# Importance of Organizational Ethic Codes About Perceptions of Guilt and Shame: A Study on Health Personnel in Hospitals

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#### ABSTRACT

Purpose: Today's competitive environment makes it necessary for enterprises that are engaged in production to proceed not only in the higher quality of service enterprises but also requires effective and efficient operation. It is very important to manage and guide individuals who show different responses in the face of different events in the same direction. At this point, it is very important to emphasize the importance of ethical codes as helpers for organizations. In this context, this research aims to explore the relationship between demographic variables and the health care workers' quilt and shame scores.

Method: In this study, the work experiences of hospital staff were examined in terms of sex, guilt and shame. Analyses were evaluated in SPSS 11.5. According to the research results there is no significant relation between age, gender and marital status associated with guilt and shame. However, the survey tasks show that there is significant relationship between individuals' guilt and shame scores. Another result of the study is that as the guilt increases, the score for shame decreases. Differences in demographic characteristics in business have created a sense of guilt and shame in reducing the impact of perceptions of organizational ethical codes is of paramount importance. Ethical codes are effective tools to disseminate format standards to all employees in an understandable way.

Conclusion: As a result, in an organization usage of effective ethical codes provide resistance to unethical or illegal actions to take place by applying pressure to employees.

Key words: guilt, shame, organizational ethics, ethical codes, health care businesses

Gönderilme Tarihi: 20 Haziran 2014 • Revizyon Tarihi: 09 Temmuz 2014 • Kabul Tarihi: 24 Temmuz 2014 İletişim: H. Nilay Gemlik • E-Posta: ngemlik@marmara.edu.tr SUÇLULUK VE UTANÇ ALGILAMALARI ARASINDAKİ İLİŞKİDE ÖRGÜTSEL ETİK KODLARIN ÖNEMİ: HASTANELERDE ÇALIŞAN SAĞLIK PERSONELİ ÜZERİNE BİR ÇALIŞMA

#### ÖZET

Amaç: Günümüz rekabet ortamı sadece üretim yapan işletmelerin değil, hizmet işletmelerinin de daha kaliteli, etkin ve verimli çalışmalarını gerekli kılmaktadır. Sosyal bir varlık olan bireyleri aynı amaca yönlendirebilmek, onların verimli çalışmalarını ve performanslarını yükseltmelerini sağlamak çok önemli ve zor bir konudur. Farklı olaylar karşısında farklı tepki gösterebilen bireylerin yönetilmesi ve aynıyönde yönlendirebilmesi çok önemlidir. Burada işletmelere yardım edici bir unsur olarak örgütsel etik kodların önemini vurgulamak yanlış olmayacaktır. Bu bağlamda yapılan araştırma, sağlık sektörü çalışanlarının suçluluk ve utanç değerlerininde mografik değişkenlerle olan ilişkisini ortaya koymayı amaçlamaktadır.

Yöntem: Araştırmada hastane personelinin çalıştıkları konum, iş deneyimleri, cinsiyetlerine göre suçluluk ve utanç durumları araştırılmıştır. Analizler SPSS 11,5 ortamında değerlendirilmiştir. Araştırmanın sonucunda cinsiyet, yaş ve medeni durumun suçluluk ve utanç ile anlamlı bir ilişki içinde olmadığı tespit edilmiştir. Araştırma sonuçlarına göre bireylerin görevleri ile suçluluk ve utanç değerleri arasında anlamlı bir ilişki tespit edilmiştir. Araştırmadan elde edilen son bulgu ise tecrübe arttıkça suçluluk ve utanç değerlerinin azaldığıdır. İşletmelerde demografik özelliklerin yaratmış olduğu farklılıkların suçluluk ve utanç duygusu algılamalarına etkisini azaltmada örgütsel etik kodların önemi çok büyüktür. Etik kodlar, standartları kolayanlaşılır biçimde tüm çalışanlara yaymak için etkili bir araçtır.

