Corruptive intention and anti-citizenship behavior: A study of the impact of workplace dissatisfaction among personnel in the Cameroonian public health care sector

By **Sabine Célestine ETA-FOUDA BIDZOA** [a†]
& Georges FOTSO KAMGA [b]

Abstract. This study focuses on the sociocognitive processes that generally affect actors in the public administration and undermine their values, ethics, and the sense of providing a free and equitable public service, as recognized in administrative bureaucracies. We started with the following research question: What are the direct underlying determinants of corruptible behavior among public health personnel? Through a dual analysis of correlation and mediation using structural equation modeling, a confirmatory figure was presented, demonstrating the mediating effect (Hayes, 2018) of workplace distress on Corruptive Behavioral Intention (CBI) on one hand, and Organizational Citizenship Behavior (OCB) on the other.

Keywords. Corruptive intention; Anti-citizenship behavior; Workplace distress; Public health personnel.

JEL. F13; F14; Q54.

1. Introduction

In 2006, Transparency International ranked the healthcare sector as the 9th most affected among the 20 sectors recorded by corruption in Cameroon. Studies on personnel management in the health sector (Ambegaokar, 2004), and hospital reform (Balique, 2003) have pointed out that low salaries of personnel are generally perceived as one of the reasons of the lack of motivation and are considered as the most significant factors contributing to corrupt practices, absenteeism, and poor treatment of users.

When looking at the bulletin boards in our hospitals, several messages immediately stand out, inviting both users and staff "to pay only at the cashier" and to avoid corrupting the personnel; for instance: "the pharmacy is the only point of sale for medications".

The non-governmental organization (NGO) Transparency International defines corruption as "the abuse of public office for personal enrichment," which constitutes the common denominator in all cases. This phenomenon is widespread worldwide and has negative consequences. It can be classified into

[a†] University of Douala, Psychology Department, Cameroon.
☎. (00237) 677550925 / (00237) 695002084 ✉. sabeta2011@yahoo.fr
[b] University of Douala, Psychology Department, Cameroon.
☎. (00237) 696294696 ✉. fotsokamga7@yahoo.fr

petty corruption, grand corruption, and acquisition corruption. Considered as a social pathology, its cause could be linked to the processes of democratization and the open market economy (capitalism) in our society.

As a dynamic and social reality, corruption operates as a system composed of several interacting elements. Modifying one element of the corruption system can potentially disrupt the entire network of interactions, leading to a new configuration. It is a semi-open system with objectives, comprising components such as boundaries, inputs, outputs, transformation processes, and feedback. The feedback aspect is of particular concern in this research, as it refers to the emergence of corruptive tendencies in the cognitive sphere of the user due to unclear communication from certain public health personnel, perceptions of their mission, and maintenance envelopes. Multiple subsystems contribute to its complexity, making it challenging to comprehend fully.

According to Nfokolong (2004), "corruption is a pathological communication that imposes its individualism on others, thus breaking the political bond." Moreover, any change should also address attitudes, which denote a predisposition to react positively or negatively to different aspects of the environment. The change process will, therefore, depend on instilling new values that will likely modify the three interdependent components of attitude (cognitive, affective, and behavioral). The advantage would be to influence beliefs, feelings, and all predispositions to action. Thus, a holistic strategy for effective combat against corruption is considered. Corrective actions included in the national program aim to tackle this issue comprehensively. Good governance, if applied, should ultimately lead to the improvement of values and attitudes and initiate a profound change in the social system.

As the public health sector in Cameroon is concerned, historically, it is challenging to pinpoint the exact time when corruption specifically took a dramatic turn in the health sector. However, most studies indicate that its escalation occurred during the economic crisis period from 1986 to 1994. This crisis led to a drastic reduction in salaries and benefits for healthcare workers (about 70% in 1993) and significantly impacted the purchasing power of households (Balique, 2003, ECAM III, 2011).

