

UNIVERSITY OF KWAZULU-NATAL

EMPLOYEES' KNOWLEDGE, ATTITUDES AND EXPERIENCE OF ETHICS. A CASE STUDY IN ILEMBE HEALTH DISTRICT

By

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DEDICATION

To my late dad, Mr. D. Pillay (1944-2008)

Thank you for instilling in me the culture of learning and for teaching me to always choose the good path. I Love and miss you immensely...

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ABSTRACT

This study was conducted within the Ilembe Health District which is situated within Kwa Zulu-Natal, South Africa. A lack of ethical behaviour and recent scandals involving employees of the district which included assaulting each other, insulting patients because of their HIV status and instructing a mother to carry her dead baby home three kilometres away within an hour of delivery. These appalling scandals have created an interest in ethics. This research project was necessary as episodes of unethical behaviour have increased and are disconcerting. The objects of the research were to assess the knowledge and attitude of employees toward ethics, identify barriers related to employees behaving in an ethical manner and to determine current ethical stance amongst employees and understand employee perception on whistle-blowing. A quantitative cross sectional case study design involving a survey was applied for this study. Questionnaires were administered to employees at their workplace over a period of two weeks. Respondents were requested to rate the items that they believed contributed to unethical behaviour using a four point Likert-scale measurement tool. Attached to the questionnaire was a consent form stating that the participants' details were confidential and that they may withdraw from the survey at any time. The quantitative data was analysed by a statistician using the SPSS statistical procedures. The analysed data was utilised to interpret the participants' views in relation to knowledge of and attitudes towards ethics. More than 80% of the respondents had more than 5 years of service, with nearly a quarter (24.0%) having more than 20 years' service. This was a useful statistic as it indicated that the respondents had a fair amount of experience and would have responded from an experienced viewpoint. A quarter (25.3%) of the respondents felt that whistle blowing does not curb unethical behaviour and just over one quarter (27.7%) of the respondents felt that whistle-blowers should not be protected. More than 80% of the respondents felt that ethical conduct should be made a key performance area.

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CHAPTER ONE

1.1 Introduction

Management styles, organisational cultures, systems and practices that are weak often result in attitudes of laziness, wastefulness and insignificance which cost the taxpayer and citizens more than it would for corruption (Pauw, Woods, van der Linde, Fourie & Visser, 2009:343). Differentiating the acceptable from the unacceptable is not the only basis of ethics but the dedication to do what is acceptable or what is moral is indispensable in ethics. Values are related to ethics which influence choices that are made (Holtzhausen, 2007:87). Ethics has been defined as a system that contains shared values and norms that gives a description of how employees in a profession working for the state should conduct themselves when carrying out their functions (UN, 2001:8).

The research will examine the knowledge, attitudes and employees experience of ethics in the Ilembe Health District. The demonstrated lack of ethical behaviour in employee performance as well as recent scandals involving employees assaulting each other and insulting patients because of their HIV status and instructing a mother to carry her dead baby home, three kilometres away, within an hour of delivery, highlights the importance of and need for professional ethical conduct to be displayed by employees in Ilembe Health District. As blood is important for the body to function so is ethics for the public servant. Raga and Taylor (2005:4) echo the importance of ethics for public service. As individuals change so does the public sector with new leadership, influence of the environment and socio-political development. In general, people have the tendency to associate values and norms to that of good values and honourable norms which is pertinent to individual associations within which they interact. There is a need for the organisational culture in South Africa to not solely support ethical behaviour but to also point out conduct that is right or wrong at both an institutional or individual level (Raga & Taylor, 2005:4).

Menzel (2003:n.p.), cited in McDougale (2006:5), explains that moral principles and municipal service standards are vital fundamentals in embracing the core of public management which emphasise the importance and necessity for ethics in public life today.

This acknowledgment is supported by an agreement that high-quality governance and sound public administration support sustainable growth. Dorasamy (2009:57), citing Mafunisa (2008:9), points out those public servants in South Africa who behave in an unethical manner are characterised by a deficiency in reaction to the essentials of clients, delay in conducting of duties, incompetence and dishonesty. It is of interest to note that the Civil Service Commission of Philippines, according to Omolewu, (n.d.:2), defines unethical behaviour as any behaviour forbidden by law. Within a lively environment, there exists an extensive area that is not clearly defined as to what is ethical or what is unethical. Unethical behaviour would be defined as behaviour that is immoral or illegal.

1. 2 Problem statement

A lack of ethical behaviour and recent scandals involving employees of Ilembe Health District is manifested in assaulting one another, insulting patients because of their HIV status and instructing a mother to carry her dead baby home three kilometres away within an hour of delivery. These scandals have created an interest in ethics. There have been various complaints relating to unethical behaviour from residents of Ilembe Health District, which forms part of the South African public health sector. These residents have been accessing health care within the district health care system. This research was inspired by a concern over increasing episodes of unethical behaviour in a critical environment. Despite availability of numerous articles by scholars and researchers on ethics, no research has been conducted relating to Ilembe Health District employees' knowledge, attitudes and experience of ethics. This study was undertaken with the main purpose of examining the knowledge, attitudes and experience of employees at Ilembe Health District, in the hope that this will help in the amelioration in the health services milieu.

1.3 Background

Ilembe Health District is located on the North Coast of KwaZulu Natal in South Africa. The populace of Ilembe Health District is estimated to be 597,000. The district has a combination of rural and urban areas, with health care facilities situated in both areas and consisting of healthcare facilities, which include four hospitals, 33 primary health care clinics, 10 mobile clinics, one forensic mortuary and the district office. The district office employs non-clinical as well as clinical workers, who occupy positions at various levels. Clinical services are not

offered at the district office. The main function of the district office is to play an oversight role.

The Constitution of South Africa states that public administration must react to citizens' needs by promoting efficient economic and well-organized use of resources while upholding high standards of professional ethics. According to the United Nations (2001:1) Public servants have been given the responsibility of safeguarding public resources which include making decisions on their behalf that plays an important role in improving the governance of a country Dorasamy and Ngidi (2013:33) cite Mafunisa (2008:n.p.) who states that unethical behaviour is a common occurrence that filters from senior leadership where values are not embodied and encouraged. The author attributes this mainly due to the deficiency in being answerable for supporting public service that is of high quality. It can be stated that by placing greater emphasis on the adherence to policy and procedures the quality of public services, efficiency and effectiveness in the public sector have been affected.

Pauw, Woods, van der Linde, Fourie and Visser (2009:342) explain that currently South Africa is going through an important revolution where ethics and practices are being challenged, questioned and altered. Public servants, including employees of Ilembe Health District, do not solely work for Ilembe Health District, but also, and most importantly, serve people of the district. According to Raga and Taylor (2004:13), concerns have been raised regarding the recruitment of personnel from other sectors, which may include the private sector. Taking this into consideration, there is a need to reinforce public sector norms and values as recently employed public servants may have joined the service with values that differ from that of the public sector. The authors express apprehension about employing people from the private and other sectors, which may result in differing standards of ethics that may need to be addressed through orientation and training on ethical standards in the public sector.

1.4 Research questions

This research is designed with the intention of finding answers to the following questions:

- 1.5.1 What is the level of employees' awareness of ethics and its function?
- 1.5.2 What is the level of knowledge and what are employees' attitudes towards ethics?
- 1.5.3 What obstacles hinder ethical behaviour?
- 1.5.4 How ethical are employees' interactions with stakeholders?

1.5.5 What perceptions do employees have of whistle blowing?

1.5 Objectives of the study

The objects of the study were to:

1.4.1 Assess the level of employee awareness of ethics.

1.4.2 Assess the knowledge and attitudes of employees toward ethics.

1.4.3 Identify barriers related to employees behaving in an ethical manner.

1.4.4 Determine current ethical stance among employees.

1.4.5 Understand employee perceptions on whistle blowing.

1.6 Definitions of key terms

Ethics

Kitchener (1985:1) explains ethics as deciding what is correct from incorrect, acceptable from unacceptable and fair from unfair during decision making. One's own value system and the value system of the organisation should be aligned. The author also asserts that when grey areas are encountered and decisions are difficult to make, there is always an answer that is more right than the others, which would be the ethical answer.

Minnis (2011:15) explains that the term ethics originates from the Greek word "ethos", what is justly right or wrong, acceptable or unacceptable and how people should respond to values that are in conflict with each other.

Mafunisa (2000:68) cites Andrews, who describes ethics as principles that direct the conduct and the activities of public servants which may be called moral laws.

Values

Bowen (2004:9) explains that values have the extensive tendency to favour some states of affairs over others and describes values as qualities of both communities and individuals which are interrelated to form value systems.

Values are the moralities and priorities which assist with daily decision making. If honesty is prioritised, then one will opt to be honest in all interactions. Values are continually varying and evolving during our lives. Our standards during childhood are typically the ones believed

by parents and grown-ups around us which influence the decisions we take (Kitchener, 1985:4).

Morals

Morals are behaviour that is seen to be aligned with good ethical thinking, ethical decision making and the application of ethical principles and commitments (Minnis, 2011:16).

Code of conduct

Codes of Conduct or Codes of Behaviour have been developed to foresee and avoid certain explicit categories of behaviour such as conflict of interest, corruption, bribery and unbecoming actions. The code of conduct is typically detailed and usually put in place to protect employees and the status of employers. Most codes of conduct focus on the detailed explicit activities which personnel are not to participate in (Gilman, 2005:16).

Ethical code

Gilman (2005:12) explains that all ethical codes and codes of conduct have principles and values in them, either directly or indirectly and these are the fundamentals that frequently call the public official to a superior purpose, although it is not a novel occurrence, and could have originated through earlier times in many cultures.

Whistle-blowing

The action of any official within the government department who can expose any immoral or unethical conduct without fear for retribution is called “whistle blowing.” (Moodali, 2001:85).

Corruption

Mafunisa (2000:11), citing Hornsby (n.d.) explains that corruption refers to conduct of people that are lacking good morals and void of honest practices which suggest that it is challenge linked to culture and morality. According to Mafunisa (2000:11), from an organisational point of view, corruption may be seen specifically related to cultural attitudes of being ethical, loyal, and supporting public good. Within the framework of this general definition, corruption means the disloyalty of public servants and concentration is based on individual benefits.

1.7 Delimitations of the study

The research focused on the knowledge, experience and employee attitude towards ethics in Ilembe Health District which is part of a wider municipal district that houses other government departments as well as private sector organisations. The research was, however, confined specifically to the health sector within Ilembe district.

1.8 Ethical considerations

Ethical approval was requested in writing from the Provincial Research Unit at the Department of Health and the District Manager of Ilembe Health District. As gatekeeper, the District Manager was made aware that was to be conducted in a way that allowed all research-related activities which could be monitored. The main ethical principles that were considered in conducting this study were respect for people and confidentiality. Information was to be stated clearly in the questionnaire covering letter and informed consent was to be sought from study participants.

The nature and purpose of the research was to be specified to potential participants before consent was sought. Access to the data and the outcome of the proposed research was to be made available to participants. Completion of the questionnaire by participants was to be taken as their giving consent to participate in the study. Participants were given adequate time to consider their participation. Self-administered questionnaires could potentially protect the anonymity and privacy of the respondents contributing to confidentiality of the responses. To ensure that confidentiality is truly protected the questionnaires were not numbered (Anon, 2011:17)

1.9 Dissertation outline

This dissertation consists of six chapters, briefly described below:

Chapter One

This chapter outlines the introduction to the research topic, the problem statement, background, objects of the study, research questions and provides definitions of key terms.

Chapter Two

In this chapter, legislative and policy framework on ethics in the South African public sector is discussed.

Chapter Three

This chapter provides the review of the literature and the theoretical framework relating to ethics in the public sector. Various definitions of concepts related to ethics in the public sector will be explained.

Chapter Four

An outline of the design and methodology employed in the research is provided. The population that was researched in relation to employee's knowledge, attitudes and experience of ethics in the workplace, details of the construction of the questionnaire, the data collection method and the sampling procedures will be explained. A discussion on the validity and reliability as well as the data analysis techniques is undertaken.

Chapter Five

This chapter provides the results of the study based on data collected and analysed. The results are presented and significant findings are discussed alongside relevant graphs and tables. The research objectives outlined in this chapter form the foundation for the data presented and pertinent statistical measures highlighted.

Chapter Six

In this final chapter, the significant findings from the study will be made based on the problem statement of the research. The study objectives will be discussed in detail. Recommendations for future studies will be given. The important areas that the organisation needs to address will be highlighted and discussed.

1.10. Summary

This chapter emphasised the drive for the study as well as the core of the study. The research objectives and the key research questions guiding this study were provided. A succinct overview of the text of the dissertation is permitted. Subsequent information will provide a legislative framework that supports ethical behaviour in the public health sector.

CHAPTER TWO

LEGISLATIVE FRAMEWORK

2.1 Introduction

The public health sector is governed by many legislative prescripts to improve ethical behaviour of health care workers. The prescripts do not necessarily guarantee a public health sector that is void of behaviour that is unethical. It is, however, vital to provide a synopsis of the legislation and policy measures in place to promote ethical behaviour in the public health sector generally and specifically in the public sector.

2.2 The Constitution of the Republic of South Africa

The Constitution is the supreme law of the land and regarded as the foundation of all other laws that govern the South African Public Service. Section 2 of the Constitution of the Republic of South Africa (1996) directs that public official activities be aligned to the values and principles in public administration. This instruction is directed to all public personnel offering services to the citizens of South Africa (South Africa, 1996:1243).

Chapter 2 of the South African Constitution (1996) consists of the Bill of Rights. The relevance of the Bill of Rights (South Africa, 1996:3-4) to the public health sector officials upholding ethical behaviour are as follows:

- Citizens have the innate self-respect and the right to have their dignity esteemed and shielded.
- Everybody has access to live.
- Everybody has the right to be free and safe, which embraces the right to be protected from violence which may be private or public.
- The power to be free from torture in any way possible or be punished in a manner that is considered degrading, inhuman or cruel.

- Everybody has the authority over physical and mental honour which comprises the right to make educated decisions regarding reproductive health
- Every citizen has the power to be safe and have the ability to exert control over their body and have the right to refuse medical or scientific experiments.

The Bill of Rights gives clear indication to public health officials to respect the rights and dignity of all citizens seeking health care in the public health sector.

Chapter 10 of the South African Constitution (1996) stipulates government organisations must be overseen by the autonomous standards and ethics protected in the Constitution. These values and ethics pay specific attention to the upholding of principled behaviour by public officials which comprise the following:

- The advancement and upkeep of elevated standards of professional ethics.
- State funds must be used efficiently, thriftily and effectively.
- Public organisations must be focused on developing.
- The provision of services must be impartial, equitable, just and void of bias.
- Citizens of South Africa should be encouraged to participate in policy making and their needs should be attended to.
- Public administration must be accountable.
- Citizens must be given well-timed, accessible and accurate information.
- Public servants potential should be refined with good human resource management and career advancement practices.

Public organisations must be generally demonstrative of the people of South Africa, with occupations and employee management practices based on merit, neutrality, fairness, and the requirement to restore historical disparities to attain comprehensive representation (South Africa, 1996:62).

2.3 The Public Service Act 103 of 1994

The Public Service Act encourages officials in the public health sector to adopt behaviour that is of acceptable standard by dealing with officials that are unproductive in their area of

work. Section 20 of the Public Service Act deals with misconduct and plays a key role in legally limiting unethical behaviour (South Africa, 1994: section 20).

2.4 The Code of Conduct - Public Service Regulations, 2001 (government notice no. r. 1 of 5 January 2001)

Chapter 2 of the Public Service Regulations, 2001, includes the Code of Conduct, Ethics Act and the Code of Ethics for Executive Members in provincial legislatures. Senior officials are expected to give direction to employees under their leadership while taking into account the contents of Chapter 2 in the public service regulations. Officials are anticipated to be role models in implementing the contents of the code and more especially ensuring that the conduct of subordinates adheres to norms and standards stipulated by the Act. The code of conduct is necessary to fight against unethical behaviour. The code of conduct acts as an instruction to employees. The code points out what is anticipated of officials from a moral perspective inclusive of their personal and professional conduct when interacting with others (South Africa, 2001:42-45).

2.5 White Paper on Transforming Public Service Delivery (1459 of 1997)

The policy outline and approach for implementing this prescript includes the provision of health services to all inhabitants in South Africa. The Batho Pele White Paper on Transforming Public Service Delivery promotes ethical behaviour of public servants who are required to adhere to the philosophies of Batho Pele which are stipulated in the White Paper on Transformation. The development of the eight Batho Pele ideologies were intended to aid as policy and judicial structure that would be acceptable in providing services within the public sector. These doctrines are associated with the standards of the Constitution in respect of endorsing and upholding elevated standards of specialised ethics, offering a service that is fair, equitable, impartial and without bias, the use of resources in an equitable and efficient manner, reacting to the needs of the community, participation of people in the development of policies and with rendering public administration that is transparent, accountable and growth orientated (South Africa, 1997:8-24).

2.6 The Patient's Rights Charter

The Patient's Rights Charter informs patients of their power to be dealt with formality and respect. The charter contains all eight Philosophies of Batho Pele which is enshrined in the White Paper on Service Transformation. This Charter encourages health officials to behave in an ethical manner towards citizens seeking health care and in the same breath patients are aware of their rights as a person receiving care in the public health sector. This charter also allows for patients to lodge complaints against health officials who violate the rights of a person seeking health care. The complaints that are lodged officially by patients will lead to the perpetrator being disciplined and this will result in deterring health officials from violating the patient's right to proper health care (South Africa, 1997:6-12).

2.7 Health Professions Act (56 of 1974)

The South African Council of Health Professionals was established in relation to the Health Professions Act No. 56 of 1974. The Health Professionals Council of South Africa (HPCSA) has been mandated to regulate the Health professional's registration and to determine the standards of professional education and training. The Health Professionals Council of South Africa has a pivotal role to play in setting and maintaining fair standards of ethical practice which includes regulating conduct that is proficient, principled and ensures continuous professional growth and promoting compliance with healthcare standards. The Health Professions Act promotes ethical behaviour by mandating the Health Professionals Council of South Africa to handle complaints lodged by the public against unfair practices and misconduct by health care practitioners. Enquiries and instituting of disciplinary proceedings can be done by the Council which acts as a deterrent to behaving unethically (South Africa, 1974:1-50).

