

Effectiveness of Corruption Education Programs Offered by the Prevention and Combating of Corruption Bureau (PCCB) on Corruption Prevention in the Public Sector: A Case of Muhimbili National Hospital (MNH) - Mloganzila, Tanzania

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ABSTRACT

The paper assesses the effectiveness of corruption education programs provided by the Prevention and Combating of Corruption Bureau (PCCB) in the prevention of corruption at Muhimbili National Hospital (MNH) - Mloganzila, Tanzania. The study was governed by the institutional theory. A case study research design was adopted in the study. The target population of this study was healthcare providers, members of administration at MNH-Mloganzila, and community members. Sampling techniques employed include simple random, purposive, and convenience sampling techniques. The study used a sample size of 100 respondents. Data were collected through questionnaires, interviews, and documentary reviews and analyzed using descriptive statistics and content analysis. The findings revealed that management of the hospital provided support by ensuring that all employees are reached by PCCB for education provision, ensuring that a larger number of employees participate in PCCB education sessions, coordinating PCCB with employees with the aim of increasing access to PCCB education, and organizing venues for PCCB education provision to employees. Also, the findings revealed that level of awareness on all matters of corruption and possible consequences of engaging in corruption was higher. However, the level of awareness was low on rules and regulations implemented as well as possible measures to prevent corruption. Moreover, the findings revealed that there were positive perceptions on equitability of services provided, availability of services provided, as well as language of providers towards customers. However, there were negative perceptions on timely services and affordability of services. Corruption education provided by PCCB has been effective to some extent in reducing corruption. Research recommended that management of the organization should ensure that information from PCCB is shared to all employees effectively, PCCB should increase concentration on educating employees and stakeholders on rules and regulations implemented as well as measures to prevent corruption, and management of the hospital should ensure that quality of health services is improved.

Key word: Corruption, Community Education, Corruption Education, Corruption Prevention

I. INTRODUCTION

Corruption is described as an abuse of power by government officials or employees in exchange for personal gain. It is a common practice in the public sector around the world. Corruption in the public sector around the world exists in a number of ways, such as in the form of bribery, cronyism, embezzlement, favoritism, as well as nepotism (Ackerman & Palifka, 2016). Corruption in the public sector is associated with several negative consequences, such as malfunctioning of the government and poor service delivery, given that it diverts public resources and opportunities away from public interest towards private gain (Hoa et al., 2023).

The report by Transparency International (2022) revealed the corruption perception index, which indicated that the level of corruption around the world is still at a standstill. The report ranked 180 countries with responses to their levels of corruption in the public sector ranging from 0 (which indicated highly corrupt) to 100 (which indicated very clean). Almost 95% of countries around the world have made little progress towards reducing corruption since 2017. As per this report, the top countries that were at least clean include Denmark, Finland, New Zealand, Norway, and Singapore. Countries with little scores in the fight against corruption included Somalia, Syria, South Sudan, Venezuela, and Yemen (McCarthy, 2023). The global governance indices' suggestions imply that Sub-Saharan Africa is one of the world's regions that are badly inflicted by corrupt acts, which have resulted in some or many citizens believing that the level of corruption has become higher in recent years due to the failure of governments' anti-corruption efforts in dealing with corruption (Duri, 2020).

In the European region, education is considered an important tool that could assist in reducing and combating corruption (Olesuya, 2018). The United Nations Office on Drugs and Crime (UNODC) has been calling for the participation of anti-corruption authorities, ministries of education, civil society, and education practitioners in Europe to brainstorm and raise awareness among members of the public on corruption and its negative consequences. In

developing countries, corruption has been an ongoing problem, contributing to limited social development, economic expansion, and ineffective governance. Corruption in developing countries exists in the form of embezzlement, fraud, nepotism, as well as bribery (Defreitas, 2023).

