Work Attitude, Ethics and Performance: Exploring Organizational Influences on Health Workers Performance in Selected Healthcare Institution in Nigeria

Sikap Kerja, Etika dan Prestasi: Meneroka Pengaruh Organisasi dan Budaya terhadap Petugas Kesihatan di Hospital Kolej Universiti, Ibadan

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Abstract

Issues regarding work ethics and staff attitudes in Nigeria's healthcare sector have a profound impact on service delivery. This study examines the complex relationship between work attitudes and the performance of health workers at University College Hospital, Ibadan, emphasising the organisational, cultural, and individual elements that impede ethical conduct. A quantitative methodology was employed to gather data through structured questionnaires distributed to 200 intentionally selected healthcare workers. Analysis was performed with descriptive and inferential statistics, Structural Equation Modelling, and Confirmatory Factor Analysis through SPSS v22. The findings indicate a robust direct correlation between work ethics and employee behaviour ($\beta = 0.769$, $p < 0.05$), implying that even slight enhancements in ethical conduct can markedly improve workplace behaviour. The impact of work ethics is partially mediated by dedication, attitude, and integrity ($\beta = 0.110$, $p < 0.05$), suggesting that intrinsic qualities influence ethical outcomes. Organisational, cultural, and individual barriers were identified as major contributors to unethical behaviour ($p = 0.012$), with each further increase in these limitations correlating with heightened negative conduct ($\beta = 0.669$). The study highlights the pressing necessity for systemic reforms to foster a culture of professionalism and ethical excellence, providing significant insights for policymakers, administrators, and scholars in healthcare management and organisational behaviour.

Keywords: Attitude, Health, Commitment, Environment, Quality

Abstrak

Isu berkaitan etika kerja dan sikap kakitangan dalam sektor kesihatan di Nigeria memberi kesan yang mendalam terhadap penyampaian perkhidmatan. Kajian ini meneliti hubungan kompleks antara sikap kerja dan prestasi petugas kesihatan di Hospital Kolej Universiti, Ibadan, dengan menekankan elemen organisasi, budaya, dan individu yang menghalang amalan beretika. Kaedah kuantitatif digunakan bagi mengumpul data melalui soal selidik berstruktur yang diedarkan kepada 200 orang petugas kesihatan yang dipilih secara

bertujuan. Analisis dilakukan menggunakan statistik deskriptif dan inferensi, Pemodelan Persamaan Berstruktur (SEM), serta Analisis Faktor Sahkan (CFA) melalui SPSS v22. Dapatan kajian menunjukkan terdapat hubungan langsung yang kuat antara etika kerja dan tingkah laku pekerja ($\beta = 0.769$, $p < 0.05$), yang membayangkan bahawa peningkatan kecil dalam etika kerja boleh meningkatkan tingkah laku di tempat kerja secara ketara. Kesan etika kerja sebahagiannya dimediasi oleh komitmen, sikap, dan integriti ($\beta = 0.110$, $p < 0.05$), menandakan bahawa kualiti intrinsik mempengaruhi hasil etika. Halangan organisasi, budaya, dan individu dikenal pasti sebagai penyumbang utama kepada tingkah laku tidak beretika ($p = 0.012$), dengan setiap peningkatan halangan ini berkait rapat dengan peningkatan tingkah laku negatif ($\beta = 0.669$). Kajian ini menekankan keperluan mendesak untuk reformasi sistemik bagi memupuk budaya profesionalisme dan kecemerlangan etika, sekali gus memberi sumbangan penting kepada pembuat dasar, pentadbir, dan sarjana dalam pengurusan kesihatan serta tingkah laku organisasi.

Kata Kunci: *Sikap, Kesihatan, Komitmen, Persekitaran, Kualiti*

INTRODUCTION

Ethical issues in healthcare and nursing practice are becoming increasingly complex due to medical advances and the evolving dynamics of the healthcare system (Asare, Ansah, & Sambah, 2022). Ethics in healthcare refers to the standards or principles of moral judgment and action that provide a systematic framework for distinguishing right from wrong based on certain beliefs (Robinson & Doody, 2021). Moreover, because medical personnel spend a significant amount of time with patients and their families, the practices of medical officers in relation to their clients become paramount (Kieft et al., 2014).

