

ETHICAL LEADERSHIP AND SERVICE DELIVERY IN UNIVERSITY OF PORT HARCOURT TEACHING HOSPITAL, 2014-2024

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ABSTRACT: The study examined the influence of ethical leadership on service delivery in University of Port Harcourt Teaching Hospital (UPTH) from 2014 to 2024. Despite the acknowledged importance of ethical leadership, UPTH continues to grapple with challenges related to substandard service delivery. Patients often complain about prolonged waiting times, unprofessional behavior from healthcare providers, lack of essential medical supplies, and bureaucratic bottlenecks. These issues raise questions about the ethical orientation of leadership practices within the hospital. The study raised two research questions with two specific objectives. Emmanuel Kant's deontological theory (1785) and a descriptive survey research design was adopted. The population of the study was 782 employees as derived from the head of establishment while the sample size was 265, including patients as determined by the Taro Yamane Statistical Formula on a random sampling technique. Data collection was carried out using a questionnaire, which included items on demographic data and various ethical considerations on ethical leadership. Mean and standard deviation were employed in analyzing the research questions while Pearson Product Moment Correlation was applied in analyzing the hypothesis. The findings of the study indicated that there is inadequate presence of transparency, fairness and justice and respect for others. The study concluded that ethical leadership is not merely a moral ideal but a practical necessity in achieving effective healthcare service delivery. The study recommended amongst others; integrity, accountability, fairness and justice in the equal treatment of line staff, and respect for patients in the hospital as viable measure of expressing effective and efficient ethical leadership style.

Keywords: Ethics, Leadership, Ethical Leadership, Service Delivery.

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INTRODUCTION

Leadership unequivocally, is an indispensable factor in the functioning of any organization, particularly in the healthcare sector where it directly influences the quality of services rendered. Ethical leadership, characterized by integrity, fairness, transparency, and accountability, is considered pivotal for improving organizational performance and ensuring effective service delivery (Brown & Treviño, 2006), while service delivery, in the context of governance, is the result of the intentions, decision of government and government institutions, and the actions

undertaken and decision made by people employed in government institutions (Martins, 2015). This decisions or actions undertaken is further characterized by the ability to apply respect, accuracy in response mechanism, timeliness in attending to public needs, and ensuring adequate satisfaction from the public on behalf of the government.

Ethical leadership within the context of this study can be attributed to leaders who builds self-restrain from doing wrong and self-discipline in deciphering between good and bad especially in situations of contingencies. Self-discipline has equally been attributed as a moral compass that directs the actions and policies of institutional leaders. Ndu (2017) averred that discipline is further divide into internal and external discipline. When discipline is internal it is the property of the single individual citizen, and is that quality of character which leads us to define a person as self-governed, self-regulated, self-restrained cooperative, self-disciplined and other such adjectives which describe a well-adjusted and law-abiding citizen. When discipline is external it the property of the community organized in political terms as the state. It is that power, which the state has to discipline and or punish its erring members, and comes into effect when internal discipline has begun to fail or is nonexistent. Both, internal and external discipline, work together for effective social control.

In view of the above, ethical leadership within institutional purview, must be attributed within the context of applying the moral decency in managing both human and resources within the organization with fairness, transparency, accuracy and accountability in entrusting public confidence. Ethics, values and morals are central to institutional leadership and management (ILM) and when institutional leaders catch a vision of plausible values, they begin to change their values and their conducts, which will influence their values and subsequently values become their policies (Ogbette et al., 2020; Ololube, 2018).

Leaders are expected to establish positive values that will govern how members function. They guarantee honesty, fairness and respect for subordinate members. They are conscious of quality, competence and committed to providing excellent services, they are expected to embrace strong values, moral standards, discipline and ethical code, and should as well encourage subordinates to do same (Ololube, 2021). However, it is a common knowledge that Nigerians are far from the needed values because of the impact of social sins that has eaten deep into the fabrics of the society. This social sins in institutional leadership as categorized by Munroe In (Ololube, 2021) noted that wealth without work, pleasure without conscience, knowledge without character, commerce without morality, science without humanity, worship without sacrifice, politics without principles and action without accountability.