Sonuç: Bir kuruluşta uygulanan etkili bir etik kod, etik olmayan veya yasadışı eylemlerin gerçekleştirilmemesi için çalışanlara baskı uygulayarak dayanıklılık sağlar. Çalışmada, bu hususta örgütsel etik kodların açık bir şekilde çalışanlara aktarılmasının, belli ilkeler ve prensipler doğrultusunda hareket edilmesini sağlayarak, işletmenin belirlemiş olduğu amaçlara ulaşmasındaetkili bir rol oynadığı vurgulanmıştır.

Anahtar sözcükler: suçluluk, utanç, örgütsel etik, etik kod, sağlık işletmeleri

he fact that employees are social beings within professional life has always been an important issue with regards to administering and guiding them. It is quite difficult to be able to guide the individuals working at the operation section in the same way in order to achieve a goal since they have different feelings from each other and they show different reactions to various cases. Individuals' perception of quilt and embarrassment feelings is a significant issue in this context. The feeling of guilt which has an important place in human behaviors is an involuntary punishment imposed by the individual himself and the feeling of guilt exists in an individual who regrets. Again the feeling of regret takes place within a feeling of embarrassment, however its reason is different and its effect can be more destructive. The fact that individuals have particular personal characteristics causes different levels of quilt and embarrassment perception. In this context, the importance of organizational ethical codes bearing the gualification of an indicative guiding for the individuals working at the operation section cannot be denied.

Ethical codes are the rules to be followed during the execution of a profession, even if they are not imposed by the laws. These rules are not binding as per laws; however, they are defined as professional principles / professional ethical rules. By means of specified ethical codes, the order is established with self-control.

The aim of the research is to find out whether the individuals' perception of the feelings of guilt and embarrassment changes or not in relation to demographic qualifications. Health sector has been preferred for the research. Its reason is that the employees of the hospital personnel are directly engaged in the individuals coming to hospital and an instant feedback can be obtained.

Hospitals and health institutions had to attach more importance to service quality as a result of service diversification in order to continue their existence and to survive against increasing conditions of competition. Service quality is nowadays considered as a strategic weapon to gain a competition advantage against the competitors (1). Companies which desire to maximize their service quality should lay too much emphasize on organizational ethical codes.

#### Concepts of guilt and embarrassment

Concepts of guilt and embarrassment are two different concepts although they seem intertwined. Guilt is the response given against a mistake whereas embarrassment contains feelings such as unhappiness or disappointment (2). Whereas the feeling of guilt is related to doing something bad or wrong, feeling of embarrassment is related to the fact that the individual feels bad as a result of the action. In this regard, feeling of guilt seems easier to cope with. Because, doing something right or good or just apologizing despite a mistake, feeling of guilt can be removed. However, feeling of embarrassment is a feeling the individual has within his own personality and it is difficult for the individual to cope with this feeling (3).

Guilt and embarrassment are the influential types of pressure. Embarrassment is important as per sentimentality. It is hard to weaken this feeling. However the density of the guilt and embarrassment partnership might differ from one person to another. Feeling of guilt can be observed from outside. According to Lewis, the thought of "I did that horrible thing" leads the individual to evaluate himself in a negative way. Whereas feeling of embarrassment is for the individual to feel negatively about himself (4).

There are both positive and negative effects of the feelings of guild and embarrassment on the development of personality. Development of the superego at a certain level also provides a healthy formation of guilt-embarrassment feelings. Healthy development of the feeling of guild forms a basis for our common senses. When individuals behave contrary to the believed values and principles, a kind of guilt feeling is taken on. In other words, feeling of guilt foresees the adopted ethical rules and social values. Feeling of guilt is the guard of the common sense; it reminds that there is misbehavior and this should be corrected. Feeling of embarrassment developed in a healthy way as well makes people modest, reminds them of their limits and helps for the facts to be accepted as they are (5).

#### Organizational ethical codes

Occupational ethics is the combination of ethical principles and standards which lead and guide the behaviors within business world. All the definitions trying to explain the occupational ethics cover the available rules, standards and ethical principles in relation to "what is right and wrong" in a certain situation.

