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Research Article

Practitioners Perspective of Ethical Cases and Policy Responses by Professional Regulator: The Case of Environmental Health Officers Registration Council of Nigeria (EHORECON) -

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ABSTRACT

Background: Human health protection is a prime motivation for environmental regulation around the globe and each collapse of structure carries with it tremendous effects that cannot be forgotten in a hurry. The effects include increased crises among stakeholders, loss of trust, dignity and environmental devastation. Yet, it appears that the relationship between Environmental Health Officers Registration Council of Nigeria (EHORECON) and Environmental Health Officers (EHOs) is steadily breaking down and the attention being given to the subject of environmental health ethics is not achieving expected objectives. Environmental health ethics is a discipline of its own that deals with morality on the basis of sound and safe professional practice in environmental health, evidence of which is beginning to get scanty. It is a practical and behavioural subject and so is very important to preventive health practice.

Objective: This study aims at assessing the way professional regulator (EHORECON) handled the known ethical cases in Nigeria.

Methods: Online Google form was used to access a large group of Environmental health practitioners (EHPs). One hundred and thirty-nine (139) questionnaires were settled for, as the sample size for the study through an adapted and validated questionnaire instrument. Data collected were analysed using Statistical Package for Social Sciences (SPSS) version 20 software.

Results: Result reveals that 12.9% of the respondents rated the way professional regulator (EHORECON) handled the known ethical cases in Nigeria as very satisfactorily while 48.9%, 21.6% and 16.5% rated it as satisfactorily, unsatisfactorily and poorly respectively. Result shows that the majority of the practitioners (48.9%) rated the way professional regulator (EHORECON) handled the known ethical cases in Nigeria as satisfactorily.

Conclusions: Sustaining the culture of professional collaboration in the hearts and minds of all those involved in environmental health ethics activities is key. As Lee state "the only way to continue to improve is to address the hearts and minds of EHORECON Management and EHOs". This is a sure step towards guaranteeing integrity. Greater attention to professional negligence by environmental health officers which is to guard against their being liable suggests a protectionist relationship between EHORECON and EHOs. But such protectionist tendency without understanding the philosophy, principles and basic theories of environmental health ethics cannot provide ethical practice in environmental health. It is suggested that moral philosophy and policy studies should be given urgent attention and the doors of EHORECON should not be shut to appropriate ethics education.

Keywords: Professional Regulator; Ethical Cases; Environmental health officer; EHORECON; Nigeria

INTRODUCTION

Everyone access to justice in all communities is an important right and requirement for building fair and peaceful societies. It is on record that many activities give way due to non-compliance to standards and codes especially in emerging nations of the world of which Nigeria falls into. The fact remains, the countries in this category have no value for the practice of procedures, codes and standards application. Despite the most difficult, unwelcome and unpleasant circumstances faced by environmental health professionals, the relationship between an individual and the ethical situation that is being appraised as being beyond the individual's capabilities to manage. However, the evaluation an individual give to a challenging ethical event makes it to be stressful or not. Because of that, individuals react differently to the same threatening event based on their evaluation and their personality type. The findings in this phenomenological study are of value to the process of business performance by providing a significant contribution to a better understanding of how EHOs ethical behavior affects documented standards and subsequently organizational performance. Most of the literature regarding ethics remains underdeveloped and does little to produce the guidance needed by practitioners [1,2]. Even the most fundamental questions about ethics leave many scholars and practitioners with few answers about the true nature of ethics [2,3]. The resulting ethical missteps by EHOs influenced workforce culture and business process, and cost global economies billions of dollars [2,4-7]. Findings from this study only modestly contributed toward steps of a social scientific design proving that ethics directly affects organizational performance. However, the study nonetheless reduced gaps in the literature by identifying the need for more focused ethical reviews by organizational leadership particularly Environmental Health Officers Registration Council of Nigeria (EHORECON). If conducted properly, these reviews can improve assessment and

documentation of ethical standards and clarify communication for rewards and punishment for violating ethics policies.

