Influence of Leadership on Employee Ethical Behaviour in Selected Catholic Hospitals in Nairobi County, Kenya

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Abstract

The purpose of this study was to establish the influence of leadership on employee ethical behaviour in selected Catholic hospitals in Nairobi County, Kenya. The type of leadership employed by those in charge is very important because it has a direct or indirect influence on any organization. This study used quantitative research method of data collection and analysis. The respondents were purposively selected based on homogenous characteristics as needed for the study. The study sample was 228 respondents drawn from a population of 1120 employees from the selected Catholic hospitals. The selection of the hospitals was done using systematic and stratified sampling techniques. Two standardized tools were used to collect data in form of questionnaires. Using SPSS Version 23, data was analysed and presented in descriptive and inferential statistics, and discussed according to the objective. The study adhered to the ethical considerations. The results of the study established that leadership significantly influenced employee ethical behaviour at a p - value of 0.000. The study also established that leadership significantly influenced teamwork at p = 0.000,

accountability at p = 0.000 and performance p = 0.000 respectively. The study concluded that varying styles of leadership do statistically significantly influence employee ethical behaviour. Therefore, positive leadership is a vital factor in promoting ethical behaviours among employees in hospitals where healthcare services depend on trust and other factors. The findings of this study are important to different stakeholders such as the Ministry of Health, researchers, policymakers and health care providers.

Keywords: Leadership, employee ethical behaviour, Catholic hospitals, teamwork, accountability, performance.

Introduction

Leadership has been shown in the past decades as a vital aspect in the development of any organization (Kamotho et al., 2023). It is for this reason that practitioners and theorists conclude that operations of an organization depend largely on how leadership is implemented. According to Eva et al. (2019), leadership ought to inspire confidence and influence employees who are entrusted with achieving organizational objectives. Hence, good leadership entails formulating and implementing policies, strategies and procedures to achieve organizational vision and mission. This accomplishment builds relationships within and without the organization (Ganguly & RoyBardhan, 2020). Moreover, leadership affects employee behaviour (Naile & Selesho, 2014). This happens through interaction among employees and their leaders as well as with stakeholders.

According to a study by Alshammari et al. (2015), moral leaders need a deep understanding of the value of a good relationship with the stakeholders of the organization. While this serves as the benchmark for all organizational initiatives, it also improves the quality of relationships founded on trust and responsibility. This is a significant performance indicator. Resick et al. (2012) stated that leaders who are ethical play a vital role in

understanding different forms of relationships characterized by trust, respect, integrity equity and justice. Such principles create effectiveness in and among employees in the organization (Nelson et al., 2012). This is necessary as it leads to the expected organisational performance.

According to Bish and Kabanoff (2014), performance is influenced by the leaders' readiness to lead, the employees' willingness to be self-directed, and the manager's opinions of what constitutes successful performance. In addition, Cornelese (2020) stated that heath care service providers could not ignore accountability which is fundamental in their service delivery. In fact, calculative accountability holds healthcare service providers accountable for every action or behaviour. This implies adhering to codes of practice for healthcare providers including, but not limited to, upholding the correct hospital procedures, policies, rules, and regulations.

Employee unethical behaviour occurs when organizational leaders get involved in or condone unethical practices within the organisation. This is confirmed by a study by Ünal et al. (2012) in the USA which showed that unethical leadership drove employees to act unethically. Similarly, a study by Lasáková and Remiová (2015) pointed out that unethical leadership was one of the most prominent forms of managerial wrongdoing in organisations and institutions. Unethical leadership destroys an organisation's reputation, employee professional reputation, and goal achievement. This is supported by a study by Odole (2018) which stated that 44% of the participants revealed that leaders engaged in practices that were unethical because of a lack of accountability for those behaviours/practices. Some contributory factors to these unethical behaviours have been attributed to environmental pressures and bribery among others. These behaviours hurt the organisation's performance.

