values in the study area. The overall mean score of 3.92 and standard deviation of .707 implied that employees adherence to ethical values.

Impact of employee work attitude on health workers behavior

Table 4: Descriptive statistics showing the impact of employee work attitude on health workers behaviour

S/N	Work Attitude	SA	A	N	D	SD	Mean	St.D
		5	4	3	2	1		
1.	I am satisfied with the pay I receive; this makes me work hard to achieve organisational success?	8 (4%)	36 (18%)	15 (5.5%)	98 (49%)	9.5	1.68	1.215
2.	I am satisfied with the respect I receive from the people I work with, which increases my loyalty to work	10 (5%)	40 (20%)	12 (6%)	100 (50%)	38 (19%)	1.70	1.027
3.	I have confidence and trust in my colleagues I work with, this boosts my morale for work	60 (30%)	44 (22%)	20 (10%)	37 (18.5%)	43 (21.5%)	2.79	.851
4.	I believe my presence in the organization matters which motivates me to work hard.	101 (50.5%)	38 (19%)	14 (5.6%)	24 (12%)	23 (11.5%)	4.08	.511
5.	Job promotion is done on merit which makes me work hard to get promoted?	30 (15%)	66 (33%)	30 (15%)	58 (29%)	16 (8%)	3.77	.746
6.	The standards used to evaluate my performance are fair, objective and cut across all employees?	16 (8%)	27 (13.5%)	14 (7%)	48 (24%)	95 (47.5%)	1.77	.868
7.	I am satisfied with the amount of job security I have, this makes me love my job?	20 (10%)	80 (40%)	25 (12.5%)	40 (20%)	35 (17.5%)	3.10	.926
8.	I know the work I do is important to my department, this encourages me to work harder?	66 (33%)	50 (25%)	19 (9.5%)	35 (12.5%)	30 (15%)	3.19	.445
9.	My supervisor and I agree on what good job performance means?	55 (27.5%)	40 (20%)	15 (7.5%)	60 (30%)	30 (15%)	2.57	.895
10.	I am satisfied with the recognition I receive from my superiors, this makes me work hard in realization of set targets?	19 (9.5%)	30 (15%)	16 (8%)	45 (22.5%)	90 (45%)	1.78	.984
Mean and Standard Deviation							2.64	.847

N= 200; Legend:4.21-5.00 (*very high*); 3.41-4.20 (*high*);2.61-3.40 (*moderate*); 1.81-2.60 (*low*); 1.00-1.80 (*very low*).
Source: primary Data 2024

RQ2: What is the relationship between work attitude and health worker's performance in university college Hospital, Ibadan?

From table 4 above, respondents moderately agreed to the statements that their presence in the organisation matters (M = 3.39 and SD = 0.861); they are satisfied with their job security (M =3.10 and SD = 0.926); that they know the work they do is important to their department (M = 3.19 and SD = 0.881). The outcomes demonstrated moderate mean scores and low standard deviation implying that employees recognize that their presence in the organization matters, they are satisfied to their job security and their work is important to their organization, which motivates and encourages them to work harder. Regarding whether employees have confidence

and trust in their colleagues they work with, the outcomes showed agreement (M = 3.78 and SD = 0.551). This implied that employees respect and value each other which motivates them for better performance.

Respondents were also asked whether they were satisfied with the pay they receive, the outcomes showed disagreement to this statement (M = 1.68 and SD = 1.215). Likewise, there was disagreement to the statements that: employees were satisfied with the recognition received from their superiors (M = 1.78 and SD = 0.987); job promotion is done on merit (M = 1.40 and SD = 0.951); and the standards used to evaluate performance are fair (M = 1.77 and SD = 0.868). The outcomes demonstrated low mean scores and high standard deviation implying that the area employees were not satisfied with the pay, recognition, criteria for promotion and performance evaluation criteria. High standard deviations of ranging from 0.868 to 1.027 indicated sharp contrast in the opinions amongst respondents regarding effect of work attitude on employee performance.

There was a low global mean of 2.64 and standard deviation of 0.85, implying that the effect of work attitude on health workers behavior low.

