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MANAGERIAL ETHICS AND SERVICE DELIVERY IN PUBLIC HEALTH FACILITIES IN NAIROBI COUNTY, KENYA

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ABSTRACT

In the Kenyan public health sector, the delivery of services has been termed as challenging and poor. Cases of erratic supplies, supply of counterfeit drugs and shortage of essential medicines has been on the increase in the public health sector in Kenya. Some of these challenges have been linked to poor managerial ethics. As a result, this study interrogated the influence of managerial ethics on service delivery in public health facilities in Nairobi County, Kenya through the Expectancy and the Principal-Agent Theories. The contextual scope of the study was the 8 be level 4, 5 and 6 public health facilities in Nairobi County comprising of Sub County Hospitals, County Hospitals and National Referral Hospitals. The study targeted a total of 64 respondents comprising of Medical Superintendent, Health Administrative Officers in Charge of Maintenance, Health Administrative Officers in Charge of Supplies, Health Administrative Officers in Charge of Support Staff, Health Administrative Officers in Charge of Accounts, Health Administrative Officers in Charge of Records, Nursing Officer in Charge and Head of Clinical Departments from each of the 8 health facilities who were selected through stratified and purposive sampling procedures. Through a structured questionnaire, the study collected quantitative data and analyzed it using Statistical Package for Social Sciences version 22.

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Descriptive and inferential statistics were adopted by the study. The results presentation was through tables and figures. This regression results showed that other factors held constant, Public Health Service Delivery in Nairobi county faces a negative outcome. However, with introduction of managerial ethics, specifically, professionalism and merit, there is a significant improvement in Public Health Service Delivery. The study recommends that public policy makers in the health sector need to come up with policies which aim to uphold professionalism among the practitioners in this field. There is also need to come up with policies that would guide adoption of merit in regard to recruitment, promotions, rewarding and employee recognition.

Key Words: *Managerial Ethics, Professionalism, Merit, Service Delivery, Public Health Facilities*

BACKGROUND OF THE STUDY

The question of ethics in business and government is prominent and characterized by behaviour such as inside trading, deceptive advertising, bribery and kickbacks, price description, falsification of public statements, illegal campaign contributions, and other scandals (Crane, Matten, Glozer & Spence, 2019). In some cases, managers put profits ahead of service delivery and safe products. It is even surprising that it happens in the public health sector. Maria, Githii and Ombati (2018) have documented poor managerial ethics in the public sector in Kenya. The scholars argued out cases where Members of parliament need bribes to pass key bills, the police officers need to be bribed at check points before you can pass or before they can grant you bail, in the judicial systems bribes are rampant and so is in receiving public service in most public institutions. Even more surprising is cases of poor managerial ethics in the public health service delivery. Gichure (2015) posits that there are cases where the citizens have to pay a bribe for a file clerk to make sure that their documents are not wrongly filed and one has to bribe for a doctor or nurse in a public hospital to receive treatment.

A Kenya Anti-Corruption Commission (2016) report revealed that patients in public healthcare facilities paid bribes to access health services, receive improved quality services, to reduce waiting times and to obtain drugs and meals. The survey also found out that public health care facilities don't have sufficient medical supplies with 38.6% of patients being asked to buy their own drugs and equipment to access healthcare. This notwithstanding, with public healthcare facilities being beneficiaries of public funding, there is a need to establish the managerial ethics in the public health sector and how it influences service delivery. The study is grounded on the principal-agent theory which was proposed by Jensen and Meckling (1976). The theory sheds lighter on the role of the agent in spearheading the interests of the principal. Poor managerial ethics represents a situation where the agents, whom powers to manage public health resources in the interests of the agents (citizens) are being misused. In the public sector, the managers and employees act as the agents on behalf of the citizens who are the principals. The managers are therefore supposed to portray ethical behaviour in order to deliver the interests of the citizens at their own expense. Unethical managers are those that follow their interests and contradict with the interest of the citizens.



