



T.C.

GAZİOSMANPAŞA UNIVERSITY GRADUATE EDUCATION INSTITUTE

**THE PERCEPTION OF FEMALE EMPLOYEES TOWARDS
ETHICAL PRACTICES IN THEIR INSTITUTIONS AND THEIR
EFFECT ON JOB SATISFACTION: THE CASE OF NIGERIAN
HEALTH INSTITUTION**

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ETHICAL CONTRACT

According to the thesis writing guide of Tokat Gaziosmanpaşa University, Graduate Education Institute, My Master's thesis named **“The Perception Of Female Employees Towards Ethical Practices In Their Institutions And Their Effect on Job Satisfaction: The Case of Nigerian Health Institution”** that I have prepared under the consultancy of Prof. Dr. Yucel Erol is based on scientific ethical values and rules. I hereby declare that it is my original work, and is appropriate in terms of moral, legal, and scientific principles.

..... / ... / ...

Mosinmiloluwa Oluwagbohunmi Rotimi

JÜRİ KABUL VE ONAY

Mosinmiloluwa Oluwagbohunmi Rotimi tarafından hazırlanan “**Kadın Çalışanların Kurumlardaki Etik Uygulamalara Yönelik Alguları ve İş Doyumuna Etkisi; Nijerya Sağlık Kurumları Örneği**” adlı tez çalışmasının savunma sınavı 17.01.2024 tarihinde yapılmış olup aşağıda verilen Jüri tarafından Oy Birliği ile Tokat Gaziosmanpaşa Üniversitesi Lisansüstü Eğitim Enstitüsü İşletme Anabilim Dalı’nda Yüksek Lisans Tezi olarak kabul edilmiştir.

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DEDICATION

I humbly dedicate this thesis to God, the source of all wisdom and grace, for guiding me through this academic journey and being the ultimate foundation of my achievements. To my beloved parents, siblings, close friends and my teachers, your unwavering love, sacrifices, support and steadfast belief in my potential have been my constant motivation and I dedicate this work to honor you. Thank you, for being my constants in a world of variables.

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ÖZET

KADIN ÇALIŞANLARIN KURUMLARDAKI ETİK UYGULAMALARA YÖNELİK ALGILARI VE İŞ DOYUMUNA ETKİSİ; NİJERYA SAĞLIK KURUMLARI ÖRNEĞİ

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Bu tez, Nijerya'daki kadın sağlık çalışanları arasındaki etik duyarlılık ile iş doyumunu arasındaki ilişkiyi araştırmaktadır. Çalışma, özellikle kurumsal dünyadaki kadın nüfusunun artan önemini ve sağlık hizmetlerinin kalitesine olan önemli etkilerini ele almayı amaçlamaktadır. 520 kadın sağlık çalışanından toplanan verilerin analizi yoluyla, bu çalışma, kadın sağlık çalışanları arasında ortalama düzeyde iş doyumunu ve etik duyarlılık göstermektedir. Bulgular, etik duyarlılık ile iş doyumunu arasında pozitif bir ilişki olduğunu vurgulayarak, işyerinde etik düşüncelerin teşvik edilmesinin önemini vurgulamaktadır. Ayrıca, araştırma, iş doyumunu üzerinde etkili olan etik duyarlılık, cinsel taciz ve cinsiyet ayrımcılığı gibi önemli tahminçileri belirlemektedir. Etik duyarlılık iş doyumunu olumlu etkilerken, cinsel taciz ve cinsiyet ayrımcılığı olumsuz bir etki yapmaktadır. İş yaşam kalitesinin, Nijerya'daki kadın sağlık çalışanlarının iş doyumunu üzerinde anlamlı bir etkisi yoktur. Çalışma, iş doyumunu artırmak için öneriler sunmakta ve çeşitli endüstri ve sektörlerde iş doyumunu etkileyen faktörlerin anlayışını zenginleştirmek için ileri araştırma olanaklarını önermektedir. Ayrıca, çalışma, sınırlı değişken sayısı ve belirli bir

endüstriye odaklanma gibi belirli sınırlamaları kabul etmekte ve daha kapsamlı bir analiz için gelecekteki araştırma yönergelerini önermektedir.

Anahtar Kelimeler: Etik Duyarlılık, Cinsel Taciz, Cinsiyet Ayrımcılığı, İş Yaşam Kalitesi, İş Doyumu.



ABSTRACT

THE PERCEPTION OF FEMALE EMPLOYEES TOWARDS ETHICAL PRACTICES IN THEIR INSTITUTIONS AND THEIR EFFECT ON JOB SATISFACTION: THE CASE OF NIGERIAN HEALTH INSTITUTION

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This thesis investigates the relationship between ethical sensitivity and job satisfaction among female health workers in Nigeria. The study aims to address the crucial issue of job satisfaction, particularly in the growing demographic of women in the corporate world and its significant impact on the quality of healthcare. Through the analysis of data collected from 520 female health workers using questionnaires, this study demonstrates a moderate level of job satisfaction and ethical sensitivity among female health workers. The findings highlight a positive correlation between ethical sensitivity and job satisfaction, emphasizing the importance of fostering ethical considerations in the workplace. Moreover, the research identifies significant predictors of job satisfaction, including ethical sensitivity, sexual harassment, and gender discrimination. While ethical sensitivity positively influences job satisfaction, sexual harassment and gender discrimination exert a negative impact. Quality of work life has no significant impact on job satisfaction of female health workers in Nigeria. The study provides recommendations to enhance job satisfaction

and suggests avenues for further research to enrich the understanding of factors affecting job satisfaction in various industries and sectors. Additionally, the study acknowledges certain limitations, such as the limited number of variables and the focus on a specific industry, and proposes future research directions for a more comprehensive analysis.

Keywords: Ethical Sensitivity, Sexual Harassment, Gender Discrimination, Quality Of Work Life, Job Satisfaction.

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LIST OF ABBREVIATIONS

JSFHW: Job Satisfaction of Female Health Workers

ES: Ethical Sensitivity

SEH: Sexual Harassment

QWL: Quality of Work Life

GED: Gender Discrimination



CHAPTER 1: GENERAL INTRODUCTION

1.1 Introduction

Any distinction, exclusion or restriction made based on the gender of an individual or a group of individuals, that has the effect of impairing the recognition, enjoyment or exercise of human and fundamental freedoms in the political, economic, social, cultural, and civil or any other can be regarded as discrimination.

There have been forms of discrimination against women and the girl child since the beginning of the world (Women, United Nations Development Programme, 2022). The first and earliest form of discrimination against women is the belief that a man is superior and above the woman. It has always been like this until the emergence of civilization and a few social reformers who worked towards the equality of men and women and fought for the elimination of any form of discrimination against women (Women, United Nations Development Programme, 2012). This problem continues to be a significant hindrance and has permeated various sectors of Nigerian society, including the healthcare sector. It has influenced how women are perceived in the workplace and manifests in various ways such as harassment, disparities in wages between men and women performing identical roles, and more.

The study hereby advocates with respect to the female gender, the perception of female employees towards ethical practices in their institutions and their effect on job satisfaction: The case of Nigerian Health Institution.

Most research existing on ethical practices in organizations and institutions primarily focus on employee performance, improved employee relationship, and attractiveness to perspective employees in relation to ethical practices (Ismail et al., 2019; Inuwa, 2016; Jha & Singh, 2019; Vitell & Davis, 1990; Sikula & Sikula, 2000). Patriarchy as found in the Nigerian societal norms seems to have transgressed to corporate lifestyle from social style. This conclusion is as a result of the vast level discrimination in form of unequal pay and

male employee preference in the state. Other forms of unethical practices in the health institution can be seen in the form of sexual harassment from employers and senior colleagues, patients, visitors and clients. Position, age and marital status of women are also correlated in the ethical perception. Ethical issues concerning women in the health sector has not been adequately studied. The research intends to enlighten and create awareness on how women are perceived towards ethical practices in their institutions and the effect it has on their job satisfaction.

1.2 Background of study

The ethical behavior of employees within workplaces and institutions is a recurring topic in the news and has been a subject of ongoing concern. It has been argued by Steinberg (1994) that in workplaces ethics involves “ordinary decency” which includes integrity, fairness, and integrity. According to Adenubi (2000) how to behave in an ethical manner is considered a social responsibility of staff/workers in any organization in order to ensure its survival and stability.

Geetu (2003) ethics cannot be ignored. Ethics has been included in the corporate values of some organizations. However, these organizations still need help to integrate these ethical practices. It has been that organizational ethics is one of the major influences, means, and steps implemented by organizations in other to achieve their organizational objectives (Chye Koh & Boo, 2004).

This has been a key factor that made room for the provision of a formal code of ethics that regulates the ethical conduct of employers in organizations, Peters and Waterman (1982) as cited by Lok (1999). It has been suggested that the provision and adoption of a formal ethical code by organizations will ensure the highest standards of behavior of employees and unethical conduct amongst members of an organization will be reduced. According to Chye (2004), experience has shown that these formal codes are often undermined by the adherence to informal codes known as norms which are characterized mainly by solidarity and isolation. These norms are major issues as they tend to hamper growth and limit the

effort of female health workers in health institutions because they often tend to exist in forms of discrimination.

Per Hian (2004), there have been accounts and revelations indicating that directors and executives engaging in unethical practices cast a shadow over the corporate realm. Incidences of dubious business dealings, scandals, and political misconduct in numerous organizations and institutions are escalating in occurrence (McDonald, 2009). Ethical initiatives are implemented to encourage ethical behaviour in workplaces and assist staff in acting or conducting themselves in a morally accountable way. This research is driven by the extent of widespread disapproval from stakeholders resulting from unethical actions and adverse conduct of personnel in various public entities, highlighting the necessity for behavioral transformation.

Several studies have investigated the relationship between female health workers perception of ethical issues and its impact on their job satisfaction.

Faramarzpour et al. (2021) conducted a cross-sectional study with 300 nurses in Iran to examine the relationship between hospital ethical climate and nurses' job satisfaction. They found that nurses perceived the hospital ethical climate as moderate and their job satisfaction as high. They also found a positive correlation between hospital ethical climate and job satisfaction, and that ethical climate dimensions such as caring, rules, independence, and instrumental had significant effects on job satisfaction.

McDaniel et al. (2001) in their survey of 1020 employees in the US found that female employees perceived lower levels of organizational ethics than male employees, and that this difference was more pronounced in male-dominated organizations. They also found that female employees were more likely to report unethical behaviors and to experience retaliation for doing so. The findings of McDaniel et al. (2010) align with those made by Özden et al. (2017). In the latter the authors used a descriptive and correlational design with 375 nurses in Turkey to investigate the effect of nurses' ethical leadership and ethical climate perceptions on their job satisfaction. They found that nurses had positive

perceptions of ethical leadership and ethical climate, and that these perceptions were positively associated with their job satisfaction. They also found that ethical leadership and ethical climate had direct and indirect effects on job satisfaction through organizational commitment.

These findings are increasingly relevant to the topic of inquiry as they show that ethical practices in health institutions can enhance the job satisfaction of female health workers, which can improve their motivation, performance, and retention. These findings also highlight the challenges and barriers that female health workers face in male-dominated organizations, such as lower levels of ethical climate, higher risks of unethical behaviors, and more retaliation for reporting them.

The findings from other jurisdictions provide valuable insights and evidence on the factors that influence the ethical climate and job satisfaction of female health workers, which are likely to be similar or applicable in the Nigerian context, given the common challenges and opportunities that female health workers face in the health sector globally.

1.3 Statement of the problem

The quality of work life and its environment, job satisfaction of employees, and morale of health practitioners are receiving attention worldwide. The morale of the employees in health institutions enables the efficiency of health institutions. Health institutions in Nigeria have, for a considerable period, constrained the advancement of female employees due to unethical practices within these organizations, leading to adverse impacts on their job satisfaction (Osibanjo et al., 2014). These unethical behaviors frequently manifest as norms involving discrimination against women. Consequently, this problem has resulted in diminished productivity, the deterioration of work principles, indiscipline, outright disregard of rules, regulations, and procedures, lax oversight, and corruption in healthcare facilities. Kleinhempel (2009) contended that unethical conduct in workplaces leads to

significant losses for organizations. Many research studies have shown that institutions practicing discrimination against women, or where women suffer due to unethical actions, often witness notable drops in their stock values and, typically, record reduced profitability due to employee job discontent. Indeed, numerous such institutions have faced escalated equity expenses, considerable declines in revenue, and extensive harm to their standing among consumers and other key parties. The job contentment of female healthcare professionals is crucial in enhancing staff motivation and effectiveness, as greater job satisfaction leads to improved employee output and a heightened degree of patient contentment (Alemshet et al., 2011).

In essence there exists a pervasive issue of unethical practices and discrimination against female employees within Nigerian health institutions resulting in highly detrimental impact on job satisfaction. The relevance of this inquiry lies in its ability of addressing the specific context of Nigerian health institutions, shedding light on the unique challenges faced by women, and offering insights that can contribute to fostering a more ethical, equitable, and satisfying work environment for female healthcare professionals in the country.

1.4 Objectives of the study

The main objective of this research is to investigate the relationship between the ethical attitudes of female employees and job satisfaction in Nigerian Health Institutions. However, the specific objectives of the study are:

- Is there a relationship between ethical sensitivity and job satisfaction of female health workers in Nigeria?
- Does sexual harassment influence the job satisfaction of female health workers in Nigeria?
- Is there a relationship between gender discrimination and job satisfaction of female health workers in Nigeria?

- Does the quality of work life have a significant impact on the job satisfaction of female health workers in Nigeria?

1.5 Research questions

In this study the research questions were:

- Is there a relationship between ethical sensitivity and job satisfaction of female health workers in the studied sample?
- Does sexual harassment influence the job satisfaction of female health workers in the studied sample negatively?
- Is there a relationship between gender discrimination and job satisfaction of female health workers in the studied sample?
- Does the quality of work life have a significant impact on the job satisfaction of female health workers in the studied sample?

1.6 Significance of the study

This research is significant, beneficial, and essential for private, governmental, and public healthcare institutions in Nigeria to assess their organizational effectiveness within the framework of their establishments and understand their impact.

The thesis however bothers on the perception of female employees towards ethical practices in their institutions and their effect on job satisfaction: The case of Nigerian Health Institution. It will also examine the machineries or laws put in place or that already in place to protect women in health institutions. It is to determine the effects of such perception and ethical code and how it hampers growth and development of women in health institutions. The study not only highlights crucial and essential measures for safeguarding women in healthcare institutions but also aids these institutions in evaluating their organizational performance in relation to employees' ethical conduct. Additionally,

the study serves as a valuable reference for researchers interested in further investigating this subject.

1.7 Scope and limitation of the study

The study has several noteworthy limitations that warrant critical reflection. Firstly, the inclusion of only five variables raises concerns about the ability to establish causality between independent variables (ethical sensitivity, gender discrimination, sexual harassment, and quality of work life) and the dependent variable (job satisfaction). Correlation does not guarantee causation, and the study might not account for other influential factors affecting job satisfaction among female health workers.

The sensitivity of topics like sexual harassment and gender discrimination introduces another challenge, as underreporting and reluctance to disclose experiences may hinder accurate data collection. This limitation may compromise the depth of the analysis, potentially leading to an incomplete understanding of the factors influencing job satisfaction.

Focusing solely on the Nigerian health sector, while insightful, limits the generalizability of the study's conclusions to other sectors or countries with different socio-cultural contexts. Additionally, self-reporting bias poses a threat, especially in areas such as gender discrimination and sexual harassment, where participants may provide socially desirable responses instead of their true experiences.