2.8 Nursing Act (50 of 1978)

The South African Nursing Council (SANC) has been established in terms of the Nursing Act, No. 50 of 1978. The council has been mandated according to Section 45(1) (i) of the Nursing Act to create and uphold the principles of education for nurses and nursing practice in South Africa. According to section 3 of the Nursing Act, the council oversees all aspects relating to the instruction and schooling of nurses. According to Section 4 of the Nursing Act

the discussion involves the endorsement and observing of nursing schools, directing of exams and allotting of qualifications. The South African Nursing Council deals with the disciplining of nurses for misconduct and unfair practice, therefore promoting ethical behaviour (South Africa, 1978:5-19).

2.9 The Public Finance Management Act (1 of 1999)

The Public Finance Management Act (PFMA) speaks to principled behaviour regarding overall fiscal activities for public organisations, which includes the public health sector. The PFMA promotes transparent activities and responsibilities with regard to expenditure, liabilities, revenue and assets to prevent unethical activities. Managers of cost centres within the public health sector are directed by the PFMA to carry out financial activities in an ethical manner (South Africa, 1999:1-14).

2.10 The Public Audit Act (25 of 2004)

The Public Audit Act No. 25 of 2004 influences the requirements of the Constitution for the establishment and allocation of tasks to an Auditor-General for the inspecting of institutions. This prescript allows for the Auditor General to act autonomously and be able to audit all departments at all levels regarding financial matters within the public sector. The Act concerns ethical behaviour when dealing with finances. The auditing acts as a deterrent to mishandling of funds and corrupt activities when dealing with finances. This Act promotes ethical behaviour of all those officials that are responsible for finances within the department of health and they are expected to account for public funds that have been spent (South Africa, 2004:1-50).

2.11 The Protected Disclosures Act (26 of 2000)

The Protected Disclosure Act discusses how the informer can be used to enhance ethical conduct. Whistle-blowing will assist by acting as a deterrent by reducing unethical behaviour in the workplace. The Act stipulates the process of legal protection for whistle-blowers who report irregular or illegal conduct by employers and employees, therefore encouraging people to report unethical behaviour. The Act stipulates that whistle-blowers are protected only when reported to certain officials with the public service. The Protected Disclosures Act

promotes ethical behaviour by providing remedies for whistle-blowers against occupational detriment, provides the procedure for whistle-blowers to disclose in a responsible manner, creating a culture of disclosing information relating to irregular or criminal conduct, encourage the extermination of criminal and other crooked behaviour (South Africa, 2000:1-7).

2.12 Prevention and Combating of Corruption Activities Act (12 of 2004)

The Prevention and Combating of Corruption Activities Act concentrates on procedures to thwart and fight corrupt activities effectively in order to augment ethical conduct and therefore facilitate service delivery. In addition this Act makes available inspective procedures in relation to activities that are unethical. A register has been developed to place certain limits on people and enterprises that have been found guilty of dishonest deeds linked to proposals and contracts (South Africa, 2004:6-11).

2.13 Summary

This chapter focuses on the legal framework that supports ethical behaviour in the public health sector. In this light, the following prescripts are discussed: The Constitution of Republic of South Africa, the Public Service Act (103 of 1994), The Code of Conduct, White Paper on Transforming Public Service Delivery or Batho Pele White Paper (1459 of 1997), the Patient's Rights Charter, Health Professions Act (56 of 1974), Nursing Act (50 of 1978), the Public Finance Management Act (1 of 1999), the Public Audit Act (25 of 2004), the Protected Disclosures Act (26 of 2000) and Prevention and Combating of Corruption Activities Act (12 of 2004). Chapter 3 provides the literature review and theoretical framework.

CHAPTER THREE

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

3.1 Introduction

In this chapter, the current and past literature on knowledge attitudes and experience of ethics is explored. The concepts that are related to ethics will be discussed. An account of why the current study is necessary and an explanation of the theoretical framework in which the study is situated are discussed.

3.2 The need for ethics in the public sector

Washington and Armstrong (2006:7) state that: “Regardless of where the range falls between Public Supervision and management, the goals of the three E’s – economy, efficiency and effectiveness remains vital, but clearly countries have now given greater significance to the fourth “E”, Ethics. Virtuous behaviour has always been a pre-condition for good governance. An effective ethics infrastructure should, therefore, be powerfully in place.” From what has been said it is now critical for more emphasis to be placed on including ethics in public administration and management functions, as ethics directly impacts on the other three E’s – economy, efficiency and effectiveness.

Nagiah (2012:14) is of the view that corruption hurts everyone and harms the poor the most. Corruption may be a consequence of unethical behaviour. It causes high financial loss to the organisation, stakeholders and the public and may also result in management facing huge penalties even if they were not the actual perpetrators of the crime. This view is supported by Gildenhuis (1991:21), citing du Plessis (n.d.), who argues it has been empirically established that distortion of the law and corruption are closely linked. Other authors are in agreement with the view that when the law is not abided by, it is considered to be unethical. Gildenhuis (1991:21) further states that this attitude of ambivalence and disrespect for rules and regulations is a given characteristic cause of corruption.

According to United Nations (2001:5), it has been established that there is a need for awareness on a large scale for ethics, transparency and accountability in the public sector.

This awareness is fuelled by the citizenry and media, who have reported various unethical practices which result in the loss of public money. Public trust is vital in the field of public service which means that citizens should be treated in a fair manner and public servants should handle public resources in a responsible manner which will inevitably inspire the citizen's trust and create a favourable environment. There is an urgent need for the presence of ethical behaviour in the public sector as it impacts directly on the quality of life for all citizens, especially those that are vulnerable.

3.3 Ethical culture in the public sector

According to Pauw et. al. (2009:340), public service ethics are a prerequisite to and strengthen public trust which is the key cornerstone of good governance. This means that public officials must commit themselves to following an ethical culture and understanding the importance of their positions within the public sector and display behaviour that is responsible and accountable. The Public Service Commission (PSC report, 2009:69) and the media, state that the lack of ethical culture has severely affected the quality of service delivery in the public sector.

Dorasamy and Rena (2009:67-69) cite Malan and Smit (2001:61) in arguing that leaders who are interested in personal gain adopt a conceited position which results in principles of poor control and performance. A culture of unethical behaviour often impacts negatively on the public service. Casali (2010:28-29) explains that the solitary purpose of an acceptable organisational culture is to promote common values and behaviour that is considered suitable within the organisation or country. Equivalence between common values of the organisation and the people working in it is supported by a healthy organisational culture. Arguably then, an unnatural organisational culture would be one that couriers values and behaviour contrasting with the shared values of employees and the supported organisational values.

Matsiliza (2013:110) holds the view that ethical values and conduct are of great concern in a strong ethical culture. In such a culture, importance is placed on the actions of employees, the correct implementation of the organisation's policies and procedures, rewarding of and disciplining officials. When ethical values are not promoted and the completion of tasks is of paramount importance rather than completing the task in an ethically correct manner that is

an example of poor ethical culture. Essentially, the strength of ethical culture is measured by the priority placed on ethics in the organisation. Matsiliza (2013:110) also points out that an ethical culture which reinforces leadership that focuses on attaining goals are seen as an active method which encourages the wider welfare of humanity in relation to providing service to the citizens. This supports the view that leaders in the public sector must use the vision of the organisation as a framework in the implementation of tasks so that citizens can be best served without conceding good conduct. It is the overall observation of the citizens in South Africa that democracy is waning for the shared good in exchange for public servants focusing on personal gain due to a culture that is unhealthy in the public sector. From this, it is irrefutable that ethics is not only beneficial to employees and employers, but more importantly, for the citizenry. Displaying ethical behaviour must be encouraged, monitored and supported by employees and managers alike.

3.4 Ethical attitudes

Leonard and Cronan (2005:1151), citing Ajzen (1989, 1991:n.p), state that attitudes extensively influence a person's intent to perform honourably or unethically. This creates an understanding that the range of outlook will demonstrate the way to understanding the effects on ethical behaviour. Peterson (2004:7) quotes Sims and Brinkmann (2002:n.p) who state that much of the observed unethical behaviour in many organisations are assumed to be the lack of integrity or poor ethical attitudes of the leaders in those organisations. Attitudes change over a period of time owing to the different influential factors; therefore, organisations should assess the employee's ethical climate intermittently and also adjust their ethics programmes because attitudes influence change (Leonard & Cronan, 2005:1150).

Other authors agree with the statements made about ethical attitudes. It is difficult to change attitudes of officials especially if the ethical climate of the public sector has not changed over an extended period of time and the public official who is a leader has a critical role in modelling positive ethical attitudes for their followers.

3.5. Corruption in the South African public sector

Corruption is still evident under the new South African dispensation and is believed, in part, to have been inherited from the preceding apartheid government. South Africa is unique in terms of its extensive historical scope. Under the old dispensation, corruption was rife in the homelands for a period of 46 years. The amount of public money misused was difficult to estimate. Unethical behaviour like a lack of transparency, collusion, lack of enforcing disciplinary measures and lack of commitment to public service which are intolerable, led to corruption. Against this background, there is a general concern that unless the problems of secrecy, defective auditing, lack of enforcement of disciplinary measures and unethical behaviour are discouraged, corruption will continue to erode and paralyse government. Unethical behaviour leading to corruption cannot be tolerated (Mafunisa, 2000:10).

According to Fox (2010:12-13), the current South African image as far as general ethical conduct is concerned, is one of a negative impression. The author refers to former President, Thabo Mbeki who encouraged South Africans to be inspired by a system of values and display behaviour that is morally correct thereby inspiring other South Africans to emulate this behaviour, instead of pursuing what is materially beneficial. Fox (2010:12-13) and Mafunisa (2000:10) agree that South Africa's ethical status needs attention and improvement as unethical behaviour is intolerable. The ethical status of a country translates into its reputation being either good or bad and if it is bad the consequences range from negative impact on successful access to international investment and further negatively impacts on peoples' quality of life. Ethics in South Africa, or its absence, has definitely been in the news, from collusion and price-fixing findings to corruption cases in the public sector. A report provided to Parliament in 2011, by the Special Investigating Unit exposed corruption in the police services, other government departments and municipalities. The effect was such that there was agreement in Parliament together with businesses and trade unions, that corruption is the main inhibition to attaining South Africa's societal and financial goals. Insight into the degree of global corruption is provided by Transparency International (TI) in its annual survey. The Corruption Perceptions Index (CPI) measures the alleged public sector corruption on a gauge of 0 to 10, where 10 signify "highly clean" and 0 "highly corrupt" (Schoeman, n.d.:64-65).

According to Newham (2014:7), the head of Governance, at the Institute for Security Studies, TI's 2013 global Corruption Perception Index (CPI) indicates that public sector corruption is on the increase. Since 2001, South Africa has plummeted 34 places with majority of the fall being 17 which transpired since 2009. South Africa is presently ranked 72 out of 175 countries. The Human Sciences Research Council (HRSC) conducted a survey yearly on South African's social attitudes, which discovered that the amount of people who consider that corruption should be a national priority has virtually doubled compared to the previous five years. Newham (2014:7) further reports that in addition to this tendency the current 2013 Afrobarometer report, which displays that South Africa is one of the countries which has a marked escalation in public perceptions regarding the worsening of corruption specifically since 2008. The dispute that corrupt conduct by office-bearers and administration officials is influencing negative community perceptions of corruption in South Africa is supported by research information.

Dassah (2008:58) asserts that corruption is widespread with its being present in both developing and developed countries with no quick solution to address it. Although corruption cannot be wished away at once with a magic wand, importance should be placed on the significance of encouraging professionalism and sound ethics among public servants. The author further states that anti-corruption should be targeted at a national level, which should contain a balanced mixture of 'carrots and sticks'. Many authors assert that unethical behaviour leading to corruption is intolerable. The development of anti-corruption strategies and other legislation developed to curb corruption is evidently not working. South Africa's legislation relating to corruption needs to be aggressively enforced, with rewards for public officials for good conduct and discipline for those officials who exhibit unethical conduct.

3.6. Comparison of public-sector ethics.

In the twentieth century society and in government and administration, efforts were made to ensure morality by legal compulsory ethical codes and legislation. Sophisticated methods of communal engineering were employed to discipline nonconformists for defiance and make people ethical in order to guarantee moral behaviour. Ethical behaviour was defined in terms of whether or not public officials subjected themselves to the codes of conduct (Fox, 2010:61). It can be established from the information provided in table 3.1 that in the twenty

first centuries and beyond, ethics can add neither to high quality public service nor to a more reasonable distribution of scarce resources.

Table 3.1: Twentieth century ethics compared to twenty-first century ethics.

Twentieth Century Ethics	Twenty-First Century Ethics
Determining factor -reigning leaders	Determining factor- trustworthy dialogue amid everything that will be affected
Shared principles - conviction in concluding resolutions	Continuously supervising -on the foundation of uninterrupted dependable dialogue
Upkeep assured via compulsion	Upkeep assured via agreement
Nonconformists subjected to disciplinary procedures	Nonconformists not subjected to disciplinary procedures
Foreign ethics (Western)	Moral code is based on anthropological and Social multiplicity.
Communal responsibility (sums up to non-accountability)	Individual responsibility
Application of individual ethics subdued and rejected	Application of individual ethics stimulated
Application of individual decision is not encouraged	Application of individual decision is encouraged
Community importance is vague, decisions taken by leading officials.	Community benefits different but comparatively noticeable, decisions are taken with the involvement of all. Decisions are continually reviewed.

Source: Vyas-Doorgapersad and Ababio (2010: 412)

3.7 Ethical leadership

Schoeman (2012:14-15) asserts that in many institutions in society, business and in government, leadership is and has always been extremely important. Leaders are seen as important because they have the ability to inspire people who are seen as role models to effectively “teach” what is acceptable and desirable. Leadership in the public sector is especially relevant considering that the leader has the ability to not only to influence employees and other departments within the public domain, but a large portion of citizens in the country in a good or bad way. Good leadership is seen as effective leadership, particularly leadership that achieves the organisation’s goals. It is significant, however, for the leader to uphold sound ethics while striving to achieve the organisation’s goals. Sound ethics means that leaders commit to core moral values and live by those values for the betterment of all they influence.

Regulating ethics in public life is not an easy task. Rules and penalties are futile if not correctly enforced and if wrongdoers are not held to account ethically by their colleagues. Eventually, too, rules will not instil principled behaviour among public officials if their attitude to issues of honesty and scrupulousness is lacking. There is a need for greater political will and exemplary leadership to help instil the right values (Taderera, 2010:2).

Naidoo (2012:678) cites Van Aswegen and Engelbrecht (2009:n.p), who argue that leaders who go past their need for personal gain for the good of the organisation increases the awareness of ethics and, in turn, mentor followers to become responsible leaders. The personal traits of integrity, trustworthiness and honesty contribute to the effectiveness of the leader in the public sector. Consciousness of what is acceptable, good and important is raised by ethical leaders who develop subordinates that go beyond their need for personal gain for the benefit of the organisation. Traits or characteristics in a leader such as honesty, reliability and uprightness make up the moral part of an ethical leaders conduct.

According to Gilman (2005:39) it is necessary to discuss what an ethical leader is comprised of. Even though a lot of information on what ethical leadership involves it is unfortunate as most of the studies were conducted in the private sector. Gilman (2005:39) cites Trevino (2002:n.p), who has conducted widespread pragmatic research in this area. The research indicates that there is much more to being a leader who is ethical rather than only being a

good individual. It requires more than abiding by the law. Principled managers encourage behaviour that supports integrity. Leaders deliberate moral issues, abide by their promises and look forward to responses on the culture of the organisation. They ensure that moral behaviour is compensated and misconducts are dealt with appropriately. They acknowledge their role as the person being overall responsible for ethics in the workplace. Principles of sound ethics which a leader should adhere to are explained below.

According to Gilman (2005:15), there are seven principles of public life which he believes all public officials should abide by:

- **Self-sacrifice** - government officials to conduct themselves with the sole purpose of the well-being of the citizens of the country and not that of personal gain or to that of friends and relatives.
- **Integrity** - Public officials should not allow themselves to be obligated to individuals within or outside the public service in terms of finance or otherwise to interfere with their official conduct.
- **Objectivity** - All day to day decisions and selections made in the public sector should be based on merit especially in the awarding of contracts or individuals for benefits.
- **Answerability** - public servants are answerable for their choices and actions to the public and succumbing themselves to whatever inspection is fitting to their office.
- **Directness** - public servants within government departments should show transparency in the resolutions and activities that they take. Explanations for their choices should be provided and statistics may only be withheld with the request of the citizens.
- **Honesty** - public officials are obligated to proclaim any personal benefits that are linked to their official conduct and should adopt measures to conclude any conflicts that may arise in safeguarding the welfare of the public.
- **Management** - public servants are to encourage and upkeep these ideologies by direction and by being a role-model that subordinates may emulate (Gilman, 2005:15).

Sindane (2011:758) explains that the foundation supporting truthful actions and enlightened approaches come from the ubuntu principle of being compassionate which encompasses constructive human values. These attitudes should be assimilated and extended into public direction and governance. The author cites Saule (1998:4) who points out that the emergence of *ubuntu* is a dynamic idea in the transformation process, public guidance

and governance. *Ubuntu* approaches used in the process of change in government organisations may just accomplish the expected result of producing an idyllic public service that is responsible and ethical. Actions of greed, unfairness, injustice, stealing, laziness, untrustworthiness, lack of transparency, backbiting, being condescending to others and discourteous behaviour in any form opposes the values of ubuntu.

One would observe that Gilman (2005) and Sindane (2011) echo similar sentiments in discussing the qualities of a public leader. It is obvious that public leaders need to apply these principles when leading other officials in the public sector which will enhance ethical behaviour.