Organizational ethics can be defines as "the capacity of reflecting values" during co-decision procedure. In fact, it is generally relative whether the behaviors are ethical or not within organizations. Therefore, it is quite difficult to take a decision regarding organizational ethics. Control techniques such as forming organization policies related to ethics and having these being executed, reveals which activities are acceptable or not during taking ethical decision procedure. Controlling ethical behavior can be encouraged by the formation of organizational standards. As mentioned under the scope of culture issue, individuals from different cultural background and past may have different philosophy of ethics. Unless standard policies are executed, employees working at the operation have difficulty to determine which behavior is acceptable. Ethical codes cannot solve each and every ethical dilemma but can establish rules that guide the employees. Organizational ethical codes are the moral principles and standards that lead the business world(6).

Specifying ethical codes is the first step and even the single step taken by some companies regarding the development of an ethical program. Ethical Codes vary to a large extent under three main types. The most common one is the expression of certain rules and standards in various situations. These are mostly the expression of behavior rules or business standards or practices. The second type is the main values or vision or even mission of an organization. These expressions often include the commitments to patients, employees, the society and key shareholders. The third type is the explanation of organizational philosophy that guides certain company beliefs, because adherence to higher ethical standards and self-regulation are the inherent commitments for an occupational group. Therefore many occupational groups have developed the necessary ethical rules for its members for registration. Doctors, advocates, accountants and controllers, architects, engineers, financial planners, public administration personnel, consultants and journalists are within the occupational groups, ethical rules of which have been specified. Development of ethical rules for the companies is a fact written in 1970s. Widespread use of ethical programs in certain institutions also triggered the development of ethical codes. Without any program, the use of ethical codes has many valuable functions. A written document prevents individual comments and uncertain expectations in explaining organization's standards. Where there is a disagreement over the convenient standards, codes help to reach an agreement. When standards are missing or a revision is required, codes assist an institution to form new ones. Ethical codes are effective devices to spread the standards to all the employees in a coherent way. Consequently, an effective ethical code practiced within an institution provides resistance by applying pressure on employees not to carry out unethical or illegal actions. An ethical code may help the employees to do what they believe to be right. A plan is not needed to write an ethical code. Both the procedure and the content should come up due to a necessity to query certain

properties of the related company. However, while some values such as personal, fair treatment, honesty, sincerity, responsibility, confidence, team work, quality and respect appear as typical codes, issues such as conflict of interest, company resources, use of gift and entertainment, confidentiality of information and behavior at workplace are involved in ethical codes (7).

In a report titled "Corporate Ethics" Ronald Berenbeim listed the ethical codes together with various reasons (8):

- Commitment of CEO
- Ensuring credibility at public level
- More management professionalism
- Protection against inappropriate behavior of employee
- The necessity to define ethical behavior under the light of new laws or social standards
- Can be stated as a change within corporate culture and structure

Managers should generally try to build employees' behaviors on ethical codes and during a procedure including official methods should aim to have behaviors remain bound to codes. Work environment accepts that ethical codes are necessary and states that these are required for company success (9). Recently many international companies especially in Europe, Australia and USA have started ethical code execution(10).

There are at least 3 reasons to have an ethical code. The first reason is in a way to give a response to scandals or to guarantee to prevent future scandals. The second reason is to help to create a moral credibility of professional position and to provide principles to handle joint dilemmas. And the last reason is to maintain professional progression through an ethical compass (11).

Here the important thing is that each institution should have written ethical codes. What is more important, each manager should understand the corporate ethical codes and should apply them in daily life. Having only a written document covering ethical codes is not enough. Ethical codes should absolutely be experienced really in employees' lives.

Control techniques such as establishing organization policies related to ethics and having these executed reveals which activities are acceptable or not during taking ethical decision procedure. Organizational control techniques help removing conflicts which may arise in a work environment. Employees can comprehend what they are expected by means of punishment for unethical behaviors as well as being rewarded for ethical behaviors (12).

Ethical codes, which are accepted by specialist profession groups, are important. Because these codes determine the goals, guide subsidiaries and serve as a reference when there is a behavior in contrary to norms within the related discipline. Codes are mostly used by administrative and technical groups, especially in the fields where health services are widespread. Even a missing code reveals inevitable structure inquiry for some actions.