The cross-sectional nature of the study restricts its ability to capture changes over time and assess long-term effects. A longitudinal approach would provide more robust insights into the dynamic relationships between variables. Additionally, the reliability and validity of measurement tools need careful consideration to ensure the accuracy and consistency of the findings.

External factors like organizational policies, governmental regulations, and socio-political events are not adequately addressed, and their independent influence on job satisfaction

could confound the study's results. Lastly, resource constraints, including limitations in time, funding, and access to participants, may compromise the study's scope and depth, affecting its comprehensiveness and ability to draw meaningful conclusions.

In conclusion, while the study contributes valuable insights, its limitations underscore the need for caution in generalizing findings and emphasize the importance of considering broader contextual factors, employing more comprehensive research designs, and addressing challenges in data collection to enhance the overall robustness and applicability of the study.

CHAPTER 2: LITERATURE REVIEW

2.1 Organizational ethics

Organizational ethics pertains to the ethical principles, values, and moral standards that direct the conduct and decision-making procedures within a company (Elango et al., 2010). This concept encompasses the creation of a system of ethical principles that dictate the actions of both individuals and groups within the organization, as well as the organization's interactions with external stakeholders (James, Jr., 2000). Organizational ethics transcends individual ethical considerations and encompasses a shared ethical framework that influences the culture and behaviors of the entire organization (Grojean et al., 2004).

Organizational ethics serves to shield women from workplace discrimination and inequality (Stamarski & Son Hing, 2015). Organizational ethics implies the establishment of principles that emphasize non-discrimination. This helps create a workplace culture where women are shielded from discriminatory practices and are consequently enabled to be of increased productivity.

2.1.1 Ethics and its importance

The base ground of values which differ from one culture to another is formed by ethics. Ethics has always been applied in the health sector, since the time of ancient Egypt. Health workers have moral obligations towards their patients. For instance, going by the ethical principle of confidentiality health workers cannot disclose any information given by patients.

Ethics is considered the cornerstone for fostering harmonious coexistence among humans, as highlighted by Hassan (1994). The conceptualization and interpretation of 'ethics' exhibit variations among individuals, grounded in philosophical, moral, and religious principles within the societal context where it is practiced.

Hassan (1994) observes that the practice of ethics can be traced back to ancient Egypt, as shown by the 16th-century B.C. Egyptian scrolls, which laid down guidelines for doctors

and surgeons of that time. In the health care sector, professionals are bound by legal and ethical obligations of proper care, which include expertise, professional training, and attentiveness, as detailed by Childress and Beauchamp (2021). Health practitioners consciously undertake the duty to adhere to these ethical standards, thereby enhancing the professional integrity of their field. It is noteworthy that the renowned Hippocratic oath is founded on ethical principles. However, in today's society, the oath often seems to be reduced to a mere formality during graduation ceremonies; its deeper significance is frequently overlooked.

The life of a health worker or professional is void of personal prejudice. As such, even if the patient is the cause of his/her illness, he should treat the patient with the best of his knowledge. It is unethical for a health professional to refuse treatment to his patient. Where a health worker holds his service, it is considered 'blood shedding' (Steinberg, 1994). The best interests of patients are to be safeguarded by health workers. It is the duty of a health worker to perform the best medical services to patients.

One of the ancient duties of the Hippocratic code, which epitomizes medical professionalism, is maintaining the confidentiality of the physician-patient relationship. As Dickens and Cook (2000) explain, this principle assures patients that health practitioners will not divulge their personal information without their permission. Consequently, health professionals who acquire such information in their professional roles are legally obligated to safeguard it from unauthorized exposure. Hence, upholding the principle of confidentiality is not only ethical but also a requirement. Carelessness does not justify a breach of a patient's confidentiality by healthcare workers. They are permitted to share this information only in cases where the patient poses a potential threat to others. For example, in scenarios where HIV/AIDS-positive patients reveal plans to partake in unprotected sexual activities with uninformed partners, Dickens and Cook (2000) clarify the ethical implications of such disclosures.

In an informed sense, though informed consent may not always be readily obtainable, Beecher (1966) emphasizes the paramount importance of striving for it due to legal, moral, and social imperatives.

Numerous ethical issues manifest in diverse health organizations affecting female health workers and patients. Instances, such as sexual harassment of female health workers by their colleagues and patients, unwarranted disclosure of sensitive information to other staff, colleagues, and even patients, as well as assaults from male colleagues, patients, and family, friends, and relatives of patients, have been extensively discussed in the literature to fortify the protection of patients and health workers. Institutions, investigators, and regulations have been developed in response to these challenges. Within the scope of supervising research activities, Linda (1997) highlights the pivotal importance of a robust monitoring system in guaranteeing that research involving human participants does not compromise the rights and welfare of the subjects involved.

2.2 Perception of employees by gender on ethical issues

The ethical perception of employees by gender on ethical issues is an important topic that has been widely studied in recent years (Goel, 2018). Many studies have shown that men and women may have different perceptions of ethical issues in the workplace, and that these perceptions can have a significant impact on organizational behavior (Franke et al., 1997; Ambrose & Schminke, 1999).

One of the main findings derived from research on the ethical perception of employees by gender is the discernible difference in attitudes towards workplace ethical issues between men and women. Specifically, a study published in the *Journal of Business Ethics* reveals that men are more predisposed than women to justify unethical behaviors in the workplace (Giacalone & Jurkiewicz, 2011). This gender discrepancy is notably attributed to men being more inclined to perceive unethical behaviors as a means to an end, while women tend to view such behaviors as morally wrong.

Additionally, an important insight from research on the ethical perception of employees by gender underscores the divergence in the readiness of men and women to report unethical behaviors. Findings from a study in the *Journal of Applied Psychology* indicate that women are more inclined than men to report unethical behaviors to their supervisors or external authorities (Kish-Gephart, Harrison, & Treviño, 2010). This inclination may be linked to women's heightened likelihood to perceive such behaviors as a violation of organizational values, in contrast to men who may consider such actions as a normative aspect of organizational life.

Moreover, research suggests that gender disparities in ethical perceptions are intricately influenced by the organizational culture and environment. A study in the *Journal of Business Ethics* highlights that women's ethical perceptions are more likely to be shaped by organizational culture, while men's perceptions are more influenced by their peers (Dunfee & Skarlicki, 2015). This emphasizes the pivotal role organizations play in shaping the ethical perceptions of their employees by cultivating a culture that advocates for ethical behaviors and offering support for employees who report unethical behaviors. In addition, it's important to note that, as a general trend, men tend to be more confident in their ethical decision making than women; however, studies have shown that when women have the same level of knowledge and experience as men, the level of confidence on their ethical decision making is similar.

The ethical perception of employees by gender is an important topic that has been widely studied in recent years. Research has shown that men and women tend to have different perceptions of ethical issues in the workplace, and that these perceptions can have a significant impact on organizational behavior. These perceptions include the following facts; men may be more predisposed than women to justify unethical behaviors in the workplace (Giacalone & Jurkiewicz, 2011), men may be more inclined to perceive unethical behaviors as a means to an end, while women may be more likely to view such behaviors as morally wrong (Giacalone & Jurkiewicz, 2011) and women may be more inclined than men to report unethical behaviors to their supervisors or external authorities (Kish-Gephart,

Harrison, & Treviño, 2010). Organizations can play a critical role in shaping the ethical perceptions of their employees by creating a culture that promotes ethical behavior and provides support for employees who report unethical behavior (Trevino et al., 1998).

Moreover, gender does not consistently exert a direct influence on variables like organizational loyalty; this is attributed to the fact that the determinants of an individual's commitment vary among different genders and personalities (Mathieu & Zajac, 1990). Many have argued that research focusing solely on personal subjective responses is, at its best, partial without considering the contextual elements that shape these perceptions (Carless, 2003). Neglected aspects in gender studies often include how various facets of psychological climate impact organizational allegiance and the differing perceptions of work environments between men and women. For example, in certain studies, women frequently perceive themselves as receiving less favorable treatment than men in their workplaces (Graddick & Farr, 1983). Given that women generally place greater emphasis on specific workplace conditions compared to men (Manhardt, 1972), aspects of the psychological climate related to these conditions may significantly influence women's commitment (Chusmir, 1988).

2.3 Gender difference in perception of ethical practices

Gender difference in perception of ethical practices is a topic that has been extensively studied in recent years. Research has shown that men and women tend to have different perceptions of ethical issues in the workplace, and that these perceptions can have a significant impact on organizational behavior.

One of the prominent findings in research on gender differences in the perception of ethical practices is the divergence in attitudes towards ethical issues in the workplace between men and women. According to a study published in the *Journal of Business Ethics*, men are more prone than women to justify unethical behaviors in the workplace (Prenzler & Prenzler, 2008). This disparity may arise because men are more inclined to perceive

unethical behaviors as a means to an end, whereas women are more likely to view them as morally wrong.

Another significant discovery in research on gender differences in the perception of ethical practices is the variation in the willingness of men and women to report unethical behavior. As evidenced by a study in the *Journal of Applied Psychology*, women exhibit a higher likelihood than men to report unethical behaviors to their supervisors or external authorities (Tenbrunsel & Messick, 2001). This inclination may stem from women's greater tendency to perceive such behaviors as a violation of organizational values, in contrast to men who may consider them a normal part of organizational life.

Moreover, research has indicated that gender differences in ethical perceptions are intricately influenced by the culture and environment of the organization. A study published in the *Journal of Business Ethics* underscores that women's perceptions of ethical issues are more likely to be shaped by organizational culture, while men's perceptions are more likely to be influenced by their peers (Barnett, 1997). This suggests that organizations can play a critical role in shaping the ethical perceptions of their employees by creating a culture that promotes ethical behavior and provides support for employees who report unethical behaviors.

Moreover, studies have shown that men tend to have a more individualistic view of ethics, while women tend to have a more collectivistic view. Men are more likely to focus on the "rules" and the legal aspects of ethical behavior, while women are more likely to focus on the impact of the decision on others, including the organization and its stakeholders.

This is a topic that has been extensively studied in recent years. Research has shown that men and women tend to have different perceptions of ethical issues in the workplace, and that these perceptions can have a significant impact on organizational behavior. Organizations can play a critical role in shaping the ethical perceptions of their employees by creating a culture that promotes ethical behavior and provides support for employees

who report unethical behaviors, and by taking into account the gender differences in ethical decision making.

2.4 The role of gender in health institutions

The role of gender in health institutions is an important topic that has been widely studied in recent years. Gender can influence the way that healthcare is provided and received, and can also affect the experiences of healthcare professionals in the workplace.

One of the main ways that gender can influence healthcare is through differences in healthcare utilization. Research by Anderson (2000) has shown that women are more likely than men to seek healthcare services and are more likely to use preventive healthcare services. They are also more likely to have chronic health conditions and to experience disability, which can significantly impact their healthcare needs.

Another critical aspect of how gender can influence healthcare is through differences in healthcare outcomes. Studies, including research by Ross (1994), have demonstrated that women tend to have worse health outcomes than men, even after controlling for factors such as age and socioeconomic status. This discrepancy is attributed to various factors, including differences in access to healthcare, variations in healthcare utilization, and disparities in the treatment of health conditions.

Moreover, gender plays a crucial role in the experiences of healthcare professionals in the workplace. Scott and Barnett's research (1999) has indicated that women are underrepresented in leadership positions in health institutions and face discrimination and harassment in the workplace. This underrepresentation can lead to a lack of diversity in decision-making and may pose challenges for women in advancing their careers.

Furthermore, gender can influence the way that healthcare is provided. Research by Fessler and Dovidio (2001) has highlighted that healthcare providers tend to harbor unconscious biases that can impact the way they diagnose and treat patients. For instance, healthcare providers may be more likely to believe that women's pain complaints are less severe than

men's, or they may be more prone to attribute women's symptoms to emotional or psychological causes.

In conclusion, gender plays a significant role in health institutions. It can influence the way that healthcare is provided and received, and it can also affect the experiences of healthcare professionals in the workplace. It's important for health institutions to be aware of these gender differences and to take steps to address them, such as providing education and training on unconscious bias, promoting gender diversity in leadership positions, and providing support for women who experience discrimination or harassment in the workplace.

2.5 Factors influencing employee perception of ethical practices in health institutions

Employee perception of ethical practices in health institutions is a critical aspect of healthcare, as it ensures that patients are treated with dignity and respect, and that healthcare providers act in the best interests of their patients. However, employee perception of ethical practices can vary depending on several factors.

One of the key factors influencing employee perception of ethical practices is organizational culture. According to a study published in the *Journal of Business Ethics*, employees who perceive their organization as having a strong ethical culture are more likely to report unethical behaviors and to engage in ethical behaviors themselves (Giacalone & Jurkiewicz, 2011). This underscores the pivotal role that organizational culture plays in shaping employee attitudes and behaviors regarding ethics in the workplace. Conversely, employees who perceive their organization as having a weak ethical culture are more likely to overlook or excuse unethical behaviors.

Another important factor is leadership. Research by Kish-Gephart, Harrison, and Treviño (2010) has shown that employees are more likely to report unethical behaviors when they perceive their leaders as being ethical and supportive. Furthermore, when leaders model ethical behaviors, they create an environment that encourages ethical behaviors among

their employees. This highlights the influential role that leadership plays in shaping the ethical climate within an organization.

Personal factors also play a significant role in employee perception of ethical practices. A study published in the *Journal of Business Ethics* indicates that employees' personal values and beliefs, as well as their level of moral reasoning, can influence their perception of ethical practices (Dunfee & Skarlicki, 2015). Employees who possess a strong sense of personal values and beliefs, and who are capable of moral reasoning, are more likely to perceive ethical issues and act in an ethical manner, emphasizing the individual dimension of ethical perception.

Education and training can also play an important role in shaping employee perception of ethical practices. By providing education on ethical principles and decision-making, healthcare organizations can equip employees with the tools necessary to navigate ethical dilemmas and make ethical decisions (Rest & Narvaez, 1981). This underscores the significance of ongoing learning and development programs in fostering a culture of ethical awareness and responsibility among employees.

In addition, the level of transparency and communication within the organization, the level of accountability and the level of support provided by the organization are also factors that can influence employee perception of ethical practices. Employees who feel that their organization is open, transparent and provides support for ethical behaviors are more likely to trust their leaders and to perceive the organization as being ethical.

Employee perception of ethical practices in health institutions is influenced by a complex interplay of various factors, including organizational culture, leadership, personal factors, education and training, transparency, communication, accountability, and support. It is important for health institutions to be aware of these factors and to take steps to address them in order to promote ethical behaviors among their employees. This can include implementing regular ethical training and education programs, promoting a strong ethical culture, holding leaders accountable for ethical behaviors, and providing support for

employees when they encounter ethical dilemmas. Additionally, healthcare organizations should strive to create an inclusive and diverse work environment, one that values patient-centred care and promotes a culture of transparency and communication. By taking these steps, healthcare organizations can foster a culture of integrity and ensure that the best interests of patients are always put first.

2.6 Gender influence on ethical decision making

Ethical decision making is a crucial aspect of any business or organization, as it guides behaviors towards a more responsible and moral course. However, research suggests that perceptions of ethical decision making may vary across different genders. This article will explore the current literature on gender influence on ethical decision making and its implications for organizations.