CFA Model Showcasing Factors affecting Health Worker's Behaviour

Table 5: CFA Model Showcasing Factors affecting Health Worker's Behaviour

			Estimate (B)	β	S.E.		C.R.	P	Remark
EC	<---	Wrk_Bhv	1.011	.632					
Int.	<---	Wrk_Bhv	1.071	.613	.77		42.139	***	S
Em_Pfm	<---	Wrk_Bhv	1.129	.702	.37		60.587	***	S
Wrk_Att	<---	Wrk_Ehv	1.134	.982	.51		52.869	***	S

Source: Field survey, 2023

Key: HWB – Health Workers Behaviour, EmCom- Employee Commitment, Int. - Integrity, Emp_Pfm- Employee Performance, Wrk_Att - Workers Attitude.

Table 5 reveals that employee commitment ($\beta = 0.632$), integrity ($\beta = 0.533$), employee performance ($\beta = 0.702$), and worker environment ($\beta = 0.982$) recorded significant relationship with health workers behavior. This indicates that each of the factors loaded significantly above 0.61 which is an evidence that they are significant dimensions of health workers behaviour. More importantly, employee commitment, integrity, employee performance, and workers attitude explained 63.2%, 61.3%, 70.2% and 98.2% common variance in the measure of workers behavior towards work at work place.

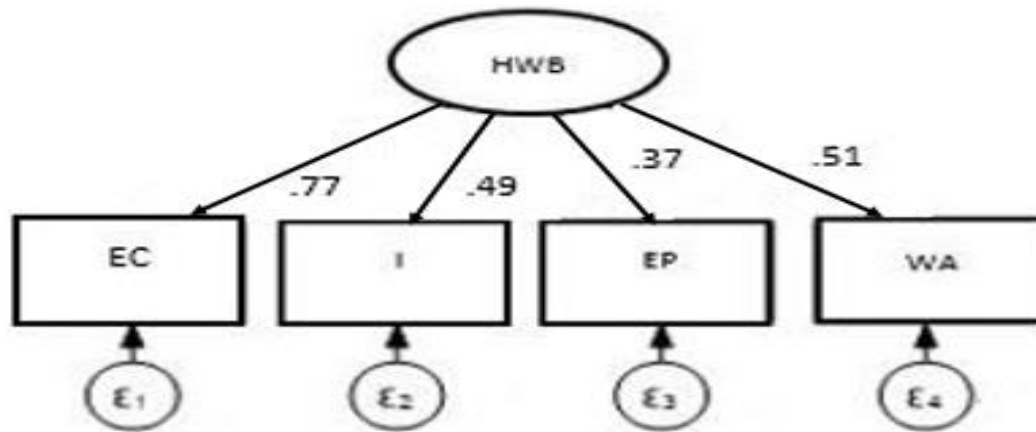


Fig. 1: CFA model explaining the extent to which employee adhere to ethical values.

Findings support the null hypothesis that there are no specific ethical values and behaviors that significantly contribute to professionalism and ethical conduct among health workers in University College Hospital, Ibadan.

Table 6: ANOVA

Model	Sum of squares	Df	Mean square	F	p-value
Regression	65.138	1	65.138	2.209	0.052
Residual	5601.262	198	21.249		
Total	5666.400	199			

*Dependent variable: Specific ethical values

Independent variable or predictors: (constant), Health workers behaviors.

Model	Beta coefficients	Std error	t-test	92% Confidence interval		p-value
				Lower bound	Upper bound	
Constant	13.928	3.001	4.641	7.048	18.716	0.000
Workers Behaviour	0.141	0.092	1.533	-0.032	0.266	0.052

*Dependent variable: Specific ethical values

Structural equation model is as follows:

$$Y = A + BX;$$

Where Y = Specific ethical values (Dependent variable)

X = Health Workers Behaviour (Independent variable)

The regression equation becomes

$$\text{Workplace Specific ethical values} = 13.928 + 0.141 (\text{behaviour})$$

The regression equation revealed that in every unit increase in Specific ethical values, there is a corresponding increase in workers Behaviour by 0.141; and it is statistically not significant ($p=0.052$).

