

Attitude and Ethical Behaviors of Healthcare Providers as Antidotes of Health Service Consumer Satisfaction in Mgbuoshimini Primary Health Centre, Port Harcourt, Nigeria

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Abstract

Health service consumers' satisfaction with the services they receive has been a challenge over the past decade, and this has been attributed to many factors that diverse scholars have investigated using different variables. In this study, the attitude and ethical behaviours of healthcare providers as antidotes to health service consumers' satisfaction in the Primary Health Centre at Mgbuoshimini, Port Harcourt, Nigeria, were investigated. A cross-sectional descriptive research design was used to select participants from pregnant women, nursing mothers, couples for family planning, and sick patients. The data were analysed using descriptive statistical tools. The results of the grand total response values were 400 (100%) and strongly agree had 190 (47.5%), agree had 160 (40%), 390 (100%) and strongly agree had 260 (66.7%), agree had 100 (25.6%), and strongly disagree had 13 (3.3%). The overall results were strongly agreed (66.7%) and agreed (25.6%); these connote that the attitudes and ethical behaviours of the healthcare providers towards healthcare service consumers in the primary healthcare facility were poor and that healthcare providers do not execute good ethical behaviour towards health service consumers in the facility, leading to low levels of health resource consumption, low patronage image promotion, and consumers' loss of confidence in the service provider. Therefore, the government should put mechanisms in place to ensure a positive attitude and favourable ethical behaviour among healthcare providers, and individual healthcare providers should also acquire soft skills to improve their attitude and ethical behaviour.

Keywords: attitude, ethical behaviour, health service consumer, healthcare provider

INTRODUCTION

According to the Holy Bible, human beings were created by the Almighty God at the beginning of time to experience everything on earth to the fullest, including perfect health (Genesis 1:26-31). Because of man's refusal to follow God's instruction, which goes beyond his ongoing struggle to maintain a high standard of healthcare, everything broke apart and mankind was unable to regain the level of health that God had established for humans (Genesis 3:1-24). Therefore, as a result of the drive to deliver coordinated services of high value to people, healthcare professionals are incredibly reliant on one another, making healthcare organisations distinct from any other types of service providers. Consequently, the

diversity, nature, and quality of healthcare service delivery have also presented a particular challenge for healthcare workers and allied health professionals that are tasked with delivering high-quality and adequate medical care to a wide range of patients regardless of their particular medical requirements, preferences, and scheduling. Furthermore, a variety of academic works have shown that what might be regarded as high-quality healthcare services vary amongst providers, patients, or clients, locations, times, and day-to-day needs. Equally, in providing quality of healthcare services to health service consumers, different experts, including doctors, health information managers, nurses, and pharmacists, among others, always followed a variety of requirements and policies of the government and health regulatory bodies.

A lot of literature, including Abdulsalam and Khan (2020) and Isaruk et al. (2021), has indicated that the term quality healthcare services is somewhat difficult to describe and establish, and healthcare professionals provide services differently as a result of varying factors such as experience, individual abilities, availability of tools or equipment, relevant resources, and personalities. Consequently, providing high-quality healthcare services that satisfy patients' needs requires an enabling work environment that encourages and addresses staff members' attitudes and ethical behaviours. Bohner and Dickel (2011) claim that attitude is an assessment of thought objects and is a powerful tool for taking positive action. Harrell (2005) posits that to change an attitude, one must take ownership of their internal conversation and change their heart. It has cognitive, affective, and behavioural components. Equally, Mahan (2019) posits ethical behaviours as the application of moral concepts, standards of conduct, and ideals surrounding good behaviours in the workplace, and the ethical principles that direct a person's behaviours or the conduct of a profession are referred to as ethics.

In providing healthcare, given the diversity of consumer groups, healthcare providers must take into account their histories and experiences (Vuong, et al., 2018), including building a rapport with patients to ease their anxiety and stress. These procedures will help compassionate healthcare providers deliver effective treatment at the right time and manner. According to McColl-Kennedy, et al. (2017), healthcare providers' attitude and ethical behaviours are important in luring patients to adhere to medical or therapeutic advice, and consumers of healthcare services are choosing the type of facility they want to attend based on how they perceive safety procedures. Healthcare providers must commit to advancing diversity and representation in healthcare through a proactive mindset and constant adherence to ethical conduct. Healthcare ethics is a set of rules that serve as a guide for providers when providing patients with healthcare services, and Kirilmaz, et al. (2015) posit that healthcare ethics consists of four components: autonomy, beneficence, non-maleficence, and justice. Ethical behaviours in the healthcare workforce involves respecting a patient's right to make decisions, beneficence, non-maleficence, justice, and confidence in colleagues (Varkey, 2021).

