DETERMINANTS OF POOR SERVICE DELIVERY IN NIGERIAN PUBLIC HEALTH INSTITUTION: AN EMPIRICAL REVIEW

BY

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ABSTRACT

Quality healthcare service delivery is fundamental to patient satisfaction and public trust. Yet, Nigerian public health institutions continue to face persistent challenges that undermine service quality, prompting many patients to seek care in private facilities despite higher costs. This study investigates the determinants of poor service delivery at Sango Ota General Hospital in Ogun State, Nigeria, focusing on both service providers and patients. A mixed-method approach was adopted, combining qualitative and quantitative designs. Data were collected from 60 respondents—30 healthcare workers and 30 patients—using structured questionnaires and interviews. Stratified and purposive sampling techniques ensured representation across staff categories and patient demographics. Findings reveal that poor motivation of service providers, inadequate tools and infrastructure, weak communication between leaders and subordinates, limited opportunities for professional development, and ineffective leadership practices are major contributors to poor service delivery. Patients reported dissatisfaction with long waiting times, lack of responsiveness, inadequate supply of medicines, and poor listening attitudes from staff. Statistical analysis confirmed significant relationships between these determinants and low levels of patient satisfaction. The study concludes that poor service delivery in Nigerian public health institutions is multidimensional, rooted in organizational inefficiencies and systemic weaknesses. Recommendations include strengthening supply chains for medicines and equipment, recruiting and training more healthcare workers, improving leadership communication and motivation, and enhancing accountability mechanisms. Addressing these determinants is essential for improving patient satisfaction, restoring confidence in public healthcare, and reducing reliance on costly private hospitals.

Keywords: Service delivery, public health institutions, Nigeria, patient satisfaction, healthcare quality, leadership, motivation

CHAPTER ONE: INTRODUCTION

1. Overview

There is an empirical review that aims to research the determinants of poor service delivery in Nigerian public health institutions using the case of Ota General Hospital in Ogun State. The study was undertaken following the observation that many public health institutions lose their customers because of poor quality of service; as a result of their dissatisfaction, customers prefer to go to private institutions where they will be given quality service. The study applied a qualitative and quantitative approach in order to identify determinants of poor service delivery at Ota General Hospital and its effect on customer satisfaction.

This chapter presents the background, objectives of the research, research questions, scope of the study, and the last section concludes.

1.2 Background of the study

Healthcare is one of the most essential components in human life and is defined as the management or treatment of any health problem through the services that might be offered by medical, nursing, dental, or any other health-related service providers (Srinivasan 2015).

Municipal Research and Services Centre (MRSC, 1993) defines service delivery as the actual product offered. Each service has a primary influence on transforming the customer, and the client is the principal beneficiary. Roa (2005) seems to be of the same opinion when he defines services as intangible activities performed by machines, persons, or both for the purposes of creating value perceptions among customers.

Public health service refers to those activities of government and private institutions aimed at satisfying the needs and ensuring the well-being of the people in society (Srinivasan, 2015). As a crucial responsibility of government and government institutions, the public service should deliver services that society requires to maintain and improve. Therefore, it is on this note that Wadhwa (2002) emphasizes that most of the government-run health institutions showed low client satisfaction because of long waiting time and unavailability of basic drugs, understaffing and being less equipped, poor employee attitude toward patients, poor infrastructure, problems relating to accommodating inpatients and outpatients for treatments coming from rural areas. Ota General Hospital receives most patients who are poor, but due to the poor service delivery, those who can afford it choose to go to private hospitals where they will get better service. Most times, when the poor people venture to go to the private hospital,

they are faced with the challenge of not being able to pay for the proper services that they have opted for.

1.2.1 Objective of the study

1.2.2 Main objective: The main objective of the study is an empirical review of the determinants of poor service delivery in Nigerian public health institutions.

ii. To determine the extent to which customers are satisfied.

iii. To identify ways for improving service delivery.

1.2.3 METHODOLOGY

1.2.4 Overview: This chapter presents the methodology used in carrying out this study. The presiding sections present the research approach, research design, method of data collection, sources of data, and the procedure used to analyze the data.

