Influence of Ethical Code of Conduct and Whistle-Blowing Activities on Job Satisfaction among Healthcare Workers

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Abstract:

Job satisfaction as an important employee attitude required continuous attention in developing nations' healthcare system such as Nigeria because of its implication on the quality of patients care and treatment. In particular, a system where poor service delivery, negligence, discriminatory practices are rampant. Hence, the present study examined the influence of ethical code of conduct and whistleblowing activities on job satisfaction among health care workers. The study employed a survey design. Two hundred and five (205) participants were sampled from the lower level and upper management staff of University College Hospital, Ibadan, Nigeria using a multi-stage sampling technique. Seven units were selected using purposive sampling technique. The result shows significant main effect of the ethical code of conduct (F $(1,200)$ = 11.97, p<.01) and whistleblowing activity (F $(1,200)$ = 36.17, p<.01) on job satisfaction. Further, there was a significant interaction between the perceived ethical code of conduct and whistleblowing on job satisfaction (F= $(1,200)$ = 7.48, p <.01). It was concluded that whistleblowing activities and a strong ethical code of conduct lead to health workers job satisfaction. However, whistleblowing may affect the interrelation between employees, there is a need for hospital management to provide a formal process to manage whistleblowing activities. This is to provide backlash and resultant problems that may result from the whistleblowing activities.

Keywords: Job satisfaction, ethical code of conduct, whistleblowing activities, hospital management.

Introduction

The drive by every organization toward achieving goals is a function of its responsibility to attract, retain and maintain competent and satisfied staff. On the other hand, every worker evaluates the various facets of their job, as well as their experiences based on the benefits and the costs associated with such a particular job (Fraser, 1983). The nature and quality of services provided in health sector demands and depends more on healthcare givers work satisfaction and commitment. More so, healthcare givers satisfaction or dissatisfaction considerably influence the quality of performance in the health sector (Matins, Tukur, Danburam & Salwau, 2016). Job satisfaction according to Locke (1976) defined as a pleasurable or positive emotional state resulting from the appraisal of one's job or job experiences. Riketta (2008) describe job satisfaction as an important employee attitude positively predicting job performance. It's of the opinion that factors that play a role in determining the attitude of employees towards their work can further understand by referring to the various types and dimensions of job satisfaction.

According to O'Malley (2000), a job can be classified as satisfying when the actual work performed is enjoyable, when employees are able to grow and develop, and when employees feel that they are able to perform and carry out their duties effectively. These three characteristics of a satisfying job also according to O'Malley (2000) referred to as inward, upward and outward job satisfaction respectively. Job satisfaction research in the healthcare systems in Nigeria is imperative in that it has implication on the quality of patients care and treatment (Martins, Tukur, Danburam & Salwau, 2016). Increased job satisfaction produces improved job performance and in turn, determines the quality of healthcare systems. However, among such important variables that affect employees' satisfaction with their job in the health care system is unethical work behavior. The estimated impact of employees' colleague misbehavior has identified to be unprecedented (Henle, Giacalone Jurkiewicz, 2005). In view of this, there is a great reason, financial and otherwise, for healthcare organizations to prevent and

discourage any negative workplace deviance within their walls, and one way is through whistleblowing activities.

Moreover, it is common knowledge that predatory behavior by health workers such as negligence, poor service delivery, discriminatory practices, etc. is rampant in Nigeria healthcare systems. Some health workers may abuse their position for egoistic reasons, incompetence or moonlighting into private practice. The prevalence of such practices has increased over the years in Nigeria health sector, thus may affect the attitude of some toward their job (BusinessDay newspaper, 2018; Stakeholder Democracy Network, 2013; Vanguard newspaper, 2011). Invariably, impinge on the degree of job satisfaction of some of the employees who are ethical to a large extent.