In the case of Tanzania, some initiatives are in place to fight against corruption in the country. One of such initiatives is the transformation of the former Prevention of Corruption Bureau (PCB) to Prevention and Combating of Corruption Bureau (PCCB). The reformed bureau was provided with the mandate of fighting corruption within the Tanzanian Mainland (Olesuya, 2018). The government of Tanzania entrusted PCCB with powers to combat corruption in Tanzania by using different mechanisms, including educational campaigns, to different groups of the community. However, the recent trends show that Tanzania is still plagued by endemic corruption, which is fueled by an administration prone to inefficiency and embezzlement of public funds (Rahman, 2019).

1.2 Statement of the Problem

The government of Tanzania is implementing several reforms and measures to fight corruption in the public sector, including the healthcare sector. One of such reforms is the transformation of the former Prevention of Corruption Bureau (PCB) to the Prevention and Combating of Corruption Bureau (PCCB). The latter was provided with the mandate of fighting corruption within the Tanzanian Mainland. Other efforts include promotion of transparency and accountability as well as public awareness campaigns and education (Olesuya, 2018). Despite these measures, Tanzania is still plagued by endemic corruption fueled by an administration prone to inefficiency and embezzlement of public funds (Rahman, 2019). Camargo (2021) identifies the health sector as one of the sectors that manifests serious incidences of corruption, making it a focus of various anti-corruption education programs. Like in some other sectors, the common corruption practices in the health sector, specifically in major hospitals, are in the form of bribery and gift giving, among others. However, little is still known on the effectiveness of corruption education and awareness offered by PCCB in the prevention of corruption. This justifies the current study's focus to assess the effectiveness of corruption education awareness provided by PCCB in the prevention of corruption, particularly at Muhimbili National Hospital-Mloganzila.

1.3 Research Objectives

- i. To evaluate the management support to PCCB for implementation of corruption education programs at MNH - Mloganzila
- ii. To assess the level of stakeholders and employees' awareness after corruption education programs offered by PCCB in raising awareness at MNH – Mloganzila
- iii. To evaluate customers' perceptions towards service delivery at MNH – Mloganzila after corruption education offered by PCCB

II. LITERATURE REVIEW

2.1 Theoretical Review

The theory was founded by John Meyer and Brian Rowan in 1970. This is important theory when it comes to examination of public procurement components. The theory has its emphasis on the importance of regulatory factors that have an impact on the decisions of an organization to adopt a particular practice above and beyond the technical efficiency of the practice (Sudiby & Jianfu, 2015). The regulatory pillar emphasizes the use of laws, regulations, policies, and procedures as the essential basis of compliance (Scott, 2004). With response to corruption, the theory focuses on the role of institutions and how their design can either facilitate or inhibit corruption. The theory advocates that the key strategies towards prevention of corruption are strengthening the institution, promoting transparency, and promoting accountability (Sudiby & Jianfu, 2015).

The theory relates to this study considering that the theory has its focus on the role played by institutions in combating corruption. One of the institutions responsible for combating corruption is PCCB. Therefore, the institution can succeed in meeting its objectives by providing sufficient corruption education programs to community members. Thus, effective corruption education programs provided by PCCB are what lead to a decrease in cases of corruption.

2.2 Empirical Review

Kamal and Arifin (2019) found out that community participation in the prevention and eradication of corruption is highly needed. The findings further revealed that community participation in prevention and eradication of corruption was implemented through data search, acquisition, and provision of data on corruption. Additionally, the community has the right to provide advice and opinions responsibly for the prevention and eradication of corruption. Ngatia et al. (2019) studied the challenges facing corruption prevention activities in public secondary schools. The

findings revealed that challenges that faced corruption prevention included fear to report corruption activities, limited civic education on corruption among stakeholders, a lack of suggestion boxes to report corruption, and a lack of displayed characters in schools.

Dirwan (2019) established that there was no significant relationship between education and the prevention of corruption. Effendi and Windari (2020) revealed that anti-corruption education implementation was hindered by factors such as limited readiness among participants, geographical location, and inadequate materials. This contributed to the ineffective prevention of corruption in the country, thus opening gaps for continual corruption acts in the country. Olesuya (2018) revealed that there are several ways that show the effectiveness of PCCB in fighting corruption. These include autonomy, legal mandate, organization, and individual controls. However, interference, witnessing, and information tempering, as well as evidencing, were challenges that hindered the fight against corruption.

