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CRITICAL REVIEW OF THE MANAGEMENT OF HEALTHCARE SYSTEM IN NIGERIA: EMPHASIS ON HEALTH WORKFORCE

By

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Submitted to the

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ASSOC. PROF. DR. TÜLİN BODAMYALI

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Preface

The basis of this study is the fact that Health and Human Development (through health) have significant impact or effect on the economic growth of the Nigerian Economy.

Health care system can be defined as the aspect of organizing people, resources and institutions which deliver health care services to meet the needs of the health of populations targeted. A semi meta-analytic approach was used to assess the rate of distribution of health work force in Nigeria and the quality of their productivity. Unequal distribution of health workers is a major challenge in Nigeria health sector which should be holistically looked into by the government.

Improved health workforce contributes majorly to economic growth in different ways which subsequently will lead to the attainment of VISION 2020. Therefore, spending on health workers is a productive investment because it can raise the citizens' health status and it reduces the suffering of individuals on ill health, thereby promoting better opportunities to achieve economic growth and development.

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1. Introduction

1.1 Background and statement problem

According to Nigeria Global Health Initiative Strategy (2011), Nigeria has one of the worst health indicators in the world regardless of being an oil rich country.

As the table 1 below can show, life expectancy at birth from 2009-2012 have ranged from 53-55 years, the probability of dying between 15-60years for both male and female ranged between 371/346 per 1000 population (WHO African Region: Nigeria, 2014). It can also be based on many factors (e.g. leadership, health delivery services, just to name a few), which is primarily why am working on assessing the state of health care human resources in Nigeria.

According to Geography.about.com (2013a), the rate of birth is estimated to be about 56 births per 1000 populations, and the death rate is estimated to about 22 deaths per 1000 populations.

Nigeria has a high prevalence of HIV infections which has an estimated prevalence rate of about 3.2% (adult population 15-49 years); number of people living with HIV is estimated to be 3.6million populations. Deaths due to AIDS has been estimated to about 260,000 people (UNAIDS, 2013). Some of other most frequent health problems in Nigeria are malaria, high blood pressure, water and food-borne diseases among others (Geography.about.com, 2013b).

The health sector of Nigeria is going through a crisis in the area of human resources for health, with unequal distribution of health workers that are available and lack of basic training for the remaining ones. No country can thrive in the health sector without a competent health workforce. In the developed countries, there are adequate and competent health workers with sophisticated technologies which make their work easy. The work environment is also conducive enough for them and government makes adequate policies to make sure they lack nothing.

Emphasis will be based on why health professionals in Nigeria migrate to these developed countries for greener pastures, and why private agencies can't do enough to help improve the current health situation in the country.

Assessing the health care system in Nigeria especially the health workforce will be helpful in determining how far the government and other health professional bodies have gone in improving the health status of Nigerians and how it can be better improved.

Table 1: Statistics of the Health of Nigerians in 2012

Statistics	
Total population (2012)	**169,000,000**
Gross national income per capita (PPP international $, 2012)	**2,450**
Life expectancy at birth m/f (years, 2012)	**53/55**
Probability of dying under five (per 1 000 live births, 0)	not available
Probability of dying between 15 and 60 years m/f (per 1 000 population, 2012)	**371/346**
Total expenditure on health per capita (Intl $, 2012)	**161**
Total expenditure on health as % of GDP (2012)	**6.1**

Source from WHO African Region: Nigeria (2014).

1.2 Purpose and Objectives of the Study

The overall objectives of this thesis work are two-fold, and are:

- To examine the various building blocks of the health care system in Nigeria as specified by World Health Organization (WHO) and pay more attention to the human resources for health which is the basis of this research work. The various building blocks are listed below;
    - Human resources for health
    - Leadership and Governance
    - Health Financing
    - Service Delivery
    - Essential medical products, vaccines and technologies
    - Health information system
- To examine if the basic health needs of Nigerians have been met with respect to the WHO guideline.

1.2.1 Hypothesis

- Health care workforce in Nigeria is deficient.
- Lack of government policy contributes to the downward turn of health care in Nigeria.

1.2.2 Limitation of the Study

The main limitation was that I could only analyze one of the six building blocks of health system as specified by W.H.O. The only building block I analyzed using semi meta-analysis is health care work force, though explanation and assessment was given on the other five building blocks.

1.3 Significance of the Study

This thesis will serve as a working document for decision policy makers and a guide to improving the health of Nigerians. It is hoped that this work shall be useful to all states of the Federation, thereby making Nigeria a healthy place to live for citizens and foreigners alike. The significance of this work is also in identifying and proposing more building blocks that can be added to the existing building blocks of health systems which will broaden the scope of health care system in the world.

2. CHAPTER 2: CONCEPTUAL AND THEORETICAL BACKGROUND

2.1 Basic Concepts of Management

2.1.1 Definition of Management

For any organization (in this case, health organization) to succeed, survive or thrive, there must be effective and efficient management on the part of the leadership. Management is an essential component of any organization because it is the component that directs and coordinates the current activities of the organization and also makes provisions on the plans for the future.

Business dictionary.com (2015) defines management as organizing and coordinating the activities of a business with the sole aim of achieving its defined objectives. It is the act of bringing people together in other to achieve the desired objectives and goals in an effective and efficient way.

Management can also be defined as the ability or procedures made to achieve the goals of an organization by the way of bringing people and resources together, and the ability to coordinate them and other facilities in the organization.

Henri Fayol (1949) believes that his concept of management can be applied to any type of organization. He gave 14 principles of management which will be highlighted below as:

- Division of work
- Authority and responsibility
- Discipline
- Unity of direction
- Unity of command
- Remuneration of personnel
- Subordination of personal interest to the interest of general workers.
- Order
- Scalar chain
- Centralization
- Equity
- Stability of tenure of personnel
- Initiative
- Esprit de corps

Henri Fayol's principles of management brought the idea of how managers should organize and interact with workers. These fourteen principles are still in use till date as he (Fayol) is still considered as one of the most powerful contributors to the present-day management concept.

2.1.2 Functions of Management

For management to be effective, it should be able to creatively solve problems, motivate employees/workers and be able to achieve the organizational goals and objectives. It consists of various components and activities which are useful to every manager without regard to their level or status.

There are seven functions of management that will be discussed below; each function is inseparable because each one depends on the other. These management functions are:

- Planning: It is a process which involves setting the aims, mission statement and objectives of the organization and how they will be achieved. Nothing can be achieved without proper planning. Planning gives the direction of what tasks to do, when to do it and how to perform the tasks. Planning is based on the short and long term successes of the organization.
- Organizing: After the successful completion of the planning stage, each task is now assigned to different individuals (job holders) or groups of people in the organization. In organizing, different roles are identified and assigned to the right proportion of employees for the plan to be successfully carried out (Carroll, 1987).
- Directing: This is the ability to influence the behavior of people (staffs) by motivating them, effective communication and discipline, all aiming towards achieving the goals of the organization.
- Controlling: The process of controlling is comprehensive and ongoing. This process involves setting an organizational standard based on the objectives of the organization, comparing the present performance to the set standards and taking preventive and/or corrective action. This management function is put in place to make sure that all other management functions of the organization are in order and to see to their successful operation.
- Staffing: This involves putting the right people in the right positions in other to achieve the aims and objectives of the organization. It involves planning, recruiting and selecting, training and developing workforce, and also remuneration packages and performance appraisal.
- Coordinating: This function involves bringing different people of different culture together and making them to work together in achieving the goals of the organization.

2.1.3 Levels of Management

In most organizations, there are three (3) levels of management, which are the top-level management, middle-level management and the lower-level management. Different managers are positioned at different levels based on their level of qualification, work experience and other factors. At different levels are assigned different tasks, roles and responsibilities; and all managers at the levels are responsible for work performance of the employees under them and their productivities.

Sourced from yourarticlelibrary.com. Assessed through http://www.yourarticlelibrary.com/management/the-top-3-levels-of-management-933-words/8602/ on 17/2/2015.

Explanation of the levels of management is given below:

1. Top-level Management: The managers at this level are saddled with the responsibilities of overseeing and monitoring the works of the entire organization. They have total authority over the organization. They draft the policies and objectives of the organization and their function also involves planning and coordinating the other levels of management (About.com, 2015). There are certain functions of the top-level management which are highlighted below as follows:
    - They organize and mobilize every available resources of the organization.
    - They designate the work to be done by the middle-level managers and monitor their progress.
    - They apply conceptual skill at this level.
    - They make long term strategic plans for the organization which can range from 5-20 years.
    - They have the responsibilities of making contacts with the outside business world (Boundless.com, 2015).
2. Middle-level Management: The managers at this level are appointed by the top-level management and in that sense are accountable to them. They organize and direct the affairs of the organization as specified by the top-level management. They specifically execute the plans and policies of the top-level management. Some of their other functions are:
    - They give appropriate advice to the top-level management.
    - They assign the work to be done by the low-level managers and monitor their progress.
    - They make short term plans for the departments in their care which ranges from one to five years.

- They apply technical skills at this level.
- They partake in employing and training members of the low-level management and also resolve any misunderstanding amongst low level managers (Houston Chronicle, 2015).

3. Supervisory/Low-Level Management: They are appointed by the middle-level managers and are responsible for monitoring and supervising all the daily activities of the workers under them. They have restrained authority, as they pass directives to workers and report back to the middle-level managers. Some of their other functions are:
    - They make recommendations to the middle-level management.
    - They assign tasks to the employees.
    - They oversee the day-to-day activities of the workers.
    - They apply human relations skills at this level.
    - They make strategic plans on a daily, weekly and/or monthly basis (UK Essays, 2014).

2.3 What is Health Care Management?

It is important to look at the definition of health and then health care before looking at the definition of health care management.

World Health Organization (1948) defined health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". It assesses the totality of someone's mind and body.

Health care in itself may be defined as the act of restoring and maintenance of the health of people by the prevention and treatment of diseases by health professionals who are trained and licensed in the field.

Health care management according to Jones & Bartlett (2011) is defined as "the profession that provides leadership and direction to organizations that deliver personal health services and to divisions, departments, units, or services within those organizations".

Health care organizations are effective and also complicated. For health care organizations to achieve their goals and objectives, the health care managers must be effectively involved in the process of leading, supervising and coordinating employees because an organization cannot succeed based on the capacity or intelligence of an individual. The managers must ensure that the human and non-human resources of the organization are adequately utilized (Neil Kokemuller, 2015).

Health care managers are in the position of authority to develop the organization by making principal decisions in the areas of recruiting, selecting and developing staffs, acquiring technology, and judicious allocation and spending of financial services.

The health care managers are not just to focus on making decisions that will allow patients to receive quality and affordable services, but also to measure and compare their performance targets with respect to their decisions, because any decision made by a health manager could influence the comprehensive achievement of the organization (UTICA College, 2015).

2.3.1 Functions/Roles of Health Care Managers

Whereas the medical experts, nurses, laboratory technicians and other health care workers provide services to patients; to be able to generate dividend, deliver standard service and sustenance, health care managers must be available.

Some of the functions of health care managers include but are not limited to the following:

- To promote an environment that can yield standard health care services at maximal profit.
- Make decisions, coordinate and delegate authorities.
- They decide the number of health workers required in a district.
- They monitor the quality of drugs in their district.

- They report the performance of their health district to the government and stakeholders.
- They develop and maintain health facilities in their district.
- They cooperate with medical and non-medical staffs for the smooth running of the organization.
- They make financial forecasting and also monitor health expenses against budgets in the district.
- They oversee all the day-to-day activities of the organization (World Health Organization, 2015).

2.4 Theories of Management

2.4.1 Historical Management Theories

The reformation of industries along with the development and increase of factories and large scale manufacturing made effective management procedures a necessity. These procedures were necessary for maximized productivity in an organization. As a result, a wide range of theories were developed to enhance managerial practices. These include:

2.4.1.1 Scientific Management Theory

Propounded by Frederick Winslow Taylor, this theory states that by structuring the job properly, the worker is propelled to be more active and productive. This theory focused on the effectiveness of movement and the work in progress. It also re-oriented the objective and capacity of employees (Saylor Foundation, 2015).

His work changed the function of managers from that of coercing workers to execute their tasks to that of dexterous employees who are able to control a field of production with the aim of effectively raising the level of production.

Critics argued that in using this approach, workers were not permitted to show their originality in their work. They also claimed that this concept gave more preference to management and decreased employees to mere mechanizations with no say.

Taylor's theories were good in that they showed the relationship of productivity and yield with profit, in order that the more efficient workers would earn more money. The theories were also intended to create safer working conditions so workers would have less risk of injuries while carrying out their tasks (SkyMark, 2015).

Though developed many years ago, Taylor's approaches are still seen in modern management methods such as; pay-oriented achievements, monetary incentives, benefits and all-round effective management processes.

In this approach, the jobs were standardized, employees were awarded or disciplined. This method was effective for organization with properly organized routine activities. It showed the careful weighing and specializations of all tasks in an organization.

Strengths of Scientific Management Theory

1. It enables jobs and methods to be weighed with a commensurate degree of accuracy by its analytical approach to work in an organization.
2. Evaluation of procedures and processes give valid information on what to base increments in working methods on.
3. It provides the structure for recent work studies.
4. It aides major developments in the work place for employees.
5. Developing the task procedures brought great increment in efficiency.
6. It enables the workers to be compensated by output and to maximize incentive payments.
7. It focused on the framework of the organization (Carter McNamara, 2008)

Drawbacks of the Scientific Management Theory

1. It brought about increased discontinuity on tasks due to division of labor.
2. It brought about economically based procedures in motivation of workers by relating salary to output.

3. The planning and supervision of working activities are put totally in the case of the managers.
4. It totally cancelled any realistic agreements concerning pay rates as every task was weighed and rated scientifically (Health Knowledge, 2011).

This method broke down the make-up of manual jobs in producing conditions, evaluating each movement in order that there would be a better way of carrying out tasks. Hence, workers can be trained to be the best in their tasks. It is specifically related to performance incentives. It was a strict system where every job became distinct and specific.

