

BUSINESS ETHICS RESEARCH IN HEALTH CARE MANAGEMENT:

A SYSTEMATIC REVIEW

ABSTRACT

This paper attempts to evaluate the trajectory of business ethics research in the realm of health care management by conducting a quantitative analysis of the business ethics literature within the scope of health care management. We also aimed at understanding and elucidating the directions that the field was taking, the themes that have been researched, the methodological approaches that have been taken over time and emerging trends. Bibliometric analysis was employed for a systematic review of business ethics research in health care management. We used articles related to business ethics in health care management, published in leading business ethics and health care management journals indexed in SSCI. An overview of the study shows that the number of articles related to business ethics in the realm of health care management has been increasing and some specific themes have been receiving increasing attention from scientific community. Although there are abundant of empirical studies, advance statistical methods have been used rare. Accordingly, several noteworthy results raised from our analysis. The results of the study demonstrate how the progress of business ethics research in health care management is for policy makers, researchers, junior scholars and graduate students.

Keywords: Business Ethics Research, Health care management, systematic review.

Introduction

This study is an attempt to reveal how business ethics (BE) research has progressed in health care management (HCM). One of the main goals of for-profit and non-profit organizations in the health care industry is to increase and protect the health levels of communities or individuals. Because of this, they play a vital role in the economy of many countries and the lives of countless individuals.¹ Health care organizations throughout the world have shifted their management from a non-profit to a for-profit business model, or established profit-focused organizations. These changes in organizational structure, based on relationships between organizations/ communities/ individuals and health care organizations, reveal the pressures inherent in surviving or gaining a competitive advantage in a fierce competitive environment.² This pressure brings out critical problems, including inadequate reimbursement from programs, such as Medicare and Medicaid; the skyrocketing costs of pharmaceuticals and professional liability insurance; and staffing problems in the critical positions of nurses, pharmacists, and imaging and lab technicians to minimize their cost. As a result, the importance of BE practices, addressing why organizations exist, has been appreciated in health care organizations, as well as in clinical settings³. Although many studies have been conducted to explore BE practices in HCM field, the progress should be elucidated for researchers and practitioners so that they will gain deeper understanding and advance BE studies related to HCM. To this end, the main purposes of this study are to:

- Determine how the literature related to business ethics in HCM has progressed, and changed over time by journal categories.
- Identify how subjects evolved over time in the articles.
- Identify how methodological approaches changed during sub-periods and by journal categories.

- Suggest a research agenda for researchers and implications for practitioners.

Background

Health care management is described as the “forms of health benefits coverage and health service delivery that are alternatives to traditional fee-for-service medicine”.⁴ As for the health care industry, it consists of hospitals, nursing and residential care facilities, the offices of physicians and dentists, home health care facilities, ambulatory health care facilities, and medical and diagnostic laboratories⁵. Although physicians have dominated the health care industry, the authority has been shifting from physicians to health service managers since the 1980s. Correspondingly, the health care industry has become a corporate business dominated by managers, a transition that has increased the importance of managerial ethics.⁶ Since the development of concepts, approaches, priorities, and cases for meeting the requirements of organizational or management ethics may be one of the major needs in health care industry³, many studies have been conducted by practitioners and scholars on BE in HCM.

A variety of factors were investigated in the literature, including ethical dilemmas and ethical decision making⁷, ethical issues and/or challenges facing health care professionals, the provision of quality health care, corporate social responsibility in health care¹, the ethical impacts of managed care⁴, the role of organizational ethics in health care⁸, predictors of ethical behavior⁹, the impact of an ethical climate existing in hospitals on job satisfaction and organizational commitment¹⁰, and ethical tensions¹¹. This progress shows that business ethics studies have a key role in health care industry. Therefore, it would be beneficial for researchers and practitioners to understand how business ethics research in HCM progressed regarding the directions the field has taken, the key themes under scrutiny, and the methodological approaches and trends.

