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## Disseminating Scholarly Research Across The Globe

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# 1

# **EXPLORING THE ROLE OF VALUE ORIENTATION IN SMALL AND MEDIUM-SIZED ENTERPRISE (SME) AND ENTREPRENEURIAL DEVELOPMENT IN NIGERIA**

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## **Abstract**

In this study, the authors examined knowledge gaps among Small and Medium-Sized Enterprise (SME) owners and Managers regarding core business value strategies and practices and the implications for long-term business sustainability in Nigeria. A qualitative Methodology and multiple case study design was used to obtain and interpret the descriptive data needed to answer the research questions that explore core business value strategies and practices required for long-term enterprise performance, growth, and sustainability in SME businesses. In line with the exploratory process data, interviews with six SME owners and managers within information technology, hospitality, and transportation services using open-ended questions. The study's credibility was achieved by triangulation of interview responses, document reviews, and observations. The four dominant emerging themes were business integrity, building business, and individual Resilience, taking the Initiative, and needing attitudinal and mindset change through value re-orientation. The study concluded that Schwartz's Theory of Basic Human Values has widespread applications in business and cross-cultural studies and is instrumental in comprehending consumer behavior, organizational culture, decision-making, and social interactions in SME businesses. The recommendations for the study include continuous and widespread values re-orientation on the emerging themes to enshrine the core values into the mindset of SME owners, employees, and stakeholders and align them with evolving best practices. In addition, the study recommends value-driven marketing strategies such as implementing storytelling strategies, Value-Oriented Product Innovation, and Develop Values Scorecard Virtual Reality (VR) Values Training.

## **1.0 Introduction**

Scholars have consistently emphasized the influence of values on human behavior and decision-making processes. Though values serve as motivators and ethical compasses, guiding actions and justifying decisions, attitudes, and behaviors (Denen, 2020; Fritzche & Oz, 2007), the cherished values that once positioned Nigeria at the forefront in Africa and globally such as truthfulness, respect for labor, and productivity, are eroding, giving way to many shifting values that affect every facet of the nation (Nwenearizi, 2020), with significant repercussions for the country's economy and overall development. Existing research primarily concentrated on SMEs in advanced economies, which tend to be more profitable even without the advantages of significant economies of scale (for instance, Lu and Beamish, 2001; Child & Rodrigues, 2007; Stoian et al., 2016). Other studies contributed valuable insights into how indigenous institutions

like family ties, kinship, chieftaincy, religion, and cooperatives influence Nigerian SMEs (Omeihe et al., 2021). Current studies propose integrating core business values into strategic activities to secure sustainable financing for their enterprises. Bieh & Boroh, 2023; Ibrahim & Shariff, 2016; Koc & Yayla, 2022). This assertion highlights the growing importance of understanding and implementing core values in SMEs despite the extensive research on the role of values in business and its implications for organizational performance in large corporations (Samorodov et al., 2019; Zhou et al., 2020; Zimon, 2020). This gap in research exists due to the misconception that SMEs are merely scaled-down versions of large enterprises (Darcy et al., 2014). Thus, the impact of core business values in SMEs needs to be studied more within the information technology, hospitality, and transportation service sectors.

## **2.0 Literature Review**

Values are abstract goals that signify what individuals hold in high regard and consider important. Values are crucial in shaping an individual's thoughts, emotions, and actions. They are integral to a person's identity and can be associated with various phenomena, behaviors, ideas, or objects (NOA, 2009). According to Koc and Yayla (2022), values are the driving force behind people's conduct and behavior, serving as fundamental guiding principles that impact different aspects of an individual's life. In essence, values are a set of beliefs that distinguish humans from other living beings, encompassing an individual's perceptions, beliefs, attitudes, and behaviors. Values are typically resistant to change and remain relatively stable over time (Sagiv & Roccas, 2021; Rokeach, 1973; Schwartz, 1992). Values are not inherent but are acquired and learned through interactions within social structures. The significance of specific values varies among individuals and societies, often organized hierarchically, with more important values exerting greater influence on behavior (Rokeach, 1973; Schwartz, 1992). Values can be considered core values for a nation or organization when most people positively perceive them to guide their actions and achievements (NOA, 2009). Above all, values represent desirable, universal goals that transcend specific situations and contexts.

### **2.1 Core Business Value in SMEs**

Core business values are the heart of SMEs, shaping identities and influencing interactions with customers, employees, and the broader community. Strategies of core business value can focus on how people interact (humility, respect, honesty), a person's business work (ingenuity, creativity, data-driven), or the individual responsibilities one will hold (consistency, quality, and reliability). Core values evoke a sense of achievement for a business. Everything decided or acted upon in a business is determined by those core values. This assertion is supported by Karadag (2015) and Joyner and Payne, D. (2002), who argued that a coherent set of ambitions and corresponding business practices help achieve goals in business and decision-making operations. Karadag found that SME owner-managers in Turkey should have faithfully followed any core business value strategy. Ekwueme and Nwosu (2020) argued that SME leaders who are successful in performance develop effective strategies for business growth with corrective actions as a response to variances. Ekwueme and Nwosu (2020) employed survey results of working capital management practices extracted from 214 SME businesses within eight (8) major towns in Central Ghana, with noticeably thriving business operations. Consequently, about 78% of the sample respondents needed to practice managing working capital standards.



## 2.2 The Concept of Value Orientation and Re-orientation

**2.2.1 Value Orientation.** Value orientation refers to the values, beliefs, and principles guiding an individual's or society's behavior, decisions, and actions. It encompasses the deeply ingrained cultural, moral, and ethical values that shape one's worldview, which can be influenced by cultural, social, religious, and personal factors. Value orientation occurs when individuals are guided by those ethical, moral, and personal values that guide individuals, groups, and societies in their actions, decisions, and behaviors (Hofstede & Bond, 1984). Alignment to such deeply rooted cultural, familial, and societal values suggestively influences how individuals or societies perceive the world, make choices, and interact with others. Nigerian administrators made concerted efforts to inculcate and sensitize individuals on foundational principles, beliefs, and ethical concepts considered important and worthy of pursuit. For instance, General Obasanjo's Jaji Declaration of 1970, Buhari's War Against Indiscipline (WAI), and General Buhari's MAMSER and Abacha's War Against Indiscipline (WAI) aimed to inculcate positive economic, social and political core values in the citizenry (NOA, 2019).

**2.2.2 Value Re-orientation.** Value re-orientation, often called values re-orientation, is a process aimed at changing or shifting the value system or set of beliefs and principles held by individuals or a society. Value re-orientation is a deliberate and systematic effort to reshape individuals' or societies' values, beliefs, and ethical foundations to align them with desired societal goals, standards, and cultural norms. There is an awareness that people are already aware of the core values. Thus, value re-orientation involves altering or emphasizing and promoting certain values to encourage desired behaviors, attitudes, and ethical standards while de-emphasizing or discouraging others from fostering certain behaviors, attitudes, and ethical standards (Denen, 2020). Value re-orientation aims to adapt to changing circumstances, address shortcomings in current values, and align more closely with evolving personal or societal goals.

Despite several value orientation programs, Nigeria still battles with the deterioration of the traditional value system, which led to the institutionalization of a culture of greed, indiscipline, and corruption and the escalation of all forms of violent extremism. Value orientation and Value orientation are concepts that play crucial roles in shaping individual and collective behavior and beliefs; they are influenced by various external factors such as culture, environment, and social dynamics. Researchers and practitioners advocate for the entrenchment of strong values for the development and prosperity of Nigerian society along with individual positive change of moral character to renew the innermost nature (Okoli, 2018; Oyinlola, 2019). Scholars and practitioners frequently discuss the need for value re-orientation to address various socio-economic and environmental challenges (Okoli, 2018).

Value orientation represents the existing value system, while value re-orientation involves intentionally changing or adapting these values to address evolving societal needs and challenges. Value re-orientation is paramount in Nigeria for several compelling reasons, particularly in addressing various social, economic, and political challenges. In Nigeria's intricate and diverse landscape, a nation characterized by a tapestry of cultures, histories, and aspirations, value re-orientation emerges as a powerful catalyst for transformative change. Key points highlighting the significance of value re-orientation in Nigeria include Changing Values for Positive Societal Outcomes and alignment with Moral and Ethical Standards (Bieh & Boroh, 2023). Value re-orientation is a bedrock upon which the citadel of transparency and

accountability is built (Oyinlola, 2019). Others include Influence on Decision-Making (Schwartz, 2006), Sustainable and Economic Development, Environmental Responsibility, and Brand reputation. Long-Term Development: While value re-orientation may take time to yield significant results, its long-term impact on Nigerian society can be transformative. It can contribute to developing a more just, equitable, and prosperous nation.

### 3.0 Methodology and Study Design

This study adopted a qualitative methodology and Multiple Case Study (MCS) to explore the significance of business core values in the long-term performance of SMEs. Qualitative researchers adopting inductive strategies as traditional deductive methodologies become inadequate in the rapid diversification of today's world (Flick, 2002). The qualitative methodology was influenced by Levitt et al.'s (2018) recommendation to transcend the limitations of a mere survey questionnaire and aim for analytic generalizability to conclude previous qualitative literature and provide In-depth, granular information from those closest to the phenomena of study (Creswell, 2013; Levitt et al., 2018). The logic and power of qualitative purposeful sampling derive from the emphasis on the in-depth understanding of information-rich cases, which one can learn a great deal about new issues of central importance to the purpose of the inquiry (Patton, 2015) and the capacity to allow direct insights from individuals with first-hand knowledge of the subject matter, permitting a comprehensive exploration of multiple realities through a limited number of participants.

The multiple case study design was appropriate in bringing understanding to each case nuances, meanings, and contexts by exploring a complex, context-dependent, or poorly understood phenomenon through comparative analysis (Yin, 2018) and comprehensively exploring various perspectives from diverse sectors to facilitate the collection of relevant data and systematically connecting research questions with data collection processes, as per Leedy and Ormrod (2014). Each case was thoroughly examined using interviews, observations, and document analysis to explore the cases from multiple angles, offering opportunities for comparisons across several cases and the potential for literal and theoretical replication and analytical generalization (Yin, 2018). Consequently, findings apply to similar situations and contexts.

The study's target population was three SME owners and managers in the information technology (IT) sector, the hospitality, and the transportation sectors with over five years of managerial experience and held a solid grasp of human resource management within their respective entities. The researcher's expert knowledge was purposively used to select those genuinely grounded on providing rich insights and adhering to the principles outlined by Sedgwick (2013) and Yin (2018). Data was collected through semi-structured interviews, observational field notes, and a review of peer-reviewed scholarly papers and continued until data saturation was achieved, guided by the principles articulated by Patton (2015). The research questions provided a framework, direction cohesion, and boundaries in entrepreneurship—the clear research questions aligned to interview questions provided holistic perceptions of participant viewpoint. The face-to-face, one-on-one interview sessions provided the platform for the participants to share rich and incisive descriptions of processes and occurrences, enriched by experiential examples and facilitated by open-ended questions. Thus, interaction with participants, tone, and manner of the questions created an environment conducive to capturing more than just verbal responses. This approach facilitated the provision of reliable and detailed



insights into the nuances and events relevant to the overarching research questions, aligning with Levitt et al.'s (2018) recommendations. It allowed for collecting extensive, multifaceted human experiences and a wealth of contemporary knowledge.

The study design provided in-depth analysis, comparative analysis, and holistic perspective and achieved significant comprehension of participant situation to address the dearth of literature on core value orientation in SME development in Nigeria (Taylor & Thomas-Gregory, 2015; Creswell, 2013; Yin, 2018). Given the study's focus on uncovering core business value strategies and practices, this humane approach, exploring multiple bounded systems (cases) over time, was deemed most suitable for ensuring their enterprises' long-term performance and growth. Multiple case studies can also be used for theory development or testing. Researchers can refine or extend existing theories or develop new ones by comparing cases. Triangulation was necessary for examining conclusions from multiple vantage points to enrich and establish the inferences' validity (Hadi & José Closs, 2016).

### **3.1 Conceptual Framework**

#### **3.1.1 Schwartz's Theory of Basic Human Values**

Schwartz's Theory of Basic Human Values, developed by social psychologist Shalom H. Schwartz, provides a comprehensive framework for understanding the core values that guide human behavior and decision-making (Schwartz, 1992, 2012). The comprehensive framework classifies human values into a structured system and provides insight into the psychological, structural motivations underlying human values. The Theory emphasizes the importance of values in guiding behavior and shaping individuals' attitudes and preferences (Schwartz, 2006, 1992). Theory projects the content and structure as having a dynamic relationship but differ in scope and application (Rietveld & Brigitte, 2022). The two main components:

#### **3.1.2 Cultural Value Orientations**

Within Schwartz's Theory of Basic Human Values, Cultural value orientation refers to the idea that while people across different cultures share universal values, the relative importance and prioritization vary significantly from one culture to another. Cultural Value Orientations focus on understanding the dominant values within a cultural group or society. These broad and abstract values represent collective behavior's overarching, which helps explain how culture influences individual and collective value systems principles (Lee et al., 2022). Cultural psychologists often use Schwartz's Theory to explore how values align with established cultural dimensions. For instance, some cultures may be more individualistic, emphasizing self-enhancement values, while others are collectivist, emphasizing self-transcendence values like Benevolence and Universalism.

**3.1.3 Personal Value Systems.** Personal Value Systems pertain to values held at the individual level, specific to each person. It identifies a set of universal values and provides insights into how people make choices, set goals, and navigate their lives based on their value systems. They encompass various values that align with the predominant cultural values (Lee et al., 2022).

Schwartz's work emphasizes that individuals within the same culture can have different value hierarchies, as unique life experiences and beliefs influence personal values. These personal values can evolve and adapt over time (Schwartz, 1992; Lee et al., 2022). Schwartz identifies ten universal values.

- Self-Direction: related to independence, creativity, and freedom of thought.
- Stimulation: associated with excitement, novelty, and variety in life.
- Hedonism: emphasizing pleasure, enjoyment, and the avoidance of pain.
- Achievement: related to personal success, competence, and ambition.
- Power: connected to social status, control over others, and dominance.
- Security: emphasizing safety, stability, and harmony in life.
- Conformity: Values related to self-discipline, obedience, and preserving tradition.
- Tradition: Values associated with respect for customs, religion, and cultural heritage.
- Benevolence: Values emphasizing concern for the welfare of others and social justice.
- Universalism: Values connected to social justice, equality, and the protection of the

Schwartz further categorized these ten values into four higher-order and Two-Dimensional Structure of Values :

**1. Openness to Change VS Conservation:** This dimension reflects the tension between values that emphasize openness to new experiences, change, and novelty (e.g., self-direction, stimulation) and values that prioritize the preservation of tradition, stability, and conformity (e.g., security, tradition).

**2. Self-Enhancement VS Self-Transcendence:** This dimension represents the conflict between values that prioritize self-interest, achievement, and personal success (e.g., power, achievement) and values that emphasize the welfare of others, empathy, and the well-being of the broader community (e.g., benevolence, universalism).

## 2.2 Individualism and Entrepreneurial Success

Schwartz's Theory of Basic Human Values employs the dimension of individualism-collectivism as a key broader framework for understanding human value and influencing various aspects of behavior and decision-making. The values people prioritize influence their motivation and behavior. The values guide their decisions, actions, and life goals. Cultural value orientation also recognizes that cultures can evolve and change over time. As societies undergo social, economic, or political transformations, the importance of certain values evolves within generations within a culture. Scholars use Schwartz's Theory to conduct cross-cultural research comparing how values are prioritized in different societies, which can shed light on how culture shapes individual and collective behavior and provides a valuable framework for comprehending the complex interplay of values in shaping our choices and actions, which are business value management practices and indicators of SMEs' performance, growth and profitability. The implications extend to major practices affecting business sustainability, which vary from one context to the other. Depending on how well values align, personal value systems can lead to compatibility or conflict with others. For example, individuals who prioritize self-direction may have conflicts with those who emphasize conformity.

**3.1.4 Benevolence And Entrepreneurship in Nigeria.** Benevolence, as a core value within Schwartz's Theory of Basic Human Values, plays a pivotal role in shaping entrepreneurial behavior and outcomes, especially in SMEs. A concern for the welfare of others holds significant importance in Nigeria's cultural context (Gelfand et al., 2011). Nigerian entrepreneurs who align their ventures with benevolent values tend to resonate with the local culture (Obalola et al., 2019). This alignment can enhance the social impact of Small and Medium-sized Enterprises (SMEs) and their acceptance within the communities. Benevolence leaders are likelier to engage in socially responsible business practices, contribute to community development, build strong customer relationships, and foster positive employee relationships than others.

### 3.2 Research Questions

***RQ 1:** How have SME owners and managers in Abuja, Nigeria, implemented human resource management strategies for their enterprise's long-term performance and growth?*

***RQ2:** How are leader's value orientation related to organizational goals?*

#### 3.2.1 Interview Questions

- 1) Elaborate on how your personal values influence and inform the decisions you make as a leader in the SME sector.
- 2) What core business values do you find essential to facilitate and maintain business growth over time?
- 3) Are there additional information to share regarding human resource management strategies to drive growth within your organization?
- 4) How do you envision enhancing or modifying your professional development programs to better serve the needs of SME owners and leaders in Nigeria?

Open-ended research questions fundamentally aid qualitative studies following participants' unrestricted and comprehensive responses advantageous when investigating intricate phenomena without preconceived constraints. Their use encourages participants to share rich, context-specific insights, enhancing the study's depth, capturing real-life complexity, and fostering a deeper understanding of the research subject; participants' responses can unveil unanticipated aspects, potentially leading to new lines of inquiry and generate additional research questions (Ravitch & Carl, 2016; Yin, 2018 ).

Table 1 - Examples of Data Extracts and Codes from Interview Question 1

|  | Data Extracts | Codes | Categories |
|--|---------------|-------|------------|
|  |               |       |            |

|    |  |   |  |
|----|--|---|--|
| P1 | "Having created a business line through sound innovation, we were lucky to be guided on sound business values from my mentor in the business. I must establish a good value proposition for my organization system based on my integrity stance."  | <ul style="list-style-type: none"> <li>- Integrity</li> <li>- Sound Business Values</li> <li>- Mentors in business,</li> <li>- Value proposition</li> </ul> | Sound Business Values Mentors in Business, Value proposition Integrity |
| P2 | "I started my business through my savings, and I have taken a keen interest in the works of the national orientation agency Abuja on value re-orientation for business leaders."   | <ul style="list-style-type: none"> <li>- Savings,</li> <li>- Business leaders</li> <li>- Credit facilities</li> <li>- Value re-orientation</li> </ul>       | Business leaders Value re-orientation                                  |
| P3 | "I used my savings to commence the business, and the profits are reinvested years after to build, in addition, imbibe the tenets of sound business values to retain my customer and grow my business, and I gain loyalty from my customer."  | <ul style="list-style-type: none"> <li>- Credit facilities,</li> <li>- Loyalty</li> <li>- Sound Business Values</li> <li>- Mindset Change</li> </ul>        | Profit reinvestment. loyalty Sound Business Values Mindset Change      |
| P4 | "I started this business with personal savings and support from my mother and my brother, though very small, with consistency in managing my finances and credit support from my banker based on the principles of prudence and Resilience of the workforce. I have adopted this in my relationship with suppliers. I have grown over time." | <ul style="list-style-type: none"> <li>- Sound Business ideas lead to</li> <li>- Prudence</li> <li>- Ethical Value</li> <li>- Resilience</li> </ul>         | Prudence Ethical Value Resilience                                      |
| P5 | "I started the business through savings, supported through loans from a microfinance bank. I also make use of sound business values to build loyalty. The bank is willing to provide more lines of credit because of the value of professional conduct from my workers, sound principles and Resilience."                                    | <ul style="list-style-type: none"> <li>- Savings,</li> <li>- Loyalty</li> <li>- Value of professional conduct</li> <li>- Resilience</li> </ul>              | Savings Loyalty Value of professional conduct Resilience               |
| P6 | "Having started with longtime savings, and as for financial strategies, I use market leverage technology, social media, guest rewarding, business partnership, email marketing, and guest feedback based on our core values as an organization."   | <ul style="list-style-type: none"> <li>- Core Values</li> <li>- Technology</li> <li>- Business partnership,</li> <li>- Guest rewarding.</li> </ul>          | Core Values Technology Business partnership, Guest rewarding.          |

Table 2 - Examples of Data Extracts and Codes from Interview Question 2

|  | Data Extracts | Codes | Categories |
|--|---------------|-------|------------|
|--|---------------|-------|------------|

|        |   |  |  |
|--------|---|--|--|
| P<br>1 | "Since 2014, we introduced respect for core business values where we offer our suppliers a premium of 5% monthly investment capital if they show respect for the environment and integrity of our processes." | <ul style="list-style-type: none"> <li>- Investment program</li> <li>- Strategic planning</li> <li>- Mindset Change</li> </ul> | Strategic planning practices<br>Mindset Change |
| P<br>2 | "Effective management of our human resources with long time view is fundamental in driving organizations through Integrity of our workforce. "  | <ul style="list-style-type: none"> <li>- Human resources management with a long-term view.</li> <li>- Integrity</li> </ul>     | Strategic planning practices                   |
| P<br>3 | "To grow an organization is nonroutine; you need to be dynamic and strategic because the business environment is ever-changing."  | Grow organization.<br>Dynamism<br>Strategic  | Entrepreneurial skills<br>Strategic management |
| P<br>4 | "In this business, you need to have enough money and be able to manage human resources to grow profit."   | Enough money<br>Human Resource Management<br>Investment knowledge to grow profit   | Strategic financial practices                  |
| P<br>5 | "In this competitive sector, it is good to have a strategic plan that keeps you in the growth path and maintains customer satisfaction."  | Competitive stance<br>Strategic Plan<br>Customer satisfaction  | Competitive advantage                          |
| P<br>6 | "One should be able to monitor human resources management and profiling, ensure staff come to work on time, are held accountable, and manage customer expectations to build resilience of the system."        | Monitor human resources,<br>Coming to work on time,<br>Proactive customer satisfaction.<br>Resilience                          | Strategic financial practices                  |

Table 3 - Examples of Data Extracts and Codes from Interview Question 3

|        | Data Extracts  | Codes   | Categories                |
|--------|--|---|---------------------------|
| P<br>1 | "We have gotten professional advice from professional service firms to manage our human resource needs."                           | <ul style="list-style-type: none"> <li>- Professional service firms</li> <li>- Human Resources needs</li> </ul> | Human Resources needs     |
| P<br>2 | "Effective management of our human resources with long time view is fundamental in driving organization's growth. "                | <ul style="list-style-type: none"> <li>- Human resources management.</li> <li>- Organization growth</li> </ul>  | Human Resource Management |
| P<br>3 | "We got support to fund our human resource management strategy."   | - Human Resource Management strategy  | HR management Strategy    |
| P<br>4 | "We have internal human resources personnel to handle our HR needs."   | - Internal HR personnel support   | HR Support                |
| P<br>5 | "I am trained in HR management, and I use my skill for the good of the organization growth."                                       | Trained as HR person  | Trained as HR person      |
| P<br>6 | "One should be able to monitor human resources management and profiling, ensure staff come to work on time, are held accountable." | Monitor human resources,<br>Coming to work on time  | Monitor HR                |

Table 4 - Examples of Data Extracts and Codes from Interview Question 4

How do you envision enhancing or modifying your professional development programs to serve better the needs of SME owners and leaders in Nigeria?

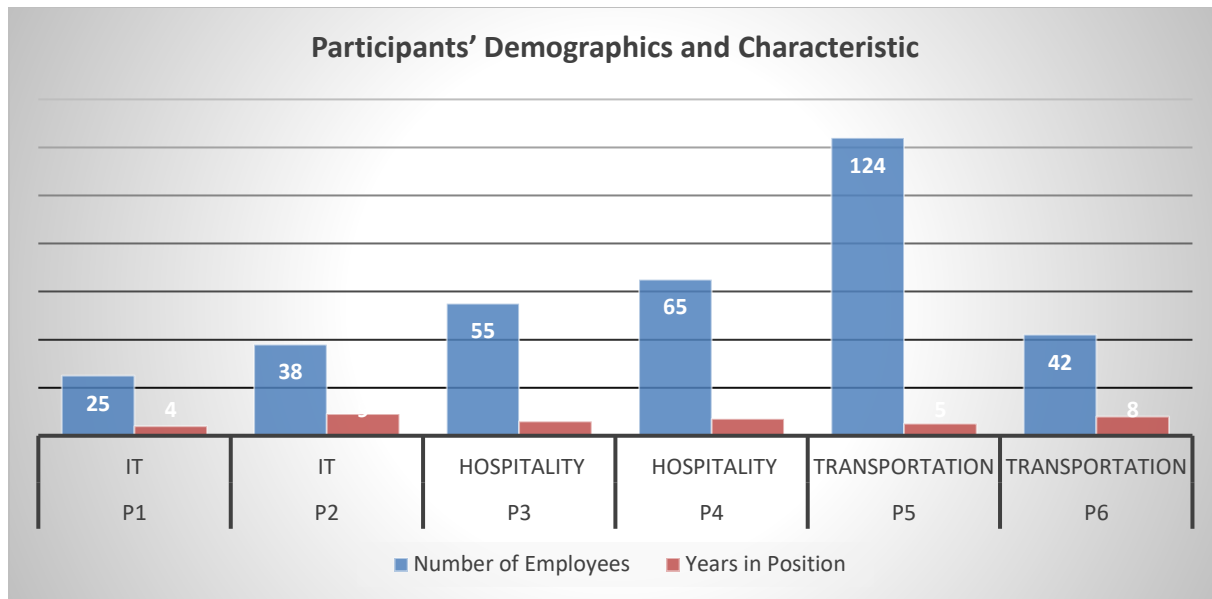
|    | Data Extracts   | Codes  | Categories                                    |
|----|---|--|---|
| P1 | "Having created a business line through sound innovation, we need professional development of personnel to have a good attitude and unique business mindset."                           | <ul style="list-style-type: none"> <li>- Business Innovation</li> <li>- Unique Business Mindset</li> </ul> | Mindset Change                                |
| P2 | "I have taken a keen interest in the works of the national orientation agency Abuja on value re-orientation for business leaders to a change in mindset."                               | <ul style="list-style-type: none"> <li>- Change in Mindset</li> <li>- Value re-orientation</li> </ul>      | Value re-orientation<br>Mindset Change        |
| P3 | "I imbibe the tenets of sound business values and encourage my staff to have good attitude to retain my customer."  | <ul style="list-style-type: none"> <li>- Sound Business Values</li> <li>- Good Attitude</li> </ul>         | Good Attitude                                 |
| P4 | "I started this business with few staff but have grown to a staff of 50 personnel. Now I encourage them to adopt value re-orientation in their outlook for staff-customer relationship" | <ul style="list-style-type: none"> <li>- Value Re-orientation</li> </ul>                                   | Prudence<br>Ethical Value<br>Resilience       |
| P5 | "I made use of sound business values to build loyalty. My worker imbibes the value of professional conduct because they attended seminars from the National Orientation Agency."        | <ul style="list-style-type: none"> <li>- Professional Conduct</li> <li>- Sound Business Values</li> </ul>  | Professional Conduct<br>Sound Business Values |
| P6 | "Having well well-trained workforce grew my clientele as I knew the value of good customer relationships and attitude."   | <ul style="list-style-type: none"> <li>- Good attitude</li> </ul>  | Good Attitude                                 |

Table 3: Participants Data outlook

| Participants | Business Sector | Years Commenced Business | Number of Employees | Gender | Years in Position | Education Level   |
|--------------|-----------------|--------------------------|---------------------|--------|-------------------|-------------------|
| P1           | IT              | 2006                     | 25                  | Male   | 4                 | Bachelor's degree |
| P2           | IT              | 2002                     | 38                  | Female | 9                 | Master's Degree   |
| P3           | Hospitality     | 2008                     | 55                  | Female | 6                 | Bachelor's degree |
| P4           | Hospitality     | 2011                     | 65                  | Male   | 7                 | Bachelor's degree |
| P5           | Transportation  | 1997                     | 124                 | Male   | 5                 | Master's Degree   |
| P6           | Transportation  | 2007                     | 42                  | Female | 8                 | Bachelor's degree |

Fig 1: Chart of Participant Outlook





### Data Analysis

The data analysis process employed a systematic and comprehensive approach to extract meaningful themes and insights from the qualitative data. It involved multiple rounds of analysis, triangulation of data sources, and constant reflection to enhance the validity and robustness of the findings (Rowley, 2002; Yin, 2018).