It is therefore pertinent to note that a growing body of literature suggests a strong positive correlation between ethical leadership and improved service delivery. Ethical leaders set standards for integrity and responsibility, which in turn influence the behavior of employees, reduce corruption, and improve the efficiency of service delivery systems (Mayer et al., 2012). Ethical leadership contributes to building trust within organizations, and this trust is critical in promoting employee commitment to organizational goals, including effective service delivery (Den Hartog & De Hoogh, 2009). In the public sector, ethical leadership has been found to be a significant predictor of service quality. Research by Trevino (2016) established that ethical behavior in leadership enhances employee morale and fosters an environment where public servants are more motivated to deliver high-quality services. Similarly, a study by Lawton and Páez (2015) in various developing countries found that ethical leadership plays a central role in combating administrative inefficiencies and promoting good governance.

In healthcare institutions, ethical leadership has the potential to inspire trust among employees, foster a culture of accountability, and improve patient satisfaction and outcomes (Gallagher & Tschudin, 2010). The University of Port Harcourt Teaching Hospital (UPTH), established as a tertiary healthcare facility, plays a vital role in providing specialized medical services, training healthcare professionals, and conducting medical research in Nigeria's South-South region. However, like many public healthcare institutions in Nigeria, UPTH has faced criticisms regarding inefficiencies, delays in service delivery, patient dissatisfaction, and concerns over ethical practices among its staff (Afolabi et al., 2018). Ethical lapses in leadership such as favoritism, corruption, lack of transparency, and inadequate communication can severely undermine the performance of healthcare institutions (Obinna & Omoniyi, 2020). Thus, understanding the relationship between ethical leadership and service delivery within UPTH becomes essential for developing policies and practices that enhance the institution's effectiveness and public trust.

Statement of the Problem

Despite the acknowledged importance of ethical leadership, the University of Port Harcourt Teaching Hospital (UPTH) continues to grapple with challenges related to substandard service delivery. Patients often complain about prolonged waiting times, unprofessional behavior from healthcare providers, lack of essential medical supplies, and bureaucratic bottlenecks (Okorie & Ugochukwu, 2022). These issues raise questions about the ethical orientation of leadership practices within the hospital which interrogates; ethical leadership practices adopted by the management of UPTH, the current state of service delivery in UPTH, the significant relationship between ethical leadership and service delivery in UPTH and lastly, strategies can be implemented to promote ethical leadership and enhance service delivery. While some scholars have examined leadership styles and healthcare delivery in Nigeria, there is a dearth of empirical studies focusing specifically on how ethical leadership influences service delivery outcomes in tertiary hospitals like UPTH. This research, therefore, seeks to fill that gap by examining the extent to which ethical leadership practices impact service delivery in UPTH.

Aim and Objectives of the Study

The aim of the study is to examine the influence of ethical leadership on service delivery in University of Port Harcourt Teaching Hospital (UPTH) from 2014 to 2024. Specifically, objectives are:

- Assess the impact of ethical leadership practices adopted by the management on service delivery in UPTH.
- Evaluate how the quality of the current state of service delivery in UPTH

Research Questions

Two research questions guided this study:

- What ethical leadership practices are adopted by the management of UPTH?
- What is the quality of the current state of service delivery in UPTH?

THEORETICAL FRAMEWORK

The study therefore adopted the Emmanuel Kant's Ethical Deontological Theory (1785) to guide the analytical construct on ethical leadership and service delivery in University of Port Harcourt Teaching Hospital from 2014-2024. Immanuel Kant's deontological ethical theory, often termed Kantian ethics, is a cornerstone of modern moral philosophy. Kant's theory emphasizes duty, moral rules, and the inherent value of individuals. According to Kant, actions are morally right not because of their consequences, but because they are done out of duty and guided by moral laws derived from reason (Kant, 1785/1993). The central principle of Kantian ethics is the categorical imperative, which asserts that individuals should "act only according to that maxim whereby you can, at the same time, will that it should become a universal law" (Kant, 1785/1993, p. 30). This suggests that ethical actions are those that can be universally applied without contradiction.