1.2.5 Context of the study

Ota General Hospital is a government institution located in Ado-Odo Ota in Ogun State. The researcher selected this hospital because of its closeness and convenience to the researcher. The researcher observed that health care service is complex and has multiple dimensions, there are different people involved, and each of them has their own interests and concerns. Based on this, the participants selected for this study are the patients (service users) and service providers (nurses, theatre staff, laboratory staff, and the administrative staff) because, being a referral hospital, many patients are referred from other health centers for further management of procedures, and there are many key players in health care service delivery. Sango Ota General Hospital is also surrounded by villages with populated areas.

1.2.6 Research approach and design

The study used both qualitative and quantitative research designs. Qualitative research was used to describe, discuss, and make qualitative meaning of the collected data. Quantitative data was used in analyzing the opinions and perceptions of the respondents. A qualitative approach is appropriate to answer the research question. Qualitative research usually produces detailed and in-depth information about a much

smaller number of people and cases. This increases understanding of the cases and situations studied and enhances the validity of the data obtained, and it is often inductive (Sekaran &Roger, 2019). The study adopted a causal research design. Causal research design aims at collecting information or data, creating data structures and information that will allow the researcher to model a cause-and-effect relationship between two or more variables (Sekaran &Roger, 2019). This design helps to predict the effect of a change in one variable if another variable changes. Using this research design, the researcher gained insights into the determinants of poor service delivery in Nigerian public health institutions.

1.2.7 Research Instruments

This study used a questionnaire to collect primary data from respondents. The researcher developed a structured questionnaire that consists of three sections, namely: demographic characteristics of respondents, to allow the research to gather background information of the respondents. The second section comprises service delivery and the three dimensions of service that would help to evaluate the determinants of poor customer service delivery. The last section comprises the impact of the problem on patient satisfaction. The respondents were asked to choose a description that best suited their level of satisfaction, using a five-point Likert scale by marking a tick mark [√] against the column to the extent of agree or disagree. The data collected will help the researcher determine what strategies to implement in order to improve the service delivery at the institution. The questionnaires also contained open-ended questions because respondents are not restricted to the structured questions; they can answer in their own words. This made it possible to collect both quantitative and qualitative data.

1.2.7.1 Research Population

Study population Roger & Sekaran (2019) state that the population is any complete group of entities that share some common set of characteristics of interest being assessed by a researcher. Since the research intended to evaluate the determinant of poor service delivery at Ota General Hospital, the study population selected for the study was patients and health workers from this institution. The total number of patients that visit Sango Ota General Hospital monthly is 16,897, and the total number of employees is 50.

1.2.7.2 Targeted Population

Roger &Sekaran (2019) defined the target population as a complete set of individuals' cases or objects with some common observable characteristics. The study population for Ota General Hospital is the health workers and outpatients. This institution was selected because it is a referral hospital for other health centers and caters to about two million people.

1.2.7.3 Sample size

The study uses a sample size of 60 respondents, which consists of 30 people from the service provider, which includes of nurses, laboratory staff, theatre and administration staff, while the outpatients were 30. A sample size of 30 was chosen as it is considered sufficient for statistical analysis and provides a representation of the larger population. This sample size allows for a manageable and feasible study, while still providing valuable insights into the characteristics and experiences of both patients and healthcare workers within the hospital.

1.2.7.4 Sampling techniques

The researcher used stratified and purposive sampling. To constitute a structured sample, the researcher used purposive or convenience sampling. Zikmund .R,(2017) alludes that the purposive sampling technique is a type of non-probability sampling that is most effective when one need to study a certain cultural domain with knowledgeable experts within. This technique enables the researcher to get information when it is convenient for the respondent. The stratified random sampling technique is a method of sampling that involves dividing a population into smaller groups called strata. The strata are organized based on the shared characteristics of the member group (Roger & Sekaran, 2019). In aligning to this, the study considered that being a referral hospital, there are different people involved in the service delivery. Therefore, the views of both the health workers and patients were considered. The respondents were purposively selected based on their experience and involvement in service delivery and belief that they met the requirements of the study.