STATEMENT OF THE PROBLEM

According to KACC (2016) report, poor managerial ethics are rampant in public health facilities where patients are forced to pay bribes to access essential services which they are entitled to for instance accessing improved quality services, reduce waiting times and to obtain drugs and meals. On average, the report indicates that 38.6% of patients in public health facilities in Kenya are asked to buy essential drugs from private pharmacies owned by the doctors in public health facilities. Compared to statistics where only 15% of patients spend on essential drugs in transitional economies and between 25% to 66% spent on essential drugs in developing countries (WHO, 2018).

Poor managerial ethics has led to poor service delivery in the health sector (Ekitela, 2017). As a result, there exist cases of erratic supplies, supply of counterfeit drugs and shortage of essential medicines has been on the increase in the public health sector in Kenya (Irimu *et al.*, 2018; Gichure, 2015). The same has also led to a decline in the customer satisfaction level in the Kenyan Public Sector from 73% in the year 2012/2013 to 65% in the year 2017/2018 (Kenyan Citizen Satisfaction Report, 2018). This therefore warrants an investigation into how managerial ethics influence service delivery in the public health sector. Besides, the study also seeks to fill existing research gaps in the study area. Previous studies such as Downe, Cowell and Morgan (2016) conducted in Europe to find out what determines ethical behavior in public organizations; Whitton (2011) which focused on implementing effective ethics standards in government and the civil service; Nwinyokpugi *et al.* (2014) which focused on managerial ethics and organizational effectiveness in Nigeria and Gichure (2015) which focused on instilling ethics in African business and public service taking the case of Kenya present research gaps. These studies provide a contextual deviation from this study hence there was a need to fill this contextual gap by focusing on the public health sector which has received limited focus.

OBJECTIVES OF THE STUDY

- i. To determine the influence of professionalism on service delivery in public health facilities in Nairobi County, Kenya
- ii. To establish the influence of merit on service delivery in public health facilities in Nairobi County, Kenya

THEORETICAL LITERATURE REVIEW

This study is built around the Expectancy Theory and the Principal-Agent Theory. The Expectancy Theory was pioneered by Vroom (1960). The theory focuses on personalized rational choices which employees make in their effort to work towards achieving rewards. Expectancy can be defined as subjective probability that one leads to another. Individual perception is therefore an important component of Expectancy Theory. This theory creates an environment where there is no meritocracy which might impact negatively on the employee's performance. Unethical employees tend to get motivated and comfortable working in an organization where leaders are unethical. Such employees lack values and norms and wouldn't mind if they got a promotion which they have not earned. Employees are motivated to work harder if they believe that their hard work will earn them rewards however, they get demotivated if they know that their hard work will not be rewarded (Lloyd & Mertens, 2018).



The theory has however been critiqued for its simplicity. Lloyd and Mertens (2018) argued that the theory doesn't take the emotional state of the individual into consideration. The individual's personality, abilities, skills, knowledge, as well as past experiences are factors affecting the outcome of the model. It has been argued that it's a "perception" based model and the manager needs to guess the motivational force (the value) of a reward for an employee. Therefore, it can be difficult to implement in the group environment. The principal-agent theory was proposed by Jensen and Meckling (1976). It is an agency model developed by economists that deals with situations in which the principal is in a position to induce the agent, to perform some task in the principal's interest, but not necessarily the agent's (Health & Norman, 2004). Perrow (1986) criticized that positivist agency researchers have only concentrated on the agent side of the 'principal and agent problem', and opined that the problem may also happen from the principal side. The theory has however ignored this fact. In the public sector, the managers and employees act as the agents on behalf of the citizens who are the principals. The managers are therefore supposed to portray ethical behaviour in order to deliver the interests of the citizens at their own expense. Unethical managers are those that follow their interests and contradict with the interest of the citizens.