1. **Organization and Transcription:** The initial data analysis stage involved carefully organizing and transcribing interview data. Data were systematically analyzed, transcribed, and categorized into nodes. NVivo14® data analysis software was used to facilitate identifying the themes.
2. **Analysis of Interview Data:** Emerging themes were identified and categorized by question. These emerging themes were then compared with themes arising from the existing scholarly literature, and the findings were recorded (Schutt, 2014).
3. The step-by-step phase included uploading raw data into NVivo14® software, conducting word searches using queries, retrieving word clouds and histograms through queries, and generating word trees. These outputs were used to guide the coding of participant responses. While NVivo software 14 was used for organizing data to enhance dependability, a laborious and time-consuming manual coding technique ensured that every data segment was considered in determining the emerging categories and themes that we found relevant to the RQ.
4. **Iterative Analysis:** The data analysis process was repeated in three iterations. The findings were compared for consistency during each iteration, and the themes were further refined.
5. **Triangulation of Data:** Triangulation was achieved by drawing on multiple sources of evidence, including interview responses, document reviews, and observations. This approach helped confirm the identified themes and categories for addressing the research questions.
6. **Convergence and Validation:** The convergence of findings from various data sources, combined with triangulation, added to the robustness and validity of the inferences. Triangulation was valuable for examining conclusions from multiple perspectives, contributing to the study's validity (Hadi & José Closs, 2016; Hyatt et al., 2014).
7. **Constant Comparison and Reflection:** The data analysis process involved constant comparison, simultaneous critical thinking, ongoing reflection, and synthesis to extract credible

themes from the qualitative data. This process captured the essence of the data and facilitated a deeper understanding of the phenomenon.

8. Member Checking and Triangulation: The researcher integrated member checking and triangulation to assess the strength of each element in the classification of core themes and subthemes.

## 4.0 Discussion

The qualitative multiple-case study was designed to provide a rigorous understanding of the nature of respect for core business values and human resource management strategies required in Nigerian SMEs. Hence, the RQs for this study: *How have leaders of SME owners in Abuja, Nigeria, implemented human resource management strategies for their enterprise's long-term performance and growth? Moreover, RQ2: How do leaders value orientation related to organizational goals?* Within the study, in-depth descriptions of participants' strategic experiences were obtained in managing various organizations by conducting detailed interviews with six SME owner-managers. The emerging themes identified and categorized by question include.

### 4.1 Emergence of Themes

Four themes relevant to this study emerged from the thematic analysis of data. These themes include (a) exhibiting Integrity to gain employee and customer loyalty, (b) staying through to the core business values through Resilience, (c) taking initiatives and being innovative d) the need for attitudinal and mindset change through value re-orientation. Theme 1. emanated from interview question 1, theme two from interview question 1&2, theme three from question 2, and theme four from question 1&2. The rest of this section contain the emerging themes and extracts of specific participants' quotes that support these themes.

#### 4.1.1 Integrity

Within the studied SME organizations, the theme of 'Integrity' emerges as a core business value skill necessary for business sustainability. The research findings reveal that exhibiting Integrity towards suppliers and clients is imperative for SME success. This aligns with the assertion by Cottrell (2007) that Integrity is highly valued, especially by business owners. Business owners known for their Integrity are considered dependable, and their reliability in keeping promises fosters trust. Clients depend on these SME owners because they can rely on them to successfully deliver products or services. In this context, Integrity refers to the quality of honesty and upholding strong moral principles, reflecting moral uprightness. This definition underscores the importance of aligning one's actions with deeply held values, maintaining honesty, and consistently keeping promises.

Integrity is fundamental in promoting honesty, reliability, and moral uprightness in business dealings and is closely related to business ethics. Moreover, its practice is essential for maintaining client trust and fostering employee loyalty. The findings suggest that Integrity within studied SME organizations was pivotal in sustaining their business operations, fostering strong client relationships, and promoting employee loyalty. This concurs with the findings of scholars and practitioners on the significance of Integrity in ensuring the ethical fulfillment of

various business objectives and centrality in business ethics (Jacobs, 2004; Rendtorff, 2012). Moreover, SME owners who prioritize Integrity also experience increased employee loyalty. This resonates with the argument by Aboobaker et al. (2021), suggesting that Integrity contributes to employee well-being and, as a result, enhances employee loyalty. This loyalty positively impacts SMEs as it helps retain qualified professionals whose expertise adds value to the organization.

#### **4.1.2 Resilience**

The theme of 'Resilience' emerged from data analysis collected through semi-structured interviews and document reviews. Notably, 50% of the participants emphasized the significance of Resilience for SME owners in Abuja Federal Capital Territory, Nigeria. In this context, Resilience reflects the ability of entrepreneurs and their businesses to withstand difficulties, adapt quickly, and recover effectively in the face of adverse external and internal environments. This Resilience is vital for managing businesses that operate under risk and strive for innovation (Santoro et al., 2020).

The participants' responses underscored the essential elements of Resilience, such as the willingness to venture into new opportunities. The response of P3, that "business is a risk and challenges, and I keep venturing into new opportunities, even if it needs training, I go for it", exemplifies the venture disposition in acquiring requisite education, which enhances financial strategies for business performance and sustainability. This reflects the entrepreneurial disposition to continuously seek education and enhance financial strategies, contributing to business performance and sustainability. According to Jackson et al. (2021), Resilience involves successfully adapting to challenging life experiences by being mentally, emotionally, and behaviorally flexible and adjusting to external and internal demands. Resilient helps SME owners invest their time and mental and emotional energy in finding solutions. Resilience, therefore, encompasses the ability to adapt to difficulties, respond quickly, and recover effectively in challenging conditions. It involves a commitment to continuous learning, innovation, and developing robust strategies for business success. Resilient business leaders focus on finding solutions and invest in their well-being and relationships to thrive in challenging business climates.

#### **4.1.3 Taking Initiatives**

The theme of 'Taking Initiative is a fundamental core business value necessary for achieving business sustainability and entrepreneurial development. This theme emerged from data analysis collected through semi-structured interviews and document reviews, with 83.33% of the participants emphasizing its importance for SME owners in Abuja Federal Capital Territory. Taking Initiatives and being innovative is crucial for exploring new options and prospects, essential for sustaining businesses in this region. Christensen (1985) underpins that taking the Initiative, particularly when transitioning, enables a radically new approach to planning and managing the organization, which is vital for SME growth and development.

Participants in the study highlighted adopting new ideas as a characteristic of taking Initiative involving thinking and acting without external prodding, ultimately driving entrepreneurship.

Expressions from participants of the study, such as "proactive customer satisfaction," "investment in knowledge to grow profit," and "guest rewarding," demonstrate that these SME owners are proactive in their approach to business. They take Initiative by being resourceful and working without always being told what to do. This proactive stance is fundamental to innovation, which involves successfully implementing new ideas and creating value for customers and stakeholders. As highlighted by the participants, innovation starts with a new idea and involves key elements like collaboration, ideation, implementation, and value creation. Creativity and innovation are essential for navigating the challenges and opportunities of the business landscape in Nigeria.

#### **4.1.4 Need for Attitudinal and Mindset Change through Value Re-orientation**

. The theme of Achieving attitudinal and mindset change through value re-orientation in Nigerian SMEs emerged throughout the study after data triangulation from interviews, observations, and document analysis, suggesting that the traction required leaders to be deliberate. The theme requires a comprehensive and strategic approach. Fostering attitudinal and mindset change through value re-orientation is a gradual but necessary process. By consistently reinforcing the importance of the themes of Integrity, Resilience, and taking Initiative, SME leaders can create a culture that aligns with these values and, in turn, leads to business sustainability and growth while contributing to a more ethical and prosperous Nigeria. The process is a transformational leadership agenda of demonstrating a personal commitment to honesty and hard work to instill in their organization. Implementing value re-orientation requires educating and training employees. Workshops, seminars, and ongoing training programs should highlight these values' positive impact on their careers and the organization. In addition, to successfully re-orient the mindset of the people, there must be clear communication, incentives and recognition, zero-tolerance for corruption, ethical decision-making framework, continuous monitoring and evaluation, collaboration with government and industry bodies, community engagement and adaptation, and flexibility.

### **5.0 Interpretation**

How individuals develop personal and broad values holds important implications for SME leaders and practitioners. Findings from this study support existing knowledge in the literature regarding core business value strategies and practices in SMEs. The four themes formed the basis for interpreting the findings from this study and considering the implications and recommendations for policy development and practice. The business fundamentals are motivating factors to influence decision-making to grow their business. The themes are motivating leadership factors to drive SME business decisions in the 21<sup>st</sup> century into a competitive advantage and organizational performance. The themes should inform the company's culture, hiring practices, and product ideation (Svatošová, 2019, 2017).

Schwartz's Theory has practical implications for policymaking and interventions by deepening understanding of the appropriate core values in informing decision-making processes with widespread applicability in psychology, sociology, marketing, and cross-cultural studies in consumer behavior, organizational culture, political preferences, cultural differences, and environmental attitudes. Findings align with Schwartz's Theory for comparisons across several cases, enabling theoretical replication and analytical generalization by researchers, policymakers, and business operators (Yin, 2018). Theory to investigate how diverse value orientations impact

decision-making and social interactions in the context of entrepreneurship in Nigeria. Schwartz's Theory elucidates how cultural values such as benevolence and individualism, alongside personal values, shape entrepreneurial behavior and outcomes. Recognizing and leveraging these values can promote more culturally relevant and socially impactful entrepreneurship in Nigeria. Schwartz's Theory served as a comprehensive framework to classify the core values into a motivational structured human resource system. Consequently, the emerging themes underscore their importance, albeit less prominent values.

Peacebuilding is germane in maintaining social order in a heterogeneous entity like Nigeria. For economic, social, infrastructural, and political growth, machinery should be in place to reduce conflict. When it does, there must be means to help the conflicting parties transition from the traumatic effect caused by the conflict (Okechukwu, 2022). Study findings can mitigate conflicts, predict behavior, design effective cross-cultural interventions, and respect the values and norms of different cultures. The Theory introduces a hierarchical structure where values are organized along two continua: openness to change vs. conservation and self-enhancement vs. self-transcendence. This oppositional structure helps us understand the inherent conflicts and trade-offs between values. Nigerian SME owner-managers need to adopt specific strategies conscientiously that will support conflict resolution.

MCS is apt to comprehend the complex interplay of values in shaping our choices to elicit in-depth and diverse knowledge. The robust data from triangulated data has the credibility to solve complex situations. The findings recommend diverse practices of business value strategies and practices. The study methodology and design addressed the complex organizational and environmental issues affecting Nigerian SMEs. Since the findings tilted towards a dynamic business strategy anchored on sound business fundamentals to grow the business, there is, therefore need for strategic value-re-orientations toward the generated values and themes of the study. Consequently, SMEs must adapt to the changing business landscape while staying true to their core values.

## 6.0 Recommendations

This study's recommended business core values for Small and Medium-sized Enterprises (SMEs) can guide the organization's culture, decisions, and operations. These values are crucial for establishing a strong ethical foundation and ensuring long-term success. Value-orientation strategies should be continuous and widespread for SMEs to be sustained. We recommend regular workshops and training sessions to align SME owners, employees, and stakeholders with the evolving core values of the business. These workshops can provide a platform for open dialogue and idea exchange, fostering a shared commitment to these values. Some areas of concern include Ethics in AI and Automation, Digital Literacy Programs, Adaptability Training, and Moral Dilemma Workshops. Secondly, SMEs can be sustained and harness full potentials if well connected and aligned with the policies and incentives of the government. Therefore strong leadership must exist to attract the incentives for competitive advantage.

To further instill the core values using the tenet of re-orientation, promote **value-driven marketing strategies** that focus on identified core values and sustainable practices to attract customers who align with these principles. Ensure that the core values are extended to the entire

supply chain. This involves working with suppliers and partners who share similar values, particularly regarding ethics and sustainability.

Other innovative recommendations include **Storytelling for Values** by implementing storytelling strategies within the organization. Encourage employees to share stories highlighting instances where core values were upheld to reinforce values and serve as a powerful internal and external communication tool. **Value-Oriented Product Innovation** can enable SMEs to link product or service innovation directly to core values. Create a culture of innovation that aims to better align with the values of ethics, sustainability, and customer-focused principles. Develop a **Values Scorecard** quantifying how well the SME adheres to its core values. Finally, **Virtual Reality (VR) Values Training** can incorporate modules that immerse employees in scenarios where they must make decisions aligning with core values. This interactive approach can help values resonate more deeply. This recommendation can prove the company's commitment to its core values. Understanding this dynamic aspect is crucial for analyzing how values evolve.

## 7.0 Limitations of Study and Recommendation for Future Studies

The study's limitations are based on generalizability and transferability. The Sample size may not have captured all relevant divergent views within time-constrained circumstances. Finally, the exclusion of lower-level employees as participants in the study hindered critical viewpoints. Small and Medium-sized Enterprises (SMEs) are the backbone of many economies, contributing significantly to economic growth and job creation. The values form the foundation of SMEs' corporate culture. Recommendations for further studies include :

- a) Replication of the study in other SME organizations not limited to the three studied
- b) Expand future studies by choosing quantitative/mixed method methodologies.
- c) Further studies should be conducted to cover other core business values

**8.0 Conclusion.** In culmination, this qualitative exploration of multiple case studies delved into the knowledge gaps prevailing among SME owners and managers in Nigeria concerning core business value strategies and practices. The study spanned the information technology, hospitality, and transportation service sectors, unraveling implications for sustained business growth in the long term. Aligned with the exploratory nature of the research questions, the study employed open-ended inquiries that underscored the exigency for additional literature in the domain. The revelations of this research bring to light certain uncertainties surrounding the familiarity of Nigerian SME owner-managers with core business value strategies and practices, thereby raising concerns about their comprehension of the ramifications for enterprise expansion and sustained viability.

The study illuminated the intricacies of core business value strategies and practices in Nigerian SMEs, encapsulated within four pivotal themes: (a) the demonstration of Integrity to cultivate employee and customer loyalty, (b) commitment to core business values through Resilience, (c) the impetus for initiative and innovation, and (d) the imperative for attitudinal and mindset change via value re-orientation. Notably, examining core business values in SMEs within the Federal Capital Territory of Nigeria revealed a nascent stage of development in this specific research domain. As the dynamic contours of the business landscape continue to evolve, SMEs are urged to articulate core values that seamlessly align with the technological dynamism characterizing the 21st century. By instilling values such as Integrity, Resilience, creativity, and sustainability, SMEs



can not only navigate the digital age successfully but also retain their commitment to social responsibility and customer-centric principles. The adaptive nature of values, responsive to life experiences, cultural shifts, and personal development, positions SMEs to leverage technological advancements, champion ethical practices, and engage stakeholders innovatively.

In light of the study's implications, several strategic recommendations emerge. Firstly, the advocacy for regular workshops and training sessions is essential to align SME stakeholders with the evolving core values of their businesses. Secondly, sustaining and maximizing SME potential necessitates robust connections and alignment with government policies and incentives, underscoring strong leadership's pivotal role in attracting incentives for competitive advantage.

A call is made to embrace value-driven marketing strategies to fortify the instillation of core values through re-orientation. These should spotlight identified core values and sustainable practices to attract customers whose principles resonate with these values. Extending core values throughout the supply chain is pivotal, entailing collaboration with suppliers and partners who share similar values, especially concerning ethics and sustainability. In addition, innovative recommendations include incorporating Storytelling for Values within the organizational framework, Value-Oriented Product Innovation linking product or service innovation directly to a core value, development of a Values Scorecard, and integration of Virtual Reality (VR) Values Training.

The recommendation of this study substantiates commitment to core values, recognizing the dynamic nature of values and their evolution. Implementing a well-tested management policy anchored in core business values emerges as the guiding light for SMEs. This policy acts as a transformative force, steering short-term goals and fostering sustained growth for SME sustainability. However, recognizing the temporality of every strategy in the face of dynamic business environments is crucial. Therefore, this study implies a continued and expanded discourse on diverse facets of strategic management tailored to the unique context of SMEs.

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# 2



## MISUSE AND ABUSE OF PRESCRIPTION DRUGS: AN OVERVIEW

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### ABSTRACT

The excessive and inappropriate use of prescription drugs is a significant global public health concern. In Western countries, there is a growing trend among young individuals aged 15 to 24 to use prescription medications for non-medical purposes. Surprisingly, prescription drugs rank as the second most commonly abused substance among teenagers, right after marijuana. The misuse of these drugs can have serious health consequences. Over the past two decades, the misuse of prescription drugs has been steadily increasing. This is evident in the rising number of people seeking treatment for prescription drug addiction and the alarming number of overdose deaths associated with these drugs. These numbers have continued to rise, particularly leading up to 2023. It is important to recognize that prescription medications have the potential to cause addiction. Medications such as opioids, sedatives, depressants, and stimulants are prescribed to address conditions like anxiety, sleep disorders, and to enhance alertness, attention, and energy levels. However, every medication carries inherent side effects, and doctors take this into consideration when prescribing them. Unfortunately, individuals who misuse these medications may not fully understand the potential dangers they pose. This article aims to provide comprehensive information about the harmful consequences of misusing prescription drugs and how they impact both the mind and body. It also addresses current trends, prevention methods, ways to identify cases of abuse, and strategies for treating prescription drug abuse and misuse.

**KEYWORDS:** misuse, abuse, prescription drugs, opioids, epidemiology, management

### INTRODUCTION

A drug is a substance that is utilized for medical purposes, either created by humans or naturally occurring. Its functions include treating illnesses, preventing diseases, diagnosing conditions, or serving other medical purposes, excluding food. This substance can be synthetic, partially synthetic, or completely derived from nature. When taken as prescribed, medication alters the physical or mental functions of the body (Shalini, 2022). The actions of drugs refer to their effects on living organisms, specifically the physiological processes and mechanisms. These effects can be observed as the outcome of the drug's mechanism of action. For instance, penicillin disrupts the formation of bacterial cell walls, ultimately leading to the bacteria's demise. In pharmacology, a significant challenge lies in the fact that medications do not produce a single specific effect. The primary effect relates to the desired therapeutic outcome, while secondary effects encompass any additional consequences that may be beneficial or harmful. The key is to regulate the dosage of medication to achieve the greatest beneficial results while minimizing any undesired adverse

effects. The effects observed in living organisms after drug administration occur due to the interaction between the drug's chemical composition and a specific component of the organism. Various methods, such as examining their specific locations within the body and their interactions with cells, are employed to comprehend the mechanisms of drug action. In order to obtain prescription medications, patients must possess written instructions from a licensed healthcare provider. Examples of prescription drugs include those used for treating high blood pressure, cancer, and providing powerful pain relief. Prescription drugs are prescribed for a specific duration, whether it be for a temporary illness or on a long-term basis for chronic conditions such as high blood pressure. Recreational use of substances, such as drugs or medication, can alter the mind and impact the central nervous system, leading to desired changes in behavior, perception, or personality. However, the use of illegal substances can result in dependence and harmful outcomes. The central nervous system plays a crucial role in interpreting information from the environment and regulating emotional and physical responses. While advancements in understanding brain function have led to the development of drugs to treat conditions like depression and anxiety, misuse of prescription medications can also cause changes in the body's regular operations (Hunter, 2013)

### **Drug Categorization**

In the process of drug categorization, drugs are grouped into different schedules based on their appropriate medical applications and the potential for addiction or dependency. Drugs classified as Schedule I and II carry a significant risk of misuse. This specific type of medication requires heightened security measures for storage, and there are also restrictions on their production quotas and other limitations. Schedule I substances are exclusively used for research purposes and do not have any officially approved medical applications. Drugs classified as Schedule II can only be obtained with a valid prescription, and a fresh prescription is necessary for each subsequent dose. Schedule III and IV drugs require prescriptions, which can be obtained every six months, but they can also be purchased without a prescription. The majority of Schedule V drugs can be bought without a prescription (National Institute on Drug Abuse, 2012).

### **Prescription Drug Abuse/Misuse**

Prescription drug abuse occurs when non-prescription drugs are intentionally misused, either by using them in ways not recommended or due to personal experiences or emotions. Over-the-counter medications, such as aspirin, can be purchased without a prescription as they are deemed safe for use without medical supervision. The determination of whether a specific medication requires a prescription or can be obtained without one is made by the Food and Drug Administration (FDA) in the United States. Although this issue has been present for some time, it is crucial to once again draw attention to it. Prescription drugs and non-prescription drugs possess distinct characteristics. Over-the-counter medications can be bought without a prescription, while prescription medications are subject to regulation by laws. Individuals in need of either type of medication must provide evidence, such as documentation or an official prescription from a qualified doctor, in order to acquire and use them (NIDA, 2011). Prescription drug abuse refers to the act of using these medications in ways or quantities that are not recommended by a doctor. It may involve using someone else's prescribed medication intended for a legitimate medical condition, such as pain relief, or using drugs to achieve a pleasurable and euphoric effect. Prescription medications have the potential to lead to addiction in individuals; therefore, it is

crucial to differentiate between different types of addiction. Addiction is characterized by relying on a substance to fulfill both physical and emotional needs. In other words, if you become dependent on a drug and your body develops tolerance to it, discontinuing the drug will result in the return of your symptoms. The improper use of prescription medications can have serious medical consequences. Over the past 15 years, the misuse of prescription drugs has contributed to an increase in emergency room visits, deaths related to drug use, and individuals seeking treatment for severe addiction problems. The use of prescription medications has consistently risen over time and is the primary reason for the occurrence of drug overdoses.

Prescription drug overdoses are the leading cause of drug-related deaths (excluding alcohol), resulting in the deaths of 44 individuals every day, according to the Centers for Disease Control and Prevention. A study conducted by Rudd et al. in 2016 found that the number of deaths caused by prescription opioid overdoses in 2016 was five times higher than in 1999. Prescription drug abuse affects people of all ages, including adolescents and adults, with teenagers being the second most common group to abuse prescription drugs after marijuana, synthetic marijuana, and alcohol.

### **Distinction between misuse and abuse of Prescription drugs**

According to the FDA, drug abuse and drug misuse are differentiated based on an individual's intentions when using a drug. The FDA highlights that the improper or excessive use of prescription drugs can have adverse effects and pose a potential threat to one's life (FDA, 2018). The primary cause of the inappropriate and excessive use of prescription drugs can be attributed to an individual's motives and justifications. For instance, if someone is aware that taking a medication in higher doses will result in feelings of happiness or euphoria, they are engaging in substance abuse as they actively seek the pleasurable sensations associated with it (Klein, 2010).

When an individual is unable to fall asleep after taking one sleeping pill, they may decide to take another pill an hour later, hoping it will have the desired effect. Similarly, a person may offer their own pain medication to a friend who is suffering from a headache. These actions can be classified as drug misuse as they do not follow medical guidelines, but are not intended for recreational purposes. These individuals are self-medicating without following the instructions provided by their healthcare professionals (Klein, 2010). However, regardless of the individual's motive, the inappropriate use and excessive consumption of prescription drugs can have severe consequences and even put one's life at risk. This is because using a medication in a way other than its intended use can lead to unexpected and harmful outcomes (Klein, 2010).

### **Global epidemiology of the misuse and abuse of prescription drugs.**

The misuse of prescription opioids, CNS depressants, and stimulants poses a significant public health concern in both the United States and worldwide. In 2017, approximately 18 million individuals, accounting for over 6 percent of individuals aged 12 and above, engaged in the inappropriate use of these medications at least once within the previous year. According to the 2017 National Survey on Drug Use and Health, around 2 million individuals in the United States started misusing prescription painkillers in the past year, resulting in an average of approximately 5,480 new cases daily. Additionally, over a million individuals misused prescription stimulants, while 1.5 million individuals' misused tranquilizers, and 271,000 individuals had their first encounter with the inappropriate use of sedatives. The reasons behind the abuse of prescription

drugs vary depending on factors such as age, gender, and other variables, but one common factor is the accessibility of these drugs. Since the early 1990s, there has been a noticeable increase in the number of prescriptions for certain medications. In 2019, approximately 900,000 individuals in Australia, accounting for 4.2% of the population aged 14 and above, engaged in non-medical use of prescription drugs within the past year. In Nigeria, around 14.3 million individuals, comprising approximately 15% of adults, reported extensive use of psychoactive substances in the previous year, a significant increase compared to the global figure of 5.6% of adults in 2016. A study conducted by the Nigerian National Bureau of Statistics (NBS) and the Centre for Research and Information on Drug Abuse, with assistance from the United Nations Office on Drug Crime (UNODC) and funding from the European Union (Omiomi, 2019), shed light on this issue. Another study by Ramson and Chetty (2016) focused on Cape Town (the Cape Flats) in South Africa and confirmed that it had the highest methamphetamine usage compared to any other location worldwide. Methamphetamine is a substance utilized in the treatment of obesity and ADHD. Furthermore, the dissemination of false information regarding the addictiveness of prescription opioids can worsen the problem. Additionally, there is a misconception that prescription drugs are less harmful than illicit drugs, leading to further complications. While the inappropriate use of prescription drugs affects many Americans, certain groups such as young individuals and the elderly may be particularly vulnerable (Jones & McAninch, 2015). Prescription misuse/abuse has also been observed in Nigeria and across Africa. An illustrative case is that of Prince Ifeanyi Dike, the former chairman of the board of trustees for the Actors Guild of Nigeria, who underwent two kidney transplants before finally recovering from kidney disease. In a recent interview with *The Nation*, Dike expressed doubts about the impact of his painkiller consumption, which ultimately led to his kidney complications (Omiomi, 2019). In July 2019, the Nigerian public became aware of Rohypnol after it was found in the body of the late Osukogu. It was confirmed that the drug had been used to incapacitate her before her death in a hotel in Lagos. Rohypnol, a type of medication known as Flunitrazepam, belongs to the Benzodiazepine group and is currently being misused recreationally in the country. The drug takes effect rapidly, usually within 20 minutes of use, and during this time, various typical effects can be observed, including reduced inhibitions, memory loss, lower blood pressure, dizziness, changes in vision, and aggressive behaviors. The effect of this substance can last anywhere from eight to 36 hours, depending on whether it is consumed with or without alcohol. Within the slaughterhouse setting, the drug known as Rohypnol is commonly referred to as Roche or "Baba Blue" due to the blue tint it imparts on the tongues of those who use it. Prescription abuse cases have been reported worldwide, leading to an increasing number of deaths caused by overdose. On August 5, 1962, Marilyn Monroe, a renowned Hollywood actress, was found dead in her bedroom at her residence in Brentwood, Los Angeles, USA. During that time, numerous investigators believed she had been murdered, sparking a wave of conflicting opinions. The coroner determined that her cause of death was acute poisoning from barbiturates. Michael Jackson, a popular American musician, passed away on June 25, 2009, in California due to a heart attack. His death was linked to the sudden intake of potent medications prescribed by his doctor, Conrad Murray. Eventually, Murray was convicted of involuntary manslaughter. Depressants, anti-depressants, opioids, morphine derivatives, and stimulants are misused when taken in ways that deviate from the prescribed usage by a doctor. This can occur by self-treating medical conditions with over-the-counter remedies or by consuming prescription drugs with the aim of achieving a euphoric effect. The misuse of prescription drugs and their negative effects on individuals is not a recent phenomenon (Joe, 2015).