1.2.7.5 Method of data analysis, processing, and presentation

Data collection method two data collection methods were used to collect data for this research. These are primary and secondary data. Primary data was collected using a questionnaire. Published books and online websites were used to collect secondary data. The data and information collected were divided into meaningful units, captured and analyzed, and presented using SPSS v 20.0.

2.0 RESULTS AND FINDINGS

This chapter presents the results and discussion of the study. It is divided into three sections, namely, the response rate achieved during the study, attributes of the respondents, and results in relation to the objectives of the study. Quantitative results were categorized into descriptive statistics, so frequency tables were used to interpret the data, and correlation was used to detect the relationship between the variables. In the discussion, the results were compared with the literature through arguments, so that the current findings are made clear to different stakeholders of the study.

2.2 RESPONSE RATE

The researcher administered 60 questionnaires at Sango Ota General Hospital; all were completed and returned to the researcher, thereby achieving a response rate of 100%.

Table 2:

Questionnaires distributed	Questionnaires collected	Response rate
60	60	100%

2. 3 DESCRIPTIVE STATISTICS OF DATA

This is the study of distributions of one variable. It describes basic characteristics and summarizes the data in a simplified manner.

2.3.1. DEMOGRAPHIC INFORMATION

This section analyses the demographic characteristics of 60 respondents, which comprises 30 service providers and 30 patients in Ota General Hospital. The key considerations are gender, age, educational level, and qualification.

Table 3: RESPONSES PROFILE OF THE RESPONDENTS

Service providers (employee)	**Frequency**	**Percentage**
Gender		
Male	16	53.3%
Female	14	46.7%
Age		
20-30	7	23.3%
31-40	15	50.0%
41-60	8	26.7%
Education of respondents		
Diploma	15	70.0%
Degree	11	23.3%
Above first degree	4	6.7%
Total	30	100%
Job position		
Administrative	3	10.0%
Doctors	8	26.7%
Nurse	13	43.3%
Technical staff	6	20.0%
Total	30	100%
Year of work experience		

0-5	6	20.0%
6-10	12	40.0%
11-15	7	23.3%
16-20	3	10.0%
21 above	2	6.7%
Total	30	100%

Responses of the Patients

Service user (patients)		
Gender		
Male	13	43.3%
Female	17	56.7%
Total	30	100%
Age		
< 20	8	26.7%
21-30	13	43.3%
31-40	9	13.3%
Total	30	100%
Education of respondents		
Primary	16	53.3%
Secondary	10	33.3%
Tertiary	4	13.3%

Total	30	100%

From the table 3, it indicates that 52% of the respondents were male and 48% of the respondents were female. The respondent's age ranged from 20-30 which represent 20%, 31-40 represents 48%, 41-50 represents 32% of the respondents were in the age range of 40-60.This means that the majority of the respondents in the study ranged from 31-40 years old. The education responses showed that 70% were diploma, 23.3% had degree and 6.7% had qualification higher than both qualifications. The job position of respondents indicated that administrative position 10%, clinician 26%, nurses 43.3% and technical staff 20%. The highest respondents were nurses with (43.3%). The respondent work year experience showed that 0-5 represents 20%, 6-10 represent 40%, 11-15years represent 23.3%, 16-20 years shows 10% and 20 years above represents 6.7% and the highest respondents were those with the range of 6-10 years.

Similarly, with regard to service user's demography, male respondent was 43.3% and female 56.7% majority of the respondent were female with (56.7%). The age range shows that respondents below 20 years were 26.7%, 21-30 years 43.3%, 31-40 years 30%. The qualification of respondent range from primary 53%, secondary 33.3%, college 13.3% majority range with (53%).

2.3.2. DETERMINANTS WHICH CONTRIBUTE TO POOR SERVICE DELIVERY

The first objective was to study the determinants that contribute to poor service delivery in Sango Ota General Hospital. A Likert scale questionnaire was structured, and service providers were asked to rate the extent to which they agree or disagree based on the scale of 1 strongly disagree, 2 disagree, 3 Neutral, 4 agree, and 5 strongly agree. The figures below show the results and their interpretation.

