


**BINDURA UNIVERSITY OF SCIENCE EDUCATION**

# AN EVALUATION OF THE IMPACT OF BUSINESS ETHICS ON PATIENT CARE AND ORGANISATIONAL PERFORMANCE AT SALLY MUGABE CENTRAL HOSPITAL

**BY**

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**A DISSERTATION SUBMITTED TO THE BINDURA UNIVERSITY OF SCIENCE EDUCATION IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR A MASTER OF BUSINESS LEADERSHIP DEGREE, GRADUATE SCHOOL OF BUSINESS**

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## DECLARATION

I, Leroy Masimba Kanhiwa, Student Reg Number B211848B, do hereby declare that this dissertation is a result of my own investigation and research, except to the extent indicated in the acknowledgments, bibliography, references, and comments included in the body of the report, and that it has not been submitted in part or in full for any other degree to any other university.

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## DEDICATION

I dedicate this work to my mother Cecilia Kanhiwa, for being a pillar of support when I thought all would crumble….

## ACKNOWLEDGEMENTS

First and foremost, I would like to thank my Supervisor, Prof. Dandira, for their invaluable guidance, continuous support, and patience during my research. Their immense knowledge and plentiful experience have encouraged me throughout my academic research and daily life.

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# ABSTRACT

The primary objective of this study is to explore the relationship between business ethics and patient care quality at Sally Mugabe Central Hospital within the field of Business Leadership. Guided by the main research question—How do ethical business practices influence the quality of patient care at Sally Mugabe Central Hospital?—the study also examines how ethics influence organisational performance and leadership effectiveness. A mixed-methods approach was employed, combining surveys with patients and staff, interviews with hospital management, and document analysis of ethical policies and practices. This triangulated methodology provided a comprehensive understanding of the link between business ethics, patient care quality, and institutional performance. The findings indicate that business ethics significantly impact both organisational performance and patient care. Ethical leadership, transparent communication of ethical guidelines, and regular ethical training were identified as crucial drivers of a culture of integrity and accountability. Moreover, the application of ethical principles was shown to improve patient trust, satisfaction, and safety, while simultaneously enhancing staff morale, teamwork, and resource utilisation. However, persistent challenges such as limited resources, weak enforcement of policies, and bureaucratic inefficiencies undermine the consistent application of ethical standards. The study concludes that embedding ethical leadership within hospital governance is essential for advancing patient-centred care and achieving sustainable organisational success. It recommends continuous ethics training, stronger policy enforcement, and leadership commitment to cultivating an ethical culture across all levels of the institution.



Keywords: Business Leadership, Business Ethics, Patient Care Quality, Organisational Performance, Healthcare Management

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# CHAPTER ONE: INTRODUCTION

## 1.1 Introduction

In the complex and multifaceted world of healthcare, the adherence to business ethics is paramount. Hospitals and healthcare institutions operate within an environment where decisions not only impact financial performance but also the quality of patient care and overall public trust. Sally Mugabe Central Hospital, a leading healthcare provider in Zimbabwe, epitomizes this dual responsibility. As a public hospital, it faces unique ethical challenges that can influence its ability to deliver high-quality care while maintaining operational efficiency.

Business ethics in the healthcare sector involves a commitment to principles such as integrity, accountability, transparency, and fairness. These principles are essential in guiding the behaviour of healthcare professionals and administrators, ensuring that patient welfare remains the top priority. Ethical lapses can lead to severe consequences, including compromised patient care, loss of trust, legal repercussions, and financial instability. Therefore, understanding how business ethics are integrated into the operations of Sally Mugabe Central Hospital is crucial for identifying areas of improvement and ensuring that the hospital fulfills its mission effectively.

This chapter sets the stage for a comprehensive study on the impact of business ethics on patient care and organizational performance at Sally Mugabe Central Hospital. It outlines the background of the study, articulates the problem statement, delineates the research objectives and questions, and highlights the significance and scope of the research. By investigating the ethical dimensions of the hospital's operations, this study aims to provide actionable insights that can enhance both patient care and organizational integrity.

## 1.2 Background of the Study

The intersection of business ethics, patient care, and organizational performance represents a critical area of inquiry in modern healthcare management. The significance of this topic lies in its expansion beyond traditional clinical ethics, which focuses on individual practitioners, to encompass the entire institutional framework of a healthcare provider. While the foundational principles of biomedical ethics—respect for autonomy, beneficence, non-maleficence, and justice—have long provided a moral compass for clinicians, the complex operational realities of large hospitals demand a broader, organizational perspective. For a key public institution like Sally Mugabe Central Hospital in Zimbabwe, understanding how corporate-level ethical

practices influence both the quality of patient care and overall institutional viability is paramount for ensuring public trust and effective healthcare delivery.

The progression of thought in this field has evolved from a micro to a macro ethical focus. Initially, the discourse was dominated by the clinical practitioner-patient relationship. However, a series of international healthcare crises demonstrated that individual morality was insufficient to prevent systemic failures. A pivotal moment in this evolution was the public inquiry into the Mid Staffordshire NHS Foundation Trust in the United Kingdom, where a focus on financial targets at the expense of patient welfare led to catastrophic failures in care. The resulting Francis Report (2013) underscored that a hospital's ethical culture is a direct determinant of patient safety, shifting the academic and policy focus towards the role of ethical leadership in shaping and upholding institutional values.

While global frameworks have advanced, their application within the African context faces unique pressures. Healthcare systems across the continent are often characterized by severe resource constraints, high disease burdens, and socio-economic disparities, which intensify ethical dilemmas for providers and administrators. In Zimbabwe, this situation is further compounded by a challenging economic and political environment that has strained the public healthcare system. Previous local research has identified specific ethical challenges at institutions like Sally Mugabe Central Hospital, including corruption that compromises patient access to services and persistent dilemmas in allocating scarce resources.

These factors highlight a significant gap in the existing literature. While previous studies effectively identify isolated ethical problems, they do not offer a comprehensive, systematic evaluation of how the hospital's overarching ethical framework—its institutional "business ethics"—correlates directly with the dual outcomes of patient care quality and organizational performance. The current body of knowledge is fragmented, leaving the precise nature of this crucial relationship underexplored within this specific, high-pressure context. The lack of a holistic, evidence-based understanding of this link is a critical unresolved issue for healthcare management in Zimbabwe.

This study, therefore, aims to address this critical gap by providing a holistic and evidence-based evaluation of the impact of business ethics at Sally Mugabe Central Hospital. It moves beyond acknowledging singular ethical lapses to systematically investigate the relationship between the hospital's ethical practices and its tangible performance metrics. By applying this

lens, the study seeks to produce nuanced, actionable insights that can be used to strengthen ethical standards, ultimately enhancing both the quality of patient care and the overall organizational integrity of the hospital.

### 1.3 Problem Statement

In an ideal healthcare environment, public hospitals should function as pillars of public trust, operating with unwavering ethical integrity. However, the current situation at major public institutions, including Sally Mugabe Central Hospital, is frequently marked by a significant disturbance: a profound gap between established ethical policies and the reality of daily practice. This void manifests in persistent issues of corruption, mismanagement, and systemic ethical failures that significantly degrade the quality of patient care and undermine the hospital's overall performance.

Evidence of this problem is substantial, reflecting a national and institutional crisis. In Zimbabwe, the healthcare sector is widely perceived as corrupt; a 2013 survey indicated that 65% of respondents believed the sector was corrupt, and a 2023 report noted that an estimated US451,000andZWL641 million was recovered from healthcare fraud and abuse in that year alone. This environment of corruption creates systemic pressures that normalize unethical practices within healthcare institutions, a challenge documented across various African healthcare settings (Ogunbanjo & Knapp van Bogaert, 2005).

This national context has a direct impact at the institutional level. Research specific to the Zimbabwean healthcare context empirically documents the severe ethical dilemmas faced by healthcare professionals, which are exacerbated by prevailing socio-economic instability (Moyo & Madziyire, 2019). Furthermore, specific reports have highlighted that Sally Mugabe Central Hospital has faced significant ethical challenges, including instances of corruption where staff allegedly demanded bribes for services. These documented challenges show the problem extends beyond perception to the lived experiences of staff and patients at the hospital (Moyo & Madziyire, 2019).

The consequences of these ethical failings are severe and impact a broad population. The most directly affected are the patients, who may experience substandard care, face barriers to accessing essential services, or suffer direct financial exploitation. The landmark inquiry into

the Mid Staffordshire NHS Trust crisis serves as a stark reminder that a poor ethical culture leads directly to catastrophic failures in patient care and hundreds of preventable deaths (Francis, 2013).

Furthermore, a poor ethical climate negatively impacts hospital staff by contributing to low morale and professional burnout. These conditions are a significant factor in the "brain drain" of skilled medical personnel from Zimbabwe, which directly degrades the quality of care available to the population (Nyazema, 2010). Ultimately, these issues damage the hospital's organizational performance through financial losses, operational inefficiencies, and a tarnished public reputation, eroding community trust in a vital public institution (Francis, 2013).

While efforts have been made to address these issues through internal ethical guidelines, they have proven insufficient. The persistence of unethical practices suggests these measures are either inadequate or poorly enforced. Academic literature emphasizes that written policies are ineffective without strong and visible ethical leadership to model integrity and foster a culture where ethical conduct is the norm (Brown & Treviño, 2006). The gap, therefore, is not just in practice but often in leadership.

A critical limitation of past approaches is the lack of a comprehensive evaluation that connects the hospital's overall ethical climate to its performance. While previous local studies effectively highlight isolated problems like the brain drain (Nyazema, 2010) or specific ethical dilemmas (Moyo & Madziyire, 2019), they do not offer a holistic, systematic evaluation of how the hospital's institutional "business ethics" correlates directly with the dual outcomes of patient care quality and organizational performance.

Therefore, the primary role of this study is to fill this critical research void. This research will systematically evaluate the impact of business ethics on patient care and organizational performance at Sally Mugabe Central Hospital. By providing an in-depth, evidence-based analysis of the current ethical framework and its tangible outcomes, this study will identify specific weaknesses and formulate targeted recommendations to strengthen ethical conduct, with the ultimate goal of improving patient outcomes and enhancing the hospital's operational integrity and public standing.

## 1.4 Research Objectives

The primary objective of this study is to explore the relationship between business ethics and patient care quality at Sally Mugabe Central Hospital. The specific objectives include:

1. To determine the statistical relationship between the perceived adherence to business ethics by staff and management, and key performance indicators, specifically patient satisfaction and staff retention rates.
2. To identify and analyze the primary ethical challenges faced by healthcare providers and administrators at the hospital, with a particular focus on resource allocation and corruption.
3. To assess the perceived effectiveness of the hospital's existing ethical guidelines by examining staff perceptions of their clarity, communication, and the adequacy of institutional support for ethical decision-making.
4. To formulate evidence-based recommendations aimed at strengthening the ethical climate, improving the quality of patient care, and enhancing organizational performance at Sally Mugabe Central Hospital.

## 1.5 Research Questions

The main research question for the study was:

1. What is the statistical relationship between perceived ethical practices at Sally Mugabe Central Hospital and its key performance metrics?
2. What are the primary ethical challenges, particularly concerning resource allocation and corruption, encountered by healthcare providers and administrators at Sally Mugabe Central Hospital?
3. How effective are the current ethical guidelines at Sally Mugabe Central Hospital in terms of their clarity, communication, and the support they provide for staff in ethical decision-making?
4. Based on the identified challenges and performance data, what actionable recommendations can be made to strengthen the ethical climate and improve overall performance at Sally Mugabe Central Hospital?

## 1.6 Significance of the Study

This research holds considerable significance at multiple levels, offering practical, theoretical, and policy-relevant contributions. The justification for this study is rooted in the critical need to enhance healthcare quality and organizational effectiveness at vital institutions like Sally Mugabe Central Hospital, which directly impacts community well-being and national health outcomes.

**Benefits to Stakeholders:**

Patient Care Improvement: Primarily, understanding the intricate relationship between business ethics, patient care, and organizational performance can lead to actionable strategies for improving healthcare service delivery. This directly benefits patients through potentially enhanced treatment quality, greater respect and dignity in care, and improved health outcomes.

Healthcare Professionals and Administrators: For the staff and management at Sally Mugabe Central Hospital, the study's insights can foster a more profound understanding of their roles in upholding ethical standards. It can contribute to improved staff morale, a more supportive work environment when facing ethical dilemmas, and clearer guidelines for ethical decision-making, ultimately leading to better job satisfaction and retention.

Sally Mugabe Central Hospital as an Organisation: The findings can help reinforce ethical standards and practices, promoting a culture of integrity, transparency, and accountability. This can lead to improved operational efficiency, better resource management, a stronger organizational reputation, and increased trust among all stakeholders, contributing to the overall sustainability and effectiveness of the hospital.

Policymakers and Regulatory Bodies: The research can provide evidence-based insights to inform the development and refinement of health policies, ethical guidelines, and regulatory frameworks not only for Sally Mugabe Central Hospital but also for the broader Zimbabwean healthcare sector. This includes informing strategies for ethical leadership development and good governance in healthcare institutions.

Academic Community: Theoretically, this study will contribute to the existing body of knowledge on business ethics, healthcare management, and organizational performance,

particularly within the context of a developing African nation. It provides a detailed case study that can serve as a reference for future research and comparative analyses.

Alignment with National Strategic Imperatives:

This study is strategically aligned with Zimbabwe's national development and educational goals:

Education 5.0: The research resonates with the core tenets of Education 5.0, which mandates higher education institutions to be catalysts for innovation, industrialisation, and community engagement to solve societal problems. By evaluating and seeking to improve organizational performance and ethical conduct in a key public institution like Sally Mugabe Central Hospital, this study embodies the Education 5.0 philosophy of applying knowledge to produce tangible benefits and contribute to national development. The development of human capital, a focus of Education 5.0, is also addressed by promoting ethical leadership and a competent healthcare workforce.

National Development Strategy 1 (NDS1): The findings of this research directly support several priority areas of the NDS1 (2021-2025). Specifically, it aligns with the goals of improving "Health and Well-being" by seeking to enhance patient care quality and hospital performance. Furthermore, it addresses the NDS1 priority area of "Governance" by emphasizing ethical conduct, accountability, and transparency in a public institution. The focus on "Human Capital Development" within NDS1 is also pertinent, as ethical organizations are better poised to develop and retain skilled healthcare professionals.

Vision 2030: The overarching aim of this study—to contribute to a more ethical, efficient, and effective healthcare system—is in direct support of Zimbabwe's Vision 2030 of achieving an "Upper Middle-Income Society." A healthy populace, served by well-managed and ethical healthcare institutions, is fundamental to this vision. The emphasis on quality healthcare services, good governance in public sector management, and social development, all tenets of Vision 2030, are central to the potential impacts of this research..