In a healthcare setting like the University of Port Harcourt Teaching Hospital (UPTH), the principles of Kantian ethics provide a moral framework for both leadership and service delivery. Kant's emphasis on duty aligns with the expectations from healthcare leaders at UPTH. Leaders are entrusted with decisions that affect staff, patients, and the broader public. Ethical leadership, underpinned by deontological principles, promotes transparency, integrity, and fairness in decision-making processes, regardless of personal interests or institutional pressures (Ciulla, 2014). For instance, hospital administrators should implement policies based on what is right and just, rather than what is expedient or politically advantageous. Kant's principle of respect for persons is particularly pertinent in the hospital environment. Medical professionals at UPTH must treat every patient with dignity, irrespective of social status, financial capacity, or health condition. This ethical stance fosters trust and improves the patient-provider relationship, which is essential for effective service delivery. The universality assumption in Kantian ethics promotes standardized and fair service practices. At UPTH, this could mean ensuring that treatment protocols are applied consistently to all patients, avoiding favoritism, discrimination, or neglect. Ethical leadership guided by deontology would resist pressures to prioritize some patients over others based on non-medical criteria.

CONCEPTUAL REVIEW

Concept of Ethics

Ethics is a philosophical concept, derived from both Greek "cultural ethos" and Latin "social mores" respectively. It signifies customary values and rules of conduct, (Beauchamp & Childress, 2019). Ethics as a custom deal with rightness and wrongness of an action relating to human conduct that is, the reasons why certain actions are morally right and acceptable or morally wrong and unacceptable. It seeks to define the standards of behavior that differentiate right from wrong, good from bad, and just from unjust.

Darlington and Miriam (2023) in their own way conceptualized ethics as consisting of those standards of conduct that, all things considered, every member of a particular group wants to follow even if their following them would mean he too has to follow them. Acting ethically is acting according to appropriate ethical standard. Ethics is related to but distinct from morality. In trying to relate the two, Davis pointed out that morality consists of those standards of conduct everyone (every rational person) wants every other to follow even if everyone else's following

them would mean he had to follow them too. On the other hand, ethics (the ethics of a particular group) consists of those morally permissible standards of behaviour or conduct each member of a group wants every other to follow even if their following them would mean he or she had to follow them too. Implied, ethics is “special morality.

Martin (2015) stated that ethics can be described as the application of the processes and theories of moral philosophy to a real situation that is also concerned with the basic principles and concepts that guide human beings in thought and action, and which underline their values. Similarly, Mitonga-Monga and Cilliers (2016) also understood ethics to be the basis on which people, individually or collectively, decide that certain actions are right or wrong, and whether one ought to do something or has a right to do something. Significantly, ethics is applied to several dimensions of human and collective pursuit of vision or mission.

Concept of Ethical Leadership

According to Ogunna (2020), an organization's ethical leadership may be shown in how its executives act towards their staff. The definition of ethical leadership is setting a good example in one's interactions with others and encouraging others to do the same through positive reinforcement and clear, open lines of communication. This suggests that leaders should be examples of moral excellence. It goes on to say that morally upstanding managers should be conscientious in their pursuit of business objectives. Ethical leaders as argued by Brown and Trevino (2006) provide a good example in their management style and make workers feel responsible for their actions. Leaders with an ethical demeanour are held in high esteem by members of the public, businesses, and other institutions. Some of their characteristics include things like honesty and reliability. Such heads of state are full of fairness and always weigh ethical considerations carefully before making judgements. Their actions, convictions, and ideals are all governed by a set of guiding moral principles. Good moral principles serve as the basis for the vision of ethical leaders. According to Piccolo et al. (2010), there are three essential features of ethical leadership: congruence with other standards, visionary communication that takes into account both the present and the future, and the achievement of set objectives.