Healthcare ethics appear to have limited applicability to professional conduct, which seems to be more significantly shaped by individual and organisational values (Sharifikia et al., 2024). An ethical climate influences organisational ideals and hence promotes ethical behaviour among employees. Ethical standards pertain to practically equivalent norms and commitments to patient care; however, each healthcare profession may possess its own distinct set of principles (Gonzalez-de Paz, et. al., 2014). Public health specialists are committed to comprehensive treatment, addressing both individual and community needs, rather than concentrating exclusively on medical illnesses or classifications (Kim, 2020; Kim et. al., 2022). Nonetheless, the standards of care may differ across many disciplines within the hospital environment (Le et. al., 2024).

In Nigeria, the rapport between healthcare experts and patients is still developing, resulting in erroneous medical diagnoses and prescriptions due to insufficient communication. The Nigerian healthcare sector consists of a public system managed by decentralised county governments and a commercial sector. Quality management in the healthcare sector is crucial for ensuring patient satisfaction (Bakare, 2024). Consequently, numerous disputes have arisen over the expected work ethics of employees in the workplace, aimed at maintaining a consistent level of job performance. Research data has demonstrated occurrences of deficient or negligent work ethics (Bruba, 2021; Yousif Ali & Hasaballah, 2020). The correlation between enhancing service quality, particularly in technical care, patient wait times, clinical services, admission procedures, and discharge, is tenuous (Muthoni, 2017; Bakare, et. al., 2025), warranting further examination. This study aims to investigate the association between work attitude, ethics, and the performance of health professionals at University College Hospital, Ibadan, emphasising how employees' attitudes towards their responsibilities relate to overall health service delivery.

LITERATURE REVIEW

Work Ethics (WES)

Ethics, commonly known as the "science of morality" or the systematic examination of essential moral concepts, distinguishes itself from descriptive or empirical sciences by being a normative science. Ethos refers to the unique character, attitudes, habits, and beliefs of an individual or organisation. It denotes the fundamental characteristics that define an individual or collective entity, including a nation. Ethos covers the shared ideas and beliefs of a group or emerging nation regarding

ethical and moral distinctions between good and evil (Javaid, 2020). The fundamental moral concepts of ethics pertain to how individuals should conduct themselves in their work, interact with colleagues, and maintain integrity and self-discipline. This perspective extends beyond individuals to encompass groups and society. Work ethics encompasses multiple components, rooted in an individual's psychological values, which manifest as entrenched perspectives, attitudes, and goals (Nurmayanti, 2018).

Work ethics comprise the moral principles, beliefs, and behaviours that direct persons in their professional activities and decisions (Treviño, den Nieuwenboer, & Kish-Gephart, 2024). It entails conforming to ethical standards and principles, including honesty, integrity, accountability, and professionalism in one's professional conduct (Kim, 2020). Work ethics involve the application of ethical values and behaviours in the workplace, encompassing justice, respect for others, diligence, and commitment to job tasks (Rahiman & Kodikal, 2017). Moreover, work ethics encompass the personal and professional values that individuals bring to their employment, including ethical decision-making, a strong work ethic, and a commitment to quality and excellence (Al Smadi, Amaran, Abugabah, & Alqudah, 2023). It encompasses the ethical concepts and standards individuals adhere to in their professional conduct, including honesty, accountability, respect for others, and a dedication to fulfilling job tasks (Snell, 2021).

Panigrahi and Al-Nashash (2019) posited that work ethics is a multifaceted construct that may be assessed through various components. Care, ethical codes, regulations, instrumental values, independence, diligence, and the objectives of work and time management are but a few elements of WEs. The notion of work ethics is acknowledged as a crucial soft skill that can profoundly influence individuals' attitudes and behaviours in the workplace (Park & Johnson, 2019). It is crucial in influencing essential organisational behaviours, such as job performance, work quality, productivity, and organisational citizenship. Research indicates that adherence to work ethics might minimise and regulate both deviant and ineffective work behaviours (Aryati et al., 2018).

Health workers' behaviour

Behaviour is a function of both the person and the environment. According to Moyo (2021), health worker behaviour refers to the actions, attitudes, and conduct displayed by individuals working in healthcare roles. It encompasses how health workers interact with patients, colleagues, and the broader healthcare team, as well as their adherence to professional standards, ethical guidelines, and organisational policies. Health worker behaviour encompasses the way healthcare professionals communicate with patients, including their listening skills, empathy, and ability to provide clear and understandable information about medical conditions, treatment options, and patient care.

