

Does Ethical Guidance Improve the Performance of Organizations? Reflections From Tanzanian Health Centers

Stella Malangalila Kinemo,
Department of Public Service-Human Resource Management,
School of Public Administration and Management,
Mzumbe University, Tanzania.

Email: smkinemo@mzumbe.ac.tz

Abstract

Effective employee performance is important for health centers in delivering health services to the communities. One of the factors to be considered in improving performance is ethical leadership behavior. There has been a growing concern about unethical behaviour in Tanzania specifically on health care. The most common unethical practices are petty corruption, theft of medicine for sale, favoritism, and bribery. This study aimed to determine whether employees of health centers were guided on ethical behavior and determine the influence of ethical guidance on the performance of employees of health centers in Morogoro municipal council, Tanzania. A cross-sectional research design was adopted. The study sample size was 72, drawn from a target population of employees of five health centers. Purposive and random sampling approaches were utilized in the sampling process. A structured questionnaire was used as a data collection technique. Descriptive and regression analysis were used to analyze the quantitative data. The findings revealed that ethical guidance had a significant effect on the performance of employees of health centers in Morogoro municipality.

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1. Introduction

Ethics is one of the ethical principles continually receiving global attention (OECD, 2020). There has been a growing concern about unethical behavior in Africa specifically in health care. Data from sub-Saharan Africa suggests that individuals who reported paying bribes for health-related services were 4 to 9 times more likely to report difficulty accessing health care (Hsiao et al., 2019). In public service, several countries have developed legislative and institutional frameworks for promoting ethics among public servants. Globally, the practice of ethics is a problem in countries' public services (Graaf et al., 2018). In public service, all global countries have developed legislative and institutional frameworks for promoting ethics among public servants. Various efforts have been taken by the Tanzania government to prevent unethical behavior in public service such as the Public Leadership Code of Ethics Act (CAP 398 R.E 2020). Several institutions have been established such as the Prevention and Combating Corruption Bureau (PCCB), the Controller Auditor General (CAG), and the Ethics Secretariat to deal with unethical behavior in public service. Ethical guidance is crucial for employees in health centers to ensure patients' trust, maintain integrity, and maintain standards of health care. Leaders of health centers should provide ethical guidance to ensure that all employees understand and adhere to ethical principles governing patient care. By setting clear expectations and offering support leaders can help employees act ethically.

Despite the emphasis on the importance of ethical behavior in health centers, there is a decline in ethical behavior especially in public health centers in Tanzania. The studies on unethical behavior in health centers in Tanzania revealed several critical issues impacting healthcare delivery. It has been reported that there is bribery in getting health services in Tanzania (Aiko, 2015). Corruption as unethical behavior takes many forms within the health sector and occurs at all organizational levels from government agencies to the direct provision of care. Corruption as an unethical behavior is one of the significant barriers to providing quality healthcare services in Tanzania (Kabote, 2017). The most common corruption practices are petty corruption, theft of medicine for sale, bribery, diverted supplies and medicine done for private gain, diversion of patients from public to private hospitals or pharmacies, mobile money transfer as a way of transferring money, and health workers collude with the private pharmacist to sale medicine on their behavior in public health service delivery (Mnana, 2022). It leads to a lack of drugs, equipment, and other medical materials through the theft of drugs and medical equipment (Mnana, 2022). Unethical behavior in health centers undermined policy goals and health outcomes and impacted maternal and child health services. Favoritism in health centers is common unethical behavior. Baez-Carmago et al (2017) argue that within the health sector, corruption by government officials is imitated by administrators of public hospitals, doctors, nurses, and other healthcare personnel, entrenching the vicious cycle of corruption across sectors. Professional misconduct among healthcare workers in Tanzania includes absenteeism, negligence, and unethical relationships with patients (Moyo et al., 2020). These studies provide a comprehensive view of the ongoing issues related to unethical behavior in Tanzanian health centers.