3.3.3 Level of Motivation

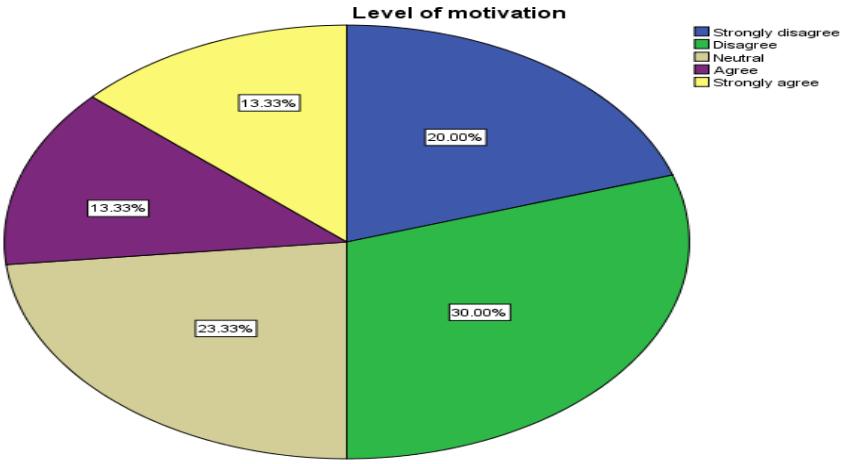

Figure 3: Level of motivation

Figure 4 findings indicate that 20% strongly-disagreed, 30% disagreed, 26.66% cumulatively agreed, and 23.33% were neutral. The result indicates that service providers experienced low motivation in their profession, which occurred because of a poor relationship between those in authority and their subordinates, which often led to poor communication barriers.

2.3.3 Respondents' level of opportunity

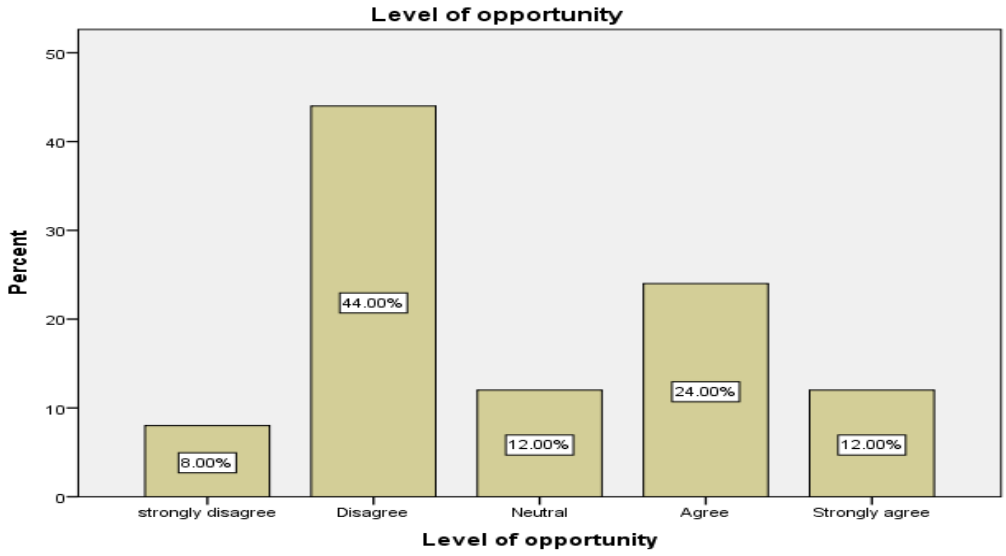

Figure 4: Level of opportunity

Figure 4 findings on the level of opportunity show that 8% strongly disagreed, 44% disagreed, 12% neutral, 24% agreed, and 12% strongly agreed.

The interpretation of the result is that service providers at Ota General Hospital are not provided with the opportunity to advance in their professional skills. This leads to employee job dissatisfaction and increase high rate of turnover from public institution to other institutions that provides opportunity for skills development. Therefore, causing shortage of staff and burnout of the few employees who chose to remain in the institution.