Method

Data Sources and Searches

Web of Science database was searched to find relevant studies. Hence, two ways were followed to conduct the searches from June to August 2016. First, journals focused on health care and/or business ethics and published in English were identified. In this manner, nineteen relevant journals were identified. Fifteen of the 19 journals focus on HCM, while the rest focus on BE. The 15 leading health care management journals (J-HCM) selected for this study were *BMC Health Service Research (BMC-HSR)*, *Health Care Management Review (HCMR)*, *Health Care Management Science (HCMS)*, *Health Affairs (HA)*, *Health Economics (HE)*, *Health Economics, Policy, and Law (HEPL)*, *Health Policy (HP)*, *Health Policy and Planning (HPP)*, *Health Service Research (HSR)*, *Journal of Health Economics (JHE)*, *Journal of Health Politics, Policy, and Law (JHPPL)*, *Journal of Healthcare Management (JHM)*, *Journal of Nursing Management (JNM)*, *The International Journal of Health Planning and Management (IJHPM)*, and *Worldviews on Evidence-Based Nursing (WEBN)*. The four leading BE journals (J-BE) selected for this study were *Business Ethics: A European Review (BEER)*, *Business Ethics Quarterly (BEQ)*, *Ethics & Behavior (BQ)*, and *Journal of Business Ethics (JBE)*. Second, articles were scrutinized via the following keywords screened in the title, abstract, and keywords of articles in the selected journals by using two different phases:

1. Relevant articles in selected HCM journals were identified by screening keywords including corruption, morality, reputation management, corporate social responsibility, glass ceiling/gender equality, ethical decision-making, white-collar crime, insider trading, environmental issues (natural environment), codes of ethics,

business ethics, corporate ethics, social responsibility, social performance, corporate citizenship, and social responsiveness¹².

2. Relevant articles in selected BE journals were identified by screening keywords including hospital, health, patient, nursing, nurse, doctor, and physician.

Inclusion Criteria

Two inclusion criteria were used in selecting studies. First, we did not place any time restrictions, and our search covered all time periods up to the end of December 2015. Second, we considered only original articles and research notes published in the given journals. At the end of the process 355 studies were identified. 240 of them were published in J-HCM while the rest (115) were published in J-BE.

Quality and Coverage Assessment

Two authors of this paper assessed the articles individually to determine if they focused on BE research in HCM by asking, “Does the article directly or indirectly relate to BE research in HCM?” If the authors responded in the affirmative, then the article was accepted for the subsequent steps of the study. The authors ensured data validity and reliability by reaching a consensus on the articles that were selected. At the end of the step 202 studies were identified.

Variables Examined

Selected studies were reviewed to extract the following information: (a) journal title, (b) publication year, (c) themes of articles, and (d) nature of articles including article type, methods of article, research methods used, data collection method, statistical analysis techniques utilized, and samples of articles as a country.

Analysis

A spreadsheet was created to examine the articles by employing information regarding variables of interest. In order to observe and evaluate the changes in BE research in HCM, the period (1983-2015) was divided into three sub-periods (before 2000, 2000 – 2007, and 2008 – 2015). This information based on the periods was tabulated or graphitized to elucidate the state of the art of business ethics in health care management.

Findings

Frequency of Business Ethics Research in Health Care Management

Figure 1 summarizes the number of BE articles that appear to be related to HCM by year and by journal category. Generally, the number of BE articles between 1983 and 2015 related to HCM and published in HCM journals, was higher than the articles published in the BE journals. What is more, in 1998 there was a substantial increase in the number of BE articles in HCM journals.

Insert figure 1 about here

Figure 2 demonstrates the number of BE articles that appear to relate to HCM field by year and by individual journal. JBE (52) produced the highest number of all articles (202), followed by JHM (29), JNM (26), HP (17) and HA (13). Each of the remaining journals had less than 10 articles.

Insert figure 2 about here

Research Themes

Table 1 summarizes the ethics themes emphasized in the articles between 1983 and 2015 as revealed through the analyses. There appears to be a substantial shift from the themes of morality to corruption. Morality was the most prominent theme at first, representing 24% of the themes. However, the interest in this theme decreased over time (the 2008-2015 period) and most scholarly attention seemed to concentrate on the theme of corruption, with 21%. Today, corruption is the most common topic. Another key observation is that the BE theme attracted much attention for all the three periods, which indicates that it has maintained its popularity and relevance. The acknowledgement of the themes of corruption, corporate social responsibility, glass ceiling/gender equality, and corporate citizenship is seemingly on the rise, while the popularity of social performance, code of ethics, and reputation management seem to be decreasing.