It has been found that men and women have different perceptions of the morality of profit-making activities. According to research by Ambrose and Shminke (1999), men were more likely to view profit-making as morally acceptable, while women were more likely to view it as morally ambiguous. This suggests that men may be more inclined to prioritize financial gain over ethical considerations, whereas women may be more likely to consider the moral implications of their actions.

Another study indicates that men and women have different perceptions of the role of power in ethical decision-making. Research by Franke, Crown, and Spake (1997) found that men were more likely to view power as necessary for effective decision-making, while women were more likely to view it as a potential source of corruption. This highlights a gender-based divergence in how individuals perceive and approach power dynamics in ethical decision-making processes. It also suggests that men may be more likely to abuse their power for personal gain, while women may be more likely to use their power responsibly.

These findings have important implications for organizations. For example, if organizations want to promote ethical decision making, they should consider the potential

gender differences in perceptions of ethical issues and take steps to address any biases. This could include providing training on ethical decision making, promoting diversity and inclusion, and encouraging open and honest communication about ethical issues.

In conclusion, research suggests that there may be gender differences in perceptions of ethical decision making. These differences have important implications for organizations and should be taken into account when developing policies and practices.

2.7 Common ethical challenges faced by women in the workplace

Women face a unique set of ethical challenges in the workplace, which can have a significant impact on their career development and overall well-being. This article will explore the current literature on common ethical challenges faced by women in the workplace and their implications.

One of the most common ethical challenges faced by women in the workplace is discrimination. Research by Eagly and Karau (2002) has shown that women are more likely to experience discrimination in the form of lower pay, fewer promotions, and limited opportunities for advancement. This systemic discrimination can lead to women being undervalued and underutilized in the workplace, which, in turn, can have a negative impact on their career development and overall well-being. The findings underscore the persistent gender disparities that women face in the professional sphere and highlight the ethical imperative of addressing and rectifying these inequalities.

Another common ethical challenge faced by women in the workplace is harassment. Research has shown that women are more likely to experience sexual harassment in the workplace, which can take many forms, including verbal and physical harassment. According to Fitzgerald, Gelfand, and Drasgow (1988), this can lead to a hostile work environment, adversely affecting women's physical and mental health, as well as impeding their career development. The findings highlight the urgent need for workplaces to address and mitigate instances of sexual harassment, fostering environments that prioritize the well-being and equitable treatment of all employees.

Moreover, research has demonstrated that women are more likely to face ethical challenges related to balancing their work and family responsibilities. Bielby and Bielby (2003) found that issues such as lack of flexibility in work schedules, insufficient support for parental leave, and a shortage of affordable childcare contribute to women being forced to make difficult choices between their career and family. This dilemma can have a detrimental impact on women's career development and overall well-being, underscoring the importance of creating workplaces that accommodate diverse family needs and support a healthy work-life balance.

These findings have important implications for organizations. For example, if organizations want to promote equality and reduce discrimination and harassment, they should take steps to address these issues, such as providing training on gender-sensitive care, promoting diversity and inclusion, and encouraging open and honest communication with employees. Additionally, organizations should take steps to support women in balancing their work and family responsibilities, such as providing flexibility in work schedule, support for parental leave, and affordable childcare.

In conclusion, women face a unique set of ethical challenges in the workplace, which can have a significant impact on their career development and overall well-being. Discrimination, harassment, and balancing work and family responsibilities are among the most common ethical challenges faced by women in the workplace. Organizations should take steps to address these issues to promote equality and support women in their career development and overall well-being.

2.8 Benefits of ethical organization

Ethical organizations, also known as socially responsible businesses, are those that prioritize the well-being of all stakeholders, including employees, customers, suppliers, and the community. These organizations strive to operate with integrity, fairness, and transparency, and have been shown to have several benefits.

One of the key benefits of ethical organizations is that they tend to have a more engaged and motivated workforce. According to a study published in the *Journal of Business Ethics* by Husted and Allen (2006), employees who believe that their company is ethical are more likely to be committed to their work and to have a positive attitude towards their employer. This positive perception can lead to increased productivity and lower turnover rates, ultimately benefiting the organization's bottom line. The findings highlight the tangible advantages of fostering an ethical workplace culture in terms of employee satisfaction and organizational success.

Another benefit of ethical organizations is that they often have a positive impact on the community. For example, companies that engage in corporate social responsibility (CSR) activities, such as volunteering and charitable giving, can help to improve the lives of people in the community and enhance the company's reputation (Matten & Moon, 2008). This demonstrates the potential for ethical business practices to contribute to the well-being of the broader society, creating a positive feedback loop between businesses and the communities they serve.

In addition, ethical organizations often enjoy a competitive advantage over other companies. According to Porter and Kramer (2006), consumers are increasingly aware of the impact that companies have on society and the environment, and they are more likely to purchase products and services from companies that they perceive to be socially responsible. This heightened consumer awareness can lead to increased market share and sales for ethical organizations, highlighting the alignment between ethical business practices and economic success in today's socially conscious market.

Moreover, Ethical organizations also tend to be more sustainable in the long run, as they adopt practices that are more environmentally friendly and ensure the well-being of their employees, customers and suppliers. This helps to ensure their long-term success and resilience.

In conclusion, ethical organizations offer a range of benefits, from increased employee engagement and motivation to improved community relations and a competitive advantage. They are also more sustainable and resilient in the long run. By prioritizing the well-being of all stakeholders, ethical organizations can help to create a better world for everyone.

2.9 Discrimination against women in health organizations

Discrimination against women in health institutions is a widespread issue that has been well-documented in recent years. Women frequently encounter discrimination manifested through reduced salaries, limited prospects for career progression, and sexual harassment in their work environments. These forms of discrimination not only harm women individually, but they also have negative consequences for the overall quality of healthcare.

One of the most significant forms of discrimination against women in health institutions is the gender pay gap. A study published by Ranji et al (2019) in the Journal of the American Medical Association (JAMA) found that female physicians in the United States earn on average 26.5% less than male physicians. This pay gap persists even after controlling for factors such as specialty, experience, and productivity.

Another form of discrimination that women in health institutions often face is lack of opportunities for advancement. A study published in the Journal of Women's Health (2019) found that women are underrepresented in leadership positions in academic medical centers. This is particularly true in surgical specialties, where only 10% of full-time faculty are women. This lack of representation in leadership positions can lead to a lack of role models for young women, as well as a lack of diversity in decision-making.

Sexual harassment is another pervasive problem that women in health institutions face. A study published in the New England Journal of Medicine (2019) found that one in three women in academic medicine have experienced sexual harassment. This can take the form of unwanted advances or inappropriate comments from colleagues or supervisors, and it can have a significant impact on women's mental and emotional well-being.

Furthermore, women in health institutions are also subject to discrimination in relation to maternal health and family care. Pregnant women and new mothers face discrimination, harassment, and even termination from their job due to their reproductive status. The lack of family-friendly policies, inadequate support and lack of accommodations for pregnant women and new mothers can make it hard for them to continue their careers in health institutions.

Bias against women in healthcare facilities not only adversely affects women on an individual level, but it also degrades the general standard of healthcare services. The underrepresentation of women in senior roles results in a diminished diversity in decision-making processes, potentially leading to an inadequate comprehension of women's specific health requirements. Moreover, discrimination and harassment can cause increased turnover rates among female health professionals, adversely affecting the consistency of patient care.

In summary, discrimination against women in healthcare settings is a widespread problem that detrimentally impacts women on a personal level and degrades the overall quality of healthcare services. It is imperative for healthcare institutions to tackle this issue by instituting policies that encourage gender parity and offering support to women facing discrimination or harassment in their workplace.

2.10 Ethical sensitivity

Ethical sensitivity refers to an individual's capacity to recognize and appreciate the ethical dimensions of a situation, issue, or decision. It involves being attuned to the moral aspects and implications inherent in various circumstances, actions, or choices. Ethical sensitivity goes beyond mere awareness; it includes an understanding of the potential ethical consequences and the ability to discern right from wrong in complex and nuanced situations. Ethical sensitivity can also be defined as a quality that allows for the recognition of ethical dilemmas, understanding the emotional and mental perspectives in vulnerable situations, and being conscious of the ethical consequences resulting from decisions made

by individuals in an organization context (Lützén et al., 2010; Weaver, 2007). Ethical sensitivity is a concept that extends beyond individual aptitude, encompassing not only an individual's ability to make ethical decisions but also the organization's role in cultivating a culture that promotes ethical decision-making (Schwartz, 2013).

The ethical sensitivity practiced within any organization is intrinsically linked to the proactive efforts undertaken by leadership to ensure fairness, equitable treatment of individuals, non-discrimination, and the establishment of principles that uphold justice and equity. It can further be said that ethical sensitivity, encouraged by leadership, goes beyond even the appointment of women to corporate board and extends to all initiatives aimed at ensuring fair and unbiased treatment of women in the workplace (Froehlicher et al., 2021). This involves addressing gender-specific issues and fostering an environment where women are treated equitably in terms of opportunities, promotions, and resource allocation.

2.11 Quality of Work Life

Quality of Work Life (QWL) refers to the overall well-being and satisfaction of employees in the workplace (Nerpaal, 2009). It encompasses various factors that contribute to the overall work experience and the degree to which employees feel fulfilled, engaged, and content in their work environment. Quality of Work Life extends beyond mere job satisfaction and takes into account broader aspects of employees' lives within and outside the workplace. Guest (2002) provides a critical review of the literature on work-life balance and proposes a framework for studying it. He argues that work-life balance is a subjective and multidimensional concept that depends on the individual's values, preferences, and expectations. He suggests that work-life balance can be influenced by four main factors: work characteristics, non-work characteristics, individual characteristics, and outcomes. He also identifies some of the challenges and limitations of the existing research on work-life balance, such as the lack of clear definitions, measurements, and causal models. He also asserts that there is need for more rigorous research efforts into the variety of issues subsumed under the quality of work life concept. Jabeen, Friesen, and Ghoudi (2018)

examined the QWL of Emirati women and its impact on their job satisfaction and turnover intention. They used a survey method to collect data from 402 Emirati women working in various sectors in the United Arab Emirates. This study found that QWL has a positive and significant effect on job satisfaction and a negative and significant effect on turnover intention. According to Adame, Capliure, and Miquel (2016) work-life balance is not only a matter of social responsibility, but also a source of competitive advantage, especially for firms that employ more women. They recommended that firms should implement work-life balance policies and practices that can benefit both their employees and their performance.

2.12 Sexual harassment

Sexual harassment is a form of unwelcome behavior, advances, comments, or requests of a sexual nature that create a hostile or intimidating environment for the targeted individual (Fitzgerald & Cortina, 2018). It involves any unwarranted, inappropriate, or offensive conduct of a sexual nature that interferes with an individual's work performance, creates a hostile workplace, or leads to an uncomfortable and intimidating atmosphere (Dhawan, 2014).

Sexual harassment in the workplace can manifest in various forms, including verbal, non-verbal, or physical conduct. It may involve unwelcome sexual comments, jokes, advances, or requests for sexual favors. Harassment can occur between individuals of the opposite or same sex and can happen in hierarchical relationships or among colleagues. Workplace sexual harassment is a violation of employment laws and can lead to serious consequences for both the perpetrator and the employer.

In the healthcare sector, sexual harassment can present itself in unique ways due to the sensitive and intimate nature of the work. Examples may include patient harassment (Phillips & Schneider, 1993; Scholcoff et al., 2020) and colleague to colleague harassment (Burke Draucker, 2019).

CHAPTER 3: EFFECTS OF ETHICAL ISSUES ON JOB SATISFACTION OF WOMEN

3.1 Work stress in health institutions

Work related stress in health institutions is a growing concern for medical professionals around the world. As a result of the increasing pressure and lack of resources, medical professionals are experiencing a higher level of stress than ever before. It's no wonder that research has found that workplace stress is one of the leading causes of burnout and even depression among healthcare workers (NIOSH,2008).

The research shows healthcare workers are particularly vulnerable to work-related stress due to the heavy workloads and long hours they face. On top of this, they must deal with the emotional and physical demands of caring for patients (APA,2008). This can lead to feelings of burnout, fatigue and frustration, all of which can have a profound impact on an individual's mental health. One of the key problems with work related stress in health institutions is the lack of resources. Medical professionals are expected to do more with less, and this can lead to a feeling of being overwhelmed and overworked. In addition, there is often a lack of support from management, which can further exacerbate feelings of stress and frustration.

The research has also found that healthcare workers are more likely to suffer from work-related stress if they do not have access to adequate resources. This can include access to adequate staff, equipment, and time to complete tasks. Without these resources, healthcare workers can become overwhelmed and unable to provide the care they need to their patients.

The impact of work-related stress in health institutions can be far-reaching, extending beyond the mental health of healthcare workers. It can contribute to poor patient outcomes, higher staff turnover, and increased absenteeism. Consequently, it is essential for healthcare institutions to take proactive steps to reduce work-related stress levels for their

staff. Mitigating strategies may include providing adequate resources and ensuring that staff members receive sufficient support and rest. With the right resources and support, healthcare workers can be better equipped to handle the demands of their job and provide the care that their patients need (Brunero, Cowan, Grochulski, & Garvey, 2006). Recognizing and addressing work-related stress not only promotes the well-being of healthcare professionals but also positively impacts the overall quality of healthcare delivery within the institution.

Research has shown that work stress is a major issue in Nigerian health institutions, and it affects not just the staff, but the patients as well. It can lead to a decline in quality of care, lowered morale, and an overall decrease in productivity. This can have a detrimental effect on the health of the nation as a whole. Work stress in Nigerian health institutions is a multifaceted problem. It can be caused by a variety of factors, including inadequate staffing, lack of resources, and a feeling of being overworked. It can also be caused by a lack of clear communication between staff and management, or a lack of job security and for female workers, harassment. Research has shown that issues of harassment and discrimination against women in the health sector can lead to burnout and feelings of helplessness, leading to an increased risk of physical and mental health problems (Paul, 2013).

It is important to address work stress in Nigerian health institutions, as it affects both patients and staff alike. One way to do this is to provide adequate resources and support for staff, such as adequate training and clear communication. This can help to reduce the feeling of being overwhelmed and overworked and can help to improve morale and productivity. Additionally, providing job security and stability can help to reduce stress levels.

Research has also shown that introducing workplace wellness programmes can be beneficial in helping to reduce stress levels in Nigerian health institutions. These programmes can be tailored to the specific needs of the staff, and can include activities

such as yoga, mindfulness, and support groups. By providing these programmes, staff can be given the tools to reduce their stress levels and be better able to provide quality care to their patients (Hirokawa et al, 2012).

In conclusion, work stress in Nigerian health institutions is a serious issue that needs to be addressed. Research has shown that this can have a detrimental effect on the health of both staff and patients. It is therefore important to provide adequate resources and support for staff, as well as introducing workplace wellness programmes. This can help to reduce stress levels and improve overall quality of care.

3.2 Quality of work life of female health practitioners in health institutions

The quality of work life of female health practitioners in health institutions is an important factor that determines the overall functioning of the health sector. It is essential to ensure that female health practitioners are provided with a safe and supportive work environment, and that their work is recognized and rewarded. The quality of work life of female health practitioners can be improved in several ways.

First, health institutions should take measures to reduce gender discrimination and provide equal opportunities for female health practitioners. This includes ensuring that there is equal access to resources and opportunities for career development and training. Furthermore, there should be specific policies in place that aim to increase the representation of female health practitioners in leadership positions.

Second, health institutions should provide a safe and supportive work environment for female health practitioners. This includes ensuring that female health practitioners have access to adequate resources, such as the necessary equipment and supplies. It also includes providing a respectful and supportive work culture, with clear policies in place to address any instances of gender-based discrimination.