Since the introduction of the Corruption Perceptions Index (CPI) by Transparency International in 1997, the Cameroonian government has taken measures to combat this scourge of modern economies. The report from the National Anti-Corruption Commission (CONAC) reveals that nearly 10% of the annual state budget is embezzled by government officials. This same percentage is also significant in the field of health, as the survey on Accessibility and Determinants of Healthcare and Medication Utilization (RSM) in 2012 indicates that:

> 10% of consultations are directly paid to the staff and not to the cashier, with these bills being on average 45% more expensive than the displayed prices. Unofficial private practices or double employment result in a loss of revenue for healthcare facilities and become a source of income for the staff. The double employment also promotes absenteeism in public health facilities and contributes to redirecting patients from public healthcare facilities to formal or informal private structures. The various direct payments (official, additional, for private services within the hospital, for private services outside the hospital) consume a significant portion of household healthcare expenses

The RSM survey in 2012 also observes that: "The healthcare sector has become commercialized as patient access to care and services is conditioned by prior payment; poorly remunerated staff resort to indecent survival practices such as informal payments, illicit drug sales, and redirecting patients to private clinics.

According to the Center for the Development of Good Practices in Health (C.D.B.P.S) at the Central Hospital of Yaoundé in 2015, "The resources generated in healthcare facilities are managed with opacity and rarely in a transparent manner. Beneficiaries, including users and civil society, have little say within management committees and health committees. The procurement and supply procedures in healthcare facilities are lengthy and opaque, with overpricing being almost the rule." Conflicts of interest and illicit agreements between healthcare facility officials and management committee presidents are common.

2. Psychosocial analysis of the corruption phenomenon

This study falls within the framework of an exploratory research in social psychology, specifically in the domain of public health. Models derived from social psychology, such as the Theory of Reasoned Action (TRA) and the Theory of Planned Behavior (TPB), highlight the precursor elements underlying actions. These models, developed by Fishbein & Ajzen (1975), define the links between beliefs, attitudes, norms, intentions, and behaviors of individuals. According to these models, an individual's corruptible behavior is determined by their behavioral intention to adopt such behavior. This intention is, in turn, influenced by the person's attitude and subjective norms related to that behavior. Throughout this work, we will consider planned behavior as a factor that guides and determines conduct.

The Theory of Planned Behavior (TPB) was developed by Ajzen (1985) and postulates that the intention to act is also rooted in the perceived degree of control that individuals believe they have over the behavior. In other words, it suggests that human behavior must first be decided and planned to be effective. This planning takes into account three main factors: social norms, attitudes towards the behavior, and self-efficacy, the judgments of desirability of the behavior and its consequences, considerations about the influence and opinion of others on the behavior, and beliefs about the individual's ability to successfully carry out the behavior.

By considering these elements and applying the TPB model, this study aims to explore the psychosocial factors influencing corruptive practices in the public health sector. Understanding the intentions and underlying beliefs of individuals engaged in corruption can help design interventions and strategies to combat this pervasive issue.

The Theory of Planned Behavior (Ajzen, 1991) appears to be applicable to academic cheating or embezzlement of public funds, as it can help explain the underlying mechanisms that motivate such behaviors and, consequently, predict them. One of the stated goals is that "the development of such a conceptual framework can help educators create effective interventions to promote ethical decision-making behaviors" (Hardings *et al.,* 2007). This conceptual approach can also assist decision-makers in effectively intervening through short or long-term planning of anti-corruption programs.

The Theory of Planned Behavior, developed by Ajzen in 1985, is an extension of the Theory of Reasoned Action (Cox, 2005). The intention to adopt a behavior is the focal point in the genesis of behavior (Berthelette, 2002). It is "an important prerequisite for human action; it provides the motivations that push a person to direct their behavior in a given direction" (Chamberlant, 2003). According to this theory, the decision to engage in a behavior is subsequent to the individual's intention regarding its adoption. The concept of intention refers to the fact that "individuals consider the implications that their actions may have before adopting or not adopting a behavior" (Antoine & Lelièvre, 2006). This intention is the result of three conceptual determinants: Attitude, Subjective Norm, and Perceived Behavioral Control. Each of these three variables "is the product of the importance of a belief and its evaluation" (Bartiaux, 2007). In other words, for Ajzen (2002), beliefs are the antecedents of attitude, subjective norm, and perceived behavioral control. Beliefs about the positive or negative consequences or other attributes of the behavior produce the attitude towards the behavior. Beliefs about the normative expectations of others generate subjective norms, and beliefs about the presence of facilitating or obstructing factors for performing the behavior result in perceived behavioral control. Perceived behavioral control is said to influence both intention and behavior. The aggregate or accumulation of these three elements leading to a specific behavior - attitudes, norms, and perceived behavioral control - is used as a predictor of future behavior (Antoine & Lelievre, 2006).

