

PROFESSIONAL ETHOS AND SERVICE DELIVERY IN
NIGERIAN HEALTHCARE INDUSTRY

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Abstract

This study examines ethical professionalism in the Nigerian healthcare industry as it affects the performances of health/business in the country. The study is cross-sectional in nature and it utilizes purposive sampling technique and questionnaires administered to Abuja Accredited HMOS to Sample the opinion of the target respondents, staff and customers from the ages of 20 and above, with exception of infants and minors to measure performance of HMOS In Nigeria. The finding reveals that ethical issues play a significant role in the performance of HMOs in the Nigerian health sector. The study recommends that management should pay attention to abuse of trust and limpidity which are variables adopted in this study and other significant variables not mentioned in the work to determining optimal ethical professionalism in order to have a better outcome in performance.

Keywords: Ethics, Limpidity, Business ethics, Professionalism, Healthcare

Introduction

The Nigerian healthcare system has ethical issues at workplace which ranges in different dimension, and it is as old as the first organization established in the country. Healthcare system in the world today faces the challenges of ethical issues of providing and delivering of services with the solvency of finance. Ethical issues have over the time grown concern in the organization, especially when it concerns quality, care, affordability, safety, finance, acquisition and mergers, advanced medical technology and other complex issues that affect decision and policy making where life is concerned. Healthcare sector should be designed in such a way that its executives will shoulder the challenge of professionalism, thereby ensuring the challenges of ethical professionalism are properly handled through a process that will be favourable to all; which therefore results in everyone being given fair chance to participate in it. Although there are many things to consider in making such professional decisions, such as time, cost, profit, quality, value and regularity as it may affect outcomes. Ethics in health evolved through several phases during the last few decades; traditional ethics, bioethics, health policy ethics and ethics in relation to human rights. The last can only be achieved in wealthy politically stable communities. With the promotion of human rights gaining momentum in recent years; there is a need to review ethical principles in health to ensure that human rights and dignity are fully respected. The health industry has the obligation of considering the ethical dimensions of the major determinants of health. These include the political system, economic situation, demographic changes, cultural diversity, role of women, global

ecosystem sustainability, technological advances and the changing pattern of disease. Ethical issues results from a situation or problem where an individual or group of persons will have to choose between the alternatives of what is right (ethical) or wrong (unethical) after a careful evaluation. In a global business environment of the 21st Century, investors have the responsibility of creating codes of conduct and ethics to which every member of that organization must abide by. An ethical issue is an identifiable problem, situation, or opportunity that requires a person to choose from among several actions that may be evaluated as right or wrong, ethical or unethical. In business, such a choice often involves weighing monetary profit against what a person considers appropriate conduct. The best way to judge ethics professionally is to look at a situation from a customer's or competitor's viewpoint Onotai (2008).

Professionalism in ethical issues have over the time grown concern in the organization, especially when it concerns limpidity, trust, quality, care, affordability, safety, finance, acquisition and mergers, advanced medical technology and other complex issues that affect trust and limpidity where life is concerned, Lewis and Stiles (2004). Healthcare industry should be designed in such a way that its executives will shoulder the challenge of decision making, thereby ensuring the challenges of trust and limpidity in decision making are properly handled through a process that will be favourable to all; which therefore results in everyone being given fair chance to participate in it. Although there are many things to consider in making decisions, such as time, cost, profit, quality, value and regularity as it may affect outcomes. Health care professionals are given certain privileges in the society due to the nature of their contributions. Doctors are characterised by their strong commitment towards patient's well-being, high standards of ethical conduct, their mastery in learning knowledge and acquiring skills, and self regulation. Professionalism is one of the competencies a healthcare professional should and must possess. In fact, Accreditation Council for Graduate Medical Education (ACGME) suggests teaching of professionalism to students during their training period.

