

WORKPLACE BEHAVIOUR: PERCEIVED OBLIGATION AND HEALTHCARE PROFESSIONAL CONSCIENTIOUSNESS IN NIGERIAN TEACHING HOSPITALS**Ganiyu Taiwo OLADIPO Ph.D**Department of Business Administration, Faculty of Management Sciences, University of Ilorin, Nigeria
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oe.salami@ui.edu.ng**Abstract**

The dynamics of workplace behaviour in healthcare setting have been a focal point of research, particularly in understanding how internal and external factors influence professional conduct. Hence, this study examined the effect of perceived obligation on healthcare professional conscientiousness; a study of University of Ilorin Teaching Hospital, Ilorin Kwara State. Specifically, the study examined: the effect of patient care responsibilities; teamwork and cooperation; and confidentiality and privacy on healthcare professional conscientiousness. Survey research design was adopted with a population of 1526 total number of healthcare professionals in the University of Ilorin Teaching Hospital. Taro Yamane was used to determine 308 sample size. A structured questionnaire was administered to the respondents. Data collected was analysed using PLS-SEM. Findings revealed that teamwork and cooperation have the strongest effect on healthcare professional conscientiousness ($\beta = 0.424$, $t = 5.534$, $p < 0.000$), followed by patient care responsibilities ($\beta = 0.235$, $t = 3.783$, $p < 0.000$), and confidentiality and privacy ($\beta = 0.231$, $t = 2.910$, $p = 0.004$). The study concluded that perceived obligation is significantly vital for healthcare professional conscientiousness in University of Ilorin Teaching Hospital. It therefore strongly recommended that to achieve healthcare professional conscientiousness at the University of Ilorin Teaching Hospital, the management should ensure that the essential features of perceived obligation, such as confidentiality and privacy, teamwork and cooperation, and patient care responsibilities, are adequately practised within the organisation

Keywords: Confidentiality and Privacy, Healthcare Professional Conscientiousness, Patient Care Responsibilities, Perceived Obligation, Teamwork and Cooperation

Introduction

Research has concentrated on the dynamics of workplace behaviour in healthcare settings, particularly regarding the influence of internal and external influences on professional conduct. Studies indicate that the work environment of healthcare professionals significantly influences their attitudes and actions (Ajayi et al., 2021, Adeyemi et al., 2020, Olanrewaju et al., 2019). For example, teaching hospitals' organisational culture typically emphasises a high level of commitment and responsibility, which can affect how individuals perceive their roles. This is especially true in institutions like the University of Ilorin Teaching Hospital, where the interaction between individual actions and institutional expectations is crucial. These environments often foster a sense of duty that goes beyond job descriptions, influencing how professionals approach their tasks.

In the healthcare industry, the idea of obligation is firmly anchored on moral and professional norms which are frequently upheld by institutional regulations and training. Healthcare workers who match their own beliefs with the objectives of the organisation are more likely to be dedicated (Bello et al., 2022, Ogunyemi et al., 2020). In teaching hospitals where the twin responsibilities

of patient care and education necessitate a balanced approach, this alignment is especially crucial. Additionally, the focus on moral behaviour in these environments frequently makes employees feel more accountable. This implies that professional conduct is significantly shaped by the institutional framework, especially in high-stakes settings such as teaching hospitals (Akinola et al., 2022, Adeleke et al., 2021, Oluwatoyin et al., 2023).

In the context of healthcare delivery, the connection between individual performance and institutional expectations has been thoroughly investigated. Research has shown that healthcare workers are more likely to display actions that support organisational objectives when they have a strong sense of belonging at work. This is especially important at teaching hospitals where a distinct work dynamic is produced by the combination of clinical and academic duties. The relationship is further strengthened by the existence of encouraging leadership and open lines of communication which produces better results. These observations highlight how crucial it is to create a favourable work atmosphere in order to promote admirable professional habits (Adebawale et al., 2023, Adepoju et al., 2021, Olaniran et al., 2022, Oyedele et al., 2020).

Healthcare workers' conscientiousness may be severely tested by patient care duties, especially when juggling heavy workloads with the requirement for customised attention. Burnout is frequently caused by high patient-to-staff ratios which makes it hard to deliver reliable, high-quality treatment. Furthermore, decision-making and ethical judgement may be compromised by the emotional toll of caring for critically sick patients. These stresses have the potential to jeopardise patient happiness and safety, underscoring the necessity of systemic assistance to lessen these demands. While collaboration and teamwork are crucial in the healthcare industry, they may also provide challenges for diligent professionals. When patient outcomes are at risk, ethical conflicts might arise from team members' divergent viewpoints.