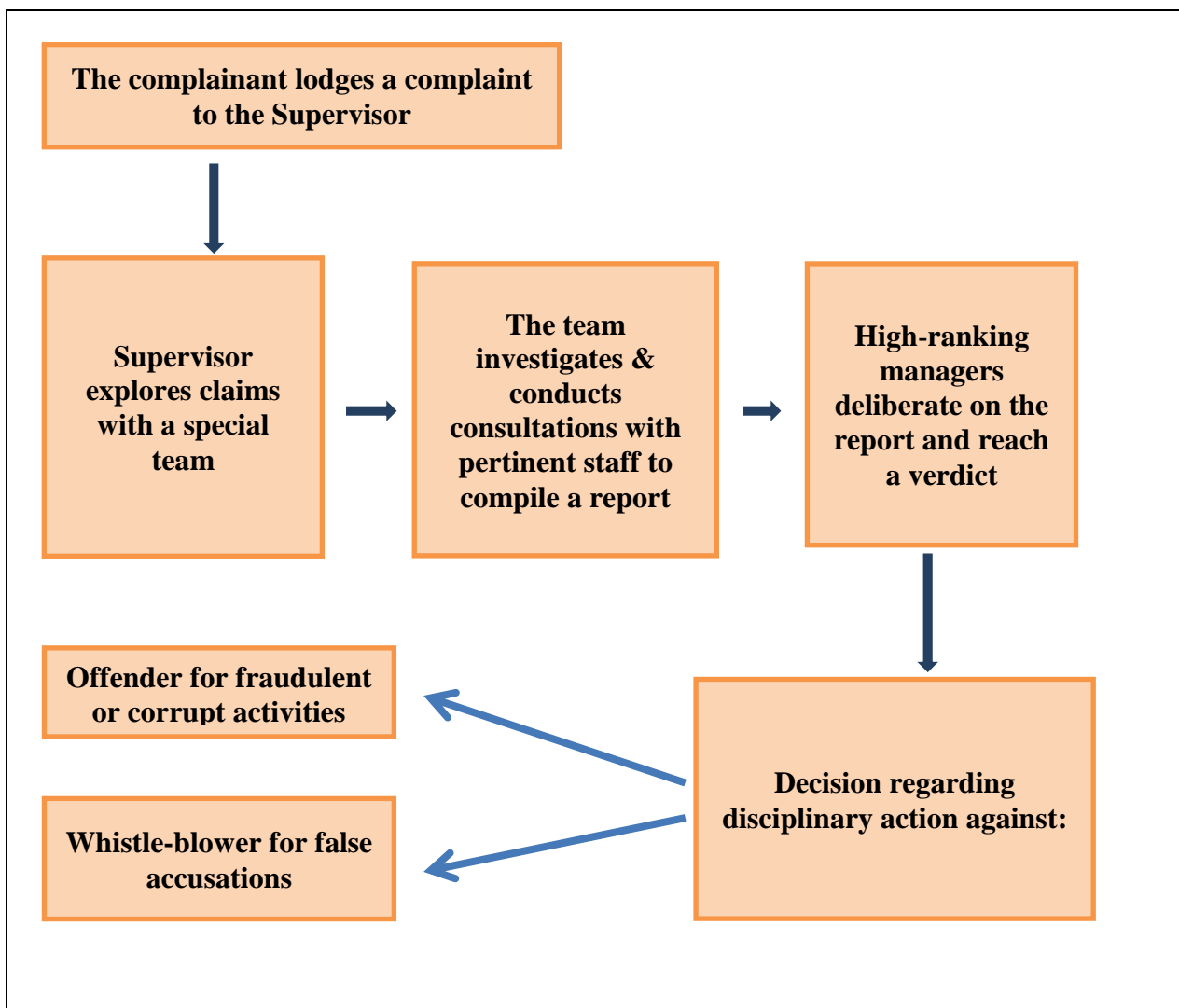
3.8 Whistle blowing and ethics

According to Borrie and Dehn (2002:1), the need for whistle-blowing in all organisations is evident due to those few employees that conduct irregular activities. The fact that there are employees that are corrupt poses a risk to the organisation. When the risk arises the first to identify corrupt activities will be colleagues within the organisation and if they do blow the whistle on corrupt activities, they also have much to lose. Perks and Smith (2008:15) assert that whistle-blowing is a serious ethical matter as it protects one against the adverse impact of multi-national organisations attacking the economic, social and environmental global markets. Whistle-blowing also acts contrary to the hostile unethical performances by people in organisations in order to benefit them. The author also asserts that whistle-blowing is the cornerstone for promoting organisational accountability and individual responsibility.

Holtzhausen (2012:85) states that resolutions were made at the South African National Anti-Corruption Summit in April 1999, to develop, inspire and implement whistle-blowing procedures, which comprised activities to protect individuals from discrimination when they uncover dishonesty and unprincipled practices. In South Africa, whistle-blowers can be mistaken with “impimpis” – apartheid-era informers who reported on their comrades with often disturbing consequences. This historical background has regrettably allowed some to denounce whistle-blowing as an action to be shunned rather than promoted. Dorasamy (2013:106) holds the view that employees who disclose unethical practices in good faith at the workplace can be seen as ethically consistent. The author (2013:113) further explains that

since unethical behaviour can be of detriment to an organisation, the need for a culture of whistle-blowing to be in place is imperative. It is extremely important that management offer support to whistleblowers and reinforce ethical behaviour. An organisation is said to reflect good governance if whistle-blowing is handled effectively.

The whistle-blowing process is depicted in Figure 3.1, which demonstrate the outline of authority to adhere to for reporting the offence and the steps to be taken by each superior.



Source: Perks & Smith (2008:16)

Figure 3.1: The whistle-blowing process.

It is imperative that all whistle-blowers are adequately protected and the stigma around whistle-blowing should be addressed by the public sector because other officials intending to expose unethical behaviour will opt not to report in fear of being victimised.

3.9 Code of conduct and ethics implementation

The Code of Conduct, which was propagated in 1997, is a solid measure which has been adopted to provide a guide to all employees in the country in respect of their expectations from an ethical point of view. The assessment of the code of conduct has revealed that although the code is extremely vital in founding a philosophy of ethical conduct, it will not serve on its own (Naidoo, 2011:129).

The public official is expected to adhere to prescribed guidelines for ethical conduct which means that every public official is required to act within all legal prescripts. Officials are to take into cognisance the contents of Chapter 2 of the Constitution, which accentuate the critical rights of all citizens, especially when they are interacting or providing services to them.

Chapter 10 of the Constitution speaks to administration and provides guidance to all professionals in the public sector by prescribing the requirements of upholding ethical conduct and professionalism. In addition, the Public Service Act 103 of 1994 sets out rules governing conduct which reflects that all clients are to be treated with integrity and dignity, (South Africa, 1994). The White Paper on Transforming Public Service Delivery Batho Pele White Paper, number 1459 of 1997 also points out the manner in which all public officials are to treat citizenry by applying the Batho Pele principles in all services that are rendered to the public (South Africa, 1995).

Naidoo (2011:128) points out that the advancement of professional ethics is vital to good governance since policies are implemented through employees in the public sector. The human aspect has been recognised as being essential because the personal character of a public servant is important as they have power over resources and decisions that are made. The integrity that they present is a significant factor which influences service delivery. The finest proposed policies will not come to realisation if officials are deceitful, therefore, one can expect that precedence will not be placed on generating public value but will rather utilise state resources for benefitting oneself and undermining service delivery, which indicates the need to focus on risk management and the required systems to monitor ethical compliance by public officials. Constructed on this context, it is increasingly significant to establish how public officials are supervised in terms of obedience and how departments

follow risk management strategies. Noting from what the author has to say, it becomes increasingly important for monitoring, implementation and adherence of all prescripts. The much needed reporting of those that engage in unethical behaviour will assist in the monitoring and evaluation of the legal prescripts. The South African government has solid legal guidance for all public officials although there seems to be a loophole in the monitoring and evaluation of the effectiveness of the prescripts and guidelines.

3.10 Principal theories upon which the research project will be constructed

Kaznachejev (2001:5) underlines the essence of ethical theory thus: “ethics in public administration is the process of finding the most effective way to solve problems and misunderstandings between public servants, clients and stakeholders. This process is based on the theoretical background of norms and principles of professional ethics. These moral norms are used by society as the important regulator of mutual activity and existence of professional values of public work.” In a similar vein, Nel, Werner, Poisat, Sono, Du Plessis and Ngalo (2011:513) state that “ethical theories can be used to determine whether current standards are acceptable or not. These authors are in agreement on the use and importance of understanding theories to make decisions on the current practices and being able to compare current practice to what has been discussed in ethical theories. The theoretical background helps one understand the importance of ethics.

3.10.1 TELEOLOGICAL AND ONTOLOGICAL THEORIES

According to Browne (2003:5-8), the main ethical theories are teleological and deontological. ‘Teleological’ is derived from the Greek term ‘telos’, which denotes to an end, while ‘deontological’ is derived from the Greek term ‘deon’ referring to duty.

3.10.1.1 Teleological theories (utilitarianism)

In teleological theories, the correctness of actions is determined exclusively by considering the quantity of good value the actions produce. Teleological theories are best summed up by the old saying “the end justifies the means”; they are concerned with both the “end” and the “means”; that is, what one does along the path to achieve the outcome which is just as

important as the outcome itself. Teleological reasoning is based on consequences, as well as not taking risks to achieve an outcome, but more about careful consideration about the course of action to be taken. Teleological theory encourages people to take responsibility for their actions. The teleological theory is opposite to the deontological theory (Browne, 2003:5-8).

3.10.1.1 Strengths and weaknesses of teleological theories

The strength of teleological theory is that it is in agreement with ordinary moral reasoning which is related to doing well and engaging in actions that are morally acceptable. If the consequences measured are, in fact, good, it will provide a comparatively accurate and unbiased basis for decisions. To make a moral or good decision, one needs to determine the possible paths of action and the significance of such action and then select the most appropriate one with the best consequences.

The weakness of teleological theories is that ordinary moral reasoning clashes with the teleological principle of the rightness of actions being judged solely by the goodness of the consequence. An example would be a case of keeping a promise when more good might occur from breaking it. Ordinary moral reasoning would hold that promises should be kept. However, teleological theory would suggest that they should be broken, if that would result in more good being generated (Browne, 2003:36). Actions in the workplace are often required to be taken which may not result in the greatest general good. However, failure to take those actions would result in failure to fulfil one's duties. An example would be providing crucial specific training for one individual when the greater overall good might result from using the money to provide basic training for the majority of unskilled employees. Teleological theories are often challenged by rights in that normally people expect rights to be protected, even when limiting the right would lead to improved consequences. Teleological theories may also be in conflict with the view of justice, as society ordinarily expects justice to be done irrespective of the consequences (Browne, 2003:6).

Utilitarianism, as an ethical theory takes on numerous forms. Browne (2003:7) cites Boatright (2003:36) who describes utilitarianism as a deed being right, only when it creates the highest balance of pleasure over discomfort for everyone, which indicates that any action would result in majority of people being satisfied as compared to few people who will not be

satisfied. It is the worth of the consequences of the specific act that sums up when deciding whether the deed is right. When a deed is correct merely when it adapts to a set of rules, the universal approval of which would create the maximum sense of balance of pleasure over discomfort for all is known as rule utilitarianism. Rule utilitarianism arose as a result of the inadequate utilitarianism principle which considers an action that is opposing accepted norms and rules of society, even if it results in better consequences. Rule utilitarianism attempts to ensure that actions are first confined to those that are relevant to rules of society and subsequently appraised for suitability based on the consequences that result from those actions. While act utilitarianism is the humbler principle and is easily understood and applied, rule utilitarianism permits more satisfactory management of the issues of role obligations and moral rules, which are problematic for teleological theories (Browne, 2003:7).

3.10.1.2 Deontological theories (Kantian Ethics)

The development of deontology and deontological viewpoints resulted from the work of German philosopher, Emmanuel Kant. Kant viewed the capability of people to use cause as the base of our position as ethical agents. Bennet-Woods (2005:20) cites Beauchamp and Childress (2001:n.p) who argue that Kantian ethics rests on the disagreement that “morality is grounded in reason, not in tradition, intuition, conscience, emotion, or attitudes such as sympathy”. To be completely human is to be a lucid being adept to exercising both reason and unrestricted will in decision making and choosing actions. Kant distinguishes two universal classes of activities. A perfect responsibility is one we must continuously observe, without unnecessarily harming other people. Other responsibilities, such as performing with benevolence, are not mandatory in all circumstances, so they are called flawed duties (Bennet-Woods, 2005:20).

3.10.2.1 Strengths and weaknesses of deontological theories:

The main strength of Kantian beliefs in the health care setting are that it forbids us from using ourselves or other people exclusively as resources to other ends and necessitates us to be constant in our ethical action. An example would be that experiments on people merely for the benefit of others considered wrong, especially if the subjects are exposed to danger without their approval. Some of the flaws of a strict Kantian standpoint are the non-

appearance of any procedures for dealing with the unavoidable encounters between obligations and the absence of acknowledgment that sentiment and insight can play a constructive role in ethical decisions (Bennet-Woods, 2005:20-21).

3.11 Summary

The discussion in this chapter was based on ethics in relation to the need in the public sector, the culture, attitudes and corruption. A comparison was made of ethics in the public sector in the twentieth and twenty first century. The relationship between ethics and whistle-blowing was discussed. The whistle-blowing process was explained. The code of conduct and the implementation of ethics have been discussed. The principle theories on which research has been constructed and its strengths and weaknesses were discussed. The subsequent chapter will discuss the research design and methodology.

CHAPTER FOUR

RESEARCH DESIGN AND METHODOLOGY

4.1 Introduction

This study was a quantitative cross-sectional survey design. The principal goal of the study was to assess the level of employee awareness on ethics, assess the knowledge and attitude of employees toward ethics, identify barriers related to employees behaving in an ethical manner, determine current ethical stance among employees and understand employee perceptions on whistle blowing.

Chapter four focuses on the methodology used for the research. It will address the size of the population, method of data collection, the data collection instrument and the method used in analysing the data. The following research questions were addressed in this study:

- What is the level of employees' awareness of ethics and its function?
- What is the level of knowledge and attitudes towards ethics?
- What are the obstacles hindering ethical behaviour?
- How ethical are employees' interactions with stakeholders?
- What perceptions do employees have of whistle blowing?

4.2 Research design and methodology

The use of a case study with a quantitative survey design is utilised for this research. The principal goal of the study is to assess the level of employee awareness on ethics, assess the knowledge and attitude of employees toward ethics, identify barriers related to employees behaving in an ethical manner, determine current ethical stance among employees and understand employee perceptions on whistle blowing. Quantitative research is projectable. This methodology allowed for the researcher to employ a large sample which was representative of the entire population being researched. The information is projectable to the entire population being surveyed and the figure was about same for the entire population base. De Beer (2005:31) cites Polit and Beck (2004:729) who explain that quantitative research involves a rigorous, formal, and impartial process for producing information about

the world. No study on ethics was done previously in the district. A quantitative exploratory approach was used for the study. There has been no record of a previous study in Ilembe Health District. A quantitative approach was preferred, as numerical data was not available on employee knowledge, attitudes and experience of ethics in Ilembe health district. A survey was conducted with the use of self-developed questionnaires to ascertain knowledge, attitudes and experience of employees. The sampling technique was random. Respondents were randomly selected from the human resource database. Data was collected via a self-administered questionnaire and subjected to statistical analysis. The procedure and methods for carrying out this case study are outlined.

Mbokane (2009:36) cites Polit and Hungler (1999:155) who point out that Research design is described as a sketch for conducting the study in a manner that exercises concentrated control over that which could hinder the validity of the research results. The research design is the global plan for attaining responses to research questions that guide the study. Mbokane (2009:36) quotes Burns and Grove (2001:23) who point out that designing a study contributes to the researchers' plan and implements the study in a way that will increase the projected results, therefore accumulating the chances of gaining data that could be related with the actual situation. Meyer (2005:30) cites Polit and Hungler (1997:466) who describes Quantitative as the study which uses quantification for the measurement of data. The research design in a quantitative study explains the strategies that the researcher intends to follow in order to develop information that is correct and will be interpreted easily. De Beer (2005:32), citing Polit and Beck (2004:718), explains that exploratory research is conducted to explore the extents of phenomena or that which progresses or enriches hypothesis about relationships among the phenomena.

A quantitative exploratory case study design involved a survey which utilised a questionnaire to gather information about current knowledge, experience and employee attitudes and experience of ethics in Ilembe Health District. This study was exploratory in the sense that it planned to explore the knowledge, attitudes and experience of ethics in the workplace. According to Vissak (2010: 371) citing Yin (1994:n.p.), the advantages of using a case study is that it can be used without the need for preceding literature or previous experiential evidence, therefore the case study is useful for the building of theory even if little is known. An additional advantage is that the case study allows for extension and simplifying of concepts by integrating the current theoretical data with new insights. The case study design

was selected for this study because there has been no previous research in the district and there is a need for building on information. Vissak (2010:371) citing Gummesson (2005:n.p.); Hillebrand, Kok, & Biemans, (2001:n.p.); Johnston, Leach, & Liu, (1999:n.p.); Tsoukas; Voss et al.; Woodside & Wilson (2003:n.p.) and Yin (1994:n.p.) state that case studies are very supportive for discovery, description, relation building and mapping. The case study may also be used for refining, refuting and testing of theories. Zainal (2007:4) citing Yin (1984:n.p.), points out the benefit of using a case study is that the data examined is frequently utilized within its setting where the activity has taken place. There are numerous benefits in using case studies. First, the analysis of the information is frequently conducted within the framework of its use which is within the situation where the action takes place and case studies permit for quantitative and qualitative evaluation of data which comprise differences in terms of intrinsic, instrumental and collective approaches.