Third, health institutions should ensure that female health practitioners are adequately compensated for their work. This includes providing fair wages, benefits, and other forms

of compensation that are commensurate with their efforts and expertise. Furthermore, they should be provided with adequate time off, such as maternity leave, to ensure that they can take care of their health and family commitments.

Finally, health institutions should ensure that the work of female health practitioners is recognized and rewarded. This includes providing recognition and rewards for their achievements and contributions to the health sector. It also includes providing opportunities for promotion and career advancement, as well as recognizing their efforts in advancing the health sector.

By initiating measures to enhance the work-life quality of female health professionals in healthcare facilities, a more productive and healthier work atmosphere can be cultivated. Such improvements will consequently result in better health results for individuals and communities, and foster a more robust and efficient healthcare sector (Lowe, 2002).

To elevate the work-life quality of female healthcare workers in these institutions, it's crucial to concentrate on affording them equal rights, privileges, and opportunities as those enjoyed by their male colleagues.

Female health practitioners should also be provided with a safe and secure working environment. This includes ensuring that they are able to report any concerns or complaints regarding their working environment without fear of retaliation, and that the health institution takes all necessary steps to ensure the safety of its female practitioners. This includes implementing safety measures, such as security cameras, fire safety systems, and providing proper lighting and rest areas. Organizations should strive for a gender-sensitive workplace, where women are treated with respect and appreciation (Work Foundation, 2007). Women should also be given more autonomy in their roles, with the opportunity to take on more challenging roles and responsibilities. Furthermore, organizations should make sure that female health practitioners are given equal pay and job security. It is important to recognize and appreciate the tremendous contribution female health practitioners make to the health sector. By providing them with a safe and secure work

environment, organizations can ensure that female health workers are motivated and productive. This will ultimately lead to improved quality of work life and improved health outcomes for all. By recognizing and valuing the work of female health practitioners, we can ensure that they are able to deliver quality health services with dignity and respect.

In summary, it is essential to ensure that female health practitioners are provided with the same quality of work life as male health practitioners. This includes providing them with adequate resources, support and recognition, ensuring that they are able to report any concerns and complaints, and providing them with a safe and secure working environment. Furthermore, female health practitioners should also be provided with access to necessary resources and support to enable them to take part in any training or development opportunities, as well as to stay up to date on changes in the health sector. By taking these steps, the quality of work life of female health practitioners will be improved and their safety, well-being, and effectiveness in providing quality health care will be enhanced (Illrvine and Evans, 2004).

3.3 Work satisfaction of female health workers in health institutions

Job satisfaction is linked with a range of elements connected to individual traits, expectations about the workplace and organization, and interactions with other professionals (Hamaideh, 2011). Spector (1997) described it as the degree to which people enjoy or dislike their job. This is a metric of an employee's delight with their job, or certain aspects of it such as remuneration, advancement, oversight, fringe benefits, contingent rewards, operations, peers, the nature of the work or communication among colleagues. It is related to the positive emotional sentiments a person has concerning their job (Mohammed, 2008).

When a person's dream job expectations are not met in their current job, it leads to dissatisfaction. Former studies have indicated that lack of job satisfaction is often the primary reason someone chooses to quit. Results of recent studies on health personnel in

southern Nigeria show that job satisfaction has decreased in comparison to ten years ago. Surveys conducted with doctors and nurses in Benin, Calabar, and Ibadan revealed that satisfaction was usually above average, ranging from 40-84%. However, a study involving resident doctors in four southern teaching hospitals showed a great decline to approximately 20%. A related study with health professionals at a federal tertiary hospital in Enugu revealed that fewer than a quarter were pleased with their financial compensation, infrastructure/tools, welfare packages, and training/sponsorships.

It has been well documented that work-related discontent can have a considerable influence on both a person's physical and mental well-being. Psychological health is characterized by a person's capacity to interact with their peers and the world around them. It is an indication of an individual's feeling of prosperity and capability and their opportunity to bring out their highest potential. Psychological morbidity is a term used to describe the episodes in which one's mental state deteriorates to the point of impairing their ability to perform socially and productively. In addition, they tend to go through difficulty sleeping accompanied by depression and anxiety.

Organizations are characterized by their culture, encompassing beliefs, values, and behavioral standards. This organizational culture is known to have a significant relationship with job satisfaction. In the complex settings of healthcare organizations, individual, interpersonal, and organizational aspects intermingle with pressures and burnout, contingent upon the level of job satisfaction. This complex interplay can result in medical practitioners developing negative attitudes towards their patients, experiencing decreased productivity, and having an increased likelihood of leaving their jobs sooner than expected. Such outcomes can have consequential impacts on both the continuity of service and the recovery of patients (Vollpe, Luciano, & Palumbo, 2014). The research underscores the critical importance of cultivating a positive and supportive organizational culture within healthcare settings to foster job satisfaction and, by extension, enhance the overall well-being of medical practitioners and the quality of patient care.

In many nations of the Global South, the health sector faces an issue of a disproportionately low ratio of doctors to patients, which has an adverse influence on the quality of care they can provide. This puts undue strain on the few medical professionals present and affects their health and mental state. Patients suffer too in terms of prolonged wait times, higher costs, and lesser quality of healthcare. The lack of personnel in the health sector is a major issue in many African countries, with Nigeria being especially hard hit. Low job satisfaction, due to inadequate wages and below-par working conditions, leads to a mass exodus of skilled healthcare professionals to more developed countries.

For many years, research has been conducted to establish the connection between job satisfaction, job-related stress, and its impact on both physical and mental well-being. Numerous studies have consistently revealed a robust link between mental health and job satisfaction. A survey conducted among physicians in Calabar suggested that approximately one-fifth of the participants were unhappy with their jobs, presenting a greater risk of psychological issues (Bello, Ajayi, & Asuzu, 2018). This research underscores the critical importance of understanding the interplay between job satisfaction and mental health, particularly in high-stress professions like healthcare, to address potential risks and enhance overall well-being. As the level of job satisfaction surveyed in more recent studies appears to have deteriorated, it is reasonable to assume that this could have a detrimental effect on the mental health of healthcare professionals. Consequently, this study was undertaken to evaluate the job satisfaction of medical staff in Nigerian Hospitals, their mental health status, and the correlation between job satisfaction and psychological health.

3.4 Challenges Nigerian women face in achieving work life balance

The concept of work-life balance, which was previously thought of as a western idea particularly pertaining to women, has drastically evolved as more females are joining the labor force. Numerous studies are being conducted to comprehend the difficulties that

women endure in balancing career and home life. Notably, the high level of pressure imposed on the female population to both perform well in their jobs and meet family responsibilities is a major contributor to this issue.

Due to cultural norms, women are presented with an immense challenge when it comes to achieving work-life balance. For instance, the uniqueness of the cultural system in most ethnic groups places the burden of taking care of the household on women. Social expectations, however, necessitate the female gender to contribute financially to the family, thus causing a further increase in the number of cultural assumptions placed on them.

The discussion surrounding work-life has been a global topic of conversation since the late 1970s. Since that time, the participation of women in employment has steadily increased, leading to a great deal of occupational-related professional issues, stress, especially for women with families they must cater for (Lewis & Beauregard, 2018). Because of their on-going involvement in other roles, pressure on women forced them to be excluded from participation in some roles. Women's efforts to achieve work-life balance cannot be studied entirely without considering the socioeconomic and cultural aspects of a culture. When examining how people behave in respect to their social and economic reality, Grywacs & Carlson (2007) discovered that the vast majority of academics prefer to ignore the influences of external realities and emphasize individualistic variables. For instance, a cultural patriarchal mindset that encourages male supremacy in underdeveloped nations like Nigeria has a severe impact on the gender of women. Even in workplace settings, these have been the dominant reality over the years.

Women have historically borne the responsibility of maintaining the home, involving caring for children, preparing meals, and managing household duties, along with attending to their husbands' physical and mental needs. In contemporary times, issues of role conflicts and pressures have emerged for women due to the integration of both genders into the workforce and ongoing campaigns for equal involvement in the nation's economy (Adams, King, & King, 1996). Stress theories and inter-role conflict have gained attention,

particularly concerning the increasing percentage of women participating in various aspects of society. In the Nigerian setting, numerous research studies on work-life balance have been conducted. For instance, a qualitative study by Akanji (2012) aimed to gather precise data on opinions, values, behavioral patterns, and the social context of work-life balance. The study included 61 front office workers from three different Nigerian industries. Participants expressed profound concern about political and socioeconomic issues affecting Nigeria, attributing the lack of leadership at the organizational and national levels to work-life balance challenges. Consequently, participants reported strain on the body and mind, job discontent, a lack of commitment, role overload, and general work-life conflict.

Work-life balance is a particular challenge for women in the African context (Ozbilgin et al., 2011). Women often bear the responsibility of childcare and other domestic duties while engaging in full-time paid employment. This dual burden can have psychological effects as women navigate the challenges of juggling work and family obligations. Adisa, Mordi, and Mordi (2012) investigated the challenges of work-life balance among female doctors, revealing that 95% of respondents believed their work demands negatively impacted their family lives. These findings underscore the complexities and challenges women face in balancing work and personal life in diverse cultural and professional contexts.

On the other hand, Nigeria's leadership crisis has been a major topic of discussion for decades. Nigeria was recently ranked 148th out of 180 countries. According to the CPI, Nigeria received a score of 28 out of 100, which is lower than the sub-Saharan average. Corruption has spread throughout the Nigerian system. Unethical practices among Nigerian managers, which are not unrelated to the overall corruption in the country, have a negative impact on work satisfaction, leading to work-life conflicts for employees (Babafemi, 2015).

There has been an increasing frustration among labor groups regarding the implementation of workable solutions to address work-life balance, including measures like social support, child care facilities, leisure subsidies, and more. The research findings also emphasize the significant role of Nigeria's poor social infrastructure in contributing to the challenges associated with work-life balance (Ojebode et al., 2018). This issue appears to be more prevalent among female employees in Nigeria, a phenomenon attributed to cultural expectations coupled with the impacts of modernization, as discussed earlier. Researchers note that, in terms of work-life balance, women tend to experience more challenges than men (Aziz & Cunningham, 2008). This underscores the need for comprehensive strategies and policies to address the multifaceted issues contributing to work-life balance challenges in different cultural and societal contexts.

3.5 Challenges faced by female health workers

In Nigeria, female health workers face numerous challenges in providing quality healthcare services. Inadequate funding, insufficient health infrastructure, and limited access to medical supplies and equipment are among them. Furthermore, female health workers frequently face gender discrimination, with male colleagues receiving more resources and support than female colleagues. This has resulted in low morale and motivation among female workers, affecting the level of care they are able to provide.

Gender inequality is another major issue that female health workers in Nigeria face. Women are frequently denied the same opportunities or recognition as men, with men frequently receiving more prestigious roles and positions of authority in the sector. Furthermore, women are frequently discriminated against in terms of pay and employee benefits, with men earning more money.

In Nigeria, female health workers face additional challenges due to cultural and religious norms. Certain cultural practices and attitudes can make it difficult for women to participate in the healthcare system, while religious beliefs can limit their access to certain

treatments and services. Furthermore, traditional gender roles and stereotypes may make it difficult for women to seek professional development opportunities.

Overall, female health workers in Nigeria face a slew of challenges that limit their ability to provide high-quality care. Inadequate funding, inadequate health infrastructure, gender inequality, and cultural and religious norms are among them. To address these issues, the government must increase its investment in the healthcare sector, create more equitable and supportive work environments for female healthcare workers, and combat gender inequality.

Healthcare professionals, including female health workers, are critical to providing quality medical services to communities, particularly in developing countries such as Nigeria. Despite the important role that female health workers play in the healthcare system; they face numerous challenges in carrying out their responsibilities. This article will discuss the challenges that female health workers face in Nigeria, as well as the implications of these challenges for their work and the overall healthcare system.

3.6 Challenges faced by female health workers in Nigeria

- **Gender discrimination and bias**

Female health workers in Nigeria face significant challenges due to gender discrimination and bias. Despite their significant contributions to the healthcare system, female health workers are frequently underappreciated and subjected to workplace discrimination. Female health workers, for example, are frequently paid less, have less favourable working conditions, and have fewer opportunities for advancement than their male counterparts. Gender discrimination causes female health workers to lose motivation and job satisfaction, affecting their ability to provide quality healthcare services.

- **Lack of facilities and resources**

Another issue that female health workers in Nigeria face is a lack of facilities and resources. Many healthcare facilities in Nigeria, particularly in rural areas, are inadequately equipped,

lacking critical medical equipment, supplies, and medications. Due to a lack of resources, female health workers struggle to provide quality healthcare, leading to dissatisfaction and burnout. Furthermore, a lack of adequate facilities and resources exposes female health workers to occupational hazards such as exposure to hazardous substances and infections.

- **Workload and long working hours**

Female health workers in Nigeria face common challenges such as work overload and long working hours. Due to the country's shortage of healthcare professionals, female health workers are frequently overworked, working long hours and handling a large patient load. This causes burnout and exhaustion, impairing their ability to provide quality healthcare. Long working hours also make it difficult for female health workers to balance their work and personal lives, resulting in stress and depression.

- **Safety and security**

Safety and security are significant concerns for female health workers in Nigeria, particularly in conflict-affected areas. Female health workers face the risk of physical violence, sexual harassment, and abuse while providing medical services, especially in rural and conflict-affected areas. This puts their safety and security at risk, affecting their ability to provide quality healthcare services. Moreover, the fear of violence and abuse can lead to a lack of motivation and job satisfaction among female health workers.

- **Stigma and discrimination related to HIV/AIDS**

Another challenge that female health workers face in Nigeria is HIV/AIDS stigma and discrimination. Despite their role in HIV/AIDS care and treatment, female health workers are frequently stigmatized and discriminated against by patients and communities. This stigma and discrimination can lead to a lack of motivation and job satisfaction among female health workers, affecting their ability to provide high-quality healthcare.

CHAPTER FOUR: RESEARCH METHODOLOGY

4.1 Introduction

The exploration of research methodology holds paramount significance in the realm of higher education. This chapter serves as a crucial element in furnishing the capability to comprehend concepts, analyze data, and ultimately make informed decisions. The subsequent section delineates the methodologies employed in the present research endeavor. A quantitative approach is adopted for investigating the objectives of this study, specifically within the context of the health sector in Nigeria. The overarching goal of this study is to contribute substantively to the comprehension of ethical sensitivity, gender discrimination, and sexual harassment experienced by female health workers in Nigeria.

4.2 Research design

To attain the research aim and illustrate the connection between variables in the study on "the perceptions of female health workers towards ethical attitudes on job satisfaction: a case study of the Nigerian health sector," the researcher must gather the most precise information. The chosen method for obtaining the sample in this research is convenience sampling. This approach involves collecting data from readily available participants who meet the criteria, allowing for practicality in the data collection process. Subsequently, the collected information will be transformed into data for a rigorous analysis of the situation, ensuring a comprehensive exploration of the research topic while maintaining its original focus.

Table 1: Research Questions with Research Methods, Sources of Data, and Instruments.

