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INFLUENCE OF JOB AUTONOMY ON ETHICAL BEHAVIOUR OF NURSES IN SOUTH EASTERN NIGERIA

Barnabas E. Nwankwo*, Gabriel C. Kanu, Tobias C. Obi**, James U. Aboh**, Soloman A. Agu****

Abstract *The study investigated the influence of job autonomy on ethical behaviour of nurses (181 unmarried and 105 married) from Bishop Shannahan Hospital Nsukka and Niger Foundation Enugu. The Job Autonomy Scale developed by Breaugh and Becker (1987), Breaugh (1999), and the Ethical Behaviour Questionnaire developed by the researchers were used for collecting the data. The hypothesis states that job autonomy will not significantly influence the ethical behaviour of nurses. Regression analysis was used to test the significance of the hypothesis. Job autonomy was not found to be a significant predictor of ethical behaviour. It does not significantly influence the ethical behaviour of nurses ($\beta = 0.09$, ns). The findings and implications were discussed based on the theoretical and empirical back ground and on the Nigerian socio-cultural realities. Limitations of the study were stated and suggestions made for further research.*

Keywords: *Work Method, Work Schedule, Work Criteria, Work Autonomy, Ethical Behaviour, Nurses and South Eastern Nigeria.*

INTRODUCTION

The imperatives of day-to-day organizational performances are so compelling that there is little time or inclination to divert attention to the moral content of organizational decision-making. Morality appears to be so esoteric and qualitative in nature that it lacks substantive relation to objective and quantitative performance. Even though ethical problems in organizations continue to concern society, organizations and individuals, the potential impact that organizational culture can have on ethical behaviour has not really been explored. What is needed in today's complicated time is for more organizations to step forward and operate with more positive ethical cultures. Besides, understanding the meaning of ethics and morality requires the distasteful reworking of long-forgotten classroom studies. Possibly a gap in philosophical knowledge exists between organizational executives and administrators of different generations. They have and will continue to be a surge of interest in ethics (Dordrecht, 1992).

Ethics is the branch of philosophy that investigates morality and the way of thinking that guide human behaviour. It evolves initially from religion by thinkers in the Judeo-Christian tradition. Ethics involves examining moral standards of society and asking how these standards apply to our lives and whether these standards are reasonable or unreasonable. Thus, ethics examines the moral standards of society, assesses their reasonableness or not, and evaluates the impact of these standards upon the lives of individuals. Implicit in this is the notion of the common good, which is one of the factors that determine whether an act is right or wrong (Ross cited in Vee and Skitmore, 2003).

Formally defined, ethical behaviour is that which is morally accepted as "good" and "right" as opposed to "bad" or "wrong" in a particular setting. Is it ethical, for example, to pay a bribe to obtain a business contract in a foreign country? Is it ethical to allow your company to withhold information that might discourage a job candidate from joining your organization? Is it ethical to do personal business on company time? The list of examples could go on and on. Despite one's initial inclinations in response to these questions, the major point of it all is to remind organizations that the public-at-large is demanding that government officials, managers, workers in general, and the organizations they represent all act according to high ethical and moral standards. The future will bring a renewed concern with maintaining high standards of ethical behaviour in organizational transactions and in the workplace (Dordrecht, 1992; Crane and Matten, 2004).

While ethics is concerned with human conduct in general, researchers such as Ray, Hornibrook, Skitmore and Zarkada-Fraser (1999) identify ethical issues in the organization as falling into two categories, these are: "personal ethics" and "professional ethics". Personal ethics describe ethics as generally constituting a system of moral principles by which human actions and proposals may be judged good or bad or right or wrong; the rules of conduct recognized in respect of a particular class of actions and the moral principles of the individual.

Professional ethics refer to the behaviour expected of an individual in an organization or a particular group within the organization that is bound by a set of principles, attitudes

* Department of Psychology Caritas University, Enugu, Nigeria. Email: banniewankwo@yahoo.com

** Department of Psychology, Enugu State University of Science and Technology, Enugu, Nigeria.

or types of character dispositions that control the way the profession is practiced (Vee and Skitmore, 2003) to clarify the term "professional". Ray et al. (1999) define professional as 'a group of people organized to serve a body of specialized knowledge in the interest of society'. Professional ethic involves assessing each decision in practice not only in regard to individual moral concerns but also in terms of professional norms. "Profession" is defined as including all tiers of the organization itself as well as the client and government. Ethical behaviour is concerned with legal behaviour and a collection of moral principles or a set of values being shared not only with the organization, but also within society. Morality is about the beliefs and values that guide people in their decisions. Ethics is about the decision-making, and based upon an express code of values and of conduct (Francis and Armstrong, 2008).