## **Objectives**

The objective of this study is to show the relation between the demographic qualifications of employees working at a hospital which is a type of institution producing service and their feelings of quilt and embarrassment.

# Method

#### Research sampling

Hospital sector shows a difference as per work load, stress and working conditions in comparison with other sectors. Hospitals are one of the sub-systems of health sector which is the most difficult to manage. Hospitals are businesses that focus on human health. Service is consumed as soon as it is produced at hospitals. Hospital personnel works under more pressure comparing to other service sectors since negligence or a mistake may result in losing a patient (13).

Sampling of the research covers one private hospital and a foundation university medical faculty in Istanbul. Hospitals have been selected from two different sectors considering the fact that it may increase sector's representability. Doctors, nurses and hospital managers working at the hospital are covered by the study.

The questionnaire has been sent to 288 persons in total by occasional sampling including nurses, doctors and managers at both hospitals. Questionnaires have been distributed by researchers to hospitals with the permission of the chief physician. Questionnaires have been collected three days after the distribution. Out of questionnaires distributed, 153 of them (approximately 53,125%) could be collected.

### Data collection tools

Data have been collected by questionnaire method which contains the questions of demographic qualifications and guilt-embarrassment scales. Guilt and embarrassment scale (Cronbach alpha=96.38) is a five point Likert type self-evaluation scale with 24 items that was developed by Nesrin H. Sahin and Nail Sahin. Scale is an easy one to apply, which can be answered by the individual himself. Each item is marked by the choices like "I would not feel uneasy", "I would feel a little bit uneasy", "I would feel rather uneasy", "I would feel quite uneasy", "I would feel very much uneasy". Scale is graded separately for guilt and embarrassment feelings. Items 3, 6, 7, 11, 12, 14, 16, 17, 21, 22, 23, 24 give guilt points while items 1, 2, 4, 5, 8, 9, 10, 13, 15, 18, 19, 20 give embarrassment points. Higher points demonstrate that there is more quilt or more embarrassment feelings. For guilt scale it is calculated as Cronbach alpha=91.46 and as Cronbach alpha=95.55 for embarrassment scale. Data have been evaluated by SPSS 11.5. During the analysis of the data t test, analysis of variance (ANOVA), correlation analysis and multiple comparison tests have been used.

#### Research hypothesis

The main hypothesis of the research has been determined as follows;

Ho: There is not any meaningful relation between the demographic qualifications and guilt-embarrassment points of research participants.

Sub-hypotheses of the research which have been determined basing on the above mentioned main hypothesis are as in the following:

There is not any meaningful relation between guilt-embarrassment scores and;

- Gender
- Age
- Education level
- Marital status
- Duties
- Job experience

# **Findings**

# Findings about demographic qualifications of research participants

there are approximately 27% doctors and 8,5% managers in total at both hospitals covered by the research. Nurses have more percentage compared to doctors and managers. 62% of research participants are female. It is observed that females approximately double the percentage of males. Half of the participant group in the research is married.

Table 1. Information about demographic specifications of researchparticipants				
	Percentage Rate			
Gender	00.0			
Female	62.0			
Male	38.0			
Total	100.0			
Occupation				
Physicians	27.0			
Nurses	64,5			
Administrator	8,5			
Total	100.0			
Level of education				
University	67.0			
High school	33.0			
Total	100.0			
Marital status				
Married	51.0			
Single	49.0			
Total	100.0			
Experience				
1-3 years	32.0			
4 years and over	68.0			
Total	100.0			

Table 2. Information about the ages of research participants							
	N	Minimum Value	Maximum Value	Mean			
Age							
Answers	151	22	51	33,63			
No answers	2						
Total	153						

Table 3. Analysis of the relation between gender and guilt-embarrassment points							
	Gender	N	Mean	St. Deviation	df	t	p
Guilt scores	Female	95	4,0326	1,163		1 752	0,082
	Male	58	3,6793	1,270	151	1,700	0,002
Shame scores	Female	95	3,5342	1,052		1 571	0.118
	Male	58	3,2557	1,060		1,571	0,110

67% of research participant have higher education graduation. The rest of the percentage has been detected to be high-school graduate. According to this result, majority of research participants have been observed to be university graduates. Obtaining a high educational level is a natural consequence since the persons subject to research are from the professions such as physician, nurse, etc. which requires having a bachelor's degree.