Table 7: Relationship between Specific ethical values and health workers behaviours

Variables	N	Mean	Std dev	Correlation (r)	p-value	Remark
Specific ethical values	200	21.71	5.081	0.099	0.052	Significant
health workers behaviours	200	37.85	3.794			

* $p < 0.05$ (i.e. Significant).

The tables above reveal that specific ethical values and behaviours significantly contribute to professionalism and ethical conduct among health workers at University College Hospital, Ibadan ($r = 0.099$, $p = 0.052$).

The results provide valuable insights into the dynamics of health workers' behaviour, highlighting the substantial impact of employee commitment, integrity, performance, and the work environment. The elevated beta coefficients—employee commitment ($\beta = 0.632$), integrity ($\beta = 0.533$), employee performance ($\beta = 0.702$), and work environment ($\beta = 0.982$)—underscore the strong predictive power of these variables in shaping health workers' conduct in the workplace. All these factors exceed the commonly accepted threshold of 0.61, affirming their robust correlation with behavioural preferences.

Employee commitment, with a β value of 0.632, accounts for 63.2% of the variance in the behaviour of health workers. This highlights the importance of commitment and emotional investment in the organisation, as higher levels of dedication typically result in increased job engagement and lower turnover intentions (Akinyemi, George, & Ogundele, 2022). In the healthcare sector—characterised by high job demands—highly committed personnel are more likely to demonstrate resilience, improve patient care, and uphold ethical standards (Ogunyemi et al., 2023). A lack of commitment, on the other hand, may lead to absenteeism, low morale, and poor patient outcomes (Bakker & Demerouti, 2024).

The β value of 0.533 for integrity indicates a strong correlation between ethical conduct and the behaviour of health workers. Integrity is crucial in healthcare, as it influences trust between patients and providers, adherence to professional standards, and the quality of service delivery (Brown & Treviño, 2014). When integrity is embedded in the organisational culture, instances of malpractice, fraud, and unethical decision-making are significantly reduced. Research shows that a lack of integrity in healthcare organisations is associated with increased medical errors and patient dissatisfaction (Johnson et al., 2022). As such, it is essential to reinforce ethical values through training, policies, and exemplary leadership to sustain professionalism in healthcare settings.

The results also show that employee performance ($\beta = 0.702$) accounts for 70.2% of the variance in the behaviour of health professionals, emphasising its crucial role in workplace dynamics. High performance is often associated with motivation, competence, and adequate resources (Armstrong & Taylor, 2022). Health professionals who perform well contribute to improved service delivery, patient satisfaction, and organisational success (Olowookere et al., 2023). Conversely, poor performance—often resulting from burnout, insufficient training, or substandard working conditions—can lead to medical errors, decreased patient trust, and inefficiencies (Demerouti et al., 2021). The positive correlation in this study supports previous research showing that well-structured performance appraisals, ongoing professional development, and reward systems enhance employee performance (Salau et al., 2022).

Among the four factors, the work environment shows the highest β value (0.982), accounting for 98.2% of the variance in the behaviour of health professionals. This finding is consistent with existing literature, which emphasises the critical role of the work environment in influencing motivation, job satisfaction, and overall performance (Herzberg et al., 2021). A conducive work environment—characterised by adequate infrastructure, ergonomic design, supportive leadership, and effective communication—promotes productivity and well-being (Karatepe & Kim, 2020). In contrast, poor working conditions, high workloads, and a lack of institutional support are linked to burnout, stress, and high staff turnover in healthcare settings (Maslach & Leiter, 2021). This study underscores the significance of the work environment and

suggests that improving working conditions can lead to substantial improvements in employee behaviour and healthcare outcomes (Akintunde-Adeyi et al., 2023).

These findings align with key theoretical frameworks, particularly Herzberg's Two-Factor Theory, which identifies motivators and hygiene factors as essential determinants of employee behaviour (Herzberg et al., 2021). The strong impact of the work environment supports the theory's assertion that hygiene factors—such as workplace conditions and organisational policies—significantly influence job satisfaction and behavioural patterns. The results also correspond with Social Exchange Theory, which posits that employees respond to favourable organisational treatment with positive behaviours (Ahmad et al., 2023). When commitment, integrity, and performance are recognised and rewarded, employees are more likely to exhibit positive attitudes and engagement.