No.	Research Question	Source of Data	Instruments	Methods

1	Is there a relationship between ethical sensitivity and job satisfaction of female health workers in the studied sample?	Employees Participants	Questionnaire	Quantitative
2	Does sexual harassment influence the job satisfaction of female health workers in the studied sample negatively?	Employees Participants	Questionnaire	Quantitative
3	Is there a relationship between gender discrimination and job satisfaction of female health workers in the studied sample?	Employees Participants	Questionnaire	Quantitative
4	Does the quality of work life have a significant impact on the job satisfaction of female health workers in the studied sample?	Employees Participants	Questionnaire	Quantitative

4.3 Research hypothesis

H1. There is a significant relationship between ethical sensitivity and job satisfaction of female health workers in Nigeria.

H2. Sexual harassment influences Job satisfaction of female health workers in Nigeria negatively.

H3. There is a significant relationship between gender discrimination and the job satisfaction of female health workers in Nigeria.

H4. Quality of work life significantly impacts the job satisfaction of female health workers in Nigeria.

4.4 Instruments and data collection method

There are three approaches for gathering and analyzing data they are quantitative, qualitative and mixed methods. The quantitative method will be used for this study.

4.4.1. Quantitative data collection

In the pursuit of testing the hypotheses of this research on "the perceptions of female health workers towards ethical attitudes on job satisfaction: a case study of the Nigerian health sector," a questionnaire was chosen as the primary instrument for data collection. The survey focused specifically on women in the health sector, and a total of 700 questionnaires were distributed across various healthcare settings in Nigeria, including hospitals, clinics, community health centers, and laboratories. Subsequently, 520 completed questionnaires were collected from female health workers.

The questionnaire comprised four sections, each addressing distinct aspects: ethical sensitivity, job satisfaction, sexual harassment, and gender differences, along with demographic information. To measure job satisfaction, the Minnesota Satisfaction Questionnaire (MSQ) developed by Weiss et al. (1996) was employed. The MSQ utilizes a 5-point Likert-type scale, ranging from 'Very dissatisfied' (1 point) to 'Very satisfied' (5 points).

Ethical attitudes were assessed using the Ethical Sensitivity Questionnaire (ESQ), developed by Kim Lutzen (1997). The ESQ consists of 30 items, employing a 5-point Likert-type scale, and includes sub-scales such as autonomy, benevolence, holistic approach, conflict, practice, and orientation.

Quality of Work Life (QWL) was measured using a questionnaire developed by Lanja Hoshang Hamad (2018). This questionnaire comprises 24 questions structured on a scale from strongly disagree (1) to strongly agree (5), covering sub-categories such as adequate compensation, working circumstances, opportunities for human development, growth and security, social integration, constitutionalism, work-life balance, the social relevance of work life, employee welfare and well-being, quality of information system, human resource and QWL, alienation of QWL, infrastructure and office facilities, and leadership style.

The experience of sexual harassment was gauged using the Sexual Experiences Questionnaire (SEQ), revised by Fitzgerald et al. (1995), which assesses the frequency of gender harassment and unwanted sexual attention experienced by women from male coworkers or supervisors in the previous years.

Gender differences were examined through self-administered questionnaires incorporating elements from various literature sources, and a sample of the questionnaire is available in the appendix. This comprehensive approach in utilizing established scales and custom questionnaires aims to capture a nuanced understanding of the research variables among female health workers in the Nigerian health sector.

4.5 Selection and exclusion of participants

The data collection process involved the participation of employees with less than one year of experience. This deliberate selection was made based on the premise that years of experience should not be a determinant of high-quality work life. Similarly, the positions of the employees were not considered a limiting factor, and convenience sampling was employed to ensure representation from various levels of positions within the healthcare setting. The rationale behind this approach is rooted in the belief that being treated equally among employees, irrespective of their position or experience, serves as a key indicator of a positive quality of work life. This convenience sampling method aims to capture diverse perspectives and experiences, contributing to a comprehensive understanding of the factors influencing work life in the healthcare context.

4.6 Measurements

Conceptualization of Independent Variable (Ethical Sensitivity)

Ethical sensitivity is about passing clinical judgments to be defended ethically. Ethical sensitivity provides the opportunity to identify ethical difficulties and individuals' emotional and mental perceptions and raises awareness about ethical results of decisions made by other people

Operationalization of Independent Variable “ES”:

The independent variable “ethical sensitivity” will be measured by ethical sensitivity scale developed by Kim Lutzen (1997). The scale comprises of 30 questions.

Conceptualization of Independent Variable (Quality of Work Life)

The independent variable Quality of Work Life (QWL) refers to the overall well-being and satisfaction of employees in their work environment. Its sub categories include: adequate compensation, working circumstances, opportunities and human developing capacity, growth and security, social integration, constitutionalism, work life balance, social relevance of work life, employee welfare and well-being, quality of information system, human resource and QWL, alienation of QWL, infrastructure and office facilities and leadership style.

Operationalization of Independent Variable “QWL”:

The independent variable “quality of work life” will be measured Lanja Hosmad scale. Each indicator has its structured question in the questionnaire (Appendix 1).

Conceptualization of Independent Variable (Sexual Harassment)

The independent variable sexual harassment is encompassing all forms of unwanted conduct of a sexual nature, whether verbal or physical.

Operationalization of Independent Variable “SEH”:

The independent variable sexual harassment will be measured using sexual harassment scale developed by Fitzgerald et al. (1995). The scale consists of 17 items.

Conceptualization of Independent Variable (Gender Discrimination)

The independent variable gender difference is a complex social, historical, and cultural phenomenon that regulates, in critical way, social life and social institutions around male`s dominance and female`s subjugation.

Operationalization of Independent Variable “GED”:

The independent variable sexual harassment will be measured using self-administered questionnaire Likert scale. The scale consists of 12 items.

Conceptualization of dependent variable (Job Satisfaction of Female Health Workers):

The dependent variable in this research can be defined as the extent of satisfaction that a female health worker has towards her career.

Operationalization of the Dependent Variable (JSFHW):

The dependent variable Job satisfaction of female health workers will be measured using the Minnesota satisfaction scale by Weiss et al (1996). The scale consists of 20 items.

4.7 Method of analysis

This research employs a combined descriptive and inferential design to examine the correlation between ethical sensitivity and job satisfaction among female health workers in the Nigerian health sector. The application of descriptive analysis empowers a researcher to synthesize and summarize data effectively, providing insights into prevailing patterns and behavioral trends. This is achieved through the utilization of visual aids such as pie charts and graphs, as well as the calculation of statistical measures like the mean. The utilization of descriptive research, coupled with the application of inferential analysis using SPSS v25.0 and Microsoft Excel, facilitates the comprehensive interpretation of gathered data.

The quantitative method will be employed in this study, utilizing survey questionnaires to collect data. This approach enables the systematic measurement of variables related to ethical sensitivity and job satisfaction, providing a structured framework for analysis. The use of inferential statistics will further allow for generalizing findings from the sample to the broader population of female health workers in the Nigerian health sector. This research methodology aims to contribute valuable insights to the existing body of knowledge on the intricate interplay between ethical sensitivity and job satisfaction among female health

workers, thereby enhancing the understanding of factors influencing their professional experiences.



CHAPTER FIVE: ANALYSIS AND FINDINGS

5.1 Introduction

This chapter constitutes a pivotal segment of the thesis, offering a detailed analysis of participant feedback and survey responses. To ensure that readers gain comprehensive insights into the identified obstacles and obtain a comprehensive overview, the researcher systematically divides this chapter into distinct sections, namely: Obstacles in data collection, a comprehensive overview of the data collection process, requisite information for research criteria, and the systematic analysis of collected data leading to the presentation of findings. This structured approach aims to provide clarity and a comprehensive understanding of the challenges encountered during data collection, the overall data collection process, the criteria essential for research, and the subsequent analysis and interpretation of the findings.

5.2 Obstacles in collecting data

As delineated in the third chapter, the data collection process utilized questionnaires. Despite assuring participants of the anonymity of their responses, a noticeable apprehension was observed among respondents while addressing the questions. While the data collection itself was not challenging, it proved to be time-consuming owing to the detailed explanations provided to participants regarding the questionnaire. The potential sample size could have been more extensive if all selected institutions had participated. Moreover, certain health institutions declined participation citing adherence to rules and regulations pertaining to the confidentiality of their professional responsibilities.

5.3. Research criteria for required information

The survey questions in total were 99 questions, 27 questions for the first independent variable – Ethical Sensitivity, 24 questions for the second independent variable – Quality of work life, 17 questions for the third independent variable – Sexual Harassment, 11 questions for the third independent variable – Gender Discrimination and 20 questions for the dependent variable which is the – Job Satisfaction of Female Health Workers –

(Appendix 1). Questions were short to make sure they do not make the reader uninterested. Statements were changing and different from one question to another like the expression “I am” is changed to “I” or “Me” to keep the respondent interested and make the participants fully imagine themselves in the situation. Questions were organized according to the literature review; the relevant factors for each section were pinpointed.

5.4 Analysis of surveys

Convenience sampling was adopted and the statistical program for social sciences (SPSS) software version 25 was used.

5.4.1 Demographic characteristics of respondents

The profile includes information about subject’s work level, marital status, age, years of work, profession, and education level. The total number of female workers involved is 520 persons. According to age, the majority are between 25 to 35 years (53.7%) while a substantial minority according to years of work (16.9%) are between 6 years and above, 66.2% were middle level workers, 10.4 % were PhD holders, 18.7 % were nurses and 56.9% are single. A complete result is shown in Table 2.

Table 2: Respondents’ Demographics

DEMOGRAPHIC CHARACTERISTICS		FREQUENCY N=520	PERCENTAGE
WORK LEVEL	Top level	88	16.9
	Middle Level	344	66.2
	Low level	88	16.9
MARITAL STATUS	Single	296	56.9
	Married	183	35.2
	Divorced	41	7.9
AGE BRACKET	Under 25 yrs	58	11.2
	25-35 yrs	279	53.7
	36-45 yrs	80	15.4

	46-55 yrs	79	15.2
	56 yrs & above	24	4.6
YRS OF WORK	Less than one year	144	27.7
	1-2 yrs	153	29.4
	3-5 yrs	135	26.0
	6 yrs & above	88	16.9
EDUCATION LEVEL	Diploma	65	12.5
	Bachelors	295	56.7
	Masters	106	20.4
	PhD	54	10.4
PROFESSION	Community Health Worker	74	14.2
	Dentist	16	3.1
	Dietician	24	4.6
	Doctor	74	14.2
	Gynecologist	24	4.6
	Medical Lab Scientist	63	12.1
	Medical Office Assistant	16	3.1
	Midwife	16	3.1
	Nurse	97	18.7
	Optician	16	3.1
	Optometrist	16	3.1
	Pharmacist	8	1.5
	Physician	15	2.9
	Physiotherapist	8	1.5
	Psychiatrist	8	1.5

Radiographer	24	4.6
Surgeon	21	4.0
TOTAL	520	100

5.5 Statistical analysis

This part will let the reader to know about the results of the data collected through a questionnaire. SPSS V25.0 was used for data analysis. Reliability analysis was conducted to check the consistency of the questionnaire constructs. Descriptive statistical analysis was used to describe sample information. Control variables were obtained using one-way ANOVA to compare the mean differences between ethnic sensitivity, quality of work life, sexual harassment, gender discrimination and job satisfaction of female health workers among participants with different demographic characteristics. Pearson correlation analysis was used to analyze the correlation between ethnic sensitivity, quality of work life, sexual harassment, gender discrimination and job satisfaction of female health workers. Linear regression was developed using SPSS PROCESS. Ethical Sensitivity (ES), Quality of Work Life (QWL), Sexual Harassment (SEH) and Gender Discrimination (GED) were the independent variables and Job Satisfaction of Female Health Workers (JSFHW) the dependent variable.

5.5.1 Reliability analysis

Reliability is the measure of internal consistency of the constructs in the study. A construct is reliable if the Alpha value is greater than .70. Construct reliability was assessed using Cronbach's Alpha. The results revealed that the Ethical Sensitivity scale with five items (.874) and Sexual Harassment scale with five items (.835), were found reliable. The Gender Discrimination scale with five items was found reliable (.744) after deleting two items which is item 6 and item 9. Quality of Work Life scale with five items (.987) and Job Satisfaction scale with five items were also found reliable (.925). Reliability results are summarized in table 3.

Table 3: Reliability Statistics

Constructs	No of items	Cronbach's Alpha
ES	5	.874
QWL	5	.987
SHE	5	.835
GED	5	.744
JSFE	5	.925

5.5.2 Results of descriptive analysis

In the study, to determine the level of ethical sensitivity of female health workers, overall total scores and dimensions were calculated. The level of ethical sensitivity increased closer to the 5 for each variable forming the scale and reduced closer to 1. Ethical sensitivity minimum and maximum values varied according to number of questions in dimensions. For instance, in the study after three questions were removed in validity analysis in the study, 27 questions remained in scale. Ethical sensitivity values ranged from 27 to 135 points for 27 questions. As seen in Table 4, general ethical sensitivity point of health professionals was 99.71. Compared average value with maximum scores, highest score of ethical sensitivity was in orientation dimension (14.97 ± 4.75); holistic approach followed this dimension (19.91 ± 5.351). Ethical sensitivity was lowest in conflict dimension (9.31 ± 3.315).

Table 4: The Mean Score of Ethical Sensitivity Questions according to Dimensions

Factors	Number of Questions	Minimum	Maximum	Mean	Standard Deviation
Autonomy	7	7	35	29.42	5.417

Holistic Approach	5	5	25	19.91	5.351
Conflict	3	3	15	9.31	3.315
Orientation	4	4	20	14.97	4.75
Practice	4	4	20	13.38	4.686
Benefit	4	4	20	12.72	4.653
General Ethical Sensitivity	27	27	135	99.71	28.172

As for quality of work life, the lowest mean was for question 9 (1.78) “I have personal privacy at work” and question 8 (1.79) “In my current job, I am treated equally among my peers” showing that the female health employees does not have good quality of work life. A complete result of the mean responses of the questions of quality of work life can be seen in figure 1.



Figure 1: The Mean Responses of the Questions of Quality of Work Life

Pertaining to sexual harassment, the highest mean was for questions 3 and 14 for making offensive remarks and subtly bribing as seen in figure2, meaning that female health workers in Nigeria experience sexual harassment in a substantial rate.

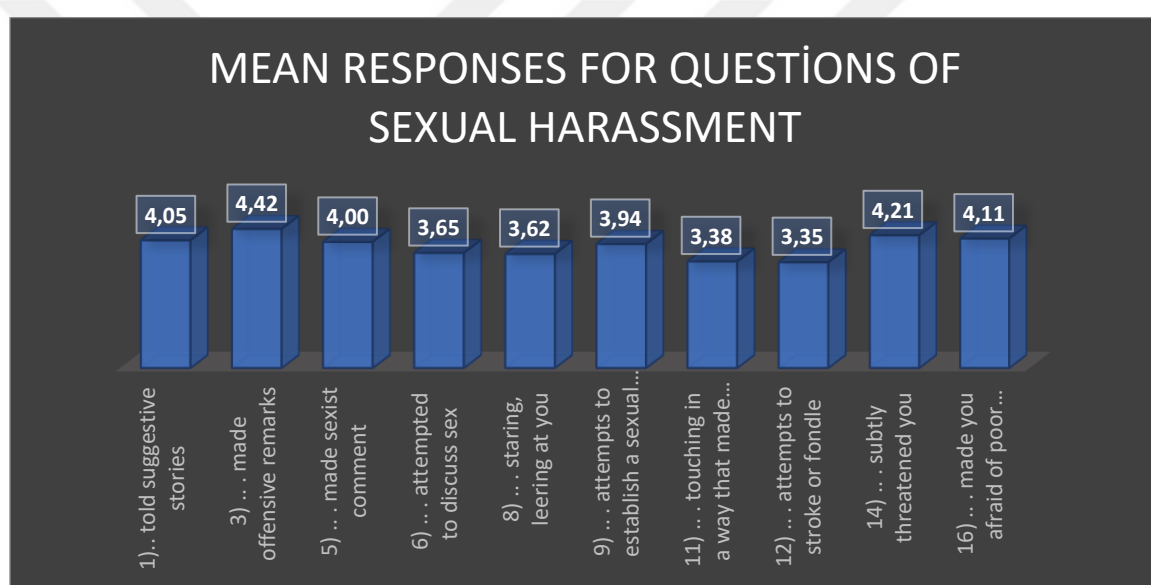


Figure 2: The Mean Responses for Questions of Sexual Harassment

According to Figure 3, the highest mean for responses of questions of gender discrimination was for questions 10 and question 4 showing that gender discrimination is prevalent in Nigerian Health institution.