In Kenya, concerns over unethical practices and behaviours from diverse stakeholders, but majorly from organisational leaders and employees are not unique. For instance, a study by Ouma (2017) concluded that ethical practices by leaders should be

consistent with their style of leadership. Such consistency validates the role of ethics as an essential component of the leaders' intelligence and philosophical structure which should connect with the leaders' understanding of the employees' working environment in the organization. Investing in ethical leadership is essential for organisations as the benefits are enormous. This is corroborated by a study by Ayugu (2015) that explains that employees who experienced unethical behaviour in the organization ended up behaving in a similar manner. This is evident when misbehaviour is not reported and punished accordingly as a deterrent. Individual interests to prosper or to be retained in the workplace have been observed motivators for employees to engage in unethical behaviours even if these are prohibited in the respective organisations. Similarly, Ogol (2017) explains that conflicts of interest and lack of professionalism are persistent despite the health sector's efforts to punish unethical behaviours. Therefore, from the foregoing background, the lack of ethical practices especially in the health care sector has resulted in a high cost of operation, medical malpractice and lack of accountability (Okech & Okech, 2018). Conclusively, ethical practices promote accountability which reduces the cost of operation in organizations.

Methods

This study adopted a quantitative research approach in data collection and analysis. The study assumed a cause-and-effect relationship between leadership and employees' ethical behaviour in the study locale and unit of analysis. To be able to answer the study question, seven Catholic hospitals in Nairobi County were chosen for the study. The targeted hospitals were purposively selected from a list of all hospitals belonging to the Catholic Archdiocese in Nairobi County. From these seven hospitals, the target population was 1,120 respondents. From the target population, a sample size of 228 respondents was selected. The unit of analysis were medical doctors, clinical officers, pharmacists, nurses, laboratory technicians, health records officers and nutritionists. Other professionals working in these selected

hospitals were excluded from the study. The study applied probability sampling technique to select the respondents for the study (Mugenda & Mugenda, 2019). Specifically, the study applied multi-stage sampling techniques comprising of systematic and stratified sampling techniques.

The study used primary and secondary data. The secondary data was collected from different scholarly literature review and documents on leadership and employee ethical behaviours. Two standardized questionnaires on a 5-point Likert scale were used for collecting primary data. Before the full administration of the two standardized questionnaires to the target respondents, a pilot study was conducted. This ensured the instruments were fit for the study. From the pilot study, the result of the Cronbach Alpha was found to be 0.725 for the OCAI instrument (scale) and 0.919 for the EBRS instrument (scale). Since these results were within the acceptable range, the tools were concluded to be reliable and thus were used for the study (Kline, 2013).

Before data collection, the necessary research approvals and permits were acquired as demands research with human subjects. These authorisations and permissions were obtained from Tangaza University College Research Ethics Committee, the National Commission for Science, Technology, and Innovation and the Nairobi County Health office and Department of Health Catholic Archdiocese of Nairobi. Upon acceptance, the researcher requested for a list of employees from the administrators of each hospital. This was used to get the sample of the study. Respondents were given five days to complete the questionnaires. The researcher followed up by phone calls and visits to ensure respondents completed the questionnaire on time. Once the questionnaires were duly filled, the researcher collected them for analysis.

The study used descriptive and inferential statistical techniques to attain the meaning of the findings. SPSS Version 23 was applied to aid in the analysis of the data. In order to obtain the summation of opinions of respondents, descriptive statistics were used. This was

achieved through establishing the frequency of demographic characteristics, the mean, and standard deviation from the study instruments. These were reported in numbers, percentages, and mean scores using tables. The Likert scale data was analysed as interval data from which respondents chose one option that best aligns with their view.

Regression and ANOVA were applied to establish the influence of leadership on employee ethical behaviour. All the necessary ethical principles were considered during and after the study. These principles include voluntary participation, privacy, and anonymity. Above all, the necessary approvals were sought including research permit from NACOSTI.

Results

Prior to analysis, the researcher sought to establish the response rate. Out of the 228 questionnaires distributed to the respondents, the returned valid questionnaires were 222 constituting a 97.3% response rate. The sampled respondents were from seven clusters; namely, medical doctors, clinical officers, nurses, laboratory technicians, pharmacists, health records officers and nutritionists. A reliability statistic of the variables was conducted. For ethical leadership, the reliability test produced a Cronbach Alpha of 0.815 while employee ethical behaviour had 0.913. This indicated that the results of the study are accepted since the Cronbach Alpha is above the cut-off range (Kline, 2013).

Demographic Characteristics

The demographic characteristics of respondents were presented descriptively as respondents' cadres, work experience and years of service. Tables 1, 2 and 3 indicate the results.