Tarimo (2017) revealed that the majority of respondents were aware of the existence of corruption and PCCB. However, there were negative perceptions among members of the community on PCCB, as they perceived PCCB as biased and corrupt itself and thus does not play its role effectively. Ngata (2016) found out that corruption was perceived as an unfavorable phenomenon that had negative effects on the quality of health services provided. Fajar and Muriman (2018) revealed that there were positive attitudes and perceptions among respondents on learning anti-corruption education. The findings also revealed that anti-corruption education is the best option to prevent corruption.

III. METHODOLOGY

The research design that was employed in this study is a case study design. A case study design was used in this study for the purpose of undertaking an in-depth assessment of the effectiveness of corruption education programs provided by PCCB in the prevention of corruption. The study was conducted at Muhimbili National Hospital-Mloganzila, which is located in Dar es Salaam, Tanzania. A mixed approach comprising a quantitative approach and a qualitative approach was used. This is because the study consisted of numerical data, which are quantitative in nature, and non-numerical data, which are qualitative in nature. The target population of this study was healthcare providers, members of administration at MNH-Mloganzila, and community members visiting MNH-Mloganzila for different health services. The target population for employees of MNH-Mloganzila Hospital was 684 employees.

Sampling techniques used in the study were simple random sampling technique, purposive sampling technique, and convenience sampling technique. A simple random sampling technique was used in order to ensure equality in participation among healthcare providers in the hospital. Purposive sampling technique was used in selecting leaders of the hospital, while convenience sampling technique was used in selecting clients of the hospital who were conveniently available. The sample size of this study was 100 respondents, including 87 employees of the hospital and 13 community members receiving health services in the hospital. Both primary data and secondary data were collected. Primary data were collected through questionnaires, which were distributed to 87 respondents, and interviews, which were conducted with 13 participants. Secondary data were collected through documentary review. Quantitative data were analyzed using descriptive statistics as tables and graphs were drawn containing frequencies and percentages of responses. On the other hand, qualitative data from interviews were presented using quoted sentences.

IV. FINDINGS & DISCUSSIONS

4.1 Findings

4.1.1 Demographic Characteristics of Respondents

Part one of the presentation of findings presents demographic characteristics of respondents, especially staff of MNH-Mloganzira who attempted questionnaires prepared. Demographic characteristics of respondents presented that were helpful in identifying the kind of respondents who participated include age of respondents, gender of respondents, education level of respondents, and working experience of respondents.

Table 1*Demographic characteristics of respondents*

Characteristic	Category	Frequency	Percent
Age	20-29	7	8
	30-39	42	48
	40-49	30	34
	50 and above	8	9
Gender	Male	39	45
	Female	48	55
Education level	Certificate	8	9
	Diploma	18	21
	Bachelor degree and above	61	70
Working experience	0-5 years	23	26
	6-11 years	54	62
	12 years and above	10	12

Age

The findings presented in Table 1 show that 7 respondents (8%) were aged between 20-29 years, 42 respondents (48%) were aged between 30-39 years, 30 respondents (34%) were aged between 40-49 years while 8 respondents (9%) were aged 50 years and above. The findings show that most of respondents were aged between 30-39 years. This implies that most of employees at MNH-Mloganzira were aged between 30-39 years.

Gender

The findings in Table 1 show that 39 respondents (45%) were males while 48 respondents (55%) were females. The findings show that majority of respondents participated in the study were females. The implication of the findings is that most of health care providers at MNH-Mloganzira are females.

Education level

The findings presented in Table 1 show that 8 respondents (9%) had certificate education, 18 respondents (21%) had Diploma education while 61 respondents (70%) had Bachelor education and above. The findings show that majority of respondents participated in the study had Bachelor degree education and above. Therefore, majority of employees at MNH-Mloganzira are holders of bachelor degree and above.