CONCEPTUAL FRAMEWORK

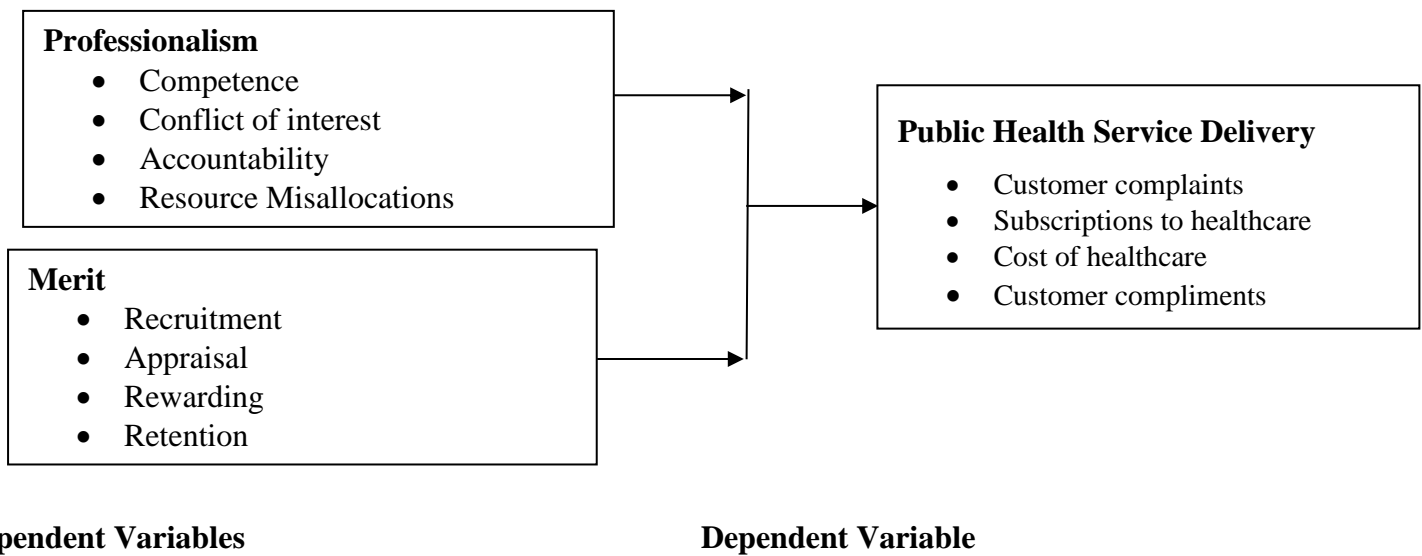


Figure 1 Conceptual Framework

EMPIRICAL REVIEW OF LITERATURE

Nwinyokpugi, Patrick and Nwibere (2014) interrogated managerial ethics and organizational effectiveness taking the Nigerian experience. The study sample size consisted of 231 managers from 46 randomly selected organizations in Nigeria. The study utilized both quantitative data (questionnaire) and qualitative data (interview). The findings revealed



a positive and significant relationship between managerial ethics and organizational effectiveness. Based on this finding, it was concluded that managerial ethics had a significant positive effect on organizational effectiveness. Haitham (2013) interrogated management ethics impact on organizational loyalty among the senate employees in Jordan. The study focused on good governance, employee's rehabilitation, employees' interest's management, justice, employees' abilities development, and informal organizations management on organizational loyalty of the employees of the Senate in Jordan. The study findings revealed that there is a commitment of management ethics in all of its dimensions, except for informal organizations management. Results, also, concluded that there is an impact of management ethics on respondents' organizational loyalty in all of its dimensions, with the exception for the informal organizations management.

Kyalo (2019) interrogated the effect of ethical leadership on employee performance focusing on Old Mutual Kenya. The study findings indicated that managerial ethics such as fairness, power sharing, role clarification and integrity have a positive influence on employee performance at Old Mutual Kenya. Çelik and Yilmaz (2018) conducted a study to find out the managerial ethical values in women entrepreneurship in Mersin Province of Turkey. The purpose of this study was to determine how ethical codes of conduct and ethical issues are perceived by women entrepreneurs who serve with public service organizations and employers. In this direction, the research was carried out on 11 public institutions and organizations employees related to female entrepreneurs and women entrepreneurs operating in the province of Mersin. Using independent sample t-tests, it was determined that the perception level of ethical behavior of female entrepreneurs is higher than that of public sector and organization employees. Shin, Sung, Choi and Kim (2015) sought to establish how top management ethical leadership affects firm performance. The study findings revealed that top management ethical leadership significantly predicts ethical climate, which then results in procedural justice climate that fully mediates the effects of top management ethical leadership on two organizational outcomes, namely, firm-level organizational citizenship behavior and firm financial performance.