Kehinde (2020) see health worker behaviour also involves the ability to establish and maintain a trusting and respectful relationship with patients, ensuring their dignity, privacy, and confidentiality are respected throughout the healthcare process. Health worker behaviour includes adherence to clinical protocols and guidelines, practising evidence-based medicine, and providing care that is safe, effective, and of high quality. Health worker behaviour encompasses collaboration and teamwork within the healthcare setting, including effective communication with colleagues, interdisciplinary coordination, and shared decision-making for optimal patient care outcomes (Eduful, 2021).

Research indicates a positive correlation between the personal health behaviours of physicians and nurses, including adequate nutrition, screening tests, and vaccinations, and their delivery of healthy lifestyle guidance to patients (Holtzclaw, Arlinghaus, & Johnston, 2021). Physicians who felt compelled to offer healthy lifestyle counselling and have adequate knowledge regarding healthy behaviours were more inclined to advise patients accordingly (Znyk et al., 2019).

Cognitive Moral Development Theory

This study is anchored on the Cognitive Moral Development (CMD) theory. The CMD theory was propounded by Kohlberg in 1976, and it provides a significant foundation for comprehending the ethical conduct of healthcare professionals and its effects on performance. The idea posits that individuals advance through six phases of moral reasoning, categorised into three levels: pre-conventional, conventional, and post-conventional. Each level signifies enhanced cognitive

development and ethical complexity, affecting individuals' perceptions and reactions to moral situations (Rest, 1986).

In the healthcare context, CMD elucidates that health workers with advanced moral development are more inclined to exhibit ethical behaviour, encompassing empathy, accountability, and compliance with professional standards—essential elements of quality patient care and organisational efficacy (Self et al., 1993). A nurse operating at the post-conventional level may prioritise patient welfare according to universal ethical standards, even without stringent supervision or institutional guidelines.

Furthermore, CMD theory emphasises the influence of organisational culture, leadership, and ethics training on the moral thinking of employees (Thoma, 1994). Healthcare organisations that promote ethical contemplation, autonomy, and principled decision-making are more likely to enhance moral thinking and, consequently, improve the ethical and practical performance of their staff.

METHODOLOGY

The research design employed for this study was a survey design. The rationale for the design is that it can select a sample from the target population and the inferences from the sample could be generalised to the entire population. The study population will comprise 3,000 clinical and non-clinical staff of University College Hospital (UCH), Ibadan, Oyo State, Nigeria. For the study, Doctors, nurses, pharmacists, medical records, and laboratory scientists will be selected.

Multi-stage sampling techniques will be adopted for the study. At the first stage, a simple sampling technique will be used to select two departments, including both clinical and non-clinical departments. The entire department will be put into consideration, but Doctors, nurses, pharmacists, medical records and laboratory scientists will be purposely selected for the study. At the second stage, a simple random sampling technique will be used to select 200 health workers as the sample size for the study; thereafter, two hundred (200) health workers will be selected randomly as the sample for the study.

Primary data were sought through the use of a structured questionnaire, which will be administered to respondents from UCH in Ibadan (health workers). This research instrument is a structured questionnaire that covers Biodata and technical data, consisting of sections A to D. The Biodata in section A includes questions based on the personal characteristics of the respondents, such as age, gender, marital status, qualification, length of service, and department. In contrast, the main instrument in sections B to E consisted of questions based on dependent and independent variables. The pre-test questionnaires were subjected to Cronbach's alpha reliability testing in order to determine the internal consistency of the entire scale. The questionnaire was redistributed to gather all the required information for the study's analysis, as the results were consistent. The instrument was regarded as reliable for capturing target data due to the consistency and uniformity of the outcomes.

To show the respondent's personal profile using a frequency percentage table, mean, and standard deviation, descriptive statistics (measures of central tendency and measures of variance) will be applied to the data collected. To determine the association between variables, inferential statistics were performed using the Statistical Package for the Social Sciences. The association between the elements of the work ethics and health workers' behaviour was examined using Frequency Analysis and a structural equation model.

RESULT

Demographic Information of the Respondents

The data provided offers a coherent and robust representative analysis of the relationship between work attitude, ethics and performance particularly among the healthcare professionals. It showcases generally elevated levels of work attitude and ethical orientation on self-reported measures, while the structural equation model (SEM) reveals a robust, primarily direct correlation from a latent Work

Ethics factor to various proximal constructs (employee commitment, integrity, employee performance, and workers' attitude) and to overall health-worker behaviour.