Insert table 1 about here

Table 2 shows the themes emphasized in the articles by journal categories between 1983 and 2015. In the BE-oriented journals, 23 articles (35%) emphasized BE, whereas in the HCM-oriented journals only eight articles (5.8%) emphasized BE. Similarly, 27 articles (almost 20%) in the HCM-oriented journals stressed corruption, while there was only one article (1.5%) about corruption in the BE-oriented journals.

BE-oriented journals generally focused on BE, ethical decision making, and the code of ethics. Forty-three of 66 articles emphasized these three themes in BE-oriented journals, which corresponds to over 65%. Conversely, in the HCM-oriented journals, 78 of 136 articles (almost

57%) focused on corruption, corporate social responsibility (CSR), glass ceiling/gender equality and the code of ethics.

Insert table 2 about here

The Nature of Business Ethics Articles Related to HCM

We observed the nature of BE articles in order to make a comparison between the articles that were published in BE-oriented journals and the articles that were published in HCM-oriented journals. To this end, we analyzed the types of articles in terms of being original or research note; the typology in terms of being empirical, conceptual or a review paper; the research method employed; whether the data were primary or secondary; the statistical analysis conducted; and the country from which the study sample was drawn, as can be seen in Table 3.

It is clear from Table 3 that the majority of the papers in both the BE-oriented and the HCM-oriented journals were original articles; 56 of 66 articles (almost 85%) in the BE-oriented journals, and 131 of 136 articles (over 96%) in the HCM-oriented journals were original articles. When looking at typology, we observed that 37 articles (nearly 56%) were empirical, 17 articles (nearly 26%) were conceptual and 12 articles (nearly 18%) were review papers in BE-oriented journals. In HCM-oriented journals, the number of empirical, conceptual and review articles were 95 (nearly 70%), 30 (nearly 22%) and 11 (nearly 8%) respectively. When assessing the methodology of the articles, the overall rate of qualitative, quantitative, and hybrid - we considered an article as hybrid if it utilized both qualitative and quantitative data- papers was nearly 53%, 34%, and 13%, respectively. Obviously, qualitative approach is very popular in both journal categories. This is because most of the papers collected data through interviews, observation, and

case study. Majority of the papers (nearly 86%) used primary data and the most common data collection instrument was questionnaire in the BE-oriented journals (nearly 33%) as well as in the HCM-oriented journals (36%). In terms of statistical analysis technique, regression analysis, used by almost 28% of the papers, prevailed over the other techniques in BE-oriented journals: descriptive statistics (nearly 26%), factor analysis (nearly 20%), and t-tests (nearly 20%). In HCM-oriented journals, 36% of the articles used descriptive statistics followed by t-tests (19%) and regression analysis (13.5 %). Overall, descriptive statistics was the most prevalent technique in HCM-oriented journals. We also observed the country of origin in our samples, categorizing them as developed countries (80%), developing countries (16%), and mixed countries (3.6) in which the data were collected from at least one developing and one developed country.

Insert table 3 about here

Lastly, we analyzed the nature of the articles by years. Table 4 provides a summary of this examination. We were able to observe an increase in the number of original articles over time, with the number of empirical papers increasing while the number of conceptual papers decreasing. Even so, the review papers increased from one to 17 between 2000 – 2007 and then decreased to six between 2008 – 2015. As for the methodology of the papers, quantitative and hybrid papers are on the rise. Questionnaires and interviews also seem to have gained popularity, although researchers have paid less attention to observation as a data collection method. Descriptive analysis received increased attention for the three periods. By looking at the origin of the samples, we can conclude that the rate of the developing countries increases over time.

Insert table 4 about here

Conclusion

An overview of the study shows that the number of articles related to BE in the realm of HCM is increasing and some specific themes are receiving more attention from the scientific community. Accordingly, a number of results are especially noteworthy.

