

## **Organizational Ethics and Productivity in Public Health Sector in Rivers State**

**Ejelonu, Uzodinma Enyioma**

Department of Political Science  
Rivers State University, Nkpolu-Oroworukwo.  
Port Harcourt

**Davies, Emmanuel Opuene Ph.D**

Department of Political Science  
Rivers State University, Nkpolu-Oroworukwo.  
Port Harcourt

**Egobueze, Anthony Ph.D**

Department of Political Science  
Rivers State University, Nkpolu-Oroworukwo.  
Port Harcourt

DOI: [10.56201/jpaswr.v9.no1.2024.pg101.126](https://doi.org/10.56201/jpaswr.v9.no1.2024.pg101.126)

---

### ***Abstract***

*Ethical standards and its impact in public organizations have increasingly caught the attention of scholars of public administration. Particularly with regard to those public organizations that are charged with the provisions of vital social services to the citizens of a given political community. This paper examined organizational ethics and productivity in public health sector in Rivers State. The paper adopted the Ethical Theory as its analytical framework. The cross-sectional research design was employed as a guide to generating and analyzing data. The Cronbach formula was used as a statistical tool to derive a sample size of four hundred and eight (408) respondents from a population of eight hundred and thirty five thousand, two hundred and eighty three (835,283) persons representing the health workforce of Rivers State University Teaching Hospital (RSUTH) and University of Port Harcourt Teaching Hospital (UPTH). Generated data gotten through the administration and retrieval of questionnaire was analyzed via the use of frequencies and percentages, while the Chi-Square was used to test the only hypothesis which guided the study. Also, the qualitative data gotten from textual materials to complement needed information for the study was analyzed via the use of qualitative content analysis. The study found out among others, that; the existing organizational ethics enhanced productivity in the Rivers State public health sector. Accordingly, the study recommends among others, that; the government through the relevant ministries and departments should establish an agency for procurement, maintenance,*

*and monitoring of equipment and facilities in the public health sector in such a way that ethical boundaries will be streamlined to enhanced productivity.*

**Keywords:** *Public Health, Productivity, Sector*

---

## **Introduction**

Healthcare service delivery can be affected by ethical behaviours in organizations which can be related to professional conscience and self-control. The actions of the administrators and the public health sector workers in an organization are related and are under the same influence of ethical principles hence, organizational values are the foundation of any organization (Saha, 2020). Ethical values of an organization help in establishing principles for the greater good of all while ensuring regulated delivery of healthcare services. Ethical practices are crucial in ensuring that resources are allocated fairly and effectively and their optimization is accomplished (Saha, 2020).

Productivity in health sector can be illustrated with customer satisfaction which sets in motion a feedback mechanism on the content of the organization's production (Güllich, 2022). It is well established that tangible benefits are among the main drivers of organizational success and the actions of employees are usually driven by motivation amplified by tangible benefits. However, intangible benefits are those benefit that give a positive spur towards the success of an organization such as customer satisfaction. This is illustrative in the public health sector as the major component of service value. In the foregoing, tangible and intangible benefits are evenly essential for employees' motivation towards successful production in the organization (Saqib, Abrar, Sabir, Bashir, & Baig, 2015).

Adherence in actual work environment, can be multifaceted in nature, as it requires employee's loyalty and willingness to carry out his or her duties in the public health sector. In the foregoing, loyalty is critical to the productivity and success of an organization. Also, there is a direct relationship between employee's adherence to organizational job and the organizational performance. In the foregoing, the public health sector usually construct their human resource management policies towards amplifying their employees' performance. Hence, Irefin & Mechanic (2014) asserts that "employees that are affectively committed to an organization are less likely to leave the organization."

The citizens participate in their wellbeing in line with the government policies. However, in many instances, government programmes do not engage the communities to a reasonable extent. Ogueji (2023), added that poor community participation is associated with underutilization of government health facilities whereby the people remain to a greater extent with their preferred traditional medicine and faith healers. This makes ineffectual all efforts to ensure successful healthcare programmes, leading to misdirected resource allocation. Overall, allocation to the health sector

has endured the same perennial situation of inadequacies and deficits. This has been calamitous to the society with the lives of the citizens at stake. Another sinister predicament goes with the embezzlement and diversion of such necessary funds by misguided leaders.

It is also a common knowledge that since independence in 1960 till date, there have been inadequacies plaguing the delivery of healthcare services. The implicated multiple factors include activities of civil servants, poor community engagement, availability and utilization of resources, polices, concerns of administrative governance, funding, infrastructure development, manpower, security challenges and welfare. Also organizational values which are the foundation of any organization have not been able to solve these inadequacies in the public health sector (Ebekozien, 2021). In a broader analysis, the healthcare sector is the only public sector that incorporates total duty towards health service delivery. It is under this premise that the health sector is still functional despite the inadequacies.

The public health sector stands as an integral part of social infrastructure which is tasked with the responsibility of safeguarding the health and well-being of the citizens. Also, a well-functioning public health sector is not only critical for the health of the population, but crucial for the overall socio-economic advancement of the state. However, this has not been the situation in Rivers State as its public health sector appears to be plagued with poor health indices. According to the World Health Statistics, the recorded global under 5years old mortality rate (U5MR) in 2021 was 38 deaths per 1000 live births. In the same year, the African region recorded the highest at 72 deaths per 1000 live births. This was about twice the global U5MR and close to nine times the figure of the European region (WHO 2023). The figures in Nigeria was not encouraging either, where the infant mortality rates (IMR) have been rising from 85 per 1000 live births in 1982, 87 in 1990, 93 in 1991 to 100 in 2003 (NPC, 2003). More so in 2007, the FMOH reported a mammoth IMR of 110 deaths per 1000 live births. In Rivers State of the same year, it was gloomy with the life expectancies for male at 54 years and female at 57 years, which were very low compared to the national figures. The overall indices of health in the State remains unacceptable. (SHDP, 2015).

It is in this context that the study of organizational ethics adherence and productivity in the public health sector between 2013 to 2023 gains its significance. The delivery of healthcare services incorporating efficiency and ethical practices are fundamental for meeting the myriad health needs of the growing population of Rivers State. With the understanding of the mechanics of ethics and productivity in the public health sector, will ensure improved healthcare service delivery. As such, the study is posed with the questioning: How has the existing organizational ethics in the Public Health Sector enhanced productivity in Rivers State? Accordingly, the study is guided with the hypothesis that; There is no significant relationship between the existing organizational ethics and enhanced productivity in Public Health Sector in Rivers State.

The study is structured into five parts:

- Part one: Introduction (which is just concluded)
- Part two: Analytical framework and conceptual clarification
- Part three: Method

Part four: Data presentation and Analysis  
Part five: Conclusion/Recommendations

## **Analytic Framework**

### **Ethical Theory**

Ethical theory is a philosophical theory that explores the nature of morality, values, and principles that guide human behavior. It guides a frameworks for understanding what is right and wrong, as well as how individuals and societies should act and make decisions. It also address the fundamental questions such as the nature of good and evil, the principles that governs our actions and the basis for ethical judgments (Ochonma, Chjioke, Ingwu, Nwankwor, & Henry-Arize, 2023).

There are various ethical theories and each offers different perspectives on moral decision-making. Some of the prominent ethical theories include deontological ethics, consequentialist ethics, distributive Justice, principle of fairness, libertarianism, virtue ethics and social contract theory. This study adopted deontological ethics and consequentialist ethics.