Table 1: Respondents' Cadre (n=222)

Cadre	Frequency	Percent

Medical Doctors	36	16.2
Clinical Officers	17	7.7
Pharmacists	21	9.5
Nurses	88	39.6
Laboratory Technicians	31	14.0
Health Records Officers	20	9.0
Nutritionists	9	4.1
Total	**222**	**100.0**

From Table 1, the results indicate that nurses were 88 (39.6%); medical doctors were 36 (16.2%), clinical officers were 17 (7.7%), while pharmacists were 21 (9.5%). Laboratory technicians were 31 (14%), while health record officers were 20 (9%), and nutritionists were 9 (4.1%). As regard to respondents' work experience, Table 2 presents the results.

Table 2: Work Experience of Respondents (n=222)

Work Experience	Frequency	Percent
1 to 5 years	72	32.4
6 to 10 years	51	23.0
11 to 15 years	49	22.1
Above 15 years	50	22.5
Total	**222**	**100.0**

The results in Table 2 shows that the respondents' work experience was fairly distributed. This is shown thus, 1 to 5 years were 72 (32.4%), 6 to 10 years were 51 (23%), 11 to 15 years were 49 (22.1 %), while those above 15 years were 50 (22.5%). These results in Table 2 indicates that most of the employees in the study had work experience between 1 to 5 years. The next characteristic of the respondents concerned the years of services by the respondents to their respective Catholic hospital. The results are presented in Table 3.

Table 3: Years of Service (n=222)

Years of Service	Frequency	Percent
1 to 5 years	126	56.8
6 to 10 years	52	23.4
11 to 15 years	25	11.3
Above 15 years	19	8.6
Total	**222**	**100.0**

In reference to the respondents' years of service at the current hospitals, the results in Table 3 showed that most employees were found in the category of 1 to 5 years (n = 126, 56.8%), while other categories were: 6 to 10 years (n = 52, 23.4%), 11 to 15 years (n = 25, 11.3%), and above 15 years (n = 19, 8.6%). The results in Table 3 indicate that most of the employees had served in their current hospital between 1 to 5 years. Conversely, those with experiences above 5 years were also significant as evident in Table 3.

Influence of Leadership on Employee Ethical Behaviour

This study was set out to establish how leadership influences the ethical behaviour of employees in Catholic hospitals in Nairobi County. To realise this objective, data was analysed from the OCAI scale. The scale had eight items in the questionnaire relating to leadership measured using a Likert Scale 1 to 5. In order to determine the level of predictability of employee ethical behaviour on leadership, regression analysis was conducted. The analysis entailed, summary model, ANOVA and regression coefficients. Tables 4, 5 and 6 present the results.

Table 4: Model Summary for Leadership and Employee Ethical Behaviour

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate

	.593[a]	.352	.349	8.91820

a. Predictors: (Constant), Leadership

b. Dependent Variable: EEB

Table 4 explains the results of the model estimates for leadership and employee ethical behaviour. The results illustrate that the coefficient of determination (R) was 0.593. This shows a strong positive association between the study variables. The R- squared (R^2) value of 0.352 shows that about 35.2 % of changes in employee ethical behaviour was explained by leadership, while a greater part of about 64.85 was captured by the error term. The R-squared (R^2) value of 0.352 shows that about 35.2 % of changes in employee ethical behaviour was explained by leadership, while a greater part of about 64.8% was captured by the error term. This could be explained by other factors not captured by the model or beyond the scope of the study. The adjusted coefficient of determination was 0.349 which translates to 34.9%. This shows that 34.9% of the changes in the dependent variable can be explained by the independent variables.

Table 5: ANOVA for Leadership and Employee Ethical Behaviour

Model		Sum of Squares	df	Mean Square	F	Sig.
	Regression	9280.110	1	9280.110	116.681	.000[b]
	Residual	17099.890	215	79.534		
	Total	26380.000	216			

a. Dependent Variable: Employee Ethical Behaviour

b. Predictors: (Constant), Leadership

The ANOVA results for leadership and employee ethical behaviour was used to establish the significance of the regression model. If the p-value is less or equal to 0.05, it means that the statistical significance is regarded as considerable. Further, Table 5 indicated that the F-statistic value was at 116.68 with p-value of 0.000 ($F = 116.68$ $p<0.05$). This result was found to be significant at 5% level.