A case study design research by Charles and Viswanadham (2022) found that diverse factors pose challenges in delivering healthcare services, while factors that pull healthcare service delivery include social media, infrastructure, and NHIF services. Similarly, Njong and Tchouapi (2020) assessed user satisfaction with healthcare services in Cameroon, and results showed that 85% of users were satisfied, but age, educational status, and waiting time were prominent covariates. Equally, Garge, et al. (2018) study on consumer health care: current trends in consumer health monitoring revealed that the term healthcare has a very wide scope that ranges from lifestyle and wellness right up to care for patients with acute conditions, and that with the availability of digital accessories for monitoring basic biological functions, the potential for obtaining detailed data on the lifestyle, habits, and behaviours of

an individual exists. Tomas, et al. (2019) study on factors associated with nurses' negative behaviours at a public health facility in Namibia found that caring behaviour is essential for healthcare organisations and their employees. In the same way Nyarko and Kahwa (2020) examined the attitude of health workers (nurses) concerning patients and the perception patients have about them in Ghana using a mixed methods approach found that hospitals can improve customer satisfaction and loyalty through efficient public relations, frequent in-service training. Farkhani, et al. (2017) determined the challenges of premarital education programmes in Iran using qualitative research and in-depth, semi-structured interviews and found that ethical behaviour is a fundamental feature of professional nursing and is essential for nurse job responsibility.

More so, governments at different levels in the world, and particularly in Nigeria, have invested in the health sector so that health service consumers can get satisfaction from seamless, quality healthcare services, including a reduction in mortality rates and frequent medical tourism. On the other hand, regardless of all the efforts that are being made by the government at all levels of care to ensure quality and standard healthcare service delivery to meet health service consumers' satisfaction, health service consumers are still continuously experiencing great challenges in receiving satisfactory quality healthcare services from many nations healthcare settings across the world (Isaruk et al., 2021; Charles & Viswanadham, 2022). Although numerous researchers, such as Garge, et al. (2018), Tomas, et al. (2019), and Nyarko and Kahwa (2020), have used a variety of indicators at various times and places to examine the factors preventing patients from receiving acceptable quality healthcare, no study that specifically looks at the attitude and ethical behaviours of health service consumers, particularly in a primary health centre (Mgbuoshimini), is known among the researchers. For that reason, using the Mgbuoshimini Healthcare Centre in Obio/Akpor Local Government Area, Rivers State, Nigeria, is necessary in order to assess the degree or level to which health service customers are satisfied with the services they have received and to add to the body of knowledge in terms of concepts, empirical evidence, and theories derived from the study. In a nutshell, this study explored the attitudes and ethical behaviours of health care providers as antidotes to healthcare service consumers' satisfaction in Primary Health Centre Mgbuoshimini, Rumueme, in Obio/Akpor Local Government Area, Rivers State, Nigeria.

The objectives of the study are to:

1. Explore the attitudes of healthcare providers towards health service consumers in the Primary Health Center Mgbuoshimini in Rumueme, Port Harcourt.
2. Assess the ethical behaviors of healthcare providers towards health service consumers in the Primary Health Center Mgbuoshimini in Rumueme, Port Harcourt,
3. Assess the combine impacts of the attitude and ethical behaviors of healthcare providers on health service consumers in the Primary Health Center Mgbuoshimini in Rumueme, Port Harcourt.

Research Questions

Three research questions were formulated to guide this study, and they are:

1. What types of attitudes do healthcare providers always show towards health service consumers in the Primary Health Centre Mgbuoshimini in Rumueme, Port Harcourt?
2. What ethical behaviours do healthcare providers always exhibit towards health service consumers in the Primary Health Centre Mgbuoshimini in Rumueme, Port Harcourt?
3. What are the combined impacts of the attitude and ethical behaviours of healthcare providers on health service consumers in the Primary Health Centre Mgbuoshimini in Rumueme, Port Harcourt?