The sample is predominantly female (62%), primarily consists of mid-career individuals (40.5% aged 36–45 years), and is largely composed of non-clinical roles (approximately 81% non-clinical). Most respondents possess first degrees or Higher National Diplomas (HNDs), with the most common length of service falling within the 11–15 year range. These characteristics elucidate certain attitudinal patterns but also restrict generalisability to clinical frontline providers (doctors, nurses), whose workplace pressures and objective performance metrics differ systematically from those of administrative staff (Table 1).

Table 1
Distribution of Demographic Information of the Respondents

No.	Background Data	Label	N	Percentage
1.	Gender	Male	74	38%
		Female	126	62%
2.	Age	18-25yrs	26	13%
		26-35yrs	29	14.5%
		36-45yrs	81	40.5%
		46-55yrs	48	24%
		Above 55	16	8%
3.	Length of Service	Less than 5	22	11%
		6 – 10	52	26%
		11 – 15	69	34%
		16 – 20	42	22%
		21 and above	15	8%
4.	Educational Background	OND	31	15.5%
		HND	55	27.5%
		first Degree	63	31.5%
		Professional Cert.	16	8%
		Master's Holder	22	11%
		PhD	13	6.5%
5.	Marital status	Single	46	23%
		Married	132	66%
		Widower	9	4.5%
		Divorced	13	6.5%
6.	Category of staff	Clinical	39	19%
		Non-clinical	163	81%
7.	Department	Doctor	27	13.5%
		Nurse	41	20.5%
		Surgery	12	6%
		Pharmacist Medical Records	38	19%
		Lab. Scientist	72	36%

continued

	10	5%

Reliability and Validity Test

Table 2 provides a thorough assessment of the reliability and validity of the measuring scales, employing recognized statistical techniques. The evaluation incorporates the Cronbach technique for internal consistency, the Kaiser-Meyer-Olkin Measure (KMO) of Sampling Adequacy, and Bartlett's test of sphericity to assess the validity of the measures. The Cronbach alpha values are a robust indicator of the scales' internal consistency and dependability. The values, spanning from 0.894 to 0.833, conform to established norms (Pallant, 2010). An alpha value of 0.7 or higher indicates strong reliability. Consequently, the computed alpha values validate the scales' consistency and dependability. Focusing on measurement validity, the KMO values offer significant insights into the suitability of the scales. These measures, with values ranging from 0.894 to 0.897, exceed the recommended threshold of 0.5. This result indicates that the scales meet an essential validity requirement, demonstrating their ability to measure the underlying constructs accurately. The implementation of Bartlett's test of sphericity, with the KMO measure, enhances the evaluation of validity. This assessment determines the appropriateness of utilising factor analysis on the dataset. The presence of KMO values exceeding 0.5 and statistically significant findings from Bartlett's test corroborate the appropriateness of these scales for factor analysis, indicating their effectiveness in representing the latent constructs being studied.

Table 2

Psychometric Properties of the Measurement Scale

Variables	Reliability (α)	Validity				Remark
	Cronbach Alpha	KMO	Bartlett's Test	df	Sig	
Work Ethics	0.791	0.833	522.42	34	.000	Good
Workers Behavior	0.894	0.897	641.21	34	.000	Good

Relationship between work attitude and health worker's performance in University College Hospital, Ibadan

The item-level descriptive results in Table 3 reveal that staff predominantly support statements reflecting professional behaviour and ethical practice, with a composite mean of 3.81 on a 5-point scale, categorised as "high" according to the study's legend. Notable strengths are indicated in promoting an ethical environment (M = 4.15) and preventing conflicts of interest (M = 4.08), with respondents asserting they "consistently uphold integrity" (M = 4.01); in contrast, lower means are observed for items related to transparent communication (M = 3.34) and teamwork (M = 3.62). The comparatively lower score on open communication indicates a disconnect between stated ethical commitments and daily communicative practices that support team functionality, a trend that frequently forecasts implementation gaps when organisations attempt to convert values into results (Trevino & Nelson, 2017). The mean score of 3.81 and a standard deviation of 0.607 indicate that work ethics and behavior significantly contribute to professionalism.