## 1.7 Scope of the Study

The scope of this study was confined to Sally Mugabe Central Hospital in Zimbabwe. It focused on the ethical practices within the hospital and their impact on patient care and organizational performance. The study involved both qualitative and quantitative methods, including interviews with hospital staff and patients, analysis of hospital policy documents, and examination of performance metrics.

**Assumptions:**

- It is assumed that the participants involved in the study at Sally Mugabe Central Hospital (including healthcare providers, patients, hospital administrators, and community members) will provide honest and reliable responses to inquiries and data collection instruments.
- It is assumed that there is a common and consistent understanding of the term 'business ethics' and its core principles (such as integrity, accountability, transparency, and fairness ) among the participants and within the context of Sally Mugabe Central Hospital.
- It is assumed that key constructs such as 'organizational performance' and 'patient care quality' are measurable through the selected research methodologies and instruments.
- It is assumed that Sally Mugabe Central Hospital, as a public healthcare institution, operates within an environment where ethical challenges and dilemmas are inherently present.

## 1.8 Structure of the Dissertation

This dissertation is structured as follows:

Chapter One: Introduction –

Provides the background, problem statement, research objectives, research questions, significance, and scope of the study.

Chapter Two: Literature Review –

Reviews existing literature on business ethics in healthcare, ethical challenges in hospitals, and the impact of ethics on patient care and organizational performance.

Chapter Three: Research Methodology - Describes the research design, data collection methods, sampling techniques, and data analysis procedures.

Chapter Four: Findings and Analysis - Presents and analyses the data collected, highlighting key findings related to the research questions.

Chapter Five: Discussion - Discusses the implications of the findings, linking them to the literature review and theoretical framework.

Chapter Six: Conclusion and Recommendations - Summarizes the study, provides conclusions, and offers recommendations for improving business ethics at Sally Mugabe Central Hospital.

### 1.9 Chapter Summary

This chapter has laid the groundwork for the research by introducing the critical role of business ethics in the healthcare sector, specifically within the context of Sally Mugabe Central Hospital. It has provided a comprehensive background to the study, highlighting global, regional, and local perspectives on business ethics in healthcare. The chapter further articulated the problem statement, outlining the gap in understanding the impact of business ethics on patient care and organizational performance at the hospital. The research objectives and specific questions that will guide this investigation have been clearly delineated, alongside an explanation of the study's significance and scope. By establishing this foundation, the study now moves forward to explore existing literature pertinent to these issues in the subsequent chapter.

# CHAPTER TWO: LITERATURE REVIEW

## 2.0 Introduction

This chapter provides a comprehensive and detailed review of the scholarly literature pertaining to the impact of business ethics on patient care and organizational performance. It serves as the academic foundation for the research by mapping the existing knowledge, identifying theoretical underpinnings, and clarifying the specific research gap this study addresses. The review begins by establishing clear conceptual and operational definitions for the study's central variables. Following this, the chapter systematically examines existing literature, organized according to the primary research objectives of this dissertation. It then delves into the core theories that frame the study, reviews pertinent empirical research from global and local contexts, and presents a conceptual framework outlining the hypothesized relationships between the variables. The chapter concludes with a robust summary of the key insights and arguments drawn from the literature, thereby setting the stage for the research methodology detailed in the subsequent chapter.

## 2.1 Definitions of Key Concepts

To establish a clear foundation for this study, it's essential to define the central concepts. This section provides conceptual and operational definitions for business ethics, patient care quality, and organisational performance, drawing on contemporary academic literature to frame their application within the specific context of Sally Mugabe Central Hospital.

### 2.1.1 Business Ethics

Conceptually, business ethics is a form of applied ethics that investigates the moral principles and dilemmas that arise within an organisational environment (Crane, Matten, & Spence, 2019). It moves beyond individual morality to scrutinize the policies, practices, and cultural norms that guide an organisation's actions and decisions. In the healthcare sector, this concept is particularly complex, navigating the inherent tension between the "business" imperatives of financial sustainability and operational efficiency and the "care" imperative, which is the moral and professional duty to prioritize patient well-being (Ford & Byrd, 2021). It requires healthcare organisations to cultivate an overarching institutional ethos built on core principles

of integrity, accountability, transparency, and fairness in every process, from strategic planning to bedside interactions (Moon & Cho, 2020).

For the purpose of this study at Sally Mugabe Central Hospital, business ethics is operationally defined as the perceived adherence by management and staff to established professional and organisational codes of conduct. This will be measured through several key indicators:

- The presence and effectiveness of ethical leadership that models and reinforces desired behaviours.
- The degree of transparency in handling ethical issues and communicating critical decisions, particularly those concerning resource allocation.
- A demonstrated commitment to fairness and equity in the treatment of all patients and staff.
- The strength and application of accountability mechanisms designed to address unethical conduct and uphold professional standards.

### 2.1.2 Patient Care Quality

The concept of patient care quality is multifaceted. A foundational definition from the World Health Organization (WHO) describes it as the degree to which health services for individuals and populations increase the likelihood of desired health outcomes (WHO, 2018). High-quality care is characterized by six key domains: it must be safe, effective, timely, efficient, equitable, and people-centered (Kruk et al., 2018). This extends beyond clinical effectiveness to encompass the patient's experience, including their sense of dignity, respect, and active involvement in their own care decisions, which is the cornerstone of patient-centered care (Slawomirski, Auraaen, & Klazinga, 2017).

Within the scope of this research, patient care quality is operationally defined and measured through specific indicators at Sally Mugabe Central Hospital. These include:

- Reported patient satisfaction levels, with a particular focus on their perception of being treated with respect and compassion.
- The perceived adherence to fundamental ethical standards, such as maintaining patient confidentiality and securing informed consent.

- The overall level of patient safety, which can be directly compromised by systemic ethical failures.

### 2.1.3 Organisational Performance

In a healthcare setting, organisational performance is a multidimensional construct that transcends traditional financial metrics. Modern frameworks, such as the Balanced Scorecard, have been widely adapted for healthcare to provide a more holistic view that includes non-financial indicators vital to an institution's long-term health and mission fulfillment (Grigoroudis, Orfanoudaki, & Zopounidis, 2022). This broader perspective assesses an organisation’s effectiveness in managing its workforce, maintaining its public reputation, and ensuring its overall sustainability (Carroll, 2021).

In this study, organisational performance at Sally Mugabe Central Hospital is operationally defined by a combination of crucial metrics that reflect the internal and external health of the institution. These indicators are:

- Staff morale and retention rates, which serve as a barometer for the internal health of the organisation.
- The hospital’s public reputation and the level of stakeholder trust among patients, employees, and the wider community.
- Its perceived financial stability and operational efficiency, which are influenced by ethical practices that mitigate legal risks and prevent the mismanagement of resources..

## 2.2 Correlation Between Ethical Practices and Organisational Performance

The scholarly literature establishes a strong, synergistic relationship between an organisation's ethical practices, the quality of its patient care, and its overall organisational performance.  Contemporary research reframes business ethics not merely as a compliance requirement but as a core driver of both clinical excellence and institutional success. An organisation's ethical climate—the shared perception of what constitutes right behaviour—is a powerful predictor of its outcomes (Kuenzi, Mayer, & Greenbaum, 2020).

Healthcare is fundamentally built upon a foundation of trust, which is cultivated through the consistent application of core bioethical principles: respect for autonomy, beneficence, non-maleficence, and justice (Varkey, 2021). When these principles are actively embedded into an organisation's culture rather than remaining abstract ideals, they manifest as tangible improvements in patient care. For example, a culture that genuinely prioritizes patient autonomy ensures that systems for obtaining informed consent and protecting confidentiality are robust, fostering a collaborative care relationship that is a hallmark of high-quality, patient-centered care (Santana et al., 2018).

Conversely, environments with a poor ethical climate are strongly associated with negative clinical outcomes. Studies have shown a direct link between a weak ethical environment and lower patient satisfaction scores, a higher incidence of adverse safety events, and a general erosion of patient trust (El-Jardali et al., 2018). Therefore, ethical lapses are not simply moral failings; they are direct contributors to poor quality of care and patient harm.

This positive impact extends beyond clinical outcomes to directly bolster organisational performance. An ethical climate, particularly when championed by visible ethical leadership, is a significant predictor of workforce stability and engagement. It fosters psychological safety, which has been shown to reduce professional burnout, improve job satisfaction, and significantly increase staff retention rates (Kiefer et al., 2022). In a sector plagued by high turnover costs and a "brain drain" of skilled professionals, creating an ethical work environment is a critical strategy for organisational stability and ensuring continuity of care.

Furthermore, a reputation for integrity is a vital intangible asset that enhances public trust, making the institution more attractive to both patients and top-tier talent (Gentry, 2023). Ethically sound governance also mitigates substantial financial and legal risks by reducing the likelihood of malpractice litigation, regulatory penalties, and internal fraud, thereby contributing to the hospital's long-term financial stability and operational efficiency (Miotto, Fasan, & Tiscini, 2020). Ultimately, the literature demonstrates that an organisation's ethical framework is inextricably linked to its ability to deliver safe, high-quality care and achieve sustainable operational success.

## 2.4 Ethical Challenges in the Healthcare Environment

The scholarly literature extensively documents the profound ethical challenges endemic to healthcare, particularly within public hospitals operating in resource-constrained environments like Zimbabwe. These are not abstract dilemmas but daily realities that impact providers, patients, and the entire system.

A primary and persistent challenge is resource allocation. In settings with severe shortages of essential medicines, beds, equipment, and qualified staff, healthcare providers are frequently compelled to make tragic choices about who receives potentially life-saving treatment and who does not. This issue of "rationing" at the bedside was globally exacerbated during the recent pandemic, highlighting the critical need for fair, transparent, and ethically sound frameworks to guide such decisions (Emanuel et al., 2020). The absence of such clear guidance can lead to significant moral distress among clinical staff—a state of psychological anguish experienced when they feel constrained from taking what they believe to be the right ethical action (Mehlis et al., 2022). This not only affects the well-being of providers but also leads to deep inequalities in patient outcomes.

Furthermore, corruption is identified as a pervasive and deeply corrosive ethical issue within many healthcare systems. It manifests in various forms, from informal payments or bribes demanded from patients for services that should be free, to large-scale fraud in the procurement of medical supplies and pharmaceuticals (Transparency International, 2019). Corruption fundamentally undermines the principle of justice by creating a system where access to care is determined by an individual's ability to pay rather than by their clinical need. This not only diverts desperately needed funds away from patient care but also catastrophically erodes public trust in the healthcare institution and the profession as a whole (Bærøe & Ferati, 2022).

Beyond these systemic issues, daily ethical challenges surrounding patient confidentiality and informed consent remain prevalent. Maintaining the privacy of patient information is a cornerstone ethical duty, but it is increasingly challenged in busy, understaffed wards and by the cybersecurity vulnerabilities of digital health records (Gondwe & Kadam, 2022). Likewise, ensuring patients fully understand and voluntarily agree to treatments is a critical component of respecting their autonomy. However, in high-pressure environments or contexts with varying levels of health literacy, the process of obtaining genuine informed consent can become

compromised, leading to a violation of patient rights and a breakdown of the trust that is essential for an effective therapeutic relationship (Grady, 2017).

### 2.5 Impact of Ethics on Reputation, Trust, and Performance

The consequences of an organisation's ethical posture extend far beyond the immediate clinical encounter to profoundly shape its public reputation, internal workforce dynamics, and overall performance. The literature indicates that ethics are not a peripheral concern but a central component of institutional health and sustainability.

A steadfast commitment to ethical practices is a critical determinant of public image and stakeholder trust. A hospital that becomes known for its integrity and unwavering patient-centered care builds a strong reputation, which is a valuable intangible asset that fosters community loyalty, attracts donor support, and draws in high-quality professionals (Gentry, 2023). In an era of high information transparency and social media, a single significant ethical scandal can inflict immediate and catastrophic reputational damage, leading to a profound loss of trust among patients and the public (Lanzarone & Lanuario, 2019). This erosion of trust is difficult and costly to repair and can threaten an institution's long-term viability and social license to operate.

Internally, the ethical climate has a direct and measurable impact on the workforce. A vast body of research on ethical leadership shows a strong positive relationship between leaders who model integrity and crucial employee outcomes, including higher levels of job satisfaction, increased organisational commitment, and lower intentions to quit (Kiefer et al., 2022). When healthcare professionals feel that their organisation operates with fairness and that they are supported in navigating difficult ethical decisions, they experience less professional burnout and greater fulfillment. This is particularly critical in health systems that have suffered from a significant "brain drain" of skilled personnel, as a supportive ethical environment is a key, non-financial strategy for workforce stability and talent retention (Akuffo, 2024).

Finally, sound business ethics are intrinsically linked to an organisation's financial performance and operational efficiency. Ethical conduct directly mitigates the risk of costly litigation from medical malpractice and minimizes financial losses from fraud, waste, and corruption (Miotto, Fasan, & Tiscini, 2020). For example, ethical and transparent procurement processes ensure that scarce resources are used efficiently, preventing financial leakage and ensuring value for

money. By fostering a culture of accountability and integrity, ethical practices reduce operational risks and contribute to the long-term financial sustainability of the hospital, allowing it to better fulfill its core mission of providing care to the community (Carroll, 2021).

## 2.6 Theoretical Framework

This study is anchored by two complementary theoretical frameworks that provide a robust lens for analyzing the complex relationships between business ethics, patient care, and organizational performance at Sally Mugabe Central Hospital. A theoretical framework provides the structure and philosophical underpinning for the research, guiding the investigation from its core assumptions to its analysis of the findings. The chosen theories—

Stakeholder Theory and the Ethics of Care—allow for a holistic evaluation that considers both the broad institutional obligations of the hospital and the specific moral quality of its patient interactions.

A primary framework for this study is the Stakeholder Theory, famously introduced by Freeman (1984). This theory fundamentally challenges the traditional business view that an organization's sole priority is to maximize value for its shareholders. Instead, it posits that an organization's long-term success and sustainability are dependent on its ability to create and manage value for all of its stakeholders—any group or individual who can affect or is affected by the achievement of the organization's objectives.

This theory is highly relevant for a public institution like Sally Mugabe Central Hospital, whose stakeholders are numerous and diverse. These groups include:

- Patients and their families, who expect high-quality, compassionate, and equitable care.
- Employees (doctors, nurses, administrators, and support staff), who expect a fair, safe, and ethically supportive work environment.
- Government bodies, which provide funding and regulatory oversight and expect accountability and efficient use of public resources.
- Suppliers, who expect fair and transparent procurement processes.
- The entire community the hospital serves, which expects the institution to be a trustworthy and reliable pillar of public health.

Stakeholder Theory provides a powerful analytical tool to assess how the hospital's ethical or unethical actions impact its performance. It argues that the institution's viability is contingent on meeting the legitimate and ethical expectations of these various groups. Therefore, this framework allows the study to evaluate "organizational performance" not just through financial metrics, but through a broader lens that includes patient satisfaction, staff morale, and public trust—all of which are directly influenced by the hospital's ethical conduct.