Working experience

The findings in Table 1 show that 23 respondents (26%) had working experience of 0-5 years, 54 respondents (62%) had working experience of 6-11 years while 10 respondents (12%) had working experience of 12 years and above. The findings show that majority of respondents participated in the study had working experience of 6-11 years.

4.1.2 Management Support to PCCB For Implementation of Corruption Education Programs

The first objective of the study was prepared in order to examine management support to PCCB for implementation of corruption education programs. Different statements were prepared in this objective with information that was useful in determining whether management provided sufficient support or not. Five likert scale was used in measuring responses with options of answers provided being strongly agree, agree, neutral, disagree and strongly disagree.

Table 2*Management Support to PCCB for Implementation of Corruption Education Programs*

S/N	Practices	Strongly agree		Agree		Neutral		Disagree		Strongly disagree	
		f	%	f	%	f	%	f	%	F	%
1	Management of my organization ensures that all employees are reached by PCCB for education provision	10	11	43	49	10	11	18	21	6	7
2	Management of my organization ensures that larger number of employees participate in PCCB education sessions	6	7	37	42	12	14	21	24	11	13
3	Management of my organization coordinates PCCB with employees with aim of increasing access to PCCB education	14	16	48	55	8	9	12	14	5	6
4	Management of my organization organizes venues for PCCB education provision to employees	18	21	42	48	5	6	14	16	8	9
5	Management of my organization shares information from PCCB with employees on matters related to corruption	6	7	21	24	7	8	43	49	10	11

In the first statement, respondents were asked whether management of the organization ensures that all employees are reached by PCCB for education provision. The findings in Table 2 show that 11 respondents (11%) strongly agreed, 43 respondents (49%) agreed, 10 respondents (11%) were neutral, 18 respondents (21%) disagreed, and 6 respondents (7%) strongly disagreed. The findings show that the majority of respondents agreed that management of organizations ensures that all employees are reached by PCCB for education provision.

In the second statement, respondents were asked whether management of the organization ensures that a larger number of employees participate in PCCB education sessions. The findings in Table 2 show that 6 respondents (7%) strongly agreed, 37 respondents (42%) agreed, 12 respondents (14%) were neutral, 21 respondents (24% disagreed), and 11 respondents (13%) strongly disagreed. The findings show that the majority of respondents agreed that management of organizations ensures that a larger number of employees participate in PCCB education sessions.

In the third statement, respondents were asked whether management of the organization coordinates PCCB with employees with the aim of increasing access to PCCB education. The findings in Table 2 show that 14 respondents (16%) strongly agreed, 48 respondents (55%) agreed, 8 respondents (9%) were neutral, 12 respondents (14%) disagreed, and 5 respondents (6%) strongly disagreed. The findings show that the majority of respondents agreed that management of organizations coordinates PCCB with employees with the aim of increasing access to PCCB education.

In the fourth question, respondents were asked whether management of the organization organizes venues for PCCB education provision to employees. The findings in Table 2 show that 18 respondents (21%) strongly agreed, 42 respondents (48%) agreed, 5 respondents (6%) were neutral, 14 respondents (16%) disagreed, and 8 respondents (9%) strongly disagreed. The findings show that the majority of respondents agreed that management of organizations organizes venues for PCCB education provision to employees.

In the final question, respondents were asked whether management of the organization shares information from PCCB with employees on matters related to corruption. The findings in Table 2 show that 6 respondents (7%) strongly agreed, 21 respondents (24%) agreed, 7 respondents (8%) were neutral, 43 respondents (49%) disagreed, and 10 respondents (11%) strongly disagreed. The findings show that the majority of respondents disagreed that management of organizations shares information from PCCB with employees on matters related to corruption.

4.1.3 Level of Stakeholders and Employees' Awareness to Corruption Prevention

The second objective of the study was prepared in order to examine the level of awareness among stakeholders and employees on corruption. Respondents attempted questionnaires were asked whether education provided by PCCB influences their understanding on corruption. They were further asked to comment on the provided statements containing information concerning knowledge of corruption.