CONCLUSION & RECOMMENDATIONS

The study's findings highlight that employee commitment, integrity, performance, and the work environment are essential factors influencing the behaviour of health workers. Given the significant impact of the work environment, healthcare managers must prioritise investments in workplace infrastructure, employee welfare, and psychological safety to enhance performance and job satisfaction. Additionally, fostering a culture of integrity and dedication through ethical leadership, training, and motivational strategies is crucial for promoting positive workplace behaviour and improving healthcare service delivery.

This study was conducted at a university college hospital, where a multistage sampling technique was used to select two departments. As a result, the findings are influenced by the beliefs and perceptions of respondents within that hospital. However, this limitation does not compromise the reliability of the results.

REFERENCES

- Abd Majid, R., Mohamed, N., & Mahmud, Z. (2010). Spiritual Intelligence: Narrowing the gap between the ethical and non-ethical values of public sector employees. *Management & Accounting Review (MAR)*, 9(2), 1-6.
- Abe, I. I., & Mason, R. B. (2016). The role of individual interpersonal relationships on work performance in the South African retail sector. *Problems and perspectives in management*, (14, Iss. 2 (contin. 1)), 192-200.
- Adeyeye, J. O., Adeniji, A. A., Osinbanjo, A. O., & Oludayo, O. (2015). Effects of workplace ethics on employees and organisational productivity in Nigeria. In *International Conference on African Development Issues* (págs. 267-273). Tokyo: OSAA.
- Ahmad, R., Nawaz, M. R., Ishaq, M. I., Khan, M. M., & Ashraf, H. A. (2023). Social exchange theory: Systematic review and future directions. *Frontiers in psychology*, 13, 1015921.
- Akanni, A. A., Omisile, I., & Oduaran, C. A. (2018). Workplace deviant behaviour among public sector employees: The roles of perceived religiosity and job status. *European review of applied sociology*, 11(17), 44-51.
- Akintunde-Adeyi, J. F., Akinbode, J. O., & Akinola, E. T. (2023). Employees' resilience, organizational culture and sustainable performance of tertiary hospitals in Oyo State, Nigeria. *International Journal of Professional Business Review*, 8(11), 1-22.

- Akinyemi, B., George, B., & Ogundele, A. (2022). Relationship between job satisfaction, pay, affective commitment and turnover intention among registered nurses in Nigeria. *Global Journal of Health Science*, 14(2), 37-51.
- Armstrong, C. C., Aguilera, A., Hwang, J., & Harvey, A. G. (2022). Barriers and facilitators to behavior change for individuals with severe mental illness who received the transdiagnostic intervention for sleep and circadian dysfunction in a community mental health setting. *The Journal of behavioral health services & research*, 49(2), 204-220.
- Bakker, A. B., & Demerouti, E. (2024). Job demands–resources theory: Frequently asked questions. *Journal of Occupational Health Psychology*, 29(3), 188.
- Barretto, O., Adeoye, S. O., Akewusola, L., & Ayeni, D. (2021). Work ethics and employees performance: Empirical study of selected money banks in Ogun State, Nigeria. *International Journal of Economics, Commerce and Management*, 9(8). <http://ijecm.co.uk/>
- Bolino, T., & Bloodgood, J. M. (2002). Citizenship behaviour and the creation of social capital in organizations. *Academy of Management Review*, 27(4), 505-522.
- Brown, M. E., & Treviño, L. K. (2014). Do role models matter? An investigation of role modeling as an antecedent of perceived ethical leadership. *Journal of Business Ethics*, 122(4), 587-598.
- Chadwick, R., & Wilson, D. (2018). The emergence and development of bioethics in the UK. *Medical Law Review*, 26(2), 183-201. <https://doi.org/10.1093/medlaw/fwy011>
- Ciliberti, R., Gorini, I., Gazzaniga, V., De Stefano, F., & Gulino, M. (2018). The Italian law on informed consent and advance directives: New rules of conduct for the autonomy of doctors and patients in end-of-life care. *Journal of Critical Care*, 48, 178-182. <https://doi.org/10.1016/j.jcrc.2018.08.039>
- Cotterill, S., Tang, M. Y., Tang, M., Powell, R., Howarth, E., McGowan, L., ... & Rhodes, S. (2020). Social norms interventions to change clinical behaviour in health workers: a systematic review and meta-analysis. *Health and Social Care Delivery Research*, 8(41), 1-138.
- Cummins, L., Byers, K. V., & Pedrick, L. (2023). *Policy practice for social workers: An ethic of care approach*. Routledge.
- Dacin, M. T., Munir, K., & Tracey, P. (2010). Formal dining at Cambridge colleges: Linking ritual performance and institutional maintenance. *Academy of management journal*, 53(6), 1393-1418.
- Demerouti, E., Soyer, L. M., Vakola, M., & Xanthopoulou, D. (2021). The effects of a job crafting intervention on the success of an organizational change effort in a blue-collar work environment. *Journal of Occupational and Organizational Psychology*, 94(2), 374-399.
- Dube, S. (2020). Mental health and sustainable development goals: A study of Zimbabwean chaplains. *Rethinking Sustainable Development Goals in Africa: Emerging Trends and Issues*, 44.
- Ebitu, E. T., & Beredugo, S. B. (2015). Business ethics and the performance of service firms in Calabar, Cross River State, Nigeria. *European Journal of Hospitality and Tourism Research*, 3(2), 28-38.
- Ezenwakwelu, C. A., Nwakoby, I. C., Egbo, O. P., Nwanmuoh, E. E., Duruzo, C. E., & Ihegboro, I. M. (2020). Business ethics and organisational sustainability. *International Journal of Entrepreneurship*, 24(3), 1-14.