Brown and Trevino (2006) defined ethical leadership as the demonstration of normatively appropriate conduct through personal actions and interpersonal relationships and the promotion of such conduct through two-way communication, reinforcement, and decision-making. According to these ideas, ethical role models for others, treating people fairly, and actively managing ethics inside the organisation are the three key characteristics or elements of ethical leadership (Mitonga-Monga & Cilliers, 2016; Brown & Treviño, 2006). The first two characteristics capture the moral character component of ethical leadership. Therefore, ethical leaders act morally even in the face of adversity, risks, or pressure. They exhibit ethical values like honesty, integrity, and altruism.

Concept of Service Delivery

To Ogunna (2020), the desire to satisfy the public through the implementation of public policies, enforcement of laws, and realization of public welfare culminates the effective public service delivery. In this study, the research also holds service delivery as an intangible concept. This is

because public service delivery establishes a triangular relationship between the policy makers (principal), service providers (agents) and the people (Anassi, 2019).

In the context of governance, service delivery is the result of the intentions, decision of government and government institutions, and the actions undertaken and decision made by people employed in government institutions (Martins, 2015). Analyzing the above view, service delivery entails the process of meeting the needs of citizens through prompt and efficient procedures. It presupposes that the interaction between citizens and government results in value creation.

EMPIRICAL REVIEW

Empirical studies across different settings reinforce the positive impact of ethical leadership on service delivery. For instance, Alagoa et al. (2024) carried out a study on the factors influencing attitude and adherence toward principles of medical ethics among midwives and midwifery students in university of Port Harcourt teaching hospital. A cross-sectional quantitative design was adopted to survey 124 participants drawn using purposive sampling. The participants were predominantly aged between 18 and 45 years, with a minor segment over 46. The majority, 89.5%, were female, reflecting a significant gender imbalance, while males constituted only 10.5%. Data collection was carried out using a questionnaire, which included items on demographic data and various ethical considerations in midwifery practice. Mean and standard deviation were employed for data analysis. Results: Findings from the study revealed a positive attitude (3.41 ± 0.773) and a strong adherence to medical ethics principle (3.39 ± 0.642). The most challenging factors to adherence were balancing conflicting ethical principles in complex cases (3.12 ± 0.694) and workplace culture and policies (3.01 ± 0.716) while regular training and updates on medical ethics (3.64 ± 0.483) and recognition and appreciation for ethical behaviour (3.45 ± 0.603) as the most effective ways to overcome the challenges. Despite the positive attitude and high level of adherence to medical, challenges remain. As such, continuous education and reinforcement of ethical principles are imperative to ensure that these standards are not only understood theoretically but are also consistently applied in clinical practice.

Darlington and Miriam (2023) carried out a study on the relationship between ethical leadership and employee commitment of telecommunication companies in Port Harcourt. The cross-sectional survey was employed and a population of one hundred and seventy-four (174) employees from four (4) selected telecommunication companies was covered in the study. A sample size of one hundred and twenty (120) employees was drawn from the population. Copies of questionnaire were administered to respondents. The stratified random sampling technique was employed, and data were analyzed using Spearman's Rank Order Correlation and partial correlation. The findings revealed that the dimensions of ethical leadership (trustworthiness and transparency) were positively and significantly related with affective commitment and normative commitment. It was concluded that trustworthiness significantly influences employee commitment in the telecommunication companies and transparency significantly influences employee commitment in the telecommunication companies. The study recommended among others that the Management of telecommunication companies should create a very friendly environment to enable the employee develop trust in the management as it will go a long way to improve productivity. The study clearly proves that if trust is between management and employees are improved, then commitment will increase.

For instance, in a study of local government officials in Nigeria, Ogbette et al. (2020) found that ethical leadership practices significantly improved employees' responsiveness to public needs. Another study by Walumbwa et al. (2011) confirmed that ethical leadership fosters psychological empowerment, which in turn leads to improved job performance and, by extension, better service delivery. Moreover, ethical leadership has been associated with the reduction of corrupt practices, which is a major hindrance to effective service delivery in many developing countries. Ethical leaders are less likely to tolerate fraud, nepotism, and favoritism, thereby promoting a more accountable and transparent service delivery system (Huberts et al., 2007).