Table 3
Employees and Stakeholders' Awareness on Corruption Prevention

S/N	Practices	Strongly agree		Agree		Neutral		Disagree		Strongly disagree	
		f	%	f	%	f	%	f	%	F	%
1	I have good knowledge on all issues related to corruption	12	14	50	57	8	9	12	14	5	6
2	I know well all rules and regulations implemented to prevent corruption in my country	7	8	17	19	12	14	44	50	7	8
3	I have good knowledge on all measures which can be helpful in reducing corruption	10	11	28	32	8	9	36	41	5	6
4	I have good knowledge on possible consequences of engaging in corruption	18	21	46	53	6	7	12	14	6	7

In the first question, respondents were asked whether they have good knowledge on all matters related to corruption. The findings in Table 3 show that 12 respondents (14%) strongly agreed, 50 respondents (57%) agreed, 8 respondents (9%) were neutral, 12 respondents (14%) disagreed, and 5 respondents (6%) strongly disagreed. The findings show that the majority of respondents agreed that they have good knowledge on all matters related to corruption.

In the second question, respondents were asked whether they knew well all rules and regulations implemented to prevent corruption in the country. The findings in Table 3 show that 7 respondents (8%) strongly agreed, 17 respondents (19%) agreed, 12 respondents (14%) were neutral, 44 respondents (50%) disagreed, and 7 respondents (8%) strongly disagreed. The findings show that the majority of respondents disagreed that they know well all rules and regulations implemented to prevent corruption in the country.

Interviews were conducted with customers receiving services in the hospital in order to determine their level of awareness. Participant 3 of the interview said;

I do not know those rules and regulations because I do not get good access to education provided. I do hear news and information from social media on issues of corruption and how to prevent corruption but they do not tell us the implemented rules and regulations which fight against corruption (Participant 3: Client at MNH-Mloganzira, February, 2024).

In the third question, respondents were asked whether they have good knowledge on all measures which can be helpful in reducing corruption. The findings in Table 3 show that 10 respondents (11%) strongly agreed, 28 respondents (32%) agreed, 8 respondents (9%) were neutral, 36 respondents (41%) disagreed while 5 respondents (6%) strongly disagreed. The findings show that majority of respondents disagreed that they have good knowledge on all measures which can be helpful in reducing corruption.

During interviews with customers visiting the hospital for different services, participant 12 was asked on whether he knows the possible measures which can be useful in reducing corruption. The response was that;

Since corruption has been a common problem which still exists in the country, it is still difficult to say on measures which can be helpful in preventing and totally ending corruption. Myself I used to know that reporting corruption was the only measure but I think there might be other measures I do not know which can be helpful in preventing corruption (Participant 12: Client at MNH-Mloganzira, February, 2024).

In the final question, respondents were asked whether they have good knowledge on possible consequences of engaging in corruption. The findings in Table 3 show that 18 respondents (21%) strongly agreed, 46 respondents (53%) agreed, 6 respondents (7%) were neutral, 12 respondents (14% disagreed), and 6 respondents (7%) strongly disagreed. The findings show that the majority of respondents agreed that they have good knowledge on the possible consequences of engaging in corruption.

4.1.4 Customers' Perception towards Service Delivery at MNH – Mloganzila after Corruption Education Offered by PCCB

The last objective of the study was prepared in order to examine the perceptions of customers on service delivery at the hospital, especially after the implementation of corruption educational programs by PCCB. Respondents of the study were provided with several statements and were required to comment on them by agreeing or disagreeing. A five-likert scale was used in measuring responses, with options of answers provided being strongly agree, agree, neutral, disagree, and strongly disagree.