This study therefore found it imperative to examine whether ethical guidance is provided to the employees of health centers. The study investigated the influence of ethical guidance on employees' performance in health centers. This study answered the following questions: What is the performance of employees in delivering health services in public health centers? What are the

ethical guidance practices in public health centers? and whether ethical guidance had a significant effect on the performance of employees of health centers in Morogoro municipality.

2. Theoretical review

2.1 Leader-Member Exchange

Leader-Member Exchange (LMX) Theory by Graen and Uhl-Bien, (1995) underpins the relationship between ethical leadership and employee job performance. Leader-member exchange (LMX) theory is a relationship-based, dyadic theory of leadership. According to this theory, leadership resides in the quality of the exchange relationship developed between leaders and their followers. High-quality exchanges are characterized by trust, liking, and mutual respect, and the nature of the relationship quality has implications for job-related well-being and the effectiveness of employees. The leader-member exchange (LMX) theory is a relationship-based approach to leadership that focuses on the two-way relationship between leaders and followers. The purpose of LMX theory is to explain the influence of leadership on members, teams, and organizations. When LMX is measured from the perspective of members and leaders, correlations tend to be modest. In this study, it was assumed that ethical guidance as a dimension of ethical leadership is a high exchange relationship and influences performance.

2.2 Ethical leadership

According to Brown et al. (2005), ethical leadership is the exhibition of normatively appropriate behavior through personal acts and interpersonal interactions, as well as the transmission of such behavior to followers through two-way communication, reinforcement, and decision-making. Ethical leadership is the demonstration of normatively appropriate conduct through personal actions and interpersonal relationships, and the promotion of such conduct to followers through two-way communication, reinforcement and decision-making (Phillips and Gully, 2013). According to De Hough and Den Hartog (2009), ethical leadership is the process by which a leader influences individual and group activities to achieve organisational goals in a socially responsible manner. Ethical leaders use their social power in their decisions, their actions, and their influence on others in such a way that they act in the best interest of followers and do not enact harm upon them by respecting the rights of all parties (Stouten, van Dijke and De Cremer, 2012). Kalshoven, Den Hartog and De Hoogh, (2011) defined ethical leadership as ethical guidance, power sharing, integrity, fairness, role clarification, and people orientation. This study examined the relationship between ethical guidance and the performance of employees of health centers in Morogoro municipality in Tanzania.

2.3 Ethical Guidance

Ethics are an understanding of what is considered to be right and wrong conduct (Harvey and Moeller, 2016) and expressed through appropriate professional actions, standards, and practices (Formentin and Bortree, 2019). Ethics is based on integrity and impartiality (Odongo and Wang, 2018). With ethical guidance, the leader clearly explains integrity-related codes of conduct, and integrity behaviors expected from employees, provides integrity guidelines, ensures that employees follow codes of integrity, and clarifies the likely consequences of possible unethical

behavior (Men,2015). It is being argued that ethics regulates the behavior, and contributes to strengthening trust, equality, transparency, sincerity, and honesty among employees in the organization(Sharma et al., 2019). Ethical guidance involves communicating about ethics, explaining regulations, and encouraging and rewarding ethical behavior among subordinates (Brown et al., 2005). Leaders use communication to make subordinates aware of such norms. Communicating about ethics, educating subordinates about ethical norms, and encouraging and rewarding ethical behavior are all components of ethical guidance (Brown et al., 2005). Leaders set the guidelines, expectations, and moral norms that shape moral behavior (Yukl, 2013). To inform followers of these standards, leaders communicate with them. Ethical leaders use incentives and sanctions to hold followers responsible for their actions (Trevio et al., 2003). As a result, ethical behavior spreads throughout the organization as followers imitate their leaders, who act as role models for their followers, bringing attention to their ethical practices and standards of decision-making. Brown et al. (2005) asserted that an ethical leader ought to provide moral guidelines, encourage moral behavior, and punish those who don't follow the guidelines. Thus, the following hypothesis was proposed:

2.4 Employee Performance

Employee performance has been defined in different ways by different authors. There are several measurements of performance such as the quality, quantity, and efficiency of work. Employees' performance is how a member of the staff fulfills the duties of their role, completes required tasks, and behaves in the workplace (Kolade & Oladipupo, 2019). Omuya (2018) explained employee performance as the effectiveness, timeliness, and efficiency in task completion by the employee. Muchira (2013) argues that employee performance is accomplishing the objectives set to you in an organization. Ibrahim et al. (2012) argue that employee performance should consider the quantification of efficiency and effectiveness of the organizations. This quantification can be expressed both qualitatively and quantitatively. According to this argument, performance is closely linked to efficiency and effectiveness. Zeb et al., (2018) argue that performance is the aptitude of an employee to achieve what was set to him at any specified time. In this opinion, performance is measured based on objectives. Various organizations assess employee performance using outcomes, for example, Nassazi (2013) stated that employee performance should be measured using achieved goals and outcomes. Other literature (Tahir et al., 2014 & Zeb et al., 2018) assesses employee performance using standards set by the organization, efficiency, effectiveness, attainment of goals in the specified period, goals, and profitability. In this study employees, performance was considered based on the delivery of health service on time, observance of health center standards and operating procedures, and effective performance of the assigned tasks.

2.5 Ethical Guidance and Employee Performance

Previous research (Su et al., 2018; Hassan et al., 2016; Brown et al., 2005) has shown that ethical leadership influences employee performance through role modeling and open communication. Additional studies support this idea. For instance, research by Krasikova et al. (2013) demonstrates that workers are prone to adjust their ethical orientations in reaction to the actions of their superiors. Previous research (Abun et al., 2020; Hassan et al., 2016) has shown that adherence to ethical ideas influences employee performance. These results suggest that to promote desired behavior for organizations, managers should provide an example of moral behavior and create

normative guidelines that staff members are encouraged to follow. When moral behavior is absent from an organization, employees perform poorly because they are not given guidance on moral behavior and are therefore unable to prevent it. Brown et al. (2005) state that moral leaders help followers make decisions and resolve moral conundrums. Khalid and Bano, (2015) in the analysis of the relationship between a supervisor's ethical guidance and employee performance found that the relationship was insignificant. Saeed, Shakeel, and Lodhi, (2013) established that ethical guidance had a positive and significant on employee performance. However, studies on the relationship between ethical guidance and employees in health centers were limited. This gap made it necessary for this study. This study was guided by the following hypothesis: *ethical guidance has a positive relationship with employee performance in Health Centers in Morogoro municipality, Tanzania.*

3. Methodology

This study examined the relationship between the ethical guidance and employees' performance using a quantitative survey design. The study used quantitative methodology to test the formulated hypothesis, This study was conducted in the five public health centers of Morogoro Municipal Council in Tanzania. The five health centers were chosen based on their vast experience in providing health services in Morogoro Municipality in Tanzania. The study sampled 72 employees who were selected systematically from the health centers. A questionnaire survey was adopted to collect the data from employees of 5 health centers in Morogoro municipality in Tanzania. The dependent variable was employee performance and the independent variable was ethical guidance. Respondents wrote their responses on a five-point Likert scale (1– strongly disagree to 5– strongly agree) about their perception of the influence of ethical guidance on employees' performance. The Cronbach's Alpha reliability coefficient for the questionnaire constructs showed reliability values of 0.781 for ethical guidance and 0.954 for health center employees' performance. The study employed descriptive statistics to describe data and frequencies. Pearson “r” was used to analyze the correlation between the variables, and regression analysis to identify the predictors of research performance.