According to Muijs (2011:9), if data are not obtainable naturally as numbers, one may adapt non-quantitative information like attitudes or opinions into quantitative data by computing them numerically for example by means of a questionnaire with a rating scale. The aim of the research was to obtain information that could be associated with the real situation experience of ethics in the workplace. Roux (2014:33) citing (Dumholdt et al., 2011) who points out that survey research is a method employed by researchers to accumulate information about a specific study situation depending on self-reported information from the participants in the study. This information can be obtained from participants that are completing a questionnaire or giving answers to the interviewers' questions. An exploratory inquiry was used for this study. According to George and Bennet (2004:n.p.) the central intention of exploratory research is to distinguish the limits of the environment in which the challenges, predictions or circumstances of interest are predicted to exist in and to identify the noticeable aspects or variables that might be found there and be of importance to the research. The quantitative method ascends from the conviction that human phenomena and variables in human behaviour can be studied empirically and so this method has been chosen as an applicable research method. The research was conducted to identify factors that impede ethical demeanour by public servants, thereby the making of recommendations to improve ethical behaviour. The case study employed a questionnaire with a Likert rating scale as a survey tool to elicit employees' knowledge, attitudes and experience of ethics in the workplace.

4.3 Research setting

The research was conducted in clinics, hospitals and the district office within Ilembe Health District. The questionnaire was filled out in offices and the facilities boardroom by participants.

4.4 Study population

Mbokane (2009:39) cites Polit and Hungler (1999:37) who explain that a population is the combined number of people or the total of all the objects, issues or acquaintances that adjust to the similar criteria. The population in this study was Health care workers in Ilembe Health District office and in the facilities that they oversee, which consist of men and women of all age groups, gender and occupations. September (2010:96) cites Sekaran (2001:n.p) who explains that a population is an all-inclusive group of things, occasions and individuals which is of interest to the researcher's investigation. According to Creswell (2009:145), "a survey design provides a quantitative or numeric description of trends, attitudes or opinions of a population by studying a sample of that population. From the sample results, the researcher generalises or makes claims about the population." Current knowledge, experience and employees' attitudes towards ethics were collected in the survey. The technique of data gathering was a written questionnaire. One hundred and fifty questionnaires were administered to employees over two weeks. The overall number of 1 728 employees fall under the supervision of the district office. The categories are clinical, finance, human resources, programmes, monitoring and evaluation and management. Males and females in various age groups were in the survey.

The population in this study was 80 general employees, 50 supervisors and 20 senior managers. Inclusion criteria were employees that were currently employed at Ilembe health district. The exclusion criteria were employees from private health facilities, other government departments and employees belonging to non-governmental organisations (NGOs) that were in partnership with Ilembe District. Employees that fit the described criteria were selected as a reduced group out of the targeted population. Anon (2011:11) cites Proctor et al. (2010:n.p) "the use of probability sampling in quantitative research reduces errors and biases in the study. Sampling is the process by which researchers select a proportion of the target population, as the study population, to represent the entire unit." The

names of all eligible employees were obtained from the Human Resources Department, which formed a sampling frame from which participants were selected randomly.

4.5 Sample size

Anon (2011:11) cites Polit and Beck (2010) who assert that the biggest example conceivable should be selected by quantitative researchers so that it is descriptive of the population that has been identified. Participants that decide not to participate will result in the sample being reduced. Information collection becomes less representative when the response rate becomes lesser (Anon, 2011:11). The population in this study was 80 general employees, 50 supervisors and 20 senior managers. Inclusion criteria were employees that were currently employed at Ilembe health district. The exclusion criteria were employees from private health facilities, other government departments and employees belonging to non-governmental organisations (NGOs) that were in partnership with Ilembe District. Employees that fit the described criteria were selected as a smaller cluster out of the target population. Anon (2011:11) cites Proctor et al. (2010:n.p) who assert that errors and biases in a quantitative study are reduced by the utilisation of probability sampling. A proportion of the target population that has been selected for the research process to represent the entire population is known as the sampling process. Eligible employees for the study obtained from the Department of Human Resources, which formed a sampling frame from which participants were selected randomly.

At the various facilities within Ilembe Health District, 150 employees received the questionnaire which they completed and returned within two weeks. Some of the selected employees failed to complete the questionnaires; however, other employees within Ilembe health were randomly selected to fill in the questionnaire.

4.6 Research methods

4.6.1 Data collection

The survey was cross-sectional and information was gathered at one point only. Random sampling was used in this study, which meant that all employees at Ilembe Health District

would have had an equal chance of being selected to participate in the study. The information collection tool for this study was a self-administered questionnaire. The questionnaire was accompanied by a consent form, a letter encouraging participation in the study as well as confirmation of permission granted to conduct the study within the institutions in Ilembe Health District. Participants were given advice on confidentiality and anonymity of participants which was included in the foreword to the questionnaire. The research was done over two weeks. Telephone calls were made frequently to participants to encourage participation. The data collection forms were coded with yellow labels for 80 general workers, green labels for 50 supervisors and 20 unlabelled forms for senior managers. This assisted in easy segregation of data collection forms according to the required categories. At the end of the two weeks, 150 data collection forms were submitted to the statistician for analysis.

4.6.2 Questionnaire

A controlled self-developed, transcribed questionnaire with a Likert scale was self-administered and utilised to gather information from participants in this study. Participants completed the questionnaire, which had four sections. Section A of the questionnaire was used to gather data on individual participants. Section B consisted of questions on knowledge of ethics, Section C consisted of questions on attitudes towards ethics and Section D dealt with questions relating to experience of ethics. The knowledge, attitudes and experience of employees were measured on a Likert scale. The Likert tool consisted of positive and negative declarations with dissimilar choices extending from 'disagree' to 'strongly agree'. The total for every item was described on an individual basis.

According to Eiselen and Uys (2005:2), the disadvantages of a self-administered questionnaire being distributed in person, usual posting or electronically results in a response rate that is low specifically when the form to fill in is too long, the subject matter is boring to the respondent or the researcher does not have control over who fills it in. Muijs (2011:42), states that one disadvantage of using a questionnaire is that of positive response bias. September (2010:95) cites Mouton (1996:n.p.) and Weiers (1998: n.p.) who are of the view that the disadvantage of using a questionnaire is low response rates and the other disadvantage is incomplete questions. Citing Sarantakos (2005:263), Katamba (2011:41-42) indicates that probing, prompting and clarifying of questions are not allowed. Opportunities

for motivating respondents to participate in the survey or to answer the questions are also not allowed. The respondents' identity and the conditions under which the questionnaire is filled in are unknown. Researchers are unsure if questions were answered by a proxy or the respondent. The opportunity to collect further information for example, (through observation) when the questionnaires are being completed is absent. Weaknesses during data collection were addressed by putting measures in place to prevent them. Adequate information on the drive of the research and the benefits of partaking in the study were clarified to the respondents. The issue of confidentiality and anonymity of the respondents were addressed. Katamba (2011:41) cites (Sarantakos 2005:263) who explains that the advantage of using a questionnaire is that it is a less expensive method in comparison to other methods in administering and is simpler to analyse. It also removes the possibility of interviewer bias, enabling participants to respond truthfully to sensitive questions. Most people are familiar with a questionnaire and the turnaround time is shorter. A questionnaire is also convenient as respondents can complete it at their own convenience. Quick results are produced and maximises the guarantee of privacy. The prospect for bias or errors resulting from the presence of interviewer bias is reduced. The questionnaire is a stable, reliable and constant measure, free of variation. A wider coverage is offered by the use of the questionnaire. Researchers approach respondents more easily than other methods. The use of questionnaires reduces the problem of non-availability of participants which is a common problem when interviewing respondents.

4.6.3 Validity

Miller (n.d.:3) explains that validity is the extent to which a tool calculates what it intends to calculate. The author states that content validity relates to the level to which the tool completely evaluates or processes the construct of interest. Face validity is a portion of content validity and is recognized when a person revising the instrument settles that it measures the feature or peculiarity of interest. In summary, a tool appears as if it is certainly measuring what it is intended to calculate According to Muijs (2011:57-60), validity questions whether we are measuring what we want to measure, as many of the notions we want to calculate for instance attitudes, cannot be measured directly. It is not possible to know exactly what a person is thinking, feeling and experiencing. In that sense, it is a latent variable because it cannot be measured directly and there is a need to develop instruments

that measure it indirectly. A questionnaire is an example of this instrument. Every question then becomes a manifest variable - a variable that we are able to measure.

Muijs (2011:57-60) explains that there are three distinct types of validity, which are: content validity, criterion validity and construct validity, all of which are equally important. Content validity denotes whether or not the content of the marked variables' questions posed in a questionnaire is accurate to measure the covert concept for instance attitudes that we are attempting to measure. Criterion validity is narrowly connected to theory. When a measure is developed, one expects it in principle to be linked to further methods or calculated outcomes. The two categories of criterion validity are predictive validity and concurrent validity. Predictive validity focuses on whether or not the tool will predict the outcome as it would be expected on a theoretical base. Concurrent validity reduces the volume of severe assumption. The interrogation here is whether the tool scores coincide with factor scores. Two things are expected to establish criterion validity: a good knowledge of the theory relating to concepts and furthermore, to statistically calculate whether a relationship exists when using methods like the correlation coefficient. Construct validity is slightly more multifaceted matter which relates to the interior construction of an implement and the idea it is measuring. It is related to the theoretic data of the idea that requires to be measured. Validity is a multidimensional construct and it is imperative to note that the different types of validity are not mutually exclusive and that it is not sufficient to demonstrate one if the others are not present. For validity to be convincingly demonstrated, all three have to be considered.

4.6.4 Reliability

Reliability is defined as the extent to which a questionnaire, test, surveillance or any dimension procedure yields the matching results on repeated trials. In summary, it is the constancy or regularity of totals periodically and that reliability relates to scores and not people (Miller, n.d.:1). According to Meyer (2005:35), citing (Babbie 1995:124) that reliability is whether a specific technique, used repetitively to the same object, would produce the same result each time. Reliability does not ensure accuracy any more than precision can ensure it. Even total reliability does not guarantee that measures will measure what is expected of them to measure. According to Anon (2011:13), citing Robson (2007:n.p), the ability to produce the same information when it is given again under the same circumstances

is referred to as the reliability of the questionnaire; however, it is demanding to acquire a repetition of information when you are working with people. According to Anon (2011:13), citing Polit and Beck (2010:n.p), reliability refers to accurateness of measurement. The main focus of reliability is consistency and reliability.

For Muijs (2011:61-63), reliability is a second element that concludes the value of the measurement tool. In measurement, reliability is a key concept. Whenever measurements are done there is partial error which is called measurement error. Reliability, then, denotes the extent to which an experiment totals have no error in the measurement. Any result on an investigation or scale will have three components namely: true score, systemic error and random error. The true score is without any error, which is really what is required. The systematic error is the same error from one measurement to the next. If the systematic error is not known, measurement will become less valid. Reliability is concerned with the second part of the error, unsystematic or random error, the error that will fluctuate from one measurement to the next, which is unpredictable. Unreliability is clearly a challenge because results will be untrustworthy and conclusions will be tainted. Reliability, as conceptualised in quantitative research, has two forms, which are repeated measurement and internal consistency. Repeated measurement is the ability to measure the same thing at different times. The same implement should produce the same outcomes with the same respondent. In order to check if measures are reliable, the instruments are used again using the same respondents to establish whether the answers have not altered too much. This is called the test-retest method. Internal consistency reliability is the second type of reliability which is applicable to instruments that have many items or the ability to measure a construct well.

4.6.5 Reliability and validity of the research process was ensured through the following steps:

- A statistician evaluated the questionnaire.
- A pilot study was done on five colleagues to rule out any uncertainties or ambiguity in the questionnaire.
- The researcher was present while the health care workers completed the questionnaires. No questions arose.
- The health care workers completed the questionnaire themselves.

- The use of simple language in formulating the questionnaire enabled participants in the study to provide appropriate responses, thereby preventing the findings from being distorted.
- The absence of leading questions prevented bias in responses of participants.
- The questions asked were specific and did not confuse participants responding to the questionnaire.

4.7 Data analysis and interpretation

De Beer (2005:37), citing Polit and Hungler (1997:455), explains that data analysis refers to the methodical organisation and synthesis of research data. Meyer (2006:38) cites (Babbie 1995:303), describes data analysis as a process where a pattern of similarities and differences are identified and followed by an interpretation of those patterns. The study made use of quantitative data analysis SPSS Version 21.0 technique. The data were analysed by a statistician using statistical procedures. Reliability testing will be done using Cronbach's Alpha score. Factor analysis will be used to summarise patterns of correlations. The Kaiser Meyer Olkin and Bartlett's Test will be used to indicate the reliability of relationships between the pairs of correlations. The Bartlett's Test of Sphericity will establish whether the correlation matrix is an identity matrix and if it is suitable to carry out factor analysis. Data will be fed into an electronic database and preliminary reports will be generated. The data will be transcribed and categorised in terms of the research questions and will be presented in frequency tables and percentages. The analysed data will be used to interpret participants' views in relation to knowledge, attitudes and experience of ethics.

4.8. Summary

This chapter of the study provided the type of research design and methodology used. The research setting, study population, sample size and research methods were discussed. Validity and reliability were discussed and the type of data analysis employed for the study. The measures taken to ensure reliability and validity in the study have been discussed together with the statistical procedures that will be used in the analysis. The following chapter will include presentation of results and the discussion of data.

CHAPTER FIVE

PRESENTATION AND DISCUSSION OF DATA

5.1 Introduction

This chapter presents the results and discusses the findings obtained from the questionnaire. The questionnaire was the primary tool used to collect data and was distributed to employees in the Ileembe Health District. The data collected from the responses were analysed with Statistical Packages for Social Scientists (SPSS). The SPSS version 21.0 was used to analyse data for this study. The SPSS was used because it has the ability to store questionnaire data, generate data from question responses and present this information in graphs and tables. The use of the SPSS is appropriate to analyse quantitative data. The outcomes of the descriptive statistics are presented in graphs, tables and other figures for the quantitative statistics that were collected. Inferential procedures comprise correlations and chi-square test values; which are deduced using the p-values.

5.2 The sample

In total, 215 questionnaires were forwarded and 150 returned, which gave a 70% response rate.

5.3 The research instrument

The research tool comprised 48 items, with a level of measurement at a minimal or an ordinal level. The questionnaire was divided into four sections, shown below:

SECTION A- Demographics (had 4 items)

SECTION B – Knowledge (had 15 items)

SECTION C – Attitude (had 15 items)

SECTION D – Experience (had 14 items)

5.4 Reliability statistics

The two most important aspects of precision are **reliability** and **validity**. Mutodi and Ngirande (2014:287) citing Masitsa (2011:n.p.), Tavakol and Dennick (2011:n.p.) who explain that reliability is computed by taking several measurements on the same subjects and the consistency is measured by the use of Cronbach's alpha coefficient, which makes sure that each test point measures the same latent quality on the same scale. It is compulsory for all researchers to estimate this quantity to add validity and accuracy to its data interpretation. A reliability coefficient of 0.70 and 0.90 is considered as "acceptable". The content validity was observed by adopting a questionnaire that was structured so that questions were posed clearly and eliminated all misinterpretations. This was followed by a pre-test given to five colleagues who were excluded from the study. Changes were made to make sure that questions were simple and easy for participants to understand.

Table 5.4.1 reflects the Cronbach's alpha score for all the items that created the questionnaire.

Table 5.4.1: Cronbach's Alpha – Section A

	Number of Items	Cronbach's Alpha
SECTION B - Line management communication	8 of 15	0.419
SECTION C - Tools of communication	12 of 15	0.671
SECTION D - Internal communication systems	12 of 14	0.733
Overall	32 of 44	0.667

The overall reliability score of 0.667 just about satisfies the endorsed value of 0.70. This shows an elevated (overall) degree of acceptable, constant scoring for this research. Section C and D have values that surpass the standard score, with Section B having a value that is below the standard. Chiefly amongst the causes for this is that the concept is newly developed. Section B has a negative covariance because the statements are bidirectional, which means that questions were posed in a negative and positive manner.

5.5 Factor analysis

Gupta (1999:n.p.) explains that in statistical language factor analysis is a powerful instrument which, on the hypothesis that there is one or more latent variable that are the foundation of

co-variability among a set of items, gives confirmation of construct validity, both convergent and discriminant.

5.5.1 Importance of factor analysis

Factor analysis is a numerical method of which the key goal is information reduction. A distinct use of factor analysis is in survey research, where a researcher desires to characterise a number of questions with a small number of theoretical factors. Factor analysis also summarises designs of correlations amid perceived variables. Gupta (1999:n.p.)

5.6 Kaiser-Meyer-Olkin and Bartlett's Test

Kaiser-Meyer-Olkin (KMO) test for adequacy of sample

This is a noteworthy test of correlations in the matrix and provides a signal of reliability of relationships amongst pairs of correlations. The sample is thought to be acceptable if the KMO value exceeds 0.60.

5.7 Bartlett's Test of Sphericity

According to Gupta (1999:n.p.), the Bartlett's test of Sphericity is most useful with five circumstances or less per variable. It establishes whether the correlation matrix is an identity matrix, in which case it is very appropriate to conduct factor analysis. A significant value of less than 0.05 shows that one can safely proceed with factor analysis. Bartlett's test of sphericity is important; thus, the theory that the inter-correlation matrix concerning these variables is an identity matrix is rejected. Thus, from the viewpoint of Bartlett's test, factor analysis is possible. As Bartlett's test is approximately constantly important, a more discerning index of factor analysability is the KMO. For this data set, the values are all greater than 0.50, which is very large, so the KMO also supports factor analysis. The Bartlett's Test of Sphericity for sections B, C and D are shown in Tables 5.4.2, 5.4.3, and 5.4.4.

5.7.1 SECTION B

Table 5.4.2: Cronbach's Alpha

KMO and Bartlett's Test	
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.	.744
Approx. Chi-Square	396.432
Bartlett's Test of Sphericity Df	105
Sig.	.000

An important value of less than 0.05 indicates that one can safely proceed with factor analysis. The result for section B is .000 which allows for factor analysis to be done.

5.7.2 SECTION C

Table 5.4.3: Cronbach's Alpha

KMO and Bartlett's Test	
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.	.863
Approx. Chi-Square	751.963
Bartlett's Test of Sphericity Df	105
Sig.	.000

An important value of less than 0.05 indicates that one can safely proceed with factor analysis. The result for section C is .000 which allows for factor analysis to be done.