**Deontological Ethics:** This theory is often associated with the philosopher Immanuel Kant, (1724-1804). It emphasizes the importance of moral rules and principles. He implied that morality provides a rational framework of universal principles and rules that constrain and guide everyone. According to deontological ethics, certain deeds are inherently right or wrong, regardless of their consequences. For example, lying is considered wrong, whether or not it results in a positive outcome. It also emphasizes the importance of obligation, duty and attainment of moral laws (Tännsjö, & Tännsjö, 2019).

**Consequentialist Ethics:** This theory which is also utilitarianism, focuses on the consequences of actions. It can be found in the works of Plato and Aristotle. David Hume (1711-1776) held that much of our moral thinking is ultimately shaped by what we find agreeable. Other notable contributors were Jeremy Bentham (1748-1832) and John Stuart Mill (1806-1873) and Peter Singer (1979) who applied utilitarianism to a variety of moral problems in medical ethics. Utilitarianism portrays an action to be morally right if it produces the greatest good for the greatest number of people. Also, it suggests that the consequences of an action should be the primary consideration in regards to its morality, for preservation of overall happiness or well-being (Tännsjö & Tännsjö, 2019).

Ethical theory also involves reality and practical dilemmas, such as the ethical use of power and authority and the fair distribution of resources which requires careful ethical analysis of uncertain terrain. It plays an important role in guiding individuals, institutions, and societies through the moral complexities of human relation and existence (Gawronski& Beer, 2017).

The main assumptions of the ethical theory (Birsch, 2022; Tännsjö & Tännsjö, 2019), adopted for this study are as follows:

1. Everybody should act so as to produce, by his or her action, the greatest balance of good over evil for all affected.
2. Set of rules are followed by all, which, if everybody followed them, would produce the greatest balance of good over evil for everyone affected.
3. Utilitarian ethical theories are based on one's ability to predict the fallout of an action.
4. The choice that brings forth the greatest benefit to the most people is the one that is ethically correct.
5. An act is unacceptable if its maxim (the rule of action considered by the acting person) cannot be willed to be a universal law.
6. The morality of an action is decided by the action itself, not by its consequences.
7. People should adhere to their obligations and duties when involved in decision making and when ethics are in play. This means that a person follows his or her obligations to another individual or society because it is upholding one's duty that is considered ethically correct.

The relevance of the ethical theory to this study, was observed in the professionalism of the public health sector as it addresses productivity which signifies the actions for the common good of the community and Rivers State. It captures the utilitarianism and duty of the public health sector in encapsulating the prescription of doing the most good in the best interests of all concerned. For example, in the workplace giving credit to all the employees is far effective for productivity than just to one individual. This portrays all employees as valued and appreciated for their hard work.

The theory enhances decision making in the health sector in difficult situations. It facilitates maintenance of privacy and rights of people to make decisions about their own lives. It is about a worker's duty and collectively the duty of the whole team. Ethics serving as a guide for personal and professional conduct restricts decisions and actions which are harmful to the society. It is the task of the public health sector not to cause harm but to restore and preserve the health of the individual and the society.

The theory was relevant to the study as fairness, honesty and ethical behavior were examined. These attributes are necessary for productivity. Therefore, every employee that is expected to exhibit these will want to work for an organization that is just and ethical in its practices. In the foregoing, an organization that is powered by moral values is respected in the society. Also the organization would be cherished by its employees as it observes fairness, equality and equitability. This enables a common motivation for the employees and decision makers towards workable solutions for better productivity. In the long term, it forestalls aligning of detrimental behaviors within the organization that would negate the achievement of one common goal or mission.

The ethical theory has some criticisms (Birsch, 2022; Tännsjö, & Tännsjö, 2019).

1. There is the debate whether there can be a single, overarching moral theory which can provide clear and universally applicable guidelines for ethical decision-making and whether ethical principles are inherently diverse and context-dependent.

2. Some philosophers argue that a single, all-encompassing ethical theory is achievable, while others maintain that moral reasoning is inherently complex and dependent upon the specific contexts and scenarios in which decisions are made. Therefore, it is impracticable to calculate consequences for each action.
3. Cultures and societies often hold distinct ethical frameworks and norms, which can raise questions about the universality of ethical principles as there is no objective or universal basis for equating different moral codes.
4. Deontology cannot within itself provide for resolution of conflicts among two or more moral persons who profoundly differ. There is no formula to decide conflicts when two permissible maxims conflict.
5. There is concerns of justice for the minority population as one cannot determine the outcome of actions in advance. It is difficult to predict the good or bad consequences for others as act utilitarianism can produce unfair consequences for a minority.
6. Rules can be stated with so many interpretations that rule utilitarianism dissolves into act utilitarianism
7. There exist no sharp boundaries between ethical and non-ethical interpretations. Therefore, people often face ethical dilemmas wherein a clear cut decision is very difficult. It is hard to find a commonality for such diverse values as property and life.

## **Conceptual Clarification**

### **Concept of Ethics**

Ethics as used in this study comprises of those standards of conduct that every member of a particular group follows. The Oxford Languages dictionary (2023) defines ethics as moral principles that govern a person's behavior. On the other hand, it is the branch of knowledge that deals with moral principles and is a field that not only looks at ethical and moral concerns that we should have, but also investigates the actual codes of conduct that are followed. Some are written while others are verbally transmitted. People in government draw their justification from the assent of the governed. However, it beholds on the administration to exercise morals in administering to the governed (Baggini, & Fosl, 2024).

In the era of Aristotle, ethics was described with various meanings. It was perceived as morality in relations to the behavior of persons who act in or out of accord with some standard to achieve acceptance within convectional norms. In the context of professional behavior, it describes the character of the moral person while carrying out this or her duties with influence of the community. Three domains of ethics include decorum, deontology and politic ethics. Decorum illustrates the outward behaviour that manifests as inner virtue, attitudes and actions towards others like politeness, courage, respectfulness and resoluteness. However, these are collectively referred to as virtue. The deontology (derived from the Greek word 'doen') signifies a duty or obligation. This part of morality is concerned with the approach of what one ought to do within rules and principles. The third, which is politic ethics, refers to the individual in the background of the community. This displays the interaction between justice and morals with the overriding effect of the community on the individual (Jonsen, 2000; Levinson, 2023). In applying the ethics to medical ethics, it describes

the medical life of certain persons (usually captioned as physicians) and their duties towards others (their patients). Physician used here refers to the healthcare workers. To achieve this requires ethical qualities of the mind, will, behavior and compassion. In relation to the politic ethics, the physician's role revolves within the confines of the larger society. (Jonsen, 2000)

Also dissension and restraint can be influenced form either the laws of the land or ideology and this can be observed in other aspects of decorum including medical secrets and confidentiality. As an example in deontology, the right to life and abortion which differs from one community to another becomes a moral dilemma. Observing the Hippocratic Oath which may admonish abortion, down the line of history to the present day, perception of morals has impacted a lot on the application of the professional oaths. Also, politic ethics that covers how individuals and institutions respond to medical activities has been impacted by beliefs. (Askitopoulou, & Vgontzas, 2018)

In the civil service, ethics signifies the application of moral standards in the course of official work which comprises compliant behavior, applying judgement and discretion at work. In addition, it is the application of ethical principles to interrelations and activities in the administrative setting that members of the organization are held to high ethical standards in work practices. Work ethics and code of conduct influences the pattern of behavior at different work situations including – punctuality, honesty, commitment to set objectives, observing rules and regulations and respect for rules and regulations among others. In addition, ethics guides development of best practices and best decision making with rational justice. These signifies the 'doing' of ethics (Banks, 2016).