The purpose of the study is expected to serve as a reference point for policy makers to have a critical policy formulated to help strengthen continuing environmental health ethics education because policies made for continuing environmental health ethics education seems to add more tension, to those that are not officially engaged in continuing environmental health ethics education. Also, it is important for environmental health professionals including students to have a positive thought about their thematic training and studies to enhance their professional culture (the good and the bad). For those that had positive thought of having the capability to cope effectively with ethical issues become motivated to reach their goals.

OBJECTIVES OF THE STUDY

This study aims at assessing the way professional regulator (EHORECON) handled the known ethical cases in Nigeria.

MATERIALS AND METHODS

Research design

According to Okereke [8] Research Design refers to how a piece of research is planned and carried out. The study adopts the Descriptive Survey Research Design to meet its purpose. According to Wimmer and Dominick [9], surveys describe current conditions or attitudes as well as explain the reason for certain existing situations. The survey method has the advantage of effectiveness in obtaining information about personal perceptions, beliefs, feelings, motivations, anticipations and future plans as well as past behaviours. Osuala [10] and Nwagbara [11], put it succinctly when they stated that the survey interprets, synthesizes and integrates useful data for sound conclusions. The survey research design study was

appropriate because it examined the relationship that existed between environmental health ethics among practitioners. The survey design provided a quantitative or numeric description of patterns or trends, attitudes, or opinions of practitioners and student population [12]. This allowed for generalization from the sample about the population so that inferences could be made about the population's diet and physical activity choices. The survey design was chosen because it was easy to produce economically and made data collection easy [12]. The study design was cross-sectional using surveys as the data collection tool, hence the quantitative nature of the study.

Population and sample size

Setting: The population majorly consist of environmental health practitioners who finished from college of health technology, polytechnics and universities.

Sample: The sample size of a survey most typically refers to the number of units that were chosen from which data were gathered. Amadi [13] opines that a research sample is the proportion of a population. Despite the attempts to bolster the sample size, the study sample was limited in that online Google form was used to collect questionnaire responses. Environmental Health Practitioners (EHPs) in Nigeria are geographically dispersed across the country making them difficult to access, particularly when they are in the field and without Internet access. The online Google form seemed a convenient way to access a large group of EHPs. One hundred and thirty-nine questionnaires were settled for, as the sample size for the study, however, we did not have a representative sample of EHPs across all region of Nigeria, since bad and unstable internet network from distant states may have limited participants from those states filling the form.

Instrumentation for data collection

Both primary and secondary data were considered useful for the study.

Primary Data: Instrumentation is the method that were used to administer instrument to the respondents. The instrumentation for this study were questionnaire designed after an extensive literature review. The researcher will take cognisance of the research question as well as the hypotheses in a manner that enables the researcher gather as much information as possible from the respondents. Structurally, the questionnaire will be divided into three sections A, B and C. The section A, is the introductory aspect which consist of a cover letter introducing the researcher with the school letter-headed paper signed by the researcher assuring them of information confidentiality. The section B, is demographic data which consist of personal information or attributes of the respondent such as sex, age, etc., and the section C, is the core questions that strictly relate to the purpose of the study, by putting your conceptual framework into consideration.

Secondary Data: Secondary data for the study were gathered from published and unpublished materials like, textbooks, Journals, bulletins, reports, newspapers, magazines and the internet. Secondary data are useful not only for finding out information to answer research questions, but also for providing a better understanding and explanation of research problems.

Administration and measurement

As earlier stated a questionnaire were administered by the researcher through google form to the respondents directly or is given to the EHO practitioners of the various organisations, universities

and college of health technology. More so the researcher introduces the e-questionnaire style as well to some of the respondents who indicated interest. The scaling items will be 5 point likert scale such as; very satisfied, satisfied, unsatisfied, very unsatisfied and don't know. This scaling method is intended to measure the relationship between environmental health practitioners and ethics education and practices among in Nigeria.

Validity of instrument

To determine the validity of the research instrument, the original copy of the research instrument (questionnaire) were validated by the research supervisor for review whether they are suitable for the purpose of the study, research questions, hypotheses and the language that is used to develop the item. The supervisor make correction where necessary and modify the instrument before it was administered to the selected respondents.