2.4.1.2 The Administrative Management Theory

It was developed by Henri Fayol in 1916. He propounded that management is involved in every area of our society and lives. He also believed that all activities necessary to carry out our life's activities can be grouped into either of the following functions which are; planning, coordinating, staffing, organizing, commanding and controlling (Gaurav Akrani, 2011).

In his theory, he defined management based on six functions listed above; he also gave 14 principles of management. In his definition of management, he proposed that it takes place within a definite organizational make-up with specific duties and it is directed towards the attainment of goals by influencing the effects of others (Rhyszard Barnat, 2014).

Strengths of Administrative Management Theory

1. Fayol gave a definition of management based on its six functions.
2. He gave basic items and concepts which would be used for future research outlined in his 14 principles (Mahmood and Basharat, 2012).

Criticisms of Administrative Management Theory

1. He elaborated on only the framework of formal settings.
2. Attention was not paid to issues such as personal versus group interests, as suggested by compensation and fairness, Fayol thought that in functioning in the employee's interest the employers were condescending.
3. Fayol outlined matters pertaining to the sensitivity of a customer's needs such as initiative, though he saw them as issues pertaining to the logical organizational performance framework and not as issues pertaining to revised structures, and also re-orienting the attitude of people to attain better relationship between an organization and its customers.
4. Many of Fayol's principles have been incorporated into present day organizations but they were not oriented to function in conditions of spontaneous change and matters of worker's participation in the making of decisions in organizations (Islam Sarker et al, 2013).

2.4.1.3 Bureaucratic Approach (Management Theory)

This theory was proposed by Max Weber, a German Sociologist. It focused on a stratified structure, which outlined apparent assignment of authority providing managers with a constitutional control over their workers. Weber saw each firm as an administration with aims to be accomplished at the cost of individual contribution. He stated that managers would be obeyed just because of their position as managers (O' Connor, T., 2013).

His theories had two dominant characteristics which are the stratification of authority and the system of rules. Through his analysis of firms he stated that three basic types of authorities are legal and these are;

- Traditional Authority: Tapproval of people in authority had its roots in tradition and custom.
- Charismatic Authority: In this case, the approval came from solidarity to, and trust in, the individual abilities of the leader.
- Rational-legal Authority: The approval came from the office, or level of the individual in authority as restricted by the guidelines and procedures of the firm. This rational-legal authority is what constitutes the form of authority in firms today and Weber's bureaucracy theory is attributed to this form of authority (Caughey et al, 2009).

Features of Bureaucracy

- Functıons in a firm are defined by rules.
- Workers operate within the boundaries of the specialization of the task, the level of authority attributed and the guidelines running the use of authority.
- A stratified framework of offices.
- Employment is made based on technical capability only.
- The ownership of the firm is distinct from its officials.
- The authority is imputed on the legitimate positions and not on the individuals holding these positions (Debra Mesch et al, 1995).

Advantages of Bureaucracy

- Employment, promotion and authority depend only on technical capability and are put in place by written down guidelines and procedures of elevating those capable of managing rather those who are favored to manage as in nepotism and corruption.
- The implementation of bureaucracy management theory enables firms to develop into large and elaborate firms with the vision of formalizing clear goals.
- Weber's theory can be used as a basis on which to compare and propagate new modern theories (Jessica Snow, 2014).

Disadvantages of Bureaucracy

- There is a likelihood of firms becoming more procedure-oriented than goal-oriented.
- There is a tendency of greatly formalized firm objectives to superintend creativity and resilience of workers.
- Strict attitude of senior managers may cause regulated services that do not meet the customer needs.
- Strict procedures and guidelines do not motivate the employees in a firm.
- Implementation of authority based on knowledge has caused the development of 'experts' whose ideas and behavior may frequently go against those of other general managers and coordinators (Rubin C. et al, 2012)

2.4.1.4 Human Relations Movement Theories (Behavioral Management Theories)

It is called the human relations movement because it focuses on the human aspect of work. Human relations theorists' belief that a good understanding of the behavior of people at their work places such as the drive, prospects, rivalry, group gestures will improve productivity.

They saw the employees as individuals, resources and not liabilities that are to be improved upon and worked with. Hence the foci of human relations theory are motivation of different factions of a firm and leadership (Joseph Kennedy, 2007).

The different human relations theorists, their experiments, the criticisms and strengths of their works are discussed below:

2.4.1.4.1 Elton Mayo

In the 1920s, Elton Mayo, a Harvard Professor, after his observation of the importance of both human interaction and individual relationships in the work place, performed experiments to comprehend the influence of different working conditions on workers' productivity. His experiments proved that when the social needs of employees are met, it improves the working conditions and hence has positive effects on productivity (Houghton Mifflin, 2014).

As an improvement on the scientific management theory of seeing managers as task masters; his new human relations approach was concerned with the essence of group dynamics, collective team work and positive effects of

social interaction. Managers under this theory now have care and affection for the employees' needs and health as part of their roles (Slayor Foundation, 2015)

Also, human relations and the social requirements of workers are necessary aspects of managing an organization.

Advantages

- Mayo's experiment was the premier attempt to carry out legıtımate social experiments in an industrial environment.
- It proved that people cannot be worked with in isolation, but work with other group members.
- He proved that personal motivation did not rest solely in monetary or physical incentives, but in their necessities and their roles in a group.
- It stated the need for managers to show concern and cater for the social desires of employees in a group (Richard Trahair, 2012).

Disadvantages

- Doubts started to rise between the 1930s and 1950s on the increased usefulness of these theories in day to day working life (Korajczyk, 1961).

2.4.1.4.2 Abraham Maslow (1943)

This Psychologist is credited with developing a theory on the needs of people. He propounded a theory on the hierarchy of the needs of human beings emanating from their basic needs at the base of the hierarchy to their greater needs at the top of the hierarchy. He also made assumptions on the fact that individuals have to meet each level of need before moving their needs to a higher level and this is based on motivation and individual development (Health Education, 2011).

This theory had three assumptions:

- Individuals are never fully satisfied.
- The behavior of individuals is purposeful and is driven by the desire to be satisfied.
- Needs can be grouped following ordered structures of necessity from the least to the highest (Houghton, 2014).

Maslow's Hierarchy of Needs. Sourced from Russell Roering: Geek, Marketer, Digital Croody-Head. Assessed from http://www.socialmediabrat.com/2011/04/06/maslows-hierarchy-and-modern-marketing-special-report/ on 24/2/2015.

From the diagram above, Maslow simplified the order of needs into 5 distinct areas.

1. Physiological Needs: in this group he put all the physical needs required for the basic well-being of an individual.
2. Safety needs: these needs consist of the primary need for security, defense, stability and liberty from fear.
3. Belonging and Love Needs: this need for love and belonging arises as a basic motivator when both physical and safety needs are met and there are no more motivators. Hence the individual struggles to develop essential relationships with others.
4. Esteem needs: every person has to develop confidence in himself/herself and has a desire to achieve.
5. Self-actualization: On the assumption that every other need on the hierarchy has been met, then every individual has the urge to find himself/herself (Russell, 2011).

Advantages

- Maslow's hierarchy of needs theory has helped managers to envisage motivation of workers.
- His theory explains how needs can help motivate individuals.
- Managers are now encouraged to put into consideration the needs and desires of their employees (Alan Chapman, 2014).

Disadvantages

- Experimental studies over the years do not support this theory (Jessica, 2014).

2.4.1.4.3 Douglas McGregor

He postulated theories X and Y based on his belief that there are two types of managers. Theory X is a negative theory and the theory X manager has a negative view of workers. He assumes that they are not ready to work, not worthy of trust and not able to assume any level of responsibility, hence the need for supervision and force (Stewart, 2010).

In Theory Y, the manager assumes that workers are trustworthy and able to assume responsibility; hence they need space to develop their creativity and imagination.

Following theory X, workers would show little interest in the absence of an incentive and will try to avoid responsibility. A major weakness of this theory is that it limits the worker's potential. McGregor believes that the theory Y manager will be more successful.

Advantages

- His theory identifies two distinct kinds of individuals for managers to look into and shows how they can be motivated.
- Theories X and Y look into different management strategies for motivation of the labor force and are also used to help increase productivity of workers (Mohamed et al, 2013).

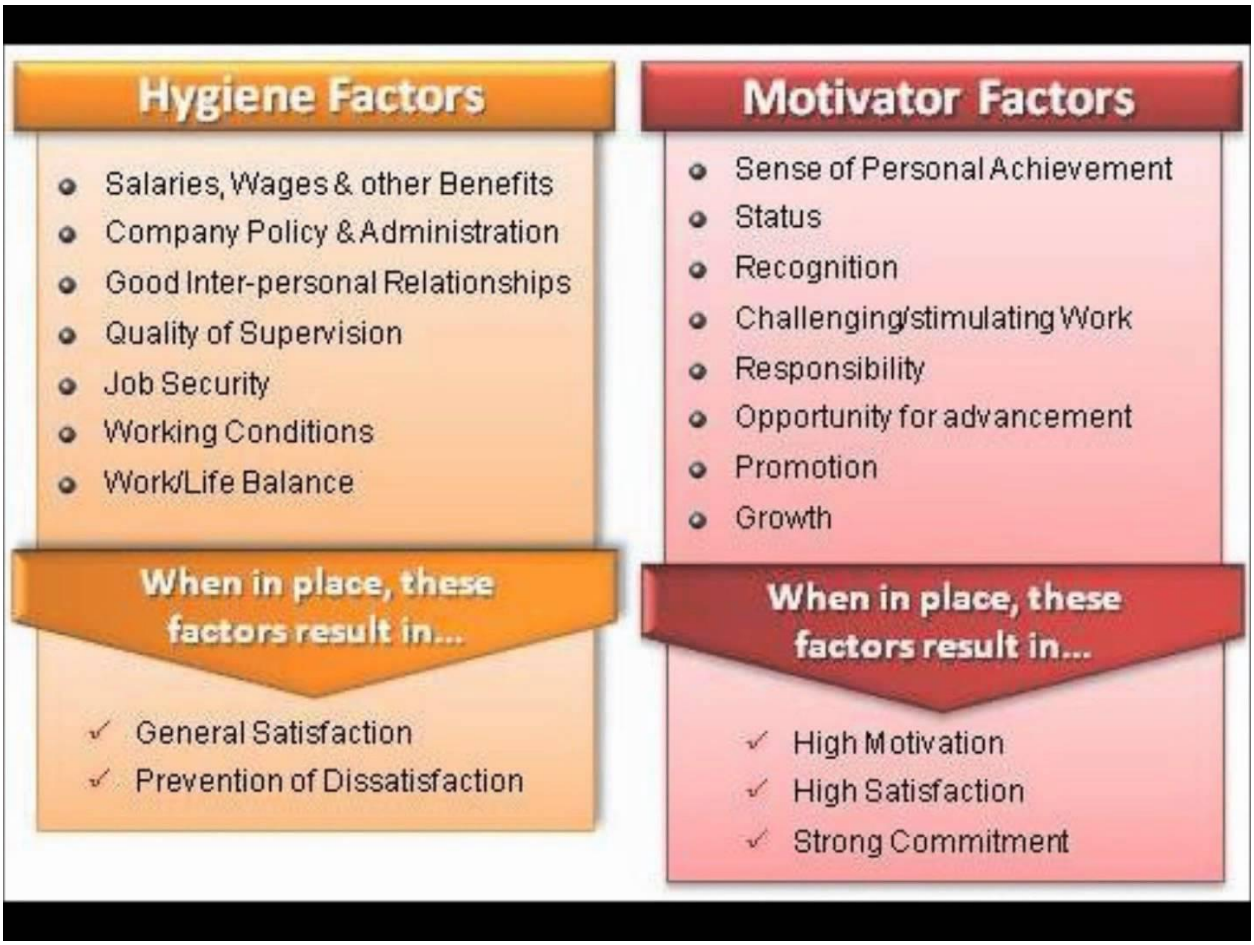
Disadvantages

- It only shows two extreme conditions of possible behaviors of managers which makes it more difficult to be adopted by modern managers (Bobic and Davis, 2003).

2.4.1.4.4 Frederick Herzberg

He postulated the motivation-hygiene theory of job satisfaction. His studies aim at increasing motivation and involvement. His research was to determine the factors in a worker's working condition that leads to satisfaction or dissatisfaction. He labeled the satisfiers as motivators and he labeled the dissatisfiers hygiene factors. He used the term 'hygiene' because these factors are seen as maintenance factors that are needed to avoid dissatisfaction but by themselves do not yield any satisfaction (NetMBA Business Knowledge Center, 2010).

The diagram below shows the list of the hygiene and motivator factors that affect job satisfaction;



Herzberg's Motivation-Hygiene Theory. Sourced from: https://www.youtube.com/watch?v=A_cZYqXEQ6s on 24/2/2015

Herzberg believed that though the factors leading to satisfaction are different from those leading to dissatisfaction; they cannot be seen as opposites of one another. He reasoned that there are two distinct human needs; physiological needs that can be met by money or material things and psychological needs to grow that can only be met by activities that make one achieve or develop (Jeanne Dininni, 2011).

It was also observed that external factors such as incentives or threat of punishments only leads to temporary success because the motivators that decide if there is satisfaction or no satisfaction are elemental to the job itself, hence do not depend on incentives (Jim Riley, 2012).

Advantage

- His work brought about a realistic way to improve motivation.

Disadvantages

- The usefulness of Herzberg's theory in non-professional organizations is in doubt.
- His definition of job satisfaction has been questioned by social scientists (Kwasi Dartey-Baah, 2011).

In summary, all the human theorists discussed collectively discovered that individuals labored for inner satisfaction and not for materialistic compensation; thus, moving the focus to the function of individuals in the performance of an organization.

2.4.2 Contemporary Theories of Management

2.4.2.1 Systems Theory

The systems approach was intended to strike a balance between two extremes, the indifferent scientific approach and the human relations approach which was focused on individuals. In this theory, all the components of an organization are examined as an element of one bigger system (Madison Hawthorne, 2015).

