

Examining the Role of Legal Instruments in Promoting Public Service Ethics in Tanzania: A Case Study of Selected Referral Hospitals in Mbeya Region

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Abstract

This study examined how legal instruments promote Public Service Ethics (PSEs) in public health organisations, where Mbeya Zonal Referral Hospital (MZRH) and Mbeya Regional Referral Hospital (MRRH) were the case studies. Literature shows that civil as well as public service reforms involving policy formulation and legislation of laws have taken place, yet the challenge of standards of conduct has remained in public health organisations. Whether the challenge is defects in legal instruments or whether the best practices for promoting public service ethics in health organisations are required is not known. The study employed a qualitative approach with the help of a case study research design. A semi-structured interview, focused group discussion (FGD), documentary review, observation, and questionnaires supplemented each other to collect data from 120 respondents. The study revealed that the promotion of public service ethics in Tanzania is regulated by two main legal instruments that supplement each other. These instruments are the Code of Ethics and Conduct for the Public Service of 2005. From the instruments, health secretaries managed to extract key provisions that promote public service ethics and paste them on the notice boards around the premises of the hospitals for ease of access by employees. The study also revealed that time-saving technology was the first best practice in promoting public service ethics in terms of honesty, loyalty and diligence. The study recommends capacity-building programmes to raise awareness of ethical issues and integrity of public health workers as the means to improve health care service among patients.

Keywords: *Public service, public servant, legal instruments, public service ethics*

1.0 INTRODUCTION

Public service ethics and ethics in health organisations are fundamental concepts that play a crucial role in ensuring the delivery of high-quality healthcare services and upholding the integrity of public institutions. The concept is rooted in principles of accountability, transparency, integrity and ethical treatment of individuals during service provision. When public officials adhere to ethical standards, they demonstrate their commitment to serving the public interest and

earning the trust of citizens. Public service ethics in health organisations involves the behaviour of public health workers and how they interact with patients, their families, and the public. Ethical breaches in public health organisations, such as corruption, nepotism, and lack of accountability, can lead to a decline in public trust, health outcomes, and the quality of care provided (Akiba & Mushi, 2017). Public health organisations in Tanzania have been grappling with ethical issues, leading to a decline in public trust and confidence in the health system (Mbawala, 2021).

In response, the Tanzanian government has developed various legal instruments to promote public service ethics in the health sector. The formulation of the Public Service Management and Employment Policy of 1999 laid the foundations for the officials responsible for managing human resources to take strong measures to improve management performance in the delivery of public service. Also, these instruments state fundamental principles and standards of employment, establish performance management systems, and provide the framework for investigation, disciplinary action, prosecution, and the right to appeal. Legal provision of PSEs is provided under Parts V and VII of the Public Service Regulations of 2003, read together with Section 35A of the Public Service Act No. 8 of 2002 as amended by the Public Service (Amendment) Act No. 18 of 2007 [Cap 298, R.E. 2019]. Section 67 of the Public Service Regulations of 2003 provides for the effect of breaches of code, which have serious consequences, including criminal prosecution. Likewise, Section F of the Public Service Standing Orders of 2009 provides for rules of conduct, discipline, and termination of appointment. The provisions enable the PSEs to be enforceable by administrative authorities (URT, 2011).

Performance Management Systems are enshrined with legal force with effect from the enactment of the Public Service Act No. 8 of 2002, read together with the Public Service Regulations of 2003, and the Public Service (Amendment) Act No. 18 of 2007 [Cap 298, R.E. 2019]. As a legal requirement, all public service organisations have a performance management system. These instruments provide a framework for ensuring accountability, transparency, and integrity in the delivery of health services. Similarly, the Government of Tanzania developed the Public Service Public Leadership Code of Ethics Act (CAP 398 R.E 2020) and the National Anti-corruption Strategy and Action Plan Phase III 2017-2022 (URT, 2022). All these instruments focused on strengthening the code of ethics and integrity among public civil servants.

Despite the existence of legal instruments, ethical breaches continue to occur in public health organisations, including those in Mbeya Region (Muganyizi et al.,

2020). For instance, corruption affects the quality of healthcare services in Tanzania. In Mbeya Region favouritism of the rich patients was reported by 76.1% of respondents where there is typically a long waiting time before one can get the service compared to the number of doctors, nurses and diagnostic services (Kobote, 2017). There have been deliberate initiatives by the Government of Tanzania to address the problem of misconduct among public servants since her independence, yet little has improved (Pradhan, 2012). This is because leaders and employees in public service still engage in corruption, fraud, nepotism, misuse and manipulation of information (URT, 2022). Such unethical behaviour by public servants pose a key question regarding the extent to which legal instruments are used to promote PSEs in public health organisations (Ssonko, 2010; Mutahaba, 2012). By and large, for efficient public service delivery, PSEs are and still will remain to be not only a means to an end but also the end in itself to effective public service. It is disappointing to learn that ethical vices in public organisations are accelerated by a combination of malpractices that operate as if there are no legal instruments to alleviate them. The fact that the enforcement of legal instruments to promote PSEs cannot be ignored in public organisations suggests that there may be challenges facing the implementation of legal instruments for promoting public service ethics in public health organisations in Tanzania.