Reliability and validity of the instrument

The reliability of the instrument refers to the consistency with which the same measurement technique will produce the same results if the same technique were used by another researcher. Amadi [13], defines reliability as the extent to which a test is consistent in measuring what it is expected to measure. It is thus the stability, dependability and predictability of a measuring instrument.

Data analysis technique/ method of data analysis

Data obtained will be analysed using both descriptive analysis and inferential statistics. Data was analysed descriptively using frequency and percentage while hypotheses were tested at the 0.05 level of significance using chi-square. Result was presented in table and decision rule is to reject the null hypothesis if the chi-square calculated is greater than the chi-square critical or p-value less than 0.05. Data was also presented pictorially using charts.

Ethical consideration

During the course of this research work, the participants were accorded the due respect so as to ensure cooperation and information collected were treated with utmost confidentiality. The cultures of the community were also respected during the course of the research work. Informed consent was obtained from all of the participants.

RESULTS

Response rate/ completeness of data

The response rate was 100%, however, 139 copies representing 100% were retrieved and found useable. All results of data analysis were based on the retrieved questionnaire.

Demographics of the respondents

Source: field survey, 2019: Result in table 1 reveals the gender distributions, 29(20.9%) of the respondents in the sample were males while 110(79.1%) are females, showing female predominance in the population. Result reveals that most of the sampled were female (79.1%). Among the age brackets, result presented reveals that 45.3% were between ages 18-29 years, 34.5% were between 30-39 years, 15.1% were between 40-49 years, 4.3% were between 50-59 years while 0.7% were 60 and above years. From the result presented so far, it can be deduced that majority of the respondents were between age group 18-29 years (45.3%). In the respondents' level of education, result reveals that seventy (70) respondents representing 50.4% were of College of Health Technology, 4.3%, 24.5%, 19.4% and

Table 1: Demographic Distribution of Respondents.

Sex	No. of Respondents	Percentage (%)
Male	29	20.9
Female	110	79.1
Total	139	100.0
Age (Years)		
18-29	63	45.3
30-39	48	34.5
40-49	21	15.1
50-59	6	4.3
60 and Above	1	0.7
Total	139	100.0
Level of Education		
College of Health Technology	70	50.4
Polytechnic	6	4.3
University	34	24.5
Postgraduate Degrees	27	19.4
Others	2	1.4
Total	139	100.0
Marital Status		
Married/Remarried	60	43.2
Separated	0	0.0
Single Divorced	2	1.4
Single, Never Married	76	54.7
Single, Widows (Partner/Spouse/deceased)	1	0.7
Total	139	100
Religion		
Christianity	53	38.1
Do not belong to any religion	0	0.0
Islam	86	61.9
Other	0	0.0
Total	139	100.0
Practice Duration		
1 – 5 years	87	62.6
6 – 10 years	24	17.3
11 – 15 years	12	8.6
16 – 20 years	7	5.0
More than 20 years	9	6.5
Total	139	100.0

Type of organization you work		
University	6	4.3
Medical school	18	12.9
Research institutions	4	2.9
Government/State/Local government	52	37.4
Private Company	26	18.7
Hospital	1	0.7
Others	32	23.0
Total	139	100.0
Staff category		
Academic	68	51.1
Non academic	71	48.9
Total	139	100.0
Staff category for non- teaching staff		
Junior staff	41	57.7
Senior staff	30	42.3
Total	71	100.0
Staff category for academic staff		
Graduate assistance	22	15.8
Assistant Lecturer	17	12.2
Lecturer II	13	9.4
Lecturer I	8	5.8
Senior Lecturer	4	2.9
Associate Professor/ Reader	2	1.4
Professor	2	1.4
Total	68	100.0
Current Tenure Status		
Tenure	12	8.6
On tenure track but not tenured	5	3.8
No tenure track	51	36.7
No tenure track for my department	27	19.4
Others	44	31.7
Total	139	100.0
Age group that practices ethics today		
21-30 years	31	22.3
31-40 years	16	11.5
41-50 years	7	5.0
51-60 years	4	2.9
Age group does not matter in ethical practice	81	58.3
Total	139	100.0