## **TRENDS IN PRESCRIPTION DRUG MISUSE AND ABUSE AMONG ADOLESCENTS, OLDER ADULTS, AND THE ELDERLY**

### **In adolescents and young adults**

In 2019, a study conducted by McCabe et al. found that the misuse of prescription medications among young adults aged 18 to 25 has become increasingly prevalent, with 14.4 percent of them admitting to using these drugs for non-medical purposes. Similarly, in 2018, approximately 4.9% of youths between the ages of 12 and 17 disclosed that they had misused or abused prescription medications. Another study by Boyd et al. in 2006 revealed that high school seniors frequently use prescription drugs without a medical reason, ranking fourth after alcohol, marijuana, and tobacco. The National Institute on Drug Abuse (NIDA) conducted research in 2017, which indicated that around 6% of high school students admitted to using the prescription stimulant Adderall without a medical need, while 2% confessed to using the opioid pain reliever Vicodin. Furthermore, the misuse of CNS depressants by 12th graders has remained relatively consistent since 2012, but there has been a significant decrease in the abuse of prescription opioids. Specifically, the proportion of 12th-grade students using Vicodin for non-medical purposes declined significantly from 9.6% in 2002 to 2.0% in 2017. Wang et al. (2015) reported that the misuse of Adderall, which is not intended for medical purposes, increased from 2009 to 2013 but has since declined. Additionally, approximately 60% of surveyed teens and young adults reported obtaining drugs from their friends or family members. Young et al. (2012) found that young individuals who misuse prescription drugs are also more likely to use other substances. Multiple studies have established a connection between the misuse of prescription drugs and the excessive consumption of tobacco, alcohol, marijuana, cocaine, and other illicit substances among individuals in the United States (Wang and colleagues, 2015). Lastly, obtaining a legal prescription for prescription opioids during adolescence is associated with a higher likelihood of future opioid misuse, particularly among young adults with minimal or no prior drug use, as stated by previous research by Mark et al. (2010).

### **Older Adults**

According to a study conducted by Miech et al. in 2015, over 80% of senior citizens, aged between 57 and 85, consume at least one prescription medication on a daily basis. Additionally, more than half of them rely on more than five medications or supplements each day. This could potentially lead to health issues because of the negligent or deliberate misuse of prescription medication in a way that deviates from the prescribed instructions. Older adults are at a greater risk of drug misuse compared to younger populations due to the high prevalence of multiple chronic diseases, age-related changes in how drugs are processed in the body, and the potential for interactions between different medications (Cotto et al., 2010). Additionally, a significant number of elderly individuals are utilizing non-prescription drugs and dietary supplements, which can worsen the negative health effects caused by the misuse of prescribed medications (Miech et al., 2015).

Older adults in the present day have a tendency to prescribe medications about three times more often compared to the general population. Additionally, they have been observed to have the



lowest rate of adhering to medications before they are prescribed. As you age, various bodily functions gradually cease operating. Therefore, it is necessary to have a prescription for each individual body part, resulting in a large amount of different medications being taken. The small text labels on prescription bottles are difficult for certain elderly individuals to read, leading them to seek clarification regarding the dosage instructions for their medications (NIDA, 2001).

### **The older generation: Elderly**

Prescription medications are commonly used by the elderly to address legitimate health concerns, as prescribed by their doctors. The elderly population in the United States is the largest group of individuals who use legal drugs, spending approximately \$15 billion each year on prescription medications. This amount is equivalent to the yearly budget of a small or medium-sized state. Around 83% of individuals aged 60 and above consume prescription medications, with older women taking an average of five medications simultaneously for longer periods than men. Studies have shown that approximately 50% of these medications have the potential to be addictive substances, such as sedatives, which increases the risk of elderly women experiencing issues of abuse (Basca, 2008).

### **Contributing factors to drug misuse and abuse among the elderly**

As individuals age, they undergo significant changes in their lives. Elderly people may experience a variety of social, emotional, physical, and functional changes that could potentially lead to addiction. Physiological factors such as concurrent illnesses, changes in metabolism, and fluctuations in hormone levels contribute to this. For example, changes in melatonin levels can disrupt normal sleep patterns. Mental health problems are also common, especially among those with significant health issues. Depression, in particular, can worsen overall well-being and functionality. Elderly individuals may experience reduced physical speed, strength, and flexibility, leading them to turn to medication to improve their situation. Medical professionals may prescribe preventive medications to help with anxiety, depression, or insomnia, but this can lead to dependence. Several factors should be considered when analysing this issue, including the fact that elderly individuals are more likely to receive multiple medications for an extended period of time. Additionally, social factors such as limited English proficiency and low health literacy can impede adherence to prescription drug regimens.

Detecting substance abuse in older adults can be challenging, as the usual signs of aging can mask symptoms and individuals may not acknowledge mistreatment. The elderly population deviates from the typical perception and preconceived notions of substance abuse, leading to a lack of awareness and support services for this specific demographic (Basca, 2008). Studies indicate that females are more likely than males to be prescribed prescription drugs with abuse potential, particularly narcotics and anti-anxiety medications (NIDA, 2001). From an early age, women are constantly informed that there is a pill-based solution for almost every problem they encounter in life. For example, if they experience stomach pains associated with premenstrual syndrome, they are advised to use Midol as a remedy. If they are not ready for immediate parenthood, oral contraceptive pills are recommended. Women are known for seeking medical assistance earlier than men when facing health issues and often receive a new medication during their doctor visits. Consistently taking medication on a daily basis can lead to habitual behaviour, and if a person is prescribed a potent medication, it can potentially be misused (National Institute on Drug Abuse, 2001).



## **PREDISPOSING FACTORS TO PRESCRIPTION DRUG MISUSE AND ABUSE**

Prescription drug misuse and abuse are increasing mainly because of the following factors:

### **Access to prescription medications**

The drug market in Nigeria has become increasingly open, with individuals selling a wide range of Over-The-Counter (OTC) and prescription drugs on trays and wooden shelves in busy urban areas (Joe, 2015). According to a 2009 report, Dr. Olusegun Fakoya stated that "there are no drugs that cannot be easily purchased in the Nigerian open market." Even drugs that require a prescription are often available for purchase without one. Dr. Fakoya noted that this is a common occurrence, and that medications for ovulation, diabetes management, migraine treatment, epilepsy, and other conditions can be obtained through a cash-and-carry system. He expressed his sadness that in Nigeria, no drugs are considered too valuable to be sold.

### **Genetic composition of an individual**

The human genome is made up of genes, which are the basic building blocks of DNA. These genes contain vital instructions that regulate important processes within the body's cells. Genetic factors can also influence the misuse and abuse of prescription drugs. The brain's reward system, which is genetically controlled, can be affected by the excessive use and abuse of drugs, both prescription and non-prescription, leading to changes in dopamine levels in the brain. According to the National Institute on Drug Abuse, research on families suggests that approximately 50% of an individual's risk for drug addiction is determined by their genetic makeup. Although identifying a specific genetic factor behind drug addiction is difficult, there is evidence to suggest that certain genes may contribute to the development of this complex illness. For instance, a study found that the HERV-K HML-2 or HK2 element can impact genes associated with dopamine activity (Karamitros et al., 2018).

### **Previous or current dependencies on other substances such as alcohol and tobacco**

Previous or current history of using or misusing substances that affect the mind is a contributing factor. Individuals who have previously experienced problems with alcoholism or illicit substance abuse have a higher likelihood of misusing and exploiting prescription medications.

### **Family History of drug Abuse**

Individuals with a familial history of drug abuse are at a significantly higher risk of developing a susceptibility to substance abuse. Such individuals are more likely to possess surplus prescription drugs that remain unused, either stored on shelves or within their households. The probability of these prescription medications being mishandled and exploited is elevated. Tragic scenarios may arise, such as the loss of a family member due to the consumption of an excessive quantity of prescribed medication. Consequently, it is highly probable that another individual within the same family will meet a similar fate as a result of the misuse and abuse of prescription drugs.

### **Mental illnesses or disorders**

Individuals who are afflicted with mental illnesses such as PTSD, bipolar disorder, depression, and anxiety are more inclined to misuse and exploit prescription drugs, while those who engage in the improper use of these medications are at a higher risk of developing mental health disorders.

Consequently, these individuals may seek solace in doctor-prescribed medication as a means to cope with their emotional struggles.

### **Traumatic experiences in the past**

The increased probability of misusing and misappropriating prescription drugs is a direct consequence of this situation. Traumatic experiences from the past, such as sexual abuse, physical harm, or emotional distress, can manifest in various ways. Individuals who have endured trauma or mistreatment during their childhood are more susceptible to falling into the trap of drug abuse. The lack of comprehensive knowledge about prescription medications and their potential negative effects further exacerbates the issue.

### **Physical health problems like bodily pain and fatigue**

Presently, a significant number of individuals endure painful physical disabilities. The common practice of prescribing pain-relieving opioids to alleviate such pain suggests a potential association between pain, medical conditions, and the utilization of opioids. Initially, individuals may adhere to the prescribed usage of opioids, but over time, they can develop a dependency, face challenges in discontinuing their usage, and ultimately rely on these drugs as a means to alleviate their discomfort.

## **CLASS OF PRESCRIPTION DRUGS COMMONLY MISUSED AND ABUSED**

The most frequently used prescription types of drugs are opioids, which are typically prescribed for pain relief. Another category of drugs is central nervous system depressants, including tranquilizers, sedatives, and hypnotics. Additionally, central nervous system stimulants are commonly prescribed for attention deficit hyperactivity disorder (ADHD; Blanco *et al.*, 2007).

### **Opioids**

Opioids are substances that interact with opioid receptors in the spinal cord and brain to decrease the severity of how pain is sensed. It might also have an impact on regions of the brain responsible for regulating emotions, further decreasing the likelihood of encountering distressing sensations. According to Lee *et al.* (2011), these remedies have a long history of being employed to provide relief from pain, coughing, and digestive issues. The primary application of opioids in today's era is to alleviate short-term pain. However, from the 1990s, it has been used more often to treat chronic pain, even though there is not much evidence to support its long-term effectiveness (Hart & Ksir, 2012). Hydrocodone, Oxycotin, Fentanyl, and Morphine are the opiates that are most frequently misused. These substances are consumed through various methods such as snorting, smoking, and, in some cases, even injecting, in order to achieve a similar euphoric effect as heroin. The opiate plant is used to create the heroine, thus these painkillers are artificial forms of heroine. Fentanyl is 600 times stronger than heroin. According to Hanson *et al.* (2006), approximately one million Americans were suffering from opiate addiction by the conclusion of the 19th century. The use of opioids and morphine derivatives, which are administered to alleviate pain, can have detrimental effects on human health in both the immediate and long-term. Immediate effects of these medications include drowsiness, slowed breathing, difficulty with bowel movements, loss of consciousness, coma, and nausea. Prolonged or consistent use of these substances can lead to physical dependence and the development of addiction. Continued usage results in the body

adapting to the drugs, and upon discontinuation, individuals may experience symptoms such as restlessness, insomnia, diarrhea, vomiting, chills, muscle discomfort, and bone pain (Compton et al, 2006).

From 1990 to 2010, there has been an increase in the purchase and distribution of opioids. In the period from 2011 to 2012, the percentage of adults who reported using opioids in the last month or two increased to 6.9% of the entire population (Cheatle, 2015). This trend is causing concern. In 2012, approximately 4.9 million individuals used pain relievers for non-medical purposes. This represents a rise of twelve. 8 percent of the respondents from the previous year confessed to using opioids for non-medical purposes. Since the opium plant is where the drug originated, there are individuals who have chosen to use it for recreational purposes. The number of reported emergency cases linked to the non-medical consumption of opioids was increasing. In 2001, the emergency department received a total of 488,004 individuals (Cheatle, 2015). Cheatle (2015) also reported that in the same year, 986 individuals were admitted for the purpose of receiving treatment for opioid-related disorders. A total of 38,329 deaths were recorded as a result of drug abuse and misuse with a significant number of deaths recorded, totally of 16,651 people being specifically attributed to opioids which shows alarming high rate of deaths due to these prescription drugs.

In certain cases, opioid treatment has been observed to result in heightened pain or an increased perception of pain. This occurrence is known as hyperalgesia. Additionally, opioids have the ability to induce fatigue or arousal in the brain, apart from providing pain relief, which can lead to potential misuse and dependence. Chemically, this product closely resembles heroin, which was originally developed as a medication derived from morphine in the late 1800s. The likelihood of drug use is increased when these medications are used as directed (Hart & Ksir, 2012). Opioids carry a significant risk of overdose as they also disrupt the brain's control over respiration. Consuming excessive amounts of opioids can cause breathing difficulties, ultimately leading to drug dependency. Administering the naloxone emulsion promptly can reverse an overdose and prevent harm or death. Hydrocodone products are commonly prescribed in the United States for various reasons, including dental pain and injuries. Oxycodone and oxymorphone are frequently used to alleviate moderate to severe pain, as stated by O'Brien and Dackis (2006) and Cicero & Ellis (2015). Morphine is often administered before and after surgical procedures to relieve intense pain, while codeine is typically prescribed for milder pain. In addition to their pain-relieving properties, certain drugs like codeine and diphenoxylate (Lomotil) are used to alleviate coughs and severe diarrhea (Lee et al., 2011).

### **The implications of opioids on both cognitive function and physical health**

Opioids function by binding to and stimulating opioid receptor proteins present on nerve cells located in the brain, spinal cord, gastrointestinal tract, and various other organs within the body (Lee et al, 2011). When these medications bind to receptors, they prevent the transmission of pain signals. Due to their impact on the brain's reward systems, opioids can lead to drowsiness, cognitive impairment, queasiness, bowel troubles, and breathing difficulties. Due to their impact on the brain's reward areas, these medications have the potential to induce feelings of intense happiness, particularly when taken in excessive amounts or through non-prescribed methods (Lee et al, 2011).

An illustration of this is OxyContin, which is taken by mouth and prescribed for moderate to intense pain relief by gradually releasing opioids. According to O'Brien (2006), there are individuals who abuse OxyContin by enhancing the impact through methods like snorting or injecting it. This is a dangerous habit that significantly raises the chances of severe medical issues, such as overdosing, ultimately resulting in the person's death. Dangers associated with the inappropriate use and overuse of prescription opioids. When patients follow the recommended dosage, opioids can frequently be used to safely and efficiently alleviate pain. However, if individuals follow the instructions and consume opioid medication, they may develop a disorder related to the use of prescription drugs. Misusing these medications escalates the chances of a drug overdose. One large amount of an opioid can lead to dangerous breathing difficulties, also known as respiratory depression, and can be deadly. The risk of this happening is even higher when opioids are combined with alcohol or sedatives. (Pentel et al., 2006; Jones et al., 2015) In instances where they are administered appropriately, opioid pain relievers used temporarily for a short period following surgery seldom lead to opioid addiction or dependence. Nevertheless, frequent use of opioids for extended periods of time, such as multiple times a day over several weeks, can result in reliance on the drug (experiencing physical discomfort upon cessation), tolerance (needing higher doses to achieve the same effect as the initial dose), and potentially addiction (compulsive pursuit and consumption of the drug). Both dependence and addiction can cause the body to experience withdrawal symptoms if the use of drugs is abruptly decreased or discontinued. According to Jones et al. (2016), some indications of this condition may involve feeling uneasy, experiencing discomfort in the muscles and bones, having trouble sleeping, suffering from upset stomach and bowel movements, throwing up, having small bumps on the skin resembling goosebumps, and involuntarily moving the legs.

### **The correlation between persistent pain and the inappropriate utilization and exploitation of opioids**

Medical experts have faced ongoing challenges in determining the optimal approach to addressing the needs of over 100 million Americans experiencing chronic pain. Opioids have been the prevailing and potent painkillers employed since the late 1990s in addressing long-lasting pain such as that resulting from surgical procedures, cancer, and persistent pain. Chronic back pain necessitates the consistent use of opioids over an extended period. The incidence of opioid abuse is elevated among individuals suffering from long-term back pain. Clinicians face a dilemma due to limited research on alternative treatments for chronic pain as there are potential dangers linked to long-term opioid treatment, including drug resistance, addiction, and hyperalgesia. Patients may be hesitant to consume opioids that have been prescribed to them due to concerns about developing their own addiction. (Retrieved from Hart and Ksir, 2012; Esteve et al., 2021; Smit et al, 2022).

The rates of opioid abuse in patients experiencing chronic pain differ greatly because of variations in treatment duration, limited studies on long-term outcomes, diverse participant groups, and different measures of outcomes such as dependence and opioid use disorder. In the United States, approximately 1.6 million individuals were found to have opioid use disorder (OUD) in 2019, while opioid overdoses resulted in an estimated 50,000 to 130,000 deaths in 2018. In order to reduce the chances of addiction, doctors should follow the recommendations provided by the CDC in regards to prescribing opioids for long-term pain management. Prior to prescribing medication,

doctors ought to evaluate the level of pain and the patient's ability to function. They should also determine if there are alternative treatment options that do not involve opioids, and talk with the patient to develop a treatment plan. Additionally, doctors should assess the patient's likelihood of experiencing harm or misusing the medication, and consider prescribing naloxone alongside it to reduce the risk of overdose. When initially prescribing opioids, doctors should administer the minimum necessary amount for the briefest period of time to achieve therapeutic effects. While the patient is undergoing treatment, it is important to regularly monitor their progress. Opioid treatment should only be continued if there are clear improvements in their pain levels and ability to function, without any negative effects (Hart & Ksir, 2012).

### **Central Nervous System Depressants**

The Central nervous system depressants are substances that slow down the activity of the central nervous system. CNS depressants refer to substances such as tranquilizers, sedatives, and hypnotics, which have the ability to decrease brain activity. This characteristic allows them to be beneficial in the treatment of anxiety and sleep conditions. The list below includes some of the medications that are frequently prescribed for these objectives. Benzodiazepines, such as Valium, Klonopin, and Xanax, are occasionally given by doctors to address anxiety, acute stress reactions, and panic attacks. Clonazepam may also be recommended as a remedy for seizure disorders and insomnia. Benzodiazepines are medications that have a calming effect on the central nervous system and are commonly prescribed for anxiety and sleep problems.

According to a study conducted by researchers, it was found that approximately 4 to 6 percent of adults use benzodiazepines for stress relief and to aid in sleeping, based on data collected from the 2015 and 2016 National Survey on Drug Use and Health (Donovan et al., 2018). At present, benzodiazepines like Halcion and ProSom are recommended by doctors for the temporary management of sleep disorders and wakefulness disorders. Typically, benzodiazepines are not recommended for prolonged use due to the elevated likelihood of developing tolerance, dependence, or addiction. Zolpidem (brand name Ambien), eszopiclone (brand name Lunesta), and zaleplon (brand name Sonata) are nonbenzodiazepine sleeping aids that are commonly referred to as z-drugs. Despite having different chemical compositions, these drugs work by targeting the same receptor in the brain called GABA type A, which is also affected by benzodiazepines. It is believed to produce fewer adverse reactions compared to benzodiazepines and has a reduced chance of causing addiction.

Barbiturates, including mephobarbital (Mebaral), phenobarbital (Luminal), and sodium pentobarbital (Nembutal), are drugs with sedative and hypnotic properties and have a greater chance of overdose in comparison to benzodiazepines, therefore they are not frequently prescribed to alleviate anxiety or address sleep issues. Nevertheless, they continue to be utilized in surgical operations and for the management of seizure disorders (NIDA, 2001). CNS depressants are utilized in the treatment of sleep disorders, stress, and anxiety. CNS depressants have an impact on the body by reducing brain activity through their interaction with the GABA system, resulting in a relaxing effect (NIDA, 2001). Benzodiazepines and barbiturates are types of CNS depressants that require a prescription. Benzodiazepines are a type of medication that acts as tranquilizers. They are commonly prescribed to alleviate symptoms of anxiety, panic attacks, and different types of phobias. Barbiturates have the ability to reduce anxiety when taken in small amounts, while taking higher doses may lead to feelings of drowsiness or induce sleep. Withdrawal from CNS

depressants can lead to death due to physical exhaustion and the collapse of the cardiovascular system, which is not the case with opioids (Carroll, 2002).

### **The impact of central nervous system depressants on the brain and body**

The mechanism of action for central nervous system depressants involves the reduction of brain activity, which proves advantageous in the therapeutic management of anxiety, panic attacks, acute stress reactions, and sleep disorders. Depressants such as sedatives, tranquilizers, and hypnotics directly affect the central nervous system. By enhancing the function of receptors for the inhibitory neurotransmitter gamma-aminobutyric acid (GABA), most central nervous system depressants induce a heightened suppression of brain activity. Consequently, individuals may experience drowsiness or sedation as a result (Ciccarone, 2018).

### **The potential dangers associated with the abuse of central nervous system depressants**

Despite the potential therapeutic benefits of benzodiazepines and barbiturates, it is crucial to acknowledge the associated risks of misuse. These medications should only be used for medical purposes. Limited research has been conducted on the use of benzodiazepine sleeping pills or non-z-type drugs, raising concerns about their potential for misuse. Initially, individuals may experience drowsiness and cognitive disorientation when consuming depressant drugs. However, these adverse effects gradually diminish as the body adapts and tolerance develops. Prolonged administration of the drug may require additional doses to achieve the desired therapeutic effects. Addiction and withdrawal can occur when the drug is used continuously, abruptly reduced, or discontinued. Central nervous system depressants can cause a rebound effect upon discontinuation, potentially leading to seizures or other complications. While benzodiazepine withdrawal may present challenges, it is unlikely to be life-threatening. On the other hand, withdrawal from long-term barbiturate use can result in severe and potentially life-threatening complications. Individuals experiencing withdrawal symptoms should seek medical assistance or consult a doctor promptly (Scammel, 2015).

### **Stimulants**

Stimulants play a crucial role in enhancing brain and body activity, leading to increased levels of alertness, focus, and vigor. These substances are extensively employed in the treatment of conditions such as obesity, narcolepsy, and attention deficit disorders. Prescription stimulants like methylphenidate (also known as Ritalin) and amphetamines have been widely recognized for their effectiveness in addressing these medical conditions (NIDA, 2001). Methylphenidate, which is also called Ritalin, is prescribed for the treatment of attention deficit hyperactivity disorders. Amphetamines are employed in the medical sector to treat narcolepsy and aid in weight reduction. Using stimulants in an abusive manner can result in the gradual development of aggressive and suspicious behavior. If large amounts are consumed, it can cause an increase in body temperature, irregular heart rate, and potentially result in cardiovascular failure or deadly seizures. Stimulants enhance wakefulness, attentiveness, and vitality, while also raising blood pressure, heart rate, and breathing rate.

In the past, stimulant medications were utilized to address various conditions such as asthma, obesity, neurological disorders, and respiratory issues. However, as the harmful effects and risk of



dependency became more evident, there was a decline in the use of stimulants for treating various conditions (Santosh et al., 2011). At present, stimulants are exclusively recommended for addressing specific medical conditions such as attention-deficit hyperactivity disorder (ADHD), narcolepsy, and occasionally for individuals with depression that is unresponsive to other treatments (Westfall & Westfall, 2006; McCabe & West, 2013, Corp et al, 2014).

### **The impact of stimulants on the brain and body**

Stimulant medications such as Dexedrine, Adderall, Ritalin, and Concerta affect the monoamine neurotransmitter group in the brain, particularly norepinephrine and dopamine. By enhancing the effects of these substances, stimulants can induce feelings of euphoria when used non-medically. Moreover, these drugs can also influence noradrenaline, resulting in elevated blood pressure and heart rate, constricted blood vessels, heightened blood sugar levels, and improved airflow in the respiratory system (Schelle et al, 2014).

### **Potential dangers related to the misuse of stimulants**

Prescription stimulants, similar to cocaine, have the potential to create a dependence or addiction in individuals, just like other stimulant drugs. Discontinuing the use of stimulants can result in withdrawal symptoms such as fatigue, depression, and disruptions in sleep patterns. Prolonged and regular use of specific stimulants can also lead to aggressive behavior, excessive suspicion, and in severe cases, a loss of touch with reality. Furthermore, excessive amounts of stimulants can cause dangerously high body temperatures and irregular heart rhythms. It is crucial to be aware that cardiovascular issues and stroke can also occur as a consequence of misusing stimulants (Schelle et al., 2014).

### **Cognitive enhancer**

Over the past two decades, there has been a significant increase in the number of prescriptions for stimulant drugs. This has led to a greater availability of these drugs, but also an increased risk of their misuse for non-medical purposes. While using these medications to treat accurately diagnosed symptoms can greatly improve a patient's quality of life, drugs like Adderall and Modafinil are often misused due to the perception that they are safe and effective (Caldwell & Caldwell, 2005). Stimulants can enhance focus, drive, thinking abilities, knowledge acquisition, and retention capabilities. Certain individuals consume these medications without any legitimate medical requirement in order to enhance their cognitive abilities (Hyman, 2011). The military has a history of using stimulants to enhance performance when dealing with fatigue. Military permits their utilization in restricted operational environments (Tolia et al., 2015).

According to current reports, this technique has been found to enhance efficiency among certain professionals, offset cognitive decline in older individuals, and boost academic achievements among students. Using stimulants for cognitive enhancement without medical reasons can lead to health dangers such as addiction, heart issues, and mental illness. The practice of using drugs to enhance cognitive abilities has sparked a discussion regarding the ethical consequences. Equity problems emerge when individuals who have both access to certain drugs and a willingness to use them gain an advantage in performance compared to others. Implicit coercion happens when there is societal pressure to use drugs in order to be successful in cognitive enhancement. This impression suggests that prescription drugs are taken to enhance competitiveness (Hyman, 2011; Patrick et al., 2015).



## **Utilization of prescription medications in combination with other drugs**

The extent to which prescription drugs can be safely used in combination with other substances relies on various factors, including the specific type of drug, the dosage, the presence of other substances like alcohol, and the health considerations of the patient. Individuals should seek advice from their healthcare provider regarding the appropriate usage of prescribed medications and OTC drugs, as well as substances like alcohol, tobacco, and illegal drugs. In particular, it is not advisable to combine drugs that decrease the rate of breathing, such as opioids, alcohol, antihistamines, CNS depressants, or general anesthetics, as this can significantly raise the chances of experiencing a dangerous condition called respiratory depression, which can be life-threatening (Pentel et al., 2006; Jones et al., 2015). Avoid combining stimulants with other medications unless specifically advised by your doctor. It is important for patients to understand the risks associated with combining different types of over-the-counter cold remedies, such as stimulants and decongestants. The mixture of these substances can lead to potentially dangerous hypertension and irregular heartbeats (Dowell et al., 2016).