Unethical behaviour breeds disorderliness, for example, if a member of an organization disobeys the code of ethics of his or her profession and is not held accountable, this would encourage others to carryout same. In addition, when the individual refuse to maintain any moral absolutes, it can derail fellow workers in the organization. In the foregoing, unethical behaviors are direct causation of inefficiency and low levels of productivity which to a large extent can derail the economic and social development of any nation (Jonsen, 2000; Levinson, 2023). Therefore, everyone is engaged through ethical standards in an organization to achieve a productive and sound working environment. There are situations that demand moral courage in the public health sector concerning administrators. Ethics and moral courage are required of bureaucrats in their administration of health organizations. However, their unethical actions can negate expected standards which would gravely destabilize the organization. For example, in a situation where (through their actions) facilities are not well equipped can further be made worse wherein the available ones would become prioritized for fellow bureaucrats, hence, becoming out of reach for indigents (Kleemola, Leino-Kilpi, & Numminen, 2020).

Medical research is essential for policy decisions among administrators and policy makers. Professional ethics, bioethics and clinical ethics, which are mainly adhered to in the health sector, emphasizes on ethics in medical research, healthcare professional to patient relationship and issues that may arise in other healthcare settings. However, little attention has been given to

organizational aspects of healthcare service delivery in this setting (Abrantes, Ferreira, Zopounidis, Pereira, & Meidutė-Kavaliauskienė, 2022).

Organizational ethics in the public healthcare sector as narrated earlier in clinical ethics include several morals one of which is infection control. Traditionally, healthcare and non-healthcare personnel receive limited formal training in ethics adherence and it is expected to be observed with or without knowledge of ethics. For example, the control of infection spread involves adherence to standard safety protocols. Also, to avoid disease spread, adherence to personal protective processes is essential. Within this context, there are processes expected to be observed which include hand hygiene, correct use of personal protective equipment (PPE) and proper disposal of medical waste which requires some form of training (Ebrahimi, Hoffart, and Johnson, 2023).

In the healthcare sector, ethical adherence can amount to contention with health hazards of the job. Few information available in the literature concerning the associations between adherence and risk perception in the health sector include mitigating behaviour, personality traits, beliefs and fear of getting infected or infecting others (Ebrahimi, Hoffart, and Johnson, 2023).

### **Concept of Health**

Health has several meaning to different people and in different situations. It is usual for African societies to inquire about one's health by way of greetings. The generally accepted definition of health was given by WHO in 1948 as "a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity" (as cited in Anaemene, 2018). Health and development are interwoven. The importance of health as an ingredient of socioeconomic development is wholly understandable in terms of its composition. These include freedom from pain and violence; world peace; absence of disease and infirmity; presence of balanced nutrition, water supply, standard and affordable housing; access to affordable quality education, good jobs and conducive working conditions (Bircher & Kuravilla 2014). Also, health and wellbeing revolves around secured ecosystem, liberty and sustainable renewal of resources.

Health and sustainable development are complementary and it is a general knowledge that economic and social progress can neither be preserved nor upheld without advocating and maintaining the health of citizens. Floud, Fogel, Harris, and Hong (2011) in their analysis described the Western industrial attainment and refinement as a consequence of reduction of high mortality and morbidity; control and cure of most contagious diseases and advancement in nutritional status of citizens from the late 18th century to present day. Also, it was observed that between 1965 and 1990, about 30% to 50% of Western economic growth was attributable to ventures and progress made in the health sector. Robust health strengthens development through increasing the capabilities of the population, raising savings and investments, and consequently increasing productivity. Several scholars have contended over a strong and reciprocal association between health and development.



In addition, WHO has vouched to the links between health and development, emphasizing that any social and economic developmental program is principally dependent on the availability and prospects of human capital. This development involves various sectors of a country's economy including industry and agricultural productivity which further depends on the health and wellbeing of the work force. This is manifested in the recruitment of human resources, who are physically fit (as a precondition) to be mobilized. A work force that is riddled with undernourishment and poor health will affect development advancement (Anaemene, 2018). On the other hand, economic progress facilitates funding of health and sanitation programs including health education, screening and immunization.

In the foregoing, description of health is not complete without data on demographics. According to the World Health Statistics (WHO, 2015), the life expectancy for the African region was 58 years (lower than the 68 years for the South East Asia region). Also, the infant mortality (IMR) and under-five mortality rates (U5MR) for Africa were 59.9 and 90.1 respectively (per 1000 live births) while the South East Asia had 37.3 and 46.9 respectively (WHO, 2015). The data in 2023, had the global neonatal mortality rate (NMR) at 18 deaths per 1000 live births in 2021, which was a 41.9% decrease from 31 deaths per 1000 live births in the year 2000, while the global U5MR in 2021 was 38 deaths per 1000 live births. The U5MR data for the European region was 8 per 1000 live births. Sadly, the results from the African region between 2000 and 2021, maintained the peak position at 72 deaths per 1000 live births, which was almost twice the global U5MR and about nine times that of the European Region (WHO, 2023).

Nigeria has been experiencing low health developmental progress, way off the mark compared with the standard of other countries at a similar level of economic resource capacity. In reference to other countries in 2008 data, Nigeria attained an astronomical figure for U5MR and IMR of 189 and 97 per 1000 live births respectively, which were higher than the data for Egypt and Malaysia (WHO, 2008). Overall, the data for Nigeria of IMRs have been worsening from 85 per 1000 live births in 1982, 87 in 1990, 93 in 1991 to 100 in 2003 (NPC, 2003), and in 2007, was 110 deaths per 1000 live births. In addition, the 2007 maternal mortality ratio for Nigeria was estimated at 1100 per 100,000 live births (WHO, 2008) and in the same 2007 data had the general life expectancy at birth for Nigerians to be 49 years old. (Anaemene, 2016) However, in the 2015 data for Rivers State, the life expectancies for male and female were also low at 54 years and 57 years respectively. The indices of health in the State have not made progress (SHDP, 2015).

### **Concept of Organization**

The concept of organization, within the context of this study (bothering on the relationship between organizational ethics, health and productivity), refers to the structure, management, and concerted processes within healthcare institutions or public health agencies towards productivity and goal accomplishment. Nigerian authors researched on this and have provided insights into this concept, emphasizing on its importance in the delivery and of healthcare services and health outcomes.

In the Nigerian domain, the management of healthcare institutions plays an important role in the efficient delivery of health services. Nigerian researchers opined on the significance of well-structured and efficiently run healthcare institutions. In addition, a well-coordinated healthcare system implies that resources are allocated accordingly and services are coordinated towards standard quality of care.

Ethical considerations for organizations are highlighted in the public health sector in Nigeria. Ogoina (2016) had explored the challenges in observing organizational ethics demonstrated by administrators in the public health institutions in Nigeria. These were cultural issues entrenched into the institutions such as nepotism, corruption and lack of responsibility. He demonstrated that addressing these cultural perception restores the benefits of organizational ethics to the healthcare institutions. In addition, employee welfare which is a critical activity of ethical leadership ensures sustenance of better health services and positive health indices.

