

Performance of Public Healthcare Services Organizations in Nigeria: A Literature Review

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Abstract

The performance of the healthcare systems in different countries leads to variation in the health outcomes amongst countries and regions. The purpose of this study is to conduct an in-depth evaluation of previous studies on the performance of public healthcare services organizations in Nigeria. The study assesses the current understanding of the topic because of its relevance and influence on the health of the population of Nigeria.

Pub Med, Science Direct, Google Scholar, the Lancet and EBSCO were searched using a series of combinations of the following keywords: public healthcare organization, organizational management, performance management, high-performance organizations, public healthcare services in Nigeria and performance.

The findings revealed that the level of performance of the public healthcare system is not impressive and is below the expectations of the users of the system. Also, the key performance indicators have been ranked low. The study has shown that the performance of public healthcare services in Nigeria is below expectation due to challenges such as inadequate resources, lack of infrastructure, unstable policies and lack of strategic leadership, brain drain and a lot of other problems.

Keywords: *Delivery of Health Care; Health Care Services; Health Care Systems; Performance of Health Care Organizations*

Introduction

The healthcare system is an important influence on the health of the population and has been shown to provide significant protection against risks in life [1]. Other such influencers of the population health include lifestyle and environment both of which depend on a country's level of socio-economic development [1]. However, it is noteworthy that different countries, even those that have similarities in their level of education and financial income, have different health outcomes [2,3]. These differences in health outcome have been attributed in part to the varying levels of performance of the healthcare systems in different countries [2]. Factors such as the planning, available resources as well as management of a healthcare system lead to variations in goals achievement [2].

Healthcare systems throughout the world are faced with the challenge of providing effective healthcare services to populations. It is about delivering high quality services and improving the health outcomes for the users of the services. The cost of healthcare has always

been an issue to the healthcare system however the focus is changing towards providing better quality and achieving set goals through improvement of processes [3]. The Nigerian government's objective is to provide quality public healthcare services which will be accessible to all and equitably distributed to all parts of the country.

The purpose of this study is to conduct an in-depth evaluation of previous studies on the performance of public healthcare services organizations in Nigeria. The study will like to answer the following research question: what is the existing evidence of knowledge about the performance of public healthcare services organizations in Nigeria? The study assesses the current understanding of the topic because of its relevance and influence on the health of the population of Nigeria.

The contributions of this study will be in increasing the level of understanding of the performance of public healthcare services organizations in Nigeria and highlight areas that require further investigation so as to improve the health outcomes of the population of Nigeria.

Methods

Search strategy

The author searched Pub Med, Science Direct, Google Scholar, the Lancet and EBSCO using a series of combinations of the following keywords: public healthcare organizations, delivery of healthcare, organizational management, performance management, high-performance organizations, public healthcare services in Nigeria and performance of healthcare organizations. The search was limited to articles published in English. Also, related articles were searched for and the references of qualified articles were examined for further sources of information.

Evaluation of the literature

Goals of healthcare services

Goals of healthcare organization are broadly grouped into essential (intrinsic) goals and instrumental goals [2,4]. Essential goals are those important goals that the healthcare organization is directly focused on achieving because they in themselves are valuable. Instrumental goals play important role in helping the organization achieve its essential goals. Murray and Frenk [2] further explained that the essential goal is capable of being increased to a higher position while maintaining the other essential goals at the same position. This means the essential goal is to some extent independent of all the others. On the contrary changing the position of an instrumental goal may not lead to success if the essential goals remain in the same position. Based on the above criteria the essential goals of healthcare organization include health, responsiveness and fairness in financial contribution [2,5]. Goals such as access to healthcare, community involvement and sustainability make up the instrumental goals because they play important roles in accomplishing health, responsiveness and fairness in financial contribution.