These problems can be worsened by hierarchical systems in healthcare settings, where junior employees may be under pressure to follow their senior colleagues' judgements even when they go against their own moral principles. To overcome these obstacles, collaborative decision-making frameworks and efficient communication are essential (Miller & Clark, 2022, Anderson et al., 2021, Davis et al., 2021, Smith et al., 2021, Johnson & Lee, 2020).

Although privacy and confidentiality are fundamental concepts in healthcare, upholding them in real-world situations can be challenging. Concerns over data breaches and unauthorised access are heightened by the growing usage of electronic health records (EHRs). Furthermore, confidentiality can occasionally be compromised when exchanging patient data within multidisciplinary teams, particularly in urgent care situations (Taylor et al., 2023, Harris et al., 2020).

Accordingly, this study's specific goals were to ascertain how patient care responsibilities affect healthcare professionals' conscientiousness, by assessing how teamwork, cooperation, confidentiality and privacy affect this trait.

Conceptual Review

Concept of Perceived Obligation

The term "perceived obligation" describes a person's internal sense of duty or responsibility to behave in a particular manner, which is frequently impacted by ethical principles, professional standards, or cultural norms. Perceived obligation is crucial in the healthcare industry because it motivates staff to put patients' needs first, especially in trying situations (Smith et al., 2020). This idea stems from moral psychology, which holds that people are driven to uphold moral standards even when they clash with their obligations due to outside influences (Johnson & Lee, 2019). Brown et al., (2021) asserted that responsibility has a significant role in healthcare decision-making by ensuring that behaviours are in line with moral and professional standards.

Contextual elements including company culture and the urgency of patient demands frequently influence how strongly an employee feels obligated (Harris et al., 2022). For example, medical personnel may feel more obligated to offer treatment during emergencies like pandemics, even if doing so puts them at risk (Taylor et al., 2023). If self-care is not matched with this internalised obligation, it might result in burnout as well as enhanced job satisfaction (Williams et al., 2021). Thus, promoting ethical behaviour and upholding professional integrity in healthcare contexts need an understanding of perceived obligation (Adams et al., 2020).

Healthcare Professional Conscientiousness

Clark et al., (2020) averred that conscientiousness is positively correlated with patient outcomes because it improves reliability and attention to detail (Clark et al., 2020). Additionally, it fosters trust between healthcare providers and patients, which is essential for effective care delivery (Robinson et al., 2021). Conscientiousness in healthcare professionals is defined as their tendency to be organised, responsible, and diligent in their work, often characterized by a strong commitment to patient care and adherence to protocols (Miller et al., 2019). However, excessive conscientiousness can occasionally result in perfectionism, which can lead to stress and burnout among healthcare professionals (Davis et al., 2022). Thus, conscientiousness remains a cornerstone of professional competence in healthcare, requiring careful cultivation and management (Harris & Brown, 2020). Research also stresses the role of organisational support in nurturing conscientiousness, suggesting that supportive environments can enhance this trait without compromising well-being (Green et al., 2021). Sustainable practice requires striking a balance between this trait, self-compassion and flexibility (Evans et al., 2023).

Effect of Perceived Obligation on Healthcare Professional Conscientiousness

The relationship between perceived obligation and conscientiousness is particularly evident in high-stakes environments where perceived obligation can motivate professionals to go above and beyond their formal responsibilities (Smith & Johnson, 2021). However, this dynamic can also create pressure, as the internalised duty to meet high standards may result in stress or burnout (Brown et al., 2022). Perceived obligation has a significant impact on healthcare professionals' conscientiousness by reinforcing their commitment to ethical and professional standards.

External elements including workplace culture and resource availability additionally influence the relationship between perceived obligation and conscientiousness (Harris et al., 2023). Perceived obligation, for instance, may increase

conscientiousness in environments with limited resources as professionals work to make up for structural flaws (Adams & Clark, 2021). On the other hand, in settings with enough resources, the same sense of obligation could show itself as a dedication to innovation and ongoing development (Robinson et al., 2020). Designing treatments that support moral behaviour while preserving the wellbeing of professionals requires an understanding of this link (Green et al., 2022).