Behaviour is ethical if and only if the behaviour is not motivated in any way, directly or indirectly, by one's own self-interest. De George (1990) defines ethics in general as being 'a systematic attempt to make sense of our individual and social moral experience, in such a way as to determine the rules that ought to govern human conduct. There are three basic concerns of ethics. They involve the meaning and justification about the rightness or wrongness of act in particular the: Intention: the virtue or vice of the motives which prompt them; and/or Ends: the goodness or badness of the consequences (Ray et al, 1999).

According to Fan, Ho and Vincent (2001) the notion of professional ethics is linked with more practical concepts and expectations from the public such as competence and responsibility. The fundamental principles of ethical behaviour within the faculty of health profession are as follows.

Each person is personally accountable for his or her actions. All persons have a shared responsibility to uphold ethical behaviour within the faculty. The purpose of fundamental principles and accompanying policies and procedures is to facilitate and promote ethical behaviour in contrast to policing cases of unethical behaviour. Policies and procedures for dealing with unethical behaviour need to reflect an efficient and effective process that avoids obscuring or clouding the issues (Kamp, 2007).

One does not have to talk with managers long before being alerted to problems due to someone having either little or too much autonomy. Moreover, these problems often reflect serious negative organizational outcomes. Autonomy significantly influences work-related behaviour. For individuals it may be a motivator (Porter, Lawler and Hackman, 1975), for organizations autonomy may have significant bearing on strategy formation (Hart, 1991). Autonomy may be defined as the degree to which one may make significant decisions without the consent of others. At various levels of analysis, we look at the autonomy of individuals within an organization or the autonomy of organizations or sub-units thereof. Beginning with the individual level, a manager or any other organizational member for that matter is relatively autonomous if she/he can make most of the important decisions relevant to her job without requiring permission from other people in the organization (Brock, 2003).

An individual's autonomy is typically reduced when one requires consent from organizational superiors. However, it is also possible that consent may be needed from specialists (like lawyers), colleagues at the same organizational level, a committee anywhere in the organization, and even operators at a lower level. So, autonomy may be impacted from many directions around a person or organization. An organization may similarly be rated according to its degree of autonomy. Datta, Grant, and Rajagonpalan (1991) defined the autonomy of an organization in terms of day-to-day freedom to manage. De Coltiis and Koys (1980) defined autonomy as "the perception of self-determination with respect to work procedures, goals and priorities". It is the degree to which the job provides substantial freedom, independence, and discretion to the individual in scheduling the work and in determining the procedures to be used in carrying it out.

Valdez-Martinez, E; Lavielle, P; Bedolla, M; Squires, A. (2008) in their study of ethical behaviour in clinical practise among mexican health care workers had the singular objective to describe the cultural domain of ethical behaviours in clinical practice as defined by health care providers in Mexico. Structured interviews were carried out with 500 health professionals employed at the Mexican Institute of Social Security in Mexico City. The Smith Salience Index was used to evaluate the relevance of concepts gathered from the free listings of the interviewees. Cluster analysis and factor analysis facilitated construction of the conceptual categories, which the authors refer to as 'dimensions of ethical practice'. Six dimensions emerged from the analysis to define the qualities that comprise ethical clinical practice for Mexican health care providers: overall quality of clinical performance; working conditions that favour quality of care; use of ethical considerations as prerequisites for any health care intervention; values favouring teamwork in the health professional–patient relationship; patient satisfaction scores; and communication between health care providers and patients. The findings suggest that improved working conditions and management practices that promote the values identified by the study's participants would help to improve quality of care.

Cassidy (1991) in his study of *Ethical responsibilities in nursing: Research findings and issues*, opined that nurses are becoming increasingly cognizant of their ethical responsibilities, but that they are often ill prepared to participate in ethical decision making. A review of selected research literature from 1970 to 1987 was undertaken to

validate these assertions. A total of 12 studies related to ethical responsibilities was identified in the review; all studies were published between 1980 and 1987. The majority of studies were at the descriptive and exploratory levels and employed Kohlberg's cognitive theory of moral development as their conceptual framework. Significant findings related to educational level and ethical responsibilities were consistent across studies. Findings related to age and clinical experience were mixed; the effects of economic level, religion-religiosity, ethnicity, and other variables on ethical responsibilities were not significant. Issues raised in the light of the existing research include the use of Kohlberg's theory as a conceptual orientation in nursing groups and limited data on the reliability and validity of instruments used in measuring ethical constructs.