RESEARCH METHODOLOGY

A cross-sectional descriptive study was used to examine the attitude and ethical behaviours of healthcare providers towards healthcare service consumers in a primary health centre in Mgbuoshimini, Rumueme, Obio/Akpor Local Government Area, Rivers State, Nigeria. The population of the study comprised one hundred (100) participants, ranging from pregnant women, nursing mothers, couples for family planning, and sick patients who have been using the facility from March 1 to April 19, 2023. The detailed population includes 50 pregnant women, 30 nursing mothers, five couples from the family planning unit, and 15 sick patients. A sample size of 80 was determined using Taro Yamane's formula [i.e., $n = N/(1 + N(e)^2)$], and a simple random sampling technique was also adopted to select the respondents for the study. The primary instrument for data collection was a self-structured questionnaire that was divided into sections A and B. Section A consisted of personal data, and Section B consisted of questions related to the research study. The questionnaire used was carefully framed and examined to fit into the context of the work, and after drafting, it was given to other scholars in related fields for scrutiny and vetting. After observing its worth in both validity and reliability through the test-retest method, 20 copies of the constructed questionnaire were administered to concerned patients within the clinic. In addition, the process was repeated after a few hours, and the results showed consistency, meaning that the instrument was reliable. Researcher personally administered and retrieved the instrument from the respondents over the course of four working days, and the collected data were presented and analysed using descriptive statistical methods such as frequency distribution tables and percentages for easy understanding and interpretation. More so, ethical principles were strictly adhered to, and there was no conflict of interest.

RESULT PRESENTATION

Eighty (80) copies of questionnaires were distributed to health service consumers (patients) in the Primary Health Centre, Mgbuoshimini, Rumueme in Obio/Akpor Local Government Area, Rivers State, and eighty (80) copies were retrieved, making a 100% return rate. The analysis was done, and they are presented in the form of frequency distribution tables to give better explanations.

Data Presentation

Table 1: Sex Distribution of the Respondents

Sex	Frequency	Percentage (%)
Male	30	46
Female	50	54
Total	80	100

Source: Field Survey, 2023

Table 1 shows the sex of the respondents. Thirty (30, 46%) of the respondents were males, while 50 (54%) were females. This finding gives the impression that the majority of the health service consumers (respondents) receiving care in the health facility are females, and they stand a better chance to air out their satisfaction level from the attitude and ethical behaviours of healthcare providers that would or have been stilling assurance and confidence in their retention or visit to other facilities for healthcare needs.

Table 2: Age Distribution of the Respondents

Age	Frequency	Percentage
18-28	8	10
29-39	20	25
40-50	40	50
51 and above	12	15
Total	80	100

Source: Field Survey, 2023

Table 2 shows the age distribution of the respondents. Eight(8, 10%) of the respondents fell within the age range of 18–28; 20 (25% of the respondents) were within the age bracket of 29–39; 40 (50%) of the respondents fell within the age range of 40–50; and 12 (15%) of the respondents were in the age bracket of 51 and above. This result implies that the majority of the respondents fell within the age range of 40–50 years, and within this age range were mature mothers who had experiences over the years both in childbirth, immunisation, family planning programmes, and other healthcare needs and are more likely to be the proper people that can really determine their satisfaction level of care received over the years to compare with the one received in the primary healthcare of the study.

Table 3: Educational Qualification of Respondents

Educational Qualification	Frequency	Percentage (%)
WAEC/GCE/NECO	-	-
ND/Technician	20	25
HND/B.sc/B.edu/B.Tech	52	65
PGD/Masters	8	10
Total	80	100

Source: Field Survey, 2023

Table 3 shows the educational levels of the respondents. Twenty (20, 25%) respondents have ND or technical qualifications; 52 (65%) respondents are HND, B.Sc., B.edu., or B.Tech. holders; and 8 (10%) of them are PGD or master's degree holders. This finding gives the impression that the majority of the respondents are HND/B.Sc/B.Edu/B.Tech holders and would be capable of airing out how satisfied they are with the quality of healthcare service provision in the healthcare facility.

Research Question 1: What are the attitudes of health care providers towards health service consumers in Mgbuoshimini Primary Health Centre, Rumueme, Port Harcourt, Rivers State?
Table 4: Showing respondents' responses to the attitudes of healthcare providers towards health service consumers with options of the Likert 4 rating scale of strongly agree (SA), agree (A), disagree (D), and strongly disagree (SD), respectively.

S/N	Items	Response Mode			
		SA	A	SD	D
1	There is gender discrimination among healthcare providers	45(56%)	15(19%)	8(10%)	12(15%)
2	Healthcare providers lack a right based approach when dealing with patients	40(50%)	20(25%)	12(15%)	8(10%)
3	Healthcare providers exhibit a nonchalant attitude when dealing with healthcare consumer	50(62%)	20(25%)	4(5%)	6(8%)
4	Greater attention is given to Social class citizens	55(68%)	15(19%)	7(9%)	3(4%)