Table 3
Descriptive analyses showing relationship between work attitude and health worker's performance in university college Hospital, Ibadan

No.	Statement	SD 5	A 4	N 3	D 2	SD 1	Mean	SD
1.	I treat colleagues and clients with respect and professionalism	100 (50%)	30 (15%)	13 (6.5%)	40 (20%)	17 (8.5%)	3.71	.749
2.	I communicate openly and transparently with others	15 (7.5%)	92 (46%)	18 (9%)	20 (10%)	55 (27.5%)	3.34	.738
3.	I contribute to fostering a positive and ethical work environment	110 (55%)	40 (20%)	16 (8%)	24 (12%)	10 (5%)	4.15	.518
4.	I consistently uphold integrity and ethical principles in all aspects of my work	90 (45%)	58 (29%)	7 (3.5%)	12 (6%)	33 (16.5%)	4.01	.527
5.	I collaborate effectively with colleagues and promote teamwork	74 (37%)	37 (18.5%)	22 (11%)	16 (8%)	51 (25.5%)	3.62	.636
6.	I avoid conflicts of interest and act in the best interest of the organization and its stakeholders	78 (39%)	60 (30%)	20 (10%)	32 (16%)	10 (5%)	4.08	.473
	Mean and Standard Deviation						**3.81**	**.607**

Note: *N= 200; Legend: 4.21-500 (very high); 3.41-4.20 (high); 2.61-3.40 (moderate); 1.81-2.60 (low); 1.00-1.80 (very low).*

The organisational, cultural, and individual factors within University College Hospital that impede the manifestation of work ethics among health workers

From the table below, the respondents strongly agreed that; insufficient support and resources from the organization hinder the manifestation of work ethics (M = 3.67 and SD = 0.734); lack of clear organizational policies and guidelines (M = 4.24 and SD = 0.594); cultural factors create barriers to the manifestation of work ethics (M = 4.05 and SD = 0.498); and cultural factors, such as hierarchy or lack of communication hinder the manifestation of work ethics (M = 3.99 and SD = 0.767) were all strongly agreed to. However, respondents slightly agreed that Work ethics are hindered by cultural norms and practices (M = 2.58 and SD = 0.839). The overall mean score of 2.97 and standard deviation of .766 implied that work ethics have a significant relationship with health workers' performance. The overall mean score of 3.71 and standard deviation of .686, which implied that there is a positive relationship between employee commitment and health workers' performance in the study area.

Table 4
Descriptive analyses showing the organisational, cultural, and individual factors within University College Hospital that impede the manifestation of work ethics among health workers

No	Statement	SD 5	A 4	N 3	D 2	SD 1	Mean	SD
1.	Insufficient support and resources from the organisation hinder the manifestation of work ethics	84 (42%)	46 (23%)	10 (5%)	30 (15%)	30 (15%)	3.67	.734
2.	Lack of clear organisational policies and guidelines	102 (51%)	54 (27%)	14 (7%)	10 (5%)	20 (10%)	4.24	.594
3.	Work ethics are hindered by cultural norms and practices	57 (28.5%)	40 (20%)	21 (10.5%)	58 (29%)	24 (12%)	2.58	.839
4.	Cultural factors create barriers to the manifestation of work ethics	78 (39%)	60 (30%)	20 (10%)	32 (16%)	10 (5%)	4.05	.498
5.	Cultural factors, such as hierarchy or lack of communication, hinder the manifestation of work ethics	106 (53%)	42 (21%)	9 (4.5%)	36 (18%)	7 (3.5%)	3.99	.767
	Mean and Standard Deviation						**3.71**	**0.686**

Note: N= 200; Legend: 4.21-500 (very high); 3.41-4.20 (high); 2.61-3.40 (moderate); 1.81-2.60 (low); 1.00-1.80 (very low).

The interplay of Work Ethics, Health Workers' Behaviour and Performance

From table 5, respondents strongly agreed to the statements that tasks are completed within stipulated time (M = 4.16 and SD = 0.589); employees' performance has continually improved (M =3.10 and SD = 0.926); the overall quality of the work performed in my workgroup is high (M =3.19 and SD = 0.445); respondents moderately agreed that, there is regular attendance to work by workers (M = 2.57 and SD = 0.895). This implies that an increase in employees' performance has a positive impact on workers' behavior in the University College Hospital.