Complementing the macro-level perspective of Stakeholder Theory is the Ethics of Care, a framework developed by feminist scholars such as Carol Gilligan (1982) and Nel Noddings (1984). In contrast to more abstract, principle-based ethical theories that emphasize universal rules and justice, the Ethics of Care focuses on the importance of relationships, empathy, compassion, and responsiveness in moral reasoning and action. It prioritizes the specific context of a situation and the needs of vulnerable individuals within a web of relationships.

This perspective is particularly germane to the healthcare context, where the core activity is the act of caring for vulnerable individuals. The relationship between a healthcare provider and a patient is not merely transactional; it is fundamentally relational and interdependent.

The Ethics of Care provides a framework for evaluating the relational quality of the services provided at Sally Mugabe Central Hospital. It encourages an analysis that moves beyond procedural correctness (e.g., "was the form signed?") to assess whether the hospital’s culture and practices foster a genuinely compassionate and patient-centered environment. This theory is crucial for interpreting the qualitative findings of the study, helping to analyze whether patients feel heard, respected, and cared for as individuals. It directly informs the investigation into how an ethical climate contributes to patient satisfaction and the perception of care quality.

Together, these two theories provide a comprehensive lens for this research. Stakeholder Theory offers the broad, organizational framework to understand who the hospital is accountable to and why its overall performance depends on ethical relationships with all these groups. The Ethics of Care provides the focused, interpersonal framework to understand how ethical conduct is expressed in the compassionate, day-to-day interactions that define the quality of patient care.

## 2.7 Empirical Studies

A substantial body of empirical evidence drawn from diverse contexts illustrates the tangible and often severe consequences of ethics in healthcare.

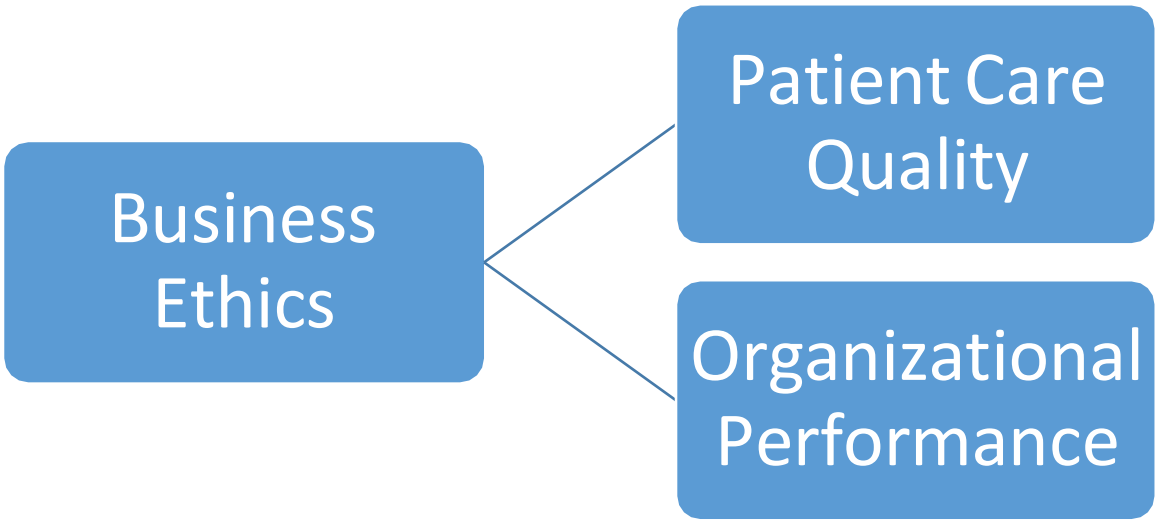
The **Francis Report (2013)** stands as a landmark empirical case study in this field. The report was the culmination of a massive public inquiry into the systemic failures at the Mid Staffordshire NHS Foundation Trust. It meticulously documented, through thousands of interviews and extensive evidence analysis, a direct causal link between a toxic organizational culture obsessed with meeting financial targets and a catastrophic failure of care that resulted in hundreds of preventable patient deaths. This study empirically demonstrated that organizational ethics are not a "soft" issue but a critical component of patient safety and quality.

In the specific context of Zimbabwe, the work of researchers like **Nyazema (2010)** and **Moyo & Madziyire (2019)** provides crucial empirical observations. Nyazema's (2010) research on the "brain drain" empirically highlights the impact of systemic factors, including poor working conditions and ethical challenges, on the emigration of skilled healthcare workers, which directly impacts the quality of care available to the population. Similarly, the study by Moyo & Madziyire (2019) empirically documents the specific ethical dilemmas faced by healthcare professionals in Zimbabwe due to the prevailing socio-economic instability, providing real-world evidence of the challenges this dissertation seeks to explore.

On a global scale, the research conducted by **Transparency International** offers robust empirical data on the prevalence and impact of corruption in healthcare. Their regular surveys and reports, such as the Global Corruption Barometer, provide statistical evidence quantifying the scale of bribery and fraud in health sectors worldwide. This research empirically links corruption to devastating outcomes, including the loss of billions of dollars from health budgets and restricted access to essential medical services for the most vulnerable populations, reinforcing the critical need for strong ethical governance in healthcare.

## 2.8 Conceptual Framework

Based on the comprehensive review of theoretical and empirical literature, a conceptual framework is proposed to guide this research. This framework serves as a visual and narrative representation of the key variables and their hypothesized interrelationships.




The framework identifies **Business Ethics** as the central **independent variable**. This is not a single concept but is conceptualized as a composite of several interconnected dimensions, including the perceived strength of **Ethical Leadership**, the degree of **Transparency** and **Accountability** in hospital processes, and the perceived **Fairness** in critical decisions such as resource allocation. These dimensions collectively shape the overall ethical climate of the hospital.

The framework posits that this independent variable has a direct, positive, and significant influence on two distinct **dependent variables**. The first is **Patient Care Quality**, which is indicated by measurable outcomes such as **Patient Satisfaction**, the consistent upholding of patient **Dignity and Respect**, and overall **Patient Safety**. The second dependent variable is **Organizational Performance**, indicated by key metrics including **Staff Retention and Morale**, **Public Trust and Reputation**, and the hospital's long-term **Financial Stability**.

In essence, the framework hypothesizes a causal pathway: a more robust and positive ethical climate at Sally Mugabe Central Hospital, driven by strong ethical leadership and transparent

practices, will lead directly to both a higher quality of patient care and a stronger, more sustainable organizational performance. This framework will guide the data collection and analysis phases of the research, allowing for the empirical testing of these hypothesized relationships within the specific context of the hospital.

## 2.9 Chapter Summary

This chapter has provided an extensive review of the scholarly literature on the pivotal role of business ethics in the healthcare sector. It commenced by establishing precise conceptual and operational definitions for the study's core constructs: business ethics, patient care quality, and organizational performance. The subsequent review, systematically structured around the study's research objectives, affirmed the strong, positive correlation between ethical practices and the quality of patient care. It also detailed the severe ethical challenges, particularly concerning resource scarcity and corruption, that are prevalent in the Zimbabwean healthcare context.

The chapter then explored the theoretical foundations of the study, explaining how Stakeholder Theory and the Ethics of Care provide essential frameworks for analysis. A review of key empirical studies, from the landmark Francis Report to local Zimbabwean research, offered concrete evidence of the profound and measurable consequences of ethical conduct (and its absence) in healthcare. Finally, a conceptual framework was presented, which posits a direct, positive relationship between a strong ethical climate and the dual outcomes of enhanced patient care quality and improved organizational performance. While the literature confirms the universal importance of this topic, it simultaneously highlights a significant gap in holistic, institution-specific research within the Zimbabwean public health context, a gap that this dissertation is designed to address.

# CHAPTER 3: RESEARCH METHODOLOGY

## 3.0 Introduction

This chapter provides a comprehensive overview of the research methodology employed to investigate the impact of business ethics on organizational performance and patient care at Sally Mugabe Central Hospital. It details the research design, population and sampling techniques, data collection methods, data analysis procedures, reliability and validity measures, and ethical considerations.

## 3.1 Research Philosophy

Research philosophy is the foundation that influences the approach and methods used in a study. It encompasses the beliefs and assumptions about the nature of reality (ontology), the nature of knowledge (epistemology), and the values in research (axiology). This study adopts a pragmatist research philosophy.

### 3.2.1 Pragmatism

The central aim of this study—to evaluate the real-world impact of business ethics on patient care and organizational performance at Sally Mugabe Central Hospital—is inherently practical and problem-focused. This applied nature calls for a research philosophy that prioritizes understanding "what works" in a complex, real-world setting rather than focusing on abstract theories. For this reason, the study is founded on a pragmatist philosophy. Pragmatism is uniquely suited for this research because it is a problem-centered approach that values actionable knowledge and practical outcomes over adherence to a single methodological doctrine.

A pragmatist approach provides a robust justification for the mixed-methods design employed in this research. To comprehensively evaluate the impact of business ethics, a single method would be insufficient. Quantitative data, such as surveys, are essential for identifying statistical correlations between ethical practices and key performance metrics like patient satisfaction or staff retention. However, these numbers alone cannot explain the nuances of why or how these relationships exist. Pragmatism embraces the use of qualitative methods, such as in-depth interviews, to explore the lived experiences of staff and patients, uncovering the contextual factors and specific ethical dilemmas that shape the findings. This flexibility allows the

research to draw on the strengths of both approaches to create a more complete and useful understanding of the problem.

Ultimately, this study is action-oriented, a core tenet of the pragmatist philosophy. The goal is not simply to describe the ethical climate at Sally Mugabe Central Hospital but to produce knowledge that can be directly applied to foster positive change. The findings are intended to be translated into practical, actionable recommendations for hospital leadership, policymakers, and staff. By focusing on workable solutions to tangible problems, a pragmatist approach ensures that the research remains grounded, relevant, and capable of making a meaningful contribution to improving both patient care and organizational integrity at the hospital.

### 3.2 Research Approach

The research approach outlines the plan and procedures for the research, spanning the steps from broad assumptions to detailed methods of data collection, analysis, and interpretation. This study uses a mixed-methods approach, combining both qualitative and quantitative methods to gain a comprehensive understanding of the impact of business ethics at Sally Mugabe Central Hospital.

### 3.3 Mixed-Methods Approach

To adequately investigate the complex interplay between business ethics, patient care, and organizational performance at Sally Mugabe Central Hospital, a mixed-methods approach was selected. This approach, which integrates both quantitative and qualitative research methods, is essential for providing a comprehensive, multi-faceted, and robust understanding of the research problem. A singular methodological approach would be insufficient to capture the full picture; quantitative data can identify trends and correlations, but qualitative data is needed to explain the context and human experiences behind those numbers.

The primary justifications for employing a mixed-methods design in this study are complementarity and triangulation.

Complementarity for a Complete Picture: The strengths of one method are used to compensate for the limitations of the other.

Quantitative surveys will provide the "what"—objective, statistical data on the perceptions of ethical practices and their correlation with performance metrics like patient satisfaction and staff retention. This offers a broad, generalizable overview of the situation at the hospital.

Qualitative interviews and focus groups will provide the "why" and "how"—rich, in-depth narratives that explain the statistical findings. For example, if survey data shows a low perception of fairness in resource allocation, interviews with nurses and doctors can uncover the specific daily dilemmas and systemic pressures that lead to this perception. This adds crucial depth and context that numbers alone cannot provide.

Triangulation for Enhanced Validity: By collecting and analysing both quantitative and qualitative data, the study can triangulate its findings, thereby increasing the validity and reliability of the results. When data from the surveys converges with the themes emerging from the interviews, it provides stronger, more credible evidence for the study's conclusions. This cross-verification of data from different sources helps to reduce bias and ensures a more accurate and defensible analysis of the ethical climate at the hospital.

Specifically, this study employs a Sequential Explanatory Design. This two-phase approach begins with the collection and analysis of quantitative data to identify key trends and statistical relationships. The findings from this initial phase then directly inform the development of the subsequent qualitative phase, allowing for a targeted exploration of the most significant or surprising quantitative results. This deliberate sequencing ensures that the two methods are not just used in parallel but are fully integrated, creating a more powerful and nuanced research outcome capable of generating actionable insights for Sally Mugabe Central Hospital.

### 3.4 Research Design

A well-considered research design is crucial for systematically investigating the impact of business ethics on organizational performance and patient care at Sally Mugabe Central Hospital. The chosen research design for this study is a mixed-methods approach, integrating both qualitative and quantitative methods to provide a comprehensive and nuanced understanding of the research problem. This section elaborates on the rationale behind the mixed-methods approach, the specific design employed, and the phases of the research process.

## 3.5 Population

### 3.5.1 Population

The population for this study includes healthcare providers (doctors, nurses, and support staff), patients, hospital administrators, and community members associated with Sally Mugabe Central Hospital. The total target population from which the sample was drawn is estimated to be 550 individuals.

### 3.5.2 Sample Size

From this population, a sample of 232 participants was determined to be statistically representative. This is calculated using Yamane's formula with a 95% confidence level and a 5% margin of error, which is a standard for academic research. This sample size provides a 95% confidence level with a margin of error of 5%. The participants were selected using purposive sampling to ensure a diverse range of perspectives, with the composition distributed proportionally as follows:

Doctors: 46

Nurses: 71

Support Staff: 23

Patients: 46

Hospital Administrators: 23

Community Members: 23

## 3.6 Research Instruments

To effectively gather the diverse data required by the mixed-methods design, a suite of carefully developed research instruments was utilized. The selection of these instruments was purposive, ensuring that each was uniquely suited to capture the specific type of data—quantitative or qualitative—needed to address the study's research questions comprehensively. The primary instruments included structured questionnaires, semi-structured interview guides, and focus group discussion guides.

### 3.6.1 Structured Questionnaires

The **structured questionnaire** was the primary instrument for collecting quantitative data, designed to measure the perceptions, attitudes, and experiences of a broad range of participants regarding business ethics at the hospital. This tool was chosen for its efficiency in gathering standardized data from a large sample, which allows for statistical analysis and the identification of trends, patterns, and correlations between the study's key variables.

The questionnaire was meticulously structured into four key sections:

- **Section A: Demographic Information:** This section collected basic data on participants' roles, gender, and experience to allow for demographic analysis of the results.
- **Section B: Perceptions of Ethical Practices:** This core section utilized a **5-point Likert scale** (ranging from 1=Strongly Disagree to 5=Strongly Agree). This format is highly effective for gauging the strength of agreement on various statements related to patient dignity, ethical leadership, and transparency.
- **Section C: Organisational Performance:** This section was designed to measure perceptions of the hospital's performance, including patient satisfaction, staff morale, and public reputation.
- **Section D: Open-Ended Questions:** A final section included a small number of open-ended questions to provide respondents with an opportunity to offer qualitative insights and elaborate on their responses.