## **Prescription medications and their effects on pregnancy**

Certain medications prescribed to pregnant women have the potential to induce addiction in infants and trigger withdrawal symptoms upon their arrival, commonly referred to as neonatal abstinence syndrome (NAS). This might entail a prolonged period of time spent in the neonatal intensive care unit and, when it comes to opioids, the necessity of receiving drug therapy. Women are advised to consult with their doctor to determine which medication is suitable for them, and they can safely continue using it during their pregnancy. Special attention should be given to opioid pain medications as they have been linked to an increase in the rates of Neonatal Abstinence Syndrome (NAS) when prescribed to pregnant women for pain relief (Gummin, 2017).

## **The reliance, compulsive use, and increased tolerance of substances**

The state of dependence arises due to physiological changes that occur as a response to consistent exposure to drugs over a prolonged period. This is a common feature of addiction, but all addictions are not the same. Addiction is associated with changes in brain pathways and is marked by the uncontrollable desire and consumption of drugs even in the face of negative consequences. Individuals who rely on medication will undergo unfavorable physical withdrawal symptoms when they suddenly decrease or cease the consumption of the substance. The severity of these symptoms can vary from mild to severe, depending on the specific drug. However, they can typically be controlled with medication or prevented by gradually reducing the dosage. Dependence is often linked to tolerance, which refers to the requirement of higher drug dosages for achieving the same desired outcome. The presence of tolerance can pose challenges for doctors in determining whether a patient is experiencing medication-related issues or genuinely requires higher dosages for symptom management. Due to this, doctors must be alert to the symptoms and functional abilities of patients and should conduct screenings for substance abuse if there are signs of tolerance or dependence (Hart & Ksir, 2012).

## **HEALTH CONSEQUENCES OF MISUSE AND ABUSE OF PRESCRIPTION DRUGS**

Inappropriately and excessive misuse and abuse of prescription drugs often lead to a variety of health problems that are frequently encountered. These health problems include:

### **Adverse Mental disorders**

Misusing or abusing prescription drugs can worsen the symptoms of a mental illness or even cause new symptoms to arise. Regrettably, the act of treating oneself with prescribed medications leads to unwanted repercussions and typically exacerbates the symptoms it initially alleviates in the long term. For example, MDMA (3,4-methylenedioxymethamphetamine, commonly known as ecstasy) results in a lasting impairment of serotonin function within the brain, which in turn causes the development of mental conditions like depression and anxiety

### **Death**

Misusing and abusing prescription drugs have negative effects on one's physical well-being. The accidental consumption of this substance can result in an excessive dose, leading to respiratory failure, heart failure, unconsciousness, or even fatality.

### **Drug Addiction**

Drug addiction refers to the state in which an individual becomes both physically and psychologically dependent on a substance, resulting in compulsive drug-seeking behavior and detrimental effects on their well-being. This chronic and recurring illness causes the person to have an uncontrollable urge to seek and consume drugs, despite experiencing severe negative consequences and enduring changes in the brain. Misuse of prescription drugs can quickly lead to dependency by disrupting the brain's pleasure and reward system. Emotionally, intense feelings of despair, guilt, sadness, and discontentment may be experienced. In some cases, the overwhelming misery and feeling of being trapped caused by addiction may drive an individual to contemplate ending their life as a means of escaping the distress.

## **PRESCRIPTION DRUG ABUSE AND MISUSE IN ANIMALS**

The issue of prescription drug abuse and misuse in animals is widespread, particularly in the use of performance-enhancing substances in horses. According to Wayne (2015), a significant number of racehorses die each week due to drug abuse, with an average of 24 deaths attributed to this cause. The use of performance-enhancing substances in racehorses has a detrimental impact on numerous equine competitors across the globe. According to the Associated Press, in February 2017, a veterinarian from Louisiana was accused of participating in a plot to administer a synthetic drug known as "frog juice" to animals in order to manipulate the result of a horse race. Diamorphine, a natural substance produced by tree frogs in South America, is about 30 times stronger than morphine. According to Hallas-Kilcoyne (2013), the Food and Drug Administration have not authorized drugs with dermorphin for either human or animal consumption. Stimulants are the drugs most frequently given to horses in every field of equestrianism. Examples of these substances are amphetamines and caffeine. Stimulants are given to enhance power and velocity by boosting vigilance and reducing muscle exhaustion. However, there is no evidence to suggest that this occurs in horses that are in good health (Winter, 1951). The world's most renowned dog sled race, which covers a distance of 1,000 miles in Alaska and concludes in Nome every March, is disrupted by a major doping controversy. In the previous spring, four dogs belonging to a team led by Dallas Seavey, a highly successful musher and four-time champion in the sport, were

discovered to have tramadol in their system which is a powerful pain reliever with high dosage in the opioid category (Branch, 2017).

### **MISUSE OF ANTIBIOTICS IN FARM ANIMALS**

The misuse of antibiotics in farm animals refers to the improper usage of these medications. An astonishing 80% of antibiotics sold in the United States are utilized for the purpose of treating farm animals. While a portion of that 80% is utilized for treating animal ailments, the majority (90%) is given to animals through their water or food to facilitate their growth and increase their overall weight. Additionally, these antibiotics are used as a preventive measure to help the livestock thrive amidst the challenging farm and living conditions. In 2010, farm animals consumed a total of 29.1 million pounds of antibiotics, which was 400,000 pounds higher than the previous year's consumption. Antibiotics are mainly used in two agricultural scenarios: treatment (therapy) and promotion of growth.

#### **Therapy**

Therapy involves providing antibiotics to animals or groups of animals as a means to treat illnesses they are experiencing. When farm animals display symptoms of a sickness, a commonly employed approach to remedy the situation is through the administration of suitable antibiotics. Advancements in veterinary medicine have enabled the identification, treatment, and prevention of severe animal health threats that could have negative consequences for the agriculture industry. Antibiotic immunizations are easily applicable to numerous farm animals to combat diseases and illnesses. When the owner or farmer notices any initial indications of animal suffering, they will consult the animal physician or veterinarian to determine if antibiotic treatment is required. The primary goal of using antibiotic therapy in farm animals is to control the spread of disease among a group of animals. In addition, the purpose of utilizing antibiotics as a therapy is to address the particular sickness of animals, as diseases have a detrimental effect on farm animals' performance and capabilities, leading to a decline. In a therapy situation, the primary objective of antibiotic agents is to effectively treat the infections in animals and promptly eliminate the pathogens causing harm, while keeping any negative consequences to the animal at a minimum (Wegener & Henrik, 2003). By doing this, the particular antibiotic will attach itself to the target site, also known as the active site, of the organism in order to combat the disease-causing pathogens. The use of antibiotics in farm animals for therapeutic purposes is crucial for enhancing both profitable and ethical livestock production. This is particularly important due to the widespread economic pressure caused by consumer demand for protein. The administration of antibiotics for therapeutic purposes must be guided and decided upon by a licensed animal veterinarian. It is essential for farmers, ranchers, and owners of farm animals to seek guidance from a veterinarian before using antibiotics to treat ill animals. In the same way, a proper prescription from a veterinarian is necessary for farm animals to receive a complete course of antibiotic treatment, along with proper supervision. In light of what has been mentioned, the improper use and abuse of antibiotics on agricultural animals, for example, The occurrence of administering therapeutic antibiotics to treat diseases in farm animals without a prescription or proper veterinary consultation is inevitable. Furthermore, it is necessary for farmers, ranchers, and animal owners to exclusively make use of antibiotics that have been sanctioned by the United States. The Food and Drug Administration oversees the usage of antibiotics in farm animals to guarantee that they are effective in treating illnesses while also being safe for the animals and the meat and milk products they produce. According to a review by the American Dairy Association and Dairy Council in 2003, milk undergoes thorough antibiotic

testing both on the farm and at the processing facility. The milk that shows a positive result for antibiotics cannot be marketed to the public, this ensures thorough monitoring of both meat and milk for antibiotic contamination. In general, the utilization of therapeutic antibiotics in animal farming leads to the well-being of animals, which subsequently generates healthier food sources for humans. As a result, the positive impacts on animal health should be emphasized when it comes to the utilization of antibiotics in livestock, despite the conflicting consequences associated with using antibiotics for promoting animal growth (Hurd et al, 2004).

### **Growth Promotion**

An additional way antibiotic are used for farm animals is through their use to promote animal growth. Growth promotion involves giving antibiotics to farm animals, typically added to their food, during their growth period, which leads to enhanced physical performance. Various antimicrobials have been discovered to significantly enhance both the average daily weight gain and the feed efficiency of farm animals, in addition to other favorable outcomes for livestock owners. It is challenging to quantify the overall advantage of using antibiotic feed for farm animals, but it greatly impacts a farmer's profit, leading to its widespread use. The use of antibiotics in farm animals can lead to growth-promoting effects by changing the normal population of microbes in their intestines. This change allows for better digestion of animal feed and increased absorption of nutrients. Furthermore, the small amount of antibiotics administered to farm animals for the purpose of promoting growth has been shown to effectively inhibit certain contagious diseases. This means that the immune system plays a role in causing the additional effects of using antibiotics for promoting growth in farm animals. Controlling and preventing infections and diseases in farm animals is a crucial outcome of using antibiotic growth promoters in farm animals. However, the use of antibiotics for promoting the growth of farm animals, which may seem unconventional, is widely debated due to concerns about its safety. This controversy surrounds not only the well-being of the animals but also the potential risks for humans who consume products derived from these animals. The potential transfer of resistance from animal to human microbes is a major concern due to the use of antibiotics in livestock (Tomson & Bill, 2012). The issue of humans developing higher resistance to antibiotics because of the use of antibiotics in animals is a subject of debate.

### **PREVENTION OF MISUSE/ABUSE OF PRESCRIPTION DRUGS**

Despite the government's efforts to control prescription drugs, the misuse of these medications and its effects continue to persist. Prescribing doctors have a crucial role in preventing, identifying, and managing issues related to drug misuse. Collaboration between medical professionals, veterinarians, patients, and pharmacists can help recognize and prevent the misuse of prescription drugs. With over 84 percent of Americans interacting with healthcare professionals in 2016, physicians are better equipped to identify non-medical uses of prescription drugs and implement preventive measures (Simon, 2016; Worthy et al., 2015). If left unaddressed, the patient's abuse problem can escalate into a substance addiction disorder.

Doctors can determine patient issues, recommend suitable treatments, and establish recovery goals by inquiring about the complete list of medications. During routine visits, evidence-based screening tools for non-medical prescription drug use can be incorporated. Doctors should also be attentive to sudden increases in medication requirements and frequent unplanned requests for prescription refills. It is crucial for doctors to understand that individuals who misuse prescription drugs may engage in "doctor shopping" to obtain multiple prescriptions. The government-created

Prescription Drug Monitoring Program (PDMP) is a digital database that monitors the prescribing and dispensing of controlled prescription drugs. It serves as a vital tool in preventing and detecting prescription drug abuse. Currently, there is a lack of consistency in research findings regarding the effects of these programs. Despite unanswered questions about optimal methods and ease of use, the utilization of PDMP has shown a correlation with opioid prescription rates and overdoses in certain states, suggesting a decrease (Volkow et al., 2014; Macdonald et al., 2016).

In 2015, the government at the national level introduced a program aimed at decreasing the abuse and accidental deaths caused by opioid drugs, which involved advocating for more careful and sensible prescription practices for these medications. In accordance with these initiatives, the Centre for Disease Control and Prevention (CDC) released its CDC report in 2016. A guide on prescribing opioids for chronic pain that establishes standards in clinical practice to effectively manage the advantages and drawbacks of long-term opioid treatment. The commission highlighted various key focus areas intended to enhance the prevention and treatment of opioid addiction. Efforts at the federal level are being made to combat opioid addiction and prevent overdoses. Stopping the misuse of prescription drugs, whether through prevention or cessation, is essential for caring for patients. However, there are specific individuals who could experience advantages from receiving prescribed stimulant medications, tranquilizers, or opioid analgesics. Doctors must find a balance between meeting the valid medical needs of their patients and considering the potential dangers of abuse and the negative consequences it can have (Hart & Ksir, 2012). It is recommended that patients adhere to the instructions on the label, inform pharmacists about potential drug interactions and alcohol consumption, and consult with the pharmacist before discontinuing or altering their dosage regimen. To ensure proper usage, it is advisable to seek advice from the pharmacist. It is crucial to never share prescriptions with others or use medication prescribed for someone else. Prescribed stimulants, tranquilizers, and opioids should be kept in a secure place for safety. Patients should inform their healthcare provider about all medications they are taking, including prescribed drugs, over-the-counter medications, and dietary and herbal supplements before starting any new treatment or medication. Pharmacists play a vital role in educating patients about proper medication administration and their impact on symptoms. They can also help identify concerning patterns of prescription drug misuse and counterfeit prescriptions. Some pharmacies have established helplines to report counterfeit prescriptions to nearby pharmacies. Pharmacists and physicians can work together to monitor a patient's opioid prescription and distribution patterns using the Prescription Drug Monitoring Program (PDMP), as recommended by Macdonald et al. (2016).

Prescription pharmaceutical companies are continuously working on developing abuse-resistant formulations (ADFs) of opioid drugs in order to address the issue of drug misuse. These formulations are designed to make it more difficult for individuals to consume or inject these drugs for abusive purposes. Various methods are currently being implemented or studied for potential usage in creating these abuse-resistant formulations. One approach involves incorporating a barrier, either physical or chemical, that prevents the drugs from being pulverized, crushed, or dissolved. Another method involves combining agonists and antagonists to control the release of the antagonist, which counteracts the effects of the drug. Additionally, an unpleasant substance can be added to the drug to create an unpleasant feeling if it is consumed in a manner different from its intended use. Furthermore, methods such as injections or implants are being explored to deliver medication gradually over an extended period. Currently, there are several ADF opioids



available in the market, and the FDA has also requested the development of ADF stimulants. The use of abuse-resistant preparations has been shown to reduce the illicit value of medications (Macdonald et al., 2016). In 2014, the Drug Enforcement Administration reclassified hydrocodone products from Schedule III to Schedule II, resulting in a decrease in hydrocodone prescriptions. However, this change did not lead to a corresponding increase in prescriptions for other opioids, as reported by Jones et al. (2015).

### **The advancement of secure medicine**

The need for non-addictive pain relievers that are effective is a critical concern for public health, especially as the elderly population and injured military personnel continue to grow. Scientists are exploring alternative treatments that target different signaling mechanisms in the body, such as the endocannabinoid system, which is linked to pain management. Additionally, it is important to identify the factors that make certain individuals more susceptible to substance use disorders and develop strategies to prevent prescription drug misuse (Volkow et al., 2014). The Nigerian Senate is currently focusing on two bills to address substance abuse and its associated dangers, with the Pharmaceutical Society of Nigeria (PSN) and its technical group leading the way in discussions and advancements. The prevalence of drug abuse in the northern part of the country highlights the need for stronger regulation and oversight of pharmaceutical establishments, particularly unregistered ones. Following the initial meeting at the Senate, a roundtable discussion was held in Kano to address the severity of the issue in the northern region of the country, which has had a significant impact on young people and women (Albert, 2018). The root cause of this problem can be attributed to the numerous flaws in our drug distribution system, which allows for the unrestricted availability of all types of drugs, including Pharmacists-initiated Medicines (PIMS) and Prescription Medicines (POMs) (Albert, 2018). The most practical and effective solution is to regulate and monitor pharmaceutical establishments, while taking strict action against unregistered ones. There are over two million unregistered pharmaceutical premises, compared to less than 6,000 licensed ones and 20,000 licensed patent medicine vendors authorized by the PCN to handle professional activities (Albert, 2018). Governments should also strengthen the regulatory procedures that oversee the activities of the National Food and Drug Administration (NAFDAC) and the National Drug Enforcement Agency (NDLEA). NAFDAC's regulations ensure the safe distribution of medicines, water, and other regulated items (Albert, 2018).

### **Managing and addressing addiction to prescription drugs**

Addressing and managing addiction to prescription drugs is a critical responsibility that demands comprehensive approaches and effective interventions. Extensive research conducted over the years has demonstrated that addiction problems are a specific type of brain disorder that can be effectively managed through appropriate treatment. It is crucial for the treatment to consider both the specific drugs involved and the unique requirements of each individual. Successful treatment often involves a combination of various elements, including detoxification, therapy, and potentially medication. In some cases, multiple treatment courses may be necessary in order to achieve full recovery. The primary forms of treatment for substance use disorders can be categorized into two groups: behavioral therapy (such as emergency management and cognitive-behavioral therapy) and pharmacotherapy. Behavioral therapy aims to assist individuals in overcoming drug use by modifying unhealthy thought processes and behavioral patterns. It provides guidance on effective techniques for controlling urges and preventing situations that may

trigger a relapse into undesirable behaviors. Additionally, in certain circumstances, rewards may be offered to incentivize individuals to refrain from engaging in specific behaviors. Behavioral therapy, whether conducted through individual, family, or group counseling, can also help individuals improve their relationships and enhance their performance in professional and community settings. According to the Behavioral Health Statistics and Quality Center's report in 2012, medications like buprenorphine, methadone, and naltrexone can be utilized to treat addiction to prescription opioids. These medications have the ability to either block the effects of other opioids on the brain (naltrexone) or alleviate withdrawal symptoms and cravings (buprenorphine and methadone), thereby preventing individuals from relapsing into addictive behavior. Medicine-assisted treatment (MAT) involves the use of medication in conjunction with psychological and behavioral support to address opioid addiction. Furthermore, there is a medication called lofexidine that can help reduce the physical symptoms associated with withdrawal.

### **Pharmaceuticals used to treat addiction to opioids**

Pharmaceutical remedies administered for the treatment of opioid dependence include Methadone, Buprenorphine, and Naltrexone etc.

Methadone, a synthetic opioid agonist, is known for its ability to prevent the occurrence of withdrawal symptoms and decrease the desire to use drugs. Similar to other opioids such as heroin, morphine, and opioid painkillers, it acts on the mu-opioid receptors. However, methadone has a less intense impact and provides longer-lasting effects. Over the past forty years, methadone has proven to be an effective treatment for heroin addiction, although its use is generally limited to authorized opioid treatment programs (Jones et al, 2015).

Buprenorphine, classified as an opioid, acts as a partial activator of mu-opioid receptors by binding to them. Certified doctors, nurses, and physician assistants in clinics have the authority to prescribe it as well. Similar to methadone, it produces a decrease in cravings and is easily tolerated by patients. In 2016, The FDA has given approval to the development of an implantable buprenorphine formula that can release drugs consistently for a period of six months. This development was sponsored by NIDA. In the year 2017, a monthly injection received official approval. These formulas remove the necessity of taking medication every day, simplifying the process of sustaining treatment, particularly for patients who live a considerable distance from their healthcare professionals. It is crucial to understand that methadone and buprenorphine do not simply replace one addiction with another. Instead, they alleviate withdrawal symptoms and cravings without inducing euphoria in individuals struggling with opioid addiction. By restoring equilibrium to the brain circuits affected by addiction, these medications facilitate recovery and enable individuals to lead balanced lives (Jones et al., 2015).

Naltrexone, a distinct medication, falls into a different drug category and functions as an antagonist by blocking the interaction between opioids and opioid receptors. Vivitrol, an injectable form of naltrexone with prolonged effects, presents a valuable treatment option for patients who struggle with medical attention or medication adherence. Although medication is commonly prescribed for opioid use disorders, its utilization remains relatively low. Not all individuals with opioid use disorder actively seek treatment, and even those who do may face challenges in accessing the necessary medication. Recent hospitalization data indicates that only 21 percent of patients with prescription opioid use disorder have a treatment plan involving medication. Despite the



hypothetical scenario of maximum healthcare capacity, there are still approximately 1.3 to 1.4 million individuals affected by opioid use disorders who require medication but lack access to treatment. This is primarily due to the limited availability of opioid treatment programs providing methadone and the restrictions on the number of patients physicians can treat with buprenorphine. There is an ongoing nationwide effort to expand the accessibility of medications for opioid addiction, which involves the recent decision to increase the maximum number of patients that eligible doctors can prescribe buprenorphine to. According to Obama in 2016, the number of patients has risen from 100 to 275. NIDA actively supports and finances research aimed at finding the most effective utilization of drugs for treating opioid use disorders. For example, a recent study revealed that the maintenance therapy of buprenorphine yielded greater success compared to gradually tapering off buprenorphine treatment in patients (Fiellin et al., 2014). Furthermore, initiating buprenorphine therapy when a patient is admitted to the emergency department, such as for an overdose, proves to be a more effective approach in engaging patients than referrals or simple procedures. In summary, the evidence suggests that administering methadone, buprenorphine, or naltrexone to prisoners significantly improves their condition upon release (Donofrio et al., 2015).

### **Counteracting opioid overdose with Naloxone**

As a life-saving measure, naloxone plays a vital role in reversing the detrimental effects of opioid overdose. By actively combating opioids, this medication swiftly reinstates regular breathing in individuals who have ceased to breathe due to an overdose on prescription opioids or heroin. Naloxone can be obtained by emergency medical personnel, first responders, and individuals present during an emergency situation (Ciccanone, 2018).

### **Management of Prescription stimulant drug addiction**

Patients, who rely on central nervous system depressants, such as drugs used for relaxation, calming, and sleep, should not discontinue their use voluntarily due to the potential severity of withdrawal symptoms, which can even lead to death in some cases. While the treatment of CNS depressant dependence has not been extensively studied, it is crucial for patients to receive medical supervision during the detoxification process, with gradual dosage reduction. Inpatient or outpatient therapy can be beneficial during this process, and cognitive-behavioral therapy has been shown to be effective in helping patients adapt to the withdrawal process. Additionally, when CNS depressant misuse is linked to the consumption of other substances like alcohol and opioids, therapeutic methods should address multiple dependencies (Albert, 2018; Joe et al, 2015). Although there are currently no FDA-approved medications for CNS depression dependence, ongoing research is being conducted in this area (Ciccanone, 2018).

## **CONCLUSION**

To conclude, it is imperative that we recognize the challenge that poses a threat to our nation's future. There is still a significant amount of work that needs to be done to increase awareness about substance abuse and the dangers it presents. Experts in narcotics recommend that authorities strengthen drug control measures while simultaneously improving counseling and treatment services. The Senate is currently holding hearings on the issue and examining existing bills to create new laws that address the present and future risks associated with drug use and substance abuse. Additionally, the Secretary of Health has established a committee to explore measures that can be implemented to reduce or eliminate the availability of certain addictive substances. Some

telecommunication stakeholders, such as MTN Nigeria, have taken timely action to support society's efforts to combat the problem. Recent findings suggest that there is a widespread occurrence of misuse of antimalarial and antihypertensive medications, and further investigation is necessary. The conclusions drawn from this overview highlight a complex interrelationship between multitudes of factors that contribute to prescription drug abuse. As a result, the implementation of effective prevention programs for prescription drug abuse and misuse will require extensive efforts across all levels and domains.

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## FEMALE GENITAL MUTILATION: A VIOLENT PRACTICE IN NEED OF CHANGE

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### Abstract

Female Genital Mutilation or Cutting (FGM/C) is related to deep rooted beliefs of some cultures and religions. The procedure involves mutilation of the female genital organs with no medical benefits. There is a global knowledge of this practice, due to increased immigration to western world where this practice is unknown. FGM/C promotes the mutilation and abuse of females, including infants and also inflicts physical and psychological pain. In addition, there are immediate and long term health complications from the procedure that sometimes results to death. The practice and health complications of FGM/C clearly raise the issue of violation of the rights of its victims and undermining their status and equality in their various cultures and society as a whole. Although available data through multi agencies like the World Health Organization and United Nations Population Funds suggest that global effort to eliminate the practice is yielding some favorable results, relevant literature also suggest that the prevalence and trend of the practice especially in the African region of the world speaks to the need for increased effort to eliminate this violent practice. Ultimately understanding female genital mutilation and the consequences of the procedure in a globalized age will contribute immensely to an improved multicultural and sensitive care for women who have undergone the procedure or who intend to practice it on their daughters.

*Keyword:* Female cutting, Female genital mutilation, female circumcision

### Introduction

What is Female genital Mutilation (FGM)? It is “all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons” (World Health Organization [WHO] 2008, on Female Genital Mutilation, 2008). While this procedure is done mostly due to cultural, psychosexual, aesthetic, religious or other non-therapeutic reasons, there is no reported health benefit to this practice that harms young girls and women globally (Ball, 2008; WHO, 2009). Spencer, 2002 as cited in Ogunsiiji et al. (2007) advise that referring to FGM as female circumcision is misleading, because unlike the male circumcision, FGM often entails the removal of the entire healthy genital organs.

Tag- Eldin et al. (2008) adds that the practice of female genital cutting (FGC) has traditionally been referred to as female circumcision however “recognition of the harmful physical, psychological and human right consequences has led to the use of the term Female genital mutilation or FGM” (p. 269). Even so, many women who have undergone FGM/C do not consider themselves to have been mutilated, and thus are often offended by the use of the term (Anuforo, Oyedele, & Pacquiao, 2004, as cited in Turner, 2007). Because this is a global issue, academic literatures from across the world will be utilized in this paper. The acronym FMG and FGC will be used interchangeably or concurrently (FGM/C) to mean the same thing. Ogunsiiji et al. (2007), note that issues surrounding FGM is fast gaining global recognition due to the

increase in immigration from Africa, Asia and other nations, where this practice is more common; to the western countries such as Australia, the United Kingdom (UK), and the United States of America (USA) where such practice is unknown.

### **Origin of FGM**

While the origin of FGM remains unknown, the practice has been traced back to the Egyptian and Phoenician Cultures during the sovereignty of the Pharaohs, as a means of controlling fertility (Awuah, 2008; Ball, 2008). The practice of female circumcision is performed in both Muslim and Christian countries as well as by other forms of religions. Ironically though, western world medicine practiced clitoridectomy well into the 20<sup>th</sup> century as a treatment for melancholy, epilepsy, lesbianism, masturbation, and control of high sex drive (Dawson, 1915 as cited in Ball, 2008).

### **Background**

An estimated 100-140 million girls and women worldwide are currently living with the consequences of FGM. In Africa alone, about 92 million girls from age ten years and above are estimated to have undergone FGM/C (WHO, 2008). Annually about three million girls are at risk for FGM in Africa, which accounts for 6,000 girls each day (Ogunsuji et al., 2007).

Awuah in a 2008, study on FGM in Aboabo-Ghana, reported that in the last quarter of 1999; eighty females out of one hundred and thirty-five (60%) who presented with post-delivery complication cases to a teaching hospital, had all undergone some form of FGM. WHO (2008) adds that the procedure which is mostly performed on young girls between infancy and 15 years of age, is often associated with health complications such as severe bleeding, problems urinating, potential childbirth complications at a later stage and in some cases infant mortality.

FGM/C is commonly performed on girls who are between ages four and 12, though it may be practiced in some cultures as early as a few days after birth or as late as just prior to marriage. Feldman-Jacobs and Clifton (2008) report that 90% of girls in Egypt who had undergone FGM were between five and 14 years of age when subjected to the procedure, while 50% of those in Ethiopia, Mali and Mauritania were under five years of age; and 76% of those in the Yemen were not more than two weeks old. In general traditional practitioners have carried out the procedure, but recently a discouraging trend has showed that in some countries medical professionals are increasingly performing the procedure (Population Census Bureau, 2008).