Improving health is an essential goal of the healthcare system and the main focus of the public healthcare services organization is primarily intended to improve and maintain the health of individuals and populations [2,4,6]. In simple terms the goals of healthcare organizations include caring for patients and successful treatment of illnesses [7]. Increase in the responsiveness of the healthcare system to the legitimate expectations of its clients is also an essential goal that the health organization should strive to achieve [2]. A previous study has proposed a definition of responsiveness that took into consideration two important aspects: respect for individuals and client positioning [2]. Respect for individuals means respect for dignity, individual autonomy and confidentiality. Client positioning represents consumer satisfaction and it is made up of four dimensions: Prompt attention given to the healthcare needs of individuals is an important aspect that leads to satisfaction with the healthcare services received. The third essential goal of healthcare system is fairness in financial contribution. This essentially means the poor should pay less for healthcare services or even be treated free while the rich should pay more as this will ensure fairness in financial contribution [2].

Antecedents of performance of public healthcare services organization

The resources of an organization are the basic elements that support its growth and include tangible and intangible assets as well as the human resources. Tangible assets are made up of the physical facility, equipments, finances and location while intangible assets include technology, culture and reputation [8,9]. The human resources are the organization's capacity in terms of number of employees, professional skills of the employees as well as their motivation [8,9].

Another important aspect of the core competencies of an organization are its capabilities which have been defined as its ability to take advantage of its resources to turn inputs into outputs through efficient management processes and routines [8,9]. A healthcare organization with capabilities to effectively process its resources into desired healthcare services shall ultimately achieve its goal of improving health. An organization may find its strength for example through strategic management, marketing management, services marketing capabilities as well as human resources management capabilities. Organizations that perform view their capabilities as dynamic variables and are being constantly re-oriented to adapt to the uncertainties of the environment which leads to continuous achievement of organizational goals [10,11].

Long-term success and growth of an organization, including healthcare organizations, are determined by its core competencies and its competitive advantage [10]. Scholars believe that the basic foundation of high performance is sustainable competitive advantage [10]. Barney (1991) in Njuguna [10] defined sustainable competitive advantage as a strategy that when implemented creates value to the organization and the said strategy is not being implemented at the same time by other organizations that are considered competitors. Studies have also shown that one of such strategies that lead to sustainable competitive advantage is continuous learning as it builds intellectual capital and organizational capabilities [10,12,13].

The capability of delivery of healthcare services is a core competency of healthcare organization and is a key determinant of organizational performance. A healthcare intervention is derived from a combination of inputs and efficient management of processes leading to production of outputs and outcomes. An effective human resource as well as articulated actions, control systems and chain of commands are required for the healthcare services organization to achieve its purpose [2].

High-performance organization (HPO) has been defined as "an organization that achieves financial and non-financial results that are exceedingly better than those of its peer group over a period of five years or more by focusing in a disciplined way on that what really matters to the organization" ([14], pp. 5). This definition implies that high performance is a relative word therefore an organization can only be considered a high-performance organization when a comparison is successfully made between it and its peers. The peers of a profit organization are its competitors while in the case of public (governmental) and non-profit organizations the peer group includes other comparable public and non-profit organizations [14]. Another important take away from the HPO definition is sustainability: HPOs have been characterized as those whose achievements and successes last longer [14,15].

Performance of public healthcare services in Nigeria

The Nigerian government's objective is to provide quality public healthcare services which will be accessible to all and equitably distributed to all parts of the country. This objective is however not yet achieved since in most situations the public healthcare service falls below the expectations of its beneficiaries. Also, there are many barriers to access to healthcare services associated with unequal distribution of resources as well as inadequate numbers of skilled employees (healthcare professionals) [16,17].

An analysis of the available literature on the performance of public healthcare services in Nigeria reveals an unimpressive level of performance of the public healthcare system evidenced by the low rank of some of its key performance indicators [18]. Impact indicators for healthcare services include infant and under-five death rates. Most countries aimed to reduce the under-five death rate to 25 per 1000 live

births by 2030 [19]. However, in Nigeria the national under-five death rate is 120 per 1000 live births [19]. This means for every 6 children born in Nigeria one dies before reaching the age of 5 years. In the North West region of Nigeria the under-five death rate in Katsina state is higher (135/1000 live births: worse) than the national average of 120/1000 live births while Kaduna state have lower rates (82/1000 live births: better) than the national average [19]. Bakare and Sanmi [20] in Imoughele and Ismaila [18] has reported that Nigeria has one of the highest infant mortality rates (91 per 1000 live births in 2007) in the world. In 1999 the World Health Organization (WHO) ranked Nigeria as the 187th among 191 member states based on its general health system performance while in 2007 immunization coverage was reported to be below 30 per cent (very low) and one hundred and thirty-seven thousand women died due to complications of pregnancy and childbirth [18,21].