Source: Field Survey, 2023

Table 4 shows the attitudes of healthcare providers towards health service consumers. Forty five(45, 56%) of the respondents strongly agreed that there is gender discrimination among healthcare providers; 15 (19%) of the respondents also agreed, while 8 (10%) and 12 (15%) of the respondents strongly disagreed and disagreed, respectively; 40 (50%) of the respondents strongly agreed that healthcare providers lack a right-based approach when dealing with patients; 20 (25% of the respondents also agreed), while 12 (15%) and 8 (10%) of the respondents strongly disagreed and disagreed, respectively; Furthermore, 50 (62%) of the respondents strongly agreed that healthcare providers exhibit a nonchalant attitude when dealing with health service consumers; 20 (25% of the respondents) also agreed, whereas 4 (5%) and 6 (8%) strongly disagreed and disagreed with the statement, respectively. The grand total response value was 100% at 320, and strongly agreed was 190 (59.375%), agreed was 70 (21.875%), disagreed was 31 (9.6875%), and strongly disagreed was 29 (9.0625%). The outcome of the strong agreement response of 190 (59.4%) revealed that the healthcare providers had a negative attitude towards healthcare service consumers at the primary healthcare centre. This outcome implies that there is poor quality and dissatisfaction with the healthcare services delivered in the facility.

Research Question 2: What are the ethical behaviors of healthcare providers towards healthcare service consumers in Mgbuoshimini Primary Health Centre, Rumueme, Port Harcourt, and Rivers State?

Table 5: Showing respondents' responses on the ethical behaviors of healthcare providers towards health service consumers with 4 options on the Likert rating scale of strongly agree (SA), agree (A), disagree (D), and strongly disagree (SD), respectively

S/N	Items	Response Mode			
		SA	A	SD	D
1	Health service consumers' health information are not strictly handled	25(31%)	30(38%)	15(18%)	10(13%)
2	Harassment of a patient do occur	45(56%)	35(44%)	-	-
3	Indulging in fraudulent act by collecting money when immunization is free	50(63%)	30(37%)	-	-
4	Abandonment and neglect of a patient that needs urgent attention	45(56%)	35(44%)	-	-
5	Preferential treatment by service providers	25(31%)	30(38%)	15(18%)	10(13%)

Source: Field Survey, 2023

Table 5 shows the ethical behaviours of healthcare providers towards health service consumers. Twenty-five (25, 31%) strongly agreed that health service consumers' health information was being exposed; 30 (38%) agreed to the statement; 15 (18%) strongly disagreed, and 10 (13%) disagreed; 45 (56%) strongly agreed that harassment of a patient was unethical; 35 (44%) agreed, and none of the respondents strongly disagreed or disagreed with the statement. 50 (63%) of the respondents strongly agreed that indulging in fraudulent acts by collecting money when immunisation is free is unethical; 30 (37% agreed), and none of the respondents strongly disagreed or disagreed with the statement. 45 (56%) strongly agreed that abandonment and neglect of a patient that needs urgent attention is unethical; 35 (44%) agreed, while none of the respondents strongly disagreed or disagreed, respectively. The grand total response value was 400 (100%), strongly agreed 190 (47.5%), agreed 160 (40%), disagreed 30 (7.5%), and strongly disagreed 20 (5%). This finding indicates that strongly agreed 190 (47.5%) and agreed 160 (40%) response values signify that healthcare providers do not execute good ethical behaviours towards health service consumers in the facility. This act could be a factor in the poor quality and lack of satisfaction with healthcare service provision in the facility.

Research Question 3: What are the combined impacts of the attitude and ethical behaviorsof health care providers on health service consumers in primary health centers in Mgbuoshimini, Rumueme, Port Harcourt, and Rivers State?

Table 6: Showing respondents responses on the combined impacts of the attitude and ethical behaviorsof health care providers on health service consumers in the Primary Health Centre Mgbuoshimini, with 4 options on the Likert rating scale of strongly agree (SA), agree (A), disagree (D), and strongly disagree (SD), respectively.

S/N	Item Options	Response Mode			
		SA	A	SD	D
1	There will low level of health resource consumption	40(50%)	30(38%)	5(6%)	5(6%)
2	It can lead to low patronage image promotion	50(63%)	20(25%)	5(6%)	5(6%)
3	It can lead to patients’ loss of confidence in the service provider	50(63%)	30(37%)	-	-
4	There will be no referral of any kind by the health service consumers	60(75%)	10(13%)	7(8%)	3(4%)
5	Staff strength will be reduced as a result of low patronage	60(75%)	10(13%)	-	-