5.7.3 SECTION D

Table 5.4.4: Cronbach's Alpha

KMO and Bartlett's Test	
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.	.677
Approx. Chi-Square	405.664
Bartlett's Test of Sphericity Df	91
Sig.	.000

An important value of less than 0.05 indicates that one can safely proceed with factor analysis. The result for section D is .000 which allows for factor analysis to be done. This is explained below in the rotated component matrix. (Table 5.8.1).

5.8 Rotated Component Matrix

Tables 5.4.5, 5.4.6 and 5.4.7 demonstrate the rotated component matrix for sections B, C and D, respectively.

Table 5.4.5: Rotated component matrix – Section B

Section B	Component		
	1	2	3
The decision to follow an ethical code are made by managers	.040	.013	.964
There is no need for ethical training to be on-going.	.662	.049	-.217
Raising awareness on ethics is not really a necessity	.798	.099	.019
Ethical codes and practices are only important for doctors and nurses	.707	-.239	.133
Unethical behaviour increases wasteful expenditure	-.035	.800	.052
Whistle blowing is necessary to curb unethical behaviour	-.084	.818	-.050
Whistle blowers should not be protected	.525	-.037	.026
The ethical reputation of an organisation is not important	.598	-.283	.170

The rotated component matrix for section B shows designs of correlations. The correlations are highlighted in different colours to indicate similar groups. The explanation of the factors is simplified.

Table 5.4.6 Rotated component matrix – Section C

Section C	Component	
	1	2
the responsibility of making ethical decisions is time consuming	.611	.091
ethics does not do anything for the workplace	.833	.208
moral norms and values are not important in ethical decisions	.799	-.068
Only managers should play a key role in ethics	.568	.365
Ethical committees, codes and practises are not really necessary	.788	.293
Unethical behaviour should not be reported	.565	.462
Ethical behaviour is required only when dealing with external customers	.509	.295
Dishonesty is not really unethical.	.741	.141
All documents and information about me can be shared with others.	-.180	.693
following policy is only done when the manager says so	.328	.560
The reputation of an institution does not really matter	.348	.722
Those that report unethical behaviour should be punished	.208	.700

The rotated component matrix for Section C shows designs of correlations. The correlations are highlighted in different colours to indicate similar groups. The explanation of the factors is simplified.

Table 5.4.7: Rotated component matrix – Section D

Section D	Component				
	1	2	3	4	5
I have received ethics training in my undergraduate degree/diploma.	-.013	.032	.167	.788	-.156
I was trained on the ethical culture of the department in my orientation at the workplace.	.010	.081	.791	.203	.086
I have received updates and refresher training on ethics to date.	.033	-.088	.844	.129	-.154
I have been exposed to ethical dilemmas and was able to solve it without difficulty.	.130	.003	.158	.806	.210
Colleagues are reprimanded/ victimised for reporting unethical behaviour.	-.026	.068	-.081	.025	.909
All my co-workers interact with me in an ethical manner.	.673	.046	-.207	.301	-.031
I am aware of ethical committees in the workplace.	.561	.014	.397	-.095	.398
My colleagues and supervisors are role models who display ethical behaviour.	.834	.184	.048	.061	.021
All / most employees adhere to the core values in our service commitment charter.	.769	.256	.108	-.100	-.052
A Romantic relationship between the supervisor and the subordinate is discouraged in the office.	.106	.700	.153	.171	.340
All documents and information about me is kept strictly confidential in the workplace.	.319	.705	-.008	.091	-.126
Reporting unethical behaviour is encouraged	.081	.811	-.100	-.143	.014

The main goal of factor analysis is data reduction using statistical methods. Factor analysis is commonly utilised in survey research when a researcher wants to represent a batch of questions with a lesser number of hypothetical factors as explained in 5.5. With reference to the tables above:

- The principle component analysis was used as the extraction method, and the rotation technique was Varimax with Kaiser Normalisation. This technique reduces the amount of variables with elevated loadings on individual factors. The clarification of the factors is simplified.
- Inter-correlations amongst variables are shown using Factor analysis.
- Objects of questions that are similar suggest quantity along a similar factor. An investigation of the items content loading at or exceeding 0.5 (and by the higher or highest loading in occurrences where items cross-loaded is superior) successfully measured alongside the several components.

It is eminent that the variables that established the sections split along 3, 2 and 5 sub-themes (as indicated by the colour coding) respectively. This coinciding means that the respondents recognized sub-themes which may have been due to the method of the questionnaire construction in terms of the negative statements.

5.9 Themes identified

The themes identified in this section were that of insufficient orientation and training for employees, the need for ethical role models to be in place and the practice of ethics and the theme of negative attitude towards whistle-blowers.

5.10 SECTION A - Demographic data

This section summarises the biographical characteristics of the respondents. The table below describes the gender distribution by age.

Table 5.4.8: Gender distribution by age

		Gender		Total	
		Male	Female		
Age (years)	Count	5	16	21	
	20 - 30	% within Age	23.8%	76.2%	100.0%
		% within Gender	12.8%	14.4%	14.0%
		% of Total	3.3%	10.7%	14.0%
		Count	15	42	57
	31 - 40	% within Age	26.3%	73.7%	100.0%
		% within Gender	38.5%	37.8%	38.0%
		% of Total	10.0%	28.0%	38.0%
		Count	9	30	39
	41 - 50	% within Age	23.1%	76.9%	100.0%
		% within Gender	23.1%	27.0%	26.0%
		% of Total	6.0%	20.0%	26.0%
		Count	10	23	33
	51 - 65	% within Age	30.3%	69.7%	100.0%
		% within Gender	25.6%	20.7%	22.0%
	% of Total	6.7%	15.3%	22.0%	

	Count	39	111	150
Total	% within Age	26.0%	74.0%	100.0%
	% within Gender	100.0%	100.0%	100.0%
	% of Total	26.0%	74.0%	100.0%

The ratio of males to females is approximately 1:3 (26.0%: 74.0%). Within the age category of 31 to 40 years, 26.3% were male. Within the category of males (only), 38.5% were between the ages of 31 to 40 years. This category of males between the ages of 31 to 40 years formed 10.0% of the total sample.

The age group between 20-30 years are the new recruits. The ratio remains 1:3 (23.8%:76.3) in comparison to females in the same age group. Females seem to be the dominant gender that is recruited in the district.

The figure below indicates the component (division) to which the respondents belonged.

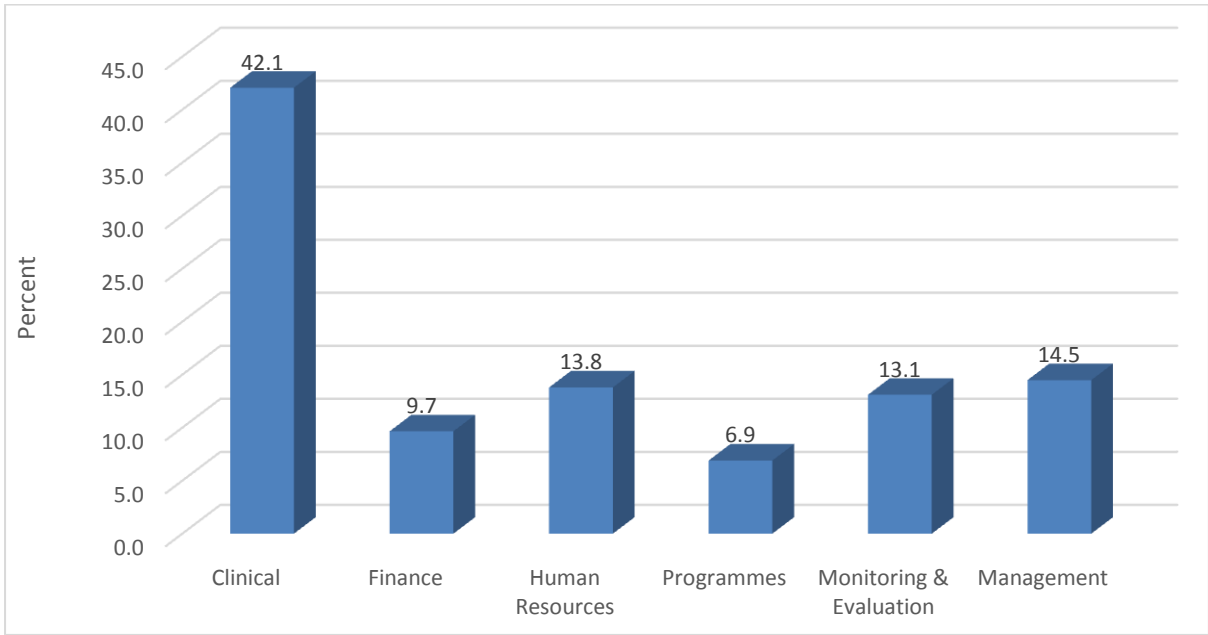


Fig. 5.1 Components (division) to which the respondents belong.

The majority of the respondents were from the Clinical component. Similar numbers of respondents (13.8%) belonged to each of Human Resources, Monitoring and Evaluation and Management. This picture is a true reflection of the actual composition of the population.

Table 5.4.9. indicates the composition of the groups by components.

More than 80% of the respondents had more than 5 years of service, with nearly a quarter (24.0%) having more than 20 years' service. This is a useful statistic as it indicates that the respondents have a fair degree of experience and would have responded from an experienced viewpoint.

Table 5.4.9: Composition of the groups by components

			Group			Total
			Supervisors	Senior Managers	General Workers	
Component	Clinical	Count	23	1	37	61
		% of Total	15.9%	0.7%	25.5%	42.1%
	Finance	Count	0	2	12	14
		% of Total	0.0%	1.4%	8.3%	9.7%
	Human Resources	Count	4	3	13	20
		% of Total	2.8%	2.1%	9.0%	13.8%
	Programmes	Count	7	0	3	10
		% of Total	4.8%	0.0%	2.1%	6.9%
	Monitoring & Evaluation	Count	5	2	12	19
		% of Total	3.4%	1.4%	8.3%	13.1%
	Management	Count	7	12	2	21
		% of Total	4.8%	8.3%	1.4%	14.5%
	Total	Count	46	20	79	145
		% of Total	31.7%	13.8%	54.5%	100.0%

The sample consisted of respondents in the ratio of 31.7: 13.8: 54.4 with respect to Supervisors, Senior Managers and General Workers, respectively. This is a fair reflection of the staff composition. Figure 5.2 indicates the years of service of the respondents.

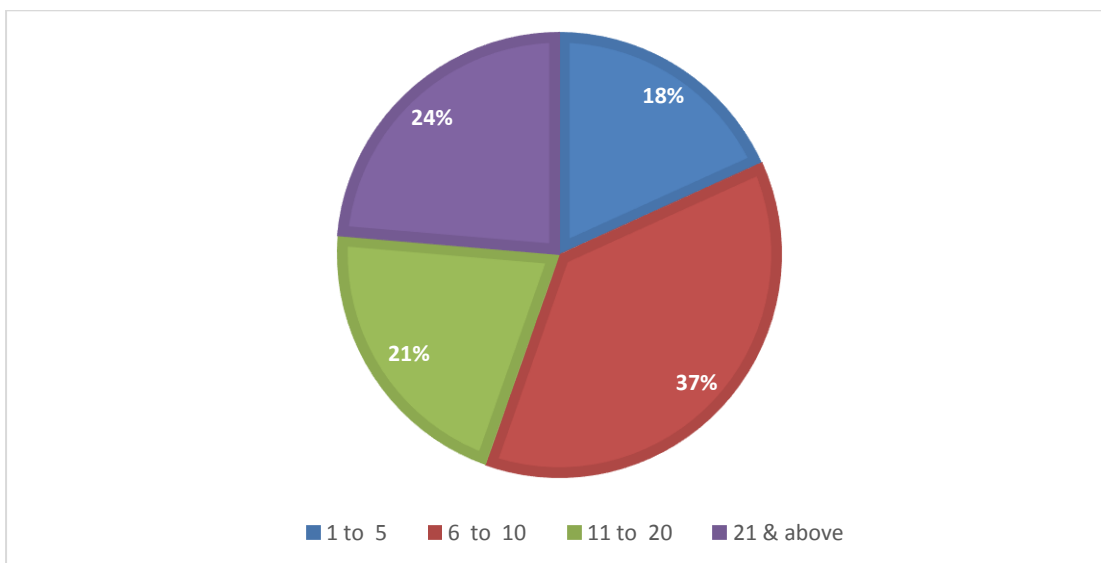


Fig. 5.2: Years of service of the respondents.

5.10.3 Section analysis

The section that follows analyses the scoring patterns of the respondents per variable per section. Levels of disagreement (negative statements) were collapsed to show a single category of “Disagree”. A similar procedure was followed for the levels of agreement (positive statements) See (Table 5.4.10 -Knowledge, Table 5.4.12 - Attitudes, Table 5.4.14 - Experience).

The results are first presented using summarised percentages for the variables that constitute each section. Results are then further analysed according to the importance of the statements.

5.11 SECTION B – Knowledge

This section deals with the analysis of the respondents’ knowledge of ethics.

The summarised scoring patterns are shown below.

Table 5.4.10: Analysis of the respondents’ knowledge of ethics

	Disagree	Agree
The decision to follow an ethical code are made by managers	34.3	65.7
There is an urgent need to have ethical committees in place	6.9	93.1
There is no need for ethical training to be on-going	81.4	18.6
Raising awareness on ethics is not really a necessity	88.9	11.1
Ethical codes and practices are only important for doctors and nurses	91.1	8.9
It is appropriate to control unethical behaviour	11.6	88.4
Unethical behaviour increases wasteful expenditure	17.7	82.3
Whistle blowing is necessary to curb unethical behaviour	25.2	74.8
Whistle blowers should not be protected	72.3	27.7
The ethical reputation of an organisation is not important	93.1	6.9
The culture of an organisation should be one of shared fundamental values such as honesty, integrity, consistency and fairness	7.6	92.4
Is it considered unethical for somebody to harass another person	7.6	92.4
Trade unions should be involved in creating an ethical culture	9.4	90.6
Romantic involvements between supervisor and sub-ordinate to gain task related or career- related favours are acceptable	85.1	14.9
An ethical audit involves investigation into whether any unethical values and behaviour are evident in the organisation	9.9	90.1

Of the 15 statements, 9 (67%) have higher levels of agreement than disagreement. However, since the remaining statements are negatively directed, the high levels of disagreement also

imply that respondents agree with the positive expression of the statements. Some of the levels of agreement and disagreement are high (> 80%). This indicates a strong majority perception for the respective statements. The two largest levels (93.1%) were for the following:

Agreement: There is an urgent need to have ethical committees in place

Disagreement: The ethical reputation of an organisation is not important. (See Figure 5.3)

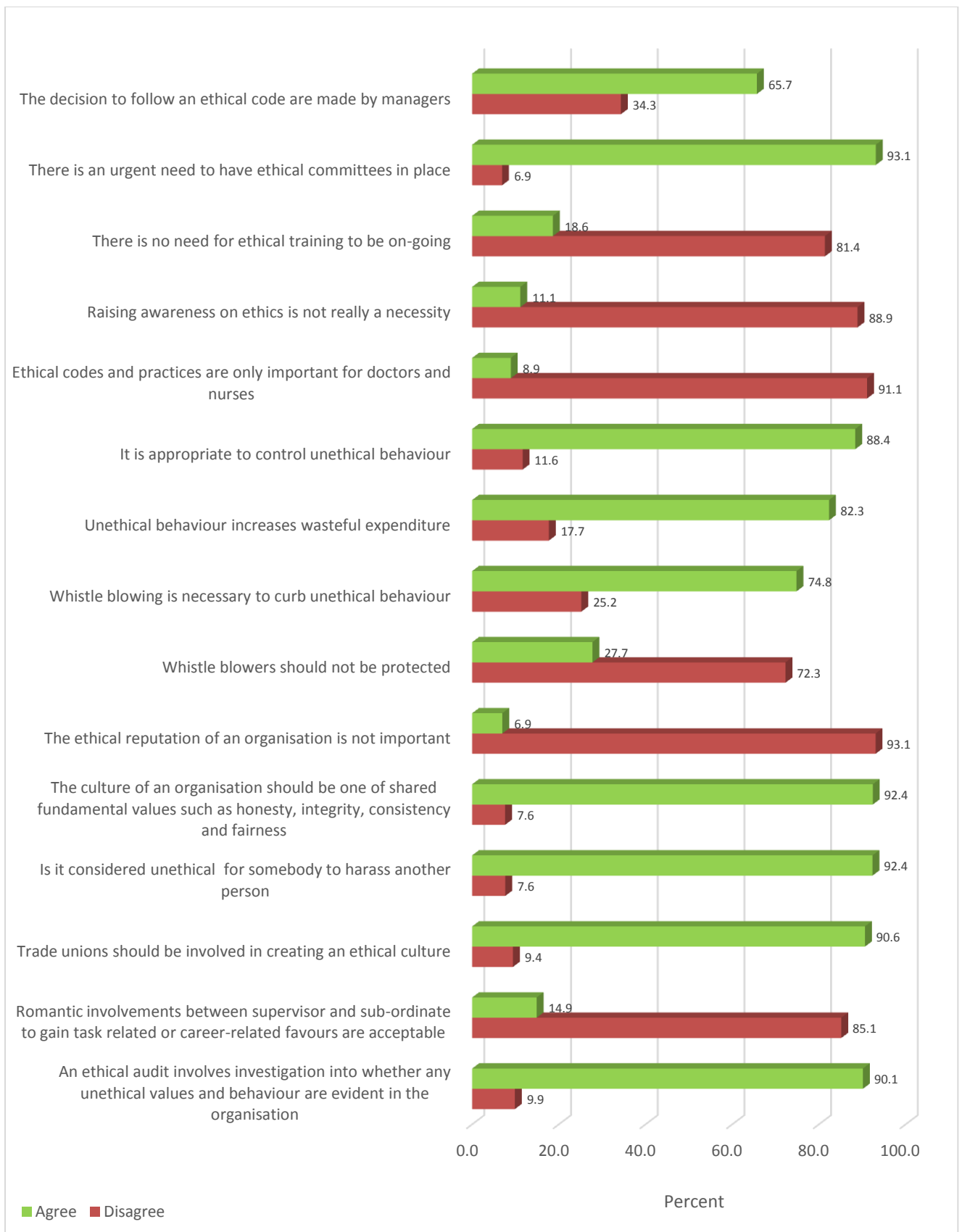


Figure 5.3: Analysis of the respondents' knowledge of ethics

Respondents probably felt an urgent need for ethical committees to be in place because there may be no formal structure for ethics in the workplace. By formalising the ethics structure, it will influence employees toward adhering to all ethical practices and raise awareness on a continuous basis when ethical committee meetings take place and feedback given to majority of staff members. The requirement for ethical committees is indeed essential especially for the department of health since people's lives are involved. According to Mclean (2007:449), ethical committees undoubtedly have a serious impact on patients due to some cases being involved in a life and death decision. Mclean (2007:497) explains further that ethical committees can contribute to raising awareness of ethical issues.