METHODOLOGY

The study adopted a descriptive survey research design. The target population of the study was 782 employees, while the sample size was 265, including both employees and patients as determined by the Taro Yamane Statistical Formula on a random sampling technique. The study employed the random sampling technique to select respondents across the eleven departments of the University of Port Harcourt Teaching Hospital (UPTH) like; Radiology, Accident and Emergency, Anatomical Pathology, Chemical Pathology, Haematology, side laboratories, call rooms, nursing stations, the male and female wards of internal medicine department, Intensive Care Unit (ICU), the Medical Outpatient Clinic and the Medical Library. The study collected data from two sources. The primary source of data was collected through a questionnaire, while the secondary data were sourced from textbooks, journals and internet materials. The questionnaire was structured into different parts. Appendix A was structured to provide demographic information about the respondents, while Appendix B of the questionnaire was designed, using a self-developed questionnaire titled "*Ethical Leadership and Service Delivery in UPTH Questionnaire (ELSDUQ)*" using the 4- point Likert scale (ordinal scale). The reason is that it is a self-rating instrument that allows the respondents to place him or herself in the category he/she feels is most appropriate. After distribution of questionnaire to the respondents, only two hundred and forty-six (246) questionnaires were returned which was used for the analysis. The data generated was tallied and organized in tables, using Mean and Standard deviation to answer and analyze the research questions.

ANALYSIS OF DATA

Research Question 1: What ethical leadership practices are adopted by the management of UPTH?

Table 1: Responses on the ethical leadership practices adopted by the management of UPTH

S/N	Items	Mean	SD.	Remark
1	Leading by example (role modeling) in showing integrity, honesty and fairness.	1.84	0.87	Disagreed
2	Management shares accurate and timely information with employees	2.28	1.21	Disagreed
3	Consistent and impartial criteria when making decisions related to promotions, discipline, or resource allocation.	1.74	0.81	Disagreed
4	Take responsibility for their actions and hold themselves and others accountable for meeting ethical standards.	2.20	0.93	Disagreed
5	Respect the rights and dignity of employees, patients, and the general hospital.	2.06	1.16	Disagreed
Grand mean		2.02	0.76	Disagreed

Table 1 captures the responses on the ethical leadership practices adopted by the management of UPTH. From the table above, item 1 shows that majority of respondents disagreed and strongly disagreed that leading by example (role modeling) in showing integrity, honesty and fairness is a leadership practice obtainable with (mean=1.87, std.=0.90). Item 2 shows that majority of respondents disagreed and strongly disagreed that management shares accurate and timely information with employees with (mean=1.89, std.=0.92). Item 3 shows that majority of respondents disagreed and strongly disagreed that leaders displayed consistent and impartial criteria when making decisions related to promotions, discipline, or resource allocation with (mean=2.02, std. =1.12). Item 4 indicates that majority of respondents disagreed and strongly disagreed that management take responsibility for their actions and hold themselves and others accountable for meeting ethical standards with (mean=2.05, std. =1.16). Item 5 shows that majority of respondents disagreed and strongly disagreed that leaders respect the rights and dignity of employees, patients, and the general hospital with (mean=2.10, std. =1.18).

Research Question 2: What is the quality of the current state of service delivery in UPTH?

Table 2: Responses on the quality of the current state of service delivery in UPTH

S/N	Items	Mean	SD.	Remark
6	Services are easily to access by all intended patients	1.86	1.11	Disagreed
7	Services are delivered promptly within agreed or reasonable timeframes in the hospital	1.85	1.02	Disagreed
8	The service provided meets established standards and effectively fulfill the needs of the patients	1.89	0.99	Disagreed
9	Services are dependable and consistently delivered in the same standard over time, building trust and satisfaction.	2.31	0.89	Disagreed
10	All patients receive equal treatment and opportunities without discrimination or favoritism.	2.56	1.03	Agreed
Grand mean		2.09	1.00	Disagreed