4. Results

4.1 Descriptive Results on Ethical Guidance

The extent to which ethical guidance was practiced in health centers was examined and six statements were given to the respondents: “ Leaders communicate the ethical standard for subordinates, Leaders reward ethical behavior among subordinates, leaders oppose the use of the unethical practice to increase performance, leaders ensure that staff of health centers follow codes of conducts, explains integrity-related codes of conduct and leaders always demonstrate the ethical behavior in their decisions and actions. The statistics are presented in Table 1. Findings showed that 21 (29.2%) of respondents disagreed with the statement “Leaders ensure that employees follow code of conduct” while 51(70.8%) of respondents agreed with the statement. Furthermore, 11(15.3%) of respondents agreed leaders communicate ethical standards for subordinates while 61(84.7%) strongly agreed. The respondents were further asked whether leaders rewarded ethical behavior among subordinates. Findings showed that 25(34.7%) strongly agreed, 37(51.4%) disagreed with the statement and 10(13.9%) agreed. The respondents were also asked whether

leaders explained integrity-related codes of conduct to the employees of health centers. The spreading of the responses indicated that 37(51.4%) agreed and 35(48.6%) strongly agreed with the statement. The respondents were asked whether leaders oppose the use of unethical practices in health centers. The spreading of the responses indicated that 10(13.9%) respondents strongly disagreed, 41(56.9%) agreed and 21(29.2%) respondents strongly agreed. The spreading of the question of whether leaders always demonstrated ethical behavior in their decisions and actions indicated that 51 (70.8%) respondents disagreed and 21 (29.2%) respondents agreed with the question. Findings showed that 51(70.8%) disagreed and 21 (29.2%) agreed.

Table 1: Descriptive statistics on Ethical Guidance

Statement	Strongly Disagree	Disagree	Agree	Strongly agree	Mean
Communicate the ethical standard for subordinates			11(15.3%)	61(84.7%)	4.15
Reward ethical behavior among subordinates	25(34.7%)	37(51.4%)	10(13.9%)		2.04
Oppose the use of unethical practices to increase performance	10(13.9%)		41(56.9%)	21(29.2%)	3.89
Ensures that employees follow codes of conduct		21(29.2%)	51(70.8%)		3.36
Explains integrity-related codes of conduct			37(51.4%)	35(48.6%)	4.46
Leaders always demonstrate ethical behavior in their decisions and actions		51 (70.8%)	21 (29.2%)		3.11

The mean was calculated to show how ethical guidance behaviors were practiced. Results in Table 1 on the mean analysis are certain that explaining integrity-related codes of conduct was practiced more than other behaviors since it had the highest mean value than others. This entails that employees' performance is largely affected by integrity-related codes of conduct practices in health centers. The question which had the lowest mean value than other questions was whether leaders

rewarded ethical behavior among subordinates which implied that rewarding was not largely practiced in health centers.

4.2 Descriptive Analysis of Employee Performance

The performance of employees of health center was operationalized as a multi-dimensional concept covering delivery of health services on time, observance of health centers' standards and operating procedures, performance of the assigned tasks effectively, and understanding of the criteria for job performance in health centers. The results on the performance of health centers included frequencies, percentages, and means. The respondents were asked whether they delivered health services on time. The spreading of the responses indicated that 10(13.9%) strongly agreed with the question, 51(70.8%) disagreed and 11(15.3%) strongly disagreed with the question. Given the average value Mean of 2.93 with a deviation from the mean of 1.550. The respondents were asked further asked whether they perform the assigned tasks in their health centers effectively The spreading of the responses indicated that 31(43.1%) agreed, and 41(56.9%) were not decided, on the question. Given the average of 3.46 with a mean deviation of 0.627 implicit that the respondents were not sure whether they Performed the assigned tasks in their health centres effectively. The respondents were asked whether they observed health centers' standards and operating procedures. The spreading of the responses indicated that 52(72.2%) strongly agreed with the question, and 20(27.8%) disagreed with the question. Given an average of 3.63 with a mean deviation of 1.505. Lastly, the respondents were asked whether they understood the criteria for job performance in health centers. The spreading of the responses indicated that 11(15.3%) strongly agreed with the question, 51(70.8%) agreed, and 10(13.9%) strongly disagreed with the question. The mean was 3.92 with a mean deviation of 1.45.