1.4% were of the Polytechnic, University, Post Graduates and others respectively. From the result, it can be deduced that majority of the respondents had college of health technology education (50.4%). The distribution of their marital status were as follows: 43.2% were married or remarried, 0.0%, 1.4%, 54.7% and 0.7% of the respondents were separated, single, Divorced, Single, Never Married and Single, Widow respectively. Based on the result, larger percentage of the respondents were single (54.7%) as at the time of the study. Also, result shows that 38.1% of the respondents were Christians, 61.9% were Islam, while 0.0% do not belong to any religion nor practiced other religious. Among the practice duration, result presented reveals that 62.6% with practice duration of 1-5 years, 17.3% with 6-10 years, 8.6% with 11-15 years, 5.0% with 16-20 years while 6.5% with more than 20 years. From the result presented so far, it can be deduced that majority of the respondents have work duration practice of 1-5 years (62.6). Six respondents (4.3%) works in the university, 12.9%, 2.9%, 37.4%, 18.7%, 0.7% and 23.0% of the respondents work in Medical school, Research institutions, Government/State/Local government, Private Company, Hospital and others organizations respectively. Result also reveals that out of the 139 staff/practitioners, 68(51.1%) were academic staff while 71 (48.9%) were non-academic staff. Of the 71 non-teaching staff, 41(57.7%) were junior staff while 30 (42.3%) were senior staff. The distributions of the academic staff were as follows: 15.8% Graduate Assistants, 12.2% Assistant Lecturer, 9.4% Lecturer II, 5.8% Lecturer I, 2.9% were Senior Lecturers, 1.4% were Associate Professor/ Reader while 1.4% of the respondents were Professors. Result also indicates that 8.6% of the staff were tenure, 3.8% were on tenure track but not tenured, 36.7% had no tenure track, 19.4% had no tenure track for their department while 31.7% were others. Result also reveals that the majority of the respondents (58.3%) indicated that age group does not matter in ethical practice.

Answering of objective questions

Figure 1 reveals that 12.9% of the respondents rated the way professional regulator (EHORECON) handled the known ethical cases in Nigeria as very satisfactorily while 48.9%, 21.6% and 16.5% rated it as satisfactorily, unsatisfactorily and poorly respectively. Result shows that the majority of the practitioners (48.9%) rated the way professional regulator (EHORECON) handled the known ethical cases in Nigeria as satisfactorily.

Discussion of findings

EHPs are located at the interface between government and communities, positioning them potentially well in relation to implementation of ethics education. With first-hand community engagement, EHPs can contribute to the shaping of national and local strategies, policies and regulations aimed at supporting communities. The findings of the study go in line with the objectives of the study and therefore shall be discussed in line with how it answered the research questions as follows.

Interpretation of the findings

A review of the samples in question: Before the results of the statistical analyses are observed, the samples in question needs to be reviewed so as to ascertain from what specific population the results were generated. There was a significant difference observed in the distribution of gender participants in their classification. The number of female respondents was 79.1% greater than the number of male respondents. The 18-29 year age groups were the largest groups in the study. This was as a result of the stratified sampling procedure. This was done in order to minimise the effect that small cell sizes have on skewing the frequency distributions. Ethical standards and the ability to model ethical conduct makes ethics a principle issue confronting modern environmental health practitioners for decades [1].