2.3.4 Level of decision

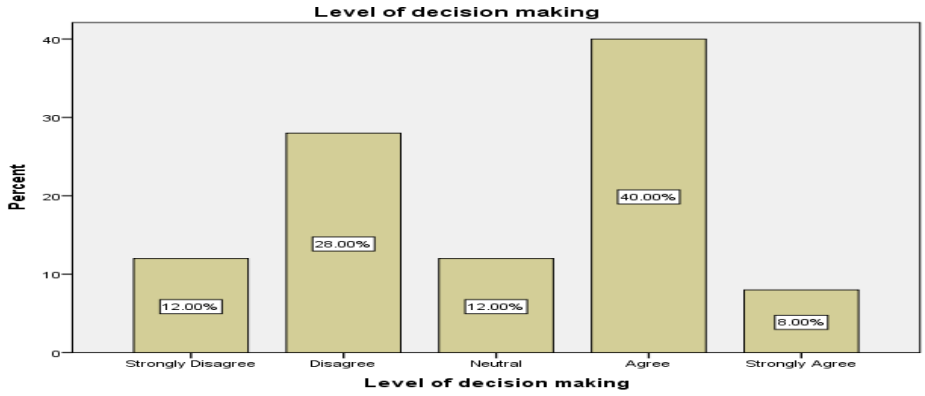

Figure 5: Level of decision making

Figure 5 result shows that 12% strongly disagreed, 28% disagreed, 12% neutral, 40% agreed, and 8% strongly agreed. In respect to the level of decision making, the interpretation is that service provider have a high level of participation in decision making, which means that their leaders consult them when making decisions regarding to patient and other decision related to their work..

3.3.6: Level of leadership motivation

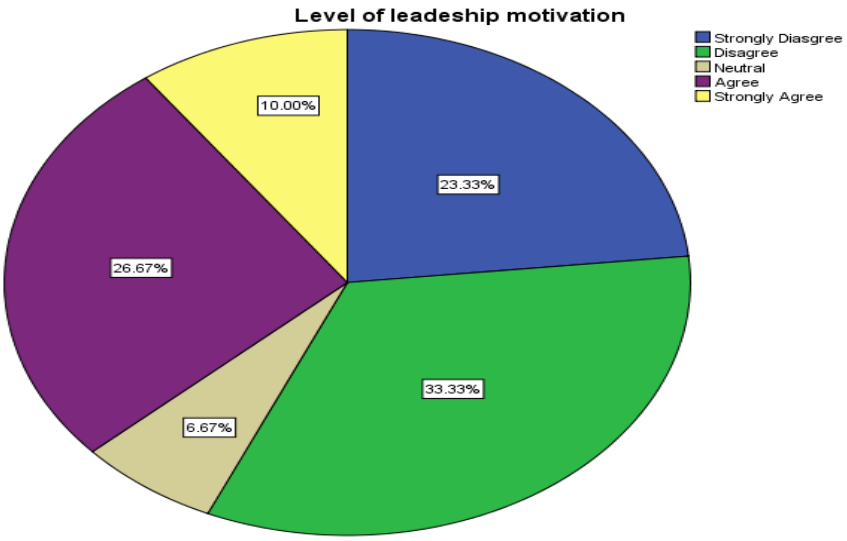

Figure 6: Level of leadership motivation

Figure 6 shows that 23.33% strongly disagreed, 33.33% disagreed, 6.67% neutral, 26.67% agreed, and 10% strongly agreed with respect to the level of leadership motivation. This indicates that service providers are not motivated by their leaders. Leadership motivation is the ability of a leader to inspire, motivate, and influence employees to be their best; this attitude includes integrity, willingness to learn, listening, and decisive communication. When employees experience a poor relationship with their leaders, it inhibits their enthusiasm for the job. As a result, they develop compliance behavior rather than commitment, which makes them react negatively to patients.