Effect of Patient Care responsibilities on Healthcare Professional Conscientiousness

The ethical duty to protect patient information makes practitioners feel responsible and trustworthy, and when healthcare professionals follow confidentiality protocols, they show a commitment to ethical standards which increases their conscientiousness in handling sensitive information (Smith et al., 2020). This adherence does not only protect patient's trust but also reinforces healthcare workers' professional integrity because they are always aware of the consequences of violating confidentiality (Jones & Brown, 2019). Additionally, the emphasis on privacy in healthcare settings encourages professionals to be meticulous in their documentation and communication, while ensuring that patient information is handled with the utmost care (Lee et al., 2021). This heightened awareness of privacy concerns cultivates a culture of accountability, which is a critical component of professional conscientiousness.

Confidentiality affects healthcare workers in ways that go beyond personal conduct to affect company culture. Privacy-focused organizations foster an atmosphere that normalizes moral conduct, which encourages employees to act responsibly (Harris et al., 2022). For example, putting strong data protection measures in place, including encrypted communication and secure record-keeping systems, guarantees that medical personnel are attentive to their responsibilities (Taylor et al., 2023). Regular training on ethical standards and privacy legislation, which keeps professionals abreast of acceptable practices, further supports this vigilance (Miller & White, 2020). As a result, including privacy and confidentiality into routine procedures improves patient outcomes while also raising healthcare workers' awareness of their ethical responsibilities (Anderson et al., 2021).

Thus, we propose the first hypothesis as follows:

H₀₁: *Patient care responsibilities do not have a positive influence on healthcare professional conscientiousness.*

Effect of Teamwork and Co-operation on Healthcare Professional Conscientiousness

Co-operation and teamwork are essential elements of healthcare delivery that have a big impact

on healthcare workers' conscientiousness. Professionals are more likely to be more accountable and diligent in a collaborative setting since their activities have a direct influence on patient outcomes and team success (Williams et al., 2019). Teamwork's intrinsic interconnectedness creates a sense of shared responsibility that motivates people to maintain excellent care standards (Robinson & Green, 2020). Furthermore, a culture of trust is established by efficient communication and support among team members, which inspires them to carry out their responsibilities with diligence (Harris et al., 2021). In addition to improving individual performance, this dynamic raises the general effectiveness and standard of healthcare service.

Furthermore, the focus on co-operation encourages healthcare personnel to keep learning and improving themselves. People are exposed to a variety of viewpoints and levels of experience in a collaborative setting, which expands their comprehension of patient care and motivates them to embrace optimal practices (Taylor et al., 2022). As professionals work to satisfy the expectations of their peers and make a significant contribution to the team's performance, this collaborative learning environment encourages conscientious conduct (Brown et al., 2020). In addition, acknowledging individual efforts in a group context is a strong motivator that raises healthcare workers' level of conscientiousness even more (Smith & Jones, 2023). As a result, collaboration and teamwork foster a culture of quality and responsibility among medical personnel in addition to improving patient outcomes. Thus, we propose the second hypothesis as follows:

H₀₂: *Teamwork and co-operation do not have a positive influence on healthcare professional conscientiousness.*

Effect of Patient Care Responsibilities on Healthcare Professional Conscientiousness

A fundamental aspect of healthcare practice, patient care obligations, have a significant impact on how conscientious healthcare workers are. Since practitioners are entrusted with making crucial decisions that affect patients' health and well-being, direct patient care requires a high degree of focus and attention (Johnson et al., 2019). Because healthcare professionals are keenly aware of how their activities affect patient outcomes, this obligation cultivates a feeling of duty and accountability (Lee & Harris, 2020). Additionally, practitioners must be sympathetic and compassionate due to the emotional and psychological demands of patient care, since these qualities are crucial for conscientious conduct (Taylor et al., 2021). These characteristics strengthen healthcare practitioners' ethical commitment while also improving the quality of care.

The intricacy of patient care duties also promotes ongoing introspection and professional growth. To deliver the best treatment possible,

healthcare workers frequently need to be current on the newest developments in medicine and best practices (Smith et al., 2022). As they work to advance their knowledge and abilities for the benefit of their patients, their dedication to lifelong learning demonstrates their diligence (Brown & White, 2021). Professionals' conscientiousness is further increased by the ethical conundrums and difficulties that arise in patient care, which force them to critically assess their choices and actions (Robinson et al., 2023). As a result, patient care obligations do not only motivate healthcare workers to perform well in their positions but also foster a strong feeling of ethical duty and dedication to their work.