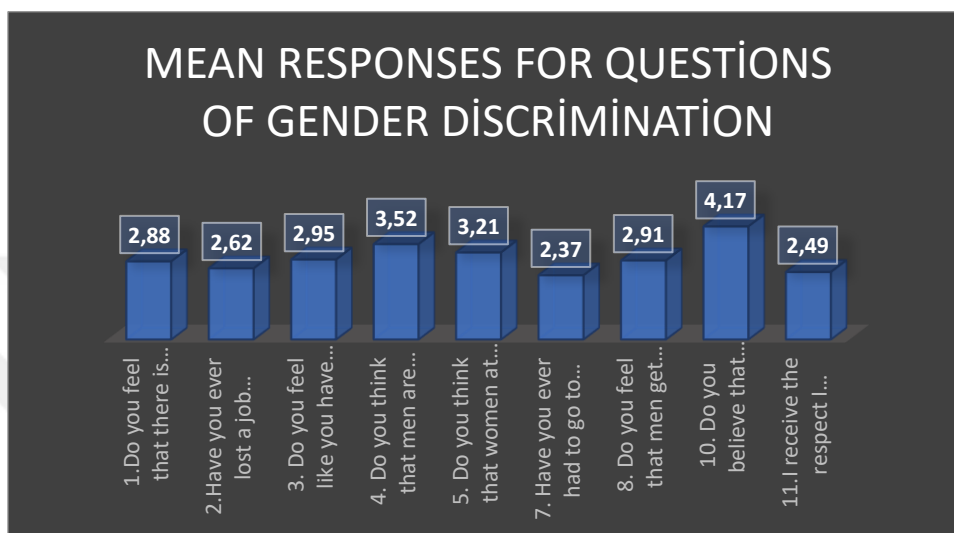


Figure 3: The Mean Responses for Questions of Gender Discrimination

However, it was found that participants' means of overall MSQ (used for job satisfaction of female health workers) scores, intrinsic satisfaction scores and extrinsic satisfaction scores were successively 68.27 ± 23.22 , 39.93 ± 14.52 and 28.34 ± 8.69 . For the MSQ, Scores close to 20 imply low levels of job satisfaction; on the other hand, scores close to 100 suggest high levels of job satisfaction. Here, the mean score for overall job satisfaction is 68.27. However, we conclude that job satisfaction of female health workers in Nigeria is at moderate level. This can be seen in table 5.

Table 5: The Mean Score of the MSQ (used for Job Satisfaction of Female Health Workers)

Factors	Number of Questions	Minimum	Maximum	Mean	Standard Deviation

Intrinsic Satisfaction	12	12	60	39.93	14.526
Extrinsic Satisfaction	8	8	40	28.34	8.694
Overall Satisfaction	20	20	20	68.27	23.22

5.5.3 Results of one way Anova

One-way ANOVA LSD test was used to compare the mean differences between ethnic sensitivity, quality of work life, sexual harassment, gender discrimination and job satisfaction of female health workers among participants with different demographic characteristics.

Table 6: Work level and quality of work life

QWL					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	322.632	2	161.316	200.879	.000
Within Groups	415.177	517	.803		
Total	737.809	519			

Table 7: Years of Work and Job Satisfaction of Female Health Workers

ANOVA					
JSFHW					
	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	33.093	3	11.031	21.406	.000
Within Groups	265.904	516	.515		

Total	298.997	519
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Table 8: Marital Status and Sexual Harassment

ANOVA					
SHE					
	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	3.467	2	1.733	3.104	.046
Within Groups	288.681	517	.558		
Total	292.148	519			

Table 9: Age and Gender Discrimination

ANOVA					
GED					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	7.423	4	1.856	3.663	.006
Within Groups	260.893	515	.507		
Total	268.316	519			

Table 10: Education Level and Job Satisfaction of Female Health Workers

ANOVA					
JSFHW					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	29.898	3	9.966	19.110	.000
Within Groups	269.099	516	.522		
Total	298.997	519			

Table 11: Marital Status and Ethical Sensitivity

ANOVA					
ES					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	6.825	2	3.413	13.715	.000
Within Groups	128.642	517	.249		
Total	135.467	519			

The results of the one-way ANOVA statistical analysis reveal a significant difference in the quality of work life among different work levels ($F(2,517) = 200.879$, $p < .05$), as depicted in Table 6. The accompanying means plot in Figure 4 further illustrates that employees in the top-level exhibit a superior quality of work life compared to individuals in other work levels.

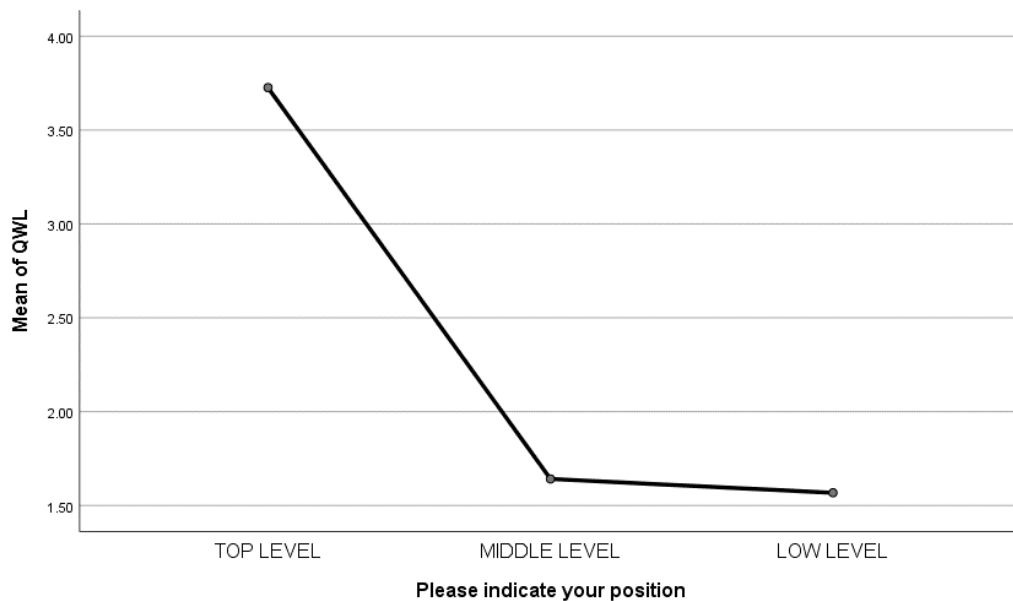


Figure 4: Means Plot of Work Level and Quality of Work Life

It was ascertained that difference in the mean of job satisfaction of female health workers was statistically significant on the basis of years of work ($p < 0.05$) (table 7) and job satisfaction of female health workers from 6 years and above was higher than those at other years of work. This can be seen in figure 5 below:

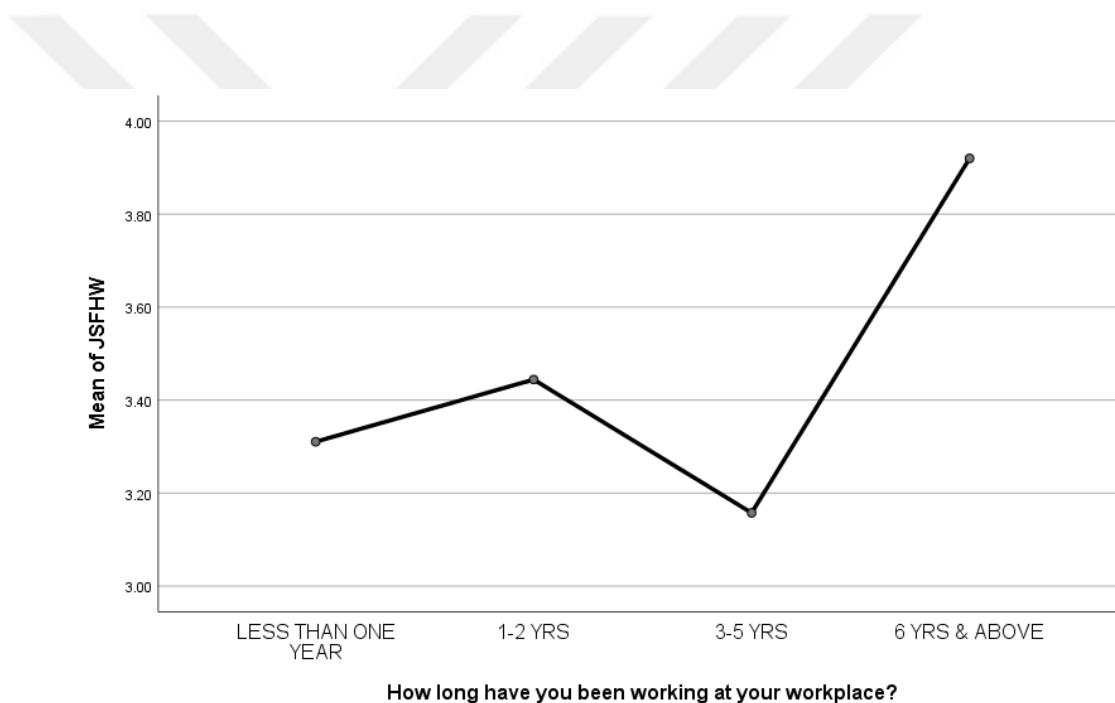


Figure 5: Means Plot of Years of Work and Job Satisfaction of Female Health Workers

The research findings based on the ANOVA statistical analysis on table 8 revealed a significant difference of sexual harassment between marital status. From the means plot in figure 6, it was also revealed that single women were more harassed than married and divorced women.

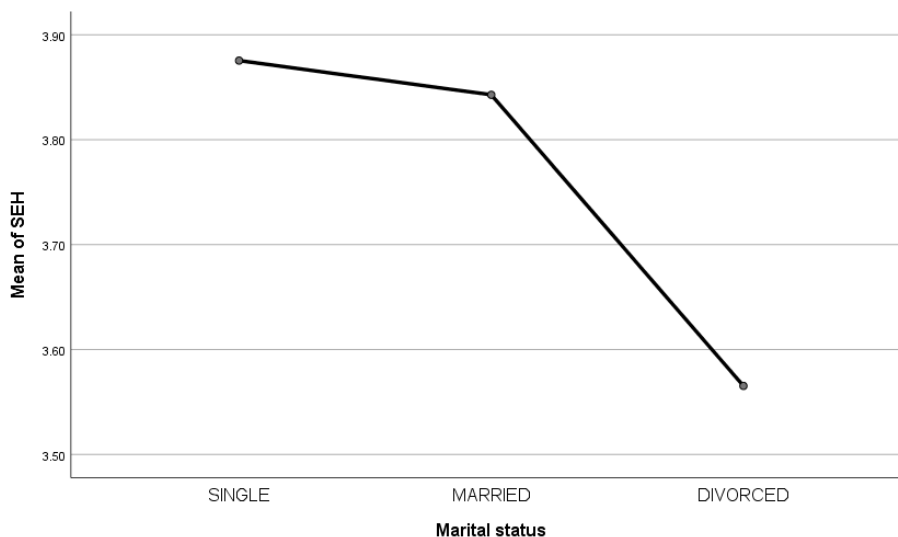


Figure 6: Means Plot of Marital Status and Sexual Harassment

Furthermore, the one-way analysis of variance revealed a statistically significant disparity in the mean score of gender discrimination across various age brackets (see Table 9). Specifically, the findings suggest that women aged between 36 and 45 years encounter more significant gender discrimination compared to other age groups within Nigerian Health Institutions. Additionally, female health workers aged 56 years and above experience comparatively lower levels of discrimination, as illustrated in Figure 7.

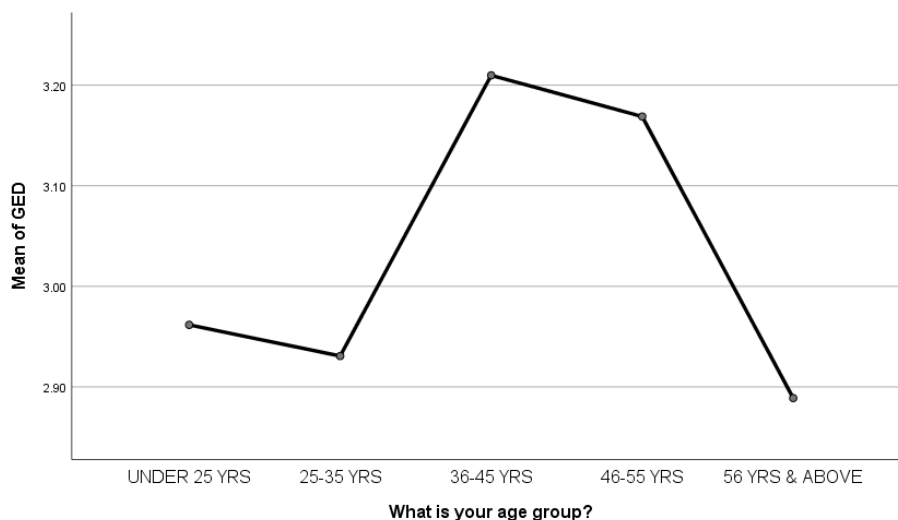


Figure 7: Means Plot of Age and Gender Discrimination

Based on the data presented in Table 10, a statistically significant difference was observed in the mean scores of job satisfaction among female health workers, categorized by their education levels. The analysis revealed that individuals holding a PhD exhibited higher mean job satisfaction scores compared to those with other education levels, indicating that female health workers with a PhD express higher levels of job satisfaction. Following this trend, individuals with a Master's degree also reported relatively high job satisfaction levels and the bachelors degree holders experience the lowest work satisfaction, as depicted in Figure 8.