According to this theory, perceived behavioral control and behavioral intention can directly predict the actualization of behavior. However, the importance of these two factors may vary depending on the context and the behavior being studied (Ajzen, 1991). The theory's application to understanding and predicting corruptive practices in the public health sector could help in designing targeted interventions and prevention strategies to reduce corruption and promote ethical decision-making in healthcare institutions.

3. Method

3.1. Presentation of the study site

This study was conducted at Laquintinie Hospital in Douala. It is a second-category reference hospital with a mission to provide qualitative and quantitative medical and healthcare daily care and an appropriate response during major events, including sports events, disasters, or epidemics. The hospital offers several departments, including anatomopathology, anesthesia/intensive care, cardiology, orthopedic and traumatology surgery, visceral surgery, CTA/PPVVIH (treatment of HIV/AIDS), dermatology, ultrasound services, endocrinology-diabetology, gastroenterology and CTA for viral hepatitis, gynecology, hematology, medical imaging, maternity-obstetrics, general medicine, nephrology, neurology, and neurosurgery. It is located on 9 hectares in the heart of Douala.

3.2. Participants, sampling, and data collection

The sample for this study consists of 413 healthcare workers from various categories: Physicians: 37; Health Engineers: 14; Senior Medical and Health Technicians (TPMS): 7; Medical and Health Technicians (MHT): 35; Assistant

Laboratory Technicians (ALT): 23; Medical and Health Technical Agents (MHTA): 15; Principal Senior Nurses (PSN): 13; Senior Nurses (SN): 16; Principal Nurses (PN): 72; State Registered Nurses (SRN): 43; Nurses Specializing in Ophthalmology (NSO): 5; Assistant Nurses (ASS.N): 44; Assistant Nurses (AN), Certified Nurses (CN): 12; Nursing Aides: 77. All participants were recruited in the city of Douala, specifically from Laquintinie Hospital. The sample comprised 42% men and 58% women. The average age of the participants was 38 years. Over 45% of the respondents were under 36 years old, and a little over 60% had less than 10 years of work experience. The average organizational tenure was 10 years, and the average tenure in the current position was 7 years. All participants were randomly interviewed in their respective departments. They completed the self-administered questionnaire and returned it to the interviewer.

3.3. Variables and measurement tools

The data collection tool used in this study consists of three main sections, in addition to the introductory note: the Theory of Planned Behavior scale, the Workplace Dissaffection scale, and sociodemographic characteristics, based on the relevant theoretical frameworks (Ajzen, 1991; Moan, 2005; Ajzen & Fishbein, 2010; Ajzen, 2015).

Ethical Considerations

Potential study participants were verbally informed about the study's objectives, the confidential and voluntary nature of their participation, and the possibility to withdraw from the study at any time. Subsequently, they were provided with an informed consent form that they had to read and sign if they agreed to participate in the study.

4. Data analysis, interpretation and discussion

For this study, correlation analysis and mediation analysis were conducted.

Correlation analysis

A correlation analysis was performed to examine the relationships between the different study variables : Corruptive Intention (CI), RS, and WPD). The Pearson correlation coefficient (r) was estimated using SPSS 23. This analysis served as a preliminary step for the mediation analysis.