RESEARCH METHODOLOGY

The study adopted a descriptive survey research design. The target population of the study was 8 public health facilities in Nairobi County of levels 4, 5 and 6. The unit of observations were the Medical Superintendent, Health Administrative Officers in Charge of Maintenance, Health Administrative Officers in Charge of Supplies, Health Administrative Officers in Charge of Support Staff, Health Administrative Officers in Charge of Accounts, Health Administrative Officers in Charge of Records and Nursing Officer in Charge and Head of Clinical Departments as shown in Table 1.

Table 1 Target Population

Category	Target Population
Medical Superintendent	8
Health Administrative Officers in Charge of Maintenance	8
Health Administrative Officers in Charge of Supplies	8
Health Administrative Officers in Charge of Support Staff	8
Health Administrative Officers in Charge of Accounts	8
Health Administrative Officers in Charge of Records	8
Nursing Officer in Charge	8
Head of Clinical Departments	8
Total	64



The study used primary data collected through questionnaire. Questionnaires were appropriate for studies since they collect information that is not directly observable as they inquire about feelings, motivations, attitudes, accomplishments as well as experiences of individuals. The questionnaire adopted in this study was structured in a Likert scale format. Questions were rated on a scale of 1 to 5 whereby, Strongly Disagree-1; Disagree-2; Neutral-3; Agree-4; Strongly Agree-5). The quantitative data from the Likert scales was subjected to a verification process to verify if the captured data correlates with the data-captured into SPSS. Descriptive statistics were conducted in SPSS version 22. Various statistical analytical approaches used were descriptive and inferential statistics. In this study, the descriptive analysis involved the use of Mean and standard deviations. The inferential analysis used were correlation and regression analysis. A multiple regression was used. The multiple regression model adopted is shown below:

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \varepsilon$$

Where: Y is the Public Health Sector Service Delivery

X_1 = Professionalism; X_2 = Merit; β_0 = the regression constant or intercept, β_1, β_2 = Regression coefficients and ε = the error term.

RESEARCH FINDINGS

The Number of respondents targeted to participate in the study was 64 out of which, 47 responded to the questionnaire. The remaining number did not return their questionnaires. This translated to a response rate of 73 percent. Being a public sector, the data collection process faced bureaucratic challenges. The researcher however maintained a follow-up and allocated more time to those who had not filled their questionnaires. A response rate of 73 percent according to Ortinau (2016) is satisfactory.

Descriptive Statistics

Descriptive statistics demonstrated the extent to which various managerial ethics practices have been implemented by the public health facilities in Nairobi County. This section gives a summary of the results.

Descriptive Statistics of Professionalism

The respondents rated their level of agreement on a Five-point Likert scale of various professionalism practices. The results in Table 2 showed that the respondents agreed that the managerial boards of public health facilities in Nairobi County encourage accountability among the employees ($M = 3.57$). The respondents however remained neutral on whether the public health facilities in Nairobi County uphold competence across the entire workforce ($M = 3.40$), discourage conflict of interest across the entire workforce ($M = 3.30$), discourage resource misallocations by the entire workforce ($M = 3.43$), encourage transparency among the employees ($M = 3.38$) as well as punctuality among the employees ($M = 3.49$). Generally, the feeling was that professionalism has not been well maintained among the public health facilities in Nairobi County ($M = 3.43$). This claim is however debatable given that there was a wide variation in the responses ($SD = 1.36$). Wyatt (2004) similarly established that there is low levels of professionalism in public activities.