To understand the whole system, it is pertinent to recognize the duty each department has inside the whole system. These departments can be seen as sub-systems and each sub-system can be studied individually to see how it functions in the entire organization and how it fits into the larger system.

Systems theory focuses on the intricacy and interconnection of relationships. This theory looks at the whole organization as a system. A system is an interconnected group of elements working as a whole (Tweedy, 2015). Looking at an organization as a system, it consists of four elements;

- Inputs: This consists of the resources, both human and material in an organization.
- Transformation processes: These are the technical and managerial processes the input goes through. It includes processes where they are planned, coordinated, motivated and supervised to meet the goal of the organization.
- Outputs: These are the products or services fashioned to improve the quality of lives of customers.
- Feedback: These are the different reactions from the environment and include the comments of clients that make use of the outputs (Martinez-Vela, 2001).

To better understand the system theory, key system terminologies are to be taken into cognizance and they are as discussed below:

1. Closed system: It is an organization that has little or no interaction with its external environment; hence receives little or no feedback from it. It functions in isolation from its environment and is self-contained (Janecka, 2009).
2. Open system: It is an organization that constantly interacts with its environment and as a result it receives feedback on changes in its environment and its position in its environment relative to these changes. There is also free flow of information within the system.
3. Sub-system: This is any system that functions as a part of a large system.
4. Entropy: It is the tendency of a system to break down over a period of time.
5. Synergy: It is the capability of the entire system to be tantamount to more than the sum of its components.
6. Focal system: It is the system being focused on at a specific time.
7. Supra system: It is the environment of the focal system.
8. Boundary: It is an imaginary line around the focal system that controls flow of resources into an out of the system (Patton and McMahon, 2006).

Having understood this, the business organization can be said to be an open system. The system approach looks at the organization within its environment and demonstrates the importance of many channels of interaction. It also looks at the social side of business and technological changes (Tavistock Institute of Human Relation, 2010).

Based on this foreknowledge, different theorists worked to improve and develop the systems theory. Some of the theorists and their contributions are listed below:

1. Ludwig Von Bertalanffy: This Biologists brought about the idea of systems approach. He studied the relationships between workers, clients and the company services. He stated that each of these elements must be considered separately. Also, the results of their relationships with each other must be explored along with the whole (system) that is made from their relationships (Laszlo and Krippner, 1998).
2. Kenneth Boulding: Based on his research on complex social systems, he defined three kinds of social system which are;

- Exchange systems: The operation in this system is coordinated by the marketing function and the key motivation is self-interest.
- Threat systems: The outputs of this system are hinged on the threat of loss and the motivation in this system is fear and love.
- Integrative systems: In this system, utility functions are integrated resulting in mutual interest. The motivation is also fear and love (Morgaine, 2001).

In summary, the system approach depends on all sub-systems to function in unity and organization so as to ensure the success of the entire system.

Advantage of Systems Theory

- It encourages managers to see the organization from a wider perspective, recognizing the different parts and the interconnection of these parts (Houghton Mifflin Harcourt, 2014).

2.4.2.2 Contingency Management Theory

Founded in the 1960s, this theory set out to improve the systems approach. The contingency management theory states that there exists no best method of management. It acknowledges that there are many factors that may affect the performance of an organization hence, all business situations are not the same. Each situation has its own difficulties, challenges and both internal and external environmental elements (Billie Nordmeyer, 2015).

Organizations that would be successful are to adopt management structures that are a relevant response to the various contingencies (factors) that affect both the necessities of the organization and its functions. Before adopting any method, a thorough view of people in the organization has to be taken (Tom Burns, 2009).

However, contingency theorists have realized that there are two basic internal contingencies that determine which management structures are adopted and these are;

- The size of an organization
- The working conditions or the operating environment.

The external or large environmental contingencies that determine the management structure adopted include;

- Advancement in technology.
- Demographic changes.
- The state of the economy.
- Cultural factors.
- The government and the constitution (Lex Donaldson, 2006).

Under the contingency theory, it is believed that management is to be flexible and if this is the case, the management can appropriately respond to these contingencies. This theory functions more for firms that operate in uncertain environments. Hence, in other to determine the best management approach, each contingency must be evaluated individually and individual management theories are applied to best suit the situation (Patricia Flinsch, 2010).

Drawbacks of the Theory

- The contingency theory which advocates flexible management functions only in uncertain environments but, in a stable environment, more rigid management structures are to be applied (Smriti Chand, 2015).

Implications of Contingency Theory

- From the claim that there is no best method of management, it can be deduced that even quite similar organizations can adopt obviously different structures of management and still survive.
- If different departments in the same organization are affected differently by the contingencies acting upon them, it is also appropriate for them to adopt different management structures (Steven T. Higgins, 1999).

2.4.2.3 Chaos Theory

This theory states that any organization can exist without any defined direction or precision. A little shift in one situation can have a significant effect in another part of the organization (Amita Paul, 2015). This theory came into recognition in the 1980s and was pioneered by Henri Poincare.

According to Poincare (1908), it may happen that small differences in the initial conditions produce very great ones in the final phenomenon. A small error in the previous one will produce an enormous error in the latter. This shows that systems and events are unpredictable. Poincare's theory was further strengthened by Edward Lorenz in the 1960s. He (Lorenz) opined that a little change in a system though seen as an error may potentially have a great influence on the entire system itself.

Applications of the theory

Organizations can apply this theory by allowing groups to be created and developed on their own. These patterns can develop by allowing management to select the best ways of structuring the organization. Good managers would understand that effective relations can develop amongst workers and would be subject to constant change (Skinner, 1992).

Change is inevitable. This theory recognizes this fact; even though particular events in an organization can be put in check, some others cannot hence change is seldom controlled. As the organization grows, the complexity and the chances for susceptible occurrence increases. Hence the organization continues to develop and change.

Disadvantage of this theory

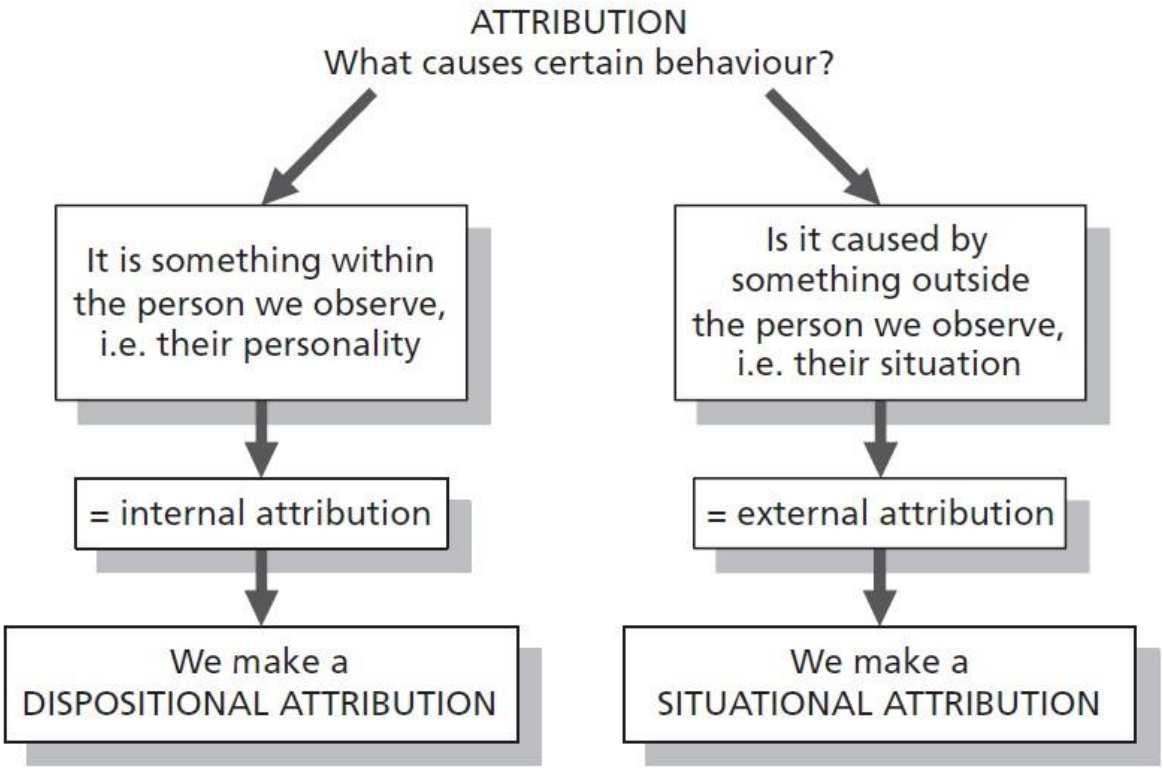
- Applying chaos theory to managerial practices goes against the rudiments of most formal management procedures (Curry, 2012).

2.4.3 Related Theories to Health Care Management

2.4.3.1 Attribution Theory

This theory was first proposed by Fritz Heider in 1958 and further strengthened by Weiner in 1947. According to Heider, human beings are like young scientists seeking to comprehend the behavior of other people by bringing together little bits of information until they get a reasonable explanation for people's behavior (Jared Lewis, 2015).

Attribution theory deals with how people interpret occurrences and how this is connected to their way of thinking and behavior. This theory assumes that people would try to comprehend why others do what they do and why they behave the way they do. Someone trying to understand why another individual did something could attribute different reasons to that action (Manusov, 2008). There are two different attributions as stated by Heider, and these are;



Sourced from MrGillPE.com assessed from http://www.mrgillpe.com/attribution-theory.html on 25/2/2015

1. Internal Attribution: This means that someone behaves in a particular way because of something about that person; it could be his personality or attitude.
2. External Attribution: This means that an individual behaves in a particular way because of the present situation or environment he or she finds himself/herself in.

The attribution of people is mostly as a result of motivational drives and emotional drives. Most attributions such as blaming others in order to avoid indictment are selfish attributions. Attributions can also be to defend ourselves from potential attacks.

Key to the attribution theory is the belief of human beings in their ability to explain anything whilst seeing themselves as less predictable than others. Kelly (1976) further advanced the theory by giving hypotheses on factors that influence the making of attributions which are;

- Consistency Information: This refers to the rate at which the individual performs a similar behavior towards an object on several occasions.
- Distinctiveness Information: It refers to the rate at which an individual performs distinct behaviors with several objects.
- Consensus Information: It refers to the rate at which individuals perform similar behaviors with similar objects (Blair, 2009).

There are three stages involved in attribution and this include;

1. Perception: The individual must observe the character or behavior.
2. Judgment: The individual then has to determine if the behavior was intentional or not.

3. Attribute: The individual finally determines if the other person was coerced into performing the behavior (the cause is attributed to the circumstance) or it was done intentionally (the cause is attributed to the person), (Grant Savage, 2008).

In relation to health care management, attribution theory is a way of analyzing the strengths and weaknesses of a health care system. It is a potential health care management theory that can be effective in creating a secured environment for patients. It can be used as a conceptual structure to promote safer working conditions for both health care givers and receivers (B. Weiner, 2013).

This theory assumes that health care management could be augmented by understanding that mistakes in health care are prone to happen. And when this happens, it may cause feelings of distrust and organizational apathy in the health care system. If health care managers can understand where these feelings originated from, they can learn to promote positive working conditions, which would improve the response of workers to errors in the health care system (Oghojafor et al, 2012).

If health care workers can learn to identify these errors as basically human errors then, they would be able to focus on advancing in providing positive conditions for recovery of patients rather than on their mistakes.

Attribution theory proffers a significant theoretical structure that calls for additional conceptual advancement and factual research in order to produce outstanding health care conditions where safety and quality are basic concerns of workers.

2.4.3.2 Evidence-based management theory

It involves converting concepts rooted in best evidence into organizational activities. Under evidence-based management, managerial decisions are moved away from individual and indiscriminate preferences of the manager towards decisions based on appropriate scientific evidence.

This method links the decision making process of managers to the growing research base on cause-effect concept governing behavior of individuals and organizational actions (Denise M. Rousseau, 2005).

The adoption of evidence-based management practices is specific to an organization. Processes of evidence-based management include;

1. Collection and analysis of data on the organization and its operation.
2. Problem-based studying and discussion of summaries of the research by managers and workers.
3. The organization makes decisions based on the available research and information on the organization (Kenneth Fazzino, 2009).

The process of decision making under evidence-based management also involves the organization going through cycles of research and restructuring of the practices, in order to make evidence-based decisions that tally with their values and goals. It improves the quality of decisions made by organizations and their practices through intentional use of appropriate scientific evidence (Walshe and Rundall, 2001).

Rudiments of Decision-making Under Evidence-based Management

This theory combines thorough and accurate use of evidence with the following to make the best decisions;

- Individual expertise
- Ethics
- Relevant and accurate business and organizational facts
- Consideration of effects on stakeholders (Hewison, 2004).

Implications of Evidence-based Management on Health Care Management

The implication of this on health care management is that managers should be conversant with methods of finding and critically analyzing evidence from researches on management for their practice and decision-making.

It entails that health care managers should consider the scientific basis for their operations. This scientific evidence should be based on experimental research rather than on write-ups on management or recommendations of

experts. It also involves the managers recording and systematically evaluating their decisions and actions (Jaana, 2013).

Strengths of Evidence-based Management

1. Improvement in the quality of managerial decisions.
2. It would lead to uniformity of decisions made by health care managers.
3. It would promote more clinical research on health care management (Runo Axelsson, 1998).

Criticisms

1. Evidence-based management is criticized for handling evidence and scientific methods as if they were equitable and value-free qualities.
2. There is a problem of what would count as evidence as there are various ways of analyzing social problems.
3. Time constraint, emergencies and deadlines have made the application of this theory difficult (Jared Lewis, 2015).

In summary, this theory removes emotions, opinion and individual competence from the decision-making process and creates a business model where only facts, research data and proofs are the only tools to be considered in decision making.