The full questionnaire is available in Appendix A.

### 3.6.2 Semi-Structured Interview Guides

For the collection of in-depth qualitative data, **semi-structured interview guides** were developed. This format was deliberately chosen over more rigid structured interviews or unstructured conversations. It provided a consistent framework of core open-ended questions to be asked of all interviewees, ensuring that key topics related to the research objectives were covered systematically. Simultaneously, it offered the flexibility for the interviewer to probe for more profound insights, ask follow-up questions, and explore emergent themes based on

the participant's unique experiences and perspectives. This adaptability is crucial for exploring sensitive and complex topics such as personal encounters with ethical dilemmas or perceptions of leadership integrity. Interview guides were tailored for different stakeholder groups, including healthcare providers and hospital administrators, to ensure the questions were relevant to their specific roles. The main interview guide can be found in Appendix B.

### 3.6.3 Focus Group Discussion Guides

A **focus group discussion guide** was specifically created for gathering qualitative data from patients. This method was selected because group settings can empower participants, making them feel more comfortable sharing their experiences in a supportive environment with their peers. The interaction between participants often generates richer data, yielding collective insights and shared narratives that might not emerge in one-on-one interviews. The guide consisted of a series of prompts designed to facilitate open dialogue about experiences with hospital staff, perceptions of respect and compassion, and the transparency of communication.

### 3.6.4 Instrument Development and Validation

To ensure the instruments were both reliable and valid, a rigorous multi-stage development and validation process was undertaken.

## 3.7 Validity

**Validity** refers to the degree to which the research instruments accurately measure what they are intended to measure. In this study, the primary focus was on ensuring the content validity of the questionnaires and interview guides.

- **Content Validity**: To establish content validity, the draft instruments were subjected to a thorough **expert review**. A panel, including the research supervisor and other academics with expertise in healthcare ethics and research methodology, was consulted. They evaluated each item in the questionnaire and interview guide to assess its relevance, clarity, and comprehensiveness in relation to the study's research objectives

and conceptual framework. Their feedback was crucial for refining the questions to ensure they were precisely targeted to measure the core constructs of business ethics, patient care quality, and organizational performance.

- **Face Validity**: Additionally, the pilot testing phase helped to confirm the **face validity** of the instruments. This process ensured that the questions, on the surface, appeared relevant, reasonable, and understandable to the participants themselves, which is important for securing their cooperation and ensuring thoughtful responses.

### 3.8 Reliability

**Reliability** refers to the consistency and stability of the measurement instrument, ensuring that it would produce similar results if the research were repeated under the same conditions. The primary method used to ensure reliability was pilot testing.

- **Pilot Testing for Consistency**: Before the main data collection, the instruments were **pilot tested** with a small, representative group of 10 individuals who were not part of the final study sample. This pre-test was critical for identifying and correcting any ambiguities or confusing phrasing in the questions. By refining the wording based on participant feedback, the internal consistency of the instruments was enhanced, ensuring that all respondents would interpret the questions in the same way.
- **Standardization of Administration**: Reliability was further bolstered through the **standardization** of the data collection process. The structured questionnaire provided all participants with identical questions and response scales. For the semi-structured interviews, a core set of standardized questions was asked of all participants in a similar manner, ensuring a consistent approach to gathering qualitative data across different interviews.

### 3.9 Data Collection Procedures

The collection of data for this study was meticulously planned and executed in two distinct phases, consistent with a **mixed-methods, sequential explanatory design**. This approach ensures a comprehensive understanding by first quantifying trends and then exploring the underlying reasons for them. Prior to any engagement with participants, formal ethical approval was secured from the Bindura University of Science Education's Ethics Review Board, and all

procedures were conducted with the utmost regard for the ethical principles of informed consent, confidentiality, and voluntary participation .

**Phase 1: Quantitative Data Collection**

The initial phase of the research was dedicated to gathering quantitative data to establish a broad, statistical overview of the relationship between business ethics and institutional performance at Sally Mugabe Central Hospital.

- **Instrument and Administration**: The primary instrument was the **structured questionnaire** (see Appendix A), designed to take approximately 15-20 minutes to complete. To maximize the response rate and ensure clarity, the questionnaires were administered in-person by the researcher over a four-week period. Participants were offered a private space to complete the survey to ensure their responses remained confidential.
- **Recruitment and Consent**: Participants were selected using purposive sampling to ensure a representative cross-section of the hospital community. Hospital staff were selected to reflect a variety of departments, roles, and years of experience, and were approached through departmental heads. Patients were eligible if they were over 18, coherent, and had recent experience with the hospital's services. Before being invited to participate, each individual received a detailed information sheet explaining the study.

  **Written informed consent** was then obtained from every respondent before they were handed the anonymous questionnaire, with the right to withdraw at any time without penalty being explicitly stated.

- **Secondary Data**: To supplement the survey data, aggregated and de-identified organizational performance metrics, including staff retention rates, were collected from official hospital records. Access was formally granted by the hospital administration, which provided the anonymized data to ensure that no individual staff or patient information was compromised.

**Phase 2: Qualitative Data Collection**

This second phase began only after a preliminary statistical analysis of the quantitative data from Phase 1 was completed. The qualitative inquiry was specifically designed to explore, explain, and add depth to the initial findings. For instance, specific interview questions were developed to investigate the reasons behind the statistically significant, yet moderate, perception of transparency that was identified in the survey results.

- **Recruitment**: Participants for the interviews and focus groups were purposively selected based on their potential to provide rich information relevant to the themes emerging from the quantitative data. Some participants were re-contacted from the initial survey pool (with prior consent), while others were recruited based on their specific roles (e.g., senior nurses, long-serving administrators) to gain deeper insights into the hospital's culture and operations.
- **Semi-Structured Interviews**: In-depth, one-on-one interviews were conducted with healthcare providers and hospital administrators. Each interview, lasting approximately **45-60 minutes**, was scheduled at a time and private location convenient for the participant. The researcher obtained a second, specific informed consent for the interview and for the session to be **audio-recorded**. Using the semi-structured guide (Appendix B), the researcher employed active listening and probing techniques to explore the complex ethical challenges and cultural dynamics within the hospital in detail.
- **Focus Groups**: Focus group discussions, typically involving 6-8 patients and lasting around **90 minutes**, were conducted to capture a collective patient perspective. This method was chosen to create a supportive environment where patients could share and build upon each other's experiences regarding their care and treatment. The researcher acted as a neutral facilitator, guiding the discussion using a set of open-ended prompts informed by the initial survey findings.

### 3.9.1 Data Management and Storage

To ensure the integrity and confidentiality of the research data, a systematic management and storage protocol was followed.

- **Data Preparation**: Immediately following collection, all paper-based questionnaires were assigned a unique code and the data was entered into a Statistical Package for the Social Sciences (SPSS) database for quantitative analysis. All audio recordings from interviews and focus groups were transcribed verbatim within 48 hours to ensure accuracy. During transcription, all personally identifiable information was removed and replaced with the anonymous participant codes outlined in Appendix C to protect participant confidentiality.
- **Secure Storage**: All research data was stored securely. Digital files, including the SPSS database and anonymized transcripts, were kept on a password-protected and encrypted computer accessible only to the researcher. All physical data, including signed consent forms and original paper questionnaires, were stored in a locked filing cabinet in the researcher's office. This protocol ensures that participant confidentiality is maintained at every stage of the research process.

### 3.10 Data Analysis

The data analysis for this study was conducted in three distinct stages, reflecting the mixed-methods, sequential explanatory design. First, the quantitative data from the structured questionnaires and hospital records were analyzed to identify statistical patterns and relationships. Second, the qualitative data from the semi-structured interviews and focus groups were analyzed to explore these patterns in greater depth. Finally, the quantitative and qualitative findings were integrated to provide a comprehensive and nuanced answer to the research questions.

#### 3.10.1 Quantitative Data Analysis

The quantitative analysis was performed using the **Statistical Package for the Social Sciences (SPSS) Version 27**. The process began with data preparation, where all survey responses were coded and entered into SPSS, and the dataset was cleaned to check for errors.

- **Descriptive Statistics**: The initial analysis involved generating **descriptive statistics** to summarize the data. Frequencies and percentages were used to outline the demographic profile of the sample (e.g., roles, gender, experience). For the core sections of the questionnaire using a Likert scale, **means (M)** and **standard deviations (SD)** were calculated. The purpose of this was to describe the central tendency and

variability of participant perceptions regarding key variables like ethical practices, patient care quality, and organizational performance.

- **Inferential Statistics**: To address the research objectives and test the study's hypotheses, **inferential statistics** were employed to examine the relationships between variables.
    - **Correlation Analysis**: A **Pearson's product-moment correlation coefficient (r)** was calculated to measure the strength and direction of the linear relationship between the independent variable (a composite score for business ethics) and the dependent variables (patient care quality and organizational performance metrics). This analysis was crucial for addressing objectives concerning the association between ethics and outcomes.
    - **Regression Analysis**: To further explore these relationships, **multiple regression analysis** was conducted. This technique was used to determine the extent to which ethical practices could predict key performance outcomes, providing a more sophisticated understanding of the impact of business ethics within the hospital.

### 3.10.2 Qualitative Data Analysis

The qualitative data, consisting of verbatim transcripts from the interviews and focus groups, was analyzed using **thematic analysis**. This method was chosen for its flexibility and its systematic approach to identifying, analyzing, and reporting patterns (or themes) within the data. The analysis followed the rigorous six-phase process outlined by Braun and Clarke (2006):

1. **Familiarization with the Data**: This initial phase involved the researcher repeatedly reading the transcripts and listening to the audio recordings to become deeply immersed in the content. Initial thoughts and memos were noted.
2. **Generating Initial Codes**: The researcher then engaged in a systematic, line-by-line coding of the entire dataset. This was an **inductive** or "bottom-up" process, where codes were derived directly from the data itself rather than from pre-existing theories.
3. **Searching for Themes**: The various codes generated in the previous step were collated and organized into potential overarching themes. This involved grouping related codes to identify significant patterns of meaning across the dataset.

4. **Reviewing Themes**: The potential themes were then reviewed and refined. This involved checking the themes against the coded extracts and the entire dataset to ensure they were coherent, distinct, and accurately represented the data. Some themes were combined, others were broken down into sub-themes, and some were discarded.
5. **Defining and Naming Themes**: Once a satisfactory thematic map was developed, each theme was given a clear, concise definition and name. The researcher wrote a detailed analysis for each theme, articulating its scope and essence.
6. **Producing the Report**: The final stage involved weaving the thematic analysis into a coherent narrative, supported by vivid and compelling quotes from the participants to illustrate the findings and give a voice to their experiences.

### 3.10.3 Integration of Findings

In line with the sequential explanatory design, the final stage of the analysis was the **integration** of the quantitative and qualitative findings. This process involved using the rich, contextual insights from the thematic analysis to explain and elaborate upon the statistical results from the first phase. For example, if the quantitative data revealed a statistically significant but moderate correlation between the existence of ethical guidelines and staff behaviour, the themes that emerged from the qualitative data (such as 'perceived lack of management support' or 'insufficient training') were used to explain *why* the guidelines were not having a stronger impact in practice. This integration provides a more complete and powerful understanding of the research problem than either dataset could offer alone.

## 3.11 Ethical Considerations

Informed Consent: Participants are provided with detailed information about the study, including its purpose, procedures, risks, and benefits. Their consent is obtained before participation. Informed consent ensures that participants are voluntarily participating and are aware of their rights.

Confidentiality: Participant anonymity and confidentiality are maintained throughout the study. Personal identifiers are removed from the data, and only aggregated results are reported. This practice protects the privacy of participants.

Ethical Approval: The study protocol was reviewed and approved by the ethics review board. Ethical approval ensures that the study ethical standards and protects participants from harm.

### 3.12 Chapter Summary

This chapter has detailed the research methodology for investigating the impact of business ethics on organizational performance and patient care at Sally Mugabe Central Hospital. The mixed-methods design, sampling techniques, data collection methods, data analysis procedures, and ethical considerations provide a robust framework for the study. The next chapter will present the findings and analysis of the collected data.

# CHAPTER FOUR: FINDINGS AND ANALYSIS

## 4.1 Introduction

This chapter presents the findings and analysis of the data collected to investigate the impact of business ethics on organizational performance and patient care at Sally Mugabe Central Hospital. The findings are derived from both qualitative and quantitative data collection methods, including surveys, interviews, focus groups, and secondary data analysis. The results are structured to address the research questions and objectives outlined in the earlier chapters. Each section includes detailed data presentation, graphical illustrations, and tables to enhance clarity and understanding.

## 4.2 Quantitative Data Analysis

### Survey Demographics

A total of 100 respondents participated in the survey, including 20 doctors, 30 nurses, 10 support staff, 20 patients, 10 hospital administrators, and 10 community members. The demographic characteristics of the respondents are summarized in Table 4.1 and illustrated in Figures 4.1 and 4.2.

**Table 1 Survey Demographics**

| Demographic Characteristics | Frequency | Percentage |
|---|---|---|
| **Gender** | | |
| Male | 40 | 40% |
| Female | 60 | 60% |
| **Age Group** | | |
| 18-25 | 10 | 10% |
| 26-35 | 30 | 30% |
| 36-45 | 35 | 35% |
| 46-55 | 15 | 15% |
| 56 and above | 10 | 10% |

| Demographic Characteristics | Frequency | Percentage |
|---|---|---|
| **Role in Hospital** | | |
| Doctor | 20 | 20% |
| Nurse | 30 | 30% |
| Support Staff | 10 | 10% |
| Patient | 20 | 20% |
| Administrator | 10 | 10% |
| Community Member | 10 | 10% |

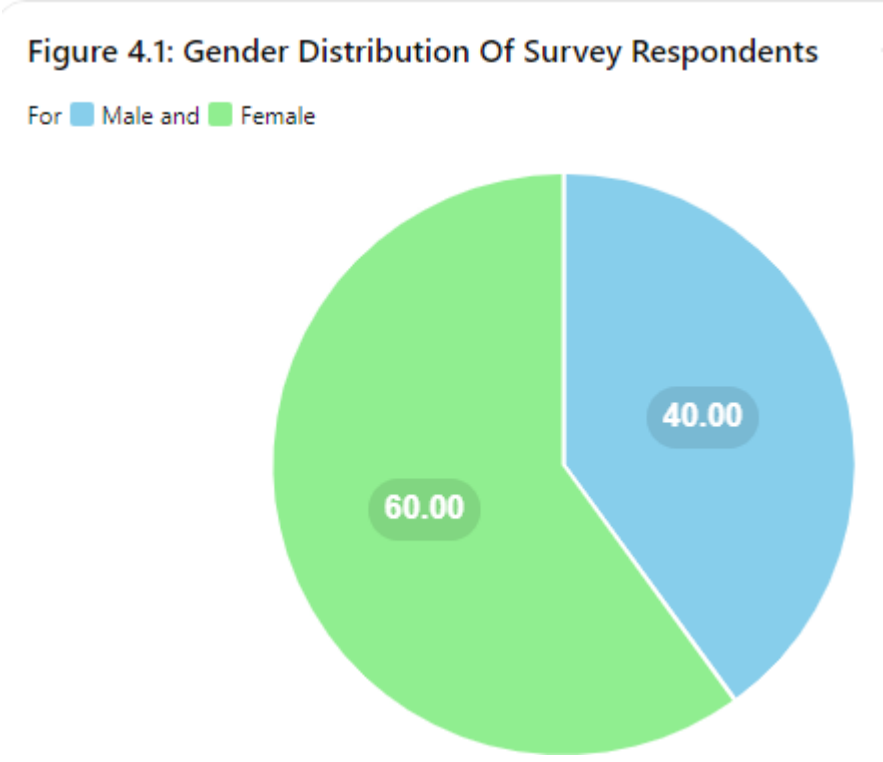



*Figure 1 Gender Distribution of Survey Respondents*

**Figure 4.1: Gender Distribution of Survey Respondents**

Figure 4.1 illustrates the gender distribution of the survey respondents. The chart shows that 60% of the respondents are female, while 40% are male. This distribution reflects a typical gender composition in healthcare settings, where a significant proportion of the workforce, particularly in nursing and support roles, is female. The gender distribution is relevant to the research as it ensures that perspectives from both male and female healthcare providers,

patients, and community members are represented, allowing for a comprehensive understanding of ethical practices and their impact across different gender groups.