Table 2 Descriptive Statistics of Professionalism

Statements	Mean	Standard Deviation
Does the managerial board in my organization uphold competence across the entire workforce	3.40	1.44
Does the managerial board in my organization discourage conflict of interest across the entire workforce	3.30	1.37
Does managerial board in my organization discourage resource misallocations by the entire workforce	3.43	1.38
Does the managerial board in my organization encourage accountability among the employees	3.57	1.35
Does the managerial board in my organization encourage transparency among the employees	3.38	1.33
Does the managerial board in my organization encourage punctuality among the employees	3.49	1.32
Average	3.43	1.36

Descriptive Statistics of Merit

The study established the extent to which merit has been attained among public health facilities in Nairobi County. The responses from the Likert scale measure is shown in Table 3. The findings infer that public health facilities in Nairobi recruit based on merit (M = 3.60), promote based on merits (M = 4.21), reward employees based on merit (M = 4.28), recognize employees based on merit (M = 3.83), allocates tasks allocated based on merit (M = 3.70) and performance appraisal of employees is conducted based on merit (M = 3.89). Generally, it was ascertained that public health facilities in Nairobi County promote merit (M = 3.92). There was however a wide variation in the responses to demonstrate that different views arose on this (M = 1.11). This is consistent with Liao and Teng (2010) who also established that most public entities are feeling pressed to adopt merit in order to improve service delivery.



Table 3 Descriptive Statistics of Merit

Statement	Mean	Standard Deviation
In my organization, does the managerial board recruits based on merit	3.60	1.01
In my organization, are promotion based on merits	4.21	1.35
In my organization, is employee rewards based on merit	4.28	1.04
In my organization, does the management recognize employees based on merit	3.83	1.01
In my organization, are tasks allocated based on merit	3.70	1.06
In my organization, performance appraisal of employees is conducted based on merit	3.89	1.18
Average	3.92	1.11

Descriptive Statistics of Public Health Service Delivery

The study also sought to establish the extent to which public service has been delivered among the public health facilities in Nairobi County. The responses from the Likert scale measure are shown in Table 4. It was demonstrated that the respondents agreed that in the recent years, there has been a reduction in the number of customer complaints ($M = 3.64$), there been an upsurge of customer compliments ($M = 3.57$), there been an increase in subscriptions to healthcare ($M = 3.72$) as well as an increase in return customers to the institution ($M = 3.51$). The respondents however neither agreed nor disagreed on whether there has been a reduction in cost of healthcare ($M = 3.49$). On average, the results demonstrated an agreement with improved public healthcare service delivery to a small extent ($M = 3.59$). There was however a wide variation in the responses ($SD = 1.39$) which shows that the respondents held different views regarding public service delivery in the health sector in Nairobi. This confirms the report by Ekitela (2017) that poor managerial ethics has led to poor service delivery in the health sector in Kenya.

Table 4 Descriptive Statistics of Public Health Service Delivery

Statement	Mean	Standard Deviation
In the recent years, has there been a reduction in the number of customer complaints	3.64	1.47
In the recent years, has there been an upsurge of customer compliments	3.57	1.50
In the recent years, has there been an increase in subscriptions to healthcare	3.72	1.33
In the recent years, has there been a reduction in cost of healthcare	3.49	1.33
Have you experienced an increase in return customers to the institution	3.51	1.33
Average	3.59	1.39



Correlation Analysis

This inferential method was adopted to ascertain the nature of association between various managerial ethics practices and public health service delivery. Table 5 indicates that professionalism was associated with a significant improvement in public health service delivery ($r = 0.608$; $Sig < 0.05$). An improvement in professionalism was therefore associated with a significant improvement in public health service delivery. A study by Nwinyokpugi, Patrick and Nwibere (2014) also demonstrated a positive and significant relationship between managerial ethics and organizational effectiveness. The results also showed that merit was associated with a significant improvement in public health service delivery ($r = 0.412$; $Sig < 0.05$). An improvement in merit practices was therefore associated with a significant improvement in public health service delivery. The findings concur with that of Berrone *et al.* (2007) who argued that application of merit in training and development, compensation, remuneration and selection and recruitment would lead to a highly competitive and satisfied workforce which can enable the public health facilities deliver quality services.