Respondents disagreed with the statement that the ethical reputation of the organisation is not important which means they feel that the ethical reputation of the organisation is indeed important. According to Stichler and Weiss (2000:7-8), clinical staff in their study felt that the reputation of the hospital was important as it was influenced by the calibre of staff and rate of development within the healthcare facility. Doctors gained information about the quality and reputation of the hospital from their own experiences, other healthcare staff and by word of mouth and most critical obtaining feedback from the clients they serve before making a choice to be employed in that particular facility. The reputation of the hospital plays an important role in providing reputable care to patients as well as being a reputable employer for healthcare staff.

More than 90% of the respondents felt that the organisational culture of an organisation should include fundamental values of honesty, integrity, consistency and fairness; trade unions should be involved in creating an ethical culture and that it is unethical to harass another person. (See Figure 5.3) According to Schoeman (2014:7), undoubtedly an ethical culture is extremely sought-after as ethical culture is based on trust which gives great value and many benefits to the employees as well as the organisation. The need for a more ethical work environment makes culture especially important when attempting to reach the organisations ethical goal. Shaping behaviour in an organisation either for better or worse is influenced by culture. Culture serves as a communication channel to demonstrate to employees what are acceptable norms and standards within the organisation as well with external stakeholders.

Two thirds (65.7%:34.3%) of the respondents felt that the decision to follow an ethical code are made by managers whereas all employees are responsible for following an ethical code. (See Figure 5.3). Anon (2014:6) asserts that the ethical code is applicable and relevant to all employees starting from the most junior to the most senior management throughout the organisation. Core values and ethical principles in the code must be widely accepted within the organisation and outside the organisation.

A quarter (25.3%) of the respondents felt that whistle blowing does not curb unethical behaviour and just over one quarter (27.7%) of the respondents felt that whistle-blowers should not be protected. (See (Figure 5.3). Nagiah (2012:506) cites Bhasin (2010:n.p) who asserts that the culture of an organisation can be reinforced by prioritizing positive values on a daily basis and on the same note raise awareness often on whistle blowing so that ethical conduct is not neglected. Since employees are usually the first to discover unethical conduct in the workplace, the organizational culture of the organisation should be conducive for the exposé of such wrong doing.

More than 80% of the respondents felt that on-going training on ethics is important, raising awareness on ethics is important, unethical behaviour increases wasteful expenditure and that it was important to curb unethical behaviour. (See Figure 5.3). According to Serkerka (2014:5-6), Palmer and Zakhem (2001:83) assert that merely having standards are not adequate as an organisation must ensure that standards are understood by proper cascading of information within the organisation. Serkerka (2014:5-6) also quotes Izzo (200:n.p); Leclair and Ferrel:n.p.); Loe and Weeks (2000:n.p); Minkes, Small and Chatterjee (199:N.P); Palmer and Zakhem (2001:n.p) and Valentine and Fleischman (2004:n.p) who highlight ethics training to be a critical accompaniment to organisational ethical codes as it creates awareness of these ethical codes.

5.11.2 Themes identified

The themes that emerged from this section are the need for ethical committees to be in place, the involvement of trade unions in creating an ethical culture, the need for continuous training on ethical codes, the negative attitude of respondents to implementing ethical codes and to that of protecting whistle-blowers.

5.11.3 To determine whether the differences were significant, chi-square tests were done by variable (statement). The null hypothesis tested the claim that there were no differences in the scoring options per statement. The results are shown in Table 5.4.11.

Table 5.4.11: Chi-square tests done and the null hypothesis tested	Chi-Square	df	Asymp. Sig.
The decision to follow an ethical code are made by managers	13.496	1	.000
There is an urgent need to have ethical committees in place	107.759	1	.000
There is no need for ethical training to be on-going.	57.11	1	.000
Raising awareness on ethics is not really a necessity	87.111	1	.000
Ethical codes and practices are only important for doctors and nurses	98.63	1	.000
It is appropriate to control unethical behaviour	85.918	1	.000
Unethical behaviour increases wasteful expenditure	61.395	1	.000
Whistle blowing is necessary to curb unethical behaviour	35.252	1	.000
Whistle blowers should not be protected	27.161	1	.000
The ethical reputation of an organisation is not important	106.778	1	.000
The culture of an organisation should be one of shared fundamental values such as honesty, integrity, consistency and fairness.	104.338	1	.000
Is it considered unethical for somebody to harass another person	103.361	1	.000
Trade unions should be involved in creating an ethical culture	98.262	1	.000
Romantic involvements between supervisor and sub-ordinate to gain task related or career- related favours are acceptable.	73.081	1	.000
An ethical audit involves investigation into whether any unethical values and behaviour are evident in the organisation.	91.521	1	.000

Since all of the significant values (p-values) are less than 0.05 (the level of significance), it implies that the distributions per statement were not even. That is, the differences between agreement and disagreement were significant (highlighted in yellow).

5.12 SECTION C - Attitude

This section is concerned with analysing the attitudes of respondents toward ethics.

The summarised scores are shown in Table 5.4.12.

Table 5.4.12: Analysis of the attitude of respondents toward ethics

	Disagree	Agree
All employees should be able to identify unethical behaviour	4.1	95.9
The responsibility of making ethical decisions is time consuming	73.3	26.7
Ethics does not do anything for the workplace	95.2	4.8
Moral norms and values are not important in ethical decisions	85.4	14.6
Only managers should play a key role in ethics	92.5	7.5
Ethical committees, codes and practises are not really necessary	95.2	4.8
Unethical behaviour should not be reported	93.1	6.9
Ethical behaviour is required only when dealing with external customers	94.4	5.6
Being an ethical role model is important	6.2	93.8
Dishonesty is not really unethical	88.9	11.1
All documents and information about me can be shared with others	84.4	15.6
Following policy is only done when the manager says so	84.7	15.3
The reputation of an institution does not really matter	94.5	5.5
Ethical conduct be made a key performance area	15.0	85.0
Those that report unethical behaviour should be punished	86.4	13.6

The summarised scores depicted in table 5.4.12 are shown in graphically. Figure 5.4 makes for easier understanding of the summary of respondents' attitudes.

The largest levels of 92% and above where respondents disagree to: the organisational reputation does not really matter; ethical behaviour is only required when dealing with external customers; ethical committees codes and practices are not really necessary; following policy only when the manager says so, which in actual fact means that the respondents felt that these were all absolutely necessary. The levels of disagreement are for the negative statements. Respondents have a positive attitude towards the importance of having a good organisational reputation, maintaining ethical behaviour within and outside the organisation as well as the need for ethical committees and codes to be in place. (See Figure 5.4). Bari, Arif and Shoaib (2013: 2554) quote Ray (2013:n.p) who state that employee attitudes have a marked effect on the organisation as a whole. Attitude is one of the concealed difficult to measure factor that winds up being vital in an organisation. Employee attitudes tend to have an increased effect on the productivity of an organisation which may be directly and through the effect on other factors that are job-related.

More than 90% of the respondents felt that all employees should be able to identify unethical behaviour and that being an ethical role model is important. Respondents indicate a positive attitude toward being an ethical role model and the importance of being able to identify

unethical behaviour (See Figure 5.4). Mayer, Kuenzi, Greenbaum, Bardes and Salvador (2009:4) assert that ethical leaders have the unsurpassed interests of their subordinates in mind and they attempt to “walk the talk” in terms of performing unswervingly with their convictions. This positive behaviour and exchanges with co-workers creates an atmosphere of trust and they feel less of a need to do anything deviant to improve their performance.

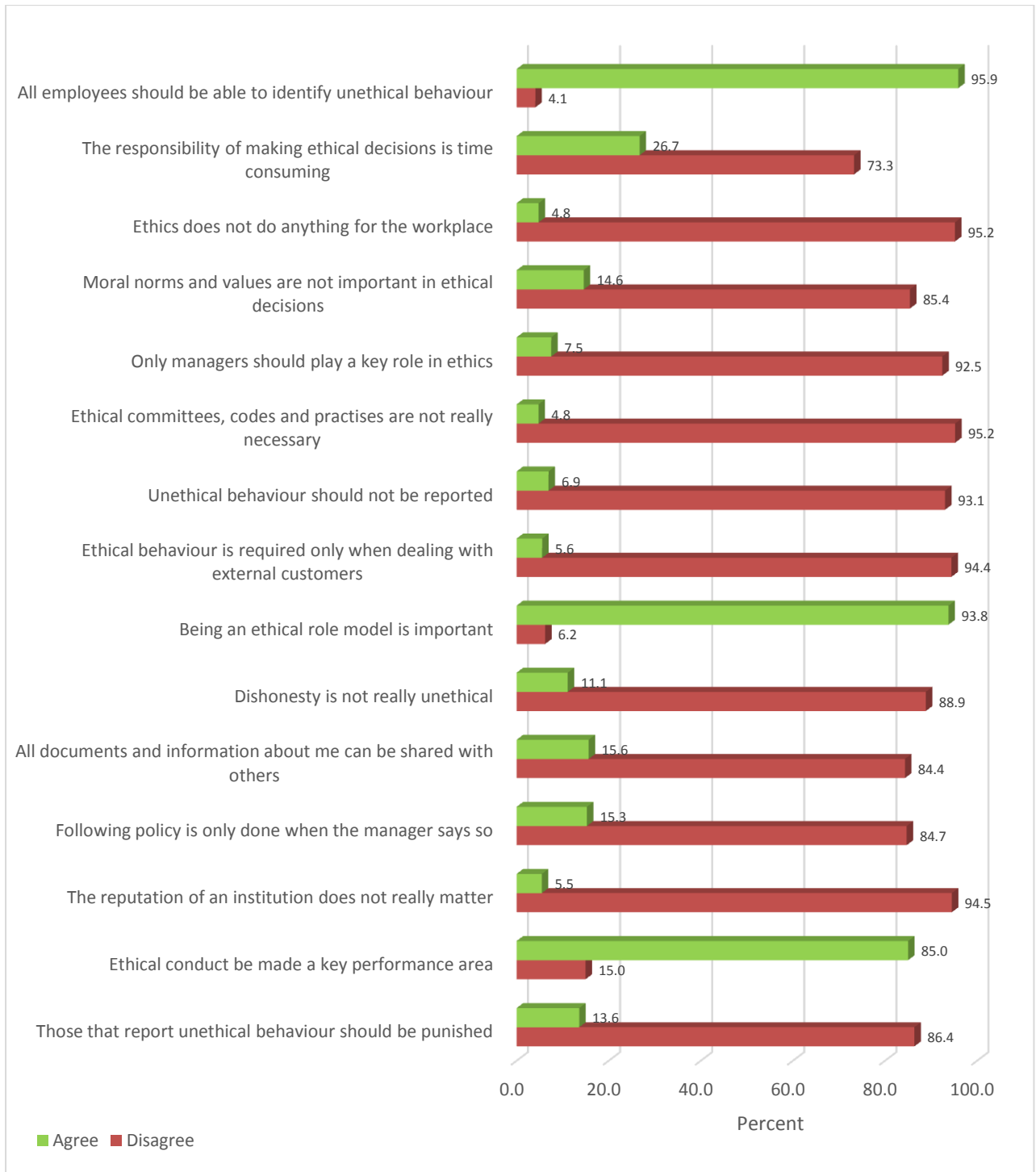


Fig. 5.4 Analysis of attitudes of respondents toward ethics

More than 80% of the respondents felt that ethical conduct should be made a key performance area which indicates commitment by respondents to ethics in the workplace. (See Figure 5.4). Saeed, Shakeel and Lodhi (2013:529) assert that previous studies explain that the general ethical behaviour and values influences an employee’s conduct. It can, therefore, be said that indisputably these two elements affect the employees’ performance. In summary it can be said that they both affect employees’ performance significantly.

Almost 27% of the respondents who felt that making ethical decisions were time consuming and will, therefore, not show interest in carrying it out. This means that a third of the respondents had negative attitudes towards ethical decision making as it is perceived as being time consuming (see Figure 5.4). According to Mullane (2009:n.p), the idyllic solution for promoting ethical behaviour is for leaders to adopt a positive approach in the work environment and should be practiced and modelled by the leader. Rewarding and acknowledging ethical decision making should be encouraged.

Table 5.4.13: Chi-square tests for attitudes

	Chi-Square	df	Asymp. Sig.
All employees should be able to identify unethical behaviour	123.98	1	.000
The responsibility of making ethical decisions is time consuming	31.671	1	.000
Ethics does not do anything for the workplace	119.342	1	.000
Moral norms and values are not important in ethical decisions	72.25	1	.000
Only managers should play a key role in ethics	105.315	1	.000
Ethical committees, codes and practices are not really necessary	120.333	1	.000
Unethical behaviour should not be reported	106.778	1	.000
Ethical behaviour is required only when dealing with external customers	113.778	1	.000
Being an ethical role model is important	111.234	1	.000
Dishonesty is not really unethical.	87.111	1	.000
All documents and information about me can be shared with others.	69.395	1	.000
Following policy is only done when the manager says so	69.444	1	.000
The reputation of an institution does not really matter	115.753	1	.000
Ethical conduct be made a key performance area	72.17	1	.000
Those that report unethical behaviour should be punished	77.884	1	.000

5.13 SECTION D – Experience

This section deals with the respondents experience in the workplace.

Table 5.4.14: Summarised scores of respondent’s experience

	Disagree	Agree
I have received ethics training in my undergraduate degree/diploma	35.0	65.0
I was trained on the ethical culture of the department in my orientation at the workplace	47.1	52.9
I have received updates and refresher training on ethics to date	78.4	21.6
I have been exposed to ethical dilemmas and was able to solve it without difficulty	49.6	50.4
Colleagues are reprimanded/ victimised for reporting unethical behaviour	68.4	31.6
All my co-workers interact with me in an ethical manner	36.0	64.0
I am aware of ethical committees in the workplace	79.3	20.7
My colleagues and supervisors are role models who display ethical behaviour	45.6	54.4
All / most employees adhere to the core values in our service commitment charter	48.9	51.1
External and internal customers have complimented our organization on their ethical behaviour	54.9	45.1
A Romantic relationship between the supervisor and the subordinate is discouraged in the office	35.5	64.5
Ethical audits are a common occurrence in the workplace	70.2	29.8
All documents and information about me is kept strictly confidential in the workplace	29.4	70.6
Reporting unethical behaviour is encouraged	24.1	75.9

The summarised scores depicted in Table 5.4.14 are shown in a graph form. Figure 5.5 makes it easy to understand the summary of respondents’ experience.

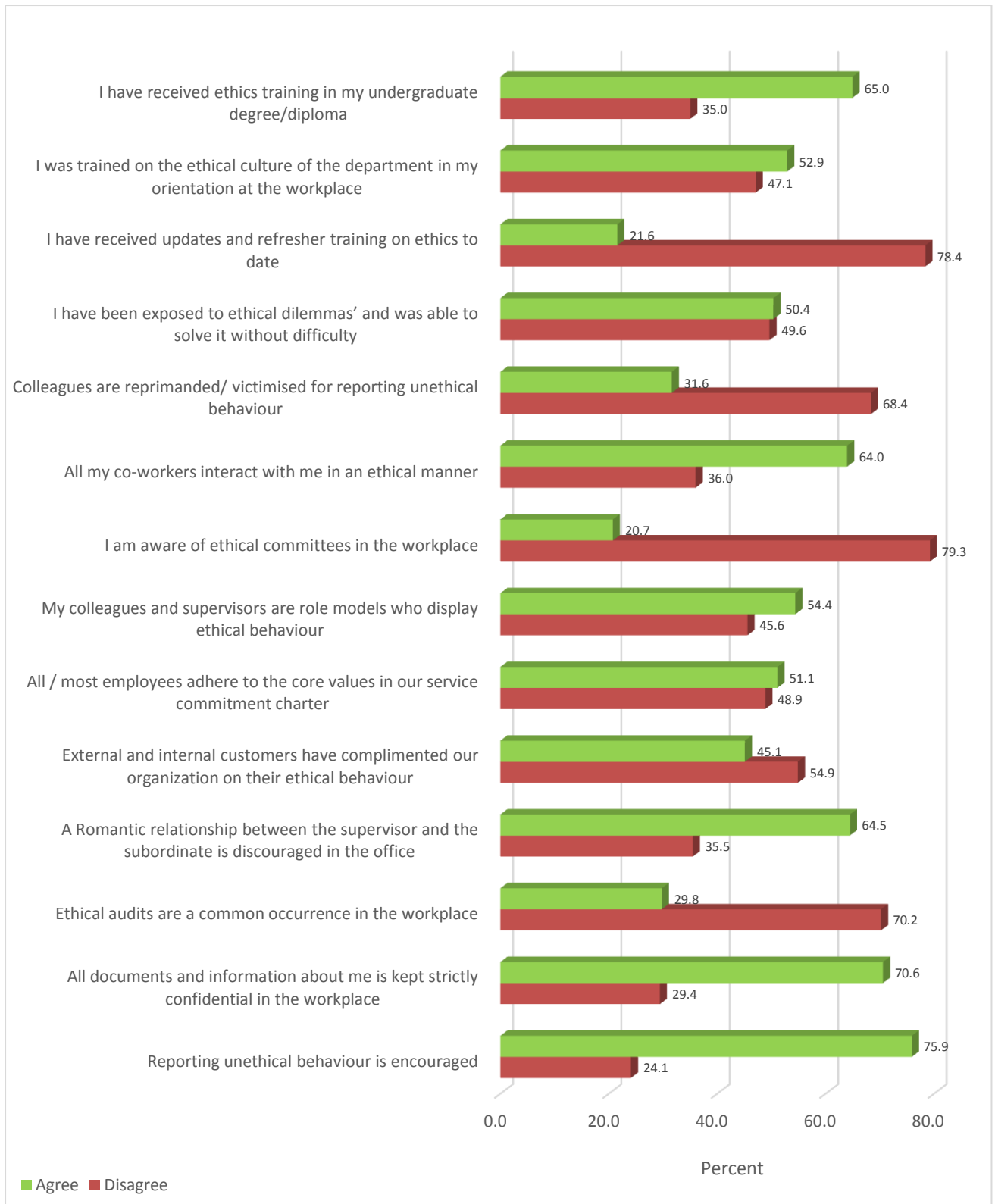


Figure 5.5: Analysis of respondents' experience in the workplace

In this section, the levels of agreement or disagreement are lower. It is also noted that there are statements that have similar scoring patterns. Significances of these differences are tested in the chi square tests below.