- Fatile, J. O. (2013). Ethics and performance in the Nigerian public sector. *International Journal of Advanced Research in Management and Social Sciences*, 2(10), 132-144. <http://www.garph.co.uk/>
- Febriyanto, K., Wijaya, A. T., Melda, R., Ramadani, R., & Utari, R. C. (2019). Posyandu cadres: their roles for improving health services in Jembayan Dalam Village. *Jurnal Kesehatan Ibu dan Anak*, 13(2), 125-131.
- Folorunsho, O. (2021). *Understanding Trust-Based Leadership: An enquiry into the Nigerian Public Sector* (Doctoral dissertation, York St John University).
- Fowler, M. D. (2017). Why the history of nursing ethics matters. *Nursing Ethics*, 24(3), 292-304. <https://doi.org/10.1177/0969733016684581>
- González-de Paz, L., Devant-Altimir, M., Kostov, B., Mitjavila-López, J., Navarro-Rubio, M. D., & Sisó-Almirall, A. (2013). A new questionnaire to assess endorsement of normative ethics in primary health care: Development, reliability and validity study. *Family Practice*, 30(6), 724-733. <https://doi.org/10.1093/fampra/cmt057>
- Geeta, M., Pooja, J., Mishra, P. N., & Park, K. (2016). Ethical behaviour in organizations: A literature review. *Journal of Research in Business and Management*, 4(1), 1-6.
- Han, Y., & Hong, S. (2019). The impact of accountability on organizational performance in the US federal government: The moderating role of autonomy. *Review of Public Personnel Administration*, 39(1), 3-23.
- Herzberg, J., Vollmer, T., Fischer, B., Becher, H., Becker, A. K., Sahly, H., ... & Knabbe, C. (2021). Half-year longitudinal seroprevalence of SARS-CoV-2-antibodies and rule compliance in German hospital employees. *International Journal of Environmental Research and Public Health*, 18(20), 10972.
- Hodgins, F., Gnich, W., Ross, A. J., Sherriff, A., & Worlledge-Andrew, H. (2016). How lay health workers tailor in effective health behaviour change interventions: a protocol for a systematic review. *Systematic reviews*, 5(1), 102.
- Imam, A., Abbasi, A. S., & Muneer, S. (2013). The impact of Islamic work ethics on employee performance: Testing two models of personality X and personality Y. *Science International (Lahore)*, 25(3), 611-617.
- Jiang, Z., Le, H., & Gollan, P. J. (2018). Cultural intelligence and voice behavior among migrant workers: The mediating role of leader-member exchange. *The International Journal of Human Resource Management*, 29(5), 1082-1112.
- Johnson, L. J., Schopp, L. H., Waggle, F., & Frantz, J. M. (2022). Challenges experienced by community health workers and their motivation to attend a self-management programme. *African Journal of Primary Health Care & Family Medicine*, 14(1), 2911.
- Judge, T. A., & Robbins, S. P. (2017). *Essentials of organizational behavior* (Vol. 3). Pearson Education (us).
- Kamau, E. (2017). *Attitudes and practice of health promotion for non-communicable diseases among healthcare workers at Kenyatta National Hospital* (Doctoral dissertation, University of Nairobi).
- Karatepe, O. M., & Kim, T. T. (2020). Investigating the selected consequences of boreout among cabin crew. *Journal of Air Transport Management*, 82, 101739.
- Kehinde, O. (2022). Promotion of Lifestyle Modification in the Management of Hypertension Using Social Cognitive Theory: Perspectives for Pharmacists. *Emerging Trends in Disease and Health Research Vol. 7*, 12-30.