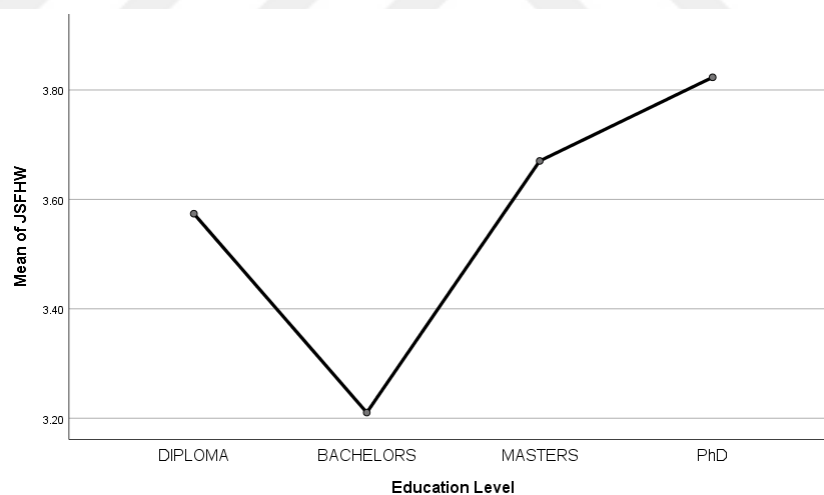


Figure 8: Means Plot of Education Level and Job Satisfaction of Female Health Workers

The one-way analysis of variance also revealed from table 11 that there was a significant difference in ethical sensitivity between marital status. Women who were divorced were found to have higher ethical sensitivity level. This is followed by married women. This can be seen from the means plot below:

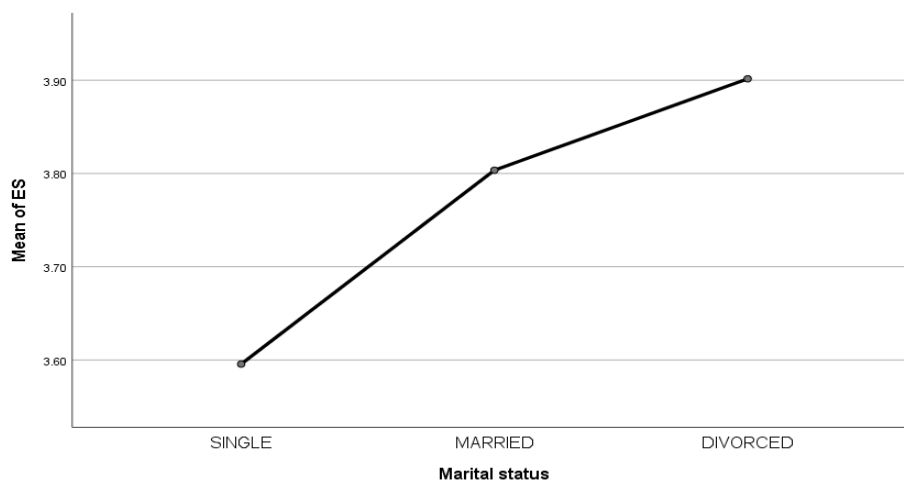


Figure 9: Means Plot of Marital Status and Ethical Sensitivity

Moreover, a bar chart was generated to assess the mean disparities in the quality of work life across different professions. Pharmacists emerged with a notably higher quality of work life compared to other professions. Opticians and dentists also demonstrated favorable scores in this regard. Conversely, physiotherapists and radiographers exhibited the lowest quality of work life. A complete result can be clearly seen in figure 9

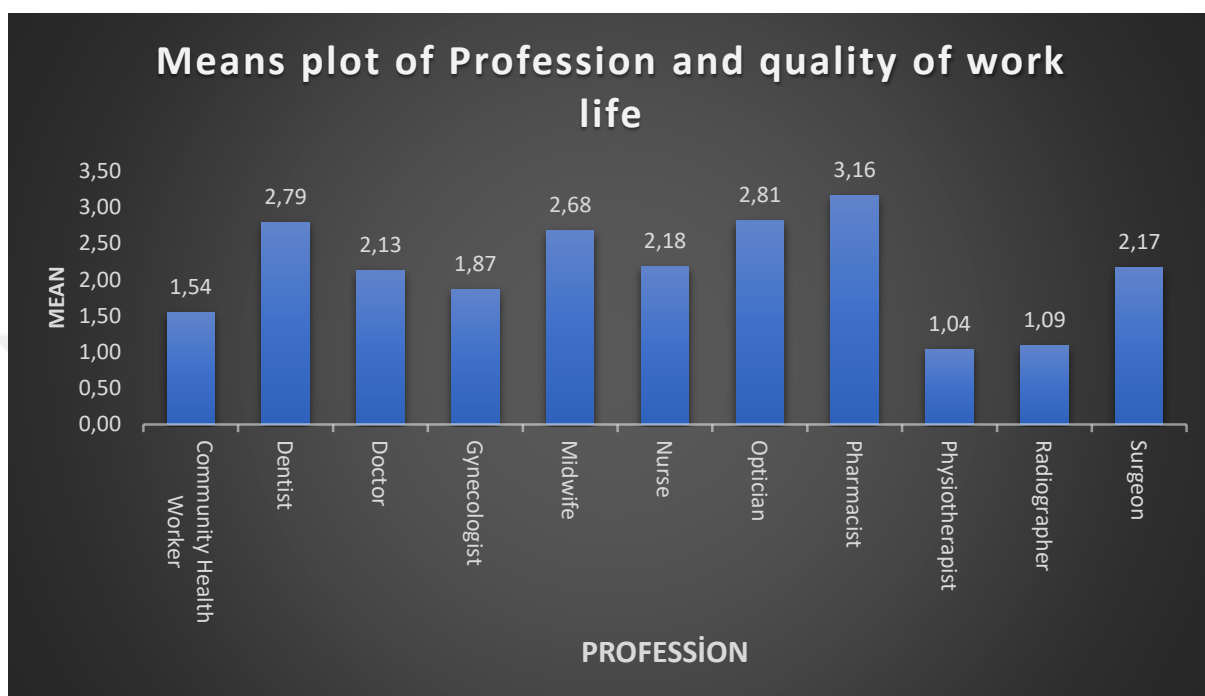


Figure 10: Means Plot of Profession and Quality of Work Life

5.5.4 Regression results

Linear regression analysis was conducted using SPSS PROCESS. Ethical Sensitivity (ES), Quality of Work Life (QWL), Sexual Harassment (SEH) and Gender Discrimination (GED) were the independent variables and Job Satisfaction of Female Health Workers (JSFHW) the dependent variable. Below are the regression results:

Table 12: Regression Results

<i>Model Summary^b</i>					
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.726 ^a	.527	.523	.52429	2.366

<i>ANOVA^a</i>						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	157.436	4	39.359	143.189	.000 ^b
	Residual	141.561	515	.275		
	Total	298.997	519			

<i>Coefficients^a</i>						
Model		Unstandardized Coefficients		Standardized Coefficients		Sig.
		B	Std. Error	Beta	t	
1	(Constant)	3.226	.230		14.055	.000
	ES	.788	.048	.531	16.443	.000
	QWL	.041	.024	.064	1.698	.090
	SEH	-.464	.037	-.459	-12.494	.000
	GED	-.340	.035	-.322	-9.585	.000

From the model summary shown in table in table 12, the Pearson correlation coefficient (r) describes the strength and direction of the linear relationship between two or more variables. The r -value of 0.726 shows that there is a strong correlation among the four variables. The R^2 (Coefficient Determination) is used to measure the goodness of fit or the explanatory power of a model. Technically, from the regression result above in table, the value of R^2 is 0.527 shows that about 52.7% of the changes in JSFHW (Job Satisfaction of Female Health Workers) is explained by ES (Ethical Sensitivity), QWL (Quality of work life), SEH (Sexual Harassment) and GED (Gender Discrimination) jointly while 47.3% is captured by the error term. This shows that the model has a strong fit. After adjustment of the degree of freedom, the adjusted R^2 value which is 0.523 shows that about 52.3% of changes in WSA are explained by QWL and WST jointly, while 47.7% is captured by the error term. It also shows that the model has a strong fit.

The Durbin-Watson (DW) statistic measures the evidence of autocorrelation in the residuals. The acceptable DW range of no autocorrelation is between 1.45 and 2.44. Thus, the fitted regression line result showed that there is no evidence of autocorrelation as indicated by DW statistic value of 2.366.

The ANOVA (or F- statistic) measures the overall significance of the model. The result confirms that the overall regression model is significant for the data and this was captured by the ANOVA (F-statistic) value of 143.189 and its associated probability value of 0.000 which is less than 0.05 level of significance. However, this means that only of the variance in the overall Job satisfaction of female health workers was explained by the independent variables. Conversely, was explained by other factors.

The Coefficient part labelled “Unstandardized Coefficient “depicts the estimated coefficients(β) which shows the sign and size or magnitude of change. They are computed by the standard OLS formula. Ethical sensitivity, sexual harassment and gender discrimination influences job satisfaction of female health workers and are significant at .000. The coefficient of quality of work life showed a p- value greater than 0.05, hence we conclude that it has no significant impact on job satisfaction of female health workers.

However, the regression result above can be summarized in the equation form as follows:

$$JSFHW=3.226+0.788ES +.0.041QWL-0.464SEH-0.340GED$$

5.5.5 Correlation test

The main objective of this study was to identify the relationship between ethical sensitivity and job satisfaction of female health workers. The Pearson Product Moment Correlations was conducted to determine the relationship between dependent variable and independent variables. Two variables ES and QWL were found to have a positive correlation with the dependent variable JSFHW while the other two remaining variables were found to have a negative relationship with the dependent variable. And all of them were found to be statistically significant($p<0.05$). A complete result can be seen below:

Table 13: Correlation

Correlations

		ES	QWL	SEH	GED	JSFHW
ES	Pearson Correlation	1	.086	.003	.342**	.425**
	Sig. (2-tailed)		.051	.953	.000	.000
	N	520	520	520	520	520
QWL	Pearson Correlation	.086	1	-.535**	.215**	.285**
	Sig. (2-tailed)	.051		.000	.000	.000
	N	520	520	520	520	520
SHE	Pearson Correlation	.003	-.535**	1	.057	-.510**
	Sig. (2-tailed)	.953	.000		.195	.000
	N	520	520	520	520	520
GED	Pearson Correlation	.342**	.215**	.057	1	-.153**
	Sig. (2-tailed)	.000	.000	.195		.000
	N	520	520	520	520	520
JSFHW	Pearson Correlation	.425**	.285**	-.510**	-.153**	1
	Sig. (2-tailed)	.000	.000	.000	.000	
	N	520	520	520	520	520

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

5.6 Test of hypothesis

In this study, linear regression analysis and correlation test was used to test the alternative hypothesis and null hypotheses in this study. P -value is taken to check the significance. If P- value is equal to or less than 0.05, we reject the null hypothesis and accept the alternative hypothesis.

Hypothesis 1: There is a significant relationship between ethical sensitivity and job satisfaction of female health workers in Nigeria.

H0- There is no significant relationship between ethical sensitivity and job satisfaction of female health workers in Nigeria

H1- There is a significant relationship between ethical sensitivity and job satisfaction of female health workers in Nigeria

Table 13 demonstrates that there is a positive significant relationship between ethical sensitivity and job satisfaction of female health workers in Nigeria, accordingly only H1 was approved and from the first hypothesis and H0 was rejected because the P value (Sig) is less than 0.05. The correlation scores at .425 which shows a positive correlation. However, we conclude that there is a significant relationship between ethical sensitivity and job satisfaction of female health workers in Nigeria.

Hypothesis 2: Sexual harassment influences Job satisfaction of female health workers in Nigeria negatively.

H0- Sexual harassment does not influence Job satisfaction of female health workers in Nigeria positively.

H1- Sexual harassment influences Job satisfaction of female health workers in Nigeria negatively.

From the above regression results in table 12, sexual harassment influences job satisfaction of female health workers in Nigeria. The coefficient of SEH is -.464 and probability value (0.000) is less than 0.05. This shows that a unit increase in sexual harassment decreases job satisfaction of female health workers by 46%. However, we reject the null hypothesis and thereby accept the alternative hypothesis that sexual harassment influences job satisfaction of female health workers in Nigeria. And it is negatively.

Hypothesis 3: There is a significant relationship between gender discrimination and job satisfaction of female health workers in Nigeria.

H0- There is no significant relationship between gender discrimination and job of female health workers in Nigeria.

H1- There is a significant relationship between gender discrimination and job of female health workers in Nigeria

Table 13 demonstrates that there is a negative significant relationship between gender discrimination and job satisfaction of female health workers in Nigeria, accordingly only H1 was approved from the first hypothesis and H0 was rejected because the P value (Sig) is less than 0.05. The correlation scores at -.153 which shows a negative correlation. However, we conclude that there is a significant relationship between gender discrimination and job satisfaction of female health workers in Nigeria.

Hypothesis 4: Quality of work life has a significant impact on Job satisfaction of female health workers in Nigeria.

H0- Quality of work life has a significant impact on Job satisfaction of female health workers in Nigeria.

H1- Quality of work life has a significant impact on Job satisfaction of female health workers in Nigeria.

From the above regression results in table 12, the coefficient of QWL is -.041. This shows that a unit increase in quality of work life increase job satisfaction of female health workers by 4.1 %. However, the probability value (0.090) is greater than 0.05. It is not statistically significant. We thereby fail to reject the null hypothesis and conclude that quality of work life has no significant impact on job satisfaction of female health workers in Nigeria

5.7 Discussion of findings

According to results of this study, ethical sensitivity of health professionals was generally at moderate level. It was found that orientation and holistic approach dimension were highest ethical sensitivity between dimensions. In contrast, the lowest sensitivity was in conflict dimension. Also, it was found that the mean of overall scores of job satisfaction was at moderate level. In this study, work level was found to be a significant factor that

causes changes in quality of work life. Female health workers in top level have better quality of work life than others. This scenario is obvious and dominant in Nigeria. Everyone is entitled to a good quality of work life and not only the top level. However, those who have spent longer years of work (6 yrs & above) were found to be more satisfied with their jobs. This suggests that job satisfaction among these health workers depends on their adaptation to their work environments. This has been found to be true in other studies where job satisfaction was best predicted by a longer duration of working experience and high levels of self-efficacy, personal accomplishment, and perceived benefits. For this reason, frequent transfer and relocation should be avoided. There was also a significant difference in sexual harassment based on marital status. Single women were found to experience higher level of sexual harassment. According to Feingold (1992) these women characteristics are physically attractive and they are perceived as sociable, warm, and socially skilled. Female health workers between 36-45 have been found to experience more gender discrimination when compared to others in this study. However, education was found to be a significant determinant of job satisfaction of female health workers. PhD holders were found to be more satisfied with their jobs than others. Also, other studies claimed that job satisfaction was enhanced as the education level of nurses went up. There was a statistically significant difference in ethical sensitivity of female health workers based on marital status. It was found that female health workers who are divorced have higher ethical sensitivity level. However, there were opposite studies showing that those who are married were higher ethical sensitivity levels (Tosun, 2005). Pharmacists were found to be more satisfied with their jobs than the rest. The linear regression analysis revealed that ethical sensitivity, sexual harassment and gender discrimination are significant predictors of job satisfaction of female health workers. Ethical sensitivity showed a significant positive impact on job satisfaction of female health workers in Nigeria while sexual harassment and gender discrimination showed a significant negative impact on job satisfaction of female health workers in Nigeria. Quality of work life was found to have no significant impact on job satisfaction of female health workers in Nigeria in this

research. Several studies have proved that quality of work life is a major and significant factor influencing job satisfaction. It is believed that the divergence in findings of this study was related with socio-demographic characteristics of female health workers in Nigeria.