In summation of the association between productivity, organizational ethics and health, Imran, Majeed, and Ayub, (2015) described lack of organizational fairness, job satisfaction and job security as responsible for low productivity in the public health sector. They suggested that increased capacity in health institutions can be achieved through measures taken to improve employees' well-being. Furthermore, some scholars illustrated the significance of positive culture in upholding ethical behaviour for better health indices. Ogaji, Mabel, and Adesina, (2018), described patient safety regarding ethical work environment in the Nigerian healthcare institutions. They posited that a constructive and ethical organizational actions advances a supportive space for the patient and healthcare worker towards health advancement.

The SMOH, a parastatal responsible for formulating State health policies, is primarily tasked to manage the health of the citizens of the state. The SMOH oversees the secondary and tertiary health facilities in addition to the public health sector workforce (SHDP, 2015). There are difficulties observed in the processes of healthcare delivery including structural and managerial inconsistencies; uncoordinated services and poor funding. These challenges produce loss of client's confidence from poor quality of service, therefore leads to diminished utilization of health sector facilities. In addition, it largely manifests as breakdown of health care at all levels with no likelihood of realizing the Sustainable Developmental Goal 3 (SDG 3) in Rivers State (SHDP, 2015). The SMOH in Rivers state is headed by the Honourable Commissioner (also referred to as the Chief Executive), while the Permanent Secretary of the ministry is the Chief Administrative Officer, who oversees all administrative procedures of the eight departments and special units.

The health facilities within Rivers state include secondary and tertiary health infrastructures are operated by different cadres of healthcare workers. The State has two main tertiary referral center, UPTH and RSUTH. In addition, there are 36 general hospitals spread across the 23 LGAs of the State and 353 health care centres dotting the 319 political wards (RSMOH 2023). The two tertiary hospitals in the state, the UPTH and RSUTH, have similar organizational structure with the board

of management at the head followed by the chief medical director who ultimately supervises the director of administration and the chairman medical advisory committee.

### **Concept of Productivity**

Productivity is a measure of how a labour is efficiently carried out. It can be defined as the rate at which a factory or a sector produces goods or services, which is compared with the resources used. (Oxford Languages dictionary,2023).In this context, productivity involves the efficient and effective utilization of resources (time, labour, facilities and technology) to generate satisfactory optimal patient wellbeing. Measuring productivity ensures evaluation and monitoring towards identifying ineffective steps and necessary adjustments to be made to preserve operations and maintain sustained productivity.

It fosters long-term growth over short-term gains. Public health sector services in meeting the health needs of the citizens are assessed as unacceptable considering the present impoverished state of health of the citizens (FMOH, 2020).In the assessment of the healthcare service, the consumer is essential for the evaluation of the effectiveness of the service. This is vital for the success of health programmes and polices towards sustainable health for the state (Sanusi and Awe, 2009).

The Federal Ministry of Health (2020), while prioritizing productivity suggested a range of gains including:

1. Improved patient outcomes through reducing waiting times, applying prompt treatment and coordination of efforts.
2. Adopting cost savings through maximizing resources and work processes towards diminishing inefficiencies and wastages.
3. Advocating enhanced access to healthcare through reducing treatment waiting times.
4. Maintaining staff retention and satisfaction to ensure competent work processes and efficient resource utilization, which guarantees sustainable productivity.
5. Achieving greater capacity for technology advancement where researches are routinely performed for innovation and development towards advancement in treatments and disease prevention.

Many Nigerians do not have access to public health care services. More attention is required to the depreciating health indices. In the foregoing, the World Health Report as at the year 2000 placed Nigeria at 187 out of 191 countries for health demographic performance which has not improved since then (WHO, 2000). As earlier stated, Nigeria's IMR has been on the rise since the 1982 assessment till present. Similarly, the figures for maternal mortality and life expectancy has not fared better (WHO, 2008). In Rivers State, it has been a reflection of the situation at the national level, however it gets worse especially with the MMR which as at the 2015 data attained the worst in the country with 889 per 100,000 live births. The U5MR at the same period was 90 per 1000 (SHDP, 2015).

Efforts has been made by the government towards upturning these sinking trend, however, there has not been that desired breakthrough for the public health sector towards sustainable productivity. The fiscal allocation towards the health of the citizens has remained below the target set by the WHO of 5% which is very distant to the African Union (AU) Abuja declaration of 2021 target of 15% (Madu and Osborne, 2023). In addition, there is a growing concern of inadequate manpower and dilapidated infrastructure. Onah, Azuogu, Ochie, Akpa, Okeke, Okpunwa, and Ugwu, (2022) illustrated the pattern of population to health worker ratio:

According to the WHO Global Health Workforce of medical doctors, the number of physicians and physician per 10 000 population in Nigeria as of 2018 were 74 543 and 3.8, respectively. These numbers are over-estimations as they include all doctors licensed to practice, including retired ones and those who might have left to other countries. In 2021, the Nigeria Medical Association lamented that less than half of the over 80 000 doctors registered with the Medical and Dental Council of Nigeria were practicing in the country, giving the country's doctor-to-population ratio of 1 to between 4 000 and 5 000, against the WHO recommended 1 doctor to 600 people. Early in 2022, the Medical and Dental Consultants Association of Nigeria bemoaned that over 100 medical consultants left from 17 Nigerian tertiary health institutions in the preceding two years. Few months after, the body conducted a survey among her members which showed that over 500 medical and dental consultants had left Nigeria for developed countries over the preceding 2 years and nine out of every 10 consultants with less than 5 years of experience plan to leave the country for greener pastures (p. 2).

In the foregoing, healthcare productivity as a measure has not been sufficiently equated to the economy. Hence, the progress made in the public health sector has not achieved a reciprocal productivity for economic growth. Some authors attribute this to poor technological progress in the public health sector as negative institutional culture hinder scientific improvements over time. Other authors insist that healthcare professionals should adopt prioritization of efficiency in the use of resources with patient centered approach, as it can achieve sustainable productivity. In addition, unhindered access to healthcare at reduced cost can further enhance the present state of healthcare services. Igwe, (2021) in his analysis of poor services in the public health sector opined that there is a necessity for proactive recovery strategies with holistic reforms consisting of improved healthcare financing and accountable human resource management. This can translate to an improved workforce motivation and reduction in brain drain. Hence, increase in public health sector workers welfare through training, career advancement and job retention as crafted in the Nigerian National Healthcare policy should be implemented (Kadiri-Eneh, 2018).

UPTH is a tertiary healthcare institution located in Port Harcourt, Rivers State, Nigeria, that delivers specialized medical services to the population of the State and South-South region. It is also a referral and research center with a wide range of services including surgery, medicine, obstetrics and gynecology, radiology, pediatrics, pathology and other allied services. It is under the supervision of the Federal Ministry of Health.

RSUTH is the next tertiary healthcare institution that is also located in Port Harcourt, Rivers State, Nigeria. Similar to UPTH, it is a teaching hospital that provides specialized medical services to patients in the region and beyond. Also, it offers a wide range of healthcare services and it is mainly under the control of SMOH for Rivers state.

### Method

The method of investigation that was adopted for this study was a cross-sectional survey design. A cross-sectional survey design incorporated the collection of data from a sample of the population at a specific time to generate data on their attributes, conduct, beliefs and predispositions. It provided a snapshot of the prevalent state of organizational ethics adherence and productivity in the public health sector in Rivers State.