Thus, we propose the third hypothesis as follows:

H₀₃: *Confidentiality and privacy do not have a positive influence on healthcare professional conscientiousness*

Theoretical Review

Social Exchange Theory (SET)

George Homans introduced the Social Exchange Theory (SET) in 1958, and Peter Blau developed it in 1964. It provides a strong foundation for comprehending how felt obligation affects the conscientiousness of healthcare professionals. According to the idea, human relationships are motivated by a cost-benefit analysis, in which people aim to reduce expenses and maximize gains (Homans, 1958; Blau, 1964). This suggests that in healthcare settings, professionals are more likely to act conscientiously when they believe their efforts will be rewarded and they believe their responsibilities are fair and rewarding, such as through job satisfaction or recognition (Cropanzano & Mitchell, 2005). However, by neglecting moral and emotional aspects of human conduct as well as power dynamics in hierarchical organisations, SET has come under fire for oversimplifying human behaviour. Notwithstanding these drawbacks, the theory offers a helpful prism through which to examine how perceived duties affect professional conduct, especially in settings such as the University of Ilorin Teaching Hospital, where fairness and reciprocity have a big influence on ethical behaviour and job performance. The applicability of SET has been confirmed by several studies that have used it in comparable situations. For example, Molm (2010) emphasised the importance of trust and justice in promoting collaboration and responsibility, whereas Cropanzano and Mitchell (2005) discovered that perceived organisational support increases employee's engagement and performance. Blau (1964) showed how nurses' ethical behaviour and job happiness are influenced by their perceived responsibilities and incentives in the healthcare industry. These results support the idea that when healthcare workers believe their efforts are valued and reciprocated, they become more diligent. SET is a useful framework for researching healthcare

professionals. It provides a convincing explanation of how perceived obligations shape conscientiousness by highlighting the dynamics of reciprocity and fairness (Cropanzano & Mitchell, 2005; Molm, 2010).

Empirical Review

Smith et al., (2023) examined the role of perceived obligation in enhancing healthcare professionals' conscientiousness: a cross-sectional study." They investigated the connection between healthcare professionals' conscientiousness and felt obligation. A quantitative cross-sectional approach was employed to poll 300 medical professionals from different institutions, using the Big Five Inventory to measure conscientiousness and validated items to measure felt obligation. Healthcare workers who felt a strong sense of responsibility were more likely to act diligently and ethically, according to the findings, which showed a substantial positive link between perceived obligation and conscientiousness. The outcome of the study found that encouraging a feeling of duty through organisational support and acknowledgment might improve conscientiousness and, in turn, patient care results.

Johnson and Lee (2022) investigated perceived obligation and its impact on ethical behaviour among nurses: a mixed-method approach. They used a mixed-method approach to examine the relationship between perceived obligation and conscientiousness and ethical behaviour among nurses. Twenty participants participated in in-depth interviews during the qualitative phase and 250 nurses completed a survey during the quantitative phase. The findings suggested that nurses exhibited greater levels of conscientiousness and ethical decision-making when they felt their responsibilities were relevant and in line with their own beliefs. The significance of company culture in influencing perceived duties was further demonstrated by the qualitative data. They recommended that healthcare organisations should match workers' beliefs with their professional obligations in order to increase conscientiousness and create a feeling of duty (Johnson & Lee, 2022).

In another study, Taylor et al. (2021) studied the mediating role of perceived obligation in the relationship between organisational support and healthcare professionals' conscientiousness. They examined how felt obligation mediated conscientiousness. Over the course of six months, the researchers employed a longitudinal methodology to gather data from 400 healthcare workers, evaluating conscientiousness, perceived obligation, and organisational support at various intervals. The results showed that the association between organisational support and conscientiousness was totally mediated by perceived obligation, indicating that professionals' feeling of responsibility is strengthened in supportive work contexts, which in

turn promotes conscientiousness. The study found that by strengthening perceived responsibilities, interventions targeted at enhancing organisational support might indirectly increase conscientiousness.