2.4.3.3 Utilization Management

Utilization management is a set of methods adopted by buyers of health care services, or on their behalf, to manage the costs of health care by controlling the decision making process on patient care, using case-by-case evaluation of the necessity of care before its provision.

It is used in many organizations as an interdisciplinary approach to equating quality, cost considerations and risk in the administration of patient care. It involves processes of assessing the medical relevance, appropriateness and efficacy of health care services (Tricare, 2013).

Goal of Utilization Management

The goal of Utilization management is to maintain the quality and efficacy of health care services by caring for patients at the right level of care, controlling health care benefits and ensuring less costly but more efficient treatment benefit while taking medical relevance and necessity into consideration.

Procedures of Utilization Management

1. Prospective Review: This is the review used before requested admissions and guidelines. Prospective review is done through the pre-certification process for selective admissions and other medical procedures. During the precertification processes, screening is utilized to ensure consistent standards. However, emergency situations do not require precertification (Mary Sajdak et al, 1998). Prospective review is necessary for the following reasons:
    - To ensure the effective use of hospitals, medical personnel, medical facilities and equipment, case management services and other necessary services.
    - It enables continuous assessment and improvement when necessary of patient access to health care and the quality of health care.
    - To educate all members of staff and health care personnel on concept of utilization management (Jeremy Bradley, 2015).

The purpose of precertification and prospective review is to reduce inpatient admissions and irrelevant hospital days. It also ensures that only necessary cases are admitted into the hospitals and those that are not relevant are transferred to the appropriate health care environments before admission (SB Jones, 1995).

2. Preauthorization Review: The intended surgeries and other medical services are reviewed as either inpatient or outpatient by utilization management officials. If the present medical data does not warrant the medical necessity of the requested service (maybe surgery), other alternative treatments are applied as their medical

indications are also taken into consideration. This procedure is efficient in eliminating irrelevant surgeries and other health care procedures. It has less imposition on the patient and avoids inessential examination costs (Paramount Care, 2013).

3. Concurrent Review and Discharge Processing/Planning: The concurrent review process involves screening for the medical necessity, relevance and timeliness of health care delivery from the day of admission until discharge. The aims of this process are;
    - To ensure that the orders of healthcare personnel are performed with efficiency and accuracy.
    - To predict treatment and for futuristic planning.
    - To constantly monitor the progress of patients.
    - To enhance planning for discharge.

Discharge planning includes processes of making the patient ready for discharge from the health care facility. It includes processes of assessing supplementary level of care, the need for additional services and the potential advantages of home support. Discharge planning can sometimes be done prior to admission, when this happens, it removes potential hindrances to discharge and increases the level of comfort for the patient (Wickizer, 2002).

4. Retrospective Review: This involves review and evaluation of actual utilization data. Inpatient utilization is monitored each day, these includes; a list of all patients, the diagnoses, the requested length of their stay in contrast to the actual length of their stay and other data which will aid management of inpatient operations. Also under retrospective review, efforts are made to develop medical guidelines and perform studies to trace unusual utilization patterns and if necessary change the patterns of practice. Policies are developed and implemented (Hosford-Dunn et al, 2000).

Utilization management is always done in accordance with certain guidelines formulated nationally or internationally by health care bodies.

Primary Techniques of Utilization Management

1. Demand management: It involves the processes of planning used to manage the demand for health care services. It involves keeping the health care organization as profitable and effective as possible. This implies not producing more or less services than is demanded by the ideal patients. Feedback mechanism can help in leveling the production (BH Gray, 1989).
2. Utilization Review: Here, the health care managers act proactively in managing their clients and clinical services. This implies both futuristic planning and being up-to-date with changes that must be made in the organization to keep it up to standard. This would involve amending the levels of patient care depending on necessity (Sheehy, 2014).
3. Case Management: This involves handling each patient as unique and individual. This would involve viewing patient files and helping the patient to decide on health care alternatives and financial issues. It also involves listening to the complaints of the patients concerning health care delivery (Hendel, 2008).
4. Disease Management: This involves research and evaluation of diseases that affects the populace. Then plans are put in place to combat them (Miller, 2006).

The people involved in utilization management include;

- Utilization management reviewers
- A program manager.
- A physician who acts as an advisor (SR Fuller, 1992).

Strength of Utilization Management Theory

- It is a theory that has found more application in health care organizations than other health care theories (Dranove, 2003).

Criticisms

- This theory has been criticized for handling health care costs in such a way that the aim of health care is not considered primary and hence reduces the quality of health care by, combining health care procedures with the results of health care.
- If cutting of costs becomes the primary goal of utilization management, it may lead to denial of health care. Hence, there may be delay in health care delivery or financial risks to patients (Ryan, 2009).

2.4.3.4 Patient-centered Management Theory

This approach has been adopted by organizations in changing the behavior towards care of patients and improving health care working conditions. This theory involves designing systems in such a way that ensures optimum health care services are delivered to patients (Williams, 2002).

This is done at the costs of senior managers designing the system in consideration of easier ways to supervise and the cost efficiency. The main aim of this theory is that by excellence in medical services, health care organizations will attain optimum financial results. Collaboration between different departments and interdisciplinary procedures are applied under this approach to solve medical issues.

3. RELATED LITERATURE RESEARCH

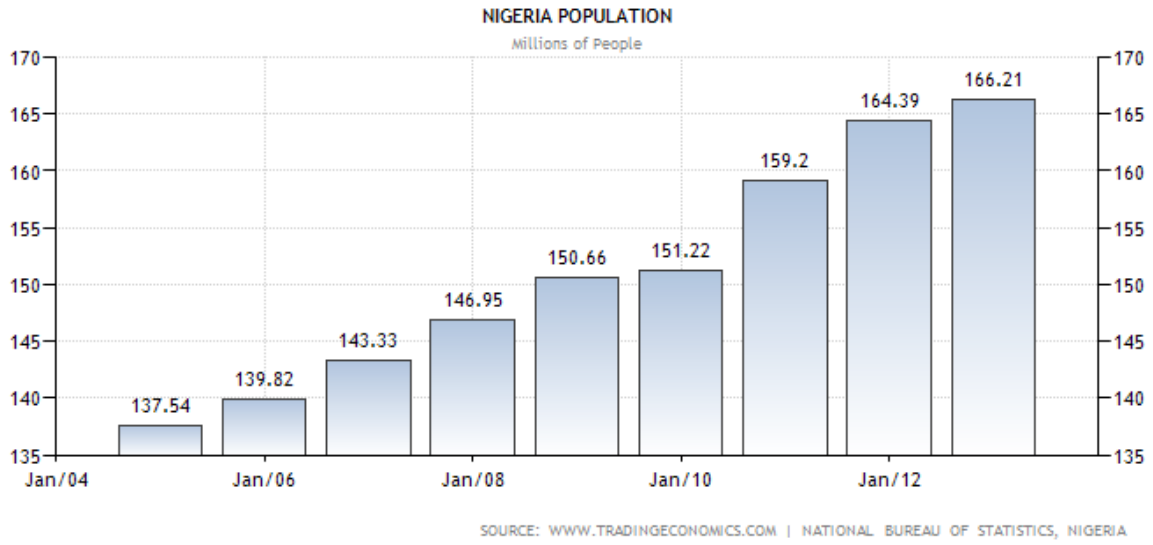
Nigeria is a country located on the West Coast of Africa as shown in Figure 1 below. It consists of 774 local government areas (LGAs), 36 states and one federal capital territory (FCT Abuja). It is located on the Gulf of Guinea and its neighbors are Benin, Cameroon, Chad and Niger. It has a total area of about 923,768 sq. km (which consists of Land: 910,768 sq. km and water: 13,000 sq. km). Nigeria is very rich in oil reserves and agricultural endowment.

Figure 1 Map of Nigeria

Sourced from: http://www.infoplease.com/atlas/country/nigeria.html

There is a significant increase in economic growth which has had no direct impact on the citizens of the country. It is the greatest and the most populous African country in the world with a population of over 166.2 million people as at year 2013 (National Bureau of Statistics, 2013). The graph of the growth in population from January 2004 to January 2013 is shown in the Bar chart below:

Figure 2: Bar Chart showing Nigeria population from 2004-2015.



From the chart above, the Nigerian population has had a steady increase from year 2004 up to 2013, this can be due to increase in birth rate. Of this population, 52 percent live in rural areas while the rest reside in the urban areas (World Health Organization, 2013).

The climatic condition in Nigeria varies, i.e. it is equatorial in the south, arid in the northern part and tropical at the center. We have six geographical regions in Nigeria. Some of the natural resources which Nigeria is blessed with include; petroleum, natural gas, tin, iron ore, limestone to name just a few (Organization of the Petroleum Exporting Countries, 2015).

Some of the environmental concerns faced presently in Nigeria include rapid deforestation, soil degradation, oil spills, rapid urbanization, water pollution, to mention just a few. Due to the havoc these environmental concerns can wreck, some international environmental agreements were made which include: Biodiversity, Climate Change-Kyoto Protocol, Marine Life Conservation and Law of the Sea, Marine Dumping, to name just a few.

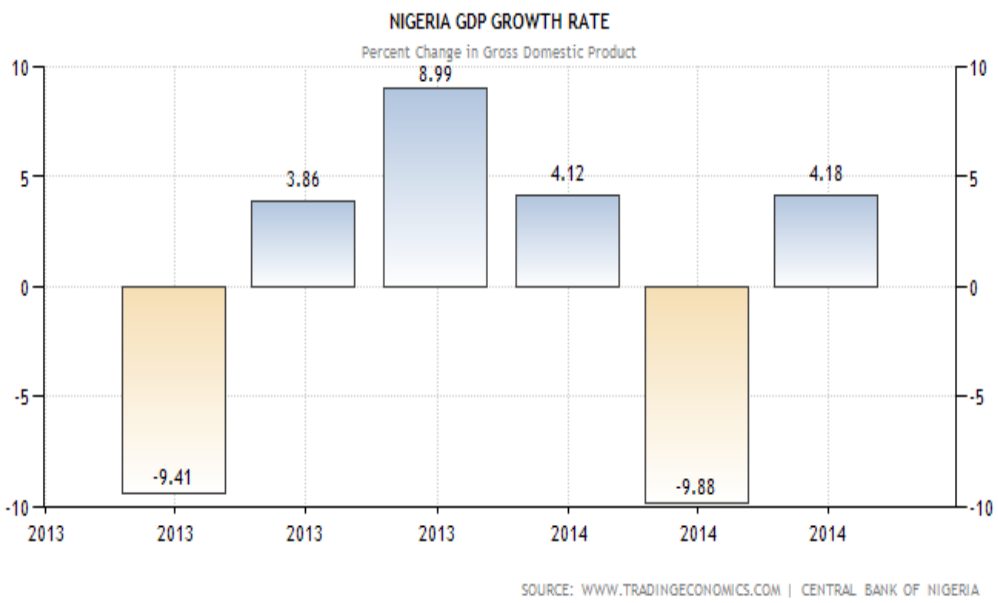
Economic context

Nigeria is one of the richest African Countries with a Gross Domestic Product (GDP) of $594.257 billion (IT NEWS AFRICA, 2015). It has substantial oil reserves and vast natural resources like arable land, limestone, coal, natural gas, tin, just to name a few. In order for the resources not to be misused due to political instability and deficiency in macroeconomic management, the current administration is putting things in order through effective reforms. Nigeria is now moving from overdependence on the oil sector which is capital intensive (and which provides about 20% of the GDP and about 65% of budgetary revenues) into other areas of our natural resources which can largely improve the economy.

The Nigerian government is now beginning to implement the market-oriented policy reforms stipulated by the International Monetary Fund (IMF) such as modernization of the banking system and curbing inflation by putting a stop to excess wage demands, in a bid to stabilize the economic system (Nathan Audu, 2012).

When the economic growth and development is rapid in Nigeria, the health sector will be easily improved on. From the chart below, the GDP (Gross Domestic Product) in Nigeria had significantly increased to 4.18percent in the second quarter of 2014 over the preceding quarter. It reached a very high percent of 8.99 in the third quarter of 2013 and a very record low of -9.88percent in the first quarter of 2014 (Central Bank of Nigeria, 2014).

Figure 3 Nigeria GDP Growth Rate



3.1 Health Care System in Nigeria

Health care system is the way people, resources and organizations that deliver health care services are organized to meet the health needs of populations targeted. The primary aim of the health system is to improve health.

An effective health system needs information, funds, staffs, transport, communications, and supplies to mention a few. A health system that is good must tangibly improve people's lives on a daily basis.

The ultimate duty for the total performance of a country's health care depends on the government, but good accountability by municipalities, regions and private health institutions is also very important (WHO, 2014).

The health system is regarded as an open system because of the effect that external factors has on it which affects people. Such external factors include; infrastructure, poverty, education, political influences to name a few (Health Development, 2007).

3.2 Discussion of the Building Blocks of Health System in Nigeria

3.2.1 Leadership and Governance

This is a critical aspect of the building blocks of health system because it deals with the role(s) of government at all levels on the health of its citizens. The government oversees and coordinates all the activities of both the public and private health sectors of the health system in the country (C.J Uneke et al, 2012).

Without good government in place, there will be no coordination, financing, policy/guideline and other things needed to carry out an effective and efficient health care system.

The central (or federal) government delegates its authority to various provinces, state or local authority, or agencies to monitor health practitioners by carrying out a supervisory function and forming policy guidelines to be followed (Maureen Lewis, 2006).

Leadership and governance is an important building block because the quality of any health care system in any country is dependent on the quality of leaders of that country. The policies developed by the government changes according to the changes in the population and also on the clamor of health needs by the citizens (Nichodemus Ejimabo, 2013).

3.2.1.1 Organization of the Health Care System in Nigeria

The organization of the Nigerian health care system is into three parts; the federal, state and local government levels. All these tiers of government are involved in the provision of services, financing and giving account (stewardship) among other things to Nigerians.

3.2.1.2 The Federal Level

The federal government is mostly responsible for making health policies and also providing planning and technical support to the general health system in Nigeria.