“Professionalism” is derived from the Latin profession or public declaration. A definition of profession is “a calling requiring specialized knowledge and often long and intensive preparation including instruction in skills and methods as well as in the scientific, historical, or scholarly principles underlying such skills and methods, maintaining by force of organization or concerted opinion high standards of achievement and conduct, and committing its members to continued study and a kind of work which has for its prime purpose the rendering of a public service”. Professionalism is constituted by the goals, attributes and behaviours of profession. Its attributes are communication, empathy, integrity, compassion, responsibility, respect, duty, altruism, self-regulation, ability to understand limitations and eager to improve the skills and knowledge. Professionalism is concerned about the moral aspects such as norms, values and behaviour of a medical personnel. Professional ethics encompass the personal and corporate standards of behaviour expected of professionals. It partly comprises of what a professional should and should not do. Every profession or calling has ethical code which is more often than not universally observed. Professional ethics in healthcare understands the system of moral principles that apply values and judgments to the practice of medicine. Ethics is a professional guide for practicing physicians regarding ethical issues and ethical policies. There are a lot of ethical issues that practicing physicians are likely to encounter in their training and daily practices. There is hardly any area of healthcare that does not have an ethical aspect. For instance, Medical Rehabilitation Therapist (Registration) Act Law of Federation of Nigeria (LFN) 2004 provides for discipline of erring member in reported cases of ethical breach.

Promoting professionalism in the healthcare industry involves training and coaching employees on the various areas important to the industry/business. Where there is ethics healthcare professionals are good communicators. They are able to truly listen to their patients, empathize, and provide information about diagnosis and treatment in a way their patients will understand. According to Yeboah et al (2013) “Business ethics is a study of business activities, decisions and situations where the rights and wrongs are addressed; it is a form of applied ethics that studies rules and principles within a commercial context and any obligations that apply to persons who are involved in commerce”. Professionalism is an important

part of managing any business. Professional employees enhance the image of the business, help employees deal well with customers, and will help the business. Professional ethics encompass the personal and corporate standards of behaviour expected of professionals. It partly comprises of what a professional should and should not do. Every profession or calling has ethical codes which are more often than not universally observed. In the healthcare industry, professionalism becomes even more important due to the complex aspects of the business. Good healthcare professional are altruistic that is, they are always ready to put their patients' needs first. Good healthcare professionals also have a strong sense of service, of wanting to help people feel better, making health care work better, and, in many cases, giving back to their communities. Above all, they are motivated by a strong sense of professionalism - they have trust, integrity, limpidity, honour and are committed to upholding health and business's timeless values".

According to Schepee,(2003) a profession is highly specialized and grounded in a body of knowledge and skills that are given special status in the labour force, its members are certified through a formal educational program controlled by the profession, and qualified members are granted exclusive jurisdiction and a sheltered position in the labor market. Perhaps most important, professionals have an ideology that assigns a higher priority to doing useful and needed work than to economic rewards, an ideology that focuses more on the quality and social benefits of work than its profitability. Although this ideology is the most important part of medical professionalism, it is what is now most at risk. The science and technology of medicine and the special place that medical practice holds in the labor market are not presently threatened. The expanding professional health care responsibilities of nurses and the increase in other health workers such as physician assistants and technicians are changing the mix of the health care workforce, but the central role of the physician as the manager and provider of medical services is not likely to be challenged. The business industry has developed a reputation for its lack of ethics. In an industry where getting ahead and making money appear to take precedence over ethical decision making, it can seem difficult to understand the importance of ethical behavior in business. A lack of ethics leads to a wealth of problems for a business.

Where there is a lack of professional ethics, there is a heavy negative effect on the performance of the employees. This is so because, most times, employees are so interested in making money, there by ignoring protocols and leading procedures. This leads to careless errors, additional paper works and repeating task all over. Furthermore, some employees feel less motivated when they perceive that being professionally and ethically responsible by following the rules, will slow them down in business. This often times leads to a serious decrease in performance. Where there is a lack of ethical professionalism, this leads to lost of respect by all stake holders. Meaning, the healthcare system will find business difficult where there are no well respected leaders to monitor and regulate its activities. This will lead to tension, lack of trust among stake holders and it is of big detriment to such business that leans on the sense and collaboration of the community. Where there is a lack of professional ethics, and it is made known to the general public, that business automatically loses credibility and also key customers. If such business eventually recovers from such lost, it will still cost it soo much time and money to restore its confidence and business image.

Customers who leave such organisations due to a lack of ethical professionalism often find other services and products to meet their needs. Winning them back after such an ethical laps might remain a thing of the past. A lack of professional ethics might be poor planning and other faults in the line of business. To prevent this, there should be a preparation for a set of realistic goals for both employees and benefactors in other to reach unreachable quotas and goals. Also, there is a need for a monitoring system to monitor the performances of all areas of the business to avoid lack and also to remain credible. Unethical organisations often cut corners and create excuses for not following right procedures required by it standard business nature, Cornwall (2007).