32% of participant group in research have been working for 1 to 3 years. The rest of the percentage represents the employees who have worked for 4 years or more (Table 1).

When age specifications of research participants are observed, it has been found out that more than half of research participants are less than 30 years of age. Average of ages of the individuals participating in the research has been confirmed as 34 (Table 2).

## **Analyses about research hypotheses**

#### Relation between gender and guilt-embarrassment

when the relation between the gender and guilt-embarrassment points of the participant group in the research has been observed, there has not been detected any meaningful relation between gender and guilt-embarrassment points (See Table 3).

### Relation between age and guilt-embarrassment

within participant group in the research, the relation between average of age and guilt-embarrassment points have been researched. As a result of the analysis carried out, it has been observed that guilt and embarrassment points do not change depending on age (Table 4).

# *Relation between level of education and guilt-embarrassment*

It has been detected by ANOVA analysis whether there is any relation between level of education and guilt-embarrassment points of participant group in the research. Accordingly, individuals with high school degree have guilt points at top level in comparison with other individuals. Regarding embarrassment points, again it has been detected that the individuals with high school graduation have embarrassment points at the highest level. In other words it has been shown that high school graduates have more guilt and embarrassment points comparing to other education levels. Within the group participated in the research, individuals who feel the guiltiest and the most embarrassed are the high-school graduates. Findings relating to this can be seen in the table titled "Guilt and embarrassment points according to education level" (SeeTable 5).

Multiple comparison test (Scheffe's method) has been made to comprehend between which education levels lies the difference. Accordingly, it has been found out that there is a significant difference regarding guilt points between individuals with high school degree and post graduate degree and bachelor's degree. As a result of the analysis, again it has been detected that there is a significant difference between individuals with high school degree and post graduate degree and bachelor's degree. Accordingly, high-school graduates have the highest points as per both guilt and embarrassment points. In other words, guilt and embarrassment points of high-school graduates have the highest ratio in comparison with the points of other education levels (Table 6).

#### Relation between marital status and guilt-embarrassment

it has been tested whether there is a relation between marital status and guilt-embarrassment points in the participant group. Accordingly, there has been found no significant relation between marital status and guilt-embarrassment points (Table 7).

#### Relation between tasks and guilt-embarrassment points

the relation between tasks and guilt-embarrassment points of individuals has been detected by variance analysis (ANOVA). According to the results of the analysis, it has been found out that there is a significant relation between tasks and guilt-embarrassment points (Table 8).

After detecting that there is a meaningful relation between tasks and guilt-embarrassment points of individuals, a multiple comparison test (Scheffe's Method) has been conducted in order to find out between which tasks there is a difference. Accordingly, a significant difference has been found out between doctors and managers as per guilt points. Doctors have more guilt points than managers. Another finding obtained regarding guilt point is the difference between nurses and managers. Nurses have more guilt points than managers. Shortly, it can be said that doctors and nurses have more guilt points than managers. The highest guilt point belongs to doctors. As for embarrassment point, again there has been found out a significant difference between doctors and managers. Accordingly, doctors have more embarrassment points than managers. There is also a meaningful difference between embarrassment points of nurses and managers. Nurses have more embarrassment points than managers.