Source: Field Survey, 2023

Table 6 depicts the combined impact of the attitude and ethical behaviours of health care providers on health service consumers. Forty(40, 50%) of the respondents strongly agreed that there will be a low level of health resource consumption; 30 (38% agreed), while 5 (6%) and 5 (6%) of the respondents strongly disagreed and disagreed, respectively; 50 (63%) of the respondents strongly agreed that it can lead to low patronage image promotion; 5 (6%) and 5 (6%) of the respondents strongly disagreed and disagreed, respectively; 50 (63%) strongly agreed that it can lead to patients’ loss of confidence in the service provider; 30 (37% agreed, while none of the respondents strongly disagreed and disagreed, respectively; 60 (75%) strongly agreed that there will be no referral of any kind by the health service consumers; 10 (13% agreed); and 7 (8%) and 3 (4%) of the respondents strongly disagreed and disagreed with the statement, respectively. The grand total response value of 390 (100%) indicated strongly agreed 260 (66.7%), agreed 100 (25.6%), disagreed 17 (4.4%), and strongly disagreed 13 (3.3%). This overall result of 66.7% strongly agreed and 25.6% agreed connotes that the attitudes and ethical behaviours of healthcare providers towards health service consumers in the primary healthcare facility were poor. Hence, a low level of health service consumers’ satisfaction was associated with the institution.

DISCUSSION OF FINDINGS

Findings on demographic data regarding gender, age, and educational levels of the respondents showed that 30 (46%) of the respondents were males and 50 (54%) were females; the highest percentage of respondents fell within the age range of 40–50 years; and 52 (65%) of respondents had HNDs, B.Sc., B.Ed., or B.Tech., respectively. These results give the impression that the majority of the health service consumers (respondents) receiving care

in the health facility are female, are within childbearing ages, and have degrees from different higher educational institutions. In addition, findings also showed that the majority of respondents are mostly mothers, who are always in need of healthcare for themselves, their children, and their families to ensure the healthiness and economic growth of the family, and who also have experience and knowledge of what quality healthcare is from their individual perspectives of satisfaction level. This study finding supports Kirilmaz, et al. (2015) study results, which showed a positive correlation between sub-dimensions of the Ethical Sensitivity Questionnaire and no significant difference in ethical behaviour according to sex, marital status, or education.

The study findings revealed that greater attention is given to social class citizens (55%), healthcare providers nonchalant attitude when attending health service consumers (50%), gender discrimination among healthcare providers (45%), and the lack of a good approach to healthcare consumers' satisfaction levels (56%). The grand total response values were 320 (100%), strongly agreed 190 (59.375%), agreed 70 (21.875%), disagreed 31 (9.6875%), and strongly disagreed 29 (9.0625%), respectively. The study outcome implies that there is poor quality and dissatisfaction with the healthcare services delivered in the facility. Conversely, Tomas, et al. (2019) showed a strong association between nurses' negative behaviour and management's reluctance, patients' behaviour, and cultural practises, and that caring behaviour is essential for health care organisations and their employees.

Findings revealed that indulging in fraudulent acts by collecting money when immunisation is free (50/63%), abandonment and neglect of a patient that needs urgent attention (45/56%), lack of use of polite words on patients (45/56%), non-strict handling of healthcare service consumers' medical information (38%), and preferential treatment by healthcare service providers (inequity) (30/38%) strongly agree and agree concurrently. The grand total response value was 400 (100%), strongly agreed 190 (47.5%), agreed 160 (40%), disagreed 30 (7.5%), and strongly disagreed 20 (5%). The study established evidence of poor quality healthcare delivery that causes health service consumers to always derive non-satisfaction. The study findings are somewhat in line with Farkhani, et al. (2017) and Kirilmaz, et al. (2015) studies, which revealed that ethical behaviour is characterised by honesty, fairness, and equity in interpersonal, professional, and academic relationships, as well as in research and scholarly activities.

RECOMMENDATIONS

This study found that healthcare providers have a negative attitude and lack good ethical behaviours towards health service consumers at Primary Health Centre Mgbuoshimini and Rumueme in Obio/Akpor Local Government Area, Rivers State. As a result, we conclude that the positive attitude and ethical behaviours of the healthcare workforce are antidotes for quality healthcare service delivery that can meet the needs of health service consumers all the time, and that unethical behaviours towards them can always lead to conflicts, low levels of health resource consumption, low patronage image promotion, patients' loss of confidence in the service provider, no referrals of any kind, and reduced staff strength. Therefore, the study recommends that a good or positive attitude and favourable ethical behaviours of employers towards health service customers should be maintained at all times, and the government should put measures in place such as re-training, motivation, and an enabling work environment. In addition, each healthcare professional needs to develop soft skills that will help them become more ethical and positive in their interactions with patients, staff, and facilities, as well as provide better quality care in general. Lastly, all stakeholders must work collaboratively to ensure necessary measures for smooth healthcare service delivery at every level of healthcare systems worldwide.

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