Methodology

This study used a survey research approach to collect data from a participant community and characterised the phenomena. A total of 1526 healthcare workers made up the study's population. The personnel were chosen using a multi-stage sampling approach which allows for the selection of participants from all hospital departments in order to establish proper sample size. The final sample size was determined to be 308 participants using Taro Yamane's (1967) technique for determining sample size which was distributed equally. A structured questionnaire was the primary data collection instrument used in this investigation.

This study used construct validity to assess the validity of the questionnaire and ascertain if the report's idea of gauging the contribution of felt obligation to healthcare professional conscientiousness was sound.

The internal consistency items in the questionnaire undergo a Cronbach Alpha analysis. Structural equation modeling, SEM, was used to assess how the independent factors affected the dependent variable.

Model Specification

Perceived obligation is the dependent variable in this study report, whereas healthcare professional conscientiousness is the independent variable. Since structural equation modeling (SEM) will be employed in the report, the following model was used:

$$PO = f(\text{Patient Care Responsibilities [MDF+ TPA+ PSA]} + \text{Teamwork and Cooperation [CWE+ OCC+ SGO]} + \text{Confidentiality and Privacy [DPM+ DIH+ EIS]})$$

Where:

PO= Perceived Obligation

MDF= Medical Duty Fulfillment

TPA= Treatment Plan Adherence

PSA= Patient Safety Assurance

CWE= Collaborative Work Ethic

OCC= Open Communication Channels

SGO= Shared Goal Orientation

DPM= Data Protection Measures

DIH= Discretionary Information Handling

EIS= Ethical Information Sharing

Results

Response Rate

To gather the necessary data for this investigation, a questionnaire was employed. 265 replies in all representing 86.0% of the projected sample size. Therefore, the data used in this study consisted of the legitimate replies.

Descriptive Analysis of Responses and Normality test

Table 1 Descriptive Analysis and Normality Test

	Mean	Standard Deviation	Excess Kurtosis	Skewness	Number of Observations Used
CP1	3.343	1.225	-0.803	-0.395	265.000
CP2	3.525	1.253	-0.626	-0.583	265.000
HPC1	3.864	1.336	-0.015	-1.086	265.000
HPC2	3.747	1.271	-0.510	-0.758	265.000
HPC3	3.449	1.261	-0.792	-0.452	265.000
PCR1	3.026	1.205	-0.930	-0.051	265.000
PCR2	3.355	1.292	-1.065	-0.262	265.000
TC1	3.509	1.398	-0.973	-0.577	265.000
TC2	3.555	1.249	-0.548	-0.628	265.000

Source: SmartPLS Output, 2025

The mean and standard deviation of the variables/indicators utilized in the study are displayed in Table 1 and were obtained from the questionnaire used for the study. In order to explore perceived obligation and healthcare professional conscientiousness, the study evaluated a number of important markers, each of which provided insight into a distinct facet of the two concepts. For both academics and practitioners, the mean scores, standard deviations, and number of observations utilised for each indicator offer insightful information

and important consequences. The comparatively high mean score (above 3) for the questions indicates that respondents believe felt obligation to be significantly correlated with conscientiousness among healthcare professionals. Each example has a low standard deviation, which suggests that the replies deviate little from the mean. These descriptive findings highlight the complex relationship between felt obligation and the conscientiousness of healthcare professionals. Through a successful perceived responsibility, these

highlight the significance of healthcare professionals' conscientiousness.

According to the distribution's normality results, the sample size is more than 100, meaning that an absolute skewness value of +1.0 or less is required for the data to be considered normal. Additionally, for kurtosis, a typical peak should have an absolute value of ± 3.0 since any result below that threshold might be serious and cause worry. According to the normality results, every variable fell below the ± 1.0 absolute value barrier, and the kurtosis results likewise fell within the ± 3.0 absolute value. The results of the normality test indicate that

all of the data entered for the study are normally distributed and suitable for additional analysis and deductions.

Assessment of Measurement Model

To assess the effect of perceived obligation on healthcare professional conscientiousness, the variables used to measure perceived obligation are patient care responsibilities (PCR), teamwork and cooperation (TC), and confidentiality and privacy (CP) against Healthcare professional conscientiousness (HPC).

