AN APPLICATION OF EFFECTIVE IMAGE ENHANCEMENT PROGRAMME IN NIGERIAN HOSPITALS: A CASE STUDY OF (ABUTH) AHMADU BELLO UNIVERSITY TEACHING HOSPITAL

BY

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DEDICATION

To BASHIR and SULEYMAN, they created, nurtured and made this dream possible. To my husband Alhaji A.S. Yusuf for his total support and encouragement and to my children AMIN, ZAYNAB and JAMILAH for their patience and understanding.

CERTIFICATION

This project entitled An Application of Effective Image Enhancement Programme In Nigerian Hospitals: A case study of ABUTH complex by Fatimah Binta Usman meets the regulations governing the award of the degree of Master of Business Administration (MBA) of Ahmadu Bello University, and is approved for its contribution to knowledge and literary presentation.

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ABSTRACT

The impression, personality or mental picture evoked by an institution is its image. Image assessment gives an insight into hospital patronage. A good image leads to high patronage while a bad image leads to low patronage. Patronage depends on evaluative criteria and perception of how actual characteristics of the hospital compare with customer standards (i.e patients, visitors etc). Therefore, an institution must erase any bad impression. A programme to do this is called an image enhancement programme.

In this project, five evaluative criteria were assessed. Hospital location, hospital design, hospital services some aspects of product assortment and hospital personnel were evaluated using questionnaires, at the 3 ABUTH units at Kaduna, Zaria and Malumfashi. Kaduna and Zaria ABUTH represented urban centres while Malumfashi unit represented a rural setting.

The major problem encountered in the survey was the industrial dispute declared by the non-academic staff union of Teaching Hospitals, NASU. The NASU strike caused disruption of hospital activities. Patients had to be discharged and new admissions were curtailed. Therefore, few responses were obtained from this segment of the hospital public.

This project was informed by the World-Bank assisted Essential Drugs Project, EDP. The EDP resulted in the setting up of Drug Revolving Funds, DRFs. The DRF was set up to guarantee the continued provision of drugs and materials by collecting sufficient funds through user-charges for drugs and other materials

(laboratory reagents, x-ray materials, surgical materials etc) consumed, to cover full replacement costs of new materials. The DRF is an answer to the acute shortages of drugs and materials needed for preventing and curing the diseases most commonly suffered by Nigerians. Besides compromising most treatments, the frequent lack of drugs in many government hospitals has other adverse effects including a major decline in utilisation of hospitals resulting in self-medication, demoralisation of health personnel and loss of public confidence in important preventive programmes like maternal and child health.

Also alternative private sector providers of these vital services are limited at best and generally unaffordable to the poor and limited to urban areas.

An effective image enhancement programme in public hospitals will reverse these negative trends and ensure patient satisfaction and willingness to patronise public hospitals instead of private clinics. Also, management would realise increased profits. The society would benefit from decreased unemployment, retrenchment and staff turnover. Our hospitals will no longer be called "mere consulting clinics".

The location of ABUTH Zaria was found to be most accessible while Malumfashi unit is farthest from the town. But transportation was found to be easily available to all three units, implying a good location. The hospital design was found to be poor in the areas of equipment and furniture which are old and uncomfortable respectively. Although in Malumfashi, a rural unit, these were

found to be satisfactory by patients and visitors but not to hospital staff. The services especially public conveniences were found to be good and clean. But canteen and common room facilities were not available for patients and visitors but were available for staff. Personnel were found to be neat and clean. Senior staff were found to be more polite, helpful and courteous than junior staff.

Therefore, the management of ABUTH should improve on their design, (redecorate & renovate), services and personnel (i.e instal modern equipment and retrain personnel on the DRF).

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CHAPTER 1

AN APPLICATION OF EFFECTIVE IMAGE ENHANCEMENT PROGRAMME IN NIGERIAN HOSPITALS: A CASE STUDY OF ABU TEACHING HOSPITAL COMPLEX

1. INTRODUCTION

Image has been given various definitions MARTINEAU thought of Image as the "Personality" of the store and defined it "as the way in which a store is defined in the shopper's mind, partly by its functional qualities and partly by an aura of psychological attributes[1].