More than two thirds (79.3%) of respondents are not aware of any ethical committees being in place. This could mean that ethical committees do not exist or if there is one, the respondents are not aware of it or it is non-functional (See Figure 5.5). Wenger; Golan; Shalev and Glick (2002:177) assert that ethics committees in health institutions are a fairly recent occurrence which has only been in existence for less than 40 years internationally and their methods as well as roles are continuously changing.

More than two thirds (78.4%) of the respondents have not received updates or training since being employed. This could mean that the training programme does not include ethics or that ethics in the workplace is not seen as a priority. More than a third of the respondents (35%) did not receive ethics training in their undergraduate programmes which means that there may be respondents who were never trained on ethics at all! (See Figure 5.5). Zegwaard (2011:2), citing Sakamoto (2008:n.p.), explains that professional ethics is acquiring importance internationally and the need for inclusion of ethics and values literature in the education curriculum at all levels of education is urgently needed. Some governments have reputable and long serving curriculum requirements for moral and values education, whilst other governments have just (re)introduced curricular necessities for education on values and ethics.

Almost half (49.6%) of the respondents were unable to solve ethical dilemmas easily. This could mean that the respondents may have not been trained on ethical decision making or the absence of an ethical committee to provide support for the respondents. (See Figure 5.5). Boland (2013:5) cites Driscoll and Hoffman (2000:n.p.) who explain that leaders should make use of written guidelines in the form of a code of conduct to facilitate solutions to ethical dilemmas in the workplace, as the code provides guidance and acts as a reference for daily decision making. The code is also intended to provide clarification of the organisation's mission, values and principles and connects them to standards of professional conduct.

47.1% (almost half of the respondents) did not receive orientation on the ethical culture of the department. This may indicate that organisational culture was not a priority for the orientation

programme (See Figure 5.5). According to Zablou (2006:2), situations that impact on the employee's workplace creates sensitivity amongst employees as many of their perceptions of the organisational culture are gained through observation of what is demonstrated by managers. To accomplish the conversion of organisational values into behavioural expectations managers should ensure that once the employees have been placed within the organisation they should be orientated to the internal organisational culture that speaks to ethical values.

Nearly half (45.6%) of the respondents do not agree that their supervisors and colleagues are role models who display ethical behaviour. This may indicate that ethics is not a priority in the workplace or ethical policies or codes are not enforced or monitored in the workplace. (See Figure 5.5). Brown and Trevino (2006:600) cite Bandura (1986:n.p) who holds the view that by witnessing an ethical role model's behaviour as well the costs of one's behaviour, managers ought to identify with the model, adopt the model's positive values and attitudes, and follow the modelled behaviour; therefore being influenced by having had an ethical role model in one's career is expected to contribute to the development of ethical leadership. According to Fox, Crigger, Bottrel and Bauck (n.d:7-8), it is critical to deal with the level of ethical quality in an organisation's environmental culture. Managers are responsible for playing a critical role in creating and maintaining the culture of the organisation through their own behaviour and via activities and projects, they support or reject. All leaders must abide by acceptable behaviour that adopts an ethical stance.

More than a third (35.5%) of the respondents disagree with those romantic relationships between supervisor and subordinate which are discouraged. This could indicate that there may be a lack of knowledge on ethical behaviour or a negative attitude to following ethical codes of conduct (See Figure 5.5). Mainiero (1986:752-753) cites Spellman and Crary (1984:n.p.), Clawson and Kram (1984:n.p.), Collins (1983:n.p) and Quinn (1977:n.p.) who identify risks posed to careers, which is the most significant factor when engaging in romantic relationships in the workplace. In cases of rank differences between the couple other organisational members may lose admiration for the higher-level participant in the relationship. Others may have the impression that the higher ranking official may have impaired judgement about the partner's performance in the workplace and for the lower-ranking partner, there may be jeopardy in the career and ones self-image and esteem could be affected and further on there will be uncertainty with his or her progress in the

workplace as a result of potential favouritism or competence. Other colleagues may hold the same view. Romantic involvements at work may negatively affect home and family life if both partners are already in committed relationships especially in cases where the romance at work has become progressively more complicated and therefore inflicting damage to alternate relationships.

Almost one third (31.6%) of the respondents agree that colleagues or witnesses have been reprimanded for whistle blowing. This may indicate that the protection programme of the Whistle-blower is not in place as it reflects a negative attitude towards reporting unethical behaviour owing to a perception that it is betraying colleagues in the workplace. This reflects in the reprimanding of witnesses and 24.1% were not encouraged to report unethical behaviour (See Figure 5.5). Nagiah (2012:506) states that any practice of routine prejudice to the whistle blower can point to the removal of trust and loyalty, thereby disturbing the ethical culture in the organisation and thus by instituting ethical guidelines in support of whistle-blowing will lead to a whistle blowing culture that will permeate.

5.13.1 Themes identified

The themes that emerged are the need for the development of ethical committees, the need for ethics training updates and orientation, the need to prioritise ethics in the workplace, the need for monitoring and enforcement of ethical codes of conduct, romantic relationships between supervisor and subordinate and negative attitudes toward whistle-blowing.

5.13.2 The chi-square tests are shown in Table 5.4.15

Table 5.4.15: The Chi square tests - Experience

	Chi-Square	df	Asymp. Sig.
I have received ethics training in my undergraduate degree/diploma.	12.27	1	.000
I was trained on the ethical culture of the department in my orientation at the workplace.	0.464	1	.496
I have received updates and refresher training on ethics to date.	44.899	1	.000
I have been exposed to ethical dilemmas' and was able to solve it without difficulty.	0.007	1	.932
Colleagues are reprimanded/ victimised for reporting unethical behaviour.	18.382	1	.000
All my co-workers interact with me in an ethical manner.	10.618	1	.001
I am aware of ethical committees in the workplace.	46.23	1	.000

My colleagues and supervisors are role models who display ethical behaviour.	1.059	1	.303
All / most employees adhere to the core values in our service commitment charter.	0.067	1	.796
External and internal customers have complimented our organization on their ethical behaviour.	1.271	1	.260
A Romantic relationship between the supervisor and the subordinate is discouraged in the office.	11.594	1	.001
Ethical audits are a common occurrence in the workplace.	21.443	1	.000
All documents and information about me is kept strictly confidential in the workplace.	23.059	1	.000
Reporting unethical behaviour is encouraged	36.796	1	.000

Five of the 14 statements have significance (p-values) greater than the level of significance of 0.05. That means that the differences observed in the scoring patterns are not significant. It implies that similar numbers of respondents agreed with the statements as there were those who had disagreed. All the other values highlighted in yellow imply significant differences (See Table 5.4.15).

5.13.3 Hypothesis testing

The traditional approach to reporting a result requires a statement of statistical significance. A **p-value** is generated from a **test statistic**. A significant result is indicated with " $p < 0.05$ ". These values are highlighted with a *. The Chi square test was performed to determine whether there was a statistically significant relationship between the variables (rows vs. columns). The null hypothesis states that there is no association between the two. The alternate hypothesis indicates that there is an association. The table summarises the results of the chi square tests. For example: The p-value between "Number of years' service" and "The decision to follow an ethical code is made by managers" is 0.036 (which is less than the significance value of 0.05). This means that there is a significant relationship between the variables. That is, the number of years of service of a respondent does play a role in terms of how respondents believed that decisions to follow an ethical code are made by managers. (The direction of the scores can be obtained from the frequency Table 5.4.16)

The p-value between "component" and "An ethical audit involves investigation into whether any unethical values and behaviour are evident in the organisation" is 0.018 (which is less than the significance value of 0.05). This indicates that there is an important meaning between these variables which is the component the respondent belongs to and their belief

that ethical audit involves investigation into whether any unethical values and behaviour are evident in the organisation. The direction of the scores can be obtained from the frequency tables in the appendix. (The direction of the scores can be obtained from the frequency Table 5.4.16).

The p-value between “Age” and “There is an urgent need to have ethical committees in place” is 0.025. This indicates that there is a significant meaning between the two variables which is the age of the respondent which does play a role in terms of how respondents believed that there is an urgent need to have ethical committees in place”. (See Table 5.4.16 below - Frequencies by Demographics). All values without an * (or p-values more than 0.05) do not have a significant relationship. With regard to the Chi Square Test – Demographics in Table 5.4.16, the table has been reduced to fit a single page in order to show the relevant information being discussed. The entire table is included in the CD provided.

5.4.16: Table showing Chi Square Test – Demographics

Pearson Chi-Square Tests						
		Group	Age	Component	Gender	Number of years' service
The decision to follow an ethical code are made by managers	Chi-square	2.943	4.597	11.415	1.270	17.908
	df	6	9	15	3	9
	Sig.	0.816	0.868	0.723	.736	.036*
There is an urgent need to have ethical committees in place	Sig.	0.894	.025*	0.933	0.896	0.363
The ethical reputation of an organisation is not important	df	6	9	15	3	9
	Sig.	0.534	.038*	0.488	.008*	0.417
An ethical audit involves investigation into whether any unethical values	Sig.	0.835	0.05	.018*	0.219	0.685
All employees should be able to identify unethical behaviour	Chi-square	3.209	22.612	21.032	3.944	7.417
	df	6	9	15	3	9
	Sig.	0.782	.007*	0.136	0.268	0.594
The responsibility of making ethical decisions is time consuming	Chi-square	10.378	4.579	12.272	1.398	5.252
Ethics does not do anything for the workplace	Sig.	0.711	.044*	0.676	0.458	0.646
Moral norms and values are not important in ethical decisions	Chi-square	7.099	14.938	13.875	6.222	2.575
	Sig.	0.593	.018*	0.805	0.632	0.782
Only managers should play a key role in ethics	Chi-square	4.070	11.720	11.119	.295	10.211
Ethical committees, codes and practises are not really necessary	Sig.	0.838	0.345	.040*	0.716	0.714
Being an ethical role model is important	Chi-square	7.097	12.346	20.774	3.362	9.402
Dishonesty is not really unethical.	Sig.	0.501	0.628	0.053	.017*	0.238
Following policy is only done when the manager says so	df	6	9	15	3	9
	Sig.	0.596	0.467	0.159	.028*	0.071
I was trained on the ethical culture of the department in my orientation at the workplace.	Chi-square	3.614	12.641	14.605	.950	9.061
I have received updates and refresher training on ethics to date.	Sig.	0.387	0.135	0.152	0.824	.012*
I have been exposed to ethical dilemmas' and was able to solve it	df	6	9	15	3	9
	Sig.	.041*	0.541	0.185	0.594	0.151
My colleagues and supervisors are role models who display ethical behaviour.	Chi-square	23.314	9.500	19.981	5.444	12.364
	df	6	9	15	3	9
	Sig.	.001*	0.392	0.173	0.142	0.194
All / most employees adhere to the core values in our service commitment charter.	Sig.	.258	0.593	.032*	.706	.243
A Romantic relationship between the supervisor and the subordinate is encouraged	Chi-square	14.379	9.352	16.792	4.186	14.849
	df	6	9	15	3	9
	Sig.	.026*	0.405	0.331	0.242	0.095

5.14 Correlations

Bivariate correlation (Spearman's) was also performed on the (ordinal) data. The results shown in Tables 5.4.17 and 5.4.18 have been reduced to fit on a single page. The information that has been analysed is extensive and cannot fit on a single page; however, the information that is complete has been made available on a CD.

The results indicate the following patterns:

Positive values indicate a directly proportional relationship between the variables and a negative value indicates an inverse relationship. All significant relationships are indicated by a * or **. For example:

The correlation value between “It is appropriate to control unethical behaviour” and “Whistle blowing is necessary to curb unethical behaviour” is 0.438. This is a directly related proportionality. Respondents agree that the more important it becomes to control unethical behaviour, the more whistle-blowing will be encouraged, and vice versa. (See Table 5.4.17 correlations – positive).

The correlation value between “the whistle blowers should not be protected” and the ethical reputation of an organisation is not important is .320. Respondents agree that the more whistleblowers are protected; it will result in the organisations reputation being more positive (See Table 5.4.17 correlations – positive).

The correlation value “The culture of an organisation should be one of shared fundamental values such as honesty, integrity, consistency and fairness” and “An ethical audit involves investigation into whether any unethical values and behaviour are evident in the organisation” is .452. Respondents agree that the organizational culture should consist of shared fundamental values such as honesty, integrity, consistency and fairness” and the more investigations that are conducted to establish whether unethical values and behaviour are evident in the organisation there will be a commensurate improvement in the organisational culture and values such as honesty, integrity, consistency and fairness will be maintained (See Table 5.4.17 correlations – positive). Results depicted below show positive values.

Table 5.4.17: correlations - positive

			Ethical codes and practices are only important for doctors and nurses	It is appropriate to control unethical behaviour	Whistle blowing is necessary to curb unethical behaviour	Whistle blowers should not be protected	The ethical reputation of an organisation is not important	The culture of an organisation should be one of shared fundamental values such as honesty, integrity, consistency and fairness.
Spearman's rho	Raising awareness on ethics is not really a necessity	Sig. (2-tailed)						
	Whistle blowing is necessary to curb unethical behaviour	Correlation Coefficient	-.330**	.438**	1.000			
		Sig. (2-tailed)	.000	.000				
		N	141	141	143			
	Whistle blowers should not be protected	N	135	135	135	137		
	The ethical reputation of an organisation is not important	Correlation Coefficient	.569**	-.394**	-.288**	.320**	1.000	
		Sig. (2-tailed)	.000	.000	.001	.000		
		N	142	142	139	136	144	
	An ethical audit involves investigation into whether any unethical values and behaviour are evident in the organisation	Correlation Coefficient	-.394**	.506**	.309**	-.300**	-.422**	.452**
		Sig. (2-tailed)	.000	.000	.000	.000	.000	.000
		N	139	139	137	132	139	138

Negative values imply an inverse relationship. That is, the variables have an opposite effect on each other. For example:

The correlation value between “It is appropriate to control unethical behaviour” and “There is no need for ethical training to be on-going” is -0.337. Respondents indicate that the more unethical behaviour is controlled, the less likely would be the need for training to be ongoing, and vice versa (See Table 5.4.18 correlations – negative).

The correlation value between “There is an urgent need for ethical committees to be in place” and “Unethical behaviour increases wasteful expenditure” is -0.257. Respondents indicate that once the need for ethical committees is met, the less likely would there be wasteful expenditure owing to unethical behaviour and vice versa. (See Table 5.4.18 correlations – negative)

The correlation value between “Romantic involvements between supervisor and sub-ordinate to gain task related or career- related favour are acceptable” and “All employees should be able to identify unethical behaviour” is -0.240. Respondents indicate that the more employees are able to identify unethical behaviour, the less likely would be romantic involvements between supervisor and subordinates (See Table 5.4.18 correlations – negative). This table depicts the negative values and inverse relationships.

Table 5.4.18: correlations - negative

		The decision to follow an ethical code are made by managers	There is an urgent need to have ethical committees in place	There is no need for ethical training to be on-going.	Raising awareness on ethics is not really a necessity	Romantic involvements between supervisor and subordinate to gain task related or career-related favours are acceptable.	An ethical audit involves investigation into whether any unethical values and behaviour are evident in the organisation.
Ethical codes and practices are only important for doctors and nurses	Correlation Coefficient	-.017	-.249**	.271**	.432**		
	Sig. (2-tailed)	.847	.003	.001	.000		
	N	136	143	143	143		
It is appropriate to control unethical behaviour	Correlation Coefficient	.099	.434**	-.337**	-.341**		
	Sig. (2-tailed)	.251	.000	.000	.000		
	N	135	144	143	142		
Unethical behaviour increases wasteful expenditure	Correlation Coefficient	.100	.286**	-.257**	-.197*		
	Sig. (2-tailed)	.245	.001	.002	.018		
	N	137	144	144	143		
Whistle blowers should not be protected	Correlation Coefficient	.055	-.097	.237**	.375**		
	Sig. (2-tailed)	.540	.266	.006	.000		
	N	127	134	135	134		
All employees should be able to identify unethical behaviour	Correlation Coefficient	.047	.341**	-.293**	-.350**	-.240**	.540**
	Sig. (2-tailed)	.588	.000	.000	.000	.004	.000
	N	135	143	143	142	146	140
	N	134	142	142	141	145	139

5.15. Summary

In this chapter the data collected from respondents were examined and the significant findings were identified. The outcomes were related to the objectives of the study that were provided in Chapter One. A review of the findings of this chapter is provided in the Chapter 6.

CHAPTER SIX

DISCUSSION OF RESULTS, RECOMMENDATIONS AND CONCLUSION

6.1 Introduction

In this final chapter, results obtained from the data analysis presented in Chapter 5 are discussed. The discussion of results is directed by the research objectives, which were highlighted in Chapter 1. Significant findings are taken into account in discussing the results. Recommendations for future research are made and a conclusion drawn from the study. The discussion was based on the research questions presented in Chapter 1, which are:

- What is the level of employees' awareness of ethics and its function?
- What is the level of knowledge and attitudes towards ethics?
- What are the obstacles hindering ethical behaviour?
- How ethical are employees' interactions with stakeholders?
- What perceptions do employees have of whistle-blowing?