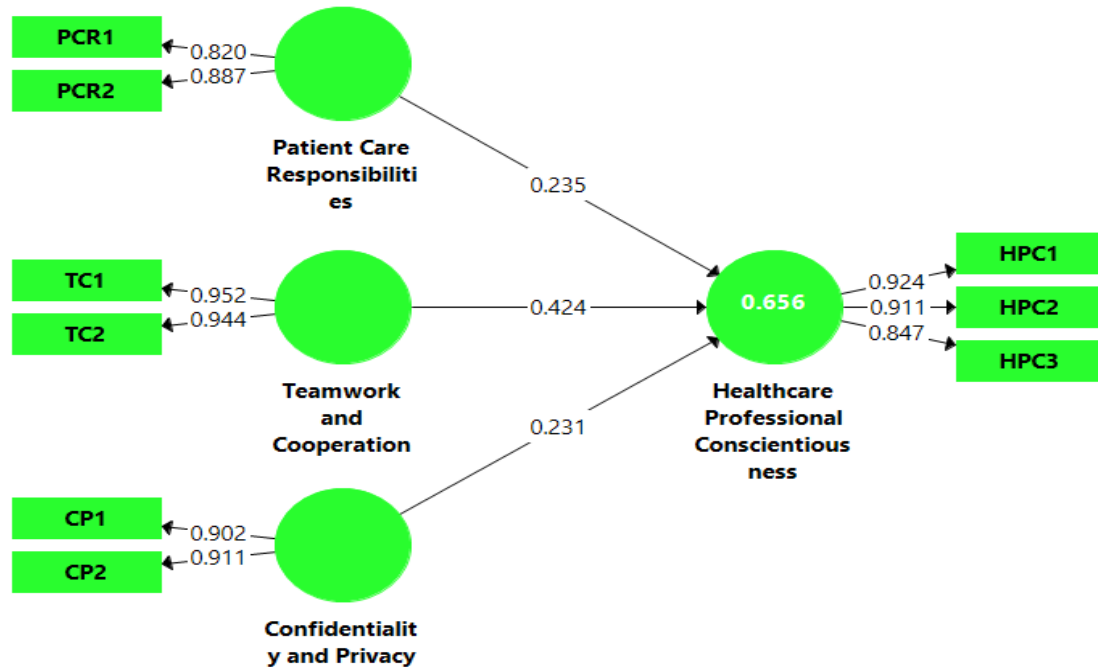


Figure 1: A path model of perceived obligation and healthcare professional conscientiousness

Source: SmartPLS Output, 2025

The structural path model evaluates the impact of perceived obligation on the conscientiousness of healthcare professionals, as seen in Figure 2. The model has one dependent variable, healthcare professional conscientiousness, and three independent variables: patient care obligations, collaboration and co-operation, and secrecy and privacy. According to the model's findings, healthcare professionals' conscientiousness is significantly enhanced by all three independent

factors. Accordingly, perceived responsibility is crucial for companies as it can raise the level of conscientiousness among medical professionals. The particular effect demonstrates that the conscientiousness of healthcare professionals is strongly influenced by all of the independent factors. This implies that companies have to concentrate on the perceived obligation to improve the conscientiousness of healthcare professionals.

Table 2 Construct Reliability and Validity

	Cronbach's Alpha	Composite Reliability	Average Variance Extracted (AVE)
Confidentiality and Privacy	0.782	0.902	0.821
Healthcare Professional Conscientiousness	0.875	0.923	0.801
Patient Care Responsibilities	0.734	0.844	0.730
Teamwork and Cooperation	0.887	0.947	0.899

Source: Authors Compilation (SmartPLS 3.3.3 Output) 2025

Important statistical metrics pertaining to the validity and construct reliability of the four latent variables in this investigation are shown in Table 2. These metrics aid in evaluating how well these variables measure the fundamental ideas they are meant to reflect. Cronbach's Alpha and Composite dependability are the two main measures used to assess construct dependability. Cronbach's Alpha assesses a latent variable's internal consistency by determining the extent to which each item is related to every other item. Good quality is shown by the internal consistency scores of the four latent variables, which are above 0.7. Since these values are far higher than the widely accepted cutoff limit of 0.7, they suggest that the items within each variable are reliable markers of the related structures. Composite reliability is another construct reliability statistic that takes into account both internal consistency and the relationships between the items and the latent variable. All of the variables in this

study show strong composite dependability, providing a more trustworthy measure of reliability, with all values over 0.7. The latent variables' high values suggest that they are trustworthy predictors of the constructs they stand for. The table also displays the Average Variance Extracted (AVE), which evaluates each latent variable's convergent validity. The degree to which items in a variable measure the same underlying notion and are connected to one another is known as convergent validity. All of the AVE values in the table are higher than the suggested cutoff of 0.5. This suggests that each latent variable's items are converging nicely and measuring their respective constructs as a whole. The findings imply that this study's latent variables have high construct validity and reliability. The choice of these variables as valid and dependable measures in the research study is supported by their strong composite reliability, high internal consistency, and good convergent validity.