First, the theme of corruption seems to have attracted increasing attention from the scientific community over time, particularly from healthcare scholars, and we observed a considerable shift from the themes of morality to those of corruption. This latter theme appears to dominate BE research in HCM, indicating that corruption-related ethical issues are likely to increase in the provision of healthcare and that corruption has a notable impact on the healthcare industry. In this respect, researchers emphasize the potentially severe consequences of corruption. For instance, Habibov¹³ found that corruption is associated with a significant reduction in healthcare satisfaction and reducing corruption will significantly increase healthcare satisfaction. Radin¹⁴ points to the emergence of new concepts and themes in the literature and the increased popularity of the corruption theme during the past decade within the HCM industry, as well as the crucial role that corruption plays in patient/customer trust in care provider.¹⁵ On the other hand, as opposed to this, only one article investigated the corruption theme in BE-related journals. We can infer that the health care industry seems to be very sensitive about corruption, which has led to a growing scholarly interest.

Second, while morality was a major theme before 2000, there was a sharp decrease in the researchers' interest between 2000 – 2007 and there are hints for this shift in the literature. For example, Timimi¹⁶ argues that although medicine was considered to be a moral and ethical

endeavor with clear assumptions of what is right and wrong, in the last two decades there has been a growing unease with a perceived erosion in the health care professionals' responsibilities to their patients. These developments may help us understand the reasons why scholarly interest has shifted from morality issues to corruption issues.

Third, the themes of corporate social responsibility, glass ceiling/gender equality, and corporate citizenship are gaining popularity, especially in HCM literature. Again we can attribute these developments to Radin's suggestions¹⁴ that some new concepts and themes have come into prominence in the literature. In a very recent study, Russo¹ acknowledges that society expects health care organizations to deal with complex administrative and financial procedures and expensive technologies, coordinate increasingly specialized physicians, and increase the attention given to other patient needs and rights that have taken place during the last two decades as a result of the incorporation process. Conversely, Aguinis and Glavas¹⁷ report that although scholars have been conducting research on corporate social concerns for decades, they have only recently focused on CSR in management literature. Such developments in both practical and scientific domains appear to be causing researchers and practitioners to engage in CSR.

Fourth, an interesting result stems from a comparison of the themes obtained from BE journals and HCM journals between 1983 and 2015. Articles that were published in BE journals focus on BE, ethical decision making, codes of ethics, and morality, whereas articles that were published in HCM journals concentrate on corruption, corporate social responsibility, glass ceiling/gender equality, and codes of ethics. There are some themes that were never researched by our sample articles, such as insider trading and environmental issues. Similarly, white-collar crime and reputation management were studied by only two papers, each representing almost 1% of the themes.

Fifth, we gained considerable results from our analysis regarding methodological approaches. Our findings are consistent with the discoveries of Randall and Gibson¹⁸, which reveal that there seem to be a methodological weakness in most of the articles and the highest priority should be given to methodological improvement in research papers and scientific community should encourage more methodological rigor. Our results revealed a similar fashion regarding the methodology of the articles we analyzed. Researchers do not seem to focus enough on the reliability and validity issues in the articles, as is evidenced by the percentage of empirical papers (almost 12%) that reported the results of validity and reliability analysis.

Sixth, we observed a substantial increase in the percentage of empirical research in the field, finding that empirical research is on the rise because this percentage increased from 32% before 2000 to 81% after 2008. Drawing on the studies of Borry et al.¹⁹ and Kon²⁰, we value the potential contributions of empirical papers that address ethical conduct and practical improvement in health care. They suggest that empirical studies may have important implications for many different professionals and other stakeholders in health care. Empirical research and findings can lay the foundation for a more universal ethic, which would be applicable to persons of different racial, ethnic, socioeconomic, and educational backgrounds.²⁰ Therefore, we can conclude that the rise of empirical research can inform practical life, enhance ethical qualities, and hopefully increase the quality of care and satisfaction.

Practice Implications

This study provides guidance for both scholars and managers of hospitals. For scholars or researchers, first, despite the increasing number of research articles about business-related ethical issues in the HCM, the field is progressing and some areas seem to be under-researched. For instance, the literature lacks research on white-collar crime, insider trading, environmental issues,

corporate citizenship, reputation management, and social responsiveness. Future investigation should be conducted on these topics, particularly on environmental issues and insider trading since no study exists in our analysis. Second, future work needs to pay more attention to reliability and validity in order to ensure the quality of the studies and the data collection. This may result in more accurate research designs and more reliable work and hopefully more generalizability and impact. Third, regarding sampling, most studies look at samples from developed countries. Researchers should include developing countries, comparing and contrasting the two categories, in order to make contributions to both the scientific and the practical fields. Fourth, in order to increase the reliability, validity, and the generalizability of our findings, larger sample sizes need to be considered in the future studies. Fifth, future review studies are recommended to include books, dissertations, and commentaries to obtain a more complete picture. Finally, we conducted only a content analysis, leaving ample room for further studies using more objective and advanced bibliometric analyses, such as citation/co-citation analysis, science mapping, etc.