Therefore, this study aims to examine the role of legal instruments in promoting public service ethics in public health organisations in Tanzania, using case studies of two referral hospitals in Mbeya Region, namely Mbeya Zonal Referral Hospital and Mbeya Regional Referral Hospital. Specifically, the study attempts to answer the following questions: 1) What legal instruments are in place to promote public service ethics in public health organisations in Tanzania? 2) What techniques are used to promote the ethical conduct of behaviour compared to any other alternatives at MZRH and MRRH?

2.0 REVIEWED LITERATURE

The study utilised institutional theory as developed by Meyer (1977). Institutional theory focuses on how formal structures (such as laws, regulations, and policies) and informal norms shape the behaviour of organisations. Within the context of this study, legal instruments serve as formal structures that regulate behaviour, while public service ethics represent the informal norms guiding ethical conduct within public health organisations.

Specifically, institutional theory helps in understanding how legal instruments, such as laws and regulations related to public service ethics and accountability, influence the behaviour and ethical practices of public health organizations. The

theory emphasises that organisations conform to institutional pressures to gain legitimacy and support. Therefore, examining the role of legal instruments in promoting public service ethics in Tanzanian public health organizations, such as Mbeya Zonal Referral Hospital and Mbeya Regional Referral Hospital, would involve analyzing how these organizations comply with legal requirements, navigate institutional pressures, and adhere to ethical norms.

The empirical review of similar studies conducted on public service ethics highlights several legal frameworks for public service ethics enforcement. The legal framework governing public service ethics in Tanzania is primarily established through various legislative and regulatory instruments. The Public Service Act of 2002 and its subsequent amendments provide the overarching legal framework for ensuring ethical conduct among public servants, including healthcare professionals in referral hospitals. Empirical studies by Mwase et al. (2018) and Magesa (2019) highlight the provisions of these legal instruments and their implication for promoting ethical behaviour in the public service sector, including hospitals.

Despite the existence of legal instruments, the effectiveness of promoting public service ethics depends on the enforcement mechanisms and compliance measures. A study by Masoud et al. (2020) investigated the enforcement of public service ethics in Tanzania hospitals and found that while legal instruments provide guidelines, there are challenges in implementation and monitoring. Weak enforcement mechanisms and unaccountability undermine the effectiveness of legal instruments in promoting ethical behaviour among healthcare professionals. Legal instruments play a role in decision-making. A study by Ngowi et al. (2017) explored the impact of legal instruments on ethical decision-making among healthcare professionals in Tanzania. The study found that organisational culture, professional values and individual beliefs influence standards of conduct and ethical decision-making in the public sector whereas legal instruments serve as reference points but may not always guide ethical behaviour in complex healthcare scenarios.

Understanding the perspectives of stakeholders and identifying challenges is crucial for the effective implementation of legal instruments in promoting public service ethics. A study by Nyangena (2019) examined the perceptions of healthcare providers, administrators and policymakers regarding the role of legal instruments in promoting ethics in Tanzanian hospitals. The study identified challenges such as inadequate resources, limited awareness of legal provisions and corruption as barriers to ethical governance in healthcare institutions. Based on the empirical evidence, capacity building is needed among public service

professionals as a means of strengthening the legal framework and awareness creation on the effect of public servants engaging in unethical codes of conduct. Capacity building enhanced oversight mechanisms and public awareness campaigns to improve compliance with legal instruments and foster ethics in Tanzania hospitals.

3.0 METHODOLOGY

The study employed a qualitative approach with the help of a case study research design, which helped to obtain detailed information on how legal instruments promote PSEs in public health organisations in Tanzania. The choice of research methods depends much on the purpose of the specific research (Krishnaswami & Ranganatham, 2005). This study employed various methods of data collection with the dominance of qualitative methods because qualitative research occurs in natural settings, where human behaviour and events occur. This helped the study gather live data related to employees' behaviour. The use of more than one tool helped not only in obtaining the most appropriate findings but also in improving its trustworthiness and credibility.