Healthcare sector should be designed in such a way that its executives will shoulder the challenge of limpidity, thereby ensuring the challenges of limpidity are properly handled through a process that will

be favourable to all; which therefore results in everyone being given fair chance to participate in it. Although there are many things to consider in making decisions, such as time, cost, profit, quality, value and regularity as it may affect outcomes. In a world where consumers are well equally informed openly without any fear of the future outcomes, unnecessary care will be avoided; consumers will understand that care can be expensive but not necessarily better in value, this will give room for better choices where the ability is available. The implication of limpidity is that there is no secret due to scrutiny of an organisation's actions, whether intended or not. There is a growing interest on the part of research to provide a rigorous scientific and ethically effective basis for policy making in preventive, treatment, diagnostic, clinical trials and related information as the case may be. Every health care sector in Nigeria needs to be clear in terms of openness, accountability and communication in order to expose what is wrong from right. The central question of this research is meant to answer and find out weather, ethical professionalism affects the performance of the Nigerian healthcare Industry using the Nigerian Health Maintenance Organisation (HMOs) as a study area. As at the time of this research work, most of the studies conducted on the topic, to the best of the researcher's knowledge have not been able to look at the study area, this informed the decision to undertake this research work in Nigerian healthcare sector, linking it to health maintenance organisation in the country as an Industrial gap among other industries such as agriculture, mining, construction and manufacturing and also a Variable inclusion gap. Specifically, the study will find out to what extent does professional ethos in Abuse of trust and limpidity affects the service delivery in the sales performance of the Nigerian healthcare industry, narrowing the scope down to the Nigerian health maintenance organisation (HMOs).

In order to find answers to the above question the objective is being drawn towards investigating the effect of Abuse of trust and limpidity on the sales performance of the Nigerian health maintenance organisation (HMOs)

In line with the objective of the study the following hypothesis has been formulated in null form.

Ho1: Abuse of trust has no significant relationship with the service delivery in the Nigerian healthcare industry.

Ho2: There is no significant relationship with limpidity and the professional ethos service delivery of sales performance in Nigerian healthcare industry.

Literature Review

Abuse of trust in healthcare have different meaning to different people, many define it based on their understanding and the way they perceive it. From a consumer perspective, Trust may mean having access to every relevant information about the price and quality of healthcare service so as to be able to make great and better decisions in matters of their health. From a physician point of view, trust is when a physician can be accountable not only for the kind of care service rendered but also for the quality delivered by referred partners. To payers and providers, trust may be seen as the shift from a fee-for-service reimbursement system to a value-based care driven by unprecedented collaboration. This is also similar to Libich (2006) and Melendez (2001).

Trust is a series of actions creating credible governance systems, visible performance measurement systems, and readily available decision-making information about pricing of services and the amount of charity care (Summers and Nowicki 2006). Corruption does not enter the transparency definition except in the sense that high executive salaries are a misuse of donor funds. Trust references in the non profit scholarly research are largely synonymous with accountability, particularly financial accountability. Nonprofits create accountability by releasing IRS 990 forms and other information to the public, such as the costs of fundraising (Thornton 2006) and the pricing of health care (Razzaque, Shactman, and Eilat 2002; Summers and Nowicki 2006). In the evolving definition, where there is no abuse of trust, it increases the public trust in the work of nonprofits and is part of good governance (Melendéz 2001). As is true in the international relations literature, trust is a double-edged sword. Fear of greater government regulation and loss of flexibility is an issue (Asigele 2012). Melendéz (2001) argues that the amount of

information available to the public is already substantial, and what needs to occur is improved access to the information

Abuse of trust internationally plays a major role in creating transparency by conveying information about government decisions, increasing the effectiveness of government management and pressing for standards of ethics (Cooper & Yoder 2002, Backstrand&Saward 2004:). Therefore, trust is a behavioural norm or even the act of public value for organisation. A major theory in this literature is that non-profits exists between and because of public trust (Ortman& Schlesinger, 2003). Where the non-profit organisation see trust as a greater public accountability, the Nigerian healthcare sector should see trust as a mechanism to create necessary trust.

Trust in business began with organisations and non-governmental organisations. Trust in business became more common in the 1990s when Peter Eigen a World Bank manager became distressed at the failure of the bank to address it unethical issues of corruption in its giving loan to nations. This lead to little economic growth and progress, citizens could not develop their countries because of the high cost and this lead to a mass protest. Eigen was able to form a new organisation to address the situation with him as the head. The organisation he formed was called Transparency International (TI) (Eigen 2003; Holzner 2006).