The Nigerian public healthcare sector has been facing challenges that impede its performance. These challenges include low access to basic healthcare services, unstable policies, financing challenges, inadequate infrastructure, brain drain, conflict between different groups of healthcare professionals and many more [22]. Based on the opinion of some scholars the reasons why the Nigeria’s public healthcare sector is unable to attain optimal performance is due to lack of strategic leadership and the situation can be significantly improved by raising the competencies of leaders of the public healthcare sector [22].

A study by Imoughele and Ismaila [18] has revealed an inadequate funding of the public healthcare sector in Nigeria which the scholars considered as partly responsible for the low performance of the public healthcare organizations. The study showed that the Nigerian government’s expenditure on healthcare is less than one per cent (1%) of the GDP and only about two per cent (2%) of the oil revenue was allocated to the healthcare sector over a period of twenty five (25) years. The researchers went on to conclude that the inadequate funding of healthcare sector is the main reason for the challenges the sector is facing as well as its low level of performance.

The Nigeria’s government has however introduced the National Health Insurance Scheme (NHIS) in 1999 as an effort to reform the healthcare sector [23]. The goal of the NHIS is to improve the performance of the public healthcare sector through the provision of health insurance that would lead to improved quality and cost effective healthcare services. the objectives of the scheme is to increase healthcare funding through contributions, risk pooling and purchasing of services thereby protecting the public from catastrophic healthcare spending, improving the delivery of healthcare services as well as raising the utilization and access to healthcare services [23]. Contrary to these goals and objectives there are reports of lack of responsiveness to client expectations within the NHIS with associated lack of performance [23].

Findings

The findings from this literature review on the performance of public healthcare services in Nigeria revealed that the level of performance of the public healthcare system is not impressive due to the low ranking of some of its key performance indicators [18]. Also, in most situations the public healthcare service has fallen below the expectations of its beneficiaries. The evidence from the review has lead to generation of the following themes: goals of the healthcare services, antecedents of performance of public healthcare services organizations and performance of public healthcare services organizations in Nigeria.

Author, Title, Year, Place	Concept	Argument structure	Contribution
1. Murray, C. J. L. and Frenk, J. “A Framework for Assessing Performance of Health Systems” 2000 WHO	Goals of healthcare organization	Grouped goals of healthcare organization into essential and instrumental. Defines performance as achievement of these goals.	Developed a framework for assessing the performance of healthcare systems in different contexts.
2. Bedzow, I. ‘Changing healthcare delivery, holding steadfast to healthcare goals and values,’ 2019 New York		Goals and values of healthcare remain the same in any context.	Asserted the notion that goals of healthcare are always the same in whatever time and situation.
3. Kobusingye., <i>et al.</i> ‘Emergency Medical Systems in Low- and Middle- Income Countries: Recommendations for Action’, 2005 NA		Improving health of individuals is an essential goal of the healthcare system.	Defines the goals of healthcare systems.