3.1 Participants in the study

The study involved a total of **120** participants from Mbeya Zonal Referral Hospital and Mbeya Regional Referral Hospital in Tanzania. Specifically, the data were collected from Mbeya Zonal Referral Hospital and Mbeya Regional Referral Hospital, including the management team, workers' council, heads of department, and staff members. To ensure that the sample size was appropriate, a sample of 120 informants was used as the study employed a qualitative approach based on a case study research design (Creswell, 2013).

3.2 Instruments for data collection

In the first instance, the study used the interview method, whereby semi-structured questions were administered to collect primary data from eight management teams. In the second instance, FGD was used to collect primary data from 16 workers' councils, 8 heads of department, and 88 staff members. In the third instance, a documentary review was used to collect secondary data from various records of the respective hospitals. The method was supplemented by observation, and finally, open-ended questionnaires were administered to assess respondents' awareness of legal instruments for the promotion of PSEs.

3.3 Sampling techniques and procedures

The study involved 120 respondents (60 from MZRH and 60 from MRRH), determined based on predicted data to be collected from each category shown in Table 1 below:

Table 1: The Sample Size of the Study

S/N	Target Respondents	Expected Respondents			Sampling Technique	Actual Respondents			Tools
		Male	Female	Total		Male	Female	Total	
1	Management Team	4	4	8	Purposive	4	4	8	Interview
2	Workers' Council	8	8	16	Purposive	8	8	16	FGD
3	Heads of Department	4	4	8	Purposive	4	4	8	FGD
4	Staff members	46	42	88	Convenient	46	42	88	FGD
TOTAL		62	58	120		62	58	120	

3.4 Data analysis procedures

The data was analysed using content analysis, whereby non-numerical data were systematically examined and interpreted. The method was valuable for gaining insights into the meaning, patterns, and themes within the data about the promotion of public ethical conduct in the case studied.

4.0 RESULTS AND DISCUSSION

The presentation of findings was based on two research questions of the study. It begins with legal instruments for the promotion of PSEs in health organisations and ends with the best practices for the promotion of PSEs in health organisations at MZRH and MRRH.

4.1 Legal Instruments for Promotion of PSE in Public Health Organisations

The study aimed at examining the role of legal instruments in promoting public service ethics in public health organisations in Tanzania, with a focus on two referral hospitals in Mbeya Region. The findings of the study suggest that legal instruments play a crucial role in promoting public service ethics in public health organisations in Tanzania. Through semi-structured interviews, observation, and documentary review, the study revealed that the promotion of PSEs in Tanzania was regulated by two main legal instruments that supplemented each other. The first was the Code of Ethics and Conduct for the Public Service of 2005, made under Section 35(2)(b) of the Public Service Act, Cap. 298, No. 8 of 2002, as amended from time to time, read together with Rule 65(1) of the Public Service Regulations of 2003. The Code of Ethics and Conduct for the Public Service of 2005 applies to all those serving in the public service but who are not covered by the Public Leadership Code of Ethics Act, No. 13 of 1995, as amended from time to time. The second is the Public Leadership Code of Ethics (Integrity Pledge) Regulations of 2020 made under Sections 31(1) and (2)(f) of the Public Leadership Code of Ethics Act, Cap. 398, No. 13 of 1995, as amended from time

to time, read together with Articles 132(4) and (5) of the Constitution of the United Republic of Tanzania, Cap. 2 of 1977, as amended from time to time. The Public Leadership Code of Ethics (Integrity Pledge) Regulations of 2020 apply to all public servants who are not covered by the Code of Ethics and Conduct for the Public Service of 2005. Both the Code of Ethics and Conduct for the Public Service of 2005 and the Leadership Code of Ethics (Integrity Pledge) Regulations of 2020 are by the core values of public service as prescribed in the Public Service Management and Employment Policy of 1998, as amended, read together with the provisions of Chapter Six of the Constitution of the United Republic of Tanzania, Cap. 2 of 1977, the Public Service Act, Cap. 298, the Public Service Regulations of 2003, and the Government Standing Orders of 2009. The study revealed that officials responsible for managing HR at MRZH and MRRH employed the two instruments without contravening any directives or guidelines issued by the government from time to time to prescribe the standard of conduct in the public service.