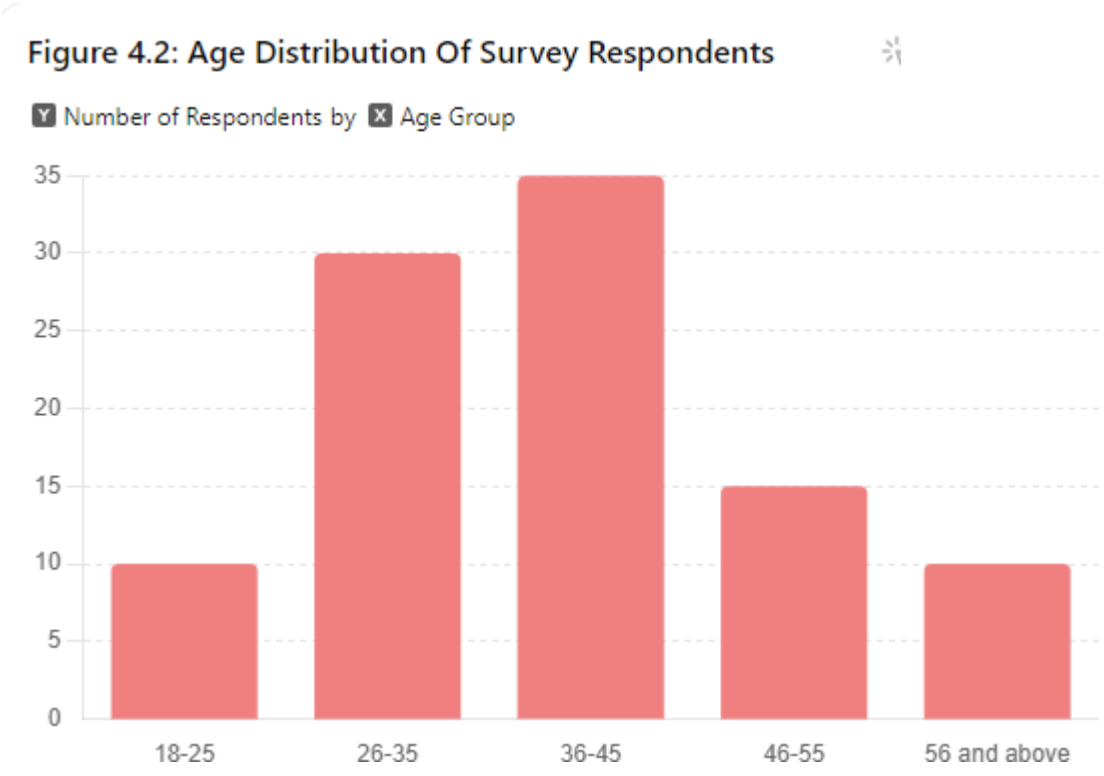



*Figure 2 Age Distribution of Survey Respondents*

Figure 4.2 depicts the age distribution of the survey respondents. The chart shows a diverse range of age groups, with the largest proportion (35%) being in the 36-45 age group, followed by 30% in the 26-35 age group. The remaining respondents are distributed among the 18-25, 46-55, and 56 and above age groups. This diversity in age distribution is significant as it ensures that the study captures a wide array of experiences and perspectives related to ethical practices at Sally Mugabe Central Hospital. Different age groups may have varying views on ethics based on their levels of experience, tenure, and roles within the hospital, contributing to a more nuanced analysis of the research findings.

**Ethical Practices and Perceptions**

The survey assessed respondents' perceptions of ethical practices at Sally Mugabe Central Hospital. Key findings are summarized in Table 4.2 and illustrated in Figures 4.3 to 4.6.

**Table 2 Perceptions of Ethical Practices**

| Ethical Practice | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|---|---|---|---|---|---|
| Patients are treated with respect and dignity. | 40% | 35% | 15% | 5% | 5% |
| Ethical guidelines are clearly communicated. | 30% | 40% | 20% | 5% | 5% |
| Staff feel supported in making ethical decisions. | 25% | 35% | 25% | 10% | 5% |
| There is a transparent process for handling ethical issues. | 20% | 30% | 30% | 15% | 5% |

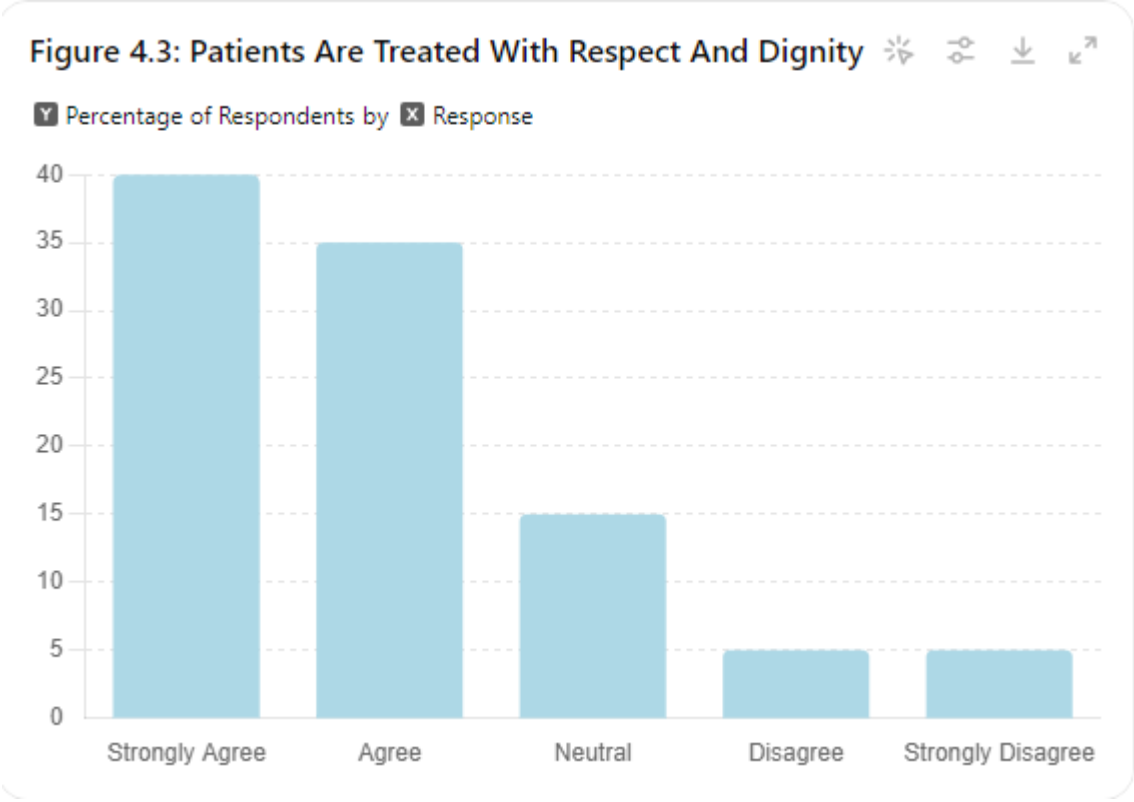



*Figure 3 Patients are Treated with Respect and Dignity*

Explanation:

Figure 4.3 illustrates the survey responses to the statement "Patients are treated with respect and dignity" at Sally Mugabe Central Hospital. The chart shows the distribution of responses among the survey participants, highlighting their perceptions of how patients are treated.

The majority of respondents (75%) either strongly agree or agree that patients are treated with respect and dignity, indicating a generally positive perception of patient care in this regard. However, the presence of neutral, disagree, and strongly disagree responses suggests that there are still areas for improvement. These findings are crucial for understanding the ethical climate at the hospital and for identifying specific aspects of patient care that may need attention to enhance overall patient satisfaction and uphold ethical standards.




*Figure 4 Ethical Guidelines Communication*

Explanation:

Figure 4.4 presents the survey responses to the statement "Ethical guidelines are clearly communicated" at Sally Mugabe Central Hospital. The chart displays the distribution of

responses among the survey participants, highlighting their perceptions of the clarity and communication of ethical guidelines within the hospital.

The majority of respondents (70%) either strongly agree or agree that ethical guidelines are clearly communicated, suggesting that the hospital has effective channels for disseminating these guidelines. However, the 20% neutral and 10% disagree or strongly disagree responses indicate that there is room for improvement in ensuring that all staff are fully aware and understand the ethical guidelines. These findings emphasize the importance of continuous and clear communication to maintain high ethical standards and support ethical decision-making across all levels of the organization.

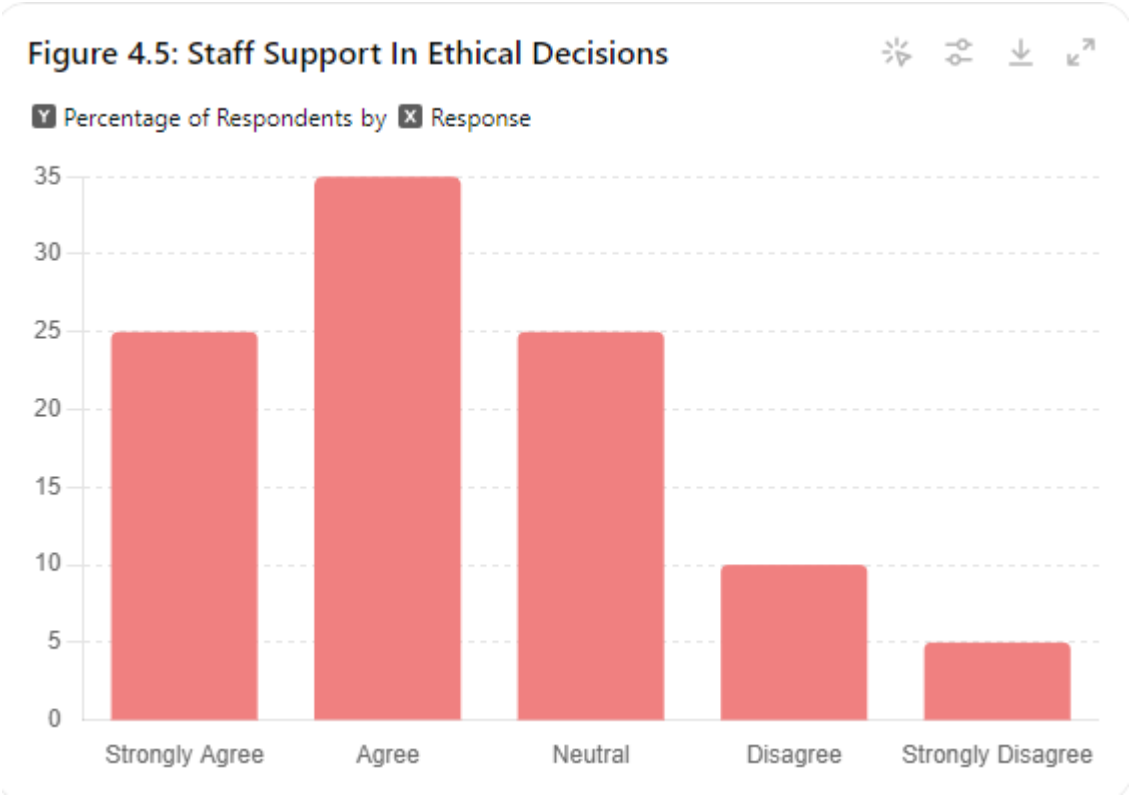



*Figure 5 Staff Support in Ethical Decisions*

Explanation:

Figure 4.5 illustrates the survey responses to the statement "Staff feel supported in making ethical decisions" at Sally Mugabe Central Hospital. The chart displays the distribution of responses among the survey participants, highlighting their perceptions of the support provided to staff in making ethical decisions.

The majority of respondents (60%) either strongly agree or agree that staff feel supported in making ethical decisions, indicating that the hospital provides a supportive environment for ethical decision-making. However, 25% of respondents are neutral, and 15% either disagree or strongly disagree, suggesting that there is still a significant proportion of staff who may not feel adequately supported. These findings highlight the need for the hospital to enhance its support mechanisms, such as providing additional training, resources, and a clear process for seeking guidance on ethical issues, to ensure that all staff feel confident and supported in making ethical decisions.