The potential for individuals and organizations to behave unethically is limitless. Many executives, administrators, and social scientists see unethical behaviour as a cancer working on the fabric of society in too many of today's organizations and beyond. Many are concerned that people face the crises of ethics that is undermining their competitive strength. This crisis involves business people, government officials, customers, and employees.

Today, people are painfully aware that, henceforth, organizational ethical behaviour will require serious attention due to widespread organizational misbehaviour. Managing ethical behaviour requires an understanding of the individual and situational factors that influence the ethical behaviour of employees. Unethical behaviour cannot be explained solely by individual factors, but rather, evidence suggests that situational influences are equally more important in influencing our ethical behaviour (Fishers and Lovell 2000). It is hypothesized that perceived family support and job autonomy will significantly predict ethical behaviour among nurses.

METHOD

Participants

A total number of 286 nurses participated in the study. Two missionary hospitals located in Nsukka and Enugu were used for the study. The respondents include all nurses in Bishop Shanahan Hospital Nsukka and those in Niger Foundation Enugu. The choice of the study area is due to the population density of nurses that work in the hospitals. Bishop Shanahan Hospital maintains the highest position in terms of the number of practicing nurses that work there compared to other hospitals within Nsukka geographical area, while Niger Foundation is also heavily populated by nurses in Enugu. These participants were both the married and unmarried nurses that work in these missionary hospitals. These two-hundred and eighty six (286) nurses comprise of 156 from Bishop Shannahan Hospital Nsukka and 130 from Niger Foundation Enugu. Among the participants (nurses), 181 were unmarried while 105 were married. The age of participants ranged from 19 years to 45 years (M = 25.44, SD = 4.78).

Measures

Two instruments were used in the study, the first to determine the workers level of job autonomy within the work environment, while the second instrument was used to determine the workers level of ethical behaviour within the health profession.

Job Autonomy Scale

The job autonomy scale developed by Breaugh and Becker (1987), Breaugh (1999) was used to measure the workers level of job autonomy. The scale contains 9 items that measures three different facets of job autonomy which are work method autonomy, work scheduling autonomy, and work criteria autonomy, all with 3 items apiece. Breaugh and Becker (1987) established the scale reliability co-efficient at alpha value 0.90, 0.88, and 0.89 on the job autonomy dimensions respectively. Items were responded to on a 7-point continuum (1=strongly disagree and 7=strongly agree).

A pilot study was also carried out using the same 63 participant from both hospitals mentioned before in order to re-establish its validity and reliability coefficient. Moreover, the response options were also modified to a 4-point scale in order to make the scale simpler and easier for participants to respond to, maintaining the response options of strongly disagree (1), disagree (2), agree (3) and strongly agree (4). The scoring pattern remains the same. The scales reliability coefficient Cronbach alpha values obtained by the researcher are 0.69, 0.63, and 0.61 for work method autonomy, work scheduling autonomy and work criteria autonomy, respectively. The scale has Cronbach alpha of 0.78

Ethical Behaviour Questionnaire for Nurses

The ethical behaviour questionnaire was developed by the researcher to measure how nurses respond to the ethical code and principles that guide the profession. Really, the questionnaire was developed based on different ethical principles and standards that sustain the profession reported in various scientific literatures (e.g. Rainbow, 2002; Ridley, 1998; Penslar, 1995; General Ethical Foundation, 2002; American Nurses Association, 2001) and from some experience nurses that work in University of Nigeria Medical Centre, Akulue Memorial Hospital and Nsukka

Health Centre; all in Nsukka. Both the ethical and unethical oriented items were included in the questionnaire.

In the scale, the nurses are asked to respond how frequently they maintain both the ethical behaviour patterns that guide the profession (11 positively-worded items, 24 negatively-worded items) using a five point scale of Never (1 point), Rarely (2 points), Sometimes (3 points), Often (4 points), Very often (5 points) for ethical oriented behaviour. However, for the unethical oriented, Very often is scored (1 point), Often (2 points), Sometimes (3 points), Rarely (4 points), and Never (5 points). Therefore, higher the score, the more ethical oriented the individual.

To test for the content validity of the instrument that measures ethical behaviour, the initial items were shown to 10 judges .The judges used included 6 lectures and 4 graduate students of psychology, University of Nigeria, Nsukka. Each judge was requested to indicate which of the items in the questionnaire could be considered as ethical and unethical within the nursing profession. From the responses, only those items that majority of the judges approved to qualify as ethical and unethical were included in the final list for the pilot study.