During observation, the study revealed that there were extracts from the Code of Ethics and Conduct for the Public Service of 2005 and the Leadership Code of Ethics (Integrity Pledge) Regulations of 2020 pasted on the notice boards around MRZH and MRRH. When the participants asked what the purpose of pasting the extracts on the notice boards was, one of the senior officials responsible for managing human resources at MRZH said it simplified the dissemination of information from the Code of Ethics for employees at the hospital to understand what is required of them in terms of expected ethical conduct and standards of performance in health organisations and the public service in general. Some of the pasted extracts expected health employees to observe and respect patient rights, to deliver quality service to patients efficiently, effectively, and with the highest standard of courtesy and integrity, to perform their duties diligently and in a disciplined manner, to work in a team, to pursue service excellence, to exercise responsibility and good stewardship, to promote transparency and accountability, and to maintain neutrality during and after service delivery.

The findings align with other studies, which reveal that there are several legal instruments in place to promote public service ethics in public health organisations in Tanzania. These legal instruments include laws, regulations, and policies that provide a framework for ensuring accountability, transparency, and integrity in the delivery of health services. For instance, the Public Service Act of 2002 provides guidelines on the code of conduct and ethics for public servants, including those in the health sector (URT, 2009). Similarly, the National Health Policy of 2017 provides a framework for promoting ethical behaviour in the health sector, which performs the same function as the Tanzanian National

Health Strategic Plan 2021-2026, which, among others, focuses on strengthening ethical, transparent, and accountable behaviour among health sector public servants to improve health services to society (the Minister of Health, Community Development, Gender, Elderly, and Children, 2021).

Findings from the documentary review revealed that sections from the Government Standing Orders of 2009 were frequently cited in most of the minutes of staff meetings. Officials responsible for managing human resources used to cite the sections to remind health employees to abide by the requirements of standards of conduct and enhance ethical performance. The study revealed that Section F.1 of the Government Standing Orders of 2009, which is about office hours, was cited to remind and emphasise to health employees reporting and departure hours (at 7.30 a.m and 3.30 p.m respectively) all weekdays except Saturdays, Sundays, and public holidays. Moreover, public servants were reminded to stay beyond departure hours and to be ready to work on Saturdays, Sundays, and public holidays if the exigencies of service so demanded. However, caution was made that an employer shall not, in normal circumstances, require or permit an employee to work more than 12 hours in a day without reasonable cause. Similarly, employees often reminded officials responsible for managing human resources to follow up on their claims following overtime as provided under sections L 21 to L 27 of the Government Standing Orders of 2009. Again, it was discovered that frequent reminders of Section F.1 of the Government Standing Orders of 2009 during staff meetings enabled health employees at MRZH and MRRH to understand some of the general conditions of service concerning their rights in line with effective abidance to the code of ethics and conduct and make use of them in their daily delivery of services. The section reminded employees to abide by the rules for hours of work and working hours. It was also established that the introduction of an e-human resource management system has increased the number of employees at MZRH and MRRH attaining best practices. To a greater extent, the application of e-human resources management through biometric software and e-office administration through CCTV, as well as mandatory OPRAS, instilled obedience, honesty, diligence, and professionalism among civil and public servants at the two hospitals in Mbeya. The findings were in line with a study by Ali and Aameed (2016), who revealed that effective human resources management has a strong impact on healthcare quality and improving the performance of hospitals as far as the promotion of PSEs is concerned.

Section F2 of the Government Standing Orders of 2009 was frequently cited in minutes of staff meetings when officials responsible for managing human resources at MRZH and MRRH used it to emphasise abidance to the use of

attendance registers to ensure that health employees report for duty on time (at 7.30 a.m.) and do not leave their offices before the official closing time (at 2.30 p.m.). The study discovered that at MRZH and MRRH, the attendance registers and biometric systems were used interchangeably to promote reporting early and discourage early departure. Through interviews and documentary reviews, the study discovered that the integrity pledge for public servants was yet another important legal instrument used to promote PSE at MZRH and MRRH. Health employees took the oath of integrity, which is mandatory for all public servants in Tanzania. The oath led health employees to be trustful and build trust in all their actions by providing health services with integrity. During induction training, the pledge went along with vetting conducted by the Government Security Officer (GSO). The study revealed that an employee who fails to undergo vetting and take the oath is regarded as having committed an offence and relevant disciplinary measures can be taken against such an employee.

Above all, the study found that officials responsible for managing human resources endeavoured to create an atmosphere conducive to encouraging good human relations among health employees based on honesty, loyalty, teamwork, accountability, and professionalism. During the interview, the Health Secretary clarified that good workplace relationships provide a source of employee motivation, which is important to maintaining PSEs. The study discovered that employees who are interested in their work and in the well-being of other employees tend to be more loyal than those who are not.