Respondents were also asked whether they were ever available at the workplace (M = 4.05, SD = .51). Likewise, there was an agreement on employees' commitment to work has been improving over time (M = 4.60 and SD = 0.463); employees are more focused to their work (M = 4.11 and SD = 0.456); employees can quickly apprehend new tasks and workflows (M = 3.78 and SD = 0.551); employees have gained a great deal of work ethics (M = 4.20 and SD = 0.445); employees can handle multiple tasks and produce significant volumes of work (M = 4.00 and SD = 0.459). The outcomes demonstrated high mean scores and high standard deviation, implying that improving employee performance has a positive impact on workers' behaviour in the University College Hospital. There was a high global mean of 3.77 and a standard deviation of 0.76, implying that the effect of employee performance resulted from positive workers' behaviour.

Table 5
Descriptive statistics showing the health workers' behaviour and Performance

No.	Employee Performance	SA 5	A 4	N 3	D 2	SD 1	Mean	SD
1.	Tasks are completed within the stipulated time	48 (22%)	74 (37%)	20 (10%)	40 (20%)	18 (9%)	4.16	.589
2.	Employees' performance has continually improved	20 (10%)	80 (40%)	25 (12.5%)	40 (20%)	35 (17.5%)	3.10	.926
3.	The overall quality of the work performed in my workgroup is high	66 (33%)	50 (25%)	19 (9.5%)	35 (12.5%)	30 (15%)	3.19	.445
4.	There is regular attendance at work by workers	55 (27.5%)	40 (20%)	15 (7.5%)	60 (30%)	30 (15%)	2.57	.895
5.	Employees are ever available at the workplace	88 (44%)	53 (26.5%)	14 (7%)	13 (6.5%)	32 (19%)	4.05	.510
6.	Employees' commitment to work has been improving over time	70 (35%)	76 (38%)	24 (12%)	11 (5.5%)	19 (9.9%)	4.60	.463
7.	Employees are more focused on their work	76 (38%)	79 (39.5%)	10 (5%)	24 (12%)	11 (5.5%)	4.11	.456
8.	Employees can apprehend new tasks and workflows quickly	70 (35%)	54 (27%)	30 (15%)	34 (16%)	12 (6%)	3.78	.551
9.	Employees have gained a great deal of work ethic	80 (40%)	48 (24%)	24 (12%)	30 (15%)	18 (9%)	4.20	.467
10.	Employees can handle multiple tasks and produce big volumes of work	70 (35%)	64 (32%)	19 (9.5%)	40 (20%)	7 (3.5%)	4.00	.459
	Mean and Standard Deviation						**3.77**	**.576**

Note: N= 200, Legend: *4.21-500 (very high); 3.41-4.20 (high); 2.61-3.40 (moderate); 1.81-2.60 (low); 1.00-1.80 (very low).*

Next, the insights drawn from Table 6 provide a comprehensive understanding of the relationships within the adjusted Structural Equation Model (SEM). Notably, the findings reveal several significant direct and indirect effects that contribute to the behaviour of health workers. Firstly, in the context of the adjusted SEM, a thorough analysis reveals compelling evidence of the substantial impact of certain factors on the behaviour of health workers. Work ethics emerges as a pivotal factor, with a statistically significant direct effect ($\beta = 0.769$, $p < 0.05$). This indicates that even a marginal unit change in work ethics carries a remarkable potential to augment health workers' behaviour by an impressive 89.3%.

Table 6
Path Coefficient (Beta weights) of the adjusted SEM of Work Ethics and Health Workers' Behaviour

Pathways			Initial model	Adjusted model	S.E.	C.R.	P	Remark
HWB	<---	Wrk_Eti	.629	.625	.86	75.483	***	S
Em_Com	<---	Wrk_Eti	.660	.696	.77	69.893	***	S
Int.	<---	Wrk_Eti	.534	.531	.49	42.140	***	S
Emp_pfm	<---	Wrk_Eti	.701	.657	.37	60.587	***	S
WrkAt	<---	Wrk_Eti	.982	.979	.51	62.869	***	S

Note: HWB- Health Worker Behaviour, Wrk_Eti- Work Ethics, Em_Com – Employee Commitment, Int- Integrity, Emp_pfm – Employee Performance, WrkAt – Workers Attitude.

The standardised path coefficients (adjusted model) indicate that Work Ethics significantly influences Health Worker Behaviour ($\beta = .625$, $p < .001$) and similarly predicts Employee Commitment ($\beta = .696$), Employee Performance ($\beta = .657$), Integrity ($\beta = .531$), and Workers' Attitude ($\beta = .979$), all of which are highly significant. The standardised betas indicate strong correlations: elevated scores on the latent Work Ethics factor are associated with significantly greater stated dedication, integrity, and performance, as well as more favourable employee views.