As indicated in Koseoglu et al²¹, managers and employees in health care organizations need to understand the scope and quality of scholarship surrounding an issue before attempting to make an informed decision. Hence, managers should be aware of the extent to which scholarship has adequately investigated a particular problem with regard to the practitioner's specific context. Managers can utilize the evolution of business ethics issues studied on the papers to develop or update their business ethics practices.

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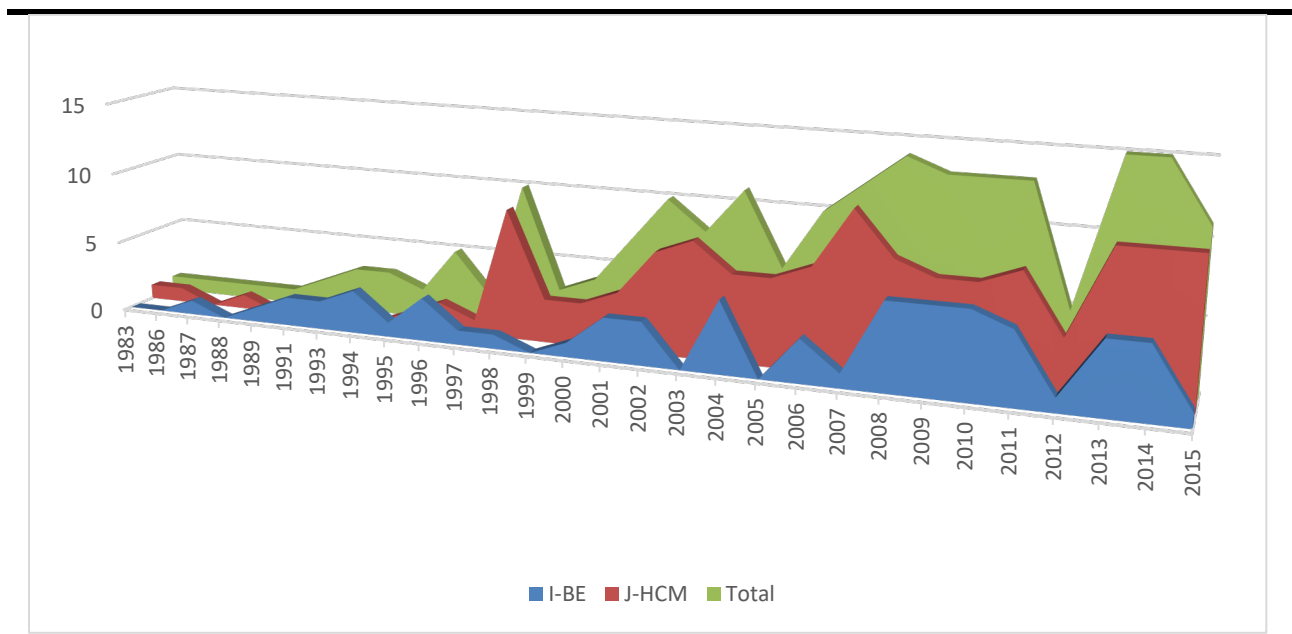


Figure 1. The Number of Business Ethics Articles Related to Health Care Management by Year and by Journal groups