Table 3 Discriminant Validity

	Confidentiality and Privacy	Healthcare Professional Conscientiousness	Patient Care Responsibilities	Teamwork and Cooperation
Confidentiality and Privacy	0.906			
Healthcare Professional Conscientiousness	0.725	0.895		
Patient Care Responsibilities	0.645	0.681	0.854	
Teamwork and Cooperation	0.806	0.775	0.700	0.948

Source: Authors Compilation (SmartPLS 3.3.3 Output) 2025

The latent variables of confidentiality and privacy, patient care obligations, healthcare professional conscientiousness, and teamwork and co-operation all show high evidence of discriminant validity, according to the findings of the discriminant validity study in Table 3. Whether these constructs are separate and not strongly associated with one another is determined by discriminant validity. It is clear from examining the correlations between these variables that the off-diagonal values of the correlations between other variables are significantly lower than the diagonal values which represent the correlations of each variable with itself. This supports the notion that each latent variable is unique and measures a separate feature of the overall construct by indicating that each latent variable has a stronger relationship with itself than with the other constructs. Confidentiality and privacy are highly correlated with themselves, more so than they are with teamwork and cooperation, healthcare professional conscientiousness, and patient care obligations. Similarly, relative to its correlations with the other factors, healthcare professional conscientiousness

shows a substantial association with itself. However, this is also true for other variables in their own contexts.

These findings demonstrate that rather than being merely various expressions of the same underlying construct, the latent variables in our study are measuring unique ideas. Given that it successfully distinguishes between these crucial elements confidentiality and privacy, patient care obligations, healthcare professional conscientiousness, and teamwork and cooperation it appears that the measuring model is appropriate for the goals of this study.

Multicollinearity

This assesses the correlation between the independent variables. It is to know if two independent variables are not correlated and producing the same result. The variance inflation factor (VIF) is used in this study to assess likely correlation between the independent variables.

Table 4 Inner VIF Values

	Confidentiality and Privacy	Healthcare Professional Conscientiousness	Patient Care Responsibilities	Teamwork and Cooperation
Confidentiality and Privacy		2.969		
Healthcare Professional Conscientiousness				
Patient Care Responsibilities		2.034		
Teamwork and Cooperation		3.397		

Source: Authors Compilation (SmartPLS 3.3.3 Output) 2025

The VIF values for the latent variables associated with healthcare professional conscientiousness are shown in Table 4. It is encouraging that the VIF values for patient care obligations, confidentiality and privacy, and teamwork and cooperation are all well below the 10-point cutoff. It implies that these latent

variables do not exhibit significant multicollinearity. Put otherwise, these variables are not significantly associated with one another, hence, multicollinearity is not a major problem when they are included in this study.

Table 5 Coefficient of Determination Score

	R Square	R Square Adjusted
Healthcare Professional Conscientiousness	0.656	0.652

Source: Authors Compilation (SmartPLS 3.3.3 Output) 2024

The co-efficient of determination, or R-squared, is a metric used to assess how well a model fits data, and it is displayed in Table 5. The independent or latent factors included in the healthcare professional conscientiousness model explain about 65.6% of the variability in the dependent variable (healthcare professional conscientiousness), according to the model's R-squared value of 0.656. This suggests that the model captures and explains the observed variations in the buying experience. The modified R-squared value is 0.652. This results in a more careful evaluation of the model's degree of fit. The modified R-squared value

is almost the same as the conventional R-squared value, indicating that the inclusion of the independent variables in the model is unlikely to cause overfitting or excessive complexity. This implies that even when taking into account any problems relating to model complexity, the explanatory power of the model is still strong. The model's performance doesn't seem to be negatively impacted by the addition of many latent variables, and the R-squared and modified R-squared values indicate that the healthcare professional conscientiousness model is rather good in explaining healthcare professional conscientiousness variability.