A second significant issue relates to mediation. The findings indicate a modest yet statistically significant indirect effect of work ethics on health-worker behaviour mediated by employee performance ($\beta = .110$, $p < .05$). Interpreted conservatively and employing contemporary mediation logic, this indicates that a little fraction of Work Ethics' correlation with Health Worker Behaviour is mediated through self-reported employee performance, but the majority of the influence seems to be direct. This pattern is theoretically significant: it indicates that although enhanced ethical orientation may enhance performance (and consequently behaviour), the primary mechanism in this dataset is that Work Ethics directly influences behaviour (for instance, through normative motives, professional identity, or institutional expectations). This pattern corresponds with literature indicating that ethics and professional identity can influence behaviour independently of performance metrics (Treviño & Nelson, 2017; Bandura's social-cognitive theories of moral action).

Integrating these empirical observations into a broader academic discourse: the findings substantiate a substantial corpus of research connecting employees' ethical orientation and attitudes to organisational outcomes — specifically, employee commitment theory (Meyer & Allen, 1991) and meta-analytic evidence indicating a positive correlation between attitude variables and performance as well as discretionary behaviour (Judge et al., 2001). The data indicates that in healthcare environments, ethical climates, integrity-focused leadership, and well-defined professional norms correlate with improved teamwork, decreased errors, and enhanced quality of treatment (Aiken et al., 2012). The current SEM thus offers corroborative, contextually pertinent evidence that work ethics are significant at the examined hospital. However, due to the model's reliance on self-report scales and the near isomorphism between Workers' Attitude and Work Ethics within the model, the contribution is predominantly confirmatory rather than innovative; it illustrates correlation and potential directions but cannot independently determine causal mechanisms.

The pattern indicates a significant direct influence of ethics on behaviour, with only minimal mediated effects through performance. This suggests that interventions focused exclusively on enhancing technical performance, such as training and incentives, will be inadequate unless they are supplemented by efforts to strengthen ethics, foster professional socialisation, and improve open communication, which has the lowest mean score. Hospital management must integrate ethics-driven leadership, frameworks that mitigate conflicts of interest, and mechanisms that promote transparent communication to convert articulated ethical ideals into quantifiable improvements in care quality and patient outcomes.

Figure 1
Adjusted SEM of Work Ethics and Health Workers' Behaviour Model

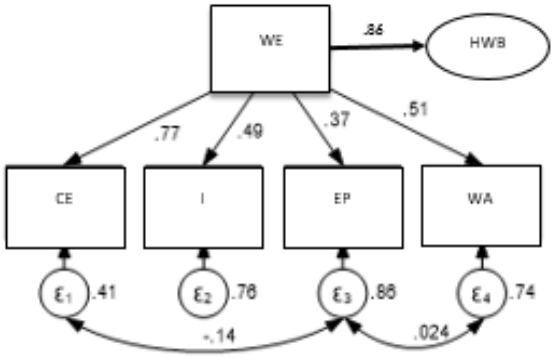

Table 7
Maximum Likelihood Estimate showing Goodness of Fit Index of the SEM of Work Ethics and Health Workers Behaviour model

Model	X^2	Df	P	GFI	NFI	CFI	RMSEA
Benchmark			>0.05	>0.89	>0.93	>0.89	<0.06
Theorised Model	2312.018	45	.000	.529	.771	.785	.409
Adjusted model	2110.526	62	.000	.818	.812	.809	.324

Note: GFI (goodness-of-fit index); NFI (normed fit index); CFI (comparative fit index); df (degrees of freedom); RMSEA (root mean square error of approximation).

Despite the inherent limitations of p-values, it highlights that lower chi-square values correspond to a more desirable model fit. To deepen our understanding of the enhanced fit achieved by the adjusted model relative to the initial model, additional fitness indices were scrutinized: Normed Fit Index (NFI) = .838, which falls short of the recommended threshold of .93, Comparative Fit Index (CFI) = .841, surpassing the minimum criterion of .89. Root Mean Square Error of Approximation (RMSEA) = .324, surpassing the acceptable limit of .06.

This comprehensive evaluation highlights the substantial improvement in fitness achieved by the adjusted model compared to the initial (hypothesised) model. Nevertheless, it remains noteworthy that while the adjusted model has indeed made significant strides in fitting the data, it still exhibits only moderate fitness in relation to the observed data.