### **Prevalence and Incident of FGM/C**

The prevalence of FGM despite international outcry against its practice varies from country to country. Tag- Eldin et al. (2008) report that eighteen African countries have prevalence rates of 50% or higher. In a research study conducted by same authors that measured the prevalence of FGC among schoolgirls in Egypt. 38,816 females were interviewed, and the findings showed that; FGC was prevalent amongst schoolgirls at 50.3%; with 46.2% in government urban schools, 9.2% in private urban schools, and 61.7% in rural schools. Educational levels of both parents were negatively associated with FGC ( $P < 0.001$ ), and the mean age of the time of FGC was  $10.1 \pm 2.3$  years. Also, in reference to the country's result of the Demographic Health Survey

in 2000 as cited by Tag-Eldin et al. (2008), 97% of married women included in the survey had experienced FGC.

The African Women's Health Center 2000 census data showed that in the USA alone, 227,887 women were at risk of FGM out of which 62,519 were under 18 years of age. Additionally, key findings from the report show that from 1990 to 2000, the number of women with or at risk for FGC grew by approximately 35 percent. Also more than 165,000 females living in the United States over the age of 18 are with or considered at risk for FGC, while 27 percent of the women with or at risk are under the age of 18. Further, given the increase in immigration and refugee influx to the USA, California, New York and Maryland have the most female immigrants and refugees from countries where FGC is prevalent. In Massachusetts alone, it is estimated that about 5,231 women and girls at risk for FGC live there (African Women's Health Center, 2008). Ball (2008) reports that majority of the black African women who were booked for delivery in the UK hospitals in 2002 had increased by 10%, and had all undergone FGM. Approximately 1,000 women, who had undergone FGM, had been identified during patient registration and through gynecology services; and according to statistical reports cited by Ball almost 66,000 females in England and Wales were affected by FGM, with thousands of children and young females still at risk.

### **The WHO Classification of FGM/C**

The WHO (2008) classified FGM/C into four broad categories, namely:

- Type 1 or Clitoridectomy: Partial or total removal of the clitoris and/or the clitoral hood.
- Type 2 or Excision: Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora.
- Type 3 or Infibulation: Narrowing of the vaginal orifice with creation of a covering seal by cutting and placing together the labia minora and/or the labia majora, with or without excision of the clitoris.
- Type 4 or Unclassified: All other harmful procedures to the female genitalia for non-medical purposes, for example, pricking, piercing, incising, scraping, and cauterization. Types of procedures performed varies with ethnicity, but predominantly 90% of FGM cases include Types I or II and 10% comprise type III; these three types have been documented in 28 countries and in a few Asian and Middle East Countries (WHO, 2008).

### **Health Complications of FGM/C**

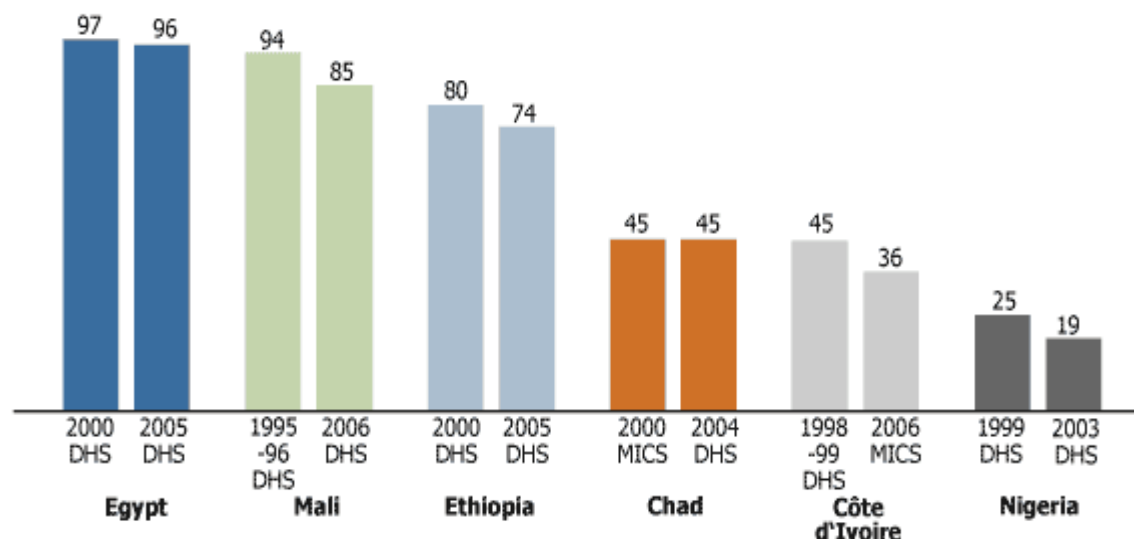
There are Physical, Obstetric, and Psychological effects of this practice on health. In addition to the immediate health problems noted above, there are long term complications of recurrent bladder and urinary tract infection, dermoid inclusion cysts, infertility, difficult menstrual bleeding, urinary incontinence, pelvic inflammation disease, and sexual dysfunction (Ogunsiji et al., 2007; Turner, 2007; WHO, 2009). There are also increased risks of childbirth complications and newborn death. From a psychological point of view, feelings of diminished femininity, depression, posttraumatic stress disorder (PTSD), neurosis, frigidity, psychosocial problems of anxiety, regret regarding FGM and intergenerational problems surrounding the practice have all



been reported; and these feelings are worse in women requesting deinfibulation (Ogunsiji et al., 2007; McGargill, 2009; Turner, 2007).

### Trends in FGM/C Prevalence

Percent of women ages 15–49, by survey year



**Source:** Feldman-Jacobs and Clifton, *Female Genital Mutilation/Cutting: Data and Trends* (Washington DC: Population Reference Bureau, 2008).

In a research study conducted by Afifi and Bothmer (2007) regarding Egyptian women's attitude and beliefs about female genital cutting and its association with childhood maltreatment, they concluded that 69.8% had slapped or hit their children during the year prior to the survey, while 76% intended to continue the practice of FGM. It is apparent that some of the women exposed to the trauma of FGM/C in childhood might become adult perpetrators of violence and may then practice FGC on their daughters; symbolically re-enacting their repressed trauma by physically abusing their children. Holding on to positive beliefs regarding the practice, or the intention to continue FGM/C has significant implications for health and for the society in general.

### Global Economic Cost for FGM/C

A paper reporting the findings of the 2008 study on the economic cost of FGM is expected to be published in 2009. The study used the findings from the WHO study on the association between the different types of FGM and obstetric outcome to examine three issues: (a) To estimate the economic costs of managing the obstetric and newborn health complications related to female genital mutilation; (b) model the economic costs to society (using a DALY burden of disease methodology) attributable to FGM ; and (c) evaluate the cost effectiveness of a hypothetical intervention that can lower the incidence of FGM by 10% (WHO, 2009).

A paper Dr. Gebreselassie Okubagzhi presented on behalf of the World Bank Group was cited in the United Nations Population Fund (UNFPA) Global consultation on FGM/C in 2009, in which

it was noted that costing FGM/C is important for advocacy purposes. The paper explained that while it may be fairly easy to calculate the direct costs related to personal expenditures on treatment of complications (for example, individual or family spending and public expenditures such as spending on facility maintenance, staff salaries and infrastructure), it is difficult to cost pain and suffering or identify the social costs related to FGM/C.

While comprehensive FGM/C studies have yet to be carried out by many African countries, studies from other regions reveal that; FGM/C leads to a decline in family earnings, limits girls' potential for education, erodes household savings and investment and leads to high cost of treatment, resulting in the accumulation of debts which deepen household poverty (Okubagzhi 2009, as cited in UNFPA, 2009). Based on this, it is therefore imperative to carry out a methodical study to compile data on economic cost implications of FGM/C, bearing in mind that the results of such a study would be crucial for launching valuable community and international advocacy and for designing evidence-based national programs.

### **Issue of Human Rights and Gender Inequality**

FGM/C is acknowledged globally, and in particular by some countries like Ghana, U.K, USA, and multi agencies such as the WHO, Office of the United Nations High Commissioner for Human Right (OHCHR), United Nations Children's Fund (UNICEF) as a women's health issue, violation of women's rights, and a strong case of gender inequality in the societies where the practice is inherent. FGM/C is practiced mainly for some the following reasons: Prevention of immorality, preparation of the female for marriage, prevention of labia hypertrophy, improvement of fertility, preservation of family honor, assurance of cleanliness, and provision of more sexual pleasure to the male as the main justification for practice of FGM (Ogunsiji, Wilkes, & Jackson, 2007). Evidently there are lack of medically sufficient evidence to support this inhumane practice that subjects women, young girls and female infants to extreme physical and psycho-social trauma, for the sake of cultural beliefs. McGargill (2009) advises that to encourage this practice is to encourage the mutilation and abuse of females.

It is fair to conclude that the consequences and complications of FGM/C noted above violates the articles of the Universal Declaration of Human Rights as cited, in United Nations, (2009). Ultimately FGM: (a) is a form of violence against women, girls, and children, (b) discriminates against women across cultures irrespective of religious background; (c) violates a victim's right to choice, and freedom from cruelty; (d) violates a person's right to physical and Mental health, and to a large extent; (e) it has been reported that FGM in Africa may precede enforced child marriages with associated denial of education.

### **Medicalizing FGM/C and Ethical/Legal Considerations**

Despite the efforts to abolish the practice of FGM/C, it was reported at the 2009 UNFPA multi organization meeting on global consultation on female genital mutilation / cutting that medical professionals are increasingly performing FGM/C; and unfortunately non-governmental organizations (NGOs) and researchers are reportedly promoting its practice. Although the level of medicalizing FGM/C varies between countries, it is rapidly spreading in many countries where an estimated one third of women have subjected their daughters to the practice, using a

trained health professional. Conversely reports also indicate that immigrants to Europe and North America have had re-infibulation performed by medical personnel even though the law specifically prohibits it (UNFPA, 2009).

If medicalizing FGM/C is not abolished, UNFPA (2009) report the following anticipated problems: (a) legitimization of FGM/C as medically beneficial to girls and women; (b) institutionalization of the practice by medical personnel because they command respect and are highly regarded; (c) it will constitute a misuse of the professional role of medical personnel, especially in countries where FGM originates; some medical professionals perform FGM/C as a means of upholding their communities culture and women's value in the society, while also aiming to reduce some immediate health complications associated with the practice; (d) hindering the abolishment, as there is no evidence that medicalizing FGM/C will lead to abandoning the practice, but instead will more likely encourage its continuation; (e) it will foster the spread of the practice, confuse the question of human rights and finally, will not reduce the complications associated with the practice.

It is nonetheless imperative to intensify efforts against its practice and in particular develop strategies that will target health workers. The same report noted that in Egypt for example, more families are seeking the advice of medical personnel in an effort to avoid the dangers of unskilled operations performed in otherwise unsanitary conditions (UNFPA, 2009). The global rise of genital mutilation by circumcisers who torture child – victims incorporates unusual violation of human rights; bearing in mind that it causes 'body-dysmorphic disorders, genital destruction, psycho-social impairment, and spiritual death, (Zavales, 1996). Thus, violation of the laws in countries where the practice of FGM/C is prohibited attracts penalties that include monetary fines plus jail terms from six months to up to fourteen years; and in the USA for example the practice constitutes a federal crime (Ball, 2008; Griffith & Tegnah, 2009; Women's health.gov, 2005).

Ironically though the American Medical Association condemns the practice of FGM and supports the legislation to criminalize the practice, under the existing law however, reinfibulation after deinfibulation after childbirth is not illegal on a woman older than eighteen years of age (Turner, 2007). Nonetheless the WHO (2001) guidelines for nurses and midwives advises that health workers must not "reinfibulate (close up) a vagina or an opened vulva or vagina in a girl or woman with type III FGM in a manner that makes intercourse and child birth difficult" (p.12).

### **Steps to Eliminate the Practice of FGM/C**

In view of the above, it is imperative to identify ways to promote a multi-system (Global, national, community, individual) intervention using existing clinical and legal guidelines to eliminate the practice of FGM/C. Eliminating the practice of FGM/C will help in achieving the first six WHO 2000 millennium development goals (MDG) for 2015, as it charges member states to promote gender equality and the empowerment of women as an effective way to combat poverty, hunger and disease as well as stimulate a sustainable development (WHO, 2009). Understanding women's position and gender relations within a given culture is vital in the steps to eliminating this practice; therefore, efforts to eradicate the problem should not be limited to a conventional medical model of disease prevention, but must incorporate a multidisciplinary and

multisystem approach. Complete eradication of a deep rooted cultural and traditional practice that has been in existence for many centuries is a complex and delicate task. Currently, there are efforts by multitude of governments and national and international non-governmental organizations to abolish the practice of FGM/C. While a multi system approach will be effective with those who firmly oppose the practice of FGM/C there are bound to be opponents to the idea of abolishing a practice that is consider a vital part of their culture and ethnical belief.

At the international level, the World Health Organization (WHO, 2008) in collaboration with the United Nations Children's Fund (UNICEF) and the United Nations Population Fund (UNFPA) has made great efforts to eliminate the practice of FGM, through:

- Advocacy, by developing publications and advocacy tools for international, regional and local efforts to end FGM within a generation.
- research, by generating knowledge about the causes and consequences of the practice, how to eliminate it, and how to care for those who have experienced FGM; and
- Guidance for health systems: developing training materials and guidelines for health professionals to help them treat and counsel women who have undergone procedures (WHO, 2008).

In addition, international and regional treaties as well as consensus documents such as Convention on the Elimination of All Forms of Discrimination against Women, the Convention on the Rights of the Child, International Conference on Population and Development, the 1995 Fourth World Conference on Women and the 2002 United Nations General Assembly Special Session on Children, the African Charter on the Rights and Welfare of the Child, the Protocol on the Rights of Women in Africa, also called the 'Maputo Protocol'; European Convention for the Protection of Human Rights and Fundamental Freedoms; General Assembly Declaration on the Elimination of Violence against Women, Program of Action of the International Conference on Population and Development (ICPD), can be utilized to advocate with governments to take ownership for enforcing the elimination of FGM/C. Also under international law, States have the obligation to prevent, investigate, and punish violence against women in accordance with the United Nations Declaration on the violence against women, which provides that: "states should not invoke any custom, tradition or religious consideration to avoid their obligation to eliminate violence against women. And they must exhibit due diligence in investigating and imposing penalties for violence, and establishing effective protective measures" (UNFPA, 2009, p.28). There should be an established interagency team that brings together relevant government ministries, non-governmental organizations and associations to adopt clear national policies and legislation for the abolition of FGM.

At the Community level, targeting of information and provision of training to traditional practitioners who are key actors of FGM, is crucial, as they may use their influence within the community to continue to promote the practice or destabilize efforts for abandonment. Possibly if they decide to abandon FGM, then they can be very helpful in convincing others to abandon it as well (WHO, 2009). Providing alternative means of income and financial stability for traditional practitioners to replace the practice of FGM; Creating awareness through community outreach and educating stakeholders on the health consequences of FGM; media influence through positive public education and awareness to abandon FGM; availability of relevant easy

to understand literature on the health complications of FGM on women, avoidance of intervention strategies that may create cultural vacuums; training of health care providers, are all the various positive steps proposed by numerous relevant article as positive steps to eliminating FGM/C.

At the individual level the WHO (2008) suggests that eradicating the practice as a health risk and a violation of women's rights must be led by women from communities where FGM/C is practiced; thus, educating women and girls to be empowered within their communities and cultures to fight the practice, mobilizing local women to advocate for a stop to the practice of FGM; enlisting support from boys, men (as women's attitude may begin to change once they find support from their brothers fathers or husbands) , community and faith based leaders, and other cultures that have moves away from the practice, are positive ways towards abolishing FGM.

By and large, the responsibility for action lies with many actors/players such as faith-based leader, health care providers and NGOs in addition to others whom have been mentioned above. "accountability ultimately rests with the government of a country, to prevent female genital mutilation, to promote its abandonment, to respond to its consequences, and to hold those who perpetrate it criminally responsible for inflicting harm on girls and women" (WHO, 2009, Eliminating Female genital mutilation, p.17). Over the years, there have been marked efforts to counteract FGM with progress at both international and local levels that include (a) wider international involvement to stop FGM; (b) the development of international monitoring bodies and resolutions that condemn the practice; (c) revised legal frameworks and growing political support to end FGM; (d) in some countries, decreasing practice of FGM, and (e) an increasing number of women and men in practicing communities who declare their support to end it (WHO, 2009).

### **Implication for nursing practice**

Given the globalization of FGM/C and the cultural diversity of the western worlds, it is imperative for all health care providers' especially public health practitioners to have an understanding of the abuse and immense pressure women and young girls are put under by their culture and families. Hence health care practitioners should:

- Have sound knowledge and understanding of diverse cultures which is essential in providing high quality care.
- Have a sound knowledge of FGM/C as it can open doors to communication and education to eradicate the practice.
- Understand that community assessment is crucial for a successful public health education and intervention outcome.
- Identify and work with key stakeholders in the community as a means of targeting a wider audience for change.
- Advocate strongly against female genital mutilation.
- Be sensitive and receptive to patients who have undergone FGM/C bearing in mind that they are in need of professional support and empathy.
- Be mindful with the use of the FGM terminology to avoid being culturally insensitive.

- Be able to comprehend the complexity of diverse cultural issues relative to the target population, because doing so enables the nurse address important health needs of the patient.
- Are encouraged to promote trust, encourage health seeking behavior, address patient's fears and concerns.
- Report suspected practice of FGM as this is a crime in countries where such practices are prohibited.
- Be conversant of the state statutes and laws that protect women and children from the practice of FGM/C.
- Be conversant with available support resources for victims of FGM/C.

### **Personal thoughts and Conclusion**

Reflectively, female genital mutilation is inherent in human right violation of women and children, disparity between sexes, and represents tremendous form of gender discrimination and inequality against women. Further, this practice specifically violates their right to health, security, and physical integrity, right to freedom from torture and cruelty, inhuman or degrading treatment and above all the right to life when the procedure may result in death. Human rights standards and practices as expressed through the Universal Declaration of Human Rights (1948) and subsequent multi agency and government programs, call for the eradication of all forms of genital mutilation to promote spiritual integrity and freedom; gender equality and equity; sexual integrity and mental health; economic and social development; educational and scientific rights; religious and cultural freedoms; and, mostly, children's rights.

The exposure from this study has engendered extensive learning about this and other prevailing global health issues. While I firmly respect and believe in upholding the cultural values and beliefs of any ethnic group or society, there is a clear difference between a rich and pain free cultural practice and a practice, shrouded in abuse and pain.

In conclusion “Even though cultural practices may appear senseless or destructive from the standpoint of others, they have meaning and fulfill a function for those who practice them. However, culture is not static; it is in constant flux, adapting and reforming. People will change their behavior when they understand the hazards and indignity of harmful practices and when they realize that it is possible to give harmful practices without giving up meaningful aspects of their culture” (Female Genital Mutilation, A joint WHO/UNICEF/UNFPA statement, World Health Organization, Geneva, 1997 as cited in UNICEF, 2005;WHO,2008).



| Country   |      | Estimated prevalence of female genital mutilation in girls and women |
|---|------|--|
|   |      | 15 – 49 years (%)  |
| Burkina Faso  | 2005 | 72.5   |
| Cameroon  | 2004 | 1.4  |
| Central African Republic  | 2005 | 25.7   |
| Chad  | 2004 | 44.9   |
| Côte d'Ivoire   | 2005 | 41.7   |
| Djibouti  | 2006 | 93.1   |
| Egypt   | 2005 | 95.8   |
| Eritrea   | 2002 | 88.7   |
| Ethiopia  | 2005 | 74.3   |
| Gambia  | 2005 | 78.3   |
| Ghana   | 2005 | 3.8  |
| Guinea  | 2005 | 95.6   |
| Guinea-Bissau   | 2005 | 44.5   |
| Kenya   | 2003 | 32.2   |
| Liberia*  |      | 45   |
| Mali  | 2001 | 91.6   |
| Mauritania  | 2001 | 71.3   |
| Niger   | 2006 | 2.2  |
| Nigeria   | 2003 | 19   |
| Senegal   | 2005 | 28.2   |
| Sierra Leone  | 2005 | 94   |
| Somalia   | 2005 | 97.9   |
| Sudan, northern (approximately 80% of total population in survey) | 2000 | 90   |
| Togo  | 2005 | 5.8  |
| Uganda  | 2006 | 0.6  |
| United Republic of Tanzania                                       | 2004 | 14.6   |
| Yemen   | 1997 | 22.6   |

The estimate is derived from a variety of local and sub-national studies (Yoder and Khan, 2007 as cited in WHO, 2009-  
<http://www.who.int/reproductivehealth/topics/fgm/prevalence/en/index.html>).

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Key words: *Female cutting, Female genital mutilation, female circumcision*

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## **PHYSICIANS' READINESS TO REPORT MAJOR MEDICAL ERRORS AND ORGANIZATIONAL CULTURE TOWARD PATIENT SAFETY**

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### **Abstract**

Medical errors have been detrimental in the field of medicine. They have impacted both patients and doctors. While physicians recognized that error disclosure was an ethical and professional obligation, most remained silent when mistakes happened for different reasons. Guided by the theory of planned behavior and Kant's deontological theory, the purpose of this quantitative study was to investigate organizational culture toward patient safety as a perceived barrier affecting physicians' willingness to report major medical errors. An association was tested between organizational culture toward patient safety, and the dependent variable physician willingness to disclose major medical errors. Using a cross-sectional method, 122 doctors out of 483 surveyed, completed the online and paper-based survey. Multiple linear regression and descriptive statistics models were used to analyze and summarize the data. The results showed there was a statistically significant relationship between the independent variables organizational culture toward patient safety, and the dependent variable physician willingness to disclose major medical errors. The findings added to the knowledge base regarding barriers to physicians' medical errors disclosure. The results and recommendations could provide positive social change by helping hospitals raising doctors' awareness regarding major medical errors disclosure.

*Key words: Medical errors, physician readiness, organizational culture, patient safety, theory of planned behavior, Kant deontological theory.*

### **Introduction**

Medical errors are common today, and they happen regularly in hospitals and other health care organizations (Bonney, 2014; D'Errico et al., 2015; Guillod, 2013). The rate of these preventable adverse events among hospital patients ranged from 4% to 16% (D'Errico et al., 2015). For many years, medical errors became the focal point for patient safety and quality improvement (Lipira & Gallagher, 2014; Poorolajal, Rezaie, & Aghighi, 2015). Medical errors were ranked as the third leading cause of death in the United States (U.S.) resulting from either individual mistakes or system failures (Bonney, 2014; D'Errico et al., 2015; Kalra, Kalra, & Baniak, 2013; Nevalainen, Kuikka, & Pitkala, 2014). The Institute of Medicine, IOM (1999) estimated that medical errors were responsible for approximately 44,000 to 98,000 deaths annually in the U.S. While these medical mistakes caused fatalities, they also remained costly for the U.S. economy and hospitals that spent an estimated \$3.5 billion per year on costs associated with the errors (Kalra et al., 2013). However, the IOM (2001) offered prospective recommendations to reduce problems related to medical mistakes. These reports discussed medical errors issues and their consequences on patient safety and health care quality.

Medical errors remained an important issue for health care organizations and physicians in the U.S. and worldwide (Elwahab & Doherty, 2014; Plews-Ogen, Owens, & May, 2013). When the mistakes occurred, physicians were reluctant to report them. Although 87% of physicians recognized that it has been their ethical duty to admit errors, only 37% reported these errors (Anwer & Abu-Zaid, 2014; D'Errico et al., 2015; Kachalia & Bates, 2014). The reporting data showed a discrepancy between what physicians said and did. According to the AMA (2016), in the case of complications resulted from the physician's mistake, the physician is ethically required to inform the patient. Also, the Patient Safety and Quality Improvement Act of 2005 encouraged voluntary reporting of adverse events, and therefore, reinforced the AMA Code of Medical Ethics (Agency for Healthcare Research and Quality [AHRQ], 2012). However, despite these efforts to ease the disclosure of medical mistakes, medical errors were still underreported.

Disclosure of medical errors remained a significant measure of patient-centered healthcare, and an essential element of patient safety and quality improvement (Lipira & Gallagher, 2014; Martinez & Lehmann, 2013). Despite growing pressures to disclose errors, 51% of physicians who committed mistakes never reported the medical errors (Poorolajal et al., 2015). Underreporting of medical mistakes may be the results of barriers such as lack of appropriate training in handling medical mistakes and the fact that physicians were less likely to disclose errors they felt were not severe (Lipira & Gallagher, 2014; Poorolajal, 2015). Other factors that inhibited physicians' reporting of errors included fear of legal actions, loss of trust, and loss of job or position (Jahromi, Parandavar, & Rahmanian, 2014; Soydemir, Intepeler, & Mert, 2016; Wu et al., 2013). However, Zaghoul et al. (2015) showed that fear of litigation and other barriers such as loss of reputation and organizational culture constituted the biggest hurdle that limited doctors' ability to report mistakes. They laid out five factors that represented major barriers to disclosure. However, the factor on which this project was based included organizational culture toward patient safety. The U.S litigation system provided incentives through settlement to the patient who sued a doctor; however, not all states protected doctors' statements related to medical mistakes reporting. Therefore, this made it difficult for a doctor to disclose errors (Wu et al., 2013).

Although all these factors impacted errors reporting, the proposed project only focused on organizational culture toward patient safety because the instrument we used to collect the data drew attention to these barriers. Whatever the nature of the error, it should be reported once it



occurred in accordance with the AMA Code of Medical Ethics. The study looked at major medical errors that included moderate and critical errors. These errors were frequent and leading causes of medical malpractice lawsuits (Schiff et al., 2009). While 87% (D'Errico et al., 2015) of physicians believed that it was ethical to admit mistakes, there should be a consensus on the subject. Nevertheless, there was a mismatch between what was said and done by medical doctors. Therefore, it was necessary to understand organizational culture toward patient safety as a factors that prevented a majority of physicians from reporting medical errors when they occurred.

The objective of the study was to contribute new understanding to existing knowledge on disclosure of medical errors. By understanding physicians' reluctance regarding errors admission and gaining insight into medical errors disclosure, it might be possible for hospitals and health care leaders to design an intervention to help physicians disclose medical mistakes as soon as they happened. After the introduction, the rest of the chapter focused on describing the study background, problem statement, purpose of the study, and research questions the study addressed. Further, the next sections of the chapter delineated the nature of the study and some relevant terms and provided an overview of the study limitations, assumptions, significance, and findings.

### **Background**

Approximately 44,000 to 98,000 people die in U.S. hospitals each year due to medical errors (Bonney, 2014; D'Errico et al., 2015; Guilod, 2013; IOM, 1999; Kalra, Kalra, & Baniak, 2013). While these errors caused harm, they remained underreported. Over a decade, the Joint Commission (2016) has mandated hospitals and physicians to divulge medical errors irrespective of the doctors' liability concerns, but compliance with this directive has not yet been completely attained in the U.S.