In view of the aforementioned, Victor, Trevino and Shapiro (1993) pointed out that the interest in managing ethical business behavior continues to grow as businesses struggle with the costs of unethical behavior in the workplace. Ethics defines as a set of moral principle or values that govern the conduct of an individual (Chessmen, 1999). The healthcare providers are guided by the code of conduct to ensure worth and dignity of human care. The ethical code described as systematic moral statutes of guidelines that serve as an ethical (moral) armor which should encourage and control health workers to exercise their moral power when carrying their special roles. In Nigeria, the Code of Conduct Bureau revered in the 1999 Constitution is to build up and keep up an exclusive requirement of ethical quality in the direct implementation of government business and to see that the activities and practices of public workers comply with the most noteworthy standard of profound quality and responsibility.

On the other hand, whistle-blowers policy assume an essential role by filling the gaps in the administrative structure that is proposed to check the maltreatment of organizational power (Boyle, 1990). Miceli and Near (1985) define whistle-blowing as disclosure by organization members (formal or current) of illegal, immoral, or illegitimate organizational acts or omissions under the control of their employers, to parties who can correct the wrongdoing. Also, whistle-blowing is

when employees become aware of wrongdoing in an organization and take a stand against illegal, unethical or harmful practices and disclose this wrongdoing to parties who will take action. Employees may choose to blow the whistle for reasons such as that the consequences of the wrongdoing may have devastating effects. Alternatively, employees may be fearful of retaliation from the organization and may choose to remain silent (Feldman & Lobel, 2008; Milliken, Morrison & Hewlin, 2003). The extent to which employees are satisfied or dissatisfied in their jobs could contribute to their decision to report wrongdoing. This means that job satisfaction could influence how employees within an organization deal with situations that constitute organizational wrongdoing. Park et al. (2008) suggested three classifications of whistleblowing which represents individual whistle-blower choice which include: formally or informally, internally or externally and identified or anonymously. Therefore, one needs to look further into whether people who are satisfied in their jobs are more or less likely to report unethical behavior or to blow the whistle. In order to understand the nature and extent of the relationship between unethical behavior, whistleblowing and job satisfaction, the study examined healthcare workers in healthcare delivery institution. This is due to the fact that very few studies of this nature have been conducted at health care institutions in Nigeria.

Hence, the study examined the influence of ethical code of conduct and whistleblowing activities on job satisfaction among health care workers. Specifically, the study examined; whether there is a main and interactive influence of ethical code of conduct and whistleblowing activities on job satisfaction of health care workers.

Literature Review

Theoretically, the study based on the explanation of the relationship between the concern variables of the study on cognitive dissonance theory. Cognitive dissonance theory developed by Festinger (1957) based on three central assumptions hold that individuals are sensitive to inconsistencies between actions and beliefs, which cause dissonance and will strive to resolve or minimize the dissonance (Festinger, 1975). Consistent with dissonance theory, Viswesvaran,

Deshpande, & Joseph (1998) argued that the consequence of continued dissonance will lead to distress or dissatisfaction. In line with this study, employees working in healthcare institutions guided by the ethical code of conduct essentially desire consistency between their ethical value systems and the organization ethical climate. Sims and Kroeck (1994) reported that lack of ethical fit between employees and their organizations lead to distress and job dissatisfaction. The author (Sims & Kroeck) believes that a positive ethical fit between employees and their organizations related to higher level of job satisfaction. Ahmed, Shad, Mumtaz, and Tanveer's (2012) reported that an organization with a strong ethical climate and support ethical behavior likely result in a favorable work-related environment, as well as organizational outcomes.

Moreover, Gokce (2013) and Cassematis & Wortley (2013) examined the difference in job satisfaction of whistle-blower who reported wrongdoings and others who did not. The findings show that there was no difference in the job satisfaction level of whistle-blowers who reported wrongdoings and those who did not. In contrary, Mesmer-Magnus and Viswesvaran (2005) meta-analysis observing whistleblowing intentions and actions separately, established a relationship between whistleblowing action and job satisfaction and job performance, but not with whistleblowing intentions. Bjorkelo et al., (2011) findings also found that an increase in job satisfaction level of whistle-blowers decreases the probability of whistleblowing. The author explained this finding by stating that employee low level of job satisfaction may be a condition for whistleblowing which means that whistleblowing may have an effect on employee job satisfaction.