Table 4

Customers' Perception towards Service Delivery after Corruption Education Offered by PCCB

S/N	Practices	Strongly agree		Agree		Neutral		Disagree		Strongly disagree	
		f	%	f	%	f	%	f	%	F	%
1	Clients visiting my hospital have reduced claims over timely services	14	16	25	29	12	14	33	38	3	3
2	Clients visiting my hospital perceive that services provided are equitable to all	12	14	47	54	10	11	14	16	4	5
3	There is huge satisfaction among clients of my hospital with availability of services	13	15	42	48	4	5	22	25	5	6
4	There are limited claims among patients over improper languages by services providers in my hospital	10	11	38	44	6	7	26	30	7	8
5	Patients visiting my hospital are satisfied with affordability of services provided	8	9	22	25	8	9	40	46	9	10

In the first statement, respondents were asked whether clients visiting the hospital have reduced claims over timely services. The findings in Table 4 show that 16 respondents (25%) strongly agreed, 25 respondents (29%) agreed, 12 respondents (14%) were neutral, 33 respondents (38%) disagreed while 3 respondents (3%) strongly disagreed. The findings show that majority of respondents disagreed that clients visiting the hospital have reduced claims over timely services. This can also be revealed from interviews conducted with patients as Participant 9 said;

Services provided in this hospital are very good and of high quality but the problem is delay in provision of services. Some doctors stay with patients for a long time in room and hence making other patients wait for a long time before receiving services. The number of people in need of services becomes high and hence leading to congestion in service provision (Participant 9: Client at MNH-Mloganzila, February, 2024).

In the second statement, respondents were asked whether clients visiting the hospital perceive that services provided are equitable to all. The findings in Table 4 show that 12 respondents (14%) strongly agreed, 47 respondents (54%) agreed, 10 respondents (11%) were neutral, 14 respondents (16%) disagreed while 4 respondents (5%) strongly disagreed. The findings show that majority of respondents agreed that clients visiting the hospital perceive that services provided are equitable to all.

In the third statement, respondents were asked whether there is huge satisfaction among clients of the hospital with availability of services. The findings in Table 4 show that 13 respondents (15%) strongly agreed, 42 respondents (48%) agreed, 4 respondents (5%) were neutral, 22 respondents (25%) disagreed while 5 respondents (6%) strongly disagreed. The findings show that majority of respondents agreed that there is huge satisfaction among clients of the hospital with availability of services. This can also be revealed from interviews conducted with clients as Participant 5 said;

Most of health services that we need are available at Mloganzila hospital. This is why there are many patients visiting this hospital because they are sure of accessing health services they require something which is different from other government hospitals where most of health services are not available (Participant 9: Client at MNH-Mloganzila, February, 2024).

In the fourth statement, respondents were asked whether there are limited claims among patients over improper languages by services providers in the hospital. The findings in Table 4 show that 10 respondents (11%) strongly agreed, 38 respondents (44%) agreed, 6 respondents (7%) were neutral, 26 respondents (30%) disagreed while 7 respondents (8%) strongly disagreed. The findings show that majority of respondents agreed that there are limited claims among patients over improper languages by services providers in the hospital. This can also be revealed from interviews conducted with clients as Participant 11 said;

There have been improvements in language used by providers to patients in this hospital as compared to previous years. In short there is good language among doctors and nurses in the hospital but the problem is on the side of security people. They are very harsh to patients and do not use friendly language when providing instructions (Participant 11: Client at MNH-Mloganzila, February, 2024).

In the final statement, respondents were asked whether patients visiting the hospital are satisfied with affordability of services provided. The findings in Table 4 show that 8 respondents (9%) strongly agreed, 22 respondents (25%) agreed, 8 respondents (9%) were neutral, 40 respondents (46%) disagreed while 9 respondents (10%) strongly disagreed. The findings show that majority of respondents disagreed that their patients visiting the hospital are satisfied with affordability of services provided. During interviews, Participant 7 who was patient said;

Muhimbili-Mloganzila hospital provides quality services but the problem is huge costs of accessing services. I can tell you up to now my bill of treatment is around 700,000 and I have not yet accomplished by treatments. There are other doctors who prefer many patients who have made payments as compared to those who have not yet made payments. This is the only big problem here (Participant 7: Client at MNH-Mloganzila, February, 2024).

Considering the explanations provided by one of the clients receiving services in the hospital, it is obvious that health services provided in the hospital are still not affordable to poor community members. Community members still incur huge costs when they visit the hospital, something that entails that even after the provision of corruption education, the quality of services in terms of affordability has not yet improved.