Libich (2006), In five areas elaborated trust in business namely; political/goal, procedural, policy, economic, and operational transparency all have a major effect on the implementation and outcome of any policy. Where political/goal is the mission of an organization, Economic trust in transparency focuses on institutions and sectors making decisions based on tools, example; forecasting models; procedural transparency focuses on the processes of made decisions and operational transparency focuses on activities of performance measurement and error admission, so as to plan and meet goals, all of which is aimed at helping an organization to meet its goal. Lewis and Stiles (2004) in a counter views that the priority of every decision making is transparency. With trust in business, there is no open door to cross-subsidies that may leads to managerial decisions that are short-sighted. Trust in business is not all about just gathering information, the more open and easy it is for people to gather information the greater the trust and believe. Finally, trust may be seen as a double edge word that pierces like any other sword or blade, so much that it creates fear in the regulations of government and might result to great loss of flexibility. Therefore there is a call for healthcare sector to fully embrace transparency as a norm and valuable means to evaluate the performance progress of their programmes, profits, growth and actions.

Limpidity according to an associated practitioner is a means to create accountability and credibility, and as a defensive measures to maintain non-profit tax status (McPherson 2006;Ferman 2007; Galvin 2007; Muller 2007). Limpidity is a series of actions creating credible governance systems, visible performance measurements system, and readily available decision-making information about pricing of services and the amount of charity care (Summer &Nowicki, 2006). Limpidity increases the public trust in the work of non-profits and is part of good governance (Melendez, 2001). Melendez (2001), argues that the amount of information available to the public is adequately substantial and what needs to occur to improve it is information access.

The inability of a well spelt out limpid system in the Nigerian healthcare sector, has attracted the growing movement to encourage limpid practices in the community, which includes the public having a link to raw data and every other protocol. Lack of limpidity reduces the value any of research. The earlier effort is made to encourage protocol, analytic codes, and available raw data, the better the access to monitor and be monitored.

Cornwall (2007), holds that, limpidity should have fast moved into the mainstream of development and aid, but it is still at a point where it's at the risk of becoming buzzwords. Goldfrank (2006), opines that budget monitoring sector specific, monitoring public expenditure through social audits, participating

audits and tracking surveys and advocacy for budget transparency be made open. A leading change in climate borrows ideas and models international sector aids, from a perfectly limp and accountable governance. (Eyben, 2006 ; Hayes and Pereira, 2008). For instance, greater accountability may not be achieved by limp information alone but may require media competition, citizen capacity to process the information and the resources to act on it (Kolstad and Wiig, 2009). The point here is that, limpity is a concept of mutual reinforcement and where there is no limpity, it would be difficult to call health sector organisation into account, because there will be no access to timely and a well laid reliable information to decision and the performance outcome.

The concept of performance is widely used, despite its great importance only little effort have been made to clarify this concept. Various authors, (Okaida, 2003, Crawford, 2005; Kim, 2005 & Shum, 2005) agree that when conceptualizing performance one has to differentiate between an action aspect (that is, behavioral) and the performance outcome aspect. In practice, it might be difficult to describe the action aspect of performance without any reference to the outcome aspect. This is so, because not all action but actions significant to organizational goals can make up for performance, there is the need for criteria in evaluating the height to which individual performance meets with organizational goals. Several studies by various authors of organizational performance (Demaki, 2011, Kirby, 2005; Kukure, 2006; Crawford, 2007 and Komolafe, 2007) define performance as a dependent proxy which measures differences in organizational performance.

The authors of Limpity in Public Policy accept limpity as a given attribute of policy, and they reason that limp policies are better than opaque policies (Finkelstein 2000, 1). Good limp policies contain methods of accountability. Limp policies also provide information to citizens and improve their ability to make choices about the services they receive. A limp policy is deemed effective when the public acts on the information the policy provides. If an education agency provides information on the quality of schools through performance measurement, and parents choose their child's school based upon this information, the policy is said to be effective. Limpity, then, relates to inputs, outputs, and outcomes of decisions

Theoretical Framework

Utilitarianism Theory

Utilitarianism looks at acts of what is wrong and right as a theory that is professionally ethical which depends on the maximization of the general wellbeing. Utilitarianism is greatly associated with these phrase 'the greater number for the greatest sum of good,' this typically allows the public act in any way that will result to the aimed target of biggest possible quantity of well-being, where well-being is greatly understood as nearly related to everything happiness. Utilitarianism a logical ethical theory, states that an action is best with maximizes utility. "Utility" may be seen from diverse views, mostly in sentient entities well being. Jeremy Bentham, the founder of utilitarianism, explained it as the complete pleasures derived from any action, excluding the pain of a person involved in such an action. Few disagreement on utilitarianism proponents are namely, situation where actions are chosen based on results that are likely (act utilitarianism) or whether agents should conform to rules that maximize utility (rule utilitarianism) (Lawrence, 2014).