Furthermore, as pointed out earlier, not so many studies have attempted to look into the relationship between an organizational ethical code of conduct and whistleblowing on job satisfaction. One of the related study but in otherwise direction by Elci et al., (2016) on effects of job satisfaction and ethical climate on whistleblowing, found no significant effect of job satisfaction on whistleblowing intentions (internal and external intentions). However, the study established a significant effect on employees' perception of ethical climate on both dimensions of whistleblowing. In essence, employees may differ in their responses to

organizational wrongdoing, and there are instances where employees may not be affected by wrongdoing. In fact, some may be blissfully unaware of wrongdoing and its disastrous effects. In contrast to this, issues that concern job satisfaction, in one way or another, have an impact on all people who are employed. It could well be the case that the level of job satisfaction in the workplace can contribute to creating an atmosphere within an organization that influences the reporting of wrongdoing. Hence, this study on how ethical code conduct and whistleblowing activities influence job satisfaction among healthcare workers in Nigeria.

Methods and Materials

Research design and participants

The study adopted a survey research design. The population of the study comprises of employees working in the healthcare sector in Nigeria. Samples were drawn from University College Hospital, Ibadan. 250 participants were sampled from the lower level and upper management staff using the multi-stage sampling technique. Seven departmentalized units were selected using purposive sampling technique. 42.7% of the respondents were males while 57.3% were females. 64.1% of the respondents were at the age of 20-30 years, 32.8% were between 31-40 years while 3.1% were at the age of 41 years and above. 48.1% of the respondents were single while 51.9% were married. 75.2% of the respondents were in the work for 5-10 years, 20.2% were in the work for 11-15years, 2.7% were 16-20 years in the works while 1.9% were in the work for 21years and above. 48.5% of the respondents had MBBS/B.NSc. certification, 31.3% had R.N/NRM and H.N.D certification, 7.3% had diploma, and 8.1% were Fellows / Ph.D degree holders.

Instruments

Questionnaire method was used to collect the data, and it was divided into four sections which include: section A that measure the demographic variables such as age, sex, marital status, years of working experience and work unit. Section B measured job satisfaction using job satisfaction scale by Robinson (2009). Respondents were required to indicate their degrees of satisfaction through Likert scale response format ranging from '1' strongly disagree to '5' strongly agree. The

author of the scale reported a Cronbach alpha of 0.755 and the reliability coefficient for the study was 0.72.

Section C measured respondents' perception of the organizational ethical code of conduct using ethical climate questionnaire (EQC) refined by Cullen, Victor, and Bronson (1993). The scale drew on the shared perception of people regarding norms, values, and accepted behaviors in their organization. The sub-scale of the multi-dimensional scale employ two generic (h) rules: standard operating procedures, and (i) law, professional code. The eight items were scored on a five-point Likert scale ranging from completely disagree (1) to completely agree (5). An organization with laws and professional codes climate (PC) emphasizes members' adherence to rules and principles (P) external to the organization (C), such as government regulations or religious values in dealing with moral decision making. Cullen, et al. (1993) reported $\alpha = 0.77$ for the rules, standard operating procedures and $\alpha = 0.76$ for the law, professional codes subscales. The reliability coefficient for the study was 0.85 Cronbach alpha.

Section D measured whistleblowing using scale by Robinson (2009). The scale determines the channels which health workers use to disclose varying degrees of wrongdoing in the workplace. Respondents choose one out of five options as an indication of the nature of the action they would take to deal with the wrongdoing in the hospital in some of the given situations. The actions varied in their degree of extremity and ranged from keeping quiet to reporting the wrongdoing to an appropriate authority within the hospital, reporting the wrongdoing to an external authority and the final option was to report to the media. The author carried out item analysis of the minor, medium and major offenses and the result revealed the questionnaire is reliable (Cronbach's alpha = 0.94). The reliability coefficient of the scale for this study was 0.76 Cronbach alpha.

Results and Discussion

The main hypothesis which states that "there will be a main and interactive influence of ethical code of conduct and whistleblowing activities on job satisfaction of health care workers" was sub-divided into three hypotheses:

1. The first sub-hypothesis states that health workers who perceived strong organization ethical code of conduct favorably will significantly report more job satisfaction than health workers who perceived the organization ethical code of conduct as weak.