Table 5 Correlation Analysis

		Professionalism	Merit	Public Health Service Delivery
Professionalism	Pearson Correlation	1		
Merit	Pearson Correlation	0.180	1	
	Sig. (2-tailed)	0.226		
	Sig. (2-tailed)	0.000	0.372	
Public Health Service Delivery	Pearson Correlation	.608**	.412**	1
	Sig. (2-tailed)	0.000	0.004	
	N	47	47	47
** Correlation is significant at the 0.01 level (2-tailed).				

Multiple Regression Analysis

A multiple regression analysis was adopted to establish the effect of the managerial ethics practices (professionalism and merit) on public health service delivery in one model. The model summary results (Table 6) shows that a greater percentage of Public Health Service Delivery, that is 56.5 percent, was explained by Merit and Professionalism (R -square = 0.565).

Table 6 Regression Model Summary

R	R Square	Adjusted R Square	Std. Error of the Estimate
.751	0.565	0.523	0.6519
Predictors: (Constant), Merit, Professionalism			
Dependent Variable: Public Health Service Delivery			



The model goodness of fit was also established through ANOVA analysis shown in Table 7. This was meant to establish whether the estimated model had a wide deviation from the actual model. The results showed that the regression model was a good fit since the F statistic was significant (< 0.05).

Table 7 ANOVA

	Sum of Squares	df	Mean Square	F	Sig.
Regression	23.144	2	5.786	13.616	.000
Residual	17.848	44	0.425		
Total	40.992	46			
Dependent Variable: Public Health Service Delivery					
Predictors: (Constant), Merit, Professionalism					

The regression model coefficients (Table 8) showed that professionalism had a positive and significant effect on Public Health Service Delivery (B = 0.368; Sig < 0.05). This means that an increase in professionalism practices would lead to an improvement in Public Health Service Delivery by 0.368 units. These findings are consistent with that of Kyalo (2019) who indicated that managerial ethics such as fairness, power sharing, role clarification and integrity have a positive influence on performance. The regression model results also revealed that merit had a positive and significant effect on Public Health Service Delivery (B = 0.389; Sig < 0.05). This implies that an increase in merit practices would lead to an improvement in Public Health Service Delivery by 0.389 units. The findings are consistent with that of a study by Liao and Teng (2010) who argued that application of merit in training and development, compensation, remuneration and selection and recruitment which are the components of ethical human resource practices influence the motivation of employees thus translating to influencing the service delivery of the firm.

Table 8 Regression Model Coefficients

	Unstandardized Coefficients		Standardized Coefficients		
	B	Std. Error	Beta	t	Sig.
(Constant)	-4.354	1.802		-2.416	0.02
Professionalism	0.368	0.097	0.485	3.779	0.000
Merit	0.389	0.157	0.273	2.472	0.018
Dependent Variable: Public Health Service Delivery					

Regression Model

$$Public\ Health\ Service\ Delivery = (4.354) + 0.368\ Professionalism + 0.389\ Merit$$



CONCLUSIONS

The study findings led to the conclusion that encouraging accountability among the employees, upholding competence across the entire workforce, discouraging conflict of interest across the entire workforce, discouraging resource misallocations by the entire workforce, encouraging transparency as well as punctuality among the employees is associated with a significant improvement in delivery of public health service. The study also concludes that recruiting based on merit, promoting employees based on merits, rewarding employees based on merit, recognizing employees based on merit, allocating tasks allocated based on merit and conducting performance appraisal of employees based on merit is associated with a significant improvement in delivery of public health service.

RECOMMENDATIONS

The study findings that professionalism can improve public health service delivery leads to the recommendations that public policy makers in the health sector need to come up with policies which aim to uphold professionalism among the practitioners in this field. Some of them are encouraging accountability among the employees, upholding competence across the entire workforce, discouraging conflict of interest across the entire workforce, discouraging resource misallocations by the entire workforce, encouraging transparency as well as punctuality among the employees. Based on the findings that merit was associated with improved public health service delivery, the study recommends public policy makers in the health sector to come up with policies that would guide adoption of merit in regard to recruitment, promotions, rewarding and employee recognition.

CONFLICT OF INTEREST

No potential conflict of interest was recorded by the authors.

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