The population for this study was composed of healthcare workers of the public health sector in RSUTH and UPTH. It was part of the general population of the health workforce of the public health sector in Nigeria which in 2018, was estimated to 835, 283 workers serving 208.3 million Nigerians at a health workforce density of 4.01 per 1000(WHO, 2021). The population used for this study include representations from essential departments within RSUTH and UPTH that are involved with organizational ethics and productivity in healthcare delivery.

The sample size for the study was estimated using Cronbach formula (as cited in Nsiegebe, 2020):

$$n = \frac{Z^2 * p * q}{d^2}$$

n = minimum required sample size for a target population.

Z = Standard normal deviate corresponding to 95% level of significance = 1.96

p = proportion of those who showed adherence to organizational ethics in a previous study (Beykmirza, Nikfarid, Atashzadeh-Shoorideh, & Nasiri, 2019) was 86% = 0.86

q = 1-p = 1 – 0.86 = 0.14

d = degree of accuracy derived = 0.05

$$\begin{aligned} \text{Minimum sample size (n)} &= \frac{1.96^2 \times 0.86 \times 0.14}{0.05^2} \\ &= \frac{3.8416 \times 0.86 \times 0.14}{0.0025} \\ n &= 184 \text{ participants} \end{aligned}$$

Setting a non-response rate at 10% (0.1), thus:  $184 / (1 - 0.1) = 184 / 0.9 = 204$ .

The minimum sample size for one tertiary hospital = 204.

Therefore, total minimum sample size for the two tertiary hospital =  $204 \times 2 = 408$  participants.

The sources of the information or data collected for the study, as earlier stated, included texts, journals, questionnaire and the review of the works of other scholars related to the research topic. The main instrument that was used for data collection from the respondents was questionnaire. It was the major tool engaged in generating of data for the study. The nature of the questionnaire adopted in the study is the closed and open ended questionnaire. This type utilizes some questions in open ended format that enabled the respondent the freedom to express their views while other questions were in the closed ended format that required selection of predetermined answers that

the respondent were familiar with. The questions empowered the respondents to affirm their views on ethics and productivity in the public health sector in Rivers State.

**Table 1: Showing the respondents that will be given questionnaire**

S/N	Nature of Respondents	No. of Questionnaire
1.	Administrative Staff	52
2.	Doctors	90
3.	Nurses	80
4.	Pharmacy Staff	58
5.	Laboratory Staff	74
6.	Health Information and Welfare Staff	54
<b>Total</b>		<b>408</b>

**Source:** The Researcher Fieldwork, 2023

The statistical method for the analysis of data involved frequencies, percentages and the Chi-Square Test. The formula for Chi- Square ( $X^2$ ) is:

$$X^2 = \frac{(E - O)^2}{E}$$

Where O = Observed frequencies.

E = Theoretical or expected frequencies.

### Data Presentation

**Table 2: Department distribution of participants.**

S/N	Department	No. of Respondents	Male	Female	Percent
1.	Administration	52	24	28	13
2.	Doctor	88	44	44	22
3.	Nurse	80	4	76	20
4.	Pharmacy	56	48	8	14
5.	Laboratory	72	44	28	18
6.	Health Information and Welfare	52	24	28	13
<b>Total:</b>		<b>400</b>	<b>188</b>	<b>212</b>	<b>100</b>

Source: Research data, 2024.

### Establishing that the existing organizational ethics in the Public Health Sector enhanced productivity in Rivers State.

The study tried to address the concept of productivity that relates to the effective and efficient use of resources, including time, staff, facilities, and technology, in achieving optimal patient outcomes and satisfaction. In the foregoing, it also looked at discovering areas in the institution that are operating smoothly and efficiently and those that could use improvement. It also looked

at the organizational ethics in reformative and structural interventions to achieving improvements in productivity. These were carried out through the responses from the participants from the public health sector of Rivers State. This was also done within the confines of the research question: How has the existing organizational ethics in the Public Health Sector enhanced productivity in Rivers State?

**Table 3: Evaluating the existing organizational ethics in the Public Health Sector in enhancing productivity.**

S/N	Item	Strongly agree %	Agree %	Neutral %	Disagree %	Strongly disagree %	Total	Likert score
1.	The current code of conduct has improved the productivity of this health facility.	8	50	21	9	12	100	3.33
2.	Organizational ethics in this institution promote best practices.	14	56	19	9	2	100	3.71
3.	Conflict resolution activities in your department has fostered good working environment.	3	50	37	8	2	100	3.44
4.	This health institution is committed to your promotion as at when due.	5	10	42	26	17	100	2.6
5.	The staff strength is not sufficient to give the expected productivity in this health facility.	14	65	15	5	1	100	3.86
<b>Likert average score:</b>								<b>3.39</b>

Source: Research data, 2024

The participants' information in the Table 4.3, showed that majority of the respondents (79%) wanted an improved workforce. There was also industrial harmony amongst the health workers in the public health sector in Rivers State. In addition, a greater percentage of the health workers

expected more incentives from the health institutions. The results that showed the response of the participants according to gender is displayed below:

**Table 4: The current code of conduct has improved the productivity of this health facility versus gender.**

S/N	Response	Male %	Female %	Total
1.	Strongly Agree	3	5	8
2.	Agree	13	37	50
3.	Neutral	13	8	21
4.	Disagree	8	1	9
5.	Strongly disagree	10	2	12
<b>Total:</b>		<b>47</b>	<b>53</b>	<b>100</b>

Source: Research data, 2024

**Table 5: Organizational ethics in this institution promote best practices versus gender.**

S/N	Response	Male %	Female %	Total
1.	Strongly Agree	3	11	14
2.	Agree	19	37	56
3.	Neutral	16	3	19
4.	Disagree	7	2	9
5.	Strongly disagree	2	0	2
<b>Total:</b>		<b>47</b>	<b>53</b>	<b>100</b>

Source: Research data, 2024

The figures in Table 2 and 3 showed that few health workers disagreed that organizational ethics and code of conduct promoted productivity and best practices.

In Table 2, the Likert scale used had score distribution as 5 for strongly agree, 4 for agree, 3 for neutral, 2 for disagree and 1 for strongly disagree. The analysis as displayed in Table 2, gave an average Likert score of 3.39 (higher than 3.0). From the above, majority of the respondents upheld that the existing organizational ethics enhanced productivity in the public health sector in Rivers state. Hence, the  $H_0$  is rejected. Therefore, there is a significant relationship between the existing organizational ethics and enhanced productivity in the public health sector in Rivers State.