2. The second sub-hypothesis states that health workers who perceived whistleblowing activity as prevalent will significantly report more job satisfaction than health workers who perceived whistleblowing negatively.

3. The third hypothesis states that there will be a significant interaction effect of health workers' perception of the ethical code of conduct system and whistleblowing on health workers job satisfaction.

These hypotheses combined were tested using 2x2 ANOVA and the result presented in table 4.1 below:

Table 4.1 Summary of 2x2 showing the influence of perceived adequacy of the ethical code of conduct and whistleblowing on health workers' job satisfaction

Source	SS	df	MS	F	Sig.
Perception of the ethical code of conduct	1943.78	1	1943.78	11.97	<.01
Whistleblowing activity	5874.16	1	5874.17	36.18	<.01
Perception of the ethical code of conduct * whistleblowing activity	1215.95	1	1215.95	7.49	<.01
Error	32477.58	200	162.39		
Corrected total	41024.35	203			

The result of the hypothesis shows that there was the main effect of perception of the ethical code of conduct (F (1,200) = 11.97, p<.01) on health workers job satisfaction. There was a significant main influence of whistleblowing activity in the organization on health workers job satisfaction (F (1,200) = 36.17, p<.01). In

addition, analysis of the third hypothesis also revealed that there was a significant interaction between the perception of the ethical code of conduct and perception of the whistle-blowing on health workers' job satisfaction (F= (1,200) = 7.48, p <.01).

Table 4.2: Descriptive statistics showing mean differences based on the perceived fairness of the ethical code of conduct system and perceived whistleblowing.

MAIN EFFECTS	N	Mean	S.D
Weak perception	66	45.18	19.45
Strong perception	140	52.83	10.04
Low whistleblowing	84	44.19	19.47
High whistleblowing	122	54.64	5.99
Total	206	50.38	14.18

Table 4.2 showing the result of the mean differences concerning the first hypothesis. It shows that health workers with a positive perception of their organization ethical code of conduct system ($\bar{x}$= 52.83, S.D = 10.04) significantly reported higher scores on job satisfaction to compare to health workers who reported the negative perception of the ethical code of conduct system ($\bar{x}$= 45.18, S.D = 19.45). Thus hypothesis 1.1 was accepted.

The result on the mean differences on the second hypothesis demonstrated that health workers who perceived high whistleblowing activity in their workplace reported higher job satisfaction ($\bar{x}$=54.65, S.D = 6.01) than health workers who perceived low whistleblowing activity in the workplace ($\bar{x}$= 44.19, S.D = 19.47). Based on this, hypothesis 1.2 was also accepted.

Table 4.3: Descriptive statistics and Scheffe Post Hoc analysis showing mean differences based on interaction perceived fairness of ethical code of conduct system and perceived whistleblowing

Levels of interaction				Scheffe POST HOC TEST			
	N	Mean	S.D	1	2	3	4
Low-EC low-WB activity	33	36.72	23.92		-16.90*	-12.29*	-18.29*
Low-EC high-WB activity	33	53.63	7.00			4.61	-1.38
High-EC low-WB activity	51	49.01	14.23				6.00
High-EC high-WB activity	89	55.02	5.56				
Total	206	50.38	14.18				

The result on the mean differences on the third hypothesis revealed that health workers who perceived strong ethical code of conduct and high whistleblowing activity were significantly high on job satisfaction ($\bar{x}$= 55.02) compared to health workers who perceived weak ethical code of conduct system and low whistleblowing activity ($\bar{x}$= 36.72) (Scheffe = 18.29, p<.05). Health workers who perceived weak ethical code of conduct and low whistleblowing activity were significantly low on job satisfaction ($\bar{x}$= 36.72) when compared to health workers who perceived weak ethical code of conduct system but high whistleblowing activity ($\bar{x}$= 53.63) (Scheffe = 16.90, p<.05), and also health workers who perceived strong ethical code of conduct system but low whistleblowing activity ($\bar{x}$= 49.01) (Scheffe = 12.29, p<.05). The third hypothesis stated that the interaction between the perception of the ethical code of conduct and whistleblowing activity was supported.