4.2 Discussions

4.2.1 Management Support to PCCB for Implementation of Corruption Education Programs

The findings revealed that the majority of respondents agreed that management of organizations ensures that a larger number of employees participate in PCCB education sessions. The implication of the findings is that management of the organization provides support to PCCB in implementing their educational programs on corruption by allowing employees to participate in those educational programs. Effendi and Windari (2020) revealed that the effectiveness of education on corruption was affected by limited readiness among participants. This is contrary to the current study given that the study has revealed that management of the hospital provides support to PCCB in ensuring that a larger number of employees participate in PCCB education sessions.

Furthermore, the findings revealed that the majority of respondents agreed that management of organizations coordinates PCCB with employees with the aim of increasing access to PCCB education. The implication of the findings is that management of the organization provides support to PCCB in implementing their educational programs on corruption by ensuring that employees of the hospital are coordinated with PCCB. The findings are contrary to those in the study by Effendi and Windari (2020), who revealed that the effectiveness of education on corruption was affected by limited readiness among participants.

Additionally, the findings revealed that the majority of respondents agreed that management of organizations organizes venues for PCCB education provision to employees. The implication of the findings is that management of the organization provides support to PCCB in implementing their educational programs on corruption by organizing venues that are used in the provision of PCCB education to healthcare providers in the organization. This in turn contributes to effectiveness in PCCB educational programs, which are provided to employees. The findings are contrary to those in the study by Dirwan (2019) on the effect of education against corruption in Indonesia, as it was revealed that education provided was ineffective. The findings are also contrary to those in the study by Effendi and Windari (2020), who revealed that the effectiveness of education on corruption was affected by limited readiness among participants.

Finally, the findings revealed that the majority of respondents disagreed that the management of an organization shares information from PCCB with employees on matters related to corruption. The implication of the findings is that there is limited commitment of management of the organization in sharing information from PCCB with employees. The findings relate to those in the study by Dirwan (2019) on the effect of education against corruption in Indonesia, as it was revealed that education provided was ineffective.

4.2.2 Level of Stakeholders and Employees' Awareness to Corruption Prevention

The findings revealed that the majority of respondents who participated in the study agreed that corruption education programs offered by PCCB in the institution influence their understanding of corruption. The implication of the findings is that corruption education programs provided by PCCB have been effective in increasing understanding among employees on corruption. The findings are contrary to those in the study by Dirwan (2019), who revealed that there was no significant relationship between education and the prevention of corruption.

Also, the findings revealed that the majority of respondents agreed that they have good knowledge on all matters related to corruption. The implication of the findings is that most of the employees in the hospital have good knowledge on matters related to corruption. The findings are further in line with the arguments of institutional theory. The theory places its emphasis on the importance of regulatory factors that have an impact on the decisions of an organization to adopt a particular practice above and beyond the technical efficiency of the practice. The theory has its focus on the role played by institutions in combating corruption. One of the institutions responsible for combating corruption is PCCB. Therefore, the institution can succeed in meeting its objectives by providing sufficient corruption education programs to employees and thus enhancing their understanding of corruption.

Furthermore, findings revealed that the majority of respondents disagreed that they knew well all rules and regulations implemented to prevent corruption in the country. The implication of the findings is that knowledge of

employees on rules and regulations implemented to prevent corruption is still limited. Dirwan (2019) revealed that education provided was ineffective to assist in reducing corruption. Therefore, given that PCCB education has failed to increase knowledge among employees and stakeholders on rules and regulations, it is obvious that it fails to prevent corruption.

Moreover, the findings revealed that the majority of respondents disagreed that they have good knowledge on all measures that can be helpful in reducing corruption. The implication of the findings is that stakeholders and employees are still not well informed on effective measures that can be useful in reducing corruption. The findings are contrary to the arguments by institutional theory. The theory places its emphasis on the importance of regulatory factors that have an impact on the decisions of an organization to adopt a particular practice above and beyond the technical efficiency of the practice. The theory has its focus on the role played by institutions in combating corruption. One of the institutions responsible for combating corruption is PCCB. However, the institution has failed to ensure that there is better understanding among employees and stakeholders on possible measures that can be helpful in combating corruption.