The study's findings reveal a nuanced perspective on the correlation between ethical sensitivity, job satisfaction, and socio-demographic factors among female health workers in Nigeria. Analysis of ethical sensitivity indicates a moderate level among health professionals, underscoring the pivotal role of ethical considerations in upholding professional integrity within the healthcare sector, as emphasized by Childress and Beauchamp (2022). In terms of gender disparities in ethical perceptions, the research aligns with existing literature, indicating that women exhibit higher ethical sensitivity and a greater inclination to report unethical behaviors compared to men. Giacalone and Jurkiewicz (2011) attribute this gender discrepancy to men's tendency to justify unethical actions, while women view such behaviors as morally wrong. This observation aligns with the study's findings, suggesting that women are more likely to report unethical behaviors, demonstrating a commitment to organizational values. Socio-demographic factors emerge as influential determinants of job satisfaction. Work level, marital status, and educational attainment play significant roles, with a positive correlation noted between job satisfaction and years of work experience, consistent with broader discussions on the positive relationship between job satisfaction and tenure (Lewis & Beauregard, 2018). Higher job satisfaction among PhD holders and the impact of marital status on job satisfaction underscore the intricate interplay between personal and professional aspects of life. The challenges of work-life balance among female health workers in Nigeria, particularly concerning childcare responsibilities, resonate with broader discussions on the delicate balance between professional and personal duties. Challenges identified by Adisa, Mordi, and Mordi (2012) among female doctors align with the study's findings, emphasizing the negative impact on family lives. The study further emphasizes the influence of Nigeria's social infrastructure on work-life balance, in line with discussions by Ojebode et al. (2018) regarding contextual factors influencing these challenges. The prevalence of sexual

harassment within health institutions, as noted in the *New England Journal of Medicine* (2019), is substantiated by the study's findings, emphasizing the detrimental effects on the mental and emotional well-being of female health workers. Consistent with broader literature, including Paul's (2013) research, the study underscores the notion that issues of harassment and discrimination can lead to burnout and increased risks of physical and mental health problems among female workers.

In conclusion, the study provides a comprehensive understanding of the intricate dynamics shaping ethical sensitivity, job satisfaction, and the unique challenges faced by female health workers in Nigeria. The findings offer valuable insights for policymakers, healthcare administrators, and practitioners seeking to enhance the well-being and job satisfaction of female health workers in Nigeria.

Result and Discussion

In this chapter, conclusions are made regarding all chapters. This chapter is divided into four parts, the conclusion, the recommendation, the limitations of the study and the suggestions for further studies. In this chapter, conclusions will be made with respect to the research questions also recommendations will be given supported by the literature review and data analysis.

As the number of women in the corporate sector continues to rise, addressing the issue of job satisfaction becomes increasingly imperative. The satisfaction of health workers plays a pivotal role in ensuring the delivery of quality healthcare. Fundamental to an individual's overall lifestyle is the happiness derived from their workplace activities. This holds true for health workers, whose satisfaction significantly influences patient safety, work behavior, the quality of care and attention provided, turnover rates, dedication to work, and engagement with their profession. Numerous studies have explored job satisfaction, and against this backdrop, this study aims to investigate the correlation between ethical sensitivity and job satisfaction among female health workers in Nigeria. Out of the 700 distributed questionnaires, 520 complete responses were received, yielding a questionnaire return rate of 74.3%. The data collected from 520 female health workers in Nigeria underwent analysis using linear regression, correlation tests, and descriptive statistics. The study found that the ethical sensitivity of health professionals generally stood at a moderate level, with the highest sensitivity observed in the orientation and holistic approach dimensions and the lowest in the conflict dimension. Additionally, the overall scores for job satisfaction were at a moderate level. The study identified work level as a significant factor influencing changes in the quality of work life. Female health workers at the top level reported better quality of work life than their counterparts. Notably, individuals with more than six years of work experience exhibited higher job satisfaction. Marital status also played a role in job satisfaction, with single women experiencing higher levels of sexual harassment. Furthermore, female health workers aged 36-45 faced more gender

discrimination compared to other age groups. Educational attainment emerged as a significant determinant of job satisfaction, with PhD holders expressing higher satisfaction levels. Ethical sensitivity showed a statistically significant difference based on marital status, with divorced female health workers displaying higher levels of ethical sensitivity. Pharmacists reported higher job satisfaction compared to other health workers. The study revealed a positive relationship between ethical sensitivity and job satisfaction among female health workers in Nigeria. Regression results indicated that ethical sensitivity, sexual harassment, and gender discrimination were significant predictors of job satisfaction. Ethical sensitivity had a positive impact, while sexual harassment and gender discrimination had negative impacts on job satisfaction among female health workers in Nigeria. Surprisingly, the research found no significant impact of quality of work life on job satisfaction, potentially attributed to the unique socio-demographic characteristics of female health workers in Nigeria.

Drawing from the insights gained in this study, recommendations are formulated based on a synthesis of literature, data analysis, and personal reflection. The imperative is to elevate job satisfaction among female health workers in Nigeria and ensure that their professional roles and responsibilities align with their aspirations. The following recommendations emanate from the study's findings:

1. Encourage Women in Paid Employment: Actively support and encourage women in their professional endeavors, recognizing that engagement in work contributes significantly to their job satisfaction.
2. Provide Opportunities for Deserving Women: Afford deserving women opportunities to hold responsible positions, addressing their self-esteem and self-actualization needs within the workplace.
3. Foster a Pleasant Working Atmosphere: Create a positive and supportive working environment, as women value cordial relationships with their employers, contributing to overall job satisfaction.

4. **Enhance Working Conditions and Culture:** Improve working conditions and cultivate a positive work culture to enhance the quality of work life, subsequently boosting job performance and increasing job satisfaction.
5. **Tailor Work Environments to Education Levels:** Ensure that the work environment aligns with the education levels of health workers, as a conducive setting positively impacts job satisfaction, while an indecent environment may have adverse effects.
6. **Prioritize Work Environment Concerns:** Address work environment issues to retain healthcare workers, reduce turnover intentions, and discourage migration to foreign-established hospitals, thereby enhancing the effectiveness of the healthcare system.
7. **Continuous Organizational Support:** Ensure continuous organizational support for healthcare workers in Nigerian hospitals, with a focus on management of tertiary institutions, to sustain a conducive working environment.
8. **Equal Treatment and Supervision:** Promote equal treatment for all health workers, ensuring impartial supervision without preferential treatment. This fosters efficient socio-camaraderie at work, positively influencing healthcare motivation and professional growth.
9. **Improve Extrinsic Factors:** Decision makers and healthcare authorities should enhance extrinsic factors such as increasing wages, providing bonuses, conducting training programs, and treating the healthcare workforce as a valuable resource.
10. **Address Sexual Harassment:** Implement a robust system for handling sexual harassment cases in the workplace, with a focus on preventing victimization of female staff. Establishing in-house mechanisms and action committees is crucial for addressing this issue comprehensively.
11. **Develop Ethical Values:** Beyond ethical sensitivity, take comprehensive steps to address ethical dilemmas in healthcare services. Activate functional ethics committees in hospitals, provide consultation services for healthcare professionals facing ethical

dilemmas, and offer practical training in ethics and ethical decision-making to develop ethical values.

The Main limitation of the study is we have included only five variables. Establishing causality between the independent variables (ethical sensitivity, gender discrimination, sexual harassment, and quality of work life) and the dependent variable (job satisfaction) presents a significant challenge. Correlation does not necessarily imply causation, and the study may overlook other influential factors affecting job satisfaction among female health workers. Moreover, data collection on sensitive issues like sexual harassment and gender discrimination may be hindered by underreporting or reluctance to disclose experiences, potentially limiting the depth of analysis

Another limitation was that our study was focused on one industry. While the focus on the Nigerian health sector provides valuable insights, it may restrict the applicability of the study's conclusions to other sectors or countries with different socio-cultural contexts. Self-reporting bias poses another limitation, particularly concerning sensitive topics such as gender discrimination and sexual harassment, where participants may be inclined to provide socially desirable responses rather than their true experiences.

Limitations are also tied in with our small samples and self-report data. The study may face challenges in achieving a representative sample of female employees within the Nigerian health sector, potentially introducing sampling bias and limiting the generalizability of the findings to the broader population.

The cross-sectional nature of the study restricts its ability to capture changes over time and assess the long-term effects of ethical attitudes on job satisfaction among female health workers. A longitudinal approach could offer more robust insights into the dynamic relationships between these variables. Additionally, the reliability and validity of measurement tools used to assess various constructs need careful consideration to ensure the accuracy and consistency of the study's findings.

External factors such as organizational policies, governmental regulations, and socio-political events could independently influence job satisfaction, potentially confounding the study's results if not adequately addressed. Lastly, resource constraints, including limitations in time, funding, and access to participants, may restrict the scope and depth of the study, impacting its comprehensiveness and ability to draw meaningful conclusions.

Job Satisfaction is an integral component of success and happiness. Hence, further study can be undertaken to devise effective programmes to increase ethical sensitivities and job satisfaction of female employees in which this present study contributes into. Further studies can be on comparison of many sectors or industries. Future research can be on more variables and can find out which variable influences job satisfaction of female employee.

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APPENDIX 1

Research Questionnaire

Questionnaire on the perceptions of female employees towards ethical attitudes on Job Satisfaction: a case study of Nigerian Health Sector.

The purpose of this questionnaire is to better understand how you feel towards your job. To achieve this, you are asked to answer below questions by marking the box or circling the number choice that best represents your opinion. Please answer every question honestly. If you are not certain about a question, please use your best efforts to select the most reasonable answer. This survey is fully anonymous as no identifying information is required. The collected data from this survey will be used only for academic purpose. Thank you very much for your contribution.

M.O. Rotimi

Please get in touch if you have any questions.

E-mail address 

DEMOGRAPHIC INFORMATION

1. Please indicate current job position:

a. Top level

b. Middle level

c. Low level

2. What is your marital status?

a) Single b) Married c) Divorced

3. What is your profession?

Answer 

4. What is your age group?

a) Under 25 b) 26 - 35 c) 36 - 45 d) 46 - 55 e) 56 and above

5. How long have you been working at your workplace?

- a) Less than one year. b) One – Two years. c) Two – Five years. d) Five years or more.

Ethical Sensitivity

Please select the most appropriate number using the following scale when choosing your answer:

1= Strongly Disagree 2= Disagree 3 = Natural 4 = Agree 5 = Strongly Agree

Questions	Answers				
	1	2	3	4	5
<p>Autonomy</p> <p>1.If I do not have enough knowledge about patient's personal history, I trust the standards related to treatment.</p> <p>2.I believe it is important to have certain principles in the treatment of patients.</p> <p>3.Even if patient objects, I always act based on the information which I believe as best treatment.</p> <p>4.I believe that good treatment mostly comprises the patient's participation in decision-making processes.</p> <p>5.When a patient refuses treatment, watching set of rules is important.</p> <p>6.If the patient was hospitalized involuntarily, I have to be prepared to situation that patient do not accept treatment.</p> <p>7.I consult my colleagues in the case of struggling to decide in the treatment process.</p>					
<p>Holistic Approach</p>					

<p>8. I have to know what kind of treatment and care that patients should take.</p> <p>9. When I have to decide on a difficult issue, it is important to be always honest to patients.</p> <p>10. Even if I cannot give patient adequate information about the his/her illness, I find my professional role meaningful.</p> <p>11. The patient's response to treatment mostly determines whether I make the right decision or not in the process of treatment.</p> <p>12. My responsibility as physician / nurse is to have knowledge about the patient's general condition.</p>					
<p>Conflict</p> <p>13. I mostly experience contradictions how I should approach to the patient about treatment.</p> <p>14. I'm often confronted with situations in deciding what ethically correct implication in the process of treatment is.</p> <p>15. I frequently meet with the case of deciding about the patient himself/herself in the treatment process.</p>					
<p>Orientation</p> <p>16. I believe that physician/nurse-patient relationship is very important component during the treatment process.</p> <p>17. I believe that a good treatment process involves the participation of the patient to this process.</p> <p>18. I mostly reflect my professional standards and values on my treatment.</p> <p>19. I believe that a good treatment includes respect to patient's choice</p>					
<p>Practice</p>					

<p>20.I mostly trust my feelings when it is needed to take difficult decision for patient.</p> <p>21.When I do not know what is ethically right or wrong, I use my own experiences rather than theoretical knowledge.</p> <p>22.When I feel the need to make a decision outside the patient's wishes, I do most beneficial thing for the patient.</p> <p>23.When I'm not sure what to do in the process of treatment, I mostly rely on other physicians/nurses' information about the patient.</p>					
<p>Benefit</p> <p>24.If I lose the confidence of the patient, I think that my job has lost its meaning as nurse / physician.</p> <p>25.If the patient rejects treatment, I think that a good treatment is difficult.</p> <p>26.If there is lack of information about the patient's illness, I believe that I can do things to have knowledge.</p> <p>27. If I do not see an improvement in my patients, I feel that my work has no meaning.</p>					

Sexual Harassment

Please select the most appropriate number using the following scale when choosing your answer:

1 = Never 2= Once 3= Sometimes 4= Often 5 = Most of the time

Questions	Answers				
	1	2	3	4	5
<p>Gender harassment</p> <p>1).. told suggestive stories</p>					

2) . . . made crude sexual remarks					
3) . . . made offensive remarks					
4) . . . displayed offensive materials					
5) . . . sexist comment					
Unwanted sexual attention					
6) . . . attempted to discuss sex					
7) . . . unwanted sexual attention					
8) . . . staring, leering at you					
9) . . . attempts to establish a sexual relationship					
10) . . . repeated requests for drinks, dinner, despite rejection					
11) . . . touching in a way that made you feel uncomfortable					
12) . . . attempts to stroke or fondle					
Sexual coercion					
13) . . . subtly bribed you					
14) . . . subtly threatened you					
15) . . . made it necessary to cooperate to be well treated					
16) . . . made you afraid of poor treatment if you didn't cooperate					
17) experienced consequences for refusing					

Gender differences

Please select the most appropriate number using the following scale when choosing your answer:

1 = Strongly Disagree 2= Disagree 3 = Natural 4 = Agree 5 = Strongly

Agree

No.	Questions	Answers

		1	2	3	4	5
1	Do you feel that there is gender discrimination at your workplace?					
2	Have you ever lost a job opportunity because of your gender?					
3	Do you feel like you have to work harder at your job because of your gender?					
4	Do you think that men are more superior than women at the place?					
5	Do you think that women at your workplace receive less opportunities than the men?					
6	Do you think that a woman would be able to fill a top position at your workplace?					
7	Have you ever had to go to desperate measure to get a promotion?					
8	Do you feel that men get promoted more than women at your workplace?					
9	Do both men and women get paid the same amount of money for the same job at your workplace?					
10	Do you believe that men and women should be treated as equals in the workplace?					
11	I receive the respect I deserve from my colleagues					

Job Satisfaction

Please select the most appropriate number using the following scale when choosing your answer:

1= strongly dissatisfied 2= dissatisfied 3= neutral 4= satisfied 5 =

strongly satisfied

Questions	Answers				
	1	2	3	4	5
Intrinsic satisfaction					

1 Being able to keep busy all the time					
2 The chance to work alone on the job					
3 The chance to do different things from time to time					
4 The chance to be somebody in the community					
5 Being able to do things that don't go against my conscience					
6 The way my job provides for steady employment					
7 The chance to do things for other people					
8 The chance to tell people what I do					
9 The chance to do things that makes use of my abilities					
10 The freedom to use my own judgement					
11 The chance to try my own methods of doing the job					
12 The feeling of accomplishment I get from the job					
13 The way my boss handles his/her workers					
14 The competency of my supervisor in making decision					
15 The way company policies are put into practice					
16 My pay and the amount of work I do					
17 The chance for advancement on this job					
18 The praise I get for doing a good job					
19 The working conditions					
20 The way my co-workers get along with each other					

Thank you for filling out this Questionnaire. Your participation in this exercise is greatly appreciated.