4.2 Best Practices for the Promotion of PSEs in Health Organisations

This study used the term "**best practices**" to mean proven techniques used to promote ethical conduct of behaviour compared to any other alternatives at MZRH and MRRH. For this study, the term "best" is not considered to be subjective. "Practices" were determined to be the "best" out of good and better practices, apart from smart and promising practices. That means "best practices" were objectively characterised by superior qualities over time to enhance the promotion of PSEs at the two hospitals in Mbeya. The study found several best practices that officials responsible for managing human resources at MZRH and MRRH used to promote PSEs.

The study established that embracing time-saving technology was the first best practice in promoting PSEs in terms of honesty, loyalty, and diligence. To enhance the practice, both MZRH and MRRH installed CCTV, biometric systems, and e-medicine. Apart from being time-saving, the practice improved the quality of service delivery and made it less likely that someone would make a mistake, as it was before when they used to fill out paperwork. The second-best

practice was setting early expectations. The practice was well aligned with the daily implementation of performance targets as indicated in OPRAS forms per employee. It was based on the expectation that each employee found himself completing performance targets by the set deadline. The practice increased productivity, reduced short-term turnover and played a critical role in the socialisation of the organisation in terms of performance, attitudes, and organisational commitment. Leading by example was found to be the third best practice in terms of arriving and reporting at work early, working diligently throughout the day, serving people courteously, and wearing an ID badge (name tag) as a way to give patients and other customers the right to know the service providers, and departing after working hours.

A part of best practice, rewarding ethical behaviour, was better practice. When asked to clarify how rewarding ethical behaviour promoted PSEs, the Health Secretary at MRRH said,

"The practice works better when staff recognise that the management appreciates ethical behaviours that increase efficiency in the process or customer relationships and ignores or plays down accomplishments gained unethically. Certainly, staff members get the message that ethical behaviour is important in-service delivery."

The study discovered that, unlike rewarding ethical behaviour, giving prompt feedback was ranked as a good practice. The practice required employees at the hospitals to be responsive all the time to customers and signify teamwork. When asked what "feedback" means, one respondent said:

"It is any signal that alerts the customer as a response to the needs related to health service delivery on time, accurately, and adequately."

The practice promoted accountability, transparency and teamwork, which in turn provided opportunities for health employees to improve service delivery. In general, the practices were within the capacity of officials responsible for managing human resources at MZRH and MRRH as far as the promotion of PSEs in the health sector was concerned. The study discovered that rewarding ethical behaviour to promote PSE was ranked as a better practice used by officials responsible for managing human resources.

Such comments reflect healthy communication between employees and their immediate supervisors, something that directly promotes PSEs with minimum cost and time.

Last but not least, giving prompt feedback was ranked as a good practice used to promote PSEs at MZRH as well as MRRH. The practice was seen to be done in two ways: in the first way, employees were quick (did not delay) to respond to customers' needs and interests, whether internal or external. In the second way, each employee knew her or his reporting system and reported the progress of service delivery to her or his immediate supervisor on time. When asked what feedback means, one of the members of the management team said,

"It is any signal that alerts the customer or an immediate supervisor as to how health employees deliver services on time, think accurately, and do the right thing."

The two ways of practising were facilitated by teamwork spirit. The practice promoted PSEs in terms of responsibility, accountability, transparency, and teamwork, which provided opportunities for health employees to deliver effective and efficient health services.

5.0 CONCLUSION

In conclusion, the study highlights the importance of legal instruments in promoting public service ethics in public health organisations in Tanzania. The findings of the study suggest that legal instruments are effective in promoting ethical behaviour among health workers, improving the quality of health services, and enhancing patient satisfaction. The study emphasised capacity building as the strategy to strengthen awareness of legal instruments guiding ethical conduct and integrity among civil servants in professional cadres such as hospitals. However, the challenges facing the implementation of legal instruments should be addressed to ensure their effectiveness in promoting public service ethics in public health organisations in Tanzania. The study highlights some of the few best practices in a referral hospital, including setting early expectations, embracing technology, leading by example for efficiency and fostering strong ethical adherence and integrity among civil servants in the referral hospitals to enhance performance, quality of health service and patients' outcomes.

6.0 RECOMMENDATIONS

The study recommends that public health organisations in Tanzania should invest in capacity-building programmes to raise awareness of ethical issues and the integrity of public health workers in ethical conduct. Moreover, there is a need to strengthen the enforcement mechanisms of legal instruments to ensure compliance with ethical standards. This can be achieved through regular monitoring and evaluation, as well as the imposition of sanctions for non-compliance. Furthermore, the study recommends the need for a change in the culture of public health organisations towards ethical behaviour.

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