A pilot study was also carried out using the same 63 participants from University of Nigeria Medical Centre and Nsukka Health Centre. Thereafter, the responses from the 35 items were subjected to item analysis to determine the item consistency. Those items that had a correlation coefficient of 0.3 and above were then selected for the main study. However the choice of 0.3 as the acceptance coefficient is in line with what test experts have agreed to be the minimum for an item to be considered good for selection (Nunnally, 1970; Aiken, 1985, and Onyishi, 1999). Based on this criterion 28 items were selected from the instrument. Samples of the positively worded items are: "I nurse with humility, I willingly attend to patients, and I use sterilized equipments" while samples of the negatively-worded items include: "I am unable to discharge duties assigned to me, I knowingly dispense wrong drugs, and I neglect patients". The item total correlation yielded a coefficient (α =0.86) and a split half reliability of (r = 0.80, P<.001). The 28 items were also subjected to factor analysis for a more reliable validation of the instrument. The principal component analysis indicates that the items loaded in 3 components with only item no 1 loading in factor 2 and 3 at 0.40. However other items loaded from 0.50 to 0.79(see appendix C).The norm reported here is the mean score obtained (M =120.43). Scores higher than the mean indicate adequate ethical behaviour, meaning the higher the score the more ethical the individual.

Procedure

The two instruments were administered simultaneously by the researchers to the participants during their working hours. With the help of the matron (and other available assistant), the exercise was done in two phases, first during the day (8am-3pm) for those who are on day shift (morning and afternoon) and second during the evening (7pm-9pm) for those on night shift. The questionnaires would be distributed to the participants in their different departments and wards where they are discharging their duties. The questionnaire would also be collected in sections exactly the same way they were shared. Out of the 315 copies of the questionnaires distributed, 296 were completed and returned. This represents a percentage return of 93.50%. Ten (10) of this number were also discarded as a result of improper completion, leaving 286 (90.80%) of the total copies. The 286 returned and properly filled copies were used for the study.

Design/Statistics

A cross-sectional survey design was employed in the study and regression analysis was used to test the hypothesis.

Table 1:Means, Standard Deviations, and Inter-correlation Scores of Variables

SOURCE	MEAN	SD	1	2	3	4	5
1 work method	10.01	1.6	1				
2 work schedule	8.88	2.16	.44*	1			
3 work criteria	8.95	1.81	.38*	.25*	1		
4 work autonomy	27.84	4.22	.77*	.79*	.70*	1	
5 ethical behaviour	128.77	10.1	.27*	.11	.23*	.26*	1

N= 286 *P < .05

Table 2: Regression Analysis for the composite score of job autonomy on ethical behaviour

SOURCE	MEAN	SD	B	SE	B	t	CI
Work Autonomy	27.8	4.22	.21	.12	.09	1.82	-.02-.44

RESULTS

Result of the correlation between job autonomy and ethical behaviour shows that a positive relationship exists. Job autonomy has 0.258 reported as r= 0.26. Result of the correlation between work method, work schedule, work criteria autonomy, and ethical behaviour is relatively weak. The three dimensions of job autonomy have weak positive relationship reported as r = 0.27, r= 0.11, and r= 0.23 respectively. Work method and work scheduling dimensions have better relationship than work method and work criteria dimension(r= 0.44, r 0.38 respectively).however the least association among the three dimensions of job autonomy is between work scheduling and work criteria(r=0.25).

Dependent variable: Ethical behaviour

Result of the multiple regression analysis as presented in Table 1 shows that job autonomy is positively related to ethical behaviour at $R^2 = 0.62$, P<.001 with variation of 0.39 indicating a variation of 39%. The F- value for job autonomy on ethical behaviour is significant at (F2, 283, 88.68, P<.001), while that of the interaction effect is also at (F3, 283, 56.32, P<.001). Job autonomy has a regression coefficient of 0.21. The confident level at 95% population coefficient is between -0.02 and 0.44 with t-value of 1.82.

Summary of Analysis 1

Job autonomy and ethical behaviour have a strong association (Multiple R = 0.62). Job autonomy also accounted for 38% of the variation in ethical behaviour among nurses (adjusted Rsq). The regression coefficient for job autonomy was 0.21(95% CI = -0.02-0.44, t= 1.82, P<.07). The standardized regression coefficient shows that job autonomy is not a significant predictor of ethical (β =0.09, ns). Although job autonomy is positively related to ethical behaviour, yet it does not significantly influence ethical behaviour.

The regression analysis as presented in Table 3 shows that work method is related to ethical behaviour at R =0.2, P<.001 indicating that only 7% of the variation in ethical behaviour can be explained by the variation in work method dimension. Work scheduling is related to ethical behaviour at R =0.27, P <.001, indicating that 7% of the variation in ethical behaviour can be explained by the variation in work scheduling dimension. While work criteria dimension is related to ethical behaviour at R = 0.31, P <.001 indicating that 9% of the variation in ethical behaviour can be explained by the variation in work criteria dimension of job autonomy.