2.3.4: Level of responsibility

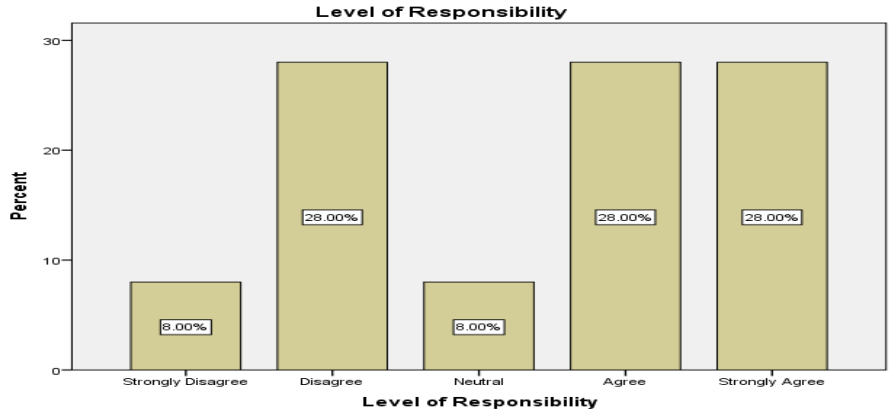

Figure 7: level of responsibility

Figure 7 finding indicates that 8% strongly disagreed, 28% disagreed, 8% neutral, 28% agreed, and 28% strongly agreed. Cumulatively, 36% of the respondents disagreed, while 56% of the respondents cumulatively agreed. This implies that the majority of the respondents strongly agreed that their leaders delegated responsibility to them.

2.3.5: Availability of tools

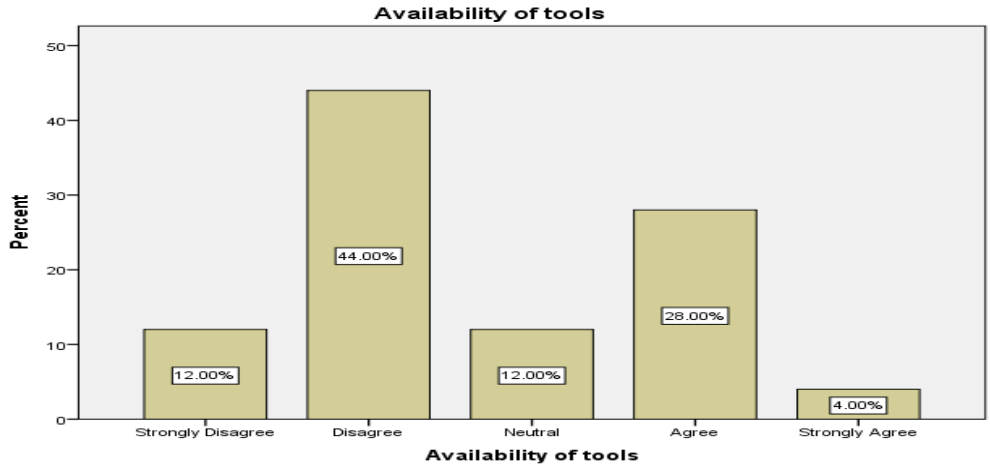

Figure 8: Availability of tools

Figure 8 shows that 12% strongly disagreed, 44% disagreed, 28% neutral, 4% agreed, and 4 % strongly agreed. The majority of respondents strongly disagreed, and this revealed that service providers lack the tools necessary for the delivery of service. Thus, inadequacy of tools in health services has a negative effect on the quality of care, reduces diagnostic accuracy, leading to delay and burnout of healthcare professionals in delivering timely treatment to critical illnesses.