They also monitor and coordinate the level at which the state governments implement the national health policies. They provide health care services to the citizens through the establishment of psychiatric, orthopedic and teaching hospitals and provision of national laboratories (Asuzu, 2004).

The government also has the responsibility of monitoring diseases, managing vaccines, providing and regulating drugs and training health care experts.

3.2.1.3 The State Level

Under the state governments, the state ministries of health and state hospital management boards are responsible for managing health care facilities and programs. The states operate general hospitals and also provide technical support for primary health care facilities (Abdulraheem I.S. et al, 2012).

The state health authorities are also responsible for the training and development of health technicians, midwives and nurses. They also provide technical support to local government health facilities (Oyibocha E.O. et al, 2014).

3.2.1.4 The Local Government Level

The 774 local governments in Nigeria are mainly responsible for primary health care by, organizing health services through the wards. They provide basic health services, conduct monthly sanitation and also monitor the health hygiene of the communities (Abimbola et al, 2014).

3.2.1.5 Health Planning

According to World Health Organization (2015), "Health planning is the orderly process of defining health problems, identifying unmet needs and surveying the resources to meet them, establishing priority goals that are realistic and feasible, and projecting administrative action, concerned not only with the adequacy, efficacy and efficiency of health services but also with those factors of ecology and of social and individual behavior that affect the health of the individual and community."

It is a process to produce health and its planning process is done by the ministries of health in the government agencies and can also be delegated to different non-government bodies. The health planning process can also be carried out by service providers (private organizations) like private hospitals, pharmaceutical companies and other service providers (Abudu, 2002).

Health professional bodies (like Doctors, nurses, to name a few) are also involved in the health planning process where they input issues that are of interest to them. Citizens of Nigeria who are the consumers are also involved in the process through advocacy groups, meetings, and forums and so on (Fotso et al, 2011).

Unfortunately, the health planning process in Nigeria has not been properly handled and executed. This is due to the inability of the government to implement the content in the policy guidelines in detail. Lack of proper health planning has led to the continuous vulnerability to diverse diseases by the Nigeria citizens (Onokerhoraye, 1997).

Change in government is also a method of frustrating the implementation of health plans because, once a new government takes over power, they put aside the works of the former government and start to initiate a new one. In summary, there is no continuity and consistency in national planning in Nigeria (Ijadunola, 2010).

The health planning process involves the following;

(a) Surveying the environment (what is)

(b) Setting directions (what ought to be)

(c) Problems and challenges (differences between what is and what ought to be)

(d) Range of solutions.

(e) Best solution(s) (preferred ways to get to what ought to be)

(f) Implementation (putting in place the best solution)

(g) Evaluation (Did we get from what is to what ought to be?) (The Health Planner's Toolkit, 2008).

If this health planning process put together by the Health Planners can be used judiciously in Nigeria, it is believed that the rate of spread of diseases will drastically reduce and people will live a more healthy life, thereby bringing increase in the economic development of the country because, it is only when the citizens are healthy that they can work, and only then can the government collect taxes from them (Adeyemo, 2005).

3.2.1.6 Decentralization and centralization

Decentralization is the process of redistributing powers, functions, people or things from the federal government. Centralization system in Nigeria is very high.

In Canada, the federal government decentralizes its powers and duties to different provinces and territories which make Canada one of the leading health delivery countries of the world. The provinces and territories centralize power (duties) among them, carry out functions they deem fit, take care of the citizens in their care and only delegate responsibilities to local authorities when needed (Pat Armstrong, 1999).

The United State of America is also known for its decentralized system of government. Each state of the federation (USA) has its own responsibilities and powers and creates its own health policy for citizens under them (Saltman, 2008).

In terms of health care service delivery, the federal government of Nigeria is not efficient compared to the states and local governments. This is because it builds hospitals and staffs directly from the federal capital (Abuja), this is indeed a misplaced priority.

Power should be highly decentralized through states and local authorities because they are closer to the people, and there will be easy planning, monitoring and execution of health policies to better human lives (Michael Egbosiuba, 2011).

3.2.1.7 Non-governmental Agencies and Associations

Non-governmental organizations (NGO) are organizations that are not part of any government. In some socialist countries, some NGOs are organized by government (Answers, 2015).

The activities of NGOs can be local, national or international. NGOs have greatly contributed to the development of many countries of the world while still being outside of government. NGOs have helped in research related to health development and are considered as valued partners to governments towards nation building (Helene Delisle et al, 2005).

Community Health Information Education Forum (CHIEF) is an NGO that helps in preventing disease, promoting health and helps citizens who are disadvantaged. Their main aim is reducing the rate of mortality and morbidity among the disadvantaged people (CHIEF, 1998).

Centers for Disease Control and Prevention (CDC) partners with the Nigerian government, health agencies, institutions and other non-governmental organizations for the purpose of improving public health. Their aim is to reduce HIV/AIDS; to take care of those already infected, to reduce the spread of malaria; to also develop the health professionals and make Nigeria a disease-free state (Centers for Disease Control and Prevention, 2012).

3.2.2 Health System Financing

Health system financing is an important part of the building blocks of health system because without finance, nothing can be achieved. They allocate these funds to all levels of government units and subunits under them and assess how these funds have been utilized to better the health of the citizens.

How governments should cater on spending on the health of its citizens is a question that has been answered differently by countries of the world. As a country increases in population, increase in health care funding will have to be allocated for in the annual budget to cater for the increased demand in services (S.A.J. Obansa, 2013).

Funding health care is a major challenge for every country due to increase in birth rate, immigration of foreigners, obsolete technological equipment and so on.

In Nigeria, financing health care is through revenue from taxes, out-of-pockets payments, health insurance and funding by donors. Financing health care in Nigeria has constantly faced so many challenges forcing out-of-pockets payment to increase while the poor who don't have the money to pay for proper health care suffer a great loss (Babayemi Olakunde, 2012).

In 2001, the government of Nigeria signed the Abuja Declaration which will make them allocate about 15% of the total budget to health (Abuja Declaration, 2001). In 2013, only 5.6% of the total budget was allocated to health at the federal level. The low allocation on budget is a major cause why Nigeria has a low performance of health care delivery in Africa (Federal Ministry of Finance, 2013).

Most of the resources of the government come from the oil revenue which is shared according to an allocation formula among the federal and state and local governments.

The state and local governments are allowed to spend their own allocation of the funds the way they want it without any supervision or monitoring from the federal government. This results into non-accountability on health expenditures by both the state and local governments which should be quickly tackled if the Nigerian government want to have an impact on the health of the citizens (Yunusa U. et al 2013).

3.2.2.1 How are publicly funded health care services delivered?

The health care services operate in three ways which are as follows;

3.2.2.2 Primary health care services

Primary health care is defined as the method of providing health care to community members through total participation and at a cost that is affordable whose aim is for them (members) to be self-determined, self-sustained and self-reliant.

Primary health care service is the first point of contact for citizens who need treatments and counseling. It provides continuity of health care services to patients who need care and allows for easy movement within the health care system when more specialized services are needed (Health Canada, 2012).

The primary health care provides the following basic services to citizens which are:

(1) Educating people to be able to identify and control prevailing health challenges

(2) Maternal and child care.

(3) Health promotion

(4) Identification, prevention and control of locally endemic diseases.

(5) Provision of basic drugs

(6) Promotion of psychological, emotional and spiritual health (Abdulraheem, 2012).

3.2.2.3 Secondary health care services

When there are cases that cannot be treated in the primary health system, it is then referred to the secondary health care services. It is done by using a referral to see a specialist who is an expert in the area of treatment you need as a patient.

Specialists focus on a specific type of disease. For example, cardiologists focus on the heart and its pumping system; oncologists works on cancers; opticians focus on the eyes; and dentist work on the tooth of patients. (Patient Empowerment, 2015).

Most of the Nigerian hospitals are operated by boards of trustees or state health authorities which are established by the state governments.

3.2.2.4 Supplementary services

Benefits of supplementary services include prescription of drugs outside the hospital, dental care, vision care, just to name a few. Because Nigeria does not provide adequate services for its citizens, most people pay for the

services from their own pockets or through private health insurance scheme plans. Some Nigerians who work for private organizations have health insurance packages which cover them and their families (Scott-Emuakpor, 2010).

3.2.2.5 Private health insurance

Private health insurance is an insurance plan made by private insurance organizations to cover the health costs of citizens for a period of time, either monthly, quarterly, semi-annually or annually.

This insurance is also done by employers of an organization in form of group policies to all staffs under them. It is also done by professional associations for their members. The insurance plan is active throughout the duration for which it was bought.

It is a relief to the government and also to citizens because with the insurance, you will be exempted from taxes from the federal and state governments (Ladi Awosika, 2005).

3.2.2.6 Other financing

Volunteers and charitable organizations provide donations for funding of effective health care services and provide help for patients and their families who need medical care. Countless non-governmental organizations like hospital foundations or related-diseases foundations usually collect funds from the citizens as donations which they use to purchase medical equipment and to carry out research. These volunteers and other organizations also give their time to the public by holding seminars and counseling (Gregory Marchildon, 2013).

3.2.3 Human resources for health

According to World Health Organization's report (2006), "human resources for health can be defined as all people engaged in actions whose primary intent is to enhance health."

This is a very important part of a health care system of any country. Without the work force, nothing can be done, because leaders must lay down policy for people to carry it out.

Employees must be there to use the information systems put into place. It is also the employees that carry out the service delivery to the citizens. Therefore, without them (workers), there is a big gap in the system (Burlew, 2014).

The health care workforce is very important to improving the service delivery of the health care in an effective manner.

The health workforce includes the Doctors/Physicians, Nurses/midwives, Pharmacy specialists, Laboratory specialists, and sanitary workers who can work as public health workers, private health workers, salaried and non-salaried health workers, NGOs, to mention a few (Salisu Ojonemi, 2013).

According to Afri-Dev.info (2014), between 2006 and 2013, in a population of about 168,134,000, the rate of Doctors was 4.1 per 10,000 people; while the rate of Nurses and Midwives was 16.1 per 10,000 people and rate of Pharmacists was 1.1 per 10,000 people.

Human health resources can consist of clinical and non-clinical staffs responsible for enhancing human health.

The performance, benefits and successes of a health care system depends largely on the skills, experience, expertise and knowledge of individuals who are responsible for health care service delivery (WHO, 2015).

In the public and private health sectors, the balance between workforce supply and the ability of the experts to work efficiently and effectively must be maintained because having practitioners without adequate or sufficient tools is the same as having adequate tools without practitioners.

Nigeria health system has been greatly faced with a big challenge on its human resources. Nigeria has the largest health work force in Africa, but worthy of note is that there has never been a record of deaths, migrations, retirements of the health workers (Doctors, Midwives, Nurses, environmental health officers). This can be corrected using information technology to capture all the details of a health worker accurately (Awofeso, 2010).

Factors that may influence the human resources for health in Nigeria.

(a) Size and distribution of health workers in Nigeria: The size of the population of a country determines mostly the quality of health care delivery services and intervention that will be obtained. Amount of professional health experts also influences the rate of health services and health development of a country.

From the rate of health professionals per 10,000 people which has been given above by Afri-Dev.info (2014), it is worthy of note that more health workers bring about quality delivery and vice versa. The health workers in Nigeria are unevenly distributed to favor the urban areas at the detriment of the rural areas. Efforts are made to provide more incentives to health workers who volunteer to work in the rural areas but more work still need to be done. Working in the rural areas for at least a year can be made as one of the compulsory conditions for getting promotions (Obansa, 2013).

(b) Training of workforce: It is important to train health workers to enhance their skills and professionalism. Seminars, workshops, education and in-service training are necessary to enable the health workforce to be prepared to carry out an effective and efficient health care service delivery system (Olakunde, 2012).

In Nigeria, health workers are trained in different health institutions accredited by the national health bodies. But most of these health institutions are located more in the southern part of the country and more health institutions have not been accredited; for example, there are only 26 accredited medical schools in Nigeria; this is a very bad situation and should be corrected by putting up health policies to create and accredit more medical schools in Nigeria if we are to advance our health status (Benson, 2011).

(c) Migration of health workers: Migration of health professionals is common to all countries as workers migrate to urban areas. The reasons for these is due to payment structure, lack of motivation, lack of training and job security, inadequate health care management system among others. These issues must be really succinctly addressed for a better health care delivery system (Kabene, 2011).

In Nigeria, many health workers migrate to developed countries with better health facilities and opportunities on a yearly basis. Government and other employers of labor should be able to purchase good medical and user friendly equipment, train the health workers on how to use it. Health workers should also be highly remunerated and given high pay packages (Nwude, 2013).

There should be increase in the employment opportunities of health care workers, so that as aging workers are retiring, the younger ones are taking over the profession.

Employers should also make sure that the working environments of health workers are safe from harm or hazards. If these and many more are achieved, health care workers will be highly motivated to do their jobs; less or no migration will be witnessed; and rapid economic growth and development would be achieved in all sectors of the country (Audu, 2012).

(d) Level of economic development: The growth rate of health workforce is dependent on the level of economic development of a country. Countries with high GDP (Gross Domestic Product) have greater amount of health workforce because they spend more on them than countries with low GDP (Ejimabo, 2013).

Nigeria is a country with low GDP; the more reason why health workers migrate to developed countries. The federal government can amend this by improving other sectors of the economy (like Agriculture) instead of focusing only on oil and tax. Privatization of most sectors can also help to reform the economy of the country through Public Private Partnership (PPP), (Asuzu, 2004).

(e) Socio-demographic and geographical factors: Socio-demographic features such as ethnic group and socio-economic status are very vital in determining the health systems of a country. For example, aging populations lead to a rise in health care needs and delivery. Whereas geographical factors such as climate and topography determine how health care services will be delivered. For Nigeria, health facilities should be built in every region of the country without bias. For now, most of the training and facilities are concentrated in the southern region which has to be corrected (Ekure et al, 2013).