Table 2 shows the responses on the current state of service delivery in UPTH. Item 6 on the table indicates that majority disagree and strongly disagreed that Services are easily to access by all intended patients with (mean = 1.86, std. = 1.11). Item 7 shows that majority of respondents disagree and strongly disagreed that services are delivered promptly within agreed or reasonable timeframes in the hospital with (mean = 1.85, standard deviation = 1.02). Item 8 indicates that majority of the respondents disagree and strongly disagreed that the service provided meets established standards and effectively fulfill the needs of the patients with (mean = 1.89, std. = 0.99). Item 9 indicates that a majority disagree and strongly disagree that services are dependable and consistently delivered in the same standard over time, building trust and satisfaction with (mean = 2.31, std. = 0.89). Item 10 indicates that a majority strongly agree and agreed that all patients receive equal treatment and opportunities without discrimination or favoritism with (mean = 2.56, std. = 1.03).

DISCUSSION OF FINDINGS

Ethical leadership practices prevalent among management staff in UPTH

The findings encapsulated from the responses of respondents from items 1-5 of table 1 with a grand mean of 2.02 and standard deviation of 0.76 indicates that the quality of ethical leadership practices at the University of Port Harcourt Teaching Hospital (UPTH) is relatively low. Especially in areas where managers lead by example, sharing accurate and timely information with employees, consistent and impartial criteria when making decisions related to promotions, discipline, or resource allocation, taking responsibility for their actions and holding themselves and others accountable for meeting ethical standards and holding in high esteem; respect for the rights and dignity of employees, patients, and the general hospital. The result of this findings in synonymous with other empirical findings by Okpara and Wynn (2008) who also observed that ethical leadership practices such as adherence to corporate social responsibility, fairness in promotions, and disciplinary consistency were more prevalent in multinational corporations operating in Nigeria than in domestic firms, emphasizing the role of organizational culture and global standards in shaping leadership behavior.

The Current State of Service Delivery in UPTH

More so, the findings in items 6-10 of table 1.2 with a grand mean of 2.09 and standard deviation of 1.00 indicates the quality of service delivery in University of Port Harcourt Teaching Hospital (UPTH) is not sufficient and impressive by patients. In areas like; where services are not easily to access, Services are not delivered promptly within agreed or reasonable timeframes in the hospital; yet it was proven that all patients receive equal treatment and opportunities without discrimination or favoritism. Akinboade et al. (2012) empirically examined the quality of current state of municipal service delivery in South Africa using a citizen perception survey. Their findings revealed that issues such as lack of accountability, poor communication, and inadequate infrastructure significantly undermined service satisfaction. The study also emphasized the importance of participatory governance in enhancing service delivery outcomes. Similarly, in Nigeria, Igbokwe-Ibeto and Okechukwu (2019) conducted an empirical investigation into public service delivery in Lagos State. The research identified key challenges including bureaucratic inefficiencies, corruption, and lack of training among public servants. The study concluded that service delivery quality is heavily dependent on institutional transparency, leadership ethics, and staff motivation.

CONCLUSION

From every relevant investigations so far, it is gainsaid that ethical leaders are viable gateway in ensuring effective and efficient service delivery in every organization. Therefore, any organization that lacks ethical leaders who are morally constraint from doing wrong and therefore do things rightfully, not because of the consequences of their actions but because it conforms with natural moral ethics to do so, is bound to fail as consequential rules no longer shape the decisions and actions of administrators in Africa and especially in Nigeria with weak institutional frameworks to regulate unethical behaviours of public servants.

Recommendations

The study recommends amongst others:

- Institutional leaders at the University of Port Harcourt Teaching Hospital should adhere to both moral and administrative ethical practices in making rightful decisions in critical situations that seeks entrust confidence on patients regarding their level of professionalism in the discharge of their services to the public.
- Institutional leaders should learn how to be committed in saving lives in the prioritization of their patient needs at whenever their services are required without prejudice.
- The service provided at the University of Port Harcourt Teaching Hospital (UPTH) should be enhanced through on-the-job-training and mentorship of line staff and purchase of sophisticated medical equipment to meet established standards and effectively fulfill the needs of the patients.

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