2.3.6: Level of communication

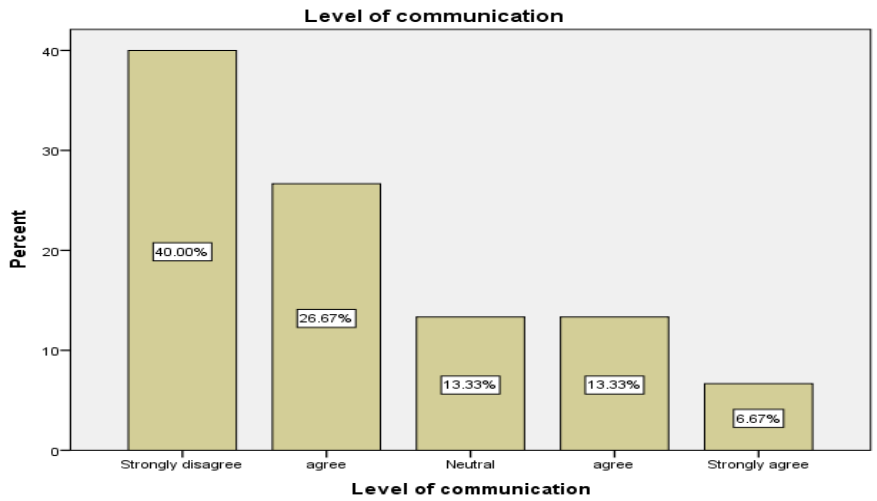

Figure 9: level of communication

Figure 9 shows that 40% strongly disagreed, 26.67% disagreed, 4% neutral, 13.33% agreed, and 6.67% strongly agreed. The interpretation is that there is poor communication between leaders and subordinates; this gap in communication can affect patient care negatively, demotivate service providers' morale, and affect the overall quality of healthcare service delivery.

Subsequently, respondents were given the option to express their opinion using open ended question so as to discover what major determinants contribute to poor service delivery at Ota General Hospital. The majority of respondents indicated that inconsistent availability of qualified staff, which leads to burnout of the few staff available to do the work, inadequate infrastructures, tools, and resources hinder service providers from working effectively, poor leadership attitude that leads to poor coordination among staff, and inadequate knowledge of the community, so as to meet their needs when accessing health services. These responses affirmed the opinion of (Kadiri 2015), which states that employee motivation is subjective, and it is the psychological forces that determine the direction of employees' behavior in an organization. Low employee motivation in public health institutions can have detrimental effects on the quality of service delivery. Therefore, it compromises the quality of care, service dimensions such as empathy, reliability, assurance, efficiency, and patient overall satisfaction.

Similarly, patients were given an option to express their opinion using open ended question so as to discover their level of satisfaction with the service delivery at Ota General Hospital. Majority responded that the challenges which they face when assessing healthcare service is that they are not given the necessary medicine for their

illness after prescription from the medical practioners, service provider lack responsiveness in attending to customer, long queue and delay to see the medical practioners, shortage of nurses and clinicians, many patients with few medical personnel to attend to them which result to poor listening attitude to patient health complaints. Inadequate supply of medical supplies to the facilities and damaged structure. The respondent's reaction asserted the opinion of (Jeske.et. al. 2015) that quality healthcare is consistently delights the patient by providing efficacious, effective, and efficient healthcare services according to the latest clinical guidelines and standards, which meet the patients' needs and satisfies providers.

3.1 SUMMARY OF THE FINDINGS

The study is an empirical review of the determinants of poor service delivery in Nigerian public health institutions. This was a case study of Ota General Hospital, and the study made use of three variables from which specific objectives were derived.

Using a causal research design, the researcher collected data that was able to address the specific objectives using a mixed approach that is both qualitative and quantitative. The study made use of the following specific objectives: to establish the determinants of poor service delivery at public health institutions, to determine the extent to which customers are satisfied, and to identify ways for improving service delivery.

3.2 To establish the determinants of poor service delivery in Nigeria's Public Health Institutions

This objective aimed at making evident the determinants of poor service delivery in public health institution. The findings have shown that there is a positive perfect significant relationship between the motivation of service providers, the availability of tools, communication, opportunity for training, and leadership motivation. This indicates that these factors are the determinants of poor service delivery. Therefore 1- unit increase in these variables will increase the quality of service, and a 1–unit decrease will detriment the quality of service.

Majority of the (70%) respondents disagreed and this implies that low motivation of service providers, unavailability of tools, poor communication, lack of opportunity for training, poor leadership motivation towards the subordinates are the determinants that detriments the quality of service delivery in public health institution because when employees are motivated, it increases their morale to give their best in the effectiveness of service delivery.