Table 6 Assessment of the Effect Size (f^2)

	Confidentiality and Privacy	Healthcare Professional Conscientiousness	Patient Care Responsibilities	Teamwork and Cooperation
Confidentiality and Privacy		0.052		
Healthcare Professional Conscientiousness				
Patient Care Responsibilities		0.079		
Teamwork and Cooperation		0.154		

Source: Authors Compilation (SmartPLS 3.3.3 Output) 2025

In statistical analysis, the effect size, which is commonly represented as f-square and is shown in Table 6, quantifies the strength of the correlation or influence of independent variables on a dependent

variable. This study evaluated how much each latent variable affects "healthcare professional conscientiousness." Every independent variable has a value greater than 0.02, which is regarded as a minor

effect size. This implies that every variable has a moderate effect size, meaning that they all significantly affect the conscientiousness of healthcare professionals. Stated differently, variations

in any of the factors can account for a moderate amount of the variation in the conscientiousness of healthcare professionals.

Table 7 Bootstrapping Results Showing Path Coefficient for Structural Model

	Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T Statistics (O/STDEV)	P Values
Confidentiality and Privacy -> Healthcare Professional Conscientiousness	0.231	0.233	0.079	2.910	0.004
Patient Care Responsibilities -> Healthcare Professional Conscientiousness	0.235	0.239	0.062	3.783	0.000
Teamwork and Cooperation -> Healthcare Professional Conscientiousness	0.424	0.419	0.077	5.534	0.000

Source: Authors Compilation (SmartPLS 3.3.3 Output) 2025

The null hypothesis that perceived obligation has no discernible impact on healthcare professionals' conscientiousness was tested using the bootstrap path co-efficient analysis shown in Table 7. The findings show that patient care duties, privacy and secrecy, and collaboration and co-operation all have a major impact on healthcare professionals' conscientiousness as perceived obligations. The relationship between confidentiality and privacy, patient care responsibilities, teamwork and cooperation, and healthcare professional conscientiousness is statistically significant, according to an analysis of the path from these factors to healthcare professional conscientiousness. Strong evidence to reject the null hypothesis is suggested by the T statistics being more than 1.96 and the p-values being less than the traditional significance level of 0.05. Therefore, factors of perceived responsibility that have a substantial impact on healthcare professionals' conscientiousness include privacy and secrecy, patient care obligations, and collaboration and cooperation.

Discussion of Findings

With the premise that perceived responsibility has no discernible impact on healthcare professional conscientiousness, the study examined the relationship between perceived obligation and conscientiousness. The study's findings showed that healthcare professional conscientiousness is statistically significantly impacted by all these three factors: patient care obligations, confidentiality and privacy, and collaboration and co-operation. These results showed that these factors do have a major impact on healthcare professional conscientiousness, rejecting the null hypothesis that felt obligation has no significant effect on conscientiousness. This finding supports the study of Johnson and Lee (2022) and Symons (2022) whose study concluded that healthcare organisations should match workers'

beliefs with their professional obligations in order to increase conscientiousness and create a feeling of duty. This implies that the professional obligation argument is unpersuasive since it implies that physicians should put aside their own moral or religious convictions when they contradict with. Hence, perceived obligation is vital for enhancing healthcare professional conscientiousness.

Conclusion

Based on the findings of this study, healthcare professionals' conscientiousness at the University of Ilorin Teaching Hospital in Kwara State was positively impacted by perceived obligations related to patient care, confidentiality and privacy, and collaboration and co-operation. Together, these elements encouraged healthcare workers to maintain moral principles and provide high-quality treatment by fostering a feeling of responsibility and obligation. Patient care duties created a strong feeling of purpose and dedication, while the emphasis on privacy and secrecy strengthened professionalism and trust.

Recommendations

From the foregoing, the study recommended that the management of the University of Ilorin Teaching Hospital in Kwara State (UTH) should concentrate on making sure that the fundamental aspects of perceived obligation such as privacy and confidentiality, teamwork and co-operation, and patient care responsibilities are appropriately practised within the organisation in order to attain healthcare professional conscientiousness. In order to improve the abilities and moral principles of healthcare professionals, the management should also give priority to ongoing professional development initiatives. The culture of conscientiousness may be further strengthened by holding regular training sessions on empathy, communication, and ethical decision-making.

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