Mediation Analysis

To test the hypotheses, a mediation analysis was conducted using structural equation modeling. These assessments were performed through the OLS regression-based path analysis method (Hayes, 2018). A bootstrapping with 5000 iterations of resampling was carried out using the macro PROCESSv3.4.1 in SPSS 23. This mediation analysis has two steps, generating standard coefficients that assess the mediating effect (Hayes, 2018). The first step involves estimating the effect of Corruptive Behavioral Intention (CBI) on Organizational Citizenship Behavior (OCB) while controlling for Workplace Dissaffection (WPD). This one is the direct effect c'. The second one is the indirect effect ab. It refers to the effect of the CBI on the OCB through the WPD. It involves first estimating the effect of the ICC on the WPD (a), then the effect of the WPD on the OCB (b), and finally, the effect of the CBI on RS (Resultant variable) through the WPD as the product (ab) of the preceding causal sequences.

5. Results

Table 1. *Means, Standard Deviations, and Correlations of Different Variables*

	Moyenne	Ecart type	1	2	3	4	5	6
1-CBI	3.16	.83	(.85)					
2-CAC	3.66	.65	.30**	(.72)				
3-WPD	4.64	.72	.15**	.32**	(.77)			
4-CCOEN	3.74	.83	.30**	.90**	.27**	(.82)		
5-CCOEE	3.55	.80	.24**	.81**	.27**	.58**	(.65)	
6-CCOCI	2.65	.72	.16*	.70**	.24**	.42**	.46**	(.60)

Note: *p ≤ .05. **p ≤ .01** ; ICC: Corruptive Behavioral Intention ; ACBO: Anti-Citizenship Behavior ; WPD: Workplace Dissaffection ; ACBEN: Anti-Citizenship Behavior related to Helpfulness ; CACEE: Anti-Citizenship Behavior related to Team Spirit ; ACBCI: Anti-Citizenship Behavior related to Civic Spirit.

In the context of this study, we first estimated the mean, standard deviation, and correlation coefficient for each of our variables. Subsequently, mediation analyses were conducted. The results obtained from Table 1 show that the participants exhibit a corruptive behavioral intention in their organization (M= 3.16; SD=0.83). It can also be noted that they all express a desire for support from the management, an adequate staffing level, information exchanges centered on care permitted by the organization, task interruptions, relationships between physicians and nurses, shared common values, support from the administration, and respect for leaves and rest time (M= 4.64; SD=0.72). Additionally, they also exhibit citizenship behaviors towards their organization (M= 3.66; SD=0.65).

Regarding the correlation analyses, the results show overall that healthcare personnel who perceive their establishment as undervaluing their contributions and not caring about their well-being tend to exhibit anti-citizenship behaviors as well as individuals, not directly or explicitly recognized by the formal reward system, who do not contribute to the efficient functioning of the organization (r(320) = .30, p ≤ .01). More specifically, it is observed that they do not willingly give their time to help colleagues who are facing difficulties with their work (r(135) = .30, p ≤ .01); regularly engage in activities at work that are not formally required of them, but do not contribute to enhancing the image of their healthcare facility (r(320) = .24, p ≤ .01). Additionally, even when they are not busy, they are still not willing to take time to help new colleagues integrate or receive training (r(320) = .16, p ≤ .05). Similarly, at the level of Workplace Distress (WPD), it is observed that participants who face difficulties in their work develop a corruptive behavioral intention towards their organization (r(320) = .15, p ≤ .01) and exhibit Anti-Citizenship Behaviors (ACB) towards their organization (r(320) = .32, p ≤ .01).

5.1. Structural equation models

The structural equation models with CBI, WPD, and ACB were conducted (Figure 1). The analysis of these equations shows that CBI is a relevant predictor of WPD (β = .24, t(320) = 5.70, p ≤ .01). It explains 24% of the variance in MET. In other words, high WPD is explained by a high level of ICC. WPD also has an effect on CAC when controlling for ICC (β = .32, t(320) = 6.07, p ≤ .01). Specifically, it influences: ACBEN (β = .27, t(320) = 5.04, p ≤ .01), ACBEE (β = .27, t(320) = 5.03, p ≤ .01), and ACBCI (β = .24, t(320) = 4.48, p ≤ .01). In other words, when individuals exhibit a corruptive behavioral intention