3.2.4 Health Information Systems in Nigeria

Health information system may be defined as an information system that captures, stores, retrieves, manages and disseminates information about the health of the members of the public or organizations that work with the private and public health sector.

This information system includes disease surveillance systems, laboratory information systems, patient administration system (hospital) and human resource management information systems (Babatunde OA; Akande TM, 2013).

A well-functioning information system is used effectively to collect, analyze and report information about the health of the people in both the public and private health centers in order to make adequate health policies; and to also know the amount to be spent on health and also for health research (Ezeonwu, 2013).

The information system collects data from patients including the age, sex, location, last visit to the hospital, disease diagnosed and level of recuperation. Without Health Information System (HIS), the health system will rely on paper work which could lead to more error and inefficiency.

When there is a good HIS, patients will benefit from a higher level of care. Online database is made to include the names and information (like address, age and date last attended hospital) of all patients in a particular locality. It helps to know how well the citizens have benefitted from a robust health care, patients that have complaints and those that need to be urgently attended to (Vincent Shaw et al, 2007).

HIS allows good policy and planning based on evidence using information to make quick and quality decisions that affects the status of health in the country.

The HIS helps to quickly detect rate of birth, death rate, outbreak and surveillance of diseases and status of citizens' health among others. HIS is important for health research, health education, training and development of health workers, conferences, and seminars (Akande and Monehin, 2004).

In Nigeria, there is no robust health care policy for implementing hospital information system. Though there has been an improvement in the health information system, there is still no fantastic health care data.

There is still work to be done for the integration and coherence of information systems in the health domain. If the health information system is properly taken into consideration and implemented, it can provide a basis for effective performance surveillance (Ayodele Cole Benson, 2011).

3.2.4.1 Core factors of health information in Nigeria

One of the major tensions of Nigerian health information systems is the complexity in the jurisdiction. Constitutionally, the primary responsibility for health management and health care delivery services are the major roles of the states and local government areas; but because of fiscal transfers from the federal governments to the states and local governments, the public health care systems in Nigeria adhere strictly to the core principles imputed in the federal legislation.

The federal government also plays a crucial role in health research and health information. This has curbed the provinces and territories in the area of diversification (Vital Wave Consulting, 2009).

Also, the cost of health information system is very high compared to what Nigeria is presently spending. New information systems need to be put in place while the present ones can either be upgraded or totally replaced.

Another major factor of health information system in Nigeria is person-oriented information mechanism. This system is able to collect all the available data about a patient; including the past and present state of health, so that there can be a holistic view of solving the health issues of the patient once and for all (WHO, 2015).

The main concern about this approach is the privacy of the patient. Patients don't want to give accurate information for fear of invading into their private lives; therefore, public orientation should be done by health educators on the importance of relevant information by the patients and also a policy must be put in place to ensure strict restrictions about citizens' private lives (Benson, 2011).

3.2.4.2 E-health in Nigeria

E-health is the process of transferring health resources and health care by technological (electronic) means (W.H.O, 2014). It encompasses three main areas, which are;

- Using internet and telecommunications to deliver health information for health practitioners and health consumers.
- Improving public health services by the use of e-commerce and information technology.
- Application of e-business and e-commerce in managing health systems (Peter Idowu, 2008).

The application of the e-health in the Nigeria health care system will definitely be beneficial to Nigerians through constant improvement in system accessibility, efficiency and quality.

3.2.4.3 9 E's in E-health

* Efficient: This is achieved by reducing costs. Cost can be reduced by avoiding duplication of diagnostic interventions through effective communication between health care organizations (or establishments) and patient involvement.

* Quality enhancement: e-health can enhance quality of health care by providing patients with numerous services to choose from. In this case, the health establishment with the best quality service will experience a large influx of patients.

* Evidence-based approach: the involvement in e-health should not just be based on mere assumptions but on rigorous scientific research and evaluation.

* Empowering consumers/patients: this is done by making the basic knowledge of medicine and the patient's personal record to be accessible on the internet.

* Encouraging the public: it is a new way to encouraging personal relationship between patients and their physicians where they can share their health emotions via electronic means without walking down to the hospitals.

* Educating people: this is a very important aspect of e-health. It allows patients to be educated and enlightened about their health through the internet. They can easily browse to seek information about the status of their health at anywhere and at any time.

* Enablement: e-health allows constant exchange of information between various health care establishments.

* Extending globally: e-health makes it easy for people to communicate with health care practitioners around the world. With e-health, you are not restricted to your locality. Information and communication about your health can be discussed online with other physicians across the globe.

* Easy-to-learn-and-use: E-health should be easy to use at any time, at anywhere, around the world. Patients must find it affordable and easily accessible and the mobility should be accurate (Journal of Medical Internet Research, 2015).

3.2.4.4 Elucidating e-health human resources in Nigeria

E-health is the process by which human resources, information and health care are transferred by electronic means.

It involves the use of e-business in managing health care systems and also using the power of Information Technology to improve public health services through educating, training and re-training health workers (WHO, 2015).

The introduction and usage of information and communication technology (ICT) in health care management particularly in the area of electronic health record (EHR) has been put on hold due to the lack of human resources possessed with skills and experience in the area of e-health (Oyegoke, 2013).

Health care systems particularly in the developed countries have gone through massive transformation in the area of health professionals, hospitals development, and introduction of information technology systems which has been pivotal to the ease of health care delivery to its citizens.

The ICT and EHRs are being implemented to provide access to geographically diversified authorized users, to improve the Decision support systems (DSS) and to effectively and efficiently provide quality health care (Olaronke et al, 2013).

3.2.4.5 Challenges of e-health human resources in Nigeria

When electronic health care information systems are put in place, definitely the duties of health record technicians, information managers, data analysts, to name a few, will also change. Room must be created for

competent professionals to handle the systems effectively who likely might affect the former health workers (Pantuvo, 2011).

Health workers without adequate knowledge about the systems will have to be trained and have to adapt to the changes in their work specification. Finance may pose a great challenge for training the health workers. Also, unwillingness on the part of the workers to learn and adapt to changes has been a major challenge for most countries especially the developing ones (Stefane Kabene, 2011).

3.2.4.6 Drug information system (DIS)

Drug information system is a database where all relevant data about the drug profile of a patient can be stored, assessed, managed and retrieved at any point in time.

The DIS helps the physicians and pharmacists and other authorized health care providers to make better decisions about the health of the patient(s) by reviewing his/her medication profiles (Health PEI, 2015).

In the absence of the DIS, physicians only have access to the medications prescribed by them alone and the information given by the patients making it difficult for other physicians to know where to start from in treating the patients. But DIS has made it easy for physicians and pharmacists to easily dispense drugs to patients and to update the patient's information accurately (Garuba, 2009).

The DIS database includes information such as; allergic reaction, intolerances, vaccinations, prescription information from the physicians, dispensing information prescribed by the pharmacists, database of all the drugs and their usages prescribed to the patients. By using the drug information system; the abuse of medication is reduced, cost management of drugs is improved, and a more holistic patient care is achieved (TELUS Health, 2015).

3.2.5 Essential medical products, vaccines and technologies

The health care technology , which constitutes an important component of health care delivery in Nigeria, is a set of techniques and procedures used by healthcare professionals in delivering medical care to individuals and the systems within which such care is delivered (David Feeny, 2001).

Technology should be a fundamental structure of the Nigerian healthcare system. An average Nigerian believes that technological advances in Medicine can save lives and improve the health care system. It is now evident that technological changes have made it possible to conduct tests that could not be conducted in the past or that require high finance, particularly in the field of cytology, genetics and hematology.

A large number of tests previously conducted in laboratories can now be done by users themselves (e.g., pregnancy tests, diabetes tests and testing for sexually transmitted diseases), (Service Canada, 2012).

The patients who need and depend on the medicines and vaccines should be able to get them at the right time and at a cheaper rate.

The government must lay down policies, laws and regulations that regulate both the private and public health sector so that the drugs must be of high quality (not expired), safe to use and easily accessed by the patients (Hayford, 2012).

The distribution system of these medical products and vaccines must be efficient and equitable so as to get to the users at the right time.

For example, despite the challenge faced in logistics and use of traditional medicines, Mozambique still shows a constant rise towards strengthening its pharmaceutical sector. For instance, there are about 5.6 of pharmaceutical professionals per 100,000 persons in Mozambique as at 2010 (WHO Africa, 2015).

Developed countries (mostly in Europe) have enjoyed equitable access to drugs due to high quality pharmaceuticals and good government policies and regulations. The sick are treated, drugs are consistently dispensed by the pharmacists and most of them are for free. This has greatly reduced the spread of diseases and relative illnesses among the citizens (Dowling, 2011).

African countries, especially the less developing ones, are way behind due to lack of political will on the part of the government at all levels (no funding, no policy, selfish interest in accumulating health), which have forced health experts to relocate to other countries because patients who can't get their drugs (e.g. patients with HIV/AIDS, tuberculosis, dysentery) die a premature death (Munir Bankole et al, 2010).

There has been an improved effort by the Nigerian government in this aspect as drugs are distributed equally to different parts of the country on a timely basis. This has reduced/eradicated polio and also helped in eradicating Ebola in Nigeria.

But more can still be done, government at all levels must invest more on medical technologies and training of medical workers. Policies should be drafted to reduce diseases in Nigeria and effective surveillance mechanism is also required.

3.2.6 Health care service delivery system

Health care service delivery is a very important part of the building blocks because it is the fundamental backbone of a health system. The service delivery is done by both the public and private health sectors.

The importance of health systems is to deliver health care services effectively in order to address health care needs of the citizens.

Countries with effective and efficient health systems are those that deliver effective services to its users, anywhere, anyhow, and at any time; using Just-in-Time (JIT) approach (Abdulraheem, 2010).

These services can be delivered in the rural areas, urban areas, communities, hospitals, in every home or as required by its citizens. Effective service delivery of health care in an effective health system requires recruiting trained and qualified experts (professionals) who are vast in their jobs; supplying adequate products and technologies that can be delivered; policies and guidelines; and ultimately funding from all levels of the government (Omachonu, 2010).

Health care service delivery leads to decrease in morbidity and decrease in mortality, it also reduces inequality in health.

Nigeria's health care service delivery unlike the developed countries has been on the downward slope for decades due to failure on the part of the government. Service delivery is carried out by the Federal government and the 36 states of the Federation cum the 774 local governments.

Lack of political will has rendered the system in shambles thereby leading to the frustration and migration of health care professionals to developed countries where they can be appreciated (Alenoghena et al, 2014).

The private sectors take a huge 70% of the service delivery system but have failed due to poor power supply, obsolete technology to mention just a few. If government at all levels can have a to-do will and improve the service delivery of the country, and also provide the required infrastructures for the private health to thrive, the Nigerian citizens will feel the impact of a well-nourished health care system (Bassey Eno, 2013).

In Australia, the health care service delivery system is of high quality in both the private and public health sectors because the Australian government (national, state, local) made policies that made life easier for the health workers.

Most of the physicians have their private hospitals and only few of them works for the government. The private clinics are either owned by profit or non-profit organization (Dwyer and Eagar, 2008).

3.2.6.1 Emergency care in Nigeria

Emergency care consists of medical treatments, products, services or accommodation provided to a sick or injured person for the immediate onset of a health condition of such nature that a failure or delay to apply immediate care would lead to deterioration of the person's medical condition (Sergen's Medical Dictionary, 2012).

Typically, an emergency medical system performs the following roles;

- Prevention of accidents and awareness on public health.
- Pre-hospital transport and health care.
- In-hospital stabilization and medical treatment (Al-Shaqsi, 2010).

The main purpose of an emergency medical system is to reduce mortality and morbidity. The basic constituents of emergency medical system include the following;

- Ability of the population to have access to the system.

- Trained medical human personnel.
- Necessary financing and dispatch mechanisms (Obala Foundation, 2008).

In the last few years, Nigeria has experienced bad trauma situations, one of the worst in Africa. There have been flooding disasters, plane crashes, pipeline explosions, road accidents, to mention just a few.

In spite of all this, the emergency care area of medicine has been highly challenged. In both the rural and urban communities, emergency situations are not properly controlled (Solagberu, 2009).

Workers do not have basic first aid knowledge and do not know what is required of them to sustain life. In Nigeria, even when the patient is rushed to a nearby hospital, the emergency departments in most hospitals in Nigeria are deficient in infrastructure, emergency attitude and trained emergency staffs. This makes both the pre-hospital and in-hospital emergency care in Nigeria challenged.

Hence, more is expected in the emergency care even to be able to bring it up to standard. There exits several organizations though working to improve the status of emergency care in Nigeria, an example is the Society of Emergency Medicine Practitioners of Nigeria (SEMPON, 2014).

It can be rightly said that emergency medical services in Nigeria are non-existent. In most cases, patients who are rushed to the hospital do not get any attention within one hour of arrival. Even though the best Medicare and facilities are gotten from private hospitals and non-profit medical facilities, they fail to meet international standards. The civilian section's disaster control is also very poor. The military provides crowd management in case of disasters but there is little or no systemic medical attention and response. Presently, the military has no available resources for response to mass casualties; this leaves the Nigerian emergency care system in a deplorable state (United States Diplomatic Mission to Nigeria, 2014).

Present Emergency Medical Resources in Nigeria

1. Flying Doctors Nigeria (air ambulance).
2. TOCARO Emergency Medical Services, Lagos.
3. Ambulance (Mobile Intensive Units).
4. Stabilizing services in preparation for Med-Evac (USDMN, 2014).

3.2.6.2 Rehabılıtatıon Care ın Nıgerıa

Rehabilitation is a form of care fashioned to enhance the process of recovery of patients from illnesses, injury or dıseases to a stable condition or as stable as possible.

The purpose is to restore most or all of the physical, mental and sensory abilities of the patient that was lost as a result of illness or ınjury. It is carried out by only trained therapists. It reforms the individual's social functions and their social or physical environments (Amusat, 2009). Types of therapy include;

- Physıcal Therapy: It helps to restore the patient's physical state like the use of limbs and the nervous system
- Occupatıonal Therapy: It ınvolves helpıng the patient to regain the capability to do every day activıties.
- Speech Therapy: It helps to correct speech disorders or restore the patient's talking ability. (The Free Dictionary, 2015)

Nıgerıa is presently the most populated country in Afrıca. Sadly, despite the large number of disabled people in the country, little or no support is offered to the people with disabilities for rehabilitation.