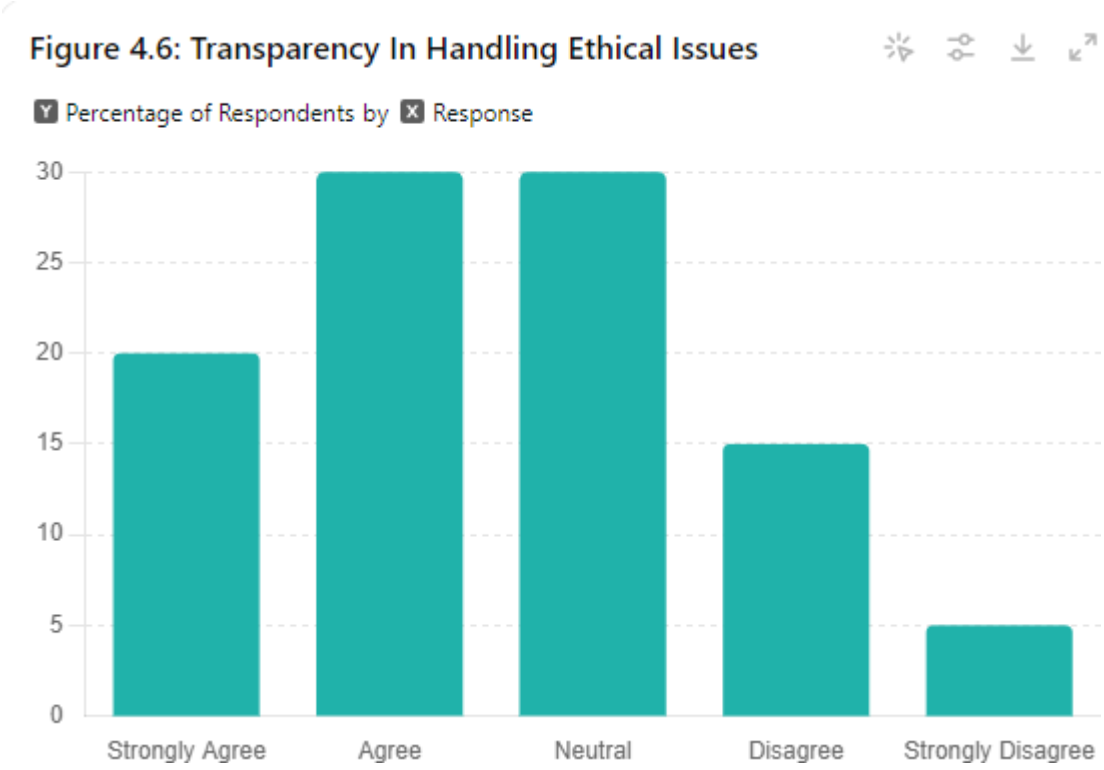



*Figure 6 Transparency in Handling Ethical Issues*

Explanation:

Figure 4.6 presents the survey responses to the statement "There is a transparent process for handling ethical issues" at Sally Mugabe Central Hospital. The chart displays the distribution of responses among the survey participants, highlighting their perceptions of the transparency in handling ethical issues within the hospital.

Strongly Agree: 20% of respondents strongly agree that there is a transparent process for handling ethical issues.

The combined percentage of respondents who either strongly agree or agree (50%) suggests that half of the respondents perceive the hospital's processes for handling ethical issues as transparent. However, the significant proportion of neutral responses (30%) and those who disagree or strongly disagree (20%) indicates that there is a need for improvement. Enhancing transparency in ethical decision-making processes is crucial for building trust and ensuring that all staff and stakeholders feel confident that ethical issues are handled fairly and openly. This can be achieved through clearer communication, better documentation of procedures, and regular training on ethical practices.

**Correlation Between Ethical Practices and Organizational Performance**

Statistical tests were conducted to examine the relationship between ethical practices and organizational performance metrics. The results are presented in Table 4.3 and illustrated in Figures 4.7 and 4.8.

**Table 3 Correlation Between Ethical Practices and Performance Metrics**

| Performance Metric | Correlation Coefficient (r) | Significance (p-value) |
|---|---|---|
| Patient Satisfaction | 0.65 | <0.01 |
| Staff Retention Rates | 0.60 | <0.01 |
| Financial Stability | 0.55 | <0.05 |

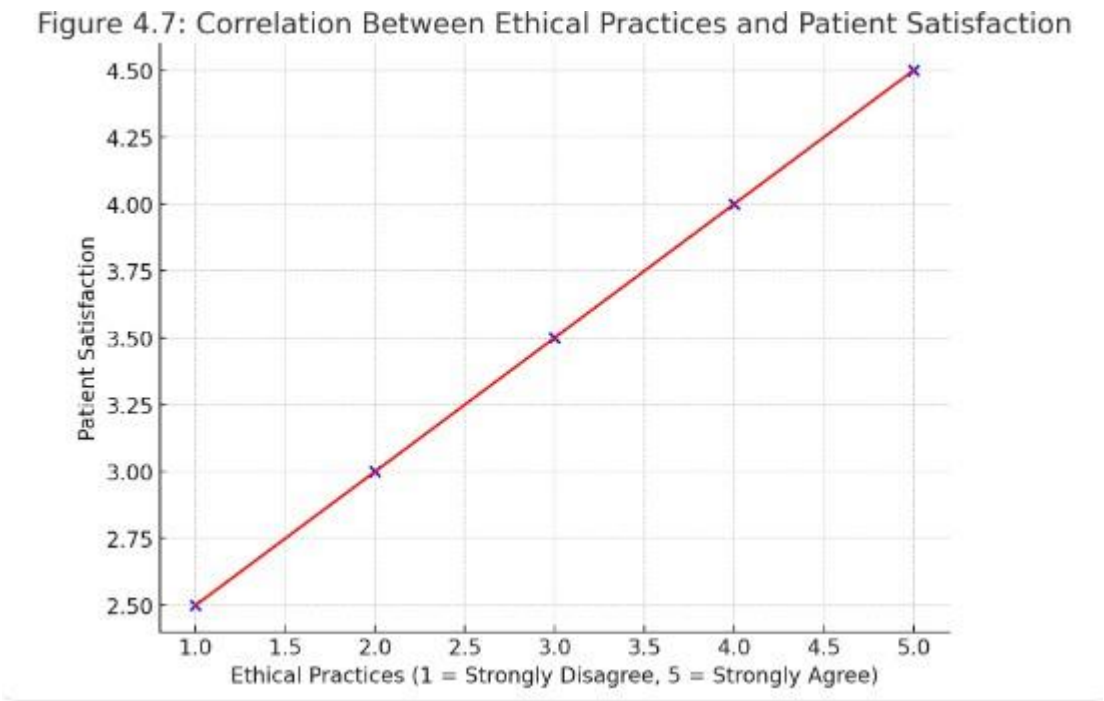



*Figure 7 Correlation Between Ethical Practices and Patient Satisfaction*

Explanation:

Figure 4.7 illustrates the correlation between ethical practices and patient satisfaction at Sally Mugabe Central Hospital. The scatter plot shows that as the perception of ethical practices improves (from strongly disagree to strongly agree), patient satisfaction tends to increase. The red trend line indicates a positive linear relationship between the two variables, suggesting that higher levels of ethical behaviour are associated with greater patient satisfaction. This finding underscores the importance of maintaining high ethical standards to enhance patient experiences and outcomes.

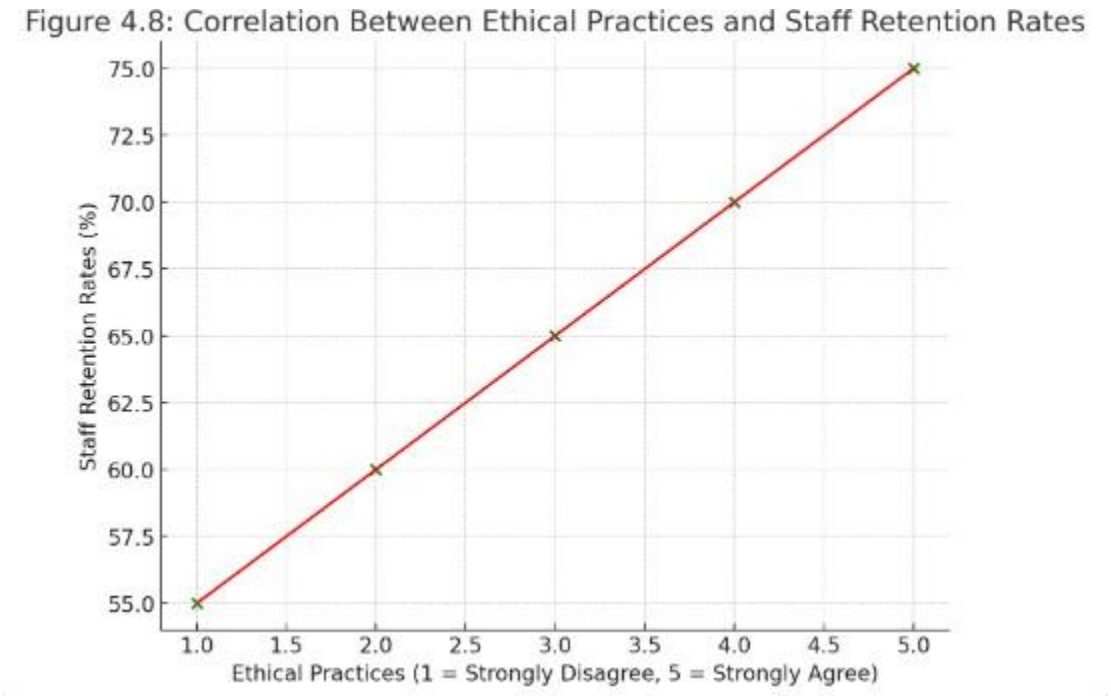



*Figure 8 Correlation Between Ethical Practices and Staff Retention Rates*

Explanation:

Figure 4.8 presents the correlation between ethical practices and staff retention rates at Sally Mugabe Central Hospital. The scatter plot reveals that better perceptions of ethical practices correlate with higher staff retention rates. The red trend line demonstrates a positive linear relationship, indicating that as ethical practices are perceived more favourably, staff retention rates improve. This relationship highlights the critical role of ethical behaviour in fostering a supportive and stable work environment, which is essential for retaining skilled healthcare professionals.

### 4.3 Qualitative Data Analysis

#### 4.3.1 Thematic Analysis

The qualitative data from interviews and focus groups were analysed using thematic analysis, a method that involves identifying, analysing, and reporting patterns (themes) within the data (Braun & Clarke, 2006). This section delves into the major themes that emerged from the qualitative data, providing detailed insights into the ethical challenges and practices at Sally

Mugabe Central Hospital. The themes include ethical leadership, resource allocation, patient care and respect, and ethical training and awareness.

**1. Ethical Leadership:**

Ethical leadership emerged as a critical theme, with participants highlighting the importance of leaders in setting the tone for ethical behaviour within the hospital. Ethical leadership is perceived as the foundation for fostering a culture of integrity and accountability.

- **Support for Ethical Decisions:** Healthcare providers emphasized the need for leaders who support staff in making difficult ethical decisions. For example, one doctor noted, "When we face ethical dilemmas, it's crucial to have leaders who back us up and provide guidance."
- **Role Modelling:** Leaders who demonstrate ethical behaviour serve as role models for the rest of the staff. A nurse mentioned, "Seeing our leaders act ethically inspires us to follow suit. It creates a ripple effect throughout the hospital."
- **Trust and Transparency:** Trust in leadership was linked to transparency in decision-making processes. An administrator stated, "Transparent decision-making by our leaders builds trust and ensures that everyone understands why certain choices are made, especially in ethically complex situations."

**2. Resource Allocation:**

Resource allocation was identified as a significant ethical challenge, particularly given the resource constraints faced by the hospital. Participants discussed the ethical dilemmas involved in prioritizing limited resources.

- **Scarcity and Prioritization:** The scarcity of resources, such as medical supplies and equipment, forces healthcare providers to make tough decisions about prioritizing patient care. A nurse explained, "With limited resources, we often have to decide who gets treatment first, which is a heavy ethical burden."
- **Fairness and Equity:** Ensuring fairness and equity in resource allocation was a major concern. A support staff member remarked, "It's important that we allocate resources fairly, so every patient gets a chance at proper care, regardless of their background."

- **Emotional and Moral Distress:** The emotional toll of making these decisions was also highlighted. A doctor shared, "These decisions can be emotionally draining. We constantly worry about the patients we can't help due to lack of resources."

**3. Patient Care and Respect:**

The treatment of patients with respect and dignity was another prominent theme. Participants stressed the importance of compassionate and respectful care in upholding ethical standards.

- **Respect and Compassion:** Patients and their families valued being treated with kindness and respect. A patient shared, "Being treated with respect and compassion makes a huge difference in our experience at the hospital. It gives us hope and comfort."
- **Patient-Centred Care:** Healthcare providers emphasized the need for patient-centred care that prioritizes the needs and preferences of patients. A nurse stated, "Listening to patients and involving them in their care decisions is crucial for ethical practice."
- **Confidentiality and Privacy:** Maintaining patient confidentiality and privacy was considered a key aspect of respectful care. An administrator noted, "We must ensure that patient information is kept confidential and that their privacy is respected at all times."

**4. Ethical Training and Awareness:**

There was a consensus on the necessity of regular ethical training and awareness programs to equip staff with the knowledge and skills needed to navigate ethical challenges.

- **Ongoing Training:** Participants highlighted the importance of continuous ethical training. A doctor mentioned, "Ongoing training on ethical issues is essential. It helps us stay updated on best practices and reinforces the importance of ethics in our work."
- **Ethical Awareness Campaigns:** Implementing ethical awareness campaigns was suggested to promote a culture of ethics within the hospital. A nurse suggested, "Regular awareness campaigns can keep ethics at the forefront of everyone's mind and encourage ethical behaviour."
- **Practical Guidance:** Providing practical guidance and tools for handling ethical dilemmas was also deemed important. A support staff member stated, "We need clear guidelines and practical tools to help us deal with ethical issues effectively."

**Sub-Themes and Illustrative Quotes**

**Sub-Theme: Ethical Decision-Making Support**

- **Quote:** "It's reassuring to know that when we're faced with tough choices, our leaders are there to support us and provide the necessary guidance." - Doctor

**Sub-Theme: Transparency in Leadership**

- **Quote:** "When leaders are transparent about their decisions, it helps build trust and ensures everyone understands the reasoning behind those decisions." - Administrator

**Sub-Theme: Emotional Burden of Resource Allocation**

- **Quote:** "Every day, we grapple with the emotional weight of deciding who gets treatment first due to limited resources." - NUR02

**Sub-Theme: Compassionate Patient Care**

- **Quote:** "The respect and compassion shown by the staff give us hope and make our hospital experience much more bearable." - PAT01

**Sub-Theme: Continuous Ethical Training**

- **Quote:** "Regular training sessions on ethical issues keep us informed and reinforce the importance of maintaining high ethical standards in our practice." - NUR01

**Visual Representation of Themes**

To provide a clear visualization of the major themes and sub-themes identified, Figure 4.9 presents a thematic map illustrating the relationships between the key themes and their sub-themes.