Deontology Theory

Another class of professional ethical theory is the deontology theory, states that individuals should focus on obligations/duties once decision is to be made and ethics is to play a part. Meaning, one must follow their obligations to another society or individual to uphold a duty of what is ethically considered to be correct. Example, one who is a deontologist always keeps promises made to friends and always law abiding. A believer of deontological theory always produces consistent results and decisions because it is usually based on the set of duties for the individual. (Stone, 2001). Deontology involves a lot of positive attributes, at the same involves flaws. Deontology flaw is seen from where no logical grounds to decide

the duties of a person. Example, a health care management may decide that it is their duty to be as trust worthy as possible in providing information about their healthcare services and costs. Although this appears to be something good, we don't know why they chose to make this his duty. Sometimes, a person's duties are in conflict. For instance, if the health care management who must provide adequate information on their health care services and practices, decline to make patients' information known to public and private authorities who requested them as regard to official or protocol process in order to keep up with confidentiality, then how can their level of limpidity be rated? There could be observed contradictory aspects of keeping with professional ethics, as one says 'give' and the other says 'withhold' (Paley, 2002).

The Deontology theory was adopted for the study theoretical framework as it provided a background and a guide linking the variables of the study. The deontological branch of ethics argues “Do what duty indicates is professionally ethically right.” A decision using a deontological paradigm is potentially more complex than one based on utilitarianism, wherein the philosophy directs a clear path of serving the self or the good of the greatest number. Deontology is based on the moral agency of the individual, and that aspect of the theory confers a great responsibility on the individual issues manager. With that responsibility comes a need to rationally and thoroughly consider the ethics of issues, and this practical model of ethical issues management provides a sound basis for that analysis. The practical model allows issues managers to conduct a thorough, systematic analysis of the ethical aspects of a decision and to understand that decision, and its ramifications, from a multiplicity of perspectives. Regardless of which ethical paradigm is implemented, conducting a rigorous and methodical analysis of ethical decisions ensures that a more sound decision is made than if an informal approach to ethics had been used.

Utilitarianism a logical ethical theory, states that an action is best with maximizes utility. The researcher also assumes that total (total utilitarianism) or average (average utilitarianism) utility should be maximized. Therefore the Deontology theory was adopted for the study theoretical framework as it provided a relevant background and a guide linking the variables of the study. The theory shows how contradictory aspects of set rules, standards and obligations could conflict and result to ethical issues which tends to reduce customer's satisfaction with health care service and subsequently have impact on sales performance through its service delivery in the Nigerian healthcare industry.

Empirical Studies

Latif (2000) examined the relationship between patient care performance, moral reasoning, and social desirability, with the use of empirical evidences from the retail pharmacy setting. The study was exploratory and reviewed data from empirical literatures of previous works. The study found that moral reasoning and social desirability influences patience care performance.

Kalvemark, Hoglund and Hansson (2004), assessed ethical dilemmas and moral distress in the health care system. The study adopted the descriptive research method in which 7 Swedish hospitals were surveyed; structured questionnaire was used to elucidate data from pharmacists, nurses, dispensers and doctors. Descriptive and inferential statistics was used to analyse data. The finding of the study showed that ethical dilemmas and moral distress in the health care system are correlated and both affect performance.

A study by Kouzes & Posner (2002) on the integrity and performance confirms that organizations have integrity as core values outperform other firms by a wide margin in terms of revenue growth, job creation, stock price and profitability. Corporations that are leaders in their various industries tends to have a culture of integrity; they turn in solid long-term financial performance by out forming other firms. LoeFerrel and Mansfield (2000), conducted a study on the effect of ethical decision making on the performance of organization. Their study was quantitative and a structured questionnaire was used in collecting data from 300 respondents. The data collected was analysed using linear regression with Stata

version 12.1. The finding of the study showed that ethical decision making associates significantly with organizational performance.