The study investigated the role of the ethical code of conduct and whistleblowing on the job satisfaction of health workers in Nigeria healthcare institution. One hypothesis sub-divided into three was tested in the study. The main hypothesis stated that there would be main and interaction effect of the ethical code of conduct and whistleblowing on health workers' job satisfaction was supported. The findings showed that the perception of an ethical code of conduct significantly influenced health workers job satisfaction. Health workers who perceived a strong ethical code of conduct significantly reported higher job satisfaction compared to health workers who perceived weak ethical code of conduct. The result demonstrated that there was the significant main effect of perceptions of whistleblowing on job satisfaction, and the interaction between perception of the ethical code of conduct system and perception of the whistle-blowing on health workers' job satisfaction was also significant.

The findings suggest that the combinations of a good ethical code of conduct and whistleblowing influenced health workers' job satisfaction. This finding supports the findings of Okpara (2002) which demonstrated that the implementation of strong ethical climate significantly influenced satisfaction with promotions,

supervisors, and work among Nigerian employees and this significantly influenced overall job satisfaction. Similarly, Joseph and Deshpande's (1997) study of 226 nurses employed by a large non-profit hospital indicated that a rules climate led to nurses being more satisfied with pay, promotion, and supervision. In the same vein, studies which demonstrated that health workers' dissatisfaction influenced by issues of respect, supportive work environments, professional development, and personal boundaries with patients and collaborative decision making (Acker, 2004; Egan & Kadushin, 2004; Kadushin & Egan, 2001). Organizations weak on ethical code create ethical stress which consequences include frustration, interpersonal conflict, dissatisfaction, physical illness, and possibly abandonment of the profession. A study by Annakin (2011) demonstrated that there was a positive relationship between levels of job satisfaction and whistleblowing support. Levels of employee job satisfaction appear directly related to salient organizational variables including trust in management and support for and knowledge of whistleblowing procedures.

Conclusion and Recommendation

In conclusion, the findings show that both whistleblowing and perception of an ethical code of conduct influenced employees' job satisfaction of health workers. Perceived high implementation of the ethical code of conduct and frequent whistleblowing was shown to influence a higher level of job satisfaction. The result also demonstrated that Perceived high implementation of ethical code of conduct moderated the impact of whistleblowing activities such that healthcare workers who perceived weak moral set of accepted rules in the organization and low whistleblowing activities reported lower job fulfillment while in contrast with employees who perceived high implementation of moral set of accepted rules with frequent whistleblowing activities reported higher and better job fulfillment. These findings have important practical implications for human resource management especially in the area of job motivation and morale. Allowing employees to report wrongdoings may have a good impact on the whistle-blower by making them happier and to have a good job-related attitude. However, this may have an implication for job attitude of the reported employees. Whistleblowing may affect

the interrelation between employees, thus there is a need for the hospital management to provide a formal process to manage the whistleblowing activities. This is to provide backlash and resultant problems that may result from the whistleblowing activities.

Significantly, after investing considerable time and money recruiting and training health workers, organizations must determine how to make sure those valuable health workers are productive and get them to remain satisfied with the job. Job satisfaction of health workers is essential to maintain patient relationships and keep recruiting and training costs low. The key to employee satisfaction is founded on strong leadership and sound management practices. If organizations succeed in these, they would have happy, loyal health workers and patients, resulting in growth, profits and personal gratification. Together, organizational culture and the influence of co-workers may foster conditions that limit or permit unethical behavior.

Limitation and Suggestion for Future Research

There are limitations inside this investigation, much the same as all other studies in this endeavor. One of the constraints of this investigation was that health workers in University College Hospital were used as the populace set for this study and this limited the generalisability of the discoveries. Issues of speculation are clear in the distinctions in the condition of service and general rules which health workers have to follow. The future attempt should extend the study to health workers all over Nigeria. Finally, due to the fact that the researcher tried distributing the research instruments across all the units available in the hospital used for this study the problem of unequal representation of participants arose from the fact that some participants returned their research instruments unanswered, some inadequately answered while some others did not return the research instruments at all. As such health workers from different units may give a different opinion as regards the same variables as it exists in their own unit.

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