After the publication of the IOM critical report, policymakers, and health care leaders have worked tirelessly to initiate strategies and laws to alleviate patient harm and promote patient safety. Congress enacted the National Medical Error Disclosure and Compensation Act in 2005. The objective of the bill was to promote a culture of safety in U.S. hospitals through the enhancement of quality care by reassuring open communication between physicians and patients about medical errors, decreasing avoidable medical errors rates, and guaranteeing that patients received rational compensation due to medical harm resulting from medical mistakes. Furthermore, this bill minimized the costs of medical liabilities insurance for physicians and hospitals (The National MEDiC Act, 2005). However, a significant aspect of the bill was that it required doctors and hospitals to report any incident whether it was a medical mistake or patient safety incident (The National MEDiC Act, 2005). Seventeen years later after the IOM report and despite a widespread investment in patient safety initiatives, medical errors are still underreported, and the adverse events rates were still in the range of 4 to 16% (D'Errico et al., 2015; Shojania & Thomas, 2013).

Even though the AMA Code of Ethics (AMACE) recommended that physicians admit errors, physicians' disclosures differed significantly. Only 33% of nearly 90% of physicians who said that error disclosure was an ethical duty reported mistakes (Anwer & Abu-Zaid, 2014; D'Errico et al., 2015; Kachalia & Bates, 2014; Taggaddosinejad, Mesri, Sheikhezadi, Mostafazadeh, & Farahani, 2013). These statistics showed a discrepancy between physicians' willingness to admit errors and their current medical mistake reporting practices, but the reasons behind this behavior was not well studied. However, the main reasons for physicians' reluctance

to report errors were fear of litigation, loss of reputation, and absence of legal protection for doctors (Jahromi et al., 2014; Wu et al., 2013). Therefore, this study was required and significant as it sought to understand the perceived barriers that prevented doctors from reporting medical errors and their reluctance to comply with the Joint Commission mandate and the AMA Code of Ethics.

Their disclosure was essential as they could contribute to improving flaws that endanger patient safety (Crane et al., 2015). For this project, we used a questionnaire as the basis of the study. The questionnaire investigated five major factors that could impact a physician's ability to disclose medical errors. These factors were fear of disclosure, physician apology, organizational culture toward patient safety, professional ethics and transparency, and patient and physician education (Zaghloul et al., 2015). Although Zaghloul et al. (2015) showed that the five factors played a great role in physician's reluctance to admit errors, however, it had some limitations. Since the study was conducted in the United Arab Emirates (UAE), the result may have been impacted by local organizational and cultural norms.

We reused Zaghloul et al. questionnaire with two critical variations. First, we repeated the questionnaire in the U.S. to study any variation in results due to changes in organizational behavior and culture. Second, we limited collected responses to major mistakes only so that the effect of these variables on perceived barriers could be identified. The study was necessary because it could lead to having a better understanding of the reasons behind doctors' reluctance to report errors.

We reproduced the instrument in the U.S. to determine the variance in results that may be due to the influence of organizational and cultural norms and see the effects on physicians' perception. From there, it could be possible to develop strategies to alleviate barriers which hindered physician errors reporting. The reason for lessening barriers to errors reporting was that knowing how errors happened, physicians and health care institutions could take actions to correct these errors and prevent them from occurring, thus improving patient safety and fostering a culture of safety (Crane et al., 2015; Kachalia & Bates, 2014).

### **Statement of the Problem**

In the U.S., medical errors occurred frequently in hospitals (D'Errico et al., 2015; Guillod, 2013; Rafter et al., 2014). Belgian, Portuguese, and U.S. hospitals combined have shown that the median percentage of adverse events among hospital patients was 9.2% (Marquet et al., 2015; Sousa et al., 2014; Rafter et al., 2014; Zeeshan, Dembe, Seiber, & Bo, 2014). In the United States, these errors were responsible for the deaths of approximately 44,000 to 98,000 people annually (D'Errico et al., 2015; Wu, Boyle, Wallace, & Mazor, 2013). Patients and the public wanted errors to be disclosed, but many physicians or medical doctors were reluctant due to fear of legal actions and loss of trust (Anwer & Abu-Zaid, 2014; D'Errico et al., 2015). Although 90% of health care professionals have agreed to errors disclosure in a hypothetical situation, less than 40% disclosed mistakes when they happened, showing a mismatch between what was said and done (Anwer & Abu-Zaid, 2014; D'Errico et al., 2015).

Although 87% of physicians considered that it was a deontological and ethical duty to admit mistakes, only a few, 33% reported errors (D'Errico et al., 2015; Kachalia & Bates, 2014). Even though the Joint Commission mandate asked the hospitals to disclose medical errors and adverse events, conformity with this mandate has not been fully accomplished in U.S. hospitals (D'Errico et al., 2015; Kachalia & Bates, 2014; Lipira & Gallagher, 2014). Despite years-long

consideration of improving disclosing practices, a significant gap has existed between admission of errors and current practice (Lipira & Gallagher, 2014). The research problem was the organizational culture toward patient safety as a perceived barrier that hindered physicians' ability to report medical errors when they happened during the delivery of health care services in hospitals. The proposed study may begin to fill the gap in understanding factors which influenced physician disclosure of medical errors or challenges in reporting errors. The study sought to investigate the relationship between , organizational culture toward patient safety and physicians' readiness to disclose major medical errors. Dissemination of study findings may help inform health care administrators and policymakers about implementing policies and interventions which promote full disclosure of error as a critical element of quality care to enhance patient safety.

### **Research Purpose and Aims**

The purpose of this cross-sectional quantitative study was to determine and understand organizational culture toward patient safety as a perceived barrier affecting physicians' readiness to disclose major medical errors. A primary focus of health care has been to evaluate physicians' attitudes toward errors admission in order to improve a proper disclosure of error (Kalra, Kalra, & Baniak, 2013). To address organizational culture toward patient safety as a barrier to error disclosure, the study used a cross-sectional online and paper survey method to explore the relationship between organizational culture toward patient safety as a perceived barrier and doctors' willingness to disclose major medical mistakes. Organizational culture toward patient safety as a perceived barrier are measured as the independent variable and physicians' readiness to disclose major errors measured by Linthorst et al. questionnaire, is the dependent variable. Moreover, we used a paper-based survey because we did not have access to all participants' emails. The study aimed to address the gap in present literature which was identifying barriers impacting physicians' ability to report medical errors when they occurred.

### **Rationale for Research Method and Design**

A quantitative cross-sectional online survey method and paper questionnaire method were used to understand organizational culture toward patient safety as a factor that impacted physicians' disclosure of medical errors. The use of a quantitative design employing both a web and paper-based survey research methodology were appropriate for this study because the study sought to determine fundamental factors which prevented most physicians from reporting errors. Cross-sectional allowed for a comparison of different variables. In this case, the independent variable was organization culture toward patient safety, about the dependent variable physician willingness to disclose medical errors. Moreover, this design allowed for a consistent and steady collection of data.

Furthermore, the choice of a quantitative method was relevant as the technique allowed to measure the incidence of numerous opinions and views among physicians regarding disclosure of medical errors. Also, this method was useful in controlling for any bias so that the phenomenon of physicians' errors underreporting could be well understood in an unprejudiced way (Park & Park, 2016). Furthermore, the quantitative method allowed for a broader study and enhanced generalization of findings.

## **Population**

The study's target population consisted of physicians working in three community hospitals located in Iowa and Illinois. Hospital physicians' database combined had a list of more than 2,000 physicians from various specialties. The choice of this population was due to the fact that only physicians could provide the reasons behind their medical errors underreporting behaviors. For this purpose, we surveyed a sample of physicians working in these community hospitals. The sample size was determined through power analysis.

## **Sampling and Sampling Procedures**

A simple random sampling method was used to choose the sample for this study. This sampling strategy was commonly used in survey sampling, and it offered an equal chance for each participant to be included in the sample (Acharya, Prakash, Saxena, & Nigam, 2013; Frankfort-Nachmias & Nachmias, 2008; Tipton, 2013). This sampling technique was advantageous to reduce selection bias and contribute to improving generalization. The choice of this sampling strategy ensured a better representation of groups of physicians (Acharya et al., 2013).

The sample came from these hospitals database which contained a significant number of physicians. From the list, physicians were randomly selected. Researchers used different tools such as tables of random digits or computer programs to create random samples. In this study, we used Microsoft Excel, especially its RAND function to generate the sample. The choice of this function was based on the fact that it allowed the generation of numbers that were homogeneous and randomly distributed, and the technique was also reliable with simple random sampling (Allbright, Winston, & Zappe, 2009). After the data set was ready, we followed these steps to create the sample:

- Inserted a new column titled "Random number" in the worksheet.
- Typed "RAND()" in the first empty cell and
- Validated by pressing "Enter" and a cell with a random number showed up.
- Copied the formula and pasted it in other cells in the "Random \_number" column.
- Sorted the values in "Random number" column.
- Selected the first 129 physicians who corresponded to the sample size determined through power analysis.

## **Sample Size**

The determination of a sample size was critical in research as it defined how large or small the sample would be (Charan & Biswas, 2013; Fugard & Potts, 2015). The calculation of the sample size was determined using power analysis, and it took into consideration the effect size, alpha level, and power level (Fugard & Potts, 2015). Thus, to calculate the sample size for multiple linear regression, the input parameters included an alpha ( $\alpha$ ) level of 0.05, an effect size of 0.15, and a power analysis of 0.95. With these parameters, the power analysis tool found that the estimated sample size for this study was 129. G\*Power 3.1.9.2 was the tool used to calculate the sample size for this study.

The effect size, alpha and power levels chose were used in some studies cited in the literature review (Nevalainen, Kuikka, & Pitkala, 2014; Poorolajal, Rezaie, & Aghighi, 2015;

Tagaddosinejad et al., 2013). Effect size specified the extent of experiential effect or correlation among variables. The variables were important in research (Maher, Markey, & Ebert-May, 2013; Peng & Chen, 2014). In this study, setting power at 95% and alpha error probability at 0.05% were an indication that there was 5% probability of erroneously sustaining the null hypothesis and 95% chance of obtaining the response from physicians. Furthermore, the medium effect size of 0.15 have helped to measure the strength of the factors. For this study, the sample size was 129 respondents, after power analysis. The sample size  $n=129$  met the minimum requirement for effect size, even though 122 survey questionnaires were collected.

### **Instruments**

The survey instrument from Zaghloul, Elsergany, and Mosallam (2016)'s journal article was used in this study. The questionnaire was titled "A Measure of Barriers toward Medical Disclosure among Health Professionals in the United Arab Emirates." The license number for the questionnaire was 3942871027500. The license date was September 06, 2016. The licensed content publisher was Wolters Kluwer Health, Inc. There were 23 items in the questionnaire divided into five domains. The five domains were image consequences, patient safety, apology, professional ethics and transparency, and patient and physician education. The questionnaire also included the items for physicians' readiness to report major medical errors.

There were ten items for fear of disclosure (item 8, 9, 10, 11, 12, 13, 14, 15, 16, and 17). There were four items for organizational culture toward patient safety (item 6, 21, 22, and 23). There were three items for physician apology (item 18, 19, and 20). There were three items for professional ethics and transparency (item 1, 2, and 3). There were three items for patient and physician education (item 4, 5, and 7). All items in the questionnaire were rated using a 5-point Likert scale; 1= strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, and 5 =strongly agree for the independent variables. This questionnaire is attached in Appendix B.

Also, there were four items related to physicians' readiness to report medical errors (item 24, 25, 26, and 27). The questionnaire was titled "Internists Willingness to Disclose Medical Errors Questionnaire" (Linthorst et al., 2012). Three items were not analyzed in this study. Only one item which was item 26 was analyzed in this study. Item 26 served to measure medical physicians' disclosure of errors and near misses. Item 26 was measured on a Likert Scale; 1 represented probably not, 2 represented probably, 3 represented certainly, and 4 represented certainly not. The purpose of the questionnaire was to understand physicians' perspectives on the issues of medical errors disclosure.

### **Research Question / Hypothesis**

One research question and one hypothesis guided the study:

*RQ1:* What are the most critical perceived barriers affecting physicians' readiness to disclose major medical errors?

*H<sub>0</sub>:* Physicians' readiness to report major medical errors are not related to organizational culture toward patient safety.

*H<sub>a</sub>:* Physicians' readiness to report major medical errors are related to organizational culture toward patient safety.



## Statistical Tests

The independent variable was organizational culture toward patient safety. The dependent variable was physician willingness to disclose major medical error. Multiple linear regression tests were performed to determine the factors which predicted medical errors reporting. Statistical significance was set at alpha ( $\alpha$ ) = 0.05. Descriptive statistics was conducted to summarize and analyze the demographic data. The inclusion of potential covariates was not completed and there was no evidence that other variables such as year of experience and specialty type could influence physician reporting behavior. The interpretation of test results was based on the parameters inputs such as alpha = 0.05, effect size = 0.15, and confidence level at 95%.

## Critical Review of the Literature

The development of a culture of safety in hospitals was central to the achievement and improvement of patient safety initiatives and care quality (Jones & O'Connor, 2016; Weaver et al., 2013). Weaver et al. (2013) wrote that the existence of a culture of safety has contributed to shaping healthcare professionals and clinicians' perception of normal behaviors associated with patient safety. They also recognized that a culture of safety informed physicians' awareness about what was commendable and what was indictable. Thus, a culture of safety impacted a clinician's enthusiasm to involve in safe behaviors (Weaver et al., 2013). For a culture of safety to influence and provide exceedingly consistent and safe care, it must rely on three predominant principles such as trust, reporting, and improvement (Tsao & Browne, 2015). The presence of these principles may allow clinicians to trust their organization, regularly report errors to learn from their mistakes and improve (Tsao & Browne, 2015). But, health care organizations need to hold their doctors accountable to the observance of safety protocols and measures to sustain a high degree of consistency and trust (Tsao & Browne, 2015).

While researchers have agreed that a culture of safety was the cornerstone of quality care, they did offer different perspectives on the components and principles of a culture of safety. Weaver et al. (2013) suggested that culture of safety needed to be based on trust, reporting, and improvement. Nevertheless, Ulrich and Kear (2014) contended that a culture of safety must include three critical elements such as learning culture, just culture, and reporting culture. A just culture in which fairness and accountability were important elements defined what was acceptable and unacceptable whereas a reporting culture empowered and facilitated errors reporting. A learning culture offered the opportunity to learn from errors and safety events (Ulrich & Kear, 2014). These three elements were connected because without a just culture; there would be less reporting; without error disclosure, physicians would have no prospect to learn from their mistakes and improve. Ulrich and Kear (2014) assertion could also explain the actual underreporting gap because the lack of a culture of safety in a health care organization could cause underreporting of errors (Kagan & Barnoy, 2013).

Kagan and Barnoy (2013) asserted that the way culture of safety was implemented in a health care organization influenced physicians' patient safety behaviors and medical error reporting. For the safety culture to impact physicians' behaviors, there needed to be a positive climate within the health care organization. With this kind of positive working environment, doctors would be able to ask questions when they come across something they do not understand (Kagan & Barnoy, 2013). It was obvious that a health care organization's environment that was prone to a culture of safety may be favorable to physicians regarding errors reporting, and that



could lead to an improvement in patient care (Hemingway, O'Malley, & Silvestri, 2015). In contrast, the absence of a culture of safety could hinder the implementation of patient safety mechanism and discouraged physicians' mistake reporting (Lee, Yang, & Chen, 2015). Therefore, the lack of a culture of safety could explain in part physicians' underreporting behaviors and could constitute an important factor that has impacted doctors' decision-making process.

Ulrich and Kear (2014) demonstrated that a culture of safety was related to doctors' behaviors such as disclosing adverse events. Their research conducted in 37 states indicated that a higher safety performance in hospitals was associated with a higher level of a culture of safety. This finding was the indication that health care organizations and leaders need to devote sufficient time and efforts to implement a culture of safety in their institutions. The reason for adopting a culture of safety in all hospitals was that a culture of safety influences physicians' errors reporting and personal views (Kagan & Barnoy, 2013). When physicians found the error-handling procedure to be appropriate and had all the safety information available, they would become more likely to engage in patient safety behaviors such as reporting errors (Kagan & Barnoy, 2013).

Kagan and Barnoy (2013) used the example of a study conducted in Israel to investigate the correlation between the culture of safety and error reporting the incidence to assert organizational culture of safety which influenced physicians' reporting behaviors. They stated that their conclusions were consistent with previous studies that found a similar relationship between an organizational culture of safety and nurses' reporting behaviors. As Kagan and Barnoy (2013) pointed out, the implications for healthcare organizations were to make a significant influence on the expansion of a culture of safety through the creation and promotion of a vision and strategy for safety and quality. Ulrich and Kear (2014) shared Kagan and Barnoy's vision by calling on healthcare executives to promote a culture of safety.

Abdi, Delgoshaei, Ravaghi, Abbasi, and Heyrani (2015) recognized that ensuring patient safety was a high priority in hospitals. It was because patient safety formed the underpinning of healthcare delivery (Ulrich & Kear, 2014). However, achieving patient safety formed the basis for the creation of a culture of safety that was suggested as an important strategy to improve patient safety (Abdi et al., 2015). Moreover, the creation of a culture of safety which prohibited the blame and punitive culture would make physicians feel more comfortable in reporting errors while sustaining professional accountability (Abdi et al., 2015). In fact, per Abdi et al. (2015), the adoption of a culture of safety in hospitals contributed to increasing errors reporting. Kagan and Barnoy (2013) supported Abdi et al. (2015) findings by acknowledging the existence of a positive correlation between a culture of safety and physicians' reporting behaviors. From this perspective, it was obvious that a healthcare organization with a positive culture of safety could learn from medical errors and proactively changed the causal systems to prevent mistakes from happening instead of blaming or punishing the perpetrator (Abdi et al., 2015).

Nie et al. (2013) contended that the IOM report "To Err is Human: Building a Safer Health System" reasoned for the development of a safety culture in which medical errors can be disclosed without any blame. While Nie et al. (2013) recognized the importance of safety culture, they also alleged that the existence of patient safety culture has promoted patient safety and has helped to enhance patient safety standards. There was no doubt that the implication of this finding for healthcare organization has contributed to the development of a safety culture to promote quality care and ensure patients' safety. Hemingway et al. (2015) agreed with this assertion and suggested that healthcare organizations and professionals including physicians

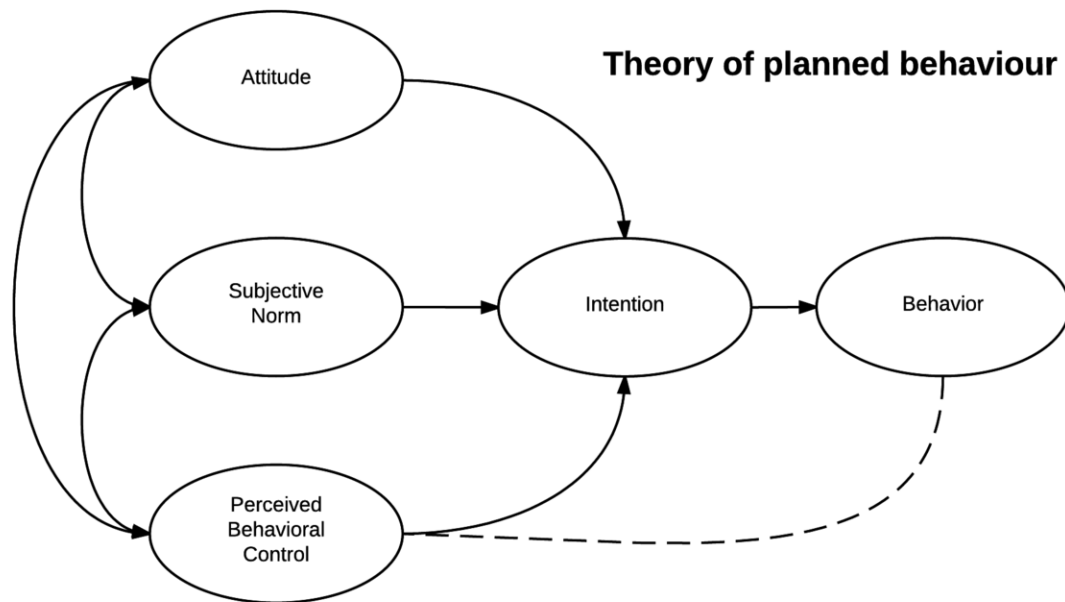
must commit to a culture of safety which was indispensable to improve quality care and avoid medical errors. Moreover, patient safety culture was seen as an indispensable tool to direct doctors' voluntary behaviors toward seeing patient safety as a high priority (Fujita et al., 2013).

### Theoretical Framework

The theory of TPB and Kant's deontological theory grounded this research.

#### Theory of Planned Behavior

The TPB was developed to predict and explain individuals' behaviors and intentions. The model linked individual beliefs and behavior (Ajzen, 1991; Finke, Hickerson, McLaughlina, Nippold, & Camarata, 2015). The theory suggested that a person's intention to engage in behavior was determined by three predictors: Attitude toward the behavior, subjective norm, and perceived behavior control (Ajzen, 1991; Finke et al., 2015). The combination of these three predictors led to the development of a behavioral intention (Javadi, Kadkhodae, Yaghoubi, Maroufi, & Shams, 2013). In fact, TPB linked beliefs and behaviors by using intent to predict behavior (see Figure 1).



*Figure 1.* Model of TPB

Even though other variables may affect behavior, it was evident that human action was most precisely predicted by the fundamental determinants of attitude, subjective norm, and perceived behavioral control (Lapkin, Levett-Jones, & Gilligan, 2015). According to the TPB, attitude referred to a person's favorable or unfavorable dispositions when performing a precise behavior, while subjective norm referred to the perception about how other people would judge a person for executing an indicated behavior (Lapkin et al., 2015). Perceived behavioral control indicated the assessment of a person's competence to accomplish a chosen behavior (Lapkin et al., 2015). The supposition behind the TBP was that combining these variables offered a clear perception of individuals' behavioral intentions (Lapkin et al., 2015). The more favorable the attitude and subjective norm, the greater the perceived control. Resiliency depended on the individual's intention to accomplish the behavior in question (Javadi et al., 2013; Lapkin et al.,

2015). Given an appropriate level of actual control over the behavior, people were likely to complete their intentions when the prospect arose (Javadi et al., 2013; Lapkin et al., 2015).

The TPB has been used in health care and health-related fields to understand the factors that influenced physicians and nurses' patient safety associated with behaviors (Finke et al., 2015; Javadi et al., 2013). The TPB was suitable for this study because the theory was previously used to explain physicians' attitudes and behaviors regarding medical errors reporting (Finke et al., 2015). It was also relevant in the way that the intent to report an error may have been swayed by other factors such as malpractice lawsuits, loss of professional reputation, and loss of patient trust that may lead to non-reporting behaviors (Hutchinson, Sales, Brotto, & Bucknall, 2015).

### **Kant's Deontological Theory**

Kant's deontological theory was one of the five ethical theories that also included utilitarianism, casuist, virtue, and rights theories. Deontology "emphasized the obligation of an individual to adhere to universal moral rules, principle to determine moral behavior" (Xu & Ma, 2016, p. 538). Kant focused on a duty-based theory or ethics that inferred truth telling, doing good for people, respecting individual autonomy, and doing no harm (Ghazal, Saleem, & Amlani, 2014; Reddy & Mythri, 2016). The morality of an action is measured by its observance of the rules (AlArbeed & AlHakim, 2015; Pinar & Peksoy, 2016). For Kant, physicians' compliance with the regulations remained a means to provide equal treatment to every patient (Al Arbeed & Al Hakim, 2015).

Kant's deontological theory has been used in health care training and education for helping physicians and care professionals in reaching an ethical decision in their practices (Pinar & Peksoy, 2016). The deontological theory has been significant in the expansion of bioethical theory to guide doctors and health care professionals' moral behaviors (Ghazal et al., 2014). The theory was appropriate for this study because of the ethical implications of physicians' decision regarding errors disclosure.

### **Potential Significance of the Study**

Medical errors frequently happened at a high rate in U.S. hospitals (D'Errico et al., 2015; Guillod, 2013). When these mistakes happened, some doctors chose not to disclose them to patients and their families (Anwer & Abu-Zaid, 2014; D'Errico et al., 2015). This research aimed to fill a gap in understanding barriers to medical mistakes reporting by focusing on factors that influenced physicians' disclosure of medical errors. This study was significant as the findings would help health care organizations adopt and promote patient safety culture.

Though medical errors cause approximately 44,000 to 98,000 deaths annually in the United States, they also had a financial cost (Bonney, 2014; D'Errico et al., 2015; Guilod, 2013; IOM, 1999; Kalra et al., 2013). According to Kalra et al. (2013), forty-five cents of each dollar paid out in the U.S. were connected to medical errors. The median cost per error has risen from \$892 in 2008 to \$939 in 2009 (David, Gunnarson, Waters, Horblyuk, & Kaplan, 2013). Furthermore, the annual cost of medical mistakes reached \$17 billion in 2009 (Kalra et al., 2013). It was evident that these skyrocketing costs due to medical errors affected existing human capital and financial resources. These funds could be used for investing in new technologies to prevent medical mistakes or training physicians on how to disclose mistakes.

Study findings would help understand the reasons behind physicians' medical errors and underreporting behaviors. Insights gained from this study would help inform care organizations to develop and implement policies for full disclosure of mistakes and change the culture of professionalism to a culture of safety. The development of a culture of safety would contribute to changing doctors' behaviors and attitudes from fear and defensiveness about what went wrong in the delivery of care to an attitude of honesty and a willingness to learn (Guillod, 2013). The change in doctors' attitudes would be beneficial to them and patients who wanted to know the truth, which would prevent the patients from engaging in legal actions because they sought explanations and apologies rather than financial compensation (Guillod, 2013). Understanding physicians' stance on disclosure of errors may move health care organizations to develop a mechanism to support physicians and adopt a full disclosure policy as well as a culture of safety for the best interests of the American society.

This study may contribute to social change by helping health care organizations in implementing safety culture policies which would encourage physicians to report medical errors. Through errors reporting, physicians would learn from their mistakes and be keen to avoid repeating the same mistakes. This practice would contribute to enhancing patient safety that is *sine qua non* of quality care.

### **Contribution to Healthcare Practice**

Study findings have some implications for professional practice. Healthcare leaders can use the results to design strategies aiming at improving errors reporting. The results can also be useful in tailoring physicians medical error disclosure training.

The results of this study point to the future direction in which doctors were affected by various concerns. Therefore, it is important for health leaders to use the findings to address physicians' concerns. Through this healthcare leaders can get a better idea of how to implement strategies to create an organizational culture that enhances patient safety.

### **Reliability and Validity**

The main threat to external validity was selection bias. In order to avert the selection bias in this study, the researcher used a simple random sampling method. This strategy helped to ensure a better representation of the participants and improve generalizability of the findings. Thus, in terms of external validity, this study might be generalized to all physicians working in the community hospitals.

A threat to internal validity occurred when the instrument did not have satisfactory reliability (Melnik & Morrison-Beedy, 2012). Discrepancies in the instrument could lead to inaccurate answers that would affect the research results. Thus, to avoid this instrumentation bias, we made sure the questionnaire was reliable and the questions properly labelled. In the case of this study, the questionnaire has been found to be reliable and valid with a Cronbach alpha of 0.65 and 0.62.

The study has both external and internal validity. The validity was due to the implementation of the study regarding strict IRB protocols, utilization of study instruments, data collection process, data entry process, and data analysis. The data was entered two times to ensure data results accuracy.