In a study conducted in Nigeria by Kehinde (2010), titled "Effects of Ethical Behaviors on Organization Operations". The researcher described the how organizations of today are faced with a number of different challenges namely unethical and illegal business practices in various business transactions. He explained how Code of ethics may affect the conducts of employees when they are properly set and adhered. Questionnaire was administered on selected respondents who are employees from 16 organizations. The study used a quantitative method with two hypotheses documented in the null form. Findings show that ethical behavior has an effects on the organizational operation and that good ethical behavior has an effective positive correlation with organizational outcomes. Suitable policy recommendations were offered which decision makers in business organizations and government functionaries will find highly useful. The paper reflected the theme of this study on the facts that it explores the ethical conducts of employees and their consequences on the performance of an organization. However, the research basically had focused on Nigeria environment only particularly in Lagos.

Asigele (2012) in his work assessed effects on working environment on the performance of workers His work aimed at determining the effect of working environment on the performance of reproductive and child health care providers in Tarime district. A closed and open ended questionnaire was used in collecting data. The researcher conducted a cross sectional exploratory search in 12 health facilities in the district. Eight (8) dispensaries, 3 health centers and a hospital were also involved in the study. Data analysis was carried out using SPSS version 15.0. The questionnaire major variables were characterized by socio- demographic characters (age, status, marital status, sex, and education level), availability of medical supplies, office building space, privacy presence, availability of drugs. Thirty health providers and (147) one hundred and forty seven clients were all interviewed. Result reveals shows that the working environment elements have a significant effect on the performance of health providers in the Reproductive and Child Health unit.

Under this section the review of related literatures reveals the significance of adhering to proper ethics in organizations; it also shows the ill effects of unethical standards and practices especially in the health sector. Also, relevant theories that relates to this study are discussed and one was chosen to underpin this study. Some of the principles and practices discussed in this chapter on the unethical issues in health sector give relevant guide and information for a patient as well as the health care provider. This further confirms the need for this study on the effect of unethical issues on the performance of health care sector in Nigeria.

Methodology

The research designs used in this study is survey research design which is common to social and business research. The design provides the framework for finding solution to any problem under study. Kothari (2015) opine that the choice of research design is determined by the objectives of the study. Therefore, the study employed cross-sectional in nature and it explain the relationship between ethical professionalism and performance in healthcare industry. This method relevance in terms of efficiency and usefulness for collecting data and in explaining the variables in the study based on the information gathered.

The population of the study consist of employees and subscribers of the 43 accredited Health Maintenance Organizations (HMOs) out of 76, with physical address in Abuja. The population according to preliminary survey by the researcher was 6,303,000 which was gathered from a total addition of the information gotten from the visited HMOs (comprising employees and subscribers of the selected HMOs). To arrive at the sample size, the purposive sampling technique was adopted which is a non-probability sampling method and selection is based on characteristics of a population and the

objective of the study. The following sample size formula for infinite population is used to arrive at a representative number of respondents (Godden, 2004).

$$SS = \frac{Z^2 \times (p) (1 - p)}{C^2}$$

Where:

SS = Sample for infinite population (more than 50,000)

Z = Z value (1.96 for 9.5% confidence level)

P = population proportion (0.5 {50%} because it will provide the maximum sample size)

C = Confidence interval, expressed as decimal (0.5 for 95% confidence level)

Therefore,

$$SS = \frac{1.96 \times 0.5 (1 - 0.5)}{0.05^2}$$

$$SS = \frac{3.8416 \times 0.25}{0.0025}$$

$$SS = \frac{0.9604}{0.0025}$$

$$= 384.16$$

The sample size therefore is approximately 384; the sample size is obtained by purposively selecting 384 respondents who are active subscribers of the 43 selected HMO. The researcher utilized primary sources of data.

The research model was tested by conducting a survey of the 384 respondents' selected using simple random sampling technique from the various HMOs. Prior to entering the data, all the questionnaires returned by the respondents were checked and filtered. It was ensured that the respondents met the research criteria namely; management staff of HMOs with physical location in Abuja and Kaduna. All the responses were checked, missing responses discarded and later checked for outliers. The data was entered into Statistical Package for Social Sciences to test the fit of the model.