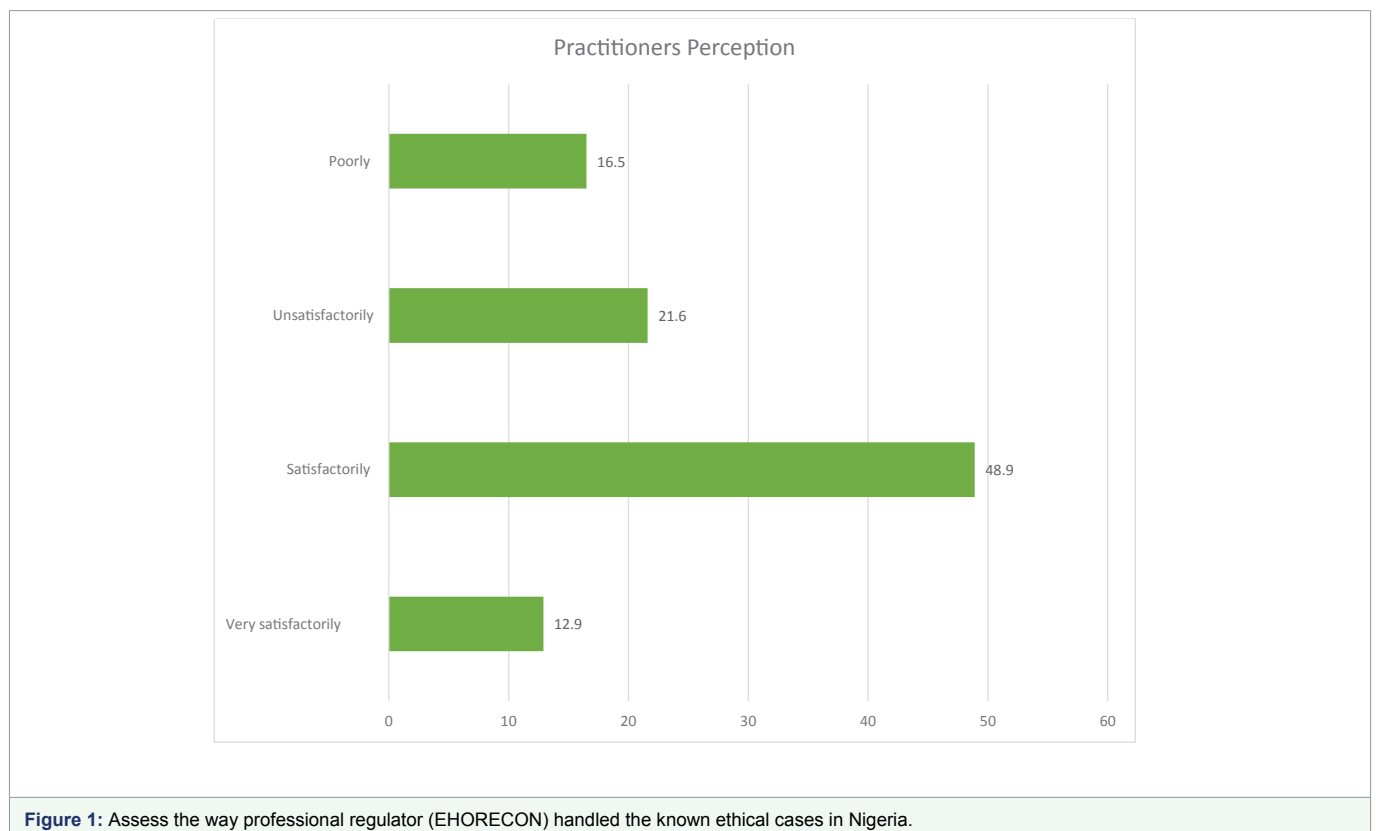


Figure 1: Assess the way professional regulator (EHORECON) handled the known ethical cases in Nigeria.

Past gender studies noted gender sensitivity difference and inequality permeating questionable ethical practices [14,15] Ali, et al. [14] and Schuh, et al. [16] further explained that women are much more sensitive to ethical and social issues as compared to male counterparts. In terms of gender, the results of this study also revealed large discrepancies. 79.1% of the female practitioners compared to 20.9% of the male practitioners, meaning two-thirds of the respondents were female. Thus, according to past research, gender differences seem to widen with increasing age and the gap has been found to be widest among those in their mid to late 20s. Armstrong [17] maintains that such gender differences may be as much a product of social roles and social expectations of male and female behaviour as they are a result of differences in biological vulnerability. This view is contrary to the study carried out by Daisy and Lydia [18], who found that males were more obviously involved than the females. The demographic profile of the practitioners used in this study is supported by the findings of Jordan, et al. [19] who stated that the respondents were mostly female (90%, $n = 63$) and Tobius [20] who showed that females constituted 54% (67) whilst males represented 46% (56) of the total number (123) of environmental health staff. However, the study shows diverse age groups and educational backgrounds. All categories of the levels of education participated in the study. The largest levels of education were College of health technology (50.4%) as against a minority of others (1.4%) who had basic level of education. EHPs education level ranged from national diploma to a doctorate with most (50.4%) EHPs having completed a national diploma. This is contrary to the study conducted by Tobius [20] who showed that the majority 91.4% (32) were in possession of a BTech/BSc Environmental Health qualification and 8.6% (3) *qualified* with a National Diploma in Environmental Health. The National Diploma in Environmental Health is the recognised undergraduate qualification for registration in the HPCSA professional register to practise as an Independent Environmental Health Practitioner in South Africa [21]. The BTech is an additional post National Diploma: Environmental health qualification that offers EHPs additional skills to improve their management practice and introduces EHPs to scientific research as part of carrying out their EHP responsibilities. All the EHPs who participated in the study were thus appropriately qualified to practice environmental health. This is congruent with the fact that the largest age group was the 18-29 year olds (45.3%), who are mostly in College of health technology with those above 61 years being the minority. A significantly higher proportion of participants are Islam (61.9%) compared to Christian (38.1%). A lower proportion of participants were married (43.2%) compared to participants who are single (54.7%). Meaning that respondent with marital status of single are more involved than respondents from other categories, thus, the sample was a representative sample of the community composition. The tables above give the distributions of the gender, age and educational levels of all respondents.