As a norm, people with disabilities are ostracized from social, political and economic matters. The common intervention for disabılıties is often by welfare and charity groups. An example is CBM Nigeria which is currently working with 16 partners to carry out programs to improve the quality of life of people with disabilities in Nigeria.

The areas of interest include; orthopedics, prevention of deafness, eye health, special education and rehabilitation and mental health. (CBM Nıgerıa, 2015)

Presently in Nigerıa, access of disabled persons to rehabilitatıon care is inadequate. The perception of people with disabilities by the society is negative and this is why rehabilitation care in Nigeria is not thrivıng.

Also the Nigerian government has done little as regards policy direction and action. The accessibility of disabled people to rehabilitation facilities is very poor as there are very few rehabilitation facilities in the country. The rehabilitation care in Nigeria is not increasing because of the following factors:

- There are no dısabılıty discrimination laws
- There is little social protection
- Deplorable understanding by the public of disability issues
- Poor accessibility to rehabilitation services (Amusat, N. , 2009)

There seems to be a ray of light in the area of mental rehabilitation in Nigeria, though presently there are less than 100 psychiatrists and psychologists in Nigeria and only about 20 psychiatric facilities. Majority of the chronic mental patients are catered for by their families, religious healers or traditional healers.

The absence of organized social welfare services has made the family the only constant source of social support for people with mental disabilities and patients who might have lost touch with their relations often are homeless (Bashir Tanimu, 2010).

Although most of the mentally disabled persons in Nigeria are catered for outside the mental health system, new developments like the development of village-based psychiatric centers and mobile clinics portray much potentials for advancement in mental rehabilitation (Pub Med, 2015).

In the area of substance/drug abuse rehabilitation, despite the fact that it's been ongoing in Nigeria for a while, there is still a lot to be done in breaching the knowledge gap. Presently, there is no national abuse treatment policy or facility in Nigeria though there are private organizations such as; the House of Refuge rehabilitation facility located in Lagos, Anumoye Drug Abuse Treatment Education and Research unit in Abeokuta, Nigeria; these facilities use both medical and psychological strategies to improve the state of the patients (Academia.edu, 2015).

3.2.6.3 Long term care in Nigeria

Long term care is the provision of social, medical and personal care services on a recurring basis to patients with chronic mental or physical disorders. This care may be administered either at institutions (health) or private residences.

The services rendered are usually rehabilitation for patients of all age groups, systematic treatment and maintenance (Mosby's Medical Dictionary, 2009).

In Nigeria, long term care is synonymous with old age and thus this would be the focus. There are no forms of benefits or social security allocated to older persons in Nigeria. There are presently no organized old people's homes or institutions for elderly people in Nigeria.

There are a few available homes, less than 10 in the country which are operated by charitable organizations often sponsored by churches; and even these available homes can only cater for a meager number out of the many elderly people (Odera Okoye, 2012).

The present state of long term care in Nigeria possesses the attributes of developing countries. Though there have been changes in disease exposure, socio-economic status, use of medical aids and advanced medical technology in the world for long term care, these changes have not been applied in Nigeria.

Certain barriers such as cultural beliefs, corruption and lack of and as well implementation of government policies are the factors affecting improvement of long term care in the country (Daniel and Oyetunde, 2013).

Recently though, the federal government of Nigeria constituted a policy for health and ageing in the nation but the implementation is still far-fetched. The only form of socialization for elderly people is age grade meetings. For the treatment of long term illnesses, most Nigerians who cannot afford orthodox medicine or do not have access to it use herbal medicine (R Uwakwe et al, 2007).

In Nigeria, long term care is provided by the families of the elderly (about 80-90% of the cases). The elderly are cared for at home by family members or relatives or by hiring untrained workers. Also some state governments pronounced free medical care for people over 65years but this too has rarely been implemented (Education Research International, 2011).

Some organizations are working to improve long term care for the elderly in Nigeria. An example is Centre for Health Economics and Development, which is trying to implement a social health care insurance system to finance long term care of elderly people. This plan is to be implemented in 2015 (CHECOD, 2015).

4. CHAPTER 4: METHODOLOGICAL POINTS

4.1. Summary of the search strategy

The major part of this research was carried out by using an approach of semi meta-analysis survey in which comparable literature was scanned over the period of 2005-2015 via a range of databases. In this semi meta-analysis, the oldest article was published in 2005. The strength of the literature was analyzed for the effectiveness of health care work force in Nigeria.

4.2. Database searched

This study consists of the literature search in six different databases which are: PsycINFO (APA), Science Direct, PUBMED, JSTOR, EBSCO library, and Google Scholar.

4.3. Search terms

So as to identify all relevant papers, the search was done in two stages:

The search was firstly carried out using the following terms: Keywords: health, workforce, Nigeria, personnel requirement.

Secondly, the search was carried out using: health, workforce.

The selection process is demonstrated in Figure1, Flow Diagram

4.4. Data collection and analysis

After the removal of duplicates, trials based on eligibility were recognized on the bases of criteria which were of acceptable quality and relevance. Studies that have little or no information, titles that were irrelevant, those ones that appeared as 'purchase only' and the ones that had only abstracts were removed.

The overall remaining search studies was 25 articles in total which are incorporated in the systematic assessment. Two more articles were removed because they did not meet the criteria.

The bases of selecting articles for qualitative analysis are chosen by furthermore eliminating and removing 8 articles which were presented in Table 1. The criteria used for the exclusion include:

- No primary study
- No detailed information on why health workforce is deficient or insufficient.
- İnaccurate data detected.

Table 1

Excluded items

Adepoju Paul (2010)	Inaccurate information
World Health Organization (2015)	Inaccurate information
Benjamin Ogbebulu (2005)	No primary study
Aronu C.O. (2013)	İnaccurate data
Babayemi Olakunde (2012)	No primary study
S.T. Akinyele (2010)	İnaccurate data
Abdulraheem I.S. (2012)	İnaccurate data
Akpomuvie (2010)	No primary study

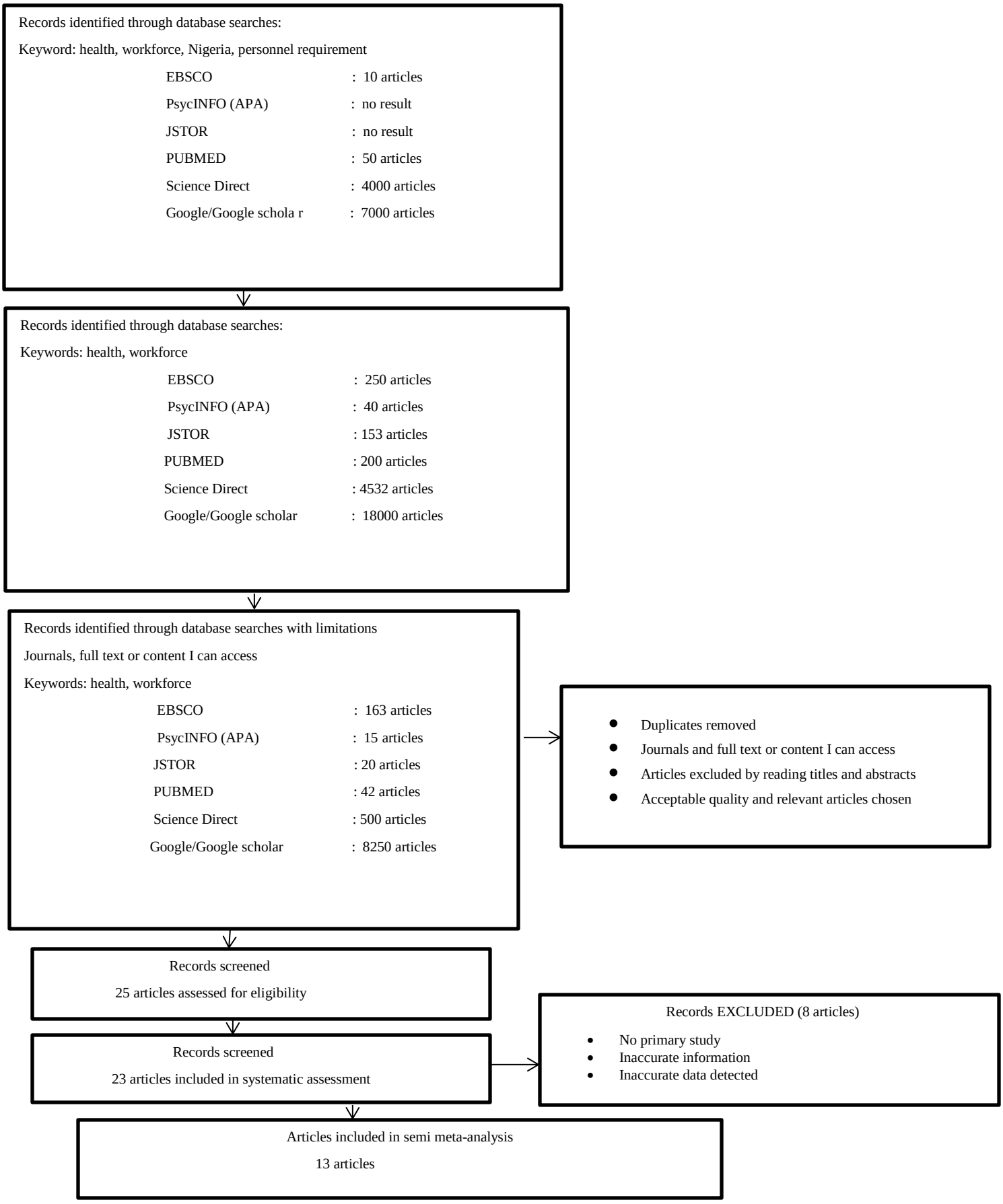

Records identified through database searches:
Keyword: health, workforce, Nigeria, personnel requirement
EBSCO : 10 articles
PsycINFO (APA) : no result
JSTOR : no result
PUBMED : 50 articles
Science Direct : 4000 articles
Google/Google schola r : 7000 articles
Records identified through database searches:
Keywords: health, workforce
EBSCO : 250 articles
PsycINFO (APA) : 40 articles
JSTOR : 153 articles
PUBMED : 200 articles
Science Direct : 4532 articles
Google/Google scholar : 18000 articles
Records identified through database searches with limitations
Journals, full text or content I can access
Keywords: health, workforce
EBSCO : 163 articles
PsycINFO (APA) : 15 articles
JSTOR : 20 articles
PUBMED : 42 articles
Science Direct : 500 articles
Google/Google scholar : 8250 articles
Duplicates removed
Journals and full text or content I can access
Articles excluded by reading titles and abstracts
Acceptable quality and relevant articles chosen
Records screened
25 articles assessed for eligibility
Records EXCLUDED (8 articles)
No primary study
Inaccurate information
Inaccurate data detected
Records screened
23 articles included in systematic assessment
Articles included in semi meta-analysis
13 articles

Figure 1. Flow Diagram

5. RESULTS AND DISCUSSION

5.1: Results

Summary of the 13 articles selected for meta-analysis are discussed below:

Article 1: Training Human resource for 21st century Nigerian health sector (Anthonia Adindu and Anne Asuquo, 2013).

This article discussed training of health professionals with modern health technology, quality health training schools and sending them to developed countries for proper exposure. This will enable them to perform maximally by adding to them leadership skills, teamwork, and managing human resource to mention just a few.

Article 2: Local Government and Health Care Delivery in Nigeria: A Case Study (D.O. Adeyemo, 2005).

This paper discussed the importance of health care workers in the discharge of health care service delivery. Without the health workers, the primary health care cannot function properly; so it is a duty of the government to provide them with sufficient staffs and finance, adequate transportation, accessibility to communities, and high degree of leadership turn-over.

Article 3: The Nigeria health sector and human resource challenges (C. Uneke et al, 2013).

This article discussed the challenges facing the health sector in Nigeria. One of the major challenges is health workforce. Health professionals have migrated to foreign countries in search of greener pastures because their work is not appreciated. There is no financial and non-financial incentive; government policies do not accurately favor them in the way of training the workers for optimum delivery.

Article 4: Assessing the relevance, efficiency, and sustainability of HIV/AIDS in-service training in Nigeria (Randi Burlew et al, 2014).

This paper highlighted the importance of training health workers in order to reduce the incidence of HIV/AIDS in Nigeria. Though the rate of HIV is decreasing in Nigeria, the number of citizens requiring antiretroviral drugs is on the rise. The challenge of health systems including health care workers has weakened the plans of the Nigeria government in combating the HIV/AIDS effectively.

Article 5: Staffing situation of primary health care facilities in Federal Capital Territory, Nigeria: implication for attraction and retention policies (TA Obembe et al, 2014).

The paper discussed the issues affecting health care facilities in Nigeria using the Federal Capital Territory as a study case. İt showed that health workers are insufficient due to some factors one of which includes; unequal distribution of health workers between the rural and urban areas of the country as health workers do not want to work in the rural areas. İt showed ways in which government can solve these problems by giving incentives to workers that decide to work in the rural communities, recruiting more health workers and bringing up a policy that will cater specifically for health professionals.

Article 6: The spatial distribution of health establishments in Nigeria (Ngozi Nwakeze et al, 2011).

The paper discussed the unequal distribution of health establishments across the country. Health care system is not functioning effectively in the rural areas, and this has brought about more sicknesses and death in the land. The paper addressed issues using spatial analysis. Health establishments should be grounded all over the country especially the rural areas and also recruiting health workers to fill up the establishments.

Article 7: Information and communication technology use by reproductive health workers in Nigeria: state of the art, issues, and challenges (Wole Olatokun and Olufunke Adeboyejo, 2009).