The model for this study was represented as follows:

$$SP = \beta_0 + \beta_1 AOT + \beta_2 LPD + \epsilon$$

Where

SP = Sales Performance

β_0 = Constant

$\beta_1 - \beta_6$ = Regression Coefficients

AOT = Abuse of Trust

LPD = Limpidity

ϵ = Error term

The data collected was analyzed using both descriptive and inferential statistics with the help of Statistical Package for Social Sciences SPSS.

Descriptive Statistics

The descriptive statistics of the data collected for the study is presented and discussed in this section.

The summary of the descriptive statistics of the data collected is presented in Table 4.1 as follows;

Descriptive Statistics of the Variables

VARIABLES	Min	Max	Mean	SD	Skewness	Kurtosis
SP	1	5	2.00	1.375	-0.045	-1.395
AOT	1	5	4.03	1.405	0.022	-1.447
LPD	1	5	2.11	1.418	0.098	-1.361

Source: SPSS 22(Appendix ii)

Table 1 shows that our measure of Sales Performance (SP) has a minimum value of 1 and 5 as the maximum value, this indicates that 1 is the lowest value in the data set while 5 is the highest value in the data set which signifies that there is no serious outlier issues in the data set. The average value of the SP is 2.00 with standard deviation of 1.375, signifies that the data deviate from both side of the mean value by 1.38 approximately. This implies that there is a bit dispersion of the data from the mean, because of the value of standard deviation which is close to the mean. The kurtosis and skewness has value of -1.395 (0.0045). Which signifies that kurtosis does not fall between -1.96 to 1.96, which depicts that the data might not meet the Gaussians distribution theory. While the skewness falls the distribution assumption. The descriptive statistics from Table 1 shows that AOT has no elements of outliers' issues in the data set because the minimum and maximum value in the dataset is 1 and 5 respectively. On average, the AOT in the sample firms is 4.03 with standard deviation of 1.405. That is, the deviation from the mean is about 1.40 at best. The kurtosis and skewness has value of -1.447 (0.022, which signifies that kurtosis does not fall between -1.96 to 1.96, which depicts that the data might not meet the Gaussians distribution theory.

The descriptive statistics from Table 1 shows that LPD has no elements of outliers' issues in the data set because the minimum and maximum value in the dataset is 1 and 5 respectively. On average, the LPD in the sample firms is 2.11 with standard deviation of 1.418. That is, the deviation from the mean is about 1.42 at best. The kurtosis and skewness has value of -1.361 (0.098). Which signifies that kurtosis does not fall between -1.96 to 1.96, which depicts that the data might not meet the Gaussians distribution theory. While the skewness falls the distribution assumption.

Correlation Results

In this section, the result of the Pearson correlation Coefficients of the variables of the study is presented in Table 2 as follows;

Correlation Matrix of the Dependent and Independent Variables of the first model

VARIABLES	SP	AOT	LPD
SP	1.000		
AOT	-0.137	1.000	
LPD	-0.026	-0.027	1.000

Source: SPSS 22(Appendix ii)

Source: SPSS 22(Appendix ii)

Table 2 present the correlation results between predictor variables (AOT and LPD) and sales performance (SP) in the HMOs in Nigeria. Table 2 also the results indicate that there is a weak and negative relationship between sales performance (SP) and (AOT) from the correlation coefficient of -0.137.

Table 2 also the results indicate that there is a weak and negative relationship between sales performance (SP) and (LPD) from the correlation coefficient of -0.026. (LPD) has weak and negative relationship with (AOT) from the coefficient value of -0.027.

Regression Results and Hypotheses Testing

In this section, the regression results of the models of the study are presented and interpreted. The hypotheses formulated for the study are also tested from the results as presented in Table 3 below;

Summary of Regression Result

Variables	Co-efficient	t-statistics	p-values	
Constant	0.449	6.821	0.002	
AOT	-1.231	2.751	0.006	
LPD	-1.775	2.437	0.000	
R ²	0.45			
ADJ R ²	0.39			
F-Stat	10.122			
F-Sig				0.002

Source: SPSS22 (Appendix ii)

The Table 4 presents the regression results of OLS model.

This section presents, interprets and discusses the regression result of the dependent variable (Sales performance) and the independent variables of the study (AOT and LPD). The presentation of the result takes the form of analyzing the relationship between the dependent variable and each independent variable as well as the analysis of the combined result of the model.