## Presentation of Findings

### Demographics

**Table 1**

*Gender of Study Participants*

|        | Frequency |
|--------|-----------|
| Female | 37        |
| Male   | 85        |
| Total  | 122       |

Table 1 showed that 37 female and 85 male physicians participated in the study.

**Table 2**

*Education of Study Participants*

|              | Frequency      |
|--------------|----------------|
| Bachelor     | 1 <sup>a</sup> |
| Postgraduate | 121            |
| Total        | 122            |

- a. This participant with a bachelor's degree was allowed to practice as a doctor.

According to Table 2, there was only one study participant who received bachelor's degree. 121 study participants received postgraduate degrees.

**Table 3***Specialty of Study Participants*

| Specialty                          | Frequency |
|------------------------------------|-----------|
| Not Specified                      | 4         |
| Anesthesiology                     | 1         |
| Cardiology                         | 7         |
| Critical Care                      | 8         |
| Electrophysiology                  | 1         |
| Emergency Medicine                 | 16        |
| Endocrinology                      | 1         |
| Family Medicine                    | 7         |
| General Surgery                    | 15        |
| Infectious Disease                 | 1         |
| Internal Medicine                  | 12        |
| Neurological Surgery               | 1         |
| OB-GYN                             | 14        |
| Oncology                           | 6         |
| Pathology                          | 1         |
| Pediatrics                         | 11        |
| Physical Medicine & Rehabilitation | 1         |
| Primary Care                       | 1         |
| Family Practice                    | 12        |
| Psychiatry                         | 1         |
| Urgent Care                        | 1         |
| Total                              | 122       |

Table 3 depicted study participants' specialty. It revealed that physicians who took the survey came from various specialty. However, the dominant specialties were emergency medicine, general surgery, OB-GYN, internal medicine, family practice, and pediatrics.

Table 4 showed there was a significant relationship between patient safety and physician readiness to report major medical mistakes. The p value was 0.50 ( $p < 0.05$ ).



**Table 4**

*Multiple Linear Regression of Relationship Between Patient Safety and Physician' Readiness to Disclose Major Medical Mistakes*

|   | Type III<br>Sum of<br>Squares | df  | Mean<br>Square | F        | Sig. |
|---|-------------------------------|-----|----------------|----------|------|
| Corrected<br>Model                              | 38.858 <sup>a</sup>           | 75  | .518           | 1.598    | .050 |
| Intercept                                       | 1906.568                      | 1   | 1906.568       | 5880.725 | .000 |
| Question_6                                      | .295                          | 4   | .074           | .228     | .921 |
| Question_21                                     | 1.381                         | 4   | .345           | 1.065    | .386 |
| Question_22                                     | .989                          | 3   | .330           | 1.017    | .395 |
| Question_23                                     | 3.049                         | 3   | 1.016          | 3.135    | .035 |
| Question_6*                                     | 6.772                         | 10  | .677           | 2.089    | .049 |
| Question_21                                     |                               |     |                |          |      |
| Question_6*                                     | 2.088                         | 6   | .348           | 1.074    | .394 |
| Question_22                                     |                               |     |                |          |      |
| Question_6                                      | 2.052                         | 5   | .410           | 1.266    | .297 |
| Question_23                                     |                               |     |                |          |      |
| Question_21*                                    | 3.282                         | 8   | .410           | 1.266    | .287 |
| Question_22                                     |                               |     |                |          |      |
| Question_21*                                    | 2.749                         | 8   | .344           | 1.060    | .409 |
| Question_23                                     |                               |     |                |          |      |
| Question_22*                                    | 6.687                         | 5   | 1.337          | 4.125    | .004 |
| Question_23                                     |                               |     |                |          |      |
| Question_6*                                     | 1.268                         | 1   | 1.268          | 3.910    | .055 |
| Question_21*                                    |                               |     |                |          |      |
| Question_22                                     |                               |     |                |          |      |
| Question_6*                                     | 2.046                         | 2   | 1.023          | 3.156    | .053 |
| Question_21*                                    |                               |     |                |          |      |
| Question_23                                     |                               |     |                |          |      |
| Question_6*                                     | .000                          | 0   | .              | .        | .    |
| Question_22*                                    |                               |     |                |          |      |
| Question_23                                     |                               |     |                |          |      |
| Question_21*                                    | .000                          | 0   | .              | .        | .    |
| Question_22*                                    |                               |     |                |          |      |
| Question_23                                     |                               |     |                |          |      |
|   | .000                          | 0   | .              | .        | .    |
| Question_6*                                     |                               |     |                |          |      |
| Question_21*                                    |                               |     |                |          |      |
| Question_22*                                    |                               |     |                |          |      |
| Question_23                                     |                               |     |                |          |      |
| Error   | 13.617                        | 42  | .324           |          |      |
| Total   | 6526.000                      | 118 |                |          |      |
| Corrected Total                                 | 52.475                        | 117 |                |          |      |
| a. R Squared = .741 (Adjusted R Squared = .277) |                               |     |                |          |      |

We found that a lack of an organizational culture that did not emphasize transparency and patient safety hinder doctor's ability to report medical mistakes. This finding was consistent with Kagan and Barnoy (2013), who found that the absence of a culture of safety in a healthcare organization culture could cause underreporting of errors. Lee et al. (2015) also found that the lack of a culture of safety that is part of a hospital culture could hinder implementation of patient safety mechanisms and as a result discourage physicians' reporting. Moreover, the finding was consistent with Ammouri et al. (2015) who contended that patient safety was central to healthcare quality because a good organizational culture could lead to a safer environment. Thus, achieving patient safety required healthcare leaders to move from a punitive culture to patient safety culture that facilitated openness (Ulrich & Kear, 2014).

### **Recommendations for Action**

In this study, we used a cross-sectional quantitative methodology to examine the association between the independent variables organizational culture toward patient safety and the dependent variable of physician's readiness to disclose major medical error. The results showed that the association was statistically significant between the independent and dependent variables. For future studies, a longitudinal design should be used to evaluate barriers affecting physicians' readiness to report medical errors. A longitudinal method can be used to detect and follow change over time in physician's attitude regarding error disclosure.

To have an in-depth understanding of barriers impacting doctors' ability to disclose errors, we would recommend qualitative research. Through face-to-face interviews and focus group, researchers can be able to explore physicians' perception as to how factors such as organizational culture toward patient safety, physician apology, professional ethics influence their reporting behavior.

Researchers should also examine the association between physicians' error reporting training and physicians' readiness to report medical errors across U.S. hospitals and clinics. Given my findings, we recommend that the medical field focus in awareness education regarding medical errors disclosure among physicians and doctors. Moreover, more research is needed to confirm the results of this study.

### **Conclusion**

Medical errors were serious threats to patient safety. Across the world and in the United States, medical mistakes frequently occurred at a high rate in hospitals, nursing homes, and other healthcare settings. These mistakes should be reported when they happened. However, physicians chose to go against their professional obligation and the Joint Commission mandate. Thus, the necessity arose to study the issue by determining perceived barriers affecting doctors' ability to report medical errors.

To understand the problem, we conducted a cross-sectional study. Data were collected and analyzed using SPSS. Statistical analyses showed that organizational culture toward patient safety was significant. It was one of the primary barriers impacting physicians' willingness to report errors. The findings were consistent with the literature that lack of a culture of safety, apology knowledge, and adequate training impeded physicians' ability to report (Hannawa et al., 2016; Alsafi et al., 2015; Nabilou et al., 2015).

The research findings provided evidence that healthcare leaders need to take actions to mitigate effects of these barriers on doctors' aptitude to disclose medical mistakes. Healthcare leaders can use the results to design mechanism facilitating error disclosure. The results can also serve as the basis for creating an organizational culture that predominantly favors safety culture. Implementing safety culture policies would open the door to physicians to speak up. Through error reporting, doctors may contribute to enhancing patient safety.

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## SUCCESS FACTORS IN COLLABORATIVE ASSETS, RESOURCES, AND KNOWLEDGE COMBINATION IN ORGANIZATIONS

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### **Abstract**

Collaborative strategies are pivotal to the manufacture of goods and the provision of services in the global environment of the 21st century. Such collaborative approaches are primarily essential when the components of the average product and services consist of globally sourced material inputs and ubiquitous non-proprietary knowledge. The ever-increasing complexities of finished products and services, coupled with the ever-increasing and dynamic range of customers' demands, therefore, require that manufacturers and service providers forge successful collaborative partnerships. This multiple case study design utilized 12 participants who are senior business managers from three oil, gas, and energy companies in metropolitan Edmonton, Alberta, Canada. The resource-based view (RBV) and the relational view (RV) constituted the conceptual framework of this study. Data collections were through semistructured face-to-face interviews and organization documents. Member checking preceded the final data analysis process. The data analysis revealed nine critical success factors that are critical to the successful combination of collaborative assets, resources, and knowledge. These nine success factors contribute to organizations' quest to satisfy customers' demands, remain competitive, and profitable. In no particular order of importance, the success factors that emerged from data analysis are planning, organizing, and managing work, recombination and deployment strategies, aligned vision, purpose, and strategic direction, knowledge of the industry, and dealing with complexities. Others include effective communication and presentation, leadership, people, and relationship management strategies, managing conflicts, and decision-making strategies.

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**Keywords:** Organizations, Globalization, Managers, Collaboration, Strategy, Resources, Management, Knowledge, Expertise, Competitive, Leadership

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### **Background**

Product designers, manufacturers, service providers, and knowledge managers in all spheres of the 21st-century marketplace are jostling and intensely competing to catchup and to fulfill the rapid and insatiable demands of consumers for goods and services (Nagashima, Wehrle, Kerbach, & Lassagne, 2015). The prevailing interdependency between and among

organizations is the result of the continually changing and extensive supply chains of organizations (Oluwi, 2018). Organizations are adopting different synergistic strategies that range from simple partnership arrangements to more complex forms of collaborative business initiatives. Such complex collaborative initiatives include, but not limited to, management contracts, joint ventures, strategic alliances, consortiums, and franchising. Following globalization, the modern global marketplace has had to contend with and manage events that include technological advancements, faster rates of innovation and times to market, and increased customer responsiveness (Oluwi, 2015; Saunila, 2014; Soosay & Hyland, 2015). Other critical occurrences that organizations currently encounter include the increased need for operational efficiency, faster decision-making, and increased competitiveness.

Accordingly, the adoption of collaboration enabled the coming together of relevant participants with relevant skills, knowledge, and competencies in efforts aimed at solving common business challenges and reaping improved outcomes and benefits (Miller & Katz, 2014; Oluwi, 2015; Sahs, Nicasio, Storey, Guarnaccia, & LewisFernández, 2017; Soosay & Hyland, 2015). Collaboration, therefore, enabled the generation of synergies among and between organizations who possess complementary competencies. While entities that include alliances, networks, coalitions, joint ventures, cooperatives, clusters, and forums are synonymous with the initiative of collaboration, 5 Roja and Nastase (2013), however, explicitly defined collaborative partnerships as initiatives in which two or more organizations exchange information, share resources, and conduct joint activities with the objective of reaping mutual benefits. The process of collaborative strategies also involves the sharing of risks and responsibilities. In another study, Kalowski (2015) established that the forging of collaborative partnerships has culminated in reduced barriers at both the inter and intraorganizational levels. Such reduced restrictions have, therefore, resulted in the creation of platforms and opportunities for companies to synergize their capabilities and resources for improved performance outcomes.

Again, González-Benito, MuñozGallego, and García-Zamora (2016) further reiterated the crucial role of collaboration in the 21st-century competitive marketplace. González-Benito et al. emphasized that the success or failure of organizations relate directly to the existence of the ongoing relationships they keep with other upstream or downstream entities. The purpose of this qualitative and multiple case study research is to identify the success factors in collaborative assets, resources, and knowledge combination in organizations. According to Ro, Su, and Chen (2016) and Oluwi (2018), the ability of organizations to successfully forge and implement collaborative arrangements would significantly reduce the time-to-market process for goods and services. Therefore, collaboration among and between organizations would substantially reduce the total cycle time from conception, to design, to manufacturing, and ultimately delivery to the final consumer.

Furthermore, collaborative initiatives are effective platforms for organizations to contribute and exchange idiosyncratic assets, resources, and knowledge to the benefit of the network partners (Ro et al., 2016). The quests to survive the bruising and corrosive race to competitiveness and profitability is, 6 therefore, substantially easier and scalable as demonstrated by the positive outcomes emanating from well-forged and implemented collaborative partnerships. In this paper, I explored how the diffusion of knowledge and the evolved trend of multicountry produced goods and services have triggered the need for organizations to collaborate. Furthermore, I identified the practices and factors that are necessary, and that contribute to the success of any

collaborative arrangement. Specifically, factors that include planning, organizing and managing work; decision-making; leadership; people relationship management; and managing complexities are critical inputs to the success of collaborative initiatives. Finally, the findings of the study revealed that collaboration, through the exchange and the combination of inimitable and complementary skills, competencies, and resources, has a significant and positive relationship with organizational performance and competitiveness.

### **Theoretical Considerations**

The resource-based view (RBV) and the relational view (RV) constitute the theoretical framework of this paper. The RBV identifies and highlights that the differences in firms' performances flow from their respective strategic resources. Such resources include core competencies, dynamic capabilities, and absorptive capacities to identify, assimilate, recombine, and effectively apply the knowledge acquired externally (Shafeey & Trott, 2014). Furthermore, according to Bromiley and Rau (2016) and Kobayashi (2014), the significant tenet of the RBV is the accumulation of rare, valuable, and inimitable resources and capabilities by firms in collaborative relationships. On the other hand, in the RV, the critical resources of firms span their boundaries, and they earn, aside from normal profits, additional supernormal profits through the keeping and maintenance of exchange relationships.

The maintenance of exchange relationships involves the pooling of skills and 7 resources by collaborating organizations to solve common challenges to remain competitive and profitable (Miocevic, 2016; Ro et al., 2016). Finally, the supernormal profits enabled by the exchange relationships in collaborative partnerships are not possible if the organizations exist and operate in isolation. Subsequently, supernormal profits would flow only through joint investments, contributions, and the exchange of idiosyncratic assets and knowledge of the collaborating partners (Anatan, 2014; Kobayashi, 2014; Oluwi, 2018; Ro et al., 2016). According to Oluwi (2018), the applicability of the RBV and the RV concepts to this paper flow from the competitive advantages derived from the collaborating organizations' accumulation of resources and capabilities. Besides, the supernormal profits that accrue from the relationship between the partners would create additional values and benefits over what an individual organization would generate if operating in isolation (Oluwi, 2018; Ralston, Richey, & Scott, 2017). Collaborating firms would, therefore, be able to leverage their combined assets, expertise, and capabilities to produce and deliver goods and services more efficiently. Additionally, interorganizational collaboration would allow partners to share responsibilities, risks, and benefits (Anatan, 2014; Kobayashi, 2014; Oluwi, 2018).

### **Literature Review**

The increasing globalization of industrial operations and the subsequent fallout of increased competition between organizations are among the principal factors responsible for the growing adoption of collaborative strategies and partnerships (HakemZadeh & Baba, 2016; Li et al., 2018; Oluwi, 2018). HakemZadeh and Baba (2016) and Nagashima et al. (2015) emphasized that the challenges that organizations encounter and that continue to negatively affect their productivity and profitability include shorter product life cycles and the incorporation of multiple



8 technologies into the design of new products. Other challenges include the creation of goods and services in conjunction with customers and partners, and on the leveraging of the growth of scientific and technical knowledge of numerous individuals who work for different organizations and in various sectors (HakemZadeh & Baba, 2016; Oluwi, 2018). Following the increasingly complex nature of global industrial operations, inter-organizational collaboration has continued to witness dramatic recognition and growth since the turn of the 21st century. Specifically, knowledge, which is the locus of innovation, now extends beyond any individual firm's capability (Saunila, 2014; Oluwi, 2018). Therefore, to leverage and to avail of such nonproprietary knowledge, many businesses would have to open their value creation processes using various types of multi-party collaborative strategies and initiatives.

Furthermore, HakemZadeh and Baba (2016) and Saunila (2014) showed that collaborative strategies reduce the burden of risk that each partner bears. Collaborative partnerships, therefore, through initiatives that include the early involvements of suppliers, would reduce the time of product development while simultaneously increasing the speed of products to the markets (Nagashima et al., 2015; Oluwi, 2018). The adoption, application, and the proper implementation of collaborative strategies will significantly decrease the cost of product development, process improvement, and considerably increase and provide access to new markets and technologies (HakemZadeh & Baba, 2016; Oluwi, 2018; Saunila, 2014). Authors and practitioners that include Li, Nguyen, Yu, and Han (2018), Oluwi (2018), and Srivastava et al. (2017) posited that the adoption and proper implementation of collaborative strategies portend immense advantages for organizational performance and profitability. The studies by these authors also 9 showed that collaborative strategies and partnerships allow enterprises to meet customer demands in real-time. Furthermore, collaborative strategies and partnerships help organizations develop tailor-made solutions offered cost-efficiently in close collaboration with partners in the value creation chain (Arora, Arora, & Sivakumar, 2016; HakemZadeh & Baba, 2016; Oluwi, 2018).

On another note, the need to collaborate has become more urgent and challenging, given the increasing complexities of the global workplace (Miller & Katz, 2014). Fjeldstad, Snow, Miles, and Lettl (2012), and Oluwi (2018) cited two examples of collaborative partnership relationships that existed within The Blade organization and Accenture. The authors described the positive outcomes of collaborative partnerships that flowed through the fusion of core competencies of different organizations and that accrued to the network partners in each of these examples. First, The Blade organization is a collaborative community of more than 200 firms and 70 complimentary firms that possess different capabilities required to develop solutions for the blade server market and its customer base of 180 companies. With differing unique capabilities, the network partners of The Blade organization leveraged on each other's core competencies to develop, manufacture, market, and distribute over 60 information technology solutions and products that use the blade server technology of IBM. Such lofty results, achieved in its first 2 years, showed that a well-implemented and managed collaborative partnership would have a positive and significant impact on productivity and profitability. In this case, rather than exploiting the Blade IP through its business units, IBM and the other complement or firms chose to form a collaborative community of companies focused on accelerating the development and adoption of the Blade server solutions. The founding companies, therefore, created an organizational design that enabled relevant firms to collaborate, 10 develop, and deliver bespoke information technology solutions to customers (Fjeldstad et al., 2012; Oluwi. 2018). As in The Blade case, similar positive outcomes also resulted in the collaborative partnership existing

within Accenture (Fjeldstad et al., 2012). Specifically, Accenture leveraged on its vast and diverse network of co-located and virtual team consultants to solve complex and multiple numbers of organizational problems within relatively short time frames. Besides its well-trained and knowledgeable consultants, Accenture also relied on its embedded organizational protocols, infrastructures, and software applications to deploy human assets and resources and to coordinate all its ongoing activities and projects throughout the world (Fjeldstad et al., 2012; Oluwi, 2018). The positive outcomes of the above-cited collaborative cases by the Blade organization and Accenture confirm its relevance to the operational and profitability performance of organizations. Specifically, the adoption and the proper implementation of collaborative strategies would significantly contribute to early product development and faster time to market. Moreover, the ability to share knowledge and information among and between the collaborating organizations would confirm that resources and capabilities genuinely transcend the boundaries of individual participating organizations (Keast & Mandell, 2014; Moon, Lee, & Lai, 2017; Nagashima et al., 2015; Oluwi, 2018).

According to Gadman and Cooper (2014), economic and business analysts often attribute improved organizational performance to advancements in technology. However, collaborative business partnerships, initiatives, tools, and strategies are now credible alternatives to technological advancements (Arthur, 2017; Dey, 2016; Oluwi, 2018). Collaborative partnerships, therefore, equally contribute to improved organizational performance (Arora et al., 2016; Oluwi, 2018; Srivastava et al., 2017). Specifically, firms now meet increasing performance requirements in competitive markets through their active engagement in new forms of business partnerships (Arthur, 2017; Dey, 2016; Oluwi, 2018). Recent practices in various sectors of the world economy showed that organization leaders have started to incorporate external resources from other companies for the growth and success of their businesses (Gadman & Cooper, 2014; Saunila, 2014). Furthermore, research findings by Gadman and Cooper (2014), and Saunila (2014) showed that an increasing number of multinational firms now pursue innovation activities in partnership with other organizations because of the abundance of external ideas in the global markets. The diffusion and ubiquitousness of knowledge, skills, and expertise, therefore, requires that organizations collaborate to leverage their operations and to cope with rapid market changes (Oluwi, 2018). Besides, the collaboration between and among organizations enables increased innovation, access to new markets, and the development of new growth engines (Gadman & Cooper, 2014). The authors further established that collaborative strategies by Research and Development firms have led to the concept of open innovation. Explicitly, open innovation embraces the strategic intent behind the use of both internal and external resources for increased performance and profitability (Gadman & Cooper, 2014; Saunila, 2014).

Finally, the increasing complexities of the global workplace have accelerated the adoption of collaborative partnerships in efforts aimed at solving the myriad of manufacturing and service delivery problems of the 21st century (Miller & Katz, 2014; Oluwi, 2018). Despite the laudable benefits accruable from a collaborative partnership arrangement, the differences in the partners' internal task routines could, however, undermine relational mechanisms, which could in turn, adversely affect the alliance performance (Lavie, Haunschild, & Khana, 2012). In their study, Lavie et al. (2012) focused on the integration of two different perspectives that examined the resultant alliance performance after the establishment of a collaborative partnership arrangement. With a sample size of 420 non-equity firms in the information technology industry, Lavie et al. integrated the alignment of partners' characteristics with the relational mechanisms of mutual

trust, relational embedding, and relational commitment. Furthermore, the authors examined how the congruence of partners' cultures and organizational routines facilitate the emergence of relational mechanisms in non-equity alliances. The results of Lavie et al.'s study, however, showed that while the similarities in partners' organizational routines are essential, they do not guarantee the success of the alliance. Therefore, collaborative partnerships might fail, not because of misaligned business objectives or cultural legacies of the partners, but as a result of operational differences in respective organizational routines (Anastassiou, Santoro, Recker, & Rosemann, 2016; Klein, 2017; Lavie et al., 2012). Besides, while the differences in internal domains and management styles constitute significant factors that may impair mutual trust and encourage opportunistic behaviours in the partnership, González-Benito et al. (2016) and Oluwi (2018) emphasized the crucial role of collaboration in the 21st-century competitive marketplace.

According to González-Benito et al., the success or failure of collaborative partnerships has a direct correlation to the existence of the ongoing relationships between and among the network partners. In another study, Salam (2017) posited that the development and evolvement of trust among the network partners is a competitive advantage that might be difficult for competitors to replicate. The preference and usage of hierarchical mechanisms by traditional 13 organizational forms as the primary means of control and coordination can constrain extensive collaboration both within and across firms (Fjeldstad et al., 2012). In contrast, however, according to Chakkol, Selviaridis, and Finne (2018), and Fjeldstad et al. (2012), complex and dynamic environments should explore alternative ways of organizing that are much less reliant on hierarchy. The exploration of such alternatives, therefore, provides a departure from traditional models in areas that include incentives, governance, coordination, and leadership. Besides, the goals of a collaborative initiative should primarily flow from the respective organizational objectives and aspirations of the collaborating partners (Chakkol et al., 2018; Oluwi, 2018). To the authors, organizations frequently collaborate with other firms to better address existing strategic and tactical competitiveness, operational inefficiencies, and profitability goals. Organizational goals that relate to a particular collaborative arrangement are, therefore, subsets of individual organization's overall strategic intent and align closely with their respective functions, responsibilities, and spheres of activities.

According to Iyer, Srivastava, & Rawwas, (2014) and Li et al. (2018), competition and product complexity-driven collaborative efforts are likely to influence firms' performance. Similarly, according to Oluwi (2018) and Srivastava et al. (2017), the significant impact of competition and product complexity-driven collaborative efforts on firms' performance has allowed interfirm partnerships to emerge as an essential component of organizations' strategy for generating differential performance outcomes. Collaborative partnerships, therefore, fill critical resource and competency inadequacies in individual partners' operations and produce a greater share of an incrementally larger pie that contributes to the mutual performance gains of the partners (Fawcett et al., 2015; Li et al., 2018; Oluwi, 2018). 14 Such mutual performance gains were the critical success factors in a Unilever-led collaborative and strategic distribution initiative.

The strategic distribution initiative provided the network partners with coordinated interfirm value-generating processes and business flows platforms. The Unilever-led collaborative strategic distribution initiative builds on the unique partnership capabilities that maximize customer value and enhances the collaborating firms' performance (Iyer et al., 2014). Iyer et al. (2014) also established that, in addition to the enormous transportation savings, the accrued

benefits of the collaborative relationship included shortened delivery cycle time, reduced retail store inventories (30%), out-of-stock incidents (30%), and decreased material handling costs (16%). Again, the authors highlighted that other notable firms such as Hewlett–Packard, IBM, Dell, Procter & Gamble had forged long-term, collaborative relationships with their suppliers to reduce transaction costs. The forging of such collaborative partnerships has enabled the achievement of stronger competitive positions for the network. Finally, collaborative partnerships help firms, over time, through the sharing of risks, accessing complementary resources, reducing transaction costs, enhancing productivity, improving profit performance and competitive advantage (Fawcett et al., 2015). Despite the laudable economic benefits, the absence of strategic fits, among partners, in collaborative partnerships could have catastrophic implications for the collective and individual businesses of the partners.

According to Fawcett et al. (2015), some of the issues that impede collaborations include inter-functional and inter-firm conflicts (75%), and non-aligned goals (68%). Other issues are the opportunistic behaviours of individual companies, diminishing (or diminished) trust (53%), and an inability or unwillingness to share information (53%). Fawcett et al. (2015) emphasized that these factors impede the integration of firms' resources required to avail of the competitive advantages inherent in collaboration. The authors supported their research findings with Lewin's Force Field (FF) Analysis. The FF Analysis argued that environmental forces drive organizations to build new capabilities. Specifically, the evolved environmental forces of globalization established entirely new production and manufactured models for products and the delivery of services (Aldakhil & Nataraja, 2014; Jakada, 2014). According to Jakada (2014), other environmental forces that propelled the need for organizations to build new capabilities include the dispersal of knowledge and the evolvement of virtual teams. Flowing from the above findings, organizations, therefore, need to identify and employ the right and enabling mechanisms if they want to keep pace with the continually changing environmental forces shaping the marketplace (Aldakhil & Nataraja, 2014). According to Aldakhil and Nataraja, there exists a positive correlation between managements' ability to identify and employ the right and enabling mechanisms and the success of collaborative partnerships.

### **Methodology**

This research is a qualitative study with a semistructured interview and the open-ended face-to-face questioning methods. According to Gentles and Vilches (2017), the adoption of the qualitative study with a case study design yields in-depth responses about the participants' lived experiences, perceptions, opinions, feelings, and knowledge of the subject matter. In comparison to the other qualitative research designs, the case study approach derived its benefits from its capability to act as a tool for making data-driven comparisons between different scenarios (Yin, 2016). Furthermore, and in contrast to other research designs, the case study method allows investigators to retain the holistic and meaningful characteristics of real-life events (Yin, 2016). Such real-life events include individual life cycles, organizational and 16 managerial processes, neighbourhood change, international relations, and the maturation of industries. Besides, according to Patton (2015) and Yin (2016), the case study research accommodates both qualitative and quantitative data, therefore, allowing researchers to get a rich mix of data for their studies. Specifically, the case study approach yields in-depth responses about the experiences, perceptions, opinions, feelings, and knowledge of the participants on the subject matter (Patton, 2015).