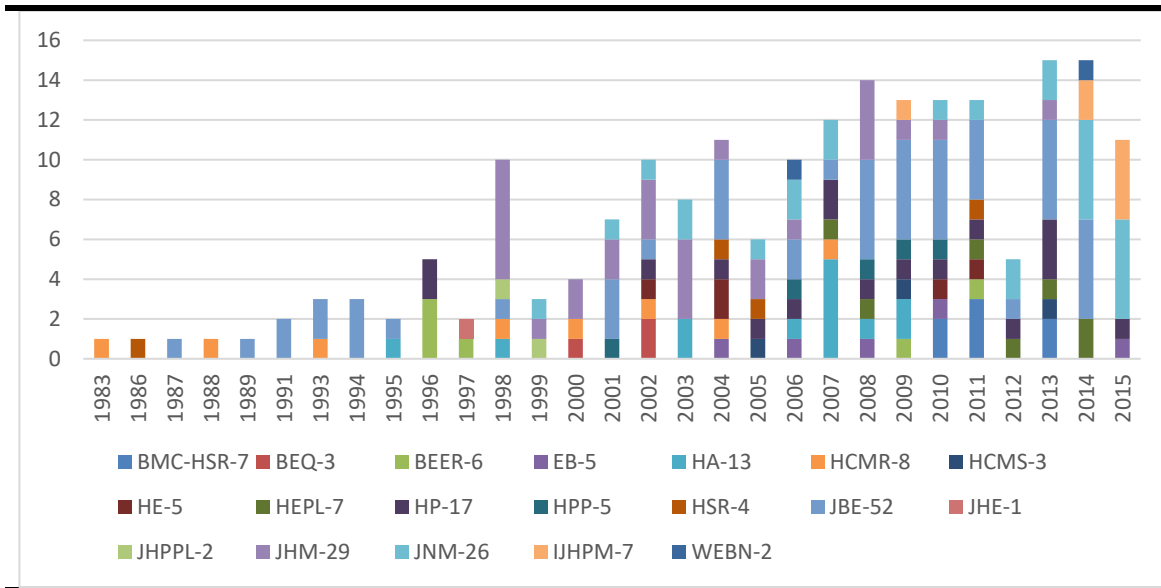


Figure 2. The Number of Business Ethics Articles Related to Health Care Management by Year and by Journals

Table 1
Themes of Business Ethics Articles by Years

Themes	Before 2000		2000-2007		2008-2015		Total	
	n	%	n	%	n	%	n	%
Corruption	1	2.86	6	8.82	21	21.21	28	13.86
Morality	8	22.86	5	7.35	5	5.05	18	8.91
Reputation Management	1	2.86	1	1.47	-	-	2	0.99
Corporate Social Responsibility	4	11.43	7	10.29	13	13.13	24	11.88
Glass Ceiling/Gender Equality	-	0.00	6	8.82	10	10.10	16	7.92
Ethical Decision-Making	5	14.29	11	16.18	7	7.07	23	11.39
White-Collar Crime	-	-	2	2.94	-	-	2	0.99
Insider Trading	-	-	-	-	-	-	-	-
-Environmental Issues (Natural Environment)	-	-	-	-	-	-	-	-
Codes of Ethics	5	14.29	8	11.76	9	9.09	22	10.89
Business Ethics	6	17.14	9	13.24	16	16.16	31	15.35
Corporate Ethics	-	0.00	6	8.82	5	5.05	11	5.45
Social Performance	4	11.43	5	7.35	2	2.02	11	5.45
Corporate Citizenship	-	0.00	1	1.47	7	7.07	8	3.96
Social Responsiveness	1	2.86	1	1.47	4	4.04	6	2.97
Total	35	100.00	68	100.00	98	100.00	202	100.00

Table 2
Themes of Business Ethics Articles by Journals

Themes	J-BE		J-HCM		Total	
	n	%	n	%	n	%
Corruption	1	1.52	27	19.85	28	13.86
Morality	6	9.09	12	8.82	18	8.91
Reputation Management	-	-	2	1.47	-	-
Corporate Social Responsibility	3	4.55	21	15.44	24	11.88
Glass Ceiling/Gender Equality	-	-	16	11.76	-	-
Ethical Decision-Making	11	16.67	12	8.09	23	11.39
White-Collar Crime	-	-	2	1.47	-	-
Insider Trading	-	-	-	-	-	-
Environmental Issues (Natural Environment)	-	-	-	-	-	-
Codes of Ethics	9	13.64	13	10.29	22	10.89
Business Ethics	23	34.85	8	5.88	31	15.35
Corporate Ethics	4	6.06	7	5.15	11	5.45
Social Performance	3	4.55	8	5.88	11	5.45
Corporate Citizenship	4	6.06	4	2.94	8	3.96
Social Responsiveness	2	3.03	4	2.94	6	2.97
Total	66	100.00	136	100	202	100.00