The result shows that variable (LPD) have significant effect on sales performance at 10% levels of significance, AOT is having significant impact at 5%. Cumulatively the R2 (0.45) which is the combined coefficient of determination indicates the extent to which the independent variables explain the total variation in the dependent variable and the remaining 55% is explained by the other factors not captured by the model of this study. Thus, it signifies that 45% of the total variation in sales performance of HMOs in Nigeria is caused by AOT and LPD. This indicates that the explanatory variables are well selected and combined because the R2 is positive and satisfies the minimum rule of thumb.

The F-statistics of 10.122, which is significant at one percent level of significance indicates that the model of the study is fit. The value of F-statistics which is statistically significant at five percent level of significance (0.002) means that there is a 95 percent probability of confidence that the association amongst the variables of the study is not just by chance.

In line with the findings above it is necessary for us to test our hypotheses, as follows:

We reject the null hypothesis which states Abuse of trust does not have significant influence on the performance of Health maintenance organizations (HMOs) in Nigeria. It is in line with our priori expectations. The null hypothesis that states that there is no significant relationship between limpidity and performance of Health maintenance organizations (HMOs) in Nigeria is also rejected and it's in line with our priori expectations.

Conclusion

This study examine the effect of ethical issues on performance of core health operations of HMOs in Nigeria, and the relationship between ethical issues and performance of HMOs in Nigeria. To achieve the intended objectives the multiple regression was computed with SPSS computer package to test for the fit of the model and the significance of association of the predictors with the dependent variables. The results of the random effect regression showed the existence of the following relationship between ethical issues and three independent variables. Ethical issues as measured by Abuse of trust and Limpidity had significant positive relationship with performance, which was in line with earlier expectation. This result also supports the theoretical frame work. Similarly, HMOs needs the coordination of a higher authority to guide it affairs in other to maintain a standardized moral and ethical values to better the essence of its existence, which was also in line the expected sign. The finding reveals that ethical issues had significant effect on performance of core health business operations HMOs, and implies managers need to consider this impact in their ethical issues management decision.

Recommendation

The following recommendations are made based on the obtained findings.

In line with the results of this study, firms, management and organisations should pay greater attention to significant variables such as the effect of Abuse of trust in determining their optimal ethical issues in management by maintaining a work place culture of trust, respect, professionalism to achieve optimal level of performance of their core health business operations and hence, value for the health sector. Abuse of trust as one of the variables, impacts on ethics and performance, because it forms the strength of any sector that want to last long and business strong.

From the findings, HMOs needs to create more awareness across the geographical scope to enlighten all stakeholders, especially those for further studies taking cognizance of the best variables including those not mentioned in this work, which will produce them a much better performance outcome.

The HMO's are also recommended to develop strategies that will increase performance without affecting their overall function of decision making influence in the health industry. People are usually scared of what they don't know, but with a little awareness and some level of limpidity upon services to subscribers, the fear of the unknown is deleted and business strength will wax of trust and utmost satisfaction.

A check on the ethical issues surrounding the Nigerian health system through the HMOs creates an opportunity for subscribers to maintain a good and healthy life style which is easy for customers. Therefore, The Nigerian Health Insurance Scheme (NHIS) is expected to take the accredited HMOs into confidence to determine a limpid system as regards service to subscribers because of its significant great influence on its customers and the performance outcome of the sector. If possible a code of conduct be created to guide both employee and subscribers to enhance growth performance.

The current research is restricted only to the accredited HMOs in Nigeria. Furthermore, this research was mainly conducted on primary data collection. The other individual data collection methods had not been considered. As a result they may not be 100% accurate. In addition to these data representing Abuja were used for the study. The research has compiled a large database of HMOs data that demonstrate what can be done even with the limitations of currently available data. There is clearly enormous scope for more research that can inform an understanding of how professional ethos and service delivery can be managed, how it connects with the performance and what elements of ethical issues makes a difference. To develop specific policy recommendations we develop the following for further research.

i) There are currently (76) seventy six HMO's; the study covered only the ones with physical address. Therefore, additional investigation is required to examine firms in the different sectors tend to follow different ethical patterns.

- ii) Another research area that could be extended is to examine ethical issues and performance to the non-physically addressed HMO's in Nigeria.
- iii) There are some other factors found which also affect the firms' performance which are not focused in this study. One of the main factors is the regulations and restrictions from the Health Regulatory Bodies. Therefore further investigation is required to examine regarding what are the factors other than professional ethos influences on performance of service delivery.

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