6.2 Discussion of major findings

6.2.1 SECTION A - Demographics

The ratio of males to females is approximately 1:3 (26.0%: 74.0%). Within the age category of 31 to 40 years, 26.3% were male. Within the category of males (only), 38.5% were between the ages of 31 to 40 years. This category of males between the ages of 31 to 40 years formed 10.0% of the total sample. Majority of employees are female.

The majority of the respondents were from the Clinical component. Similar numbers of respondents (13.8%) belonged to each of Human Resources, Monitoring and Evaluation and Management. This picture is a true reflection of the actual composition of the population.

The p-value between "Number of years' service" and "The decision to follow an ethical code is made by managers" is 0.036 (which is less than the significance value of 0.05). This means that there is a significant relationship between the variables. That is, the number of years of

service of a respondent does play a role in terms of how respondents believed that decisions to follow an ethical code are made by managers.

The p-value between “component” and “An ethical audit involves investigation into whether any unethical values and behaviour are evident in the organisation” is 0.018 (which is less than the significance value of 0.05). This indicates that there is an important meaning between these variables which is the component the respondent belongs to and their belief that ethical audit involves investigation into whether any unethical values and behaviour are evident in the organisation.

The p-value between “Age” and “There is an urgent need to have ethical committees in place” is 0.025. This indicates that there is a significant meaning between the two variables which is the age of the respondent which does play a role in terms of how respondents believed that there is an urgent need to have ethical committees in place.

6.2.2 SECTION B – Knowledge

The two largest levels (93.1%) were for the following:

Agreement: There is an urgent need to have ethical committees in place.

Disagreement: The ethical reputation of an organisation is not important.

A quarter (25.3%) of the respondents felt that whistle blowing does not curb unethical behaviour and just over one quarter (27.7%) of the respondents felt that whistle-blowers should not be protected.

Two thirds (65.7%:34.3%) of the respondents felt that the decision to follow an ethical code are made by managers whereas all employees are responsible for following an ethical code.

6.2.2.1 Themes identified

The themes that arose were that of the need for ethical committees to be in place, the need for trade unions to be involved in the creation of ethical culture, the need for training on ethical

codes and ongoing training and finally the negative attitudes towards the protection of whistle-blowers.

6.2.3 SECTION C – Attitude

The largest levels of 92% and above where respondents disagree relate to: the organisational reputation does not really matter; ethical behaviour is only required when dealing with external customers; ethical committees, codes and practices are not really necessary; following policy only when the manager says so which in actual fact means that the respondents felt that these were all absolutely necessary. The levels of disagreement are for the negative statements.

More than 90% of the respondents felt that all employees should be able to identify unethical behaviour and that being an ethical role model is important. Respondents indicate a positive attitude toward being an ethical role model and the importance of being able to identify unethical behaviour

6.2.4 SECTION D – Experience

More than two thirds (79.3%) of respondents are not aware of any ethical committees being in place. This could mean that ethical committees do not exist or if there is one, the respondents are not aware of it or it is non-functional.

More than two thirds (78.4%) of the respondents did not receive updates or training since being employed. This could mean that the training programme does not include ethics or that ethics in the workplace is not seen as a priority. More than a third of the respondents (35%) did not receive ethics training in their undergraduate programmes which means that there may be respondents who were never trained on ethics at all!

Almost half (49.6%) of the respondents were unable to solve ethical dilemmas easily. This could mean that the respondents may have not been trained on ethical decision-making or the absence of an ethical committee to provide support for the respondents.

Forty-seven per cent (almost half of the respondents) did not receive orientation on the ethical culture of the department. This may indicate that organisational culture was not a priority for the orientation programme.

Nearly half (45.6%) of the respondents do not agree that their supervisors and colleagues are role models who display ethical behaviour. This may indicate that ethics is not a priority in the workplace or ethical policies or codes are not enforced or monitored in the workplace.

More than a third (35.5%) of the respondents disagree with the notation of romantic relationships between supervisor and subordinate being discouraged. This could indicate that there may be a lack of knowledge on ethical behaviour or a negative attitude to following ethical codes of conduct.

Almost one third (31.6%) of the respondents agree that colleagues or witnesses have been reprimanded for whistle-blowing. This may indicate that the protection programme of the Whistleblower is not in place or it is a negative attitude towards reporting unethical behaviour as it is seen as betraying colleagues in the workplace which contributes to the reprimanding of witnesses and 24.1% were not encouraged to report unethical behaviour.

6.2.4.1 Themes identified

The themes that emerged were the development of ethical committees, the need for ethics training updates and on orientation, the need for prioritising ethics in the workplace, monitoring and enforcement of ethical codes and conduct, romantic relationships between supervisor and subordinate and finally negative attitude towards whistle-blowing.

6.3 Limitations

- The questions posed to respondents in the questionnaire should have been phrased in a positive manner.
- Data collection was done using a questionnaire only. The respondents that were afraid of telling the truth to maintain a good image of the organisation may have affected the accuracy of the study.

- The study was confined to department of health employees within Ilembe health district only.

6.4 Recommendations

6.4.1 Recommendations for practice

Based on the findings, the following recommendations are made to address the issue of ethics among health sector employees.

- Plans for ethical committees to be in place for those institutions that do not have one and revival of ethical committees in those facilities that are non-functional.
- Trade unions should be invited to participate in planning sessions for creating an ethical culture.
- Training on ethical codes and monitoring of implementation of the codes to be done.
- Negative attitude of non-managerial respondents to implementing the ethical code.
- Negative attitude towards protecting whistle-blowers.
- Implementation of ethical training on orientation and updates during the course of employment in the organisation. This should be treated as a matter of emergency especially for those employees that have not received ethical training at all.
- Ethics in the workplace needs to be prioritised. All employees to include ethical performance as a key result area when drawing up agreements.
- All managers are to monitor and reinforce ethical codes and conduct.
- Awareness to be created during ethical training and orientation on the negative effects of romantic relationships between supervisor and subordinate.
- Managers to encourage the culture of whistle blowing and that of protecting and rewarding whistle blowers to convert negative attitudes towards positive ones towards whistle blowing.

6.4.2. Recommendations for further research

Employees that belong to other districts are to be included in the study so that a provincial picture will be obtained.

6.5. Conclusion

The research questions that have been posed at the beginning of the study have been answered. The legislative framework supporting ethical behaviour in the public sector was discussed. The literature review and explanations of keys terms were outlined. The research design and methodology utilised for the research was explained. The analysis of the data collected in the research has been explained with the use of graphs and tables. The concluding chapter discussed the major findings in the research, the limitations and recommendations for future research and practice in the workplace. Employers need to take cognisance of the fact employees within organisations need constant support and guidance on ethical issues. It is imperative for the organisation to realise that both individual and organisational level interventions are required to ensure effective management of ethical issues and maintaining a strong ethical culture within the organisation.

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APPENDICES

Appendix 1: Questionnaire

Appendix 2: Letter of confidentiality to potential participants

Appendix 3: Participants consent form

Appendix 4: Approval to conduct research from Provincial Health Research Unit

Appendix 5: Consent to conduct research from Ilembe District Manager

Appendix 6: Language editor approval.

Appendix 7: CD with excel spreadsheet showing data analysis

Appendix 8: UKZN ethical approval

**APPENDIX 1:
Questionnaire**

Questionnaire on Ethics: employee knowledge, attitudes & experience

Please tick in the box provided below

1. PARTICIPANT INFORMATION

Age In years	Below 20	<input type="checkbox"/>	
	20 - 30	<input type="checkbox"/>	
	31 - 40	<input type="checkbox"/>	
	41 - 50	<input type="checkbox"/>	
	51 - 65	<input type="checkbox"/>	
Component	Clinical	<input type="checkbox"/>	
	Finance	<input type="checkbox"/>	
	Human Resources	<input type="checkbox"/>	
	Programmes	<input type="checkbox"/>	
	Monitoring & Evaluation	<input type="checkbox"/>	
	Management	<input type="checkbox"/>	
Gender	Male	<input type="checkbox"/>	
	Female	<input type="checkbox"/>	
Number of years' service	1-5	<input type="checkbox"/>	
	6-10	<input type="checkbox"/>	
	11-20	<input type="checkbox"/>	
	21 & above	<input type="checkbox"/>	

	Strongly Agree	Agree	Disagree	Strongly Disagree
	4	3	2	1
The decision to follow an ethical code are made by managers				
There is an urgent need to have ethical committees in place				
There is no need for ethical training to be on-going.				
Raising awareness on ethics is not really a necessity				
Ethical codes and practices are only important for doctors and nurses				
It is appropriate to control unethical behaviour				
Unethical behaviour increases wasteful expenditure				
Whistle blowing is necessary to curb unethical behaviour				
Whistle blowers should not be protected				
The ethical reputation of an organisation is not important				
The culture of an organisation should be one of shared fundamental values such as honesty, integrity, consistency and fairness.				
Is it considered unethical for somebody to harass another person				
Trade unions should be involved in creating an ethical culture				
Romantic involvements between supervisor and sub-ordinate to gain task related or career- related favours are acceptable.				
An ethical audit involves investigation into whether any unethical values and behaviour are evident in the organisation.				

3. ATTITUDES

	Strongly Agree	Agree	Disagree	Strongly Disagree
	4	3	2	1
All employees should be able to identify unethical behaviour				
the responsibility of making ethical decisions is time consuming				
ethics does not do anything for the workplace				
moral norms and values are not important in ethical decisions				
Only managers should play a key role in ethics				
Ethical committees, codes and practises are not really necessary				
Unethical behaviour should not be reported				
Ethical behaviour is required only when dealing with external customers				
Being an ethical role model is important				
Dishonesty is not really unethical.				
All documents and information about me can be shared with others. following policy is only done when the manager says so				
The reputation of an institution does not really matter				
Ethical conduct be made a key performance area				
Those that report unethical behavior should be punished				

4. EXPERIENCE

	Strongly Agree	Agree	Disagree	Strongly Disagree
	4	3	2	1
I have received ethics training in my undergraduate degree/diploma.				
I was trained on the ethical culture of the department in my orientation at the workplace.				
I have received updates and refresher training on ethics to date.				
I have been exposed to ethical dilemmas and was able to solve it without difficulty.				
Colleagues are reprimanded/ victimised for reporting unethical behaviour.				
All my co-workers interact with me in an ethical manner.				
I am aware of ethical committees in the workplace.				
My colleagues and supervisors are role models who display ethical behavior.				
All / most employees adhere to the core values in our service commitment charter.				
External and internal customers have complimented our organization on their ethical behavior.				
A Romantic relationship between the supervisor and the subordinate is discouraged in the office.				
Ethical audits are a common occurrence in the workplace.				
All documents and information about me is kept confidential in the workplace.				
Reporting unethical behaviour is encouraged				

Your participation in this survey is greatly appreciated!

APPENDIX 2

**UNIVERSITY OF KWAZULU-NATAL
SCHOOL OF MANAGEMENT, INFORMATION & GOVERNANCE**

Dear Respondent,

MPA Research Project
Researcher: S. Moodley (0832635899)
Supervisor: Dr. M.O Dassah (031 260 7673)
HSSREC Research Office: Mr. P. Mohun (031 260 4557)

I, Sarojini Moodley, an MPA student at the School of Management, Information & Governance, of the University of Kwa Zulu Natal, invited you to participate in a research project entitled: Employees' knowledge, attitudes and experience of ethics. A case study in Ilembe Health District.

The aim of this study is to examine the knowledge, experience and employee attitudes toward ethics in the workplace at Ilembe health district. It is hoped the study will contribute to the existing knowledge on public sector employees' attitudes towards ethics and, in addition, stimulate further research.

Through your participation I hope to understand the current trends, attitudes and experience of ethics in Ilembe district. The results of the survey are intended to create awareness on and contribute to improving ethical attitudes and ethical conduct in the workplace.

Your participation in this project is voluntary. You may refuse to participate or withdraw from the project at any time with no negative consequence. There will be no monetary gain from participating in this survey. Confidentiality and anonymity of records identifying you as a participant will be maintained by the School of Management, Information & Governance, UKZN.

If you have any questions or concerns about completing the questionnaire or about participating in this study, you may contact me or my supervisor at the numbers listed above. The survey should take you about 15 minutes to complete. I hope you will take the time to complete this survey.

Sincerely,

Investigator's signature: _____

Date: 2014

APPENDIX 3

CONSENT

I..... **(full names of participant)** hereby confirm that I understand the contents of this document and the nature of the research project, and I consent to participating in the research project.

I understand that I am at liberty to withdraw from the project at any time, should I so desire.

SIGNATURE OF PARTICIPANT:

DATE:

.....

APPENDIX 4



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

Health Research & Knowledge Management sub-component
10 – 103 Natalia Building, 330 Langalibalele Street
Private Bag x9051
Pietermaritzburg
3200
Tel.: 033 – 3953189
Fax.: 033 – 394 3782
Email.: hrkm@kznhealth.gov.za
www.kznhealth.gov.za

Reference : HRKM 46/14
Enquiries : Mr X Xaba
Tel : 033 – 395 2805

Dear Mrs S. Moodley

Subject: Approval of a Research Proposal

1. The research proposal titled '**Employee's knowledge, attitudes and experience of ethics. A case study in ILembe Health district**' was reviewed by the KwaZulu-Natal Department of Health.

The proposal is hereby **approved** for research to be undertaken at all health facilities in Ilembe District. Data will be collected using self-administered questionnaires.

2. You are requested to take note of the following:
 - a. Make the necessary arrangement with the identified facility before commencing with your research project.
 - b. Provide an interim progress report and final report (electronic and hard copies) when your research is complete.
3. Your final report must be posted to **HEALTH RESEARCH AND KNOWLEDGE MANAGEMENT, 10-102, PRIVATE BAG X9051, PIETERMARITZBURG, 3200** and e-mail an electronic copy to hrkm@kznhealth.gov.za

For any additional information please contact Mr X. Xaba on 033-395 2805.

Yours Sincerely

Dr E Lutge

Chairperson, Health Research Committee

Date: 06/03/2014



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

**ILEMBE HEALTH DISTRICT
OFFICE OF THE DISTRICT MANAGER**

Chief Albert Luthuli Street
1st Floor OK Mall, Kwa Dukuza, 4450
Private Bag X 10620, Kwa Dukuza, 4450
Tel.: 032 4376 500 Fax.: 032 5511590/2
Email.: sibongile.dube@kznhealth.gov.za
www.kznhealth.gov.za

Reference: Research Dissertation
Enquiries: Ms S. D. Dube

15 JULY 2013

The Principal Investigator
Mrs. S. Moodley
Ilembe Health District Office

Madam,

RE: PERMISSION TO CONDUCT RESEARCH WITHIN ILEMBE HEALTH DISTRICT

I have pleasure in informing you that permission has been granted to you to conduct research on "*Employees knowledge, attitudes and experience of ethics. A case study in Ilembe Health District.*"

Please note the following:

1. Please ensure that you adhere to all the policies, procedures, protocols and guidelines of the Department of Health with regards to this research.
2. This research will only commence once this office has received confirmation of your ethical clearance.
3. Please ensure this office is informed before you commence your research.
4. The District Office will not provide any resources for this research.
5. You will be expected to provide feedback on your findings to the District Office Management team.

Thank you

Yours sincerely

MS S. D. Dube
District Manager: Ilembe Health District

Language Practitioner/Specialist: Language in Education

T. Reddy

B.A.; U.E.D. (Natal); B.A. Hons (UNISA); M.A. Linguistics; Cert. In TESOL (Pittsburgh, USA);

Fellow English Speaking Board (Int.) UK

Tel (h) : 031 564 6975

Cell : 083 784 6975

e-mail : tcdreddy@gmail.com

To whom it may concern

Date 28 November 2014

Re : Language Practitioner Report

Sarojini Moodley Student number 203520657 UKZN

TOPIC : EMPLOYEES' KNOWLEDGE, ATTITUDES AND EXPERIENCE OF ETHICS.
A CASE STUDY IN ILEMBE HEALTH DISTRICT.

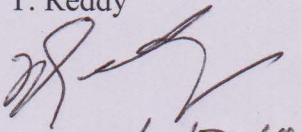
I have had the pleasure of reading the above dissertation submitted for the degree of Master of Public Administration and found the language usage fluent and free of any grammatical inaccuracies.

The work has been read for punctuation, fluency, congruency and meets the language and stylistic writing at a postgraduate level.

I deem the dissertation acceptable for final admission.

Regards

T. Reddy



28/11/2014



7 February 2014

Mrs Sarojini Moodley 203520657
School of Management, IT and Governance
Westville Campus

Dear Mrs Moodley

Protocol reference number: HSS/0038/014M

Project title: Employees' knowledge, attitudes and experience of ethics. A case study in Ilembe Health District

Full Approval – Expedited

This letter serves to notify you that your application in connection with the above has now been granted **Full Approval**

Any alterations to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project; Location of the Study, Research Approach/Methods must be reviewed and approved through an amendment /modification prior to its implementation. Please quote the above reference number for all queries relating to this study. **PLEASE NOTE:** Research data should be securely stored in the school/department for a period of 5 years.

Best wishes for the successful completion of your research protocol

Yours faithfully

.....
Dr Shenuka Singh (Chair)
Humanities & Social Science Research Ethics Committee

/pm

cc Supervisor: Dr MO Dassah
cc Academic Leader: Professor Brian McArthur
cc School Admin: Ms Angela Pearce

Humanities & Social Sciences Research Ethics Committee

Dr Shenuka Singh (Chair)

Westville Campus, Govan Mbeki Building

Postal Address: Private Bag X54001, Durban 4000

Telephone: +27 (0) 31 260 3587/8350/4557 Facsimile: +27 (0) 31 260 4809 Email: ximbap@ukzn.ac.za / snymam@ukzn.ac.za / mohunp@ukzn.ac.za

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100 YEARS OF ACADEMIC EXCELLENCE