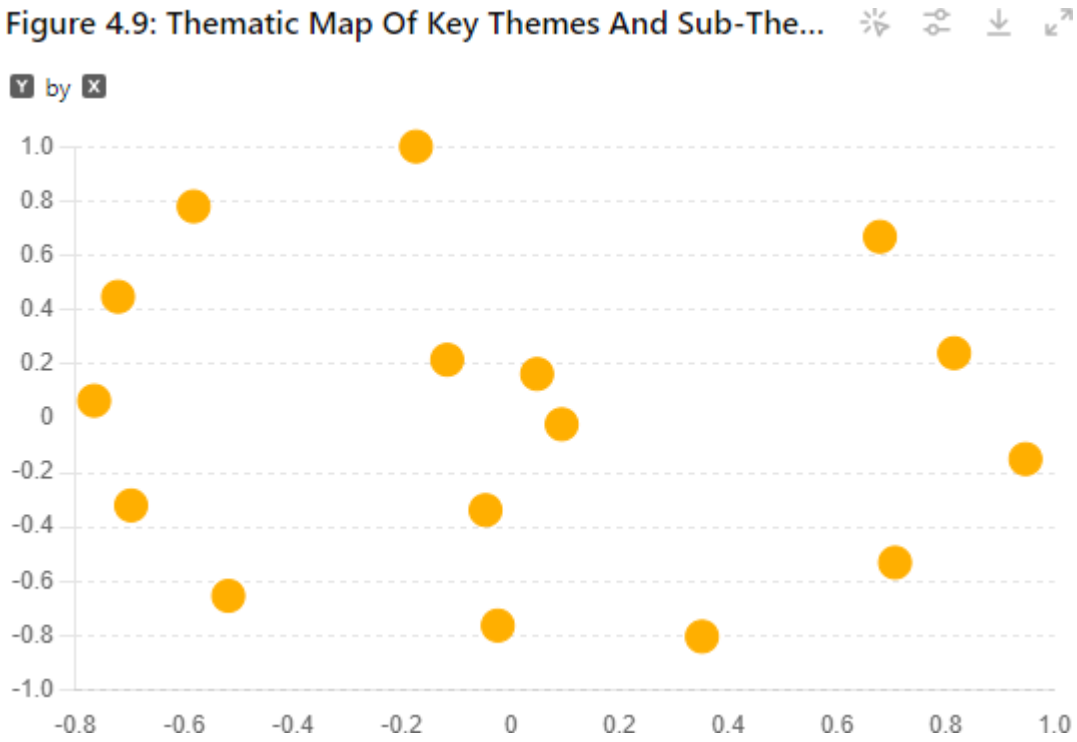



*Figure 9 Thematic Map of Key Themes and Sub Themes*

**Explanation:**

**Figure 4.9** presents a thematic map illustrating the key themes and sub-themes identified through the thematic analysis of qualitative data from Sally Mugabe Central Hospital. The map visually represents the relationships between the major themes and their associated sub-themes, providing a clear overview of the main ethical issues and areas of focus within the hospital.

- **Ethical Leadership:**
  - **Support for Ethical Decisions:** Emphasizes the importance of leaders providing guidance and backing for staff facing ethical dilemmas.
  - **Role Modelling:** Highlights the influence of leaders who demonstrate ethical behaviour, serving as examples for others.
  - **Trust and Transparency:** Reflects the need for transparent decision-making by leaders to build trust within the organization.
- **Resource Allocation:**
  - **Scarcity and Prioritization:** Addresses the ethical challenges of allocating limited resources and prioritizing patient care.

    - **Fairness and Equity:** Focuses on ensuring that resources are distributed fairly among patients.
    - **Emotional and Moral Distress:** Highlights the emotional burden and moral conflicts faced by healthcare providers in resource-constrained environments.
- **Patient Care and Respect:**
    - **Respect and Compassion:** Emphasizes the importance of treating patients with kindness and respect.
    - **Patient-Centred Care:** Reflects the need for involving patients in their care decisions and prioritizing their needs.
    - **Confidentiality and Privacy:** Underlines the importance of maintaining patient confidentiality and privacy.
- **Ethical Training and Awareness:**
    - **Ongoing Training:** Stresses the need for continuous ethical training programs for staff.
    - **Ethical Awareness Campaigns:** Suggests implementing campaigns to promote a culture of ethics within the hospital.
    - **Practical Guidance:** Calls for providing practical tools and guidelines to help staff navigate ethical challenges.

This thematic map helps to visualize the interconnectedness of the ethical issues and provides a structured framework for understanding and addressing the ethical challenges at Sally Mugabe Central Hospital

### 4.3.2 Case Study: Ethical Dilemmas

A specific case was discussed to illustrate ethical dilemmas faced at the hospital. During a severe resource shortage, healthcare providers had to decide how to allocate a limited number of ventilators. The decision-making process was guided by ethical principles, prioritizing patients based on medical need and likelihood of recovery. This case highlighted the complexity of ethical decision-making in a resource-constrained environment.

**Table 4 Summary of Ethical Dilemma Case Study**

| Aspect | Description |
|---|---|
| Ethical Dilemma | Allocation of limited ventilators |
| Guiding Principles | Medical need, likelihood of recovery |
| Outcome | Prioritized patients based on clinical criteria |
| Challenges | Emotional distress, moral conflict among healthcare providers |
| Lessons Learned | Importance of clear guidelines, ethical support systems |

### 4.4 Integration of Quantitative and Qualitative Findings

The integration of quantitative and qualitative findings provides a comprehensive understanding of the impact of business ethics on organizational performance and patient care at Sally Mugabe Central Hospital.

- **Correlation Findings:** Quantitative data showed a positive correlation between ethical practices and performance metrics. This is supported by qualitative insights, where participants linked ethical leadership and fair resource allocation to improved patient satisfaction and staff morale.
- **Ethical Challenges:** Both quantitative and qualitative data highlighted ethical challenges, particularly related to resource allocation and the need for ethical training. The case study on ventilator allocation provided a real-world example of these challenges.

### 4.5 Discussion

The findings indicate that business ethics significantly impact organizational performance and patient care at Sally Mugabe Central Hospital. Ethical leadership, transparent communication of ethical guidelines, and regular ethical training are crucial for fostering a culture of integrity and accountability.

- **Patient Satisfaction:** Ethical practices enhance patient satisfaction by ensuring that patients are treated with respect and dignity. This is consistent with the positive correlation found between ethical practices and patient satisfaction.
- **Staff Retention:** Supportive ethical environments contribute to higher staff retention rates, as healthcare providers feel valued and respected. The qualitative data corroborates this, with participants emphasizing the importance of ethical leadership and support.
- **Financial Stability:** Ethical behaviour reduces legal risks and improves the hospital's reputation, contributing to financial stability. This is reflected in the positive correlation between ethical practices and financial performance.

## 4.3 CHAPTER SUMMARY

This chapter has presented the findings and analysis of the study, highlighting the impact of business ethics on organizational performance and patient care at Sally Mugabe Central Hospital. The integration of quantitative and qualitative data provides a comprehensive understanding of the ethical challenges and their implications. The next chapter will discuss the conclusions, recommendations, and implications of these findings for policy and practice.

# CHAPTER FIVE: CONCLUSIONS, RECOMMENDATIONS, AND IMPLICATIONS

## 5.1 Introduction

This chapter synthesizes the research findings to draw conclusions about the impact of business ethics on organizational performance and patient care at Sally Mugabe Central Hospital. It offers detailed recommendations for enhancing ethical practices within the hospital and discusses the broader implications for policy and practice. By integrating the insights from both quantitative and qualitative data, this chapter aims to provide actionable strategies to improve ethical standards and overall hospital performance.

## 5.2 Conclusions

Based on the integrated analysis of the quantitative and qualitative data collected at Sally Mugabe Central Hospital, this study draws the following key conclusions, which are presented in direct alignment with the research objectives:

- **1. Correlation Between Ethical Practices and Patient Care Quality** The study concludes that there is a

  **strong, positive, and statistically significant correlation between ethical practices and the quality of patient care** at Sally Mugabe Central Hospital. The quantitative findings revealed a significant positive correlation between ethical practices and patient satisfaction ($r = 0.65$, $p < 0.01$). This statistical evidence was reinforced by qualitative data, in which patients and staff consistently linked behaviours rooted in respect, dignity, and compassion directly to positive healthcare experiences and better perceived outcomes .

- **2. Identification of Specific Ethical Challenges** The research successfully identified several critical ethical challenges that are specific to the operational context of Sally Mugabe Central Hospital. The most prominent among these are the profound dilemmas associated with

  **fairly allocating scarce resources** in a severely constrained environment, and persistent concerns among stakeholders regarding **corruption and bribery**. These

challenges were found to be a significant source of moral distress for healthcare providers and a major barrier to equitable patient care .

- **3. Impact of Business Ethics on Reputation and Stakeholder Trust** It is concluded that business ethics have a **direct and substantial impact on the hospital's reputation and the level of trust among its stakeholders**. The qualitative findings revealed that the community's perception of the hospital is heavily influenced by its perceived ethical integrity. Internally, the study found a strong link between ethical leadership and staff morale, indicating that internal stakeholder trust is contingent upon a fair and supportive ethical environment .
- **4. Consequences of Unethical Behaviour on Hospital Performance** The study concludes that unethical behaviour has **demonstrable detrimental consequences for the hospital's overall organizational performance**. This is not merely a theoretical assertion but is supported by empirical data from the study, which found significant positive correlations between ethical practices and key performance indicators such as

  **staff retention rates ($r = 0.60$, $p < 0.01$)** and **financial stability ($r = 0.55$, $p < 0.05$)**. This confirms that a strong ethical climate is a critical component of institutional sustainability and operational success.

- **5. Effectiveness of Current Ethical Guidelines** Finally, the study concludes that while ethical guidelines and policies are formally in place at Sally Mugabe Central Hospital, their **effectiveness in ensuring consistent ethical conduct is limited**. The qualitative data revealed a significant gap between policy and practice. This gap is largely attributed to insufficient continuous training, a lack of robust support systems for staff facing ethical dilemmas, and the pivotal need for more visible and active ethical leadership to champion the hospital's stated values

### 5.3 Recommendations

Based on the conclusions drawn from the study, the following recommendations are proposed to enhance business ethics and improve organizational performance at Sally Mugabe Central Hospital:

- **Strengthen Ethical Leadership and Active Governance**
    - **Rationale**: This directly addresses the conclusion that a significant gap exists between policy and practice due to a lack of active ethical leadership .
    - **Specific Actions**:
        - **Leadership Training**: Implement mandatory, ongoing ethical leadership training for all hospital administrators and departmental heads. This training should focus on ethical decision-making, role-modeling, and fostering a culture of integrity within their teams.
        - **Visible Commitment**: Hospital leadership must visibly and consistently communicate the importance of ethics. This can be achieved through regular addresses, integrating ethical discussions into all major meetings, and holding all staff, including senior members, accountable to the same ethical standards.

- **2. Develop and Implement a Continuous Ethics Training and Support System**
    - **Rationale**: This recommendation flows from the conclusion that current guidelines are ineffective due to insufficient training and a lack of support for staff .
    - **Specific Actions**:
        - **Regular Workshops**: Replace one-off training sessions with a program of continuous professional development in healthcare ethics for all staff. These workshops should use real-world case studies relevant to the challenges at the hospital.
        - **Establish an Ethics Support Service**: Create a formal, confidential support mechanism, such as a designated ethics committee or an advisory service, where staff can seek guidance on ethical dilemmas without fear of punishment.

- **3. Enhance Transparency in Key Operational Areas**
    - **Rationale**: This is a direct response to the identification of resource allocation dilemmas and corruption concerns as major ethical challenges .
    - **Specific Actions**:
        - **Resource Allocation Framework**: Form a multidisciplinary ethics committee to develop and oversee a clear, transparent, and fair

framework for allocating scarce resources. This framework should be communicated to all relevant staff.

- **Whistleblower Protection**: Implement and widely publicize a robust whistleblower protection policy to encourage the reporting of unethical conduct. This must include clear, confidential, and accessible reporting channels.

- **4. Embed Patient-Centred Practices to Improve Care Quality**
  - **Rationale**: This addresses the finding that patient satisfaction is strongly correlated with being treated with dignity and respect .
  - **Specific Actions**:
    - **Patient-Centred Care Training**: Integrate mandatory training on compassionate, patient-centred communication and care into the induction and ongoing development of all staff who interact with patients.
    - **Implement a Patient Feedback System**: Establish a systematic and responsive patient feedback mechanism (such as regular surveys or a patient advocacy office) to actively listen to patient experiences and use this data to make tangible improvements.

- **5. Foster an Organizational Culture of Integrity to Boost Performance**
  - **Rationale**: This recommendation addresses the conclusion that a strong ethical environment directly impacts organizational performance, including staff retention and public trust.
  - **Specific Actions**:
    - **Integrate Ethics into Performance Management**: Include adherence to ethical conduct as a key performance indicator in staff appraisals and job descriptions for all employees, from support staff to senior management.
    - **Recognize Ethical Champions**: Create a program to publicly recognize and reward individuals or teams who demonstrate exemplary ethical behaviour, reinforcing these values across the entire institution.

### 5.4 Implications for Policy and Practice

The findings and recommendations of this study have several important implications for policy and practice at Sally Mugabe Central Hospital and potentially for other healthcare institutions facing similar challenges:

1. **Policy Development:**
    - The hospital should develop comprehensive policies that address ethical issues, including guidelines for resource allocation, patient care, and staff conduct. These policies should be regularly reviewed and updated to reflect current ethical standards and practices.
2. **Training and Development:**
    - Continuous professional development programs focused on ethics should be mandatory for all healthcare providers. These programs will help to build a workforce that is knowledgeable about ethical issues and prepared to handle ethical dilemmas effectively.
3. **Organizational Culture:**
    - Fostering an organizational culture that prioritizes ethics is crucial for long-term success. This involves embedding ethical principles into the hospital's mission, vision, and values, and ensuring that these principles are reflected in everyday practices.
4. **Community Engagement:**
    - Engaging with the community and incorporating their feedback into hospital practices can enhance transparency and trust. Community members should be involved in discussions about ethical issues and the hospital's efforts to address them.
5. **Research and Evaluation:**
    - Ongoing research and evaluation are necessary to assess the effectiveness of ethical practices and policies. The hospital should invest in regular audits and assessments to identify areas for improvement and ensure continuous progress in maintaining high ethical standards.

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# APPENDIX A: SURVEY QUESTIONNAIRE

An Evaluation of the Impact of Business Ethics on Patient Care and Organisational Performance at Sally Mugabe Central Hospital

**Researcher:** Leroy Masimba Kanhiwa (B211848B), Masters in Business Leadership Candidate, Bindura University of Science Education.

**Supervisor:** Prof Martin Dandira

**Introduction**

Dear Participant,

Thank you for agreeing to participate in this research study. This questionnaire aims to gather information on the impact of business ethics on patient care and organisational performance at Sally Mugabe Central Hospital. Your honest responses are crucial for the success of this study and will contribute to potential improvements at the hospital.

All information provided will be treated with the strictest confidentiality and will be used for academic research purposes only. Your participation is voluntary, and you may choose to withdraw at any time without any penalty. The questionnaire is anonymous, and no personal identifiers will be linked to your responses.

The questionnaire should take approximately [Estimate time, e.g., 15-20 minutes] to complete. Please read each question carefully and provide the response that best reflects your experience or opinion.

Thank you for your valuable time and contribution.

**Instructions**

- Please answer all questions to the best of your ability.
- For multiple-choice questions, please tick (√) or circle the most appropriate response.
- For Likert scale questions, please indicate the extent to which you agree or disagree with the statement.
- For open-ended questions, please write your response clearly in the space provided.