DISCUSSION

Ways professional regulator (EHORECON) handled the known ethical cases in Nigeria?

There is common agreement that a country's culture is directly related to the ethical behaviour of its regulators. The behaviour is exhibited in two main ways: first, by overt actions such as public or corporate statements and actions about ethical behaviour; second, by the collection of the group of ethical attitudes and values. Close collaboration between regulators provision and environmental health ethics education which acts as a mechanism for raising concerns about

competence in maintaining and preserving organizational standards. This proactive approach is focused on education for prevention rather than reactive post-event occurrence, although learning from events remains an important strategy for considering real-life outcomes of incidents. Ethical dilemmas and workplace stress experienced as a result of conflicting individual and organizational values have been found to be moderated by increased individual and organizational awareness of ethical issues. Indeed, result shows that the majority of the practitioners (48.9%) rated the way professional regulator (EHORECON) handled the known ethical cases in Nigeria as satisfactorily. According to Kohls and Buller [22] list seven pragmatic approaches to resolving ethical differences. The authors note that the approaches are not meant to be exhaustive or mutually exclusive. They do provide a useful range of possible options that EHORECON might employ to avoid problems. However, EHORECON have the potential for several types of conflict and misunderstanding and are strategically well positioned to set common goals for leadership and education in the interests of environmental health practitioners which have the potential to develop an innovative profession with radical thoughts and ideas, supported by personal and professional development. EHORECON support of EHOs efforts in using research and increased evidence-based practice is essential in order to facilitate safe EHOs practice. Environmental health professionals must make ethical decisions daily during the performance of their professional duties. EHORECON must prepare their practitioners to address these challenges through thematic training and field-based activities. For example, there has been an increase in ethical issues in Nigeria lately from more diverse populations given this situation, Buelow, et al. [23] stressed that regulators of health professionals need to give opportunities to explore different views on the application of ethics in real world situations. In addition, EHORECON is encouraged to increase practitioner's competency in the area of knowledge, skills, and attitudes needed to address ethical issues that may challenge their perspectives on moral reasoning. Ethical policies and practices used to maintain a competent environmental health workforce should:

- Provide ongoing training in all relevant areas to the workforce. Ongoing training of environmental health practitioners will be most effective if done with an eye toward career progression and building leadership capacity.
- Promote education and training of public health workers from diverse social, cultural, economic, and other backgrounds and communities. It is ethically advisable to recruit into the environmental health workforce individuals from groups and communities disproportionately affected by public health problems. Over time, this will build better rapport between environmental health workers and those they serve.
- Support access to environmental health ethics education and training and provide financial assistance based on need. In-service training and career development should be available to environmental health practitioners regardless of their ability to pay. Environmental health practitioners have an ethical obligation to stay current with the most reliable knowledge in their fields and should not be deterred or forced to make undue personal or family sacrifice through the prospect of incurring burdensome educational debt. Here training programs include not only degree-granting programs but also thematic training, conferences, workshops, and other professional development opportunities. Environmental health organizations such as Environmental Health



Officers Registration Council of Nigeria (EHORECON), Environmental Health Officers Association of Nigeria (EHOAN), Society for Environmental Health of Nigeria (SEHON), Environmental Practitioners Institute of Nigeria (EPIN), Environmental Management Association of Nigeria (EMAN), Nigerian Environmental Society (NES), Emergency, Crisis, Disaster, Safety, Environmental and Risk Management Institute (ECRMI) etc. that may sponsor these programs should set fees in accordance with this ethical consideration.