Work method has a regression coefficient of 1.68 with 95% confidence level of population coefficient between 0.97 and 2.38. The t- value is (4.70, P<.001). The regression coefficient of work scheduling autonomy is -0.06 with 95% confident level of population coefficient level of population coefficient between -0.65 and 0.54., t-value is (-0.19, P<.85). Work criteria has a regression coefficient of 0.88, with a 95% confident level of population coefficient between 2.53 and 0.01, t = 2.53, P <.01.

Summary of Analysis 2

The association between work method and ethical behaviour among nurses is weak at (Multiple R = 0.27) with 7% variation in ethical behaviour (adjusted Rsq). The regression coefficient was 1.68 (95% CI =0.97-2.38, t = 4.70, P<.001). The association between work scheduling and ethical behaviour among nurses is weak at (Multiple R =0.27) with 7% variation in ethical behaviour (adjusted Rsq). The regression coefficient was -0.06 (95% CI = -0.65 to 0.54, t = -0.19, P <.85). The association between work criteria and ethical behaviour among nurses is also weak at (Multiple R =0.30) with 9% variation in ethical behaviour (adjusted Rsq). The regression coefficient was 0.88(95% CI =2.53 to 0.01, t= 2.53, P <.01). The standardized regression coefficients were as follows: work method (β = 0.27) work schedule (β =-0.01, ns) and work criteria (β=0.16, P<.01). These show that two dimensions of job autonomy are significant predictors of ethical behaviour. Work method, work schedule, and work criteria are positively related to ethical behavior. However, these two dimensions of job autonomy, work method and work criteria significantly influence ethical behavior among nurses, work schedule does not. (see Table 3)

DISCUSSION

Considering the results, the hypothesis which states that job autonomy will not significantly influence the ethical behaviour of nurses was not rejected. This finding demonstrates that job autonomy is a weak predictor of ethical behaviour, implying that it does not significantly influenced the ethical behaviour of nurse. Therefore, job autonomy is

Table 3: Regression Analysis for the Three Dimensions of Job Autonomy on Ethical Behaviour

SOURCE	MEAN	SD	B	SE	β	t	CI
Work method	10.01	1.62	1.68	.36	.27	4.70	.97- 2.38
Work schedule	8.88	2.15	-.06	.30	-.01	-.19	-.65-.54
Work criteria	8.95	1.81	.88	.35	.16	2.53	.20-1.56

not a strong determinant of ethical behaviour (β=0.09, ns).

There are several implications of the findings of the present study. Several deductions can be made that can benefit future researchers, employers of labour, and workers in the health profession in the Nigerian organizations. Although job autonomy is a weak predictor of ethical behaviour, yet it is positively related to ethical behaviour. Several findings in this work have demonstrated that high job autonomy improves job satisfaction, efficiency, productivity, and exemplified work- personal accomplishment among workers. Therefore, a moderate level of job autonomy should be encouraged in areas of work method and work criteria. In cases of low job autonomy, apparently workers will become uncomfortable and unsatisfied with the work situation; this may influence ethical behaviour in the negative way resulting in our today's organizations facing crisis of unethical behaviour. However, workers are not expected to be allowed with so much autonomy in order not to experience what Warr (1987) explained as additional decrement in hid vitamin model (VM). If an ethical crisis erupts, it cuts across business people, government official, customer, employees etc.

SUMMARY AND CONCLUSION

Considering the results, it was found that job autonomy did not significantly predict ethical behaviour of nurses, but there was a relationship between the two. Based on the positive relationship, a moderate level of job autonomy should be encouraged in areas of work method and work criteria. In cases of low job autonomy, apparently workers will become uncomfortable and unsatisfied with the work situation; this may influence ethical behaviour in the negative way resulting in our today's organizations facing crisis of unethical behaviour. However, workers are not expected to be allowed with so much autonomy especially in the nursing profession because they are dealing with human lives. A unilateral decision by a nurse without consent by the matron, team members or leader can jeopardize a patient's life. Nigerian nurses dont act independently or take independent decisions as they are required to report to their superior who might be a matron or doctor in almost all their days work schedule. This might explain the weak prediction of job autonomy on ethical behaviour because an individual's autonomy is typically reduced when he/she requires consent from organizational superiors. Further research should look into the personality types of these nurses in their adherance to ethical behaviours and the gender differences.

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