İn this article, Information and Communication Technology is required in the country for there to be an effective and efficient health care service delivery. ICT is needed by health care professionals as a good ICT infrastructure is needed to improve the proper well-being of the citizens. But adequate knowledge of the use of the technology is essential. Government must procure these ICTs and there must be training and re-training of health workers on how to use it.

Article 8: Inter-Professional Collaboration and Work Efficiency in Secondary Healthcare Delivery System in Rivers State (Lawretta Onyekwere, 2013)

This article stressed team spirit among health care professionals in Nigeria. When there is inter-relationship among health care workers, it will lead to efficiency in the health system especially in the area of health care delivery services. This can be achieved when there are team leadership programs to build up team spirit in order to achieve greater efficiency.

Article 9: Workforce resources for health in developing countries (Bangdiwala SI; Fonn S; Okoye O; Tollman S, 2010).

The paper discussed the importance of health care workers in curbing diseases in the country. To achieve effective health care system, there must be high retention of health professionals and equal distribution of health workers across the geographical area of the country. Community workers and mid-level workers must also be included in the health plan. Government must put policies in place to improve the health workforce by meeting their needs and providing the required environmental conditions suitable for work.

Article 10: Infrastructural distribution of healthcare services in Nigeria: An overview (Israel Ademiluyi and Sunday Aluko-Arowolo, 2009).

The journal discussed the poor infrastructural distribution of healthcare services in Nigeria. İt highlighted the physical, technological and human resources that are or can be available to the health system. Distribution of health resources has highly favored the urban area because there resides the rich and famous, top government officials and highly educated. This has led to the imbalance in the total wellness of the Nigeria. Concerted effort should be made in making sure there is equal distribution of health facilities across the country.

Article 11: An Exploratory Study of the Relationship of Workforce Compensation and Job Performance in the Federal Teaching Hospitals in Nigeria (E. Chuke Nwude and Joseph Uduji, 2013).

The paper examined the reasons for the poor performance of health workers in Nigeria thereby yielding very low productivity on health of the citizens. Fourteen federal teaching hospitals in Nigeria were examined for this purpose. İt was discovered that several factors contributed to the poor job performance some of which include poor financial incentive, no early promotion, poor health facilities and infrastructure. The workload on the health workers is overwhelming causing stress and leading to lack of courtesy in dealing with patients.

Article 12: The Private Health Sector in Nigeria – An Assessment of Its Workforce and Service Provision (Dutta Arin et al, 2009).

The study examined the effort of the private health sector in complementing the public health sector in improving the overall Nigerian health care system. The important aspect is the amount of the private health workforce. Though, the private health sector has a low significant number of health workforce as compared to the public health sector, most of their health workers are situated in the urban areas as the public health workers; this has further led to the denial of basic health care service delivery to the rural communities. Government should make the environment conducive for the private sectors by making the rural areas accessible to them, and making basic provisions that may be required by them available just to mention a few.

Article 13: Primary health care services in Nigeria: Critical issues and strategies for enhancing the use by the rural communities (Abdulraheem I.S et al, 2012).

The study showed that there is unequal distribution of health care services in Nigeria, with the rural areas at the receiving end. The 774 local governments are responsible for primary health care services in the country. But there is still a lot to be done. Health workers must be encouraged to work in the rural areas, there should be orientation and public awareness in the rural communities on how to know their health status and thereby improving the health of Nigerians.

Codes/keywords	Article number	Frequency of use (%)	Average frequency
Health care	1	13	56.2
	2	20	
	3	4	
	4	15	
	5	45	
	6	55	
	7	83	
	8	172	
	9	88	
	10	75	
	11	6	
	12	65	
	13	90	
Health workforce	1	85	72.2
	2	25	
	3	93	
	4	95	
	5	72	
	6	55	
	7	80	
	8	91	
	9	90	
	10	75	
	11	6	
	12	88	
	13	83	
Migration of health workers	1	2	10.9
	2	0	
	3	32	
	4	0	
	5	33	
	6	2	
	7	0	
	8	0	
	9	42	
	10	1	

	11	2	
	12	12	
	13	15	
Workers productivity	1	3	3
	2	2	
	3	2	
	4	0	
	5	2	
	6	2	
	7	1	
	8	0	
	9	2	
	10	0	
	11	0	
	12	15	
	13	10	
	1	5	12.7
	2	10	
	3	4	
	4	2	
	5	6	
	6	6	
	7	5	
	8	1	
	9	7	
	10	1	
	11	0	
Unequal distribution of health workforce	12	40	
	13	78	

Note:

The semi meta-analysis articles number 1-13 have been described as explained in the result section of the summary of articles as shown above.

5.2 Discussion

In order to analyze my semi meta-analysis on the effectiveness of health care workers in Nigeria, 13 articles were selected after pruning thousands of articles using different search engines as discussed earlier above. Five (5) codes/keywords were selected in order to assess the frequency at which they appear in each of the 13 articles. The keywords are health care, health workforce, migration of health workers, workers' productivity and unequal distribution of health workforce. The 13 articles have been listed and summarized above according to how they have been used in the analysis (1-13).

In the first keyword used (health care), the rate of frequency of use in article 1 was 13 while for article 2, and the frequency was 20. Article 3 produced 4 frequency of use while article 4 also gave 15 numbers of the keyword used. İn article 5, health care was used about 45 times, 55 times for article 6 and the frequency of use for article 7 was 83. The rate of frequency of use for articles 8, 9, 10, 11, 12 and 13 was 172, 88, 75, 6, 65 and 90 respectively.

In the second keyword used (health workforce), the rate of frequency of use in article 1 was 85 while for article 2, the frequency was 25. Article 3 produced 93 frequency of use while article 4 also gave 95 numbers of the keyword used. İn article 5, health care was used about 72 times, 55 times for article 6 and the frequency of use for article 7 was 80. The rate of frequency of use for articles 8, 9, 10, 11, 12 and 13 was 91, 90, 75, 6, 88 and 83 respectively.

In the third keyword used (migration of health workforce), the rate of frequency of use in article 1 was 2 while for article 2, and the frequency was 0. Article 3 produced 32 frequency of use while article 4 also gave 0 number of the keyword used. İn article 5, health care was used about 33 times, 2 times for article 6 and the frequency of use for article 7 was 0. The rate of frequency of use for articles 8, 9, 10, 11, 12 and 13 was 0, 42, 1, 2, 12 and 15 respectively.

In the fourth keyword used (workers' productivity), the rate of frequency of use in article 1 was 3 while for article 2, and the frequency was 2. Article 3 produced 2 frequency of use while article 4 also gave 0 number of the keyword used. İn article 5, health care was used about 2 times, 2 times for article 6 and the frequency of use for article 7 was 1. The rate of frequency of use for articles 8, 9, 10, 11, 12 and 13 was 0, 2, 0, 0, 15 and 10 respectively.

In the last keyword used (unequal distribution of health workforce), the rate of frequency of use in article 1 was 5 while for article 2, the frequency was 10. Article 3 produced 4 frequency of use while article 4 also gave 2 numbers of the keyword used. İn article 5, health care was used about 6 times, 6 times for article 6 and the frequency of use for article 7 was 5. The rate of frequency of use for articles 8, 9, 10, 11, 12 and 13 was 1, 7, 1, 0, 40 and 78 respectively.

After getting the frequency of use for each of the five codes/keywords, the average frequency use was found; this was gotten by the addition of each of the frequency of use for the 13 articles and dividing the sum total by 13. The average frequencies for code 1-5 gave me 56.2, 72.2, 10.9, 3 and 12.7 respectively.

From the above search, there seems to be a Health care deficiency in Nigeria and the reasons would be:

1. Poor financial and non-financial packages: Year after year, low financial packages have been a big challenge affecting health workers in Nigeria. The health practitioners have always complained of low salaries, no bonuses, little or no promotions to list a few, leading to different strikes on a yearly basis thereby affecting the lives of the citizens.

Non-financial incentives such as reduced working hours, subsidized meals and housing schemes, non-work education, paid trips for holidays abroad are also absent for the employees. Even at times their salaries are delayed before being paid. All these lead to lack of motivation which has made many of our health professionals to migrate abroad for greener pastures thus weakening our health systems.

2. Out-of-pocket spending on health is high: Private spending on health is on the increase every day in Nigeria. Out-of-pocket spending depends on your ability to pay the medical bills but lack of this has made people to forsake seeking medical attention.

Out-of-pocket spending favors the rich more than the poor because it pushes the poor people into more poverty and early death due to the inability to pay for the health services.

3. Insufficient employment opportunities: In Nigeria, the rate of health care workers is very low; this is due to the fact that there is inadequate training institutions for health workers and those who are trained are not employed

by the government. The ones that are there who are professionals have migrated abroad and there is no one to replace them.

In a country of over 170million citizens, insufficient amount of health care workers is a disaster that is waiting to happen. That is why our emergency care unit is in comatose, no ambulance facilities and a doctor can attend to over 400 patients in a day; this can never lead to optimum service delivery.

4. Modern technology: Instead of having new medical technologies in all health institutions in Nigeria, we still depend on our outdated ones which cannot even function properly again. Without modern health technologies in place, we cannot compete with the advanced countries and that is why many people travel to these countries for common medical check-ups and surgeries because there are insufficient funds by the government to purchase this equipment. Lack of standardized medical instruments have put Nigeria in a 'sorry state' and unfortunately, nothing is being done to solve the situation till date.

Even the ones we claim to have, there is lack of technical-know-how on how to operate them. There is no clinical training and research and there are deficient training workshops on IT use for teaching and research for staffs.

5. Awareness: Most Nigerians are unaware of the services available and what their rights are as regards health care service delivery all due to the fact that there is no bill on rights of consumers and providers. Ineffective health strategies, plans/programs by the government have led to reduced participation and involvement of community members in reducing the spread of diseases. Government should know the importance of the role of every community in curbing sicknesses by organizing different public forums, quality health advertisements, to mention a few.

6. Global partnership: So many foreign health agencies such as UNICEF and WHO have tried to assist Nigeria in curbing health issues, but more still needs to be done in this aspect. One of the factors affecting global partnership in health is security; there is inadequate guarantee for the protection of the lives of foreign partners who wish to help Nigeria especially currently in the Northern part where outlawed political groups are disturbing the peace of the public.

Another factor is insincerity on the part of the Federal government; so many grants have been given to alleviate the pains of the citizens, but have been diverted to private purses. Corruption is so high in Nigeria to the extent that the lives of the masses mean nothing to the 'powers that be' anymore.

7. Poor governance at all levels of government: Government at the federal, state and local level have contributed hugely to the deficiency in our health care system. There is a weak or no national health policy; and a change in government is a back to square-one for the masses as there is no political will for continuity.

There is also the issue of low government financing in building of new hospitals, repairing the old ones, no emergency buses, no good roads and lack of electricity. If government doesn't rise to their duty, the health system in Nigeria will remain redundant.

6. CHAPTER SIX: RECOMMENDATIONS AND CONCLUSION

6.1. Recommendations

Suggestions of other considerations to be made in addition to the building blocks of Health Care System

In addition to the six building blocks used internationally to assess the health care system of every country, I am suggesting that two (2) more building blocks should be added to the existing ones so as to give accurate assessments of health systems of any country. The two suggestions are discussed below with reasons:

Health Education

Health education is the different ways and processes by which people, families, communities and nations are taught about healthy living and how to protect their environment from any diseases or harm.

Health education should be included in the building blocks of health system because when people are educated, the work of the government and health workers would be very easy. When policies are made, no matter how good it is, when people are not educated about it, it won't work.

The health education should start from children in schools; this is called “catch them young”. Health educators have played a significant role in addressing problems affecting our health from times past. Health educators should teach them (children) how to wash their hands before and after food and how to properly dump their wastes. Adults too should know about how to preserve their environment from any invasion of diseases.

Without proper health education and enlightenment campaigns, the economic and cultural benefits of the society will be at a huge disadvantage.

Public Participation and Awareness

This is a process whereby government authorities, public and private health workers, NGOs and other organizations consult with members of the communities on issues that are either positively or negatively affecting their health before making any proper planning and policy.

Public participation is about government informing the people, consulting with them, placating them and making them have an input in the health policies that would be put in place. If the citizens have no input in any plan or policy, all the existing building blocks of health system will not survive long because the same people will kick against it.

People can know better about their health status and their environment not only by learning but by also participating in the debate by government organizing a forum, conference, opinion poll, just to mention a few where people can say their mind about a particular issue or policy.

Public participation has really been effective in the developed countries where the government listens to the people and acts according to their wishes. Governments of developing countries like Nigeria need to copy the developed ones in this area. This is one of the causes of backwardness in the African region because the people feel inferior and subsequently behave the way they like.

Some of the importance/benefits of public participation

- When all the stakeholders make input into the health policy, there will be sustainable development.
- It promotes environmental protection by the members of the community.
- It helps in managing conflicts.
- It saves time and money on the part of the government and other health agencies.

Way forward to improving health care system in Nigeria

- Employment opportunities for health workers and equal distribution of health care workers across the country.
- Special attention to health workers in terms of financial and non-financial incentives.
- Purchase of modern and quality equipment (health facilities) in all health institutions and training of workers on how to use it.
- There should be increase in community participation and involvement in order to reduce the spread of diseases.
- Government officials should be banned from going overseas for medical check-ups and treatments.
- Funding of the health sector should be adequately increased thereby reducing out-of-pocket spending by the citizens especially the poor ones.
- Corruption should be reduced to the minimum and health policies to improve the health of citizens should be adequately implemented.
- Global partnership should be strengthened by providing adequate security for both citizens and foreign partners and using grants for the purpose for which it is meant for.

6.2 Conclusion

There is poor development of the Nigerian health care system as there is no development of adequate functional and surveillance systems. To be able to achieve success in the health sector in this modern times, there must be quality leadership on the part of the government; there must be favorable policies put in place by the government to take care of the needs of the health professionals and develop the health facilities to a 'First Class' standard. There should also be effective mobilization of the health workers in terms of training and re-training.

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