towards their organization, the difficulties encountered in the hospital setting promote the emergence of CAC. Similarly, when healthcare personnel experience an equal level of WPD, ICC (β = .36, t(320) = 6.60, p ≤ .01) reinforces the adoption of ACB (β = .30, t(320) = 4.60, p ≤ .01). Specifically, it reinforces ACBEN (β = .30, t(320) = 5.60, p ≤ .01); ACBEE (β = .24, t(320) = 4.648, p ≤ .01), and ACBCI (β = .16, t(320) = 2.97, p ≤ .01).
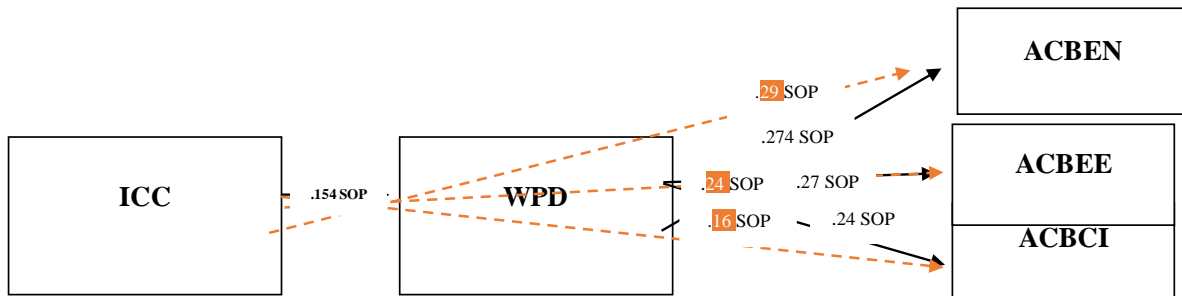
Indirect Effect (ab) of Workplace Dissaffection (WPD) on Anti-Citizenship Behaviors (ACB) through Corruptive behavioral Intention (CBI)

To test our various hypotheses, we relied on the main indicator of a simple mediation model (Hayes, 2018): the indirect effect (Table 2). We observed an activating effect of WPD on the relationship between CBI and ACB with ab = .03, p= .05; ACBEN with ab = .03, p= .05; ACBEE with ab = .03, p= .05, and ACBCI with ab = .03, p= .05. We also observed a total effect of CBI on ACB with ab = .24, p= .01. Specifically, on ACBEN with ab = .29, p= .01; ACBEE with ab = .24, p= .01, and CACCI with ab = .14, p= .01. When controlling for WPD, CIB influences ACB with ab = .24, p= .05. Additionally, we observed a direct effect of CIB on ACB with ab = .21, p= .01; specifically, on ACBEN with ab = .26, p= .01; ACBEE with ab = .26, p= .01, and ACBCI with ab = .11, p= .01.

Table 2. *Total Effect (c), Direct Effect (c'), and Indirect Effect (ab) of Workplace Dissaffection (WPD) on the Relationship between Corruptive Behavioral Intention (CBI) and Anti-Citizenship Behaviors (ACB).*

IV	MV	DV	C	c'	ab
Corruptive Behavioral Intention comportementale	Workplace Dissaffection	ACB	.24**	.21**	.03*
		ACBEN	.29**	.26**	.03*
		ACBEE	.24**	.20**	.03*
		ACBCI	.14**	.11*	.03*

Note. IV = Independent Variable; MV = Mediating Variable; DV = Dependent Variable *p ≤ .05. **p ≤ .01

6. Discussion

The aim of this study was to explore the activating role of workplace distress on the relationship between intention comportemental corruptive and social performance within public health organizations. The analysis of the results indicates that workplace dissatisfaction accentuates the development of intention comportemental corruptive, which can lead to a deterioration in the social performance of public health services. These results are in

accordance with Balique (2003) works that shoed that bad salary rates and dissatisfaction in the workplace increase the level of the need of self-efficacy.