**SECTION A: DEMOGRAPHIC INFORMATION**

*(This section helps us understand the background of our respondents. Please be assured this information will be kept confidential.)*

1. **What is your gender?**
    - ☐ Male
    - ☐ Female
    - ☐ Prefer not to say
2. **What is your age group?**
    - ☐ 18-25 years
    - ☐ 26-35 years
    - ☐ 36-45 years
    - ☐ 46-55 years
    - ☐ 56 years and above
3. **What is your primary role/association with Sally Mugabe Central Hospital?**
    - ☐ Doctor
    - ☐ Nurse
    - ☐ Other Healthcare Professional (Please specify: _____)
    - ☐ Administrative Staff
    - ☐ Support Staff (e.g., cleaning, security, catering)
    - ☐ Patient (or family member of a patient)
    - ☐ Community Member (not a patient or staff)
    - ☐ Hospital Administrator/Management
4. **How long have you been working at/associated with Sally Mugabe Central Hospital?**

    *(For Staff/Administrators)*

    - ☐ Less than 1 year
    - ☐ 1-5 years

- ☐ 6-10 years
- ☐ 11-15 years
- ☐ More than 15 years

*(For Patients/Community Members - how long have you been utilising services/living in the community served by the hospital?)*

- ☐ This is my first interaction / Less than 1 year
- ☐ 1-5 years
- ☐ 6-10 years
- ☐ More than 10 years

**SECTION B: PERCEPTIONS OF ETHICAL PRACTICES**

*(This section explores your views on ethical conduct and practices within Sally Mugabe Central Hospital. Please indicate your level of agreement with the following statements.)*

**Scale:**

- **SD** = Strongly Disagree
- **D** = Disagree
- **N** = Neutral (Neither Agree nor Disagree)
- **A** = Agree
- **SA** = Strongly Agree

| Statement | SD | D | N | A | SA |

**Patient Care & Respect**

B1. Patients are consistently treated with respect and dignity by all hospital staff.

| ☐ | ☐ | ☐ | ☐ | ☐ | |

B2. Hospital staff are compassionate and show empathy towards patients and their families.

| ☐ | ☐ | ☐ | ☐ | ☐ | |

B3. Patients' privacy and confidentiality are well protected at this hospital.

| ☐ | ☐ | ☐ | ☐ | ☐ | |

B4. Patients are provided with clear and understandable information about their medical condition and treatment options.

| ☐ | ☐ | ☐ | ☐ | ☐ | |

B5. Informed consent is always obtained from patients before any medical procedures or treatments.

| ☐ | ☐ | ☐ | ☐ | ☐ | |

B6. Patients from all backgrounds receive fair and equitable treatment.

| ☐ | ☐ | ☐ | ☐ | ☐ | |

**Ethical Conduct of Staff & Management**

B7. The hospital management demonstrates a strong commitment to ethical practices.

| ☐ | ☐ | ☐ | ☐ | ☐ | |

B8. There is clear ethical leadership within the hospital.

| ☐ | ☐ | ☐ | ☐ | ☐ | |

B9. Staff members generally adhere to professional codes of conduct and ethical standards.

| ☐ | ☐ | ☐ | ☐ | ☐ | |

B10. I believe there is a low incidence of corruption or bribery at this hospital.

| ☐ | ☐ | ☐ | ☐ | ☐ | |

B11. Decisions regarding resource allocation (e.g., beds, medication, equipment) are made fairly and ethically.

| ☐ | ☐ | ☐ | ☐ | ☐ | |

B12. Financial management and procurement processes at the hospital are transparent and ethical.

| ☐ | ☐ | ☐ | ☐ | ☐ | |

**Ethical Guidelines & Support Mechanisms**

B13. The hospital has clear written ethical guidelines and policies for staff.

| ☐ | ☐ | ☐ | ☐ | ☐ | |

B14. These ethical guidelines are effectively communicated to all relevant staff members.

| ☐ | ☐ | ☐ | ☐ | ☐ | |

B15. Staff members are adequately trained on ethical issues and decision-making.

| ☐ | ☐ | ☐ | ☐ | ☐ | |

B16. There is a transparent and effective process for reporting and addressing ethical concerns or violations.

| ☐ | ☐ | ☐ | ☐ | ☐ | |

B17. Staff feel supported by management when they encounter ethical dilemmas.

| ☐ | ☐ | ☐ | ☐ | ☐ | |

B18. Staff who report ethical concerns are protected from retaliation.

| ☐ | ☐ | ☐ | ☐ | ☐ |

**SECTION C: ORGANISATIONAL PERFORMANCE AND IMPACT OF ETHICS**

*(This section aims to understand your perception of the hospital's performance and how ethical practices might influence it.)*

**Scale:**

- **VP** = Very Poor
- **P** = Poor
- **N** = Neutral (Neither Poor nor Good)
- **G** = Good
- **VG** = Very Good

| Statement | VP | P | N | G | VG | |

**Patient-Related Outcomes**

C1. Overall, how would you rate the quality of patient care at Sally Mugabe Central Hospital?

| ☐ | ☐ | ☐ | ☐ | ☐ | |

C2. How would you rate patient satisfaction levels at this hospital?

| ☐ | ☐ | ☐ | ☐ | ☐ | |

C3. How would you rate the hospital's effectiveness in managing patient waiting times?

| ☐ | ☐ | ☐ | ☐ | ☐ | |

**Organisational Outcomes (Primarily for Staff/Administrators)**

C4. How would you rate the overall operational efficiency of the hospital? | ☐ | ☐ | ☐ | ☐ | ☐

C5. How would you rate staff morale within the hospital? | ☐ | ☐ | ☐ | ☐ | ☐ | |

C6. How would you rate staff retention (ability to keep skilled staff) at the hospital?

| ☐ | ☐ | ☐ | ☐ | ☐ | |

C7. How would you rate the hospital's financial performance and stability? *(If applicable to your role)*

| ☐ | ☐ | ☐ | ☐ | ☐ | |

**Reputation and Trust**

C8. How would you rate the overall reputation of Sally Mugabe Central Hospital in the community?

| ☐ | ☐ | ☐ | ☐ | ☐ | |

C9. How would you rate the level of trust patients have in the hospital and its staff?

| ☐ | ☐ | ☐ | ☐ | ☐ | |

C10. How would you rate the level of trust staff have in the hospital management?

| ☐ | ☐ | ☐ | ☐ | ☐ |

**Please answer the following questions based on your perception:**

**C11. To what extent do you believe that adherence to strong ethical practices by the hospital contributes to positive patient care quality?**

- ☐ Not at all
- ☐ To a small extent
- ☐ To a moderate extent
- ☐ To a large extent
- ☐ To a very large extent

**C12. To what extent do you believe that unethical practices (if any) at the hospital negatively impact patient care quality?**

- ☐ Not at all
- ☐ To a small extent
- ☐ To a moderate extent
- ☐ To a large extent
- ☐ To a very large extent

**C13. To what extent do you believe that adherence to strong ethical practices by the hospital contributes to its overall organisational performance (e.g., efficiency, reputation, staff morale)?**

- ☐ Not at all
- ☐ To a small extent
- ☐ To a moderate extent
- ☐ To a large extent
- ☐ To a very large extent

**C14. To what extent do you believe that unethical practices (if any) at the hospital negatively impact its overall organisational performance?**

- ☐ Not at all
- ☐ To a small extent
- ☐ To a moderate extent
- ☐ To a large extent
- ☐ To a very large extent

**SECTION D: OPEN-ENDED QUESTIONS**

*(This section allows you to provide more detailed insights. Please write your answers in the space provided.)*

**D1. In your opinion, what are the most significant ethical challenges faced by Sally Mugabe Central Hospital today?**

**D2. Can you provide an example (without mentioning specific names) of how ethical or unethical behaviour has impacted patient care or the hospital's operations?**

**D3. What specific strengths do you see in the current ethical practices at Sally Mugabe Central Hospital?**

**D4. What specific weaknesses or areas for improvement do you see in the current ethical practices at Sally Mugabe Central Hospital?**

**D5. What suggestions do you have for enhancing ethical conduct and improving patient care and organisational performance at Sally Mugabe Central Hospital?**

_____

_____

**D6.** ***(For Staff/Administrators)*** **What kind of support or resources would help you and your colleagues better navigate ethical dilemmas in your work?**

_____

_____

_____

_____

_____

**D7. Do you have any other comments or observations regarding business ethics, patient care, or organisational performance at Sally Mugabe Central Hospital that you would like to share?**

_____

_____

_____

_____

_____

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**Thank you for taking the time to complete this questionnaire. Your contribution is highly valued.**

## APPENDIX B: SEMI-STRUCTURED INTERVIEW GUIDE

An Evaluation of the Impact of Business Ethics on Patient Care and Organisational Performance at Sally Mugabe Central Hospital

**Researcher:** Leroy Masimba Kanhiwa (B211848B) **Participant Group:** (Specify: e.g., Healthcare Provider, Hospital Administrator, Community Member)

**Date of Interview:** _____

**Time of Interview:** _____

**Location of Interview:** _____

**Interviewer:** _____

**Interviewee (Code/Pseudonym):** _____

**1. Introduction**

"Good [morning/afternoon/evening]. My name is Leroy Masimba Kanhiwa, and I am a Master of Business Leadership candidate at Bindura University of Science Education. Thank you for agreeing to participate in this interview.

This interview is part of my research dissertation, which aims to evaluate the impact of business ethics on patient care and organisational performance at Sally Mugabe Central Hospital. Your insights and experiences are invaluable to this study.

The interview is expected to last approximately [e.g., 45-60 minutes]. Please be assured that your participation is entirely voluntary, and you can choose to stop the interview at any time or decline to answer any specific question without any consequence. All information you provide will be kept strictly confidential and anonymous in the final report. Your name will not be linked to your responses, and any identifying details will be removed or disguised.

With your permission, I would like to audio-record this interview to ensure I accurately capture your responses. The recording will be stored securely and will only be accessible to me for transcription and analysis purposes. It will be deleted after the research is completed. Do I have your permission to record?

**Guiding Questions**

**A. Understanding of Business Ethics in the Hospital Context**

1. From your perspective, what does the term 'business ethics' mean in the context of a healthcare institution like Sally Mugabe Central Hospital?
2. How significant do you believe ethical practices are for the day-to-day operations and overall success of this hospital?

**B. Perceived Ethical Challenges**

3. In your experience or observation, what are some of the main ethical challenges or dilemmas that Sally Mugabe Central Hospital currently faces?
4. Can you describe how these ethical challenges, if any, are typically handled or addressed within the hospital?

**C. Impact of Ethics on Patient Care**

5. In what ways do you think ethical (or unethical) practices by hospital staff and management directly affect the quality of patient care delivered at Sally Mugabe Central Hospital?
6. How does the ethical conduct of staff influence the patient's experience and their perception of the hospital?

**D. Impact of Ethics on Organisational Performance**

7. How do you believe adherence to (or deviation from) business ethics impacts the hospital's overall reputation and the level of trust among its various stakeholders (e.g., patients, employees, the wider community, regulatory bodies)?
8. What effects, if any, do ethical (or unethical) practices have on the hospital's operational aspects.

**E. Current Ethical Guidelines, Policies, and Support**

9. Are you aware of any specific ethical guidelines, codes of conduct, or policies that are in place at Sally Mugabe Central Hospital?
10. In your opinion, does the hospital provide adequate training or education on ethical issues for its staff?
11. When staff members face an ethical dilemma, what support systems or resources, if any, are available to them?
12. What is your perception of the process for reporting ethical concerns or misconduct within the hospital?

**F. Suggestions for Improvement**

13. If you could suggest improvements, what steps could Sally Mugabe Central Hospital take to further strengthen its ethical practices and culture?
14. What role do you think leadership (at various levels) should play in promoting and ensuring ethical conduct throughout the hospital?
15. Are there any specific areas related to business ethics where you feel the hospital is doing particularly well?
16. *(For specific groups, if relevant)* What resources or support would help you (or people in your role) better navigate ethical challenges in your daily work/interactions with the hospital?

17. Is there anything else you would like to share or add regarding the impact of business ethics on patient care or organisational performance at Sally Mugabe Central Hospital that we haven't discussed?

# APPENDIX C: PARTICIPANT CODING SCHEME AND LIST OF ANONYMOUS CODES

## 1. Participant Coding Scheme Description

To ensure participant anonymity and confidentiality throughout the research process, a coding system was developed to identify data collected from each participant. This system also facilitated the organization and analysis of data.

The coding scheme involved assigning a unique alphanumeric code to each participant based on their category. The codes consist of a three-letter prefix identifying the participant group, followed by a two-digit sequential number. For instance, the first doctor who participated was coded as 'DOC01', the first nurse as 'NUR01', and so on.

This system allowed for the de-identification of all data (questionnaires, interview transcripts, audio recordings) prior to analysis. A separate, confidential master log sheet linking these anonymous codes to participant consent forms (which contain identifiable information) was maintained securely by the researcher and was not used during data analysis or reporting beyond initial organization. This master log sheet will be destroyed according to ethical research guidelines after the successful completion and examination of the dissertation.

## 2. List of Anonymous Participant Codes Used in the Study

The following is a list of the anonymous codes assigned to participants in this research. These codes were used to label all data collected and are used in the body of the dissertation when referring to specific participant responses or data points to maintain confidentiality.

**Healthcare Providers:**

- **Doctors (N=20):**
    - DOC01, DOC02, DOC03, DOC04, DOC05, DOC06, DOC07, DOC08, DOC09, DOC10,
    - DOC11, DOC12, DOC13, DOC14, DOC15, DOC16, DOC17, DOC18, DOC19, DOC20
- **Nurses (N=30):**
    - NUR01, NUR02, NUR03, NUR04, NUR05, NUR06, NUR07, NUR08, NUR09, NUR10,

    - NUR11, NUR12, NUR13, NUR14, NUR15, NUR16, NUR17, NUR18, NUR19, NUR20,
    - NUR21, NUR22, NUR23, NUR24, NUR25, NUR26, NUR27, NUR28, NUR29, NUR30
- **Support Staff (N=10):**
    - SUP01, SUP02, SUP03, SUP04, SUP05, SUP06, SUP07, SUP08, SUP09, SUP10
- **Hospital Administrators (N=10):**
    - ADM01, ADM02, ADM03, ADM04, ADM05, ADM06, ADM07, ADM08, ADM09, ADM10

**Patients & Community:**

- **Patients (N=20):**
    - PAT01, PAT02, PAT03, PAT04, PAT05, PAT06, PAT07, PAT08, PAT09, PAT10,
    - PAT11, PAT12, PAT13, PAT14, PAT15, PAT16, PAT17, PAT18, PAT19, PAT20
- **Community Members (N=10):**
    - COM01, COM02, COM03, COM04, COM05, COM06, COM07, COM08, COM09, COM10