4.2.3 Customers' Perception towards Service Delivery at MNH - Mloganzila after Corruption Education Offered by PCCB

The findings revealed that the majority of respondents disagreed that clients visiting the hospital have reduced claims over timely services. The implication of the findings is that there are still claims among patients visiting the hospital on timely provision of services. Olesuya (2018) revealed that the perception of customers on public services provided as a result of anti-corruption movements is influenced by factors such as costs of public services, transparency in the provision of public services, and favoritism.

Moreover, the findings revealed that the majority of respondents disagreed that their patients visiting the hospital are satisfied with the affordability of services provided. The implication of the findings is that there are negative perceptions among clients on the affordability of services in the hospital. Duri (2020) revealed that the perception of customers on public services provided as a result of anti-corruption movements is influenced by factors such as costs of public services, transparency in the provision of public services, and favoritism.

However, the findings revealed that the majority of respondents agreed that clients visiting the hospital perceive that services provided are equitable to all. The implication of the findings is that there are positive perceptions among clients on the equitability of services provided. Therefore, after corruption education provided by PCCB, there has been positive perceptions among clients visiting the hospital on equitable services provided. The findings are contrary to those in the study by Ngata (2016), who observed that there were negative perceptions towards corruption as it was perceived to negatively affect the quality of health services.

Additionally, the findings revealed that the majority of respondents indicated that there is huge satisfaction among clients of the hospital with the availability of services. The implication of the findings is that there are positive perceptions among clients regarding the availability of health services at the hospital. The findings are contrary to those in the study by Ngata (2016), who revealed that there were negative perceptions towards corruption as it was perceived to negatively affect the quality of health services.

The findings further revealed that the majority of respondents are of the opinion that there are limited claims among patients over improper language by service providers in the hospital. The implication of the findings is that there are positive perceptions among clients on proper language by healthcare providers in the hospital. The findings are contrary to those in the study by Ngata (2016), who revealed that there were negative perceptions towards corruption as it was perceived to negatively affect the quality of health services.

V. CONCLUSIONS & RECOMMENDATIONS

5.1 Conclusions

Basing on the findings obtained, corruption education provided by PCCB has been effective in the hospital because the management of the organization has provided sufficient support to PCCB. Management has provided support by ensuring that all employees are reached by PCCB for education provision, ensuring that a larger number of employees participate in PCCB education sessions, coordinating PCCB with employees with the aim of increasing access to PCCB education, and organizing venues for PCCB education provision to employees. Also, it has been effective because it has increased the level of awareness among employees and stakeholders on all issues related to corruption and possible consequences of engaging in corruption. Furthermore, it has been effective given that it has ensured reduction in corruption and improvement in quality of health services. This is in the aspects of availability of services, proper language by healthcare providers, as well as equitability of health services. However, the effectiveness of this education is yet to be 100 percent given that still management does not share information from

PCCB to employees effectively, there is still limited awareness on rules and regulations implemented, and measures to combat corruption. Additionally, there are still negative perceptions on timely provision of health services and affordability of health services.

5.2 Recommendations

Management of the organization should ensure that information from PCCB is shared with all employees effectively. Whatever information is received by management from PCCB should not be ignored but rather should be communicated to all employees in the hospital. Also, PCCB should increase concentration on educating employees and stakeholders on rules and regulations implemented as well as measures to prevent corruption. Furthermore, the management of the hospital should ensure that the quality of health services is improved. Management should formulate all possible strategies to ensure that there is improvement in quality of health services and avoidance of corruption desire among employees. Finally, PCCB should ensure that education is provided frequently, not only to employees in the hospital but also to community members visiting the hospital. Education on corruption should not only be provided once per year but should be provided frequently in order to keep reminding employees of the seriousness of the matter.

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