Table 6: Coefficients for Leadership and Employee Ethical Behaviour (n=222)

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
		B	Std. Error	Beta			Tolerance	VIF
1	(Constant)	1.742	.200		8.704	.000		
	Leadership	.582	.052	.602	11.180	.000	1.000	1.000

a. Dependent Variable: EEB

The results in Table 6 display the coefficient values, t-statistic values, significance values and collinearity statistics. From the results, the variable leadership had a coefficient beta value of 0.602. This shows that a unit increase in leadership, on the average, increased employee ethical behaviour by 0.602 units. The results of the calculated t-value for the relationship between leadership and employee ethical behaviour was 11.180 with a p - value of 0.000. Since the p - value was < 0.0 at 5% degrees of freedom level, it indicates that leadership had a positive significant influence on employee ethical behaviour. The tolerance value for employee ethical behaviour was 1.000, which is not less than 0.10. This means that the multicollinearity assumption was not violated. Further, the results from Table 6 showed a VIF value of 1.000, which is considered well below the cut-off of 10. The study also sought to establish the overall influence of leadership on employee ethical behaviour. Table 7 presents the results.

Table 7: Leadership and Employee Ethical Behaviour Sub Variables

	Employee Ethical Behaviour	Teamwork	Accountability	Performance
Leadership	$X^2 = 38.22$	$X^2 = 39.92$	$X^2 = 29.87$	$X^2 = 31.36$
	$\rho = .000$	$\rho = .000$	$\rho = .000$	$\rho = .000$

The results in Table 7 demonstrate that leadership has significant influence on employee ethical behaviour at $X^2 = 38.22$ with p - value of 0.000. Similarly, leadership was found to significantly influence teamwork at $X^2 = 39.92$ with a p - value of 0.000. Likewise, accountability influence was $X^2 = 29.87$ with a p - value of 0.000, and performance was at $X^2 = 31.36$ with a p - value of 0.000 respectively.

Discussion

The findings of this study reveal that leadership significantly influences employee ethical behaviour in selected Catholic hospitals in Nairobi County. Further, the results show a strong positive association between leadership and employee ethical behaviour as indicated by a coefficient of determination (Table 4) value of 0.593. Likewise, the ANOVA Table 5 as well as the Coefficient Table 6 revealed a p-value of 0.000. These findings indicate that leadership has a positive significant influence on employee ethical behaviour. Accordingly, leadership was found to have significant influence on employee ethical behaviour at $X^2 = 38.22$ and $p = 0.000$. This indicates that leadership significantly influences teamwork at $X^2 = 39.92$ and $p = 0.000$, accountability at $X^2 = 29.87$ and $p = 0.000$ and performance at $X^2 = 31.36$ and $p = 0.000$. Therefore, it is concluded from the results that leadership significantly influences employee ethical behaviour.

Similarly, the findings in Table 5 revealed that the F- statistic value was 116.68 with a p - value of 0.000 ($F = 116.68$, $p<0.05$). This means that leadership significantly influences employee ethical behaviour. According to Table 6, leadership had a positive significant influence on employee ethical behaviour as a result of the p - value of 0.000. In reference to Table 6, the findings imply that whenever ethical leadership is practiced in the selected Catholic hospitals, employee ethical behaviour increases by 0.602. From these findings, it can be concluded that leaders should be custodians of ethical behaviours in their organizations

since this has the potential to motivate employees to be ethical in their service delivery which is in line with the medical oath of practice. This is supported by Ouma (2017) who argues that leaders ought to invest in leadership skills which in turn promote ethical behaviour among employees. The intentions of leaders and employees in the context of behaviour is paramount.

Further, the results in Table 4 on the adjusted coefficient of determination was found to be 0.344. This finding indicates that 34.4% of the results is explained by other factors not captured by the present study. This is supported by Alshammari et al. (2015). Thus, there are other factors, for instance trust and responsibility, the result of which leaders should employ in order to influence how employees behave in the organization. In the same vein, Resick et al. (2012) emphasised that leaders who are ethical play a major role in creating an ethical environment in an organisation. According to some scholars, this is characterised by integrity, respect, justice, equity and fairness (Nelson et al., 2012).