### **Identifying the challenges confronting productivity in the Public Health Sector of Rivers State.**

The study looked into the challenges of improved patient outcomes, including optimizing workflows and resource management with minimization of inefficiencies in workflows. It also looked at how healthcare workers can achieve job satisfaction with a higher retention rates. It also addressed the research question: What are the challenges confronting productivity in the Public Health Sector of Rivers State? The results were displayed in the tables below:



**Table 6: Are you satisfied with your career in this health institution?**

S/N	Response	Percent
1.	Yes	10
2.	No comment	20
3.	No	70
<b>Total:</b>		<b>100</b>

Source: Research data, 2024

**Table 7: Performance at work can be affected.**

S/N	Response	Percent
1.	Work burnout.	64
2.	Electricity shortages.	26
3.	Food.	10
<b>Total:</b>		<b>100</b>

Source: Research data, 2024

**Table 8: Pproductivity can be improved in this institution with the presence of?**

S/N	Response	Percent
1.	Additional functional instruments and equipment.	75
2.	Increased time to rest.	15
3.	Reduced number of clients.	10
<b>Total:</b>		<b>100</b>

Source: Research data, 2024

**Table 9: Does your supervisors and administrators inspire your performance?**

S/N	Response	Percent
1.	Yes	40
2.	No comment	50
3.	No	10
<b>Total:</b>		<b>100</b>

Source: Research data, 2024

**Table 10: Better commitment to work can be achieved through?**

S/N	Response	Percent
1.	Increased salaries.	90
2.	Adequate punishment for defaulters.	1
3.	Team work.	9
<b>Total:</b>		<b>100</b>

Source: Research data, 2024

From the results above, it was evident that the workers in the public health sector favoured to be retained at their jobs with alleviating conditions (Tables 4.2.3.2, to 4.2.3.5). In addition, there was cooperation amongst the workers in the course of achieving the required productivity. The results

that compared identifying the challenges confronting productivity in the Public Health Sector of Rivers State with gender are shown below:

**Table 11: Performance at work can be affected by? Versus gender.**

S/N	Response	Male %	Female %	Total
1.	Work burnout.	23	41	64
4.	Electricity shortages.	17	9	26
5.	Food.	7	3	10
<b>Total:</b>		<b>47</b>	<b>53</b>	<b>100</b>

Source: Research data, 2024

**Table 12: Hypothesis (Ho) – There is no significant relationship between the organizational ethics and enhanced productivity in the Public Health Sector in Rivers State.**

S/N	Test	Value	df	Probability
1.	Chi Square	8.7957	2	0.0123
2.	Fisher's Exact	-	-	0.0116

Source: Research data, 2024

The results at tables 4 to 11, illustrated some of the sentiments of the health workers towards the challenges confronting productivity in the public health sector in Rivers State. In examining the hypothesis, the level of significance used was ap-value of less than 0.05 to reject the hypothesis. From the result in Table 12 the p-value was 0.0123. In addition, the Chi square value was 8.7957. Hence, the Ho is rejected. Therefore, there is a significant relationship between ethical challenges and productivity in the Public Health Sector in Rivers.

### **Evaluating the impact of adherence to organizational ethics on the productivity of the Public Health Sector in Rivers State.**

The study further investigated adherence to ethical principles in the workplace which is essential towards fostering a positive increment in productivity. In addition, it looked at the fair treatment of employees without which there could be industrial disharmony. These included an insight into the safeness of the working environment, fair compensation, equal opportunities for career growth, and respectful treatment notwithstanding the differences in identities.

### **Establishing that the existing organizational ethics in the Public Health Sector enhanced productivity in Rivers State**

The responses from the participants as displayed in the Table 3 showed that 8% strongly agreed and 50% agreed that the code of conduct in the public health sector improved productivity. On the 'organizational ethics promote best practices' 70% of the participants concurred while 19% were on the fence. In responding to 'conflict resolution fostered good working environment' a total of 37% participants were nonaligned while 53% assented. However, when asked about institutional commitment to career progression, the respondents preferred to remain unbiased (42%). In addition, 79% accepted that 'staff strength is not sufficient to give the expected productivity' with

15% maintaining neutrality. From Table 4, a greater proportion of females (37%) agreed on the 'code of conduct has improved the productivity' than the males (13%). Likewise, in Table 5, more females than males were affirmative on the 'organizational ethics promote best practices.' The above findings were similar to that made by Imran et al (2015), revealing that the lack of job security and organizational justice can cause a decrease in organization productivity. Finally, the analysis as displayed in Table 3, gave an average Likert score of 3.39 (higher than 3.0). From the above, majority of the respondents upheld that the existing organizational ethics enhanced productivity in the public health sector in Rivers state. Therefore, there was a significant relationship between the existing organizational ethics and enhanced productivity in the Public Health Sector in Rivers State.

### **Conclusion/Recommendations**

The public health sector carries out essential public health activities captured as horizontal functions and vertical functions (health-topic specific). The sector is also involved in the creation and provision of products and services related to healthcare. The public health sector professionals protect the health of populations through their healthcare services and products. In the foregoing, it is the healthy population that produces socioeconomic growth. However, there is reciprocity among government administration, stakeholders, citizens and public health sector workers.

The level of governance, finance, human resources, health information systems, research and social participation and health communication has not been desirable. The budget allocation for health from the Federal Government and Rivers State government has been below expectations (both WHO and AU recommendations). Policies and its required implementations has been ineffective with misappropriation in existence. Management of manpower and material has been abysmal leading to multifaceted impediment to improved productivity for which the study unearthed.

Furthermore, there has been silent downward trend of the health demographics in the country and Rivers State. This is aggravated by poor productivity in the public health sector coupled with poor infrastructure, suboptimal working environment, job dissatisfaction and inclination towards brain drain. With these findings, this study ascertained an imminent collapse in the sector assuming that no immediate intervention was instituted and sustained. In the foregoing, the study came up with the recommendations below.

Emplacement of measures to reduce cost of healthcare services by the government. Health policies are enacted and implemented with good intensions, however without the participation of the community can result to failures. Therefore, health researches, health programmes, preparedness for public health emergencies. collection and utilization of health information requires substantial participation of the citizens. In general, healthcare should be subsidized for the citizens through approaches including strengthening existing health insurance scheme (the NHIS) and widening its

coverage. Ensure workable healthcare programmes and availability of drugs and screening services. While citizens would greatly benefit from the above, it would be of greater advantage for the healthcare workers, hence more productivity in the public health sector.

Constitute measures to retain healthcare workers in the public health sector. The complication of brain drain is multifaceted. In addition to reduced productivity in the public health sector, it creates strain on the remaining staff strength leading to work burnout, uncondusive work environment and job dissatisfaction. The above can be compounded with the presence of inadequate and non-functional instruments and equipment. Hence, the cycle of brain drain continues. Measures that can be emplaced to retain healthcare workers include better welfare and reward mechanisms, provision of functional infrastructures, regular and better recruitment, training and retraining of public health sector staff and community involvement.

Establish an agency for procurement, maintenance and monitoring of equipment and infrastructure in the public health sector. The hallmark of healthcare service delivery is the utilization of equipment and infrastructure. This enhances service delivery within the standard best practices. However, this has not been the case. The study laid open the perennial problem of lack of equipment and infrastructure which is further complicated by the lack of maintenance. Therefore, having an agency for procurement, maintenance and monitoring of equipment and infrastructure in the public health sector in Rivers State, would ensure growth in productivity in that sector.

Regular dialogue between government administrators, stakeholders, public health sector workers and the citizens. This bold initiative will bring all parties involved in the productivity in the public health sector in Rivers State together in a town hall to deliberate on the health of the population. It would empower the community and the State to maintain transparency and actualization of health service activities towards enhanced and sustained productivity in the public health sector. Scholars have comprehensively demonstrated the economic and social progress that can be achieved by promoting the health status of populations.