<p>1. Carmeli, A. and Tishler, A. 'Resources, capabilities, and the performance of industrial firms: a multivariate analysis' 2004 Israel</p>	<p>Resources capability</p>	<p>The resource-based view of strategic management suggests that performance of organizations depends on their distinctive resources.</p>	<p>Describes above- average performance of organizations and competitive advantage in relation to the organizational resources and other capabilities.</p>
<p>1. Njuguna, J. I. 'Strategic positioning for sustainable competitive advantage: an organizational learning approach,' 2009 2. Striteska, M. andJelinkova, L. 'Strategic Performance Management with Focus on the Customer,' 2015 3. Murray, C. J. L. and Frenk, J. "A Framework for Assessing Performance of Health Systems" 2000 WHO</p>	<p>Core competencies</p>	<p>Competencies of organization are its capabilities and those that perform do it because they have dynamic capabilities that are constantly re-oriented to adapt to the environment. Supports the idea of capabilities as the competencies of organization. Defines the core competency of a healthcare organization as its capability to deliver healthcare services.</p>	<p>Highlighted the importance of capabilities of an organization and its orientation and adaptation to the environment. Contributed to the understanding of performance of organization based on its capabilities Underscored the importance of combination of inputs with efficient management processes to achieve the desired goals.</p>
<p>1. De Waal, A. 'What makes a High-Performance Organization: five validated factors of competitive advantage that apply worldwide,' 2012 United Kingdom 2. Bhalla,, et al.. 'High-Performance Organizations: the secrets of their success,' 2011 Boston</p>	<p>High performance</p>	<p>Defines high performance organization as, 'an organization that achieves financial and non-financial results that are exceedingly better than those of its peer group over a period of five years or more by focusing in a disciplined way on that what really matters to the organization'. Describe high performance organizations as those that are able to sustain their successes.</p>	<p>Contributed to the understanding of what high performance means in the context of organizational activities. Characterized high performing organizations as those with longer lasting achievements</p>

Table 1: Literature summary on performance of healthcare services organizations.

Author, Title, year, country	Concept	Argument structure	Performance outcome
<p>1. Abdurraheem., <i>et al.</i> ‘Primary healthcare services in Nigeria: critical issues and strategies for enhancing the use by the rural communities,’ 2011 Nigeria.</p> <p>2. Adedini., <i>et al.</i> ‘Barriers to accessing health care in Nigeria: implications for child survival,’ 2014 United Kingdom</p> <p>3. Mohammed., <i>et al.</i> ‘Assessing responsiveness of healthcare services within a health insurance scheme in Nigeria: users’ perspectives,’ 2013 Switzerland</p>	<p>Goals of healthcare organization</p>	<p>Goals of the Nigeria health system have not been achieved since most of the public healthcare services falls below the expectations of its beneficiaries.</p> <p>Many barriers to accessing healthcare in Nigeria.</p> <p>The objectives of the NHIS are not achieved due to lack of responsiveness to clients’ expectations</p>	<p>Low and inadequate.</p> <p>Inadequate performance.</p> <p>Inadequate performance</p>
<p>1. Imoughele, L. E. and Ismaila, M. ‘Determinants of public healthcare expenditure in Nigeria: An error correction mechanism approach,’ 2013 USA</p> <p>2. Oyewunmi., <i>et al.</i> ‘Leaders emotional intelligence and employees performance: A case in Nigeria public healthcare sector,’ 2015 Nigeria</p>	<p>Resources capability</p>	<p>The Nigerian health sector is inadequately funded.</p> <p>The health sector is facing financing challenges as well as inadequate infrastructure and brain drain</p>	<p>Inadequate performance</p> <p>Inadequate performance</p>

<p>1. Oyewunmi, <i>et al.</i> ‘Leaders emotional intelligence and employees performance: A case in Nigeria public healthcare sector,’ 2015 Nigeria</p>	<p>Core competencies</p>	<p>There is lack of strategic leadership in the health sector of Nigeria. Also policies are not stable as well as conflicts amongst professionals</p>	<p>Inadequate performance</p>
<p>1. Imoughelle, L. E. & Ismaila, M. ‘Determinants of public healthcare expenditure in Nigeria: An error correction mechanism approach,’ 2013 USA</p>	<p>High performance</p>	<p>Low key performance indicators</p>	<p>Low performance</p>

Table 2: Literature summary on Performance of public healthcare services organizations in Nigeria.

Conclusion

This literature review has been carried out and a critical assessment of the current understanding about the performance of public healthcare services organizations in Nigeria has been undertaken. The review identified the level of performance of the public healthcare system in Nigeria and has shown how low its key performance indicators are currently placed. This is a call to action for more studies that could guide policy makers as well as managers of the Nigerian healthcare system on interventions that will improve the health outcomes of the population. The review has defined the need for healthcare organizations to change their strategies in order to achieve their organizational goals.