- Maina, E. K., Gachunga, H., Muturi, W., & Ogutu, M. (2017). Influence of firm characteristics on the impact of disclosure and transparency in the performance of companies listed in Nairobi Securities Exchange. *International Journal of Scientific Research and Management*, 5(9), 6994-7007.
- Manole, E. C., Curşeu, P. L., Olar, N. I., & Fodor, O. C. (2024). Believing in change: Predicting identification, performance, and ethical culture in an organizational acquisition case in Romania. *Administrative Sciences*, 14(10), 234.
- Maslach, C., & Leiter, M. P. (2021). How to measure burnout accurately and ethically. *Harvard Business Review*, 7, 211-221.
- Miller, T. A. (2016). Health literacy and adherence to medical treatment in chronic and acute illness: a meta-analysis. *Patient education and counseling*, 99(7), 1079-1086.
- Mohammed, S. M., & Elashram, R. E. (2022). The impact of spiritual leadership on workplace spirituality in the light the COVID-19 pandemic in the governmental health sector. *Leadership & Organization Development Journal*, 43(4), 623-637.
- Ngari, J. M., & Agusioma, N. L. (2013). Influence of employee relations on organization performance of private universities in Kenya. *International Journal of Innovative Research & Studies*, 2(8), 134-145
- Northouse, P. G. (2018). *Introduction to leadership: Concepts and practice* (4th ed.). Sage.
- Ogunyemi, A. O., Balogun, M. R., Ojo, A. E., Welch, S. B., Onasanya, O. O., Yesufu, V. O., ... & Hirschhorn, L. R. (2023). Provider and facility readiness for age-friendly health services for older adults in primary health care centres in southwest, Nigeria. *PLOS global public health*, 3(8), e0001411.
- Olowookere, S. A., Awopeju, O. F., Fehintola, F. O., Arije, O., Ojo, T. O., Obe-Adeoye, O. I., ... & Adepoju, E. G. (2023). Tuberculosis burden and its predictors among people living with HIV/AIDS at a Nigerian treatment centre: a prospective study. *Rwanda Medical Journal*, 80(3), 42-48.
- Omisore, B. O., & Oyende, A. A. (2015). Workplace ethics, values, attitudes and performance in the Nigerian public service: Issues, challenges and the way forward. *Journal of Public Administration and Governance*, 5(1), 157-172. <https://doi.org/10.5296/jpag.v5i1.7366>
- Pallant, J. (2020). *SPSS survival manual: A step by step guide to data analysis using IBM SPSS*. Routledge.
- Papanikitas, A., & Young, P. D. (2022). What do doctors and society owe each other? A Scanlonian reflection on medical professionalism. In *The Bridge Between Bioethics and Medical Practice: Medical Professionalism* (pp. 381-401). Cham: Springer International Publishing.
- Pangestika, E. R. (2018). Enhancing employees performance through A work ethic with islamic spiritual leadership based, human relation, organizational support, workplace spirituality, and organizational commitment, *International Journal of Islamic Business Ethics*, 3(2), 505-515.
- Phina, N., Arinze, Chidi, F., & Chukwuma, D. (2018). The Effect of Teamwork on Employee Performance: A Study of Medium Scale Industries in Anambra State. *International Journal of Contemporary Applied Researches*, 5(2), 174–194.
- Pogson, C. E., Cober, A. B., Doverspike, D., & Rogers, J. R. (2003). Differences in self-reported work ethic across three career stages. *Journal of Vocational Behavior*, 62(2), 189-201. [https://doi.org/10.1016/S0001-8791\(02\)00048-2](https://doi.org/10.1016/S0001-8791(02)00048-2)
- Porter, M. E., & Kramer, M. R. (2006). The link between competitive advantage and corporate social responsibility. *Harvard business review*, 84(12), 78-92.