DISCUSSION

The findings indicate a sophisticated and intricate link between work ethics and the behaviour of health workers, emphasising the mediating influence of employee performance. The indirect effect of employee commitment, attitudes, and integrity on health workers' behaviour via employee performance ($\beta = 0.110$, $p < 0.05$) indicates that although ethical ideals are fundamental to professional conduct, their impact is not consistently direct or unequivocal. These elements function within a comprehensive organisational and individual context, where performance influences their final effect on behaviour. The low 11.0% influence of work ethics on behaviour suggests that ethical principles alone may be inadequate to affect substantial behavioural changes among health practitioners. Their performance depends on the existence of facilitating conditions, including robust leadership, a supportive organisational culture, and efficient human resource management. A recent study highlights that whereas ethical work environments foster professional integrity, their overall influence is frequently limited by organisational dynamics and performance expectations (Collins & Stockton, 2022). When employee performance acts as a mediator, it indicates that even individuals

with strong ethical awareness may not demonstrate optimal behaviour unless their performance is sufficiently encouraged and incentivised (Kim et al., 2022).

Moreover, the interaction among integrity, commitment, and attitude towards work ethics corresponds with modern organisational behaviour theories, especially social learning theory (Bandura, 2021). Employees cultivate and strengthen ethical conduct via observational learning and organisational reinforcement. Nonetheless, if the organisational framework inadequately incentivises ethical behaviour or if performance demands supersede ethical considerations, the capacity of work ethics to effect behavioural change is limited (Miao et al., 2022). This discovery highlights the necessity for a more comprehensive strategy in ethics management within healthcare—one that not only prioritises ethical training but also synchronises performance indicators with ethical standards (Nembhard & Edmondson, 2023). The modest indirect effect in the finding indicates that the ethical conduct of health workers is considerably shaped by external organisational variables, rather than only by individual dedication and integrity. This corresponds with research demonstrating that corporate culture, leadership efficacy, and institutional accountability are more significant indicators of ethical behaviour than individual moral convictions alone (Collins & Stockton, 2022). Consequently, healthcare institutions must transcend the assumption that ethical behaviour will arise from individual integrity and instead implement frameworks that integrate ethical considerations into performance assessments, team collaborations, and decision-making processes (Matthews, et. al., 2018).

CONCLUSION

This study's findings underscore the complex relationship between work ethics and the behaviour of health workers, highlighting the mediating influence of employee performance. Although work ethics considerably affect professional behaviour, their influence is indirect, being mediated by employee commitment, attitudes, and integrity. The minimal indirect effect suggests that ethical conduct in healthcare is constrained by organisational and systemic variables, necessitating a more systematic approach to ethical management. Without the alignment of ethical principles with institutional support, leadership responsibility, and performance incentives, the complete promise of work ethics to enhance healthcare outcomes goes unfulfilled.

This conclusion highlights the need for institutional adjustments to address ethical limitations in healthcare environments. Ultimately, the results indicate policy and research priorities. Investment is required in validated ethics training and reflective practice groups that extend beyond singular workshops; evaluation of independent performance metrics (patient satisfaction, clinical outcomes) is necessary to monitor the behavioural repercussions of ethical interventions; and institutional mechanisms must be promoted to safeguard whistleblowers and diminish the incentives for unethical shortcuts. Enhancing employee commitment via equitable work policies, cultivating a culture of integrity through exemplary leadership, and elevating work attitudes through ongoing professional development can amplify the indirect influence of work ethics on behaviour. Furthermore, establishing a performance management system that assesses efficiency while incentivising ethical decision-making could effectively reconcile the disparity between ethical principles and real-world workplace conduct. This study contributes to the conversation on healthcare ethics and provides empirical insights for policymakers, hospital administrators, and scholars in health management and organisational behaviour.

This study, however, focuses on tertiary healthcare institutions, which may limit the generalizability of the findings to other healthcare environments with varying organisational frameworks and cultural dynamics. The reliance on quantitative data may inadequately reflect the complexities of individual perspectives and the ethical challenges encountered by healthcare professionals in real-world situations. Subsequent research integrating qualitative findings may yield a more comprehensive understanding of the ethical dilemmas in healthcare institutions. Future research should investigate comparative analyses across various healthcare organisations and cultural contexts, as this may yield profound insights into the operation of work ethics across distinct professional settings.

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