Table 4. Analysis of the relation between age and guilt-embarrassment points							
Age Guilt scores Shame scores							
Pearson Correlation	1	0,009	-0,087				
Р	-	0,914	0,284				
Ν	153	153	153				
*p<0.05							

# **Table 5**. Analysis of the relation between education level and guiltembarrassment points

	Education level	df	Sum of squares	Mean squares	F	Р
	Between groups	5	26,324	5,265	0.007	0.000*
Guilt scores	Within groups	147	199,115	1,355	3,887	0,002*
	Total	152	225,440			
	Between groups	5	30,047	6,009	6 156	0,000*
Shame scores	Within groups	147	143,500	0,976	0,150	0,000**
	Total	152	173,547			
*p<0.05						

Table 6. Multiple comparison results with regard to education (scheffe test)								
(I) Education	(J) Education	Difference in averages (I-J)	Std. Deviaton	р				
High School	Master	1,0002(*)	0,28620	0,019*				
	Licenses	1,0162(*)	0,30702	0,031*				
High School	Master	1,2343(*)	0,24265	0,000*				
	Licenses	0,9128(*)	0,26030	0,018*				
	t) (I) Education High School	t) (1) Education High School High School Master Licenses High School Master	t) (I) Education High School High School Master Licenses 1,0162(*) High School Master 1,2343(*)	t) (I) (J) Difference in Averages (I-J) Deviaton High School Master 1,0002(*) 0,28620 Licenses 1,0162(*) 0,30702 High School Master 1,2343(*) 0,24265				

# Table 7. Analysis of the relation between marital status and guilt-embarrassment points

	Marital status	N	Mean	St. Deviation	df	t	р
Guilt Scores	Married	80	3,8400	1,244		-,623	0,534
	Single	73	3,9630	1,192	151		
Shame Scores	Married	80	3,3750	1,052			0,517
	Single	73	3,4874	1,089			
*p<0.05							

	Occupation	df	Sum ofsquares	Meansquares	F	p
Guilt scores	Betweengroups	2	29,523	14.762	11,302	0,000*
	Withingroups	150	195,916	1,306		
	Total	152	225,440			
Shame scores	Betweengroups	2	15,014	7,507	7,103	0,001*
	Withingroups	150	158,534	1,057		
	Total	152	173,547			

\*p<0.05

Table 9. Multiple comparison results regarding tasks (scheffe test)							
Dependent variable	(I) Occupation	(J) Occupation	Difference in averages(I-J)	Std. Deviation	р		
Guilt scores	Physicians	Administrator	1,6263(*)	,36377	0,000		
	Nurses	Administrator	1,5476(*)	0,33714	0,000		
Shame scores	Physicians	Administrator	1,0799(*)	,32723	0,005		
	Nurses	Administrator	1,1366(*)	,30327	0,001		
*p<0.05							

Group, which has the highest embarrassment point, has been detected as nurses (Table 9).

#### Relation between work experience and guilt-embarrassment

within the participant group the relation between work experience and guilt-embarrassment points has been examined. Accordingly, a meaningful difference has been detected between work experience and guilt-embarrassment points (P<0,05). In accordance with the analysis carried out, there occurs a reduction in both guilt and embarrassment points as work experience increases. In other words, as work experience increases, both guilt and embarrassment points decrease (Table 10).

### Conclusion

Feelings and perceptions of individuals within their inner worlds regarding their jobs affect their motivation and labor productivity. The fact that individuals feel guilty or embarrassed as a result of the job they conduct or behavior they exhibit may cause individuals to feel bad and hence may result in a decrease in their motivation. It is a demonstrated fact by scientific studies that motivation is one of the most important factors that carry the companies to success in current competition environment. Motivation and so productivity of individuals with different guilt and embarrassment perceptions depending on the differences in demographic specifications can be different.

guilt-embarrassment points								
	Work experience	Guilt scores	Shame scores					
Pearson Correlation	1	-,336	-,207					
Р	-	,000	,010					
N	153	153	153					

Table 10 Analysis of relation between work experience (practice) and

\*p<0.05

There are many factors that affect individuals' guilt and embarrassment perceptions. Businesses should care for the practices that can remove the difference. At this point ethical codes lead and guide the employees within businesses. In the research, the relation between demographic qualifications and guilt-embarrassment perceptions of individuals has been examined. This research aims to show the relation between guilt-embarrassment points and demographic variables of individuals such as gender, marital status, education level, task and age.