- Rasoal, D., Skovdahl, K., Gifford, M., & Kihlgren, A. (2017). Clinical ethics support for healthcare personnel: An integrative literature review. *HEC Forum: An Interdisciplinary Journal on Hospitals' Ethical and Legal Issues*, 29(4), 313-346. <https://doi.org/10.1007/s10730-017-9325-4>
- Resick, C. J., Hargis, M. B., Shao, P., & Dust, S. B. (2013). Ethical leadership, moral equity judgments, and discretionary workplace behavior. *Human Relations*, 66(7), 951-972. <https://doi.org/10.1177/0018726713481633>
- Salau, O. P., Adeniji, A. A., Falola, H. O., Ohunakin, F., & Chukwuemeke, C. D. (2022). Mediating Effect of Work Motivation on Green Human Resource Management Practices and Employees' Behavioural Outcomes. *Jurnal Akuntansi dan Bisnis: Jurnal Program Studi Akuntansi*, 8(2), 87-103.
- Sakr, F., Haddad, C., Zeenny, R. M., Sacre, H., Akel, M., Iskandar, K., Hajj, A., & Salameh, P. (2022). Work ethics and ethical attitudes among healthcare professionals: The role of leadership skills in determining ethics construct and professional behaviors. *Healthcare*, 10(8), Article 1399. <https://doi.org/10.3390/healthcare10081399>
- Schermerhorn Jr, J. R., Bachrach, D. G., & Wright, B. (2020). *Management*. John Wiley & Sons.
- Seo, M. G., & Creed, W. D. (2002). Institutional contradictions, praxis, and institutional change: A dialectical perspective. *Academy of management review*, 27(2), 222-247.
- Snell, R. S., Chak, A. M. K., Wong, M. M. L., & Hui, S. S. K. (2021). Self-perceived misattributed culpability or incompetence at work. *Asian Journal of Business Ethics*, 10(1), 103-128.
- Tasmara, T. (2002). *Etos Kerja Pribadi Muslim*. Yogyakarta: Dana Bhakti Primayasa.
- Tarima, M., Zaim, B., & Torun, Y. (2014). The effects of work ethics practices on hospital performance: A field study on public hospitals. *Turkish Journal of Business Ethics*, 7(2), 135–151. <https://doi.org/10.12788/j.sder.0014>
- Trevino, L. K., & Nelson, K. A. (2016). *Managing business ethics: Straight talk about how to do it right* (6th ed.). John Wiley & Sons.
- Uysal, B., & Uyargil, C. (2025). A contemporary view of work design: how do job complexity and job autonomy shape proactive work behaviour through role breadth self-efficacy?. *Trakya Üniversitesi İktisadi ve İdari Bilimler Fakültesi E-Dergi*, 14(1), 60-74.
- Wakaba, M., Mbindyo, P., Ochieng, J., Kiriinya, R., Todd, J., Waudu, A., Noor, A., Rakuom, C., Rogers, M., & English, M. (2014). The public sector nursing workforce in Kenya: A county-level analysis. *Human Resources for Health*, 12(1), Article 6. <https://doi.org/10.1186/1478-4491-12-6>
- Wang, Y.-D., & Hsieh, H.-H. (2012). Toward a better understanding of the link between ethical climate and job satisfaction: A multilevel analysis. *Journal of Business Ethics*, 105(4), 535–545. <https://doi.org/10.1007/s10551-011-0984-9>