- Provide adequate institutional and professional support to enable competent performance. In environmental health, as in other fields, there is a strong connection between individuals' competent actions and the context within which they practice. Environmental health leaders and organizations should recognize the nature and significance of supportive contexts and arrange for individual environmental health practitioners to be adequately supported. Without such support, competent performance is not a reasonable ethical expectation.
- Incorporate ongoing evaluations of educational and training programs/activities. Scientific knowledge and social knowledge are essential to public health programs. These bodies of knowledge are dynamic, and continuing education is essential. This not only will put environmental health practitioners in a position to be more effective but will also help them remain alert to the emergence of new environmental health issues and novel challenges.
- Provide environmental health ethics education as a central part of environmental health education and ongoing training. Environmental health practitioners should be trained to recognize and articulate the ethical aspects of their work. They should be trained in deliberative decision-making processes and aware of the need to evaluate the ethical implications of their interventions and programs.
- Evaluate and continuously improve processes, programs, and interventions. Continuous quality improvement (CQI) approaches include a range of techniques but have at their heart cycles of plan-do-check-act. CQI submits plans, policies, and procedures to a cycle (with multiple iterations, if necessary) of taking action, evaluating the action, and modifying the plan or policy accordingly. The cycles can be quite short (a matter of days or less) or long term (months or even years). CQI is appropriately a part of environmental health accreditation processes. Many resources are available to guide efforts. Ethical issues are imbedded in the entire process based on the overarching value of attempting to provide constantly improving services to the public and other stakeholders.
- Encourage broad and creative thinking about educational and training needs. It is important to be aware of "real-world" environments and communities in which public health practitioners work and how that affects their effective competence. Training should also be provided in communications skills and political acumen related to environmental health work. Finally, attention should be paid to often underutilized educational models such as SWISES/Internship stage, apprenticeships and mentoring. Such intergenerational learning opportunities can enhance

learning about the evolution of problems over time and increase the imaginative space of solutions.

CONCLUSION

Environmental health practitioners play a vital role in protecting the health and environment of the population. They also work with individuals to help them protect and improve their health. In performing both of these roles, environmental health practitioners have conflicting loyalties and obligations. Both bioethics and environmental health ethicists advocate systematically analyzing ethical issues using principles decision making frameworks to organize thinking aid in decision making and ultimately enhance practice. This ethics in practice has added a way of thinking about environmental health ethics and has outlined some suggested principles for use in environmental health as well as values from the codes of ethics to help practitioners analyze the complicated and difficult issues they are likely to come across. However, Environmental Health Officers Registration Council of Nigeria (EHORECON) play a strategic and ethical role in ensuring EHOs practice. Their work spanning organizational management and preventive medicine and practice creates the possibility of realizing, making evident and promoting ethical issues. Essential responsibilities and challenges faced by environmental health professionals to achieve safer environment are based on ethical and legislative imperatives. Promoting understanding and awareness of the underlying values and principles in the organization can be achieved by standardizing and enacting protocols for safe practices, adapting appropriate models, developing multi-disciplinary safety teams and building a framework for preventive medicine and safety. In practice, everyday life often requires balancing individual security and environmental safety. The role of EHOs includes incorporating ethical values into all decision-making in their organization. EHORECON should be more sensitive to ethical issues and provides sustainable practices where human dignity is respected. The paper is made simple to be understood by all so that the larger populace of environmental health professionals and EHORECON can key properly into the themes of stakeholder engagement and compliance analysis and be applied across board. The benefits of this exercise is not farfetched since activities could lead to loss of lives and impact on the environment. The gains both in human terms and financial are enormous. Since the language of business is profit making.

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