Guilt is opposing the norms; embarrassment is being not socially approved. High level of positive correlation has been found out between guilt and embarrassment in the study by Keltner D. and Buswel N.B. (14). A positive correlation has been detected between guilt and embarrassment also in this study. In other researches done to find out whether there is a meaningful relation between gender and guilt-embarrassment, a significant relation has been found out. In the research conducted by Woien et al.(15), guilt in girls and embarrassment in boys have been found out at high levels. In the study carried out by Lutwak et al. (16), it has been demonstrated that feelings of guilt and embarrassment show different distribution in females and males, that females have higher guilt and embarrassment values than males. In this study, although average guilt and embarrassment points are higher in females than males, no significant difference has been obtained between them.

Walter and Bumaford (17) state that as the age increases feeling of guilt increases as well and feeling of embarrassment show differences in males and females. However in this study, it has been found out that there is not any significant difference between age and guilt-embarrassment.

Shortly, as a result of this study, it has been found out that gender, age and marital status does not have any meaningful relation with guilt-embarrassment. In other words, being female or male, young or old, single or married does not have any significant difference regarding guilt and embarrassment.

Another finding acquired from the research is the existence of a significant relation between education level and guilt-embarrassment. According to research results, individuals with low education levels have higher guilt and embarrassment points. Its reason is that individuals with low education level can consider themselves to have more guilt and embarrassment feelings due to reasons such as fear of making mistake, diffidence, etc. which are caused by the fact that these individuals have less knowledge.

According to current studies, a meaningful relation has been detected between tasks and guilt-embarrassment points of individuals. Task group that has the lowest guilt point has been detected to be managers. Task group that has the highest guilt point has been detected to be doctors. Tasks performed by doctors regarding individuals' health, which is quite a serious task, can be considered to be the reason for this. The necessity to always work with zero mistake and psychological pressure created by this may cause being unable to accept even the minimal risk and so to feel guilty. As a result of the analysis carried out, it has been found out that again managers have the lowest embarrassment points. For doctors and nurses, this percentage has been found to be higher. Group with the highest embarrassment point has been found to be nurses.

The last finding obtained from the research is that as experience increases, guilt and embarrassment points decrease. As per the reason for this, it can be concluded that due to increased experience as a consequence of some positive factors such as information related to the job, working manner and method, being able to take right decisions and coming close to zero mistake, there occurs a decrease in guilt and embarrassment points.

Consequently, in the research there has been found out a relation between demographic variables and guilt-embarrassment points. Density of guilt-embarrassment feelings reflects the power of superego. Having the superego at a certain level provides personal improvement and adaptation to society. For example; some people tend to exhibit extremely maladaptive behaviors such as taking advantage of others, hurting, mistreating, exploiting them, and committing illegal acts without feeling guilty or embarrassed. In these situations the reason why individuals do not feel guilty or embarrassed is the fact that their superego has not sufficiently improved and behaviors they exhibit are concordant with their own personality. These individuals have low empathy levels with others' feelings and they don't care for others' rights. Development of superego at a certain level enables a healthy formation of guilt-embarrassment feelings. Feeling of guilt foresees adopted ethical rules and social values. Feeling of embarrassment developing in a healthy way as well makes people modest, reminds them of their limits and helps them to accept the facts as they are (5). Feelings of guilt-embarrassment developed in a healthy way have positive results such as growing, improving, maturing, forgiving, changing and refreshing. Here the important thing is that according to what an individual feels guilty or embarrassed. At this point, businesses should minimize the effects of personal or demographic factors. Because even an individual with low level of education does the right thing, he/she may have the feeling of guilt and embarrassment just because he/she has less knowledge. Therefore, businesses should care for the subject of organizational ethical codes and ethical codes should clearly be defined in the organization. Clearly communicating organizational ethical codes to employees plays an effective role in achieving the goals specified by the businesses, ensuring that certain principles and rules are followed. The fact that ethical codes are known by all of the employees reduces the effect of demographic factors. At businesses guilt and embarrassment feelings of individuals should appear due to conformity of their action or behavior to ethical codes.

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