Table 2: Descriptive statistics on employee performance

Statement	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly agree	Mean
Delivery of health service on time.	11(15.3%)	51(70.8%)			10(13.9)	2.93
Performs the assigned tasks effectively.			41(56.9%)	31(43.1%)		3.46
Observe the standards and operating procedures.		20(27.8%)			52(72.2%)	3.63
Observe the regulations for job performance in health centers.	10(13.9%)			51(70.8%)	11(15.3%)	3.92

The mean was calculated to show the employee's performance. Results in Table 2 on the mean analysis showed that observing the regulations for job performance in health centers was practiced more than other behaviors since it had the highest mean value than others. This finding implied that regulations for job performance in health centers were largely performed by employees followed by observance of the standards and operating procedures in the health centers. The lowest mean value than others was “Delivery of health service on time” which implied that health services

were not always delivered on time in the health centers.

4.3 Correlation analysis

Table 3 shows the correlation between the predictor variable which is ethical guidance and the performance of employees. The correlation results showed there was a statistically significant positive relationship ($R = 0.721$, $p < 0.01$) between ethical guidance and employees' performance in delivering health services in Morogoro municipality.

Table 3: Correlation analysis

		Ethical Guidance	
		Performance	
Performance	Pearson Correlation	1	.721**
	Sig. (2-tailed)		.000
Ethical Guidance	Pearson Correlation	.721**	1
	Sig. (2-tailed)	.000	

** . Correlation is significant at the 0.01 level (2-tailed)

4.4 Regression analysis

The model summary shows the linear relationship between ethical guidance and employees' performance in delivering health services in the Health Centers. The ethical guidance explained 65% of the variation in employees' performance in health centers (adjusted $R^2 = 0.65$). This implies that 65% of the total variation in delivering health services was influenced by the ethical guidance provided by the leaders of the health centers. This meant that there was a positive contribution of ethical guidance by 65% on the performance of health staff in health centers while 35% was influenced by other variables that were not included in the research variables. Ethical guidance ($\beta = 0.184$, $p = 0.001 < 0.05$) had a positive and significant influence on the performance of employees of health centers. This meant that the hypothesis was confirmed.

4.5 Discussion

The current study found that ethical guidance influenced employees' performance in health centers in Morogoro municipality. The findings revealed that ethical guidance had a positive and significant relationship with the performance of employees of health centers. The correlation results showed a statistically significant positive relationship between ethical guidance and employees' performance. The findings are aligned with other studies (Prasad & Adhikar, 2021; Ahmad & Rahman, 2019; Khan et al., 2021; Brown et al., 2005; Mbandlwa, 2020). Saeed et al. (2013) also found that ethical guidance positively and significantly impacted employee performance. Sunanda (2021) emphasized that ethical guidance is important for effective employee performance. However, in other studies, the findings are inconsistent with the findings of other scholars. (Keldibari et al., 2016; Erdal & Altindag, 2020; Ferial, 2021; Chinwe, 2017).

The inconsistency of findings could have been attributed to the contextual factors depending on organizational culture, the ethical climate of the workplace, and industry norms. Furthermore, ethical standards evolve influencing the relationship between ethical guidance and employee performance in different periods. Societal norms can also influence the relationship between ethical guidance and employee performance.

5. Conclusion

Based on the findings the study concluded that a leader's ethical guidance has a positive and significant relationship with the performance of employees in health centers. Also, from the discussion it is concluded that ethical guidance is important for the performance of health centers in Morogoro municipality. Therefore, it is recommended that leaders of health centers should communicate the ethical standard for subordinates, provide training on the code of conduct at the workplace, guide subordinates on how to behave ethically, and ensure ethical behavior in their decisions and actions. The study also recommends that there should be an emphasis on guiding employees on ethical behavior for effective performance in health centers, leaders should provide regular training sessions and education programs to enhance employees' awareness of ethical principles in health centers. The health centers should emphasize the delivery of health services to the patients on time for effective implementation of centers. The study had one limitation that might have affected the generalizability of its findings. The study was conducted in one urban municipality and may not reflect the same results in other urban health centers in Tanzania. Future research could be on the influence of ethical guidance on employee performance in all health centers in Tanzania.

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