Those results are elevent in showing that the healthcare personnel as they perceive their establishment as undervaluing their contributions and not caring about their well-being tend to exhibit anti-citizenship behaviors as well as individuals, not directly or explicitly recognized by the formal reward system. Those facts do not contribute to the efficient functioning of the organization. Specifically, this personnel do not willingly give their time to help colleagues who are facing difficulties with their work. Moreover, they are regularly engage in activities at work that are not formally required of them, but do not contribute to enhancing the image of their healthcare facility. Most of the time, even when they are not busy, they are still not willing to take time to help new colleagues integrate or receive training. Similarly, at the level of Workplace Dissatisfaction (WPD), it is observed that participants who face difficulties in their work develop a corruptive behavioral intention towards their organization and exhibit Anti-Citizenship Behaviors (ACB) towards their organization and the overall nation.

Those results guide to the well-understanding of the economical and social politicies of poverty alleviation. It enable us to raise the fact that when a social system is not ruled by an internal faithfull regulation. Here is no country that can develop without takint into account the hyman being factor. Salary, workplace conditions, wellbeing and others, are factors that permit individuals to well performe in their duties.

References

Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Processes*, 50(2), 179-211. doi. 10.1016/0749-5978(91)90020-T

Bandura, A. (2003). *Auto-efficacité. Le sentiment d'efficacité personnelle.* Paris.

Bardin, L. (2011). *Content Analisis*. Sao Paulo: Edicoes.

Bastard, B. (2013). Désirable et exigeante: la régulation négociée des relations dans le couple et la famille. *Dialogue*, 200. 109-119. doi. 10.3917/dia.200.0109

Cialdini, R. ., Martin, S.J., & Goldstein, N.J. (2015). Small behavioral science-informed changes can produce large policy-relevant effects. Behavioral Science & Policy, 1(1), 21-27. doi. 10.1177/237946151500100104

CONAC (2010). National Strategy to Fight Corruption 2010-2015. [Retrieved from].

CONAC (2011, 2012). National Anti-Corruption Commission. [Retrieved from] .

Quivy, R., & Van Campenhoudt, L. (1995). Manual of research in social sciences, 2nd edition. DUNOD.

Eyssartier, C., Joule, R.-V., & Guimelli, C. (2007). Behavioral and cognitive effects of engagement in a preparatory act activating a central versus peripheral element of organ donation representation. *Psychologie Française*, 52(4), 499-517. doi. 10.1016/j.psfr.2007.01.004

Fortin, M-F. & Gagnon, J. (2016). *Fondements et étapes du processus de recherche : Methodes quantitatives et qualitatives* (3ième édition). Chenelière éducation.

Gaudet, S (2005). Qu'est-ce que répondre de soi à l'adulte ? Revue canadienne de sociologie et d'anthropologie, *Canadian Review in Sociology and Anthropology*, 42, 25-50.

Gross, J.J., &John, O.P. (2003). Individual differences in two emotions for affect, relationships, and well being, *Journal of Personnality and Social Psychology*, 85, 348-362. doi. 10.1037/0022-3514.85.2.348

Morgan, S.E., Movius, L., & Cody, M.J. (2009). The power of narratives: The effect of entertainment television organ donation storylines on the attitudes, knowledge, and behaviors of donors and non-donors. *Journal of Communication*, 59(1), 135-151. doi. 10.1111/j.1460-2466.2008.01408.x

Oatley, K. (1999). Why fiction may be twice as true as fact: Fiction as cognitive and emotional simulation. *Review of General Psychology*, 3(2), 101-117. doi. 10.1037/1089-2680.3.2.101

Reynaud, E (2003). Les règles de l'emploi, Dans De Terssac Gilbert (dir), *la théorie de la régulation sociale de Jean Daniel Reynaud. Débats et prolongements.* La Decouverte, pp.149-155.

Reynaud, J.D. (1995). Le *conflit, la négociation et la règle.* Octarès.

Skinner, B. F. (1958). Reinforcement today, *American Psychologist*, 13(3), 94-99. doi. 10.1037/h0049039

Spector, P. (2011). *Work and Organizational Psychology*. De Boeck Group.

Transparency International. (2014). Combating Corruption: Issues and Perspectives. Karthala.

Hayes, A.F. (2018). *Introduction to mediation, moderation, and conditional process analysis: A regression-based approach* (Methodology in social sciences) (2nd ed.). The Guilford Press.

Transparency International. (2014). *Corruption in Cameroon*. [Retrieved from].