Table 3
Nature of Business Ethics Articles by Journals (n: 202)

Category	J-BE		J-HCM		Total	
	n	%	n	%	n	%
Article Type						
Original Article	56	84.8	131	96.3	187	92.6
Research Note	10	15.2	5	3.7	15	7.4
Methods of the article						
Empirical	37	56.1	95	69.9	132	65.3
Conceptual	17	25.8	30	22.1	47	23.3
Review	12	18.2	11	8.1	23	11.4
Research Methods						
Quantitative	23	34.8	46	33.8	69	34.2
Qualitative	39	59.1	68	50.0	107	53.0
Hybrid	4	6.1	22	16.2	26	12.9
Primary or Secondary Data						
Primary- Questionnaire	23	34.8	50	36.8	73	36.1
Primary- Interview	13	19.7	32	23.5	45	22.3
Primary- Case study	9	13.6	7	5.1	16	7.9
Primary- Observation	18	27.3	23	16.9	41	20.3
Secondary	3	4.5	24	17.6	27	13.4
Statistical Techniques						
Variance Analysis (An(c)ova, Manova)	1	2.9	5	5.6	6	4.8
Descriptive/Content	9	25.7	32	36.0	41	33.1
t-test, χ^2 , correlation, Man U, Kruskal–Wallis	7	20.0	17	19.1	24	19.4
Regression	10	28.6	12	13.5	22	17.7
Factor, cluster, discriminant	7	20.0	4	4.5	11	8.9
Structural Equation Model	1	2.9	1	1.1	2	1.6
Others	-	-	18	20.2	18	14.5
Total	35	100.0	89	100.0	124	100.0
Samples as a Country						
Developed Countries	58	90.6	96	75.0	154	80.2
Developing countries	6	9.4	25	19.5	31	16.1
Mixed sample	-	-	7	5.5	7	3.6
Total	6	100.0	128	100.0	192	100.0

Table 4
Nature of Business Ethics Articles by Years (n: 206)

Category	Before 2000		2000-2007		2008-2015		Total	
	n	%	n	%	n	%	n	%
Article Type								
Original Article	31	88.6	60	88.2	96	97.0	187	92.6
Research Note	4	11.4	8	11.8	3	3.0	15	7.4
Methods of the article								
Empirical	11	31.43	39	57.4	82	82.8	132	65.3
Conceptual	23	65.71	13	19.1	11	11.1	47	23.3
Review	1	2.86	16	23.5	6	6.1	23	11.4
Research Methods								
Quantitative	9	25.7	19	27.9	41	41.4	69	34.2
Qualitative	25	71.4	44	64.7	38	38.4	107	53.0
Hybrid	1	2.9	5	7.4	20	20.2	26	12.9
Primary or Secondary Data								
Primary- Questionnaire	9	25.7	21	30.9	43	43.4	73	36.1
Primary- Interview	6	17.1	15	22.1	24	24.2	45	22.3
Primary- Case study	5	14.3	5	7.4	6	6.1	16	7.9
Primary- Observation	12	34.3	14	20.6	15	15.2	41	20.3
Secondary	3	8.6	13	19.1	11	11.1	27	13.4
Statistical Techniques								
Variance Analysis (An(c)ova, Manova)	1	6.7	1	3.2	4	5.1	6	4.8
Descriptive/Content	3	20.0	9	29.0	29	37.2	41	33.1
t-test, χ^2 , correlation, Man U, Kruskal–Wallis	3	20.0	6	19.4	15	19.2	24	19.4
Regression	4	26.7	9	29.0	9	11.5	22	17.7
Factor, cluster, discriminant	2	13.3	1	3.2	8	10.3	11	8.9
Structural Equation Model	-	-	-	0.0	2	2.6	2	1.6
Others	2	13.3	5	16.1	11	14.1	18	14.5
Total	15	100.0	31	100.0	78	100.0	124	100.0
Samples as a Country								
Developed Countries	35	97.2	55	90.2	64	67.4	154	80.2
Developing countries	1	2.8	4	6.6	26	27.4	31	16.1
Mixed sample	-	-	2	3.3	5	5.3	7	3.6
Total	36	100.0	61	100.0	95	100.0	192	100.0