## References

- Abadiga, M., Nemera, G., Hailu, E., & Mosisa, G. (2019). Relationship between nurses' perception of ethical climates and job satisfaction in Jimma University Specialized Hospital, Oromia region, south west Ethiopia. *BMC nursing*, 18(1), 1-10.
- Abrantes, J. A., Ferreira, F. A., Zopounidis, C., Pereira, L. F., & Meidutė-Kavaliauskienė, I. (2022). Analyzing ethical practices in the public healthcare sector using fuzzy cognitive mapping. *Journal of Multi-Criteria Decision Analysis*, 29(1-2), 67-79.
- Ahmad, D. M., & Lucero-Prisno III, D. E. (2022). The new National Health Insurance Act of Nigeria: How it will insure the poor and ensure universal health coverage. *Population Medicine*, 4(December), 1-2.

- Anaemene, B. (2018). Health and diseases in Africa. *The development of Africa: issues, diagnoses and prognoses*, 207-226.
- Anaemene, B. U. (2016). Health sector reforms and sustainable development in Nigeria: A historical perspective. *Journal of Sustainable Development in Africa*, 8(4), 50-66.
- Anthony, I. O. (2019). Understanding the Nigerian healthcare delivery system: a paradox of preventive medicine since the colonial epoch. *International Journal of Tropical Disease & Health*, 34(3), 1-9.
- Askitopoulou, H., & Vgontzas, A. N. (2018). The relevance of the Hippocratic Oath to the ethical and moral values of contemporary medicine. Part I: The Hippocratic Oath from antiquity to modern times. *European spine journal*, 27(7), 1481-1490.
- Austin-Egole, I. S. (2019). The exigencies of work-life balance for improved productivity in the health sector in Nigeria. *African J. Soc. Issues*, 2(1), 25-36.
- Baggini, J., & Fosl, P. S. (2024). *The ethics toolkit: A compendium of ethical concepts and methods*. John Wiley & Sons.
- Banks, S. (2016). Everyday ethics in professional life: Social work as ethics work. *Ethics and social welfare*, 10(1), 35-52.
- Beykmirza, R., Nikfarid, L., Atashzadeh-Shoorideh, F., & Nasiri, M. (2019). Nursing adherence to ethical codes in pediatric oncology wards. *Nursing ethics*, 26(3), 924-936.
- Bircher, J., & Kuruvilla, S. (2014). Defining health by addressing individual, social, and environmental determinants: new opportunities for health care and public health. *Journal of public health policy*, 35, 363-386.
- Birsch, D. (2022). *Introduction to ethical theories: A procedural approach*. Waveland Press.
- Ebekozien, A. (2021). Maintenance practices in Nigeria's public health-care buildings: a systematic review of issues and feasible solutions. *Journal of Facilities Management*, 19(1), 32-52.
- Ebrahimi, O. V., Hoffart, A., & Johnson, S. U. (2023). Viral mitigation and the COVID-19 pandemic: factors associated with adherence to social distancing protocols and hygienic behaviour. *Psychology & Health*, 38(3), 283-306.
- Ehoro, A. A., & Konya, K. T. (2021). Collective Bargaining Agreements and Industrial Harmony in Rivers State-Owned Tertiary Institutions. *International Academic Journal of Management & Marketing*, 67.

- Eyong, A. K., Agada, P. O., Asukwo, E. O., & Irene, C. (2016). Awareness of national health insurance scheme (NHIS) and quality of health care services among civil servants in cross river state, Nigeria. *Res Humanit Soc Sci*, 6(13), 1-10.
- Floud, R., Fogel, R. W., Harris, B., & Hong, S. C. (2011). *The changing body: health, nutrition, and human development in the western world since 1700*. Cambridge University Press.
- Federal Ministry of Health, (2020). [Online]. Available at: <http://www.health.gov.ng/index.php/department/hospital-services>; <https://www.health.gov.ng/> Accessed on 19 Nov 2023.
- Gawronski, B., & Beer, J. S. (2017). What makes moral dilemma judgments “utilitarian” or “deontological”? *Social Neuroscience*, 12(6), 626-632.
- Graham, N. (2020). *Basics in social research methodology*. Port Harcourt: Pearl Publishers.
- Güllich, A., Macnamara, B. N., & Hambrick, D. Z. (2022). What makes a champion? Early multidisciplinary practice, not early specialization, predicts world-class performance. *Perspectives on Psychological Science*, 17(1), 6-29.
- Harris Jr, J. M. (2017). It is time to cancel medicine’s social contract metaphor. *Academic medicine*, 92(9), 1236-1240.
- Igwe, P. I. (2021). *Understanding Policy Responses for a Sustainable Post-COVID-19 Recovery in Nigeria: Implications for SDG: 3*. [PDF] Retrieved from [internationalpolicybrief.org](http://internationalpolicybrief.org)
- Imran, R., Majeed, M., & Ayub, A. (2015). Impact of organizational justice, job security and job satisfaction on organizational productivity. *Journal of Economics, Business and Management*, 3(9), 840-845.
- Inyang B. J. (2008). *Organizational behavior: a managerial perspective* (2nd Edition). Calabar: MERB Publishers.
- Irefin, P., & Mechanic, M. A. (2014). Effect of employee commitment on organizational performance in Coca Cola Nigeria Limited Maiduguri, Borno state. *Journal of Humanities and Social Science*, 19(3), 33-41.
- Jonsen, A. R. (2000). *A short history of medical ethics*. Oxford University Press.
- Kadiri-Eneh, N. P., Uzochukwu, B. S., Tobin-West, C., & Azuike, E. C. (2018). An assessment of job satisfaction among primary health care workers in Rivers State, Nigeria. *Nigerian Journal of Medicine*, 27(3), 282-291.

- Kapata, N., Ihekweazu, C., Ntoumi, F., Raji, T., Chanda-Kapata, P., Mwaba, P., ... & Zumla, A. (2020). Is Africa prepared for tackling the COVID-19 (SARS-CoV-2) epidemic. Lessons from past outbreaks, ongoing pan-African public health efforts, and implications for the future. *International Journal of Infectious Diseases*, *93*, 233-236.
- Kellogg, K. C., Valentine, M. A., & Christin, A. (2020). Algorithms at work: The new contested terrain of control. *Academy of Management Annals*, *14*(1), 366-410.
- Kirya, M. T. (2020). Promoting anti-corruption, transparency and accountability in the recruitment and promotion of health workers to safeguard health outcomes. *Global health action*, *13*(sup1), 1701326.
- Kleemola, E., Leino-Kilpi, H., & Numminen, O. (2020). Care situations demanding moral courage: content analysis of nurses' experiences. *Nursing ethics*, *27*(3), 714-725.
- Levinson, M. (2023). We need a field of educational ethics. *Theory and Research in Education*, *21*(2), 197-215.
- Madu, A. C., & Osborne, K. (2023). Healthcare financing in Nigeria: A policy review. *International Journal of Social Determinants of Health and Health Services*, *53*(4), 434-443.
- Martineau, T., Ozano, K., Raven, J., Mansour, W., Bay, F., Nkhoma, D., ... & Caffrey, M. (2022). Improving health workforce governance: the role of multi-stakeholder coordination mechanisms and human resources for health units in ministries of health. *Human Resources for Health*, *20*(1), 47.
- Muhammad, F., Abdulkareem, J. H., & Chowdhury, A. A. (2017). Major public health problems in Nigeria: a review. *South East Asia Journal of Public Health*, *7*(1), 6-11.
- National Health Insurance Authority (2023). Retrieved from <https://www.nhis.gov.ng/#>
- National Population Commission. (2013). *Nigeria demographic and health survey 2013*. National Population Commission, ICF International.
- National Population Commission (NPC) [Nigeria] and ICF. 2019. *Nigeria Demographic and Health Survey 2018*. Abuja, Nigeria, and Rockville, Maryland, USA: NPC and ICF. 2019. Retrieved from <https://www.dhsprogram.com/pub>.
- Nwobodo, E. O., Nwadinigwe, C. U., Anyaehie, U. B., Ugwu, P. I., Nwobodo, N. F., Iyidobi, E. C., ... & Ojiakor, A. G. (2021). Interprofessional conflict among healthcare teams in Nigeria: Implications on quality of patient care.