Mosadeghard (2014) conducted a study to identify factors that influence healthcare quality in the Iranian context. The results showed that quality in healthcare is a product of cooperation between the patient and the healthcare provider in a supportive environment. Personal factors of the provider, such as motivation, training, availability of resources, and effective management, enhance the efficiency and satisfaction of the service provider to deliver quality service to patients.

3.3 To determine the extent to which customers are satisfied

The second objective was to draw conclusions by examining how the service provider's delivery of service can influence the service dimension of empathy, assurance, and responsiveness as a result increase satisfaction in customers. The statistic result from the descriptive analysis indicated that there is a positive and significant relationship between a service provider's motivation, unavailability of tools, infrastructure, poor communication, lack of opportunity for training, and poor leadership motivation towards the subordinates, which affects the service dimension of empathy, assurance, and responsiveness. This finding was realized as (80%) majority of the respondents disagreed, which implied that they are not satisfied with the quality of service delivery because the service providers do not portray professionalism, lack a listening attitude to patient health compliant, are slow in attending to patient and no adequate supply of medication. Consequently, if public health institution mends the gaps, it will enhance customer satisfaction.

The results of this objective are similar to the results obtained by(Srinivasan, 2015), where heelucidatedthat public health sectors problems with poor customer care and poor quality service in government healthcare institutions greatly affect their corporate image and fails to attract healthcare customers. In addition, the government hospitals' health workers' poor attention, negative attitudes, and behaviors towards their patients, increase intense competition between public and private health institutions.

3.4 To identify ways for improving service delivery

The objective was to determine ways for improving service delivery at Ota General Hospital. The study considered the views of the service providers and service users in the section based on their responses through the structured questionnaire, as indicated

in the methodology. The responses identified sought to address the determinants of poor service delivery already identified by service providers and service users. The respondents were also asked to give their opinions regarding ways to improve service delivery. Both responses are listed as follows; patient suggested that increase of health workers to attend to various service required by them will enhance service delivery, to provide complete dosage of medication necessary for their wellness as prescribed by the medical personal will make their services reliable, increase cooperation among health workers especially when their fellow service providers are not available so as to bridge the gap of waiting time at the hospital.

Service provider affirmed that increasing of staff will reduce burnout, proper documentation of resources such as medicines and equipment will enhance transparency, accountability, and intensify the availability of essential resources. Routine training of health workers in order to have updated knowledge, patients to pay a little fee for the maintenance of the hospital, the administration to review their policies on how to handle the staff, continues motivation of staff can improve individual behavior and performance in the delivery of service. Adequate Provision of funds to cater for resources and capacity building.

The result of the objective is similar to Charles et al. (2013), which was conducted in Kenya on the strategies to improve service delivery in Local Authorities, where he finds out that inadequate citizen participation, poor human resource policy, poor monitoring, and evaluation are the challenges, but when proper strategies are implemented, service delivery will improve.

3.5 Recommendation

i. From the findings, the study recommends that there should be an implementation of a sustainable supply chain of medicine, replacement of equipment and infrastructure so that patient could be served better. In addition, patients should pay a small amount in order to support the health services. The researcher recommends that the local government and the Ministry of health have to work hand in hand to ensure that the services that is offered at the public healthcare meet citizens' satisfaction.

ii. Most citizens would want to assess services offered at the public health institution, but as a result of poor-quality service, they prefer a private hospital, which is expensive, considering that most people within Ado- Odo Otta locality are poor. Thus, the researcher recommends that the development of service providers’ skills and the

recruitment of health workers is necessary so as to enhance the quality of service delivery and attract more customers.

3.6 Suggestion for further research

The study would recommend that further review could be conducted on the relevance of accountability in Nigeria's public health service delivery.

3.7: Conclusion

The aim of this study was an empirical review of determinants of poor service delivery in Nigerian public health institutions. From the analysis carried out, the study draws a conclusion that healthcare service is a collaboration between the service user and the service provider that necessitates a supportive environment. Poor service delivery has a detrimental effect on patients' satisfaction. Through motivation and continuous development of the skills of the service provider, they will be competent to offer quality, reliable, and effective services.

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