The findings in Table 7 showed that leadership influenced all the identified components of employee ethical behaviour at a significant p - value of 0.000. This is in line with the Theory of Planned Behaviour which argues that people are more prone to engage in particular behaviours if those they regard as important (leaders) have positive reactions (Fishbein & Ajzen, 1975). The intention to participate in a behaviour can be influenced by other important people to the individual, for instance leaders. Therefore, the present findings indicate that the positive significant results could be as result of various campaigns to promote ethical leadership within the selected Catholic hospitals.

In contrast, Miao et al. (2014) and Effelsberg (2014) disagree with the findings of the current study which seems to suggest that leadership influences employee ethical behaviour; teamwork (p - value = 0.000), accountability (p-value = 0.000) and performance (p - value = 0.000). This is because, while it is true that leadership influences employee behaviour, the

influence could be positive or negative depending on the context. Therefore, leadership can influence employees to behave unethically. Similarly, Felix et al. (2016) established that leadership failure and crisis was a result of absence of ethical practices and behaviour among leaders. This finding is also confirmed by Ünal et al. (2012) that employees are motivated to engage in unethical behaviour when the leaders they follow equally behave unethically. Thus, when leaders no longer behave ethically, there are no chances of correcting unethical behaviour among employees. Therefore, such practices within the organisation encourage unethical behaviours since no one seems to be able to challenge or reprimand the same.

The results in Table 7 indicated that leadership had a significant influence on teamwork at $X^2 = 39.92$ and $p = 0.000$. This finding is supported by Sohmen (2013) who indicated that it is difficult to overstate the mutually beneficial relationship between leadership and teamwork. In an organization with a cluster of employees, leadership and teamwork are mutually dependent. Equally, Babiker et al. (2014) emphasised that in order to deliver quality service in health care, effective teamwork is paramount. In addition, due to increased comorbidities and complexity of specialisation of care in hospitals, teamwork promotes effectiveness and efficiency.

Likewise, from the findings in Table 7, it was found that leadership significantly influences employee accountability at $X^2 = 29.87$ and $p = 0.000$ respectively. This finding is supported by previous studies especially by Odole (2018) in Nigeria which found that 44% of the participants revealed there was no accountability among leaders. This corroborates the study by Amankwah-Amoah et al. (2020) among health workers that leaders ought to be on the forefront in promoting accountability among employees. Similarly, Okech and Okech (2018) indicated that a lack of ethical practices, especially in the health care sector, resulted in a lack of accountability. The findings revealed that enhanced accountability among leaders is further transmitted to employees, thus enhancing accountable behaviours. Therefore,

leadership is vital in influencing accountability which leads to effective organisational performance.

The findings as regards leadership influence on performance in hospitals were found to be $X^2 = 31.36$ with a p - value of 0.000. This shows a strong relationship between leadership standards and performance. This is confirmed by Addin (2020) who states that when leaders instil the right ethical spirit within an organisation, the result is productivity and efficiency. In line with the findings of the present study, it can thus be deduced that leadership has a statistically significant influence on employee ethical practice in an organization. This is supported by Alghizzawi et al. (2018) that leadership ought to affect employee ethical behaviour towards achieving the strategic goals of the organisation.

Conclusion

Leadership influences employee ethical behaviour in selected Catholic hospitals in Nairobi County in Kenya (p - value of 0.000). In addition, leadership is a critical variable that significantly influenced teamwork, accountability and performance in selected Catholic hospitals in Nairobi County with all p - values of 0.000. Therefore, leadership, as a vital component in any organization, should be promoted and encouraged in order to influence how employees behave, especially in hospitals. Hence, leadership provides direction and control towards achieving ethical behaviours among employees. Leadership fosters job performance, accountability and teamwork in organizations. In the light of the study's findings and discussions, the recommendations are: (1) That policy makers should embrace ethical leadership as a key component in any organization as it influences the behaviours of employees. Policy makers should nurture and promote positive leadership and ethical behaviour in order to achieve organizational goals. (2) Employee ethical behaviours should be encouraged and embraced by everyone in health care sector as it is the foundation of quality health service delivery. This is achieved through positive and healthy teamwork,

accountability and performance. (3) More studies in the context of leadership and employee ethical behaviour are needed, specifically in Catholic hospitals, as there is a scarcity of information.

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