The follow-up questions in this study clarified the responses of the participants. Such follow-up questions to the participants enabled the attainment of data saturation. According to Gentles and Vilches (2017), data saturation occurs when the further collection of evidence provided little or no additional information that would significantly affect the themes, insights, or perspectives of a study. Specifically, the attainment of data saturation in this study occurred when the further collection of evidence provided little or no additional information that would significantly affect the themes, insights, or perspectives of the study. According to Gentles and Vilches (2017) and Yin (2016), data saturation involves the continuous task of identifying and co-opting new and additional sample population to participate in a study until the data set is complete. The attainment of data saturation was through prolonged engagement with the participants and the use of methodological triangulation. The interview was for a total of 12 individuals who work at the senior management levels of three corporate organizations in the oil, gas, and energy sector of the metropolitan Edmonton, Alberta, Canada for this purposive qualitative study. Specifically, the selected participants consisted of four senior business managers from each of the organizations. Besides, the senior business managers I selected also work 17 in organizations that have ongoing collaborative partnerships with varying numbers of firms within and outside of Edmonton. Again, it is pertinent to state that the use of purposeful sampling in this qualitative study was a conscious option that enabled the selection of participants who are available, who have experienced the phenomenon, and who have relevant information that pertains to the phenomenon under study.

## Findings

The purpose of this qualitative and multiple case study research was to identify the success factors in collaborative assets, resources, and knowledge combination in organizations that operate in metropolitan Edmonton, Canada. Following exhaustive semistructured interview sessions with the participants, the review of documents, and the organization of data, the data analysis revealed the emergence of nine common themes of varying magnitude and importance. According to the participants, the emerged themes were critical success factors in collaborative assets, resources, and knowledge combination. In no particular order of importance or superiority, the common themes revealed in this study are:

- Planning, organizing, and managing work
- Recombination and deployment strategies
- Aligned vision, purpose, and strategic direction
- Knowledge of the industry
- Dealing with complexities
- Effective communication and presentation
- Leadership, people, and relationship management strategies
- Managing conflicts
- Decision-making strategies

It is pertinent to emphasize that the fusion of the emerged success factors, with the recombined knowledge, expertise, capabilities, and inimitable resources and skills of the network partners represent critical ingredients necessary for forging successful collaborative business partnerships.



Furthermore, the platform created through such fusion enabled the network partners to achieve higher competitive advantages and performance levels similar to those identified in the conceptual framework of the RBV and RV. According to the 12 participants in the study, the ability of senior business managers to implement the nine success factors that emerged was critical to achieving successful collaborative business partnerships. Specifically, and in tandem with the RBV and the RV conceptual framework, collaboration would only succeed if, and when, the collaborating partners, with unique and inimitable competences and capabilities, work together in exchange relationships (Oluwi, 2018). It is the seamless fusion of the emerged success factors with the unique and inimitable competences and capabilities of the network partners, in mutually beneficial relationships, that yield competitive advantages for forged partnerships. Furthermore, a critical analysis of the graphic representations of the overall data, collected from the multiple sources, revealed that all participants were generally of similar views in their responses. However, the intensity and enthusiasm with which each participant addressed each of the themes that emerged from their responses were markedly different and reflected the unique experiences of the participants (Oluwi, 2018). Specifically, while a participant might rate planning, organizing, and managing work as the most crucial success factor in collaborative partnerships, another participant might rate the same theme as the least crucial. For clarity, the pre-exploration word cloud used depicted the varying intensity with which the participants discussed their responses to generate a word-bubble and to examine the words with the highest volume of usage as depicted 19 in Figure 1.



Figure 1. Preexploration keywords

**Planning, organizing, and managing work.** Although referenced with varying degrees of intensity, all the participants, however, agreed that the planning, organizing, and the effective management of work schedules among and between the collaborating partners is a crucial success factor necessary for the successful implementation of collaborative partnerships (Oluwi, 2018). Specifically, the majority of the participants confirmed that planning, organizing, and the management of work schedules by the appointed team and project leaders of the collaborating organizations would significantly reduce work complexities and scopes of decision-making



necessary to achieve set goals and objectives. Specifically, and as referenced in the findings of Gandolfi and Stone (2017) and Pittz and Adler (2016), the achievement of set goals and objectives are achievable when leaders equip, train, and influence groups of people who possess varying degrees of skills and capabilities. Besides, the proactiveness embedded in the planning, organizing, and the 20 effective management of work would enable the identification of constraints that might impede the achievement of set goal and objectives (Oluwi, 2018). The identification of constraints would, in turn, enhance the ability of managers and team leaders to initiate and rollout cost-efficient and workable alternatives and solutions.

**Recombination and deployment strategies.** A second success factor identified in this study was the ability of managers and team leaders to successfully recombine and deploy strategies for the mutual benefit of the network partners. As was discussed in the RBV section of the literature, one of the critical and basic tenets of collaborative partnerships was the possession of unique and inimitable skills, competencies, and resources by the collaborating organizations and the individuals that work in the organizations. All the participants, during the interview sessions and the subsequent data analysis phase of the study, consistently expressed and touted the need for the effective rollout, deployment, and implementation of recombined functional and technical skills and resources. Firstly, all the participants concurred that there would not be a need for collaboration (*ab initio*) without the possession of unique and inimitable skills and resources by organizations and individuals (Oluwi, 2018). Secondly, the participants confirmed that the possession of unique and inimitable skills and resources by organizations and individuals was not a sufficient criterion for a successful collaborative partnership. Albeit expressed and communicated with varying degrees of intensity, Participants 1-12, all maintained that the harnessing and the deployment of the skills and resources available to collaborative partnerships require the involvement of experienced managers of human, material, and financial resources.

The majority of the participants agreed that the task of harnessing, deploying, and managing the abundant skills, human, material, and financial resources of the partnership be exclusively reserved for the most 21 experienced manager within the partnership. Furthermore, the participants were unanimous in their response to the formation of teams, the appointment of team leaders, and the allocation of roles. Flowing from the above, and according to all 12 participants, the formation of teams, choosing an overall team and sub-team leaders, and the allocation of roles is crucial to the success of partnerships. Specifically, while sequentially coordinating and managing the day-to-day activities of team members, the sub-team leaders, in turn, report to the most experienced manager responsible for managing the overall partnership. Following the unanimous adoption, the participants agreed that the concept of teaming in collaborative partnerships contributes immensely to disaggregating a supposedly unwieldy operation into a better-managed operation. Accordingly, the agreement to choose an experienced overall leader and the formation of teams would enhance the efficient deployment and utilization of human, material, and financial resources. Furthermore, the strategy enhances a more unobstructed view of project timelines and proactive planning activities aimed at the successful implementation of collaborative partnerships. The possession of the skill necessary to effectively recombine and deploy strategies is, therefore, a critical success factor for the successful implementation of collaborative partnerships (Oluwi, 2018).

**Aligned vision, purpose, and strategic direction.** All 12 participants unanimously adopted the strategy of aligned vision, purpose, and strategic direction. In tandem with the views on the

possession of unique and inimitable skills and resources by organizations and individuals, the participants admitted that there would be no reason for collaboration (*ab initio*) without the alignment of vision, purpose, and strategic direction on the part of the network partners (Oluwi, 2018). Specifically, for successful collaborative partnerships, the collaborating organizations and 22 individuals must share similar goals and objectives. The relevance of this strategy to the forging of successful collaborative partnerships tallies with findings in the literature review section of the study. According to Chakkol et al. (2018) and Randolph (2016), the objectives of a collaborative partnership would remain unattainable without a congruence of goals of the network partners. Besides, while the existence of goal congruence would facilitate greater alignment between the individual partners' goals and the overall goals of the entire network of firms, it would also promote and encourage interfirm affinity and the strategic convergence of competencies and capabilities required for successful partnerships (Oluwi, 2018). While reiterating the crucial role of the strategy of aligned vision, purpose, and strategic direction, the majority of the participants, however, emphasized the need for would-be collaborating organizations and individuals to carry out due diligence on all would-be members. Such due diligence exercise would aim to confirm, among others, the existence or absence of strategic fits between vision, mission, and strategic focus of each the would-be network members.

The participants also stated that the due diligence exercise should review the organizational structure and culture in determining and understanding the ethos of would-be collaborating organizations. Finally, Participant 6, notably maintained and stated that "the strategy of aligned vision, purpose, and strategic direction trumps all other strategies." Participant 6 further identified various calamitous events and outcomes that could develop when, and if, organizations with unaligned vision, purpose, and strategic direction forge collaborative partnerships. Such catastrophic outcomes, according to Participant 6, "could involve colossal loss of revenue, damage to reputation, and, in extreme situations, the collapse of entire businesses." 23 The analysis of the participants' responses and the observed body languages displayed while discussing and explaining the strategy of goal congruence lend credence to its significance as a strategy required for forging successful collaborative partnerships. As earlier expressed in the literature review section of this study, and in tandem with the findings of Anatan (2014), Iyer et al. (2014), and Moon et al. (2017), the success of any collaborative partnership is dependent on successfully implementing the strategy of vision and goal congruence. Specifically, the identification, the confirmation, and the unification of visions, goals, and objectives, coupled with aligned organizational structures and cultures promote and encourage interfirm affinity and the strategic convergence of competencies and capabilities required to yield competitive advantages for the network partners (Oluwi, 2018).

**Knowledge of the industry.** Although not the most prominent of the themes that emanated from the data analysis, however, approximately 42% of the participants identified the need for extensive knowledge of the industry in which a partnership operates as a necessary strategy that would enhance success. According to Participants 1, 2, 7, 11, and 12, the complexities that exist in the oil, energy, and gas sector, and the uniqueness of the Canadian oil sand mining techniques makes it paramount that the individual leading the collaborative partnership possesses a thorough knowledge of the industry. Specifically, Participant 11 linked the strategy of the possession of thorough knowledge of the industry to activities that involve strategic investment decisions in innovation, research and development, finance, and human resources. According to Participant 11, "the peculiarities of the oil, gas, and energy sector, the fluctuating price of oil in the

international market, and other market dynamics of demand and supply, should make this strategy the exclusive preserve of a leader with deep insights of the industry and market.”<sup>24</sup> As a strategy, according to Participants 2 and 7, the possession of relevant industry experience and knowledge of the market would allow for proactiveness on the part of the individual leading the partnership. Furthermore, knowledge of the industry would ensure the availability of realistic forecasts and actionable plans aimed at addressing both internal and external resource constraints. Such forecasts and plans, developed with the knowledge of the industry are, therefore, necessary for the success of collaborative partnerships.

**Dealing with complexities.** Extreme complexities exist in the world’s oil, gas, and energy markets. More so in the unique oil sand environment of Canada oil industry. The data analysis revealed the participants’ awareness, and the negative impacts that such complexities have on the operations, and ultimately, the success of partnerships. Specifically, there was an overwhelming consensus from all 12 participants on the need for the evolvement of strategies uniquely focused on dealing with the hydra-headed complexities of the oil sand industry of Edmonton, Alberta, Canada. The 12 participants concurred that the existence and the ability to implement strategies that deal with solving complex problems, some operational, and others emanating from the forged collaborative partnerships between organizations with different structures and cultures, is crucial to the success of collaborative partnerships. According to Participants 1, 2, 7, 11, and 12, there exists a direct and complementary relationship between the strategies of knowledge of the industry and dealing with complexities. In buttressing their reasons, the participants emphasized, albeit with different level of enthusiasm, that the strategy of dealing with complexities would be difficult to implement efficiently and effectively without a deep and thorough knowledge of the industry and the markets in which members of the partnership operate. Specifically, while alluding to the accruable benefits of 25 collaborative partnerships, Participants 1, 2, 7, 11, and 12 emphasized that the agreement to collaborate usually involve agreements between two or more organizations with different but compatible structures and cultures.

The organizations in a collaborative partnership, therefore, agree to work together for the mutual benefit of the members. However, to Participant 1, despite the benefits accruable from collaborative partnerships, the agreements to work together represent the first contact with multifaceted complexities that require the full-time attention and dedication of experienced and well-knowledgeable managers. Therefore, according to Participant 1, and to enhance the success of the partnership, “such managers must possess sound analytical and problem-solving skills to steer and direct the daily operations of the forged partnerships.” Besides, with contending jostling for resource allocations amid tight project deliverable timelines, the supervising manager of the partnership must be able to understand the intricacies of the operation and proffer appropriate and costeffective strategies, solutions, and action plans aimed at achieving set goals and objectives (Oluwi, 2018). In tandem to the findings of Yang, Hung-Yi, Shang-Chia, and Chen, (2014), the analysis of the interview responses similarly showed that all 12 participants agreed that the possession of inimitable skills, technical competences, and complementary resources are critical to the forging of successful collaborative partnerships. However, there was an unwavering consensus among the participants that the possession of skills, competencies, and resources are not, themselves, sufficient to guarantee the success of collaborative partnerships. Specifically, all 12 participants acknowledged the need for the role of experienced and knowledgeable managers of human, financial, material, and technical resources to coordinate and manage the complex operations of the partnership.

**Effective communication and presentation.** A strategy aimed at effectively communicating and presenting objectives, facts, figures, and plans to varied numbers of people from different organizations, and most probably different cultures and ethnic backgrounds was another strategy identified by the participants. Authors such as Ioanid (2015), Iyer et al. (2014), and Kenyon, Meixell, and Westfall (2016) alluded to the need for effective communication strategies to support and enhance the success of collaborative partnerships. Specifically, the interdependent relationships, among a complex mix of individuals from different cultural backgrounds, which developed after the forging of collaborative partnerships by organizations requires a strategy that would clearly and effectively communicate and present the vision, mission, and objectives of the coalition (Oluwi, 2018). The implementation of robust communication strategies by the management team of the coalition of organizations would, therefore, expectedly contribute significantly to the timely completion of tasks, decision-making, the reduction in, and the resolution of conflicts and disputes. On the average, Participants 2, 5, 6, 8, 9, and 11, confirmed the existence of about 16 different nationals from 5 continents in the workforce that make up the collaborative partnerships in which they work.

The multicultural nature of these partnerships and the subsequent workplace environment that evolved from the forged partnerships required multi-pronged modes and means of communicating. Such multipronged modes and means of communication consider factors that include, amongst others, language barriers, ideologies, and cultural beliefs. While evoking respect for the different nationals, the consideration for language barriers, ideologies, and cultural beliefs makes for peaceful coexistence among the workers and a peaceful work environment. Furthermore, while emphasizing the need for coherent and effective communication strategies, Participants 6 and 9 made references to the remote and 27 isolated oil wells, living hostels, and camps that house the multifunctional teams working in and under harsh weather and climatic conditions. According to Participant 9, the operation managers, camp managers, and team leaders must implement the strict communication rules and guidelines that emanated from the overall communication strategies adopted by the coalition of organizations that made up the partnership.

While reiterating the importance of communication strategy to the success of collaborative partnerships, Participant 6 advised the need to include sensitivity and diversity training under communication strategies. On this point, Participant 6 said, “I recalled how an offhand comment in one of the camps I worked in nearly turned into a free-for-all fight between two groups from, apparently, different cultures.” On a final note, and although sparingly discussed and mentioned by the participants, the communication strategy of collaborative partnerships should also inform and enlighten both internal and external stakeholders on ongoing and prospective projects and relevant ethical and environmental issues. Such issues should be appropriately presented using different mediums and platforms accessible to the targeted audience. According to Participant 2, to guarantee the continuous buy-in to the ethos of the partnership, the communication strategy should include weekly operational meetings and briefings at the team levels. Besides, Participant 2 advised top-level monthly meetings and briefings for the respective team leaders and managers of the various components of ongoing and prospective projects.

**Leadership, people, and relationship management strategies.** The need for leadership competencies and strategies was another factor to which the participants unanimously

subscribed. In their research findings, Pittz and Adler (2016) established that the availability of competent leadership is critical to managing the myriad of 28 factors and requirements necessary to facilitate the forging and the successful operation of collaborative partnerships. In tandem with the findings of Pittz and Adler, the data analysis carried out on the responses of the entire 12 participants revealed significantly high correlations between the need for, the deployment of leadership strategies, and the success of forged collaborative partnerships. In the words of Participant 4, “leadership strategies and competencies are everything.” When asked to expound, Participant 4 said that all his previous comments would “come to naught without the corralling functions of an experienced leader, who has a 360-degree overview of the entire operations, and who can formulate relevant strategies aimed at ensuring that the partnership functions seamlessly and successfully.”

On another hand, Participants 3, 4, and 5 made sparing references to the leadership styles most suitable to the unique type of partnerships that exist in the Canadian oil sand industry. While Participants 3, 4, and 5 specifically mentioned the need for an inspirational leader, further explanations, during the follow-up question sessions, revealed the need for a second leadership style. Specifically, Participants 3, 4, and 5 identified the situational leadership style as relevant to managing collaborative partnerships. To the participants, the leadership styles of the chosen individuals responsible for managing the operations of partnerships would reflect the kinds of strategies and policies they formulate and propose and that guide the partnerships. Using a different choice of words to differentiate between transformational and situational leadership styles, and the strategies and policies that flow from the respective styles, Participants 3, 4, and 5 affirmed that both leadership styles perform unique but equally essential functions in the quest for the success of collaborative partnerships. To Participants 3, 4, and 5, transformational leadership style and its 29 resultant strategies are responsible for investment, innovation, and financial decisions. Contrarily, Participants 3, 4, and 5 explained that situational leadership style and strategies are more relevant to the day-to-day operational and human resource activities of partnerships.

In addition to the functions of transformational and situational leadership styles expressed by Participants 3, 4, and 5, the analysis of Participant’s 8 responses uniquely identified an additional layer of leadership strategy in the quest for successful collaborative strategies. Accordingly, and in sync with transformational leadership functions, Participant 8 identified people and relationship management strategies as very crucial to the success of multifunctional, multicultural, multilanguage, and multi-religious teams. Exhibiting vast knowledge and experience, Participant 8 stated that “collaborative partnerships are relationships between two or more organizations who have agreed to work together for the common benefit of the members.” Therefore, according to Participant 8, “the supervising manager of the collaborative relationship must demonstrate capabilities, through relevant leadership strategies, that aim to motivate team members and employees to perform above expectations.” Specifically, to reaffirm the need for appropriate leadership strategies, Participant 8 stated “the success or otherwise of collaborative partnerships depend on the relationship building and management skills of the supervising manager. Also, excellent relationship building, and management capabilities would enhance the level of influence the supervising manager can wield on the entire members of the partnership.” However, irrespective of whether transformational or situational, the review of data collected from all 12 participants revealed that leadership strategies and competencies (inclusive of



relationship and people management) are critical to the successful formation of collaborative partnerships.

**Managing conflicts.** The need for strategies aimed at proactively preventing the occurrence of, and reactively managing the existence of conflicts, featured prominently in the analyzed data of the study. The crucial requirement for strategies targeted at conflict prevention and management in collaborative partnerships are in tandem with findings in the works Chakkol et al. (2018) and Randolph (2016). Specifically, Chakkol et al. and Randolph emphasized the need for congruence of goals among and between the network partners. Similarly, and in close comparison, Islam, Jasimuddin, and Hasan (2015) and Salam (2017) respectively established the need for compatibility and flexibility of organizational structures and the cultivation of trust. Finally, Ioanid (2015) and Kenyon et al. (2016) discussed the need for cultural affinity and flexibility by collaborating organizations. Similar to previously proffered strategies, the review of the participants' responses and relevant organizational documents overwhelmingly concluded that the existence of conflict prevention and management strategies are critical to the forging of successful collaborative strategies.

With comparable high levels of enthusiasm in speech and body language, all the participants had a point or two to make on the strategy of conflict resolution. In the words of Participant's 7, "there is just no way conflict would not break out in a multifunctional, multicultural, multi-language, and multi-religious team of over 75 people – and that is just a team out of probably a dozen others." Participant 7 was, however, quick to note that the majority of conflicts are easily manageable interpersonal skirmishes. On the contrary, Participant 9 (who works in the same organization as Participant 7) agreed with the cause of conflicts but emphasized that the timely detection of tension and conflict makes the difference between easily manageable skirmishes and out-of-control disagreements and fights. Participant 9 continued "although the manageable skirmishes have insignificant 31 impacts on operations, the reverse is, however, the case with the out-of-control disagreements and fights that can grind entire operations to a halt and cause irreparable damages to partnerships. Participant's 1 approach to conflict prevention and management strategies was somewhat unique compared to the other participants. Participant 1 identified and differentiated between operational conflicts (occurring among and between team members in the day-to-day work activities) and strategic conflicts (occurring at the project coordinating and management levels) in partnership organizations. According to Participant 1, "day-to-day operational conflicts, while not desirable, can be effectively managed through robust human resources policies and guidelines.

On the other hand, however, strategic conflicts are significantly more destructive and could spell doom for partnerships." In different words and with different levels of enthusiasm, the entire 12 participants agreed that the success of forged collaborative partnerships would require the formulation of appropriate conflict prevention and management strategies. Such strategies should focus on solving and managing conflicts that can emanate from factors that impede the successful implementation of collaborative partnerships discussed in the literature review section of this study. Specifically, appropriate strategies are required to address conflicts emanating from the diverse goals of the partners (Fawcett, McCarter, Fawcett, Webb, & Magnan, 2015; Li & Nguyen, 2017; Vangen & Huxham, 2013) and trust challenge (Randolph, 2016; Vangen & Huxham, 2013). Other factors include power imbalances (Michalski, Montes-Botella, & Guevara Piedra, 2017; Soosay & Hyland, 2015; Vangen & Huxham, 2013), culture paradox (Islam et al.,



2015; Vangen & Huxham, 2013), and territoriality and turf protection (Byrne & Power, 2014; Fawcett et al., 2015). 32 While, for privacy reasons, access was not granted to review the human resource (HR) incident report books in organizations where I collected data, the three organizations, however, allowed a review of their relevant Code of Conduct booklets. A review of the code of conduct booklets revealed that organizations had identified an array of offences, misdemeanors, and violations that employees are likely to contravene. Employees that violate such offences, misdemeanors, and violations would trigger a range of HR actions aimed at managing the incidences and meting out appropriate sanctions.

**Decision-making strategies.** In dissimilar terms, conviction, intensity, and body language, the majority of the 12 participants expressed the dual-linkage of experiences in the oil sand environment and in collaborative working relationships with the required strategy that deals with the ability to make and implement sound decisions. Participants 2, 3, 4, 5, 7, 10, 11, and 12 were more vocal and enthusiastic on the need for supervising managers of collaborative partnerships to be analytical in approaches to making decisions that enhance the continued existence and profitability of the partnership. Participant 2 quipped, “the forging of collaborative partnerships by previously competing organizations is, in itself, a strategic decision by leaders of the organizations to work together.” Chatterjee (2016) succinctly captured the views expressed by Participant 2, who established that the practice of collaborative partnership itself evolved from the strategic decision by organizations to manage the consequences of globalization better.

Furthermore, the adoption of collaborative partnerships also enabled the fusion of financial, material, human, and knowledgebased resources by organizations in efforts aimed at remaining competitive and profitable. Similarly, and while emphasizing the crucial role of decision-making 33 strategies for the success of collaborative partnerships, Participant 12 stated, “collaboration breathes and lives decision-making.” Asked to explain, Participant 12 said that, “strategic decisions by proponents of collaboration is responsible for the existence of collaborative partnerships. Only continuous and sound strategic decisions would ensure the partnerships remain viable and successful. Poor decision-making would result in failure and collapse.” The analysis of the responses of Participant 6 revealed a unique term in support of the need for timely decision-making processes within collaborative partnerships. Participant 6 used the term “the urgency of now” to indicate the rapid nature of decision-making in a dynamic, complex, and competitive environment of the oil, gas, and energy industry. Participant 6 further explained: “in a globalized world, developments in information technology and technologically-propelled initiatives in supply chain management have necessitated quick responses and decision-making by relevant supervising managers of collaborative partnerships.” It is pertinent to note that Participant’s 6 views tally with the findings of Chi, Zhao, and George (2015) and Pittz and Adler (2016).

Specifically, Chi et al. and Pittz and Adler found that the availability and the efficient usage of information technology within the network of firms enabled and ensured timely access and the exchange of information and decision-making requirements within the partnership. According to Participant 7, the need for timely and sound decision-making strategies is relevant to the team and people management functions of the supervising manager of the partnership. To Participant 7, agile and sound decision-making strategies would enhance the implementation of the strategy necessary to prevent and manage conflicts. Therefore, whether in the strategic or tactical areas of collaborative partnerships, or the transformational and situational leadership styles, the review

and 34 analysis of the responses of the 12 participants revealed significant correlations between the existence of sound decision-making strategies and the success of the forged partnership.

### **Recommendations**

The collaborative success factors identified in this study are critical to the intra and interdependent functions and activities that occur between employees and organizations involved in the joint-manufacture of good and the provision of services in the 21st century. Based on the experiential and time-tested responses of the participants, it becomes evident that a well-implemented collaborative strategy would enable the network partners to unlock the intrinsic benefits of collaborative assets, resources, and knowledge combination. Additionally, the competitive advantages that flow from the joint accumulation of resources and capabilities of the network partners translate into increased technological development, faster product development, faster time to market, and improved customer service. Besides, the adoption of collaborative partnership enables the earning of supernormal profits by the network partners.

Specifically, supernormal profits, accruing from the relationship between the partners, are additional values and benefits over what an individual organization would generate if operating in isolation. From the above, would-be adopters of collaborative partnership are advised to adhere and implement the experiential and time-tested strategies culled from the participants in this study. Implementers of collaborative partnerships should, therefore, adopt the nine strategies of (a) planning, organizing, and managing work; (b) recombination and deployment strategies; and (c) aligned vision, purpose, and strategic direction. Other strategies that would enhance the success of collaborative partnerships include (d) knowledge of the industry; (e) dealing with complexities; (f) 35 effective communication and presentation; (g) leadership, people, and relationship management; (h) managing conflicts; and (i) decision-making.

### **Summary**

The purpose of this qualitative multiple case study was to explore the implementation strategies senior business managers used to forge successful and profitable collaborative business partnerships. To fulfill the purpose of this study, I interviewed a total of 12 qualified participants who worked in organizations that presently have ongoing collaborative partnership agreements and working relationships with other organizations within and outside of Edmonton. Nine success factors crucial to the forging of, and the implementation of, collaborative business partnerships emerged from the extensive face-to-face semistructured interviews. The themes that emerged are (a) planning, organizing, and managing work; (b) recombination and deployment strategies; and (c) aligned vision, purpose, and strategic direction. Other themes included (d) knowledge of the industry; (e) dealing with complexities; (f) effective communication and presentation; (g) leadership, people, and relationship management strategies; (h) managing conflicts; and (i) decision-making strategies.

The data analysis of this study showed that the 12 business managers that participated in this study agreed, albeit with different levels of enthusiasm, intensity, and body language, that it is possible to forge effective and successful collaborative business partnerships through the implementation of the enumerated strategies. The adoption of the nine success factors becomes more imperative in a globalized, complex, and increasingly competitive environment with

constantly changing customer demands and preferences. Accordingly, the adoption of collaborative assets, resources, and knowledge combination strategies, and the implementation of the nine 36 success factors by practitioners and would-be adopters of the initiative would herald increased productivity and profitability for the network partners.

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