Bibliography

1. Elola J., *et al.* “Health Indicators and the Organization of Health Care Systems in Western Europe”. *American Journal of Public Health* 85.10 (1995): 1397-1401.
2. Murray CJL and Frenk J. “A Framework for Assessing Performance of Health Systems”. *Bulletin of the World Health Organization* 78.6 (2000): 717-731.
3. Ferlie EB and Shortell SM. “Improving the quality of healthcare in the United Kingdom and the United States: A framework for change”. *The Milbank Quarterly* 79.2 (2001): 281-315.
4. Donabedian A. “Models for organizing the delivery of personal health services and criteria for evaluating them”. *Milbank Memorial Fund Quarterly* 50.4 (1972): 103-154.
5. Smith AM. “Dignity and medical procedures”. *Journal of Medical Ethics* 7.2 (1981): 88-89.

6. Kobusingye OC., *et al.* "Emergency Medical Systems in Low- and Middle- Income Countries: Recommendations for Action". *Bulletin of the World Health Organization* 83.8 (2005): 626-631.
7. Bedzow I. "Changing healthcare delivery, holding steadfast to healthcare goals and values". *Westchester Physician* (2019): 6.
8. Carmeli A and Tishler A. "Resources, capabilities, and the performance of industrial firms: a multivariate analysis". *Managerial and Decision Economics* 25 (2004): 299-315.
9. Wheelen TL and Hunger JD. "Strategic Management and Business Policy". 13th edition. Pearson Education. New Delhi (2012).
10. Njuguna JI. "Strategic positioning for sustainable competitive advantage: an organizational learning approach". *KCA Journal of Business Management* 2.1 (2009): 32-43.
11. Striteska M and Jelinkova L. "Strategic Performance Management with Focus on the Customer". *Procedia Social and Behavioral Sciences* 210 (2015): 66-76.
12. Goh CY and Marimuthu M. "The Path Towards Healthcare Sustainability: The Role of Organizational Commitment". *Procedia Social and Behavioral Sciences* 224 (2016): 587-592.
13. Acar AZ and Acar P. "The Effect of Organizational Culture and Innovativeness on Business Performance in Healthcare Industry". *Procedia Social and Behavioral Sciences* 58 (2012): 683-692.
14. De Waal A. "What makes a High-Performance Organization: five validated factors of competitive advantage that apply worldwide". Global Professional Publishing. UK (2012).
15. Bhalla V., *et al.* "High-Performance Organizations: the secrets of their success [online], The Boston Consulting Group (2011): 1-14.
16. Abdulraheem IS., *et al.* "Primary healthcare services in Nigeria: critical issues and strategies for enhancing the use by the rural communities". *Journal of Public Health and Epidemiology* 4.1 (2011): 5-13.
17. Adedini SA., *et al.* "Barriers to accessing health care in Nigeria: implications for child survival". *Global Health Action* 7.1 (2014): 23499.
18. Imoughele LE and Ismaila M. "Determinants of public healthcare expenditure in Nigeria: An error correction mechanism approach". *International Journal of Business and Social Science* 4.13 (2013): 220-233.
19. National Bureau of Statistics (NBS) and United Nations Children Emergency Fund (UNICEF) (2018). Multiple indicator cluster survey 2016-17, Final report. Abuja, Nigeria: NBS and UNICEF (2018).
20. Bakare AS and Sanmi O. "Health care expenditure and economic growth in Nigeria: An empirical study". *Journal of Emerging Trends in Economics and Management Science (JETEMS)* 2.2 (2011): 83-87.
21. Udonwa NE., *et al.* "Client views, perception and satisfaction with immunization services at Primary Healthcare Facilities in Calabar, South-South Nigeria". *Asian Pacific Journal of Tropical Medicine* (2010): 298 -301.
22. Oyewunmi AE., *et al.* "Leaders emotional intelligence and employees performance: A case in Nigeria public healthcare sector". *International Journal of Human Resources Studies* 5.3 (2015): 23-37.
23. Mohammed S., *et al.* "Assessing responsiveness of healthcare services within a health insurance scheme in Nigeria: users' perspectives". *BMC Health Services Research* 13.502 (2013): 1-13.

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