- Nwosu, A. D., Ossai, E., Onwuasoigwe, O., Ezeigweneme, M., & Okpamen, J. (2021). Burnout and presenteeism among healthcare workers in Nigeria: Implications for patient care, occupational health and workforce productivity. *Journal of public health research, 10*(1), jphr-2021.
- Ochonma, O. G., Chjioko, U. O., Ingwu, J. A., Nwankwor, C. A., & Henry-Arize, I. (2023). Medical ethics and compliance amongst physician groups: a self-assessed survey in a hospital in Southeast Nigeria. *African Health Sciences, 23*(3), 732-740.
- Ogaji, D. S., Mabel, E. O., & Adesina, A. D. (2018). Situational analysis of patient safety culture in public health institutions in South-South Nigeria. *SM J. Public Health Epidemiol, 4*(1), 1049.
- Ogbuabor, D. C. (2020). Through service providers' eyes: health systems factors affecting implementation of tuberculosis control in Enugu State, South-Eastern Nigeria. *BMC Infectious Diseases, 20*(1), 1-8.
- Ogoina, D. (2016). Behavioural and emotional responses to the 2014 Ebola outbreak in Nigeria: a narrative review. *International health, 8*(1), 5-12.
- Ogueji, I. A., Ogunsola, O. O., Abdalla, N. M., & Helmy, M. (2023). Mistrust of the Nigerian health system and its practical implications: Qualitative insights from professionals and non-professionals in the Nigerian health system. *Journal of Public Health, 1-12*.
- Okeke, C., Ezenwaka, U., Ekenna, A., Onyedinma, C., & Onwujekwe, O. (2023). Analysing the progress in service delivery towards achieving universal health coverage in Nigeria: a scoping review. *BMC Health Services Research, 23*(1), 1094.
- Okoroafor, S. C., Ongom, M., Mohammed, B., Salihu, D., Ahmat, A., Osubor, M., ... & Alemu, W. (2021). Perspectives of policymakers and health care managers on the retention of health workers in rural and remote settings in Nigeria. *Journal of Public Health, 43*(Supplement\_1), i12-i19.
- Onah, C. K., Azuogu, B. N., Ochie, C. N., Akpa, C. O., Okeke, K. C., Okpunwa, A. O., & Ugwu, G. O. (2022). Physician emigration from Nigeria and the associated factors: the implications to safeguarding the Nigeria health system. *Human Resources for Health, 20*(1), 85.
- Oxford Languages dictionary, (2023). Retrieved from <https://languages.oup.com/google-dictionary-en/>
- Ozili, P. K. (2021). Covid-19 pandemic and economic crisis: The Nigerian experience and structural causes. *Journal of Economic and Administrative Sciences, 37*(4), 401-418.



- Paais, M., & Pattiruhu, J. R. (2020). Effect of motivation, leadership, and organizational culture on satisfaction and employee performance. *The Journal of Asian Finance, Economics and Business*, 7(8), 577-588.
- Peters, B. G. (2021). *Administrative traditions: Understanding the roots of contemporary administrative behavior*. Oxford University Press.
- Rivers State Ministry of Health, (2023). Retrieved from <https://www.riversstatemoh.gov.ng/>
- Saha, R., Shashi, Cerchione, R., Singh, R., & Dahiya, R. (2020). Effect of ethical leadership and corporate social responsibility on firm performance: A systematic review. *Corporate Social Responsibility and Environmental Management*, 27(2), 409-429.
- Sanusi, R. A., & Awe, A. T. (2009). An assessment of awareness level of national health insurance scheme (NHIS) among health care consumers in Oyo State, Nigeria. *Soc Sci*, 4(2), 143-8.
- Saqib, S., Abrar, M., Sabir, H. M., Bashir, M., & Baig, S. A. (2015). Impact of tangible and intangible rewards on organizational commitment: evidence from the textile sector of Pakistan. *American Journal of Industrial and Business Management*, 5(03), 138.
- Smith, L. E., Serfioti, D., Weston, D., Greenberg, N., & Rubin, G. J. (2022). Adherence to protective measures among healthcare workers in the UK: a cross-sectional study. *Emergency Medicine Journal*, 39(2), 100-105.
- Strategic Health Development Plan 2010 – 2015. Retrieved from <https://ngfrepository.org.ng:8443/jspui/bitstream/123456789/3205/1/Rivers%20State%20Strategic%20Health%20Development%20Plan%202010-2015.doc.pdf>.
- Subramanian, T., Mathai, A. K., & Kumar, N. (2013). Knowledge and practice of clinical ethics among healthcare providers in a government hospital, Chennai. *Indian J Med Ethics*, 10(2), 96-100.
- Tännsjö, T., & Tännsjö, T. (2019). *Setting health-care priorities: what ethical theories tell us*. Oxford University Press, USA.
- Tella, A., Edet, C., Green, K., Wodi, B., & Orazulike, N. (2022). Achieving SDG3 in the context of COVID-19 pandemic: Perceptions of Frontline Health Managers of Primary Health Care in South-south, Nigeria: Achieving SDGs amidst COVID-19 pandemic. *Tropical Journal of Obstetrics and Gynaecology*, 39(1), 41-47.

- Upadhyay, S., & Opoku-Agyeman, W. (2020). Improving healthcare quality in the United States healthcare system: a scientific management approach. *Journal of Hospital Administration*, 19.
- Uzochukwu, B. S., Ughasoro, M. D., Etiaba, E., Okwuosa, C., Envuladu, E., & Onwujekwe, O. E. (2015). Health care financing in Nigeria: Implications for achieving universal health coverage. *Nigerian journal of clinical practice*, 18(4), 437-444.
- van Baarle, E., Hartman, L., Rooijackers, S., Wallenburg, I., Weenink, J. W., Bal, R., & Widdershoven, G. (2022). Fostering a just culture in healthcare organizations: experiences in practice. *BMC Health Services Research*, 22(1), 1-7.
- World Health Organization (Ed.). (2008). *World health statistics 2008*. World Health Organization.
- World Health Organization (WHO). (2015). *World health statistics 2015*. Geneva: WHO. Retrieved from <https://www.who.int/docs/default-source/gho-documents/world-health-statistic-reports/world-health-statistics-2015.pdf>.
- World Health Organization. (2018). *Essential public health functions, health systems and health security: developing conceptual clarity and a WHO roadmap for action*.
- World Health Organization. (2021). *The state of the health workforce in the WHO African Region, 2021*. Geneva: WHO. Retrieved from <https://iris.who.int/bitstream/handle/10665/348855/9789290234555-eng.pdf>
- World Health Organization (WHO). (2023). *World health statistics 2015*. Geneva: WHO. Retrieved from <https://www.who.int/news/item/19-05-2023-urgent-action-needed-to-tackle-stalled-progress-on-health-related-sustainable-development-goals>.