Leon Arons defines image as a "complex of meanings and relationships serving to characterize the store for the people".[2] Another author defines Image as "the impression, personality, or mental picture generally called to mind when the firm's name is mentioned".[3]

As a result, an individual will either react with a lot of excitement to an invitation to visit a particular store or shop or hospital or turn down the invitation with excuses such as "that place is good for nothing" or "you need to know somebody there to get prompt attention." These descriptions express the person's feelings about this store, shop or hospital. And since such feelings may be shared by a great majority of consumers, it becomes necessary for this store to embark upon a programme to erase these impressions made by all the firm's employees either directly or indirectly. For

example, each time a hospital staff attends to a patient (consumer), each time the hospital announces new charges or new services, each interior in the dispensary, consulting rooms, laboratories, each assortment of drugs and medical supplies, each remark about the hospital made by an employee or patient all these contribute to the hospital image. (4)

Since patients (consumers) are aware of these characteristics and their decision to patronise or not patronise the hospital depends on whether such image is good or bad or in line with the hospital's mission, management has a responsibility to "fine-tune" its policies to guide its staff in making day-to-day judgements in their work. However, at any given time, the current image of the hospital is likely to lag behind the reality of the hospital's mission. For this reason, management has to continually asses the visibility and favourability position as well as the image content of the hospital.(5)

1.1 PROBLEM ANALYSIS

Poor image for any organisation is not beneficial either to customer, management or the society at large. To the customer, poor image results from customer/patient dissatisfaction with services and appears as lack of willingness to use hospital facilities.(6) They do not want to consult doctors in the public hospitals who they acuse of:

a) not listening to complaints before writing prescriptions

and prescribing similar drugs to all patients;

b) long waiting periods before they are attended to;

c) patients complain of frequent stockouts of drugs and medical supplies;

d) they complain of high prices compared to competitors outside;

e) they conplain of poor facilities e.g. toilets, traschans, laundry and common rooms for patient's relatives/visitors.

To management, poor image results in low sales volume, high inventory and thus low profits. This is detrimental to the 100 percent cost recovery inherent in the Drug Revolving Fund (DRF) scheme.

Competition makes it mandatory for business owners to have good image and to enhance this image. The ABU Teaching Hospital (ABUTH) complex is surrounded by a lot off traditional competitors (patent medicine shops, private pharmacies) as well as non-traditional competitors (e.g. drug hawkers, market/street pedlars). These readily convert hospital customers (New Task and Straight Rebuys[7] into their own customers (modified Rebuys)[8]. This happens if patients entertain uncertainty about available drugs or stockouts and if they experience post-purchase [9] dissonance (high price, poor quality syndrome).

A poor image may result in poor delivery services from suppliers. This poor image results from delay in payment for

services rendered (e.g. LPO's serviced) and such similar poor treatment for which the supplier incurs business losses as a result of accumulated bank interest i.e high business risk or inflation.

Society also feels the impact of a poor image in the form of unemployment, retrenchment and high staff turnover. All these tie-in with low patronage, low sales and profits resulting in lack of funds to support and execute hospital programmes.[10]

1.2 PURPOSE OF THE STUDY

This research intends to assess some specific functional areas of ABUTH complex and thus determine its image in such areas as hospital location, hospital design, product assortment, hospital services and personnel.[11]

This assessment will enable ABUTH complex to embark on an enhancement programme in the relevant areas. This way its key publics[12] outpatients, in-patients visitors also staff) can be influenced to have more confidence in the hospital. And also attract potential customers or a pool of labour.

1.3 *RELEVANT RESEARCH QUESTIONS*

Is the hospital easily accessible? Are public utilities available (telephone, water etc)? The equipment and furnitures, are they modern? What is the hospital appeal to patrons? Is parking space adequate? Are there canteen and

recreational facilities? What is the nature of employee attitude, actions and appearance?

1.4 DELIMITATION OF THE STUDY

In this project, hospital location and design were evaluated as well as some aspects of product assortment (e.g circumcision, ear-piercing). Hospital services (e.g medical, pharmacy, catering, supplies, nursing etc) as well as personnel attitude, actions and appearance were the other criteria which were used for the assessment of ABUTH complex image in this research.

1.5 SIGNIFICANCE OF THE RESEARCH PROBLEM AND THE JUSTIFICATION FOR INVESTIGATING IT

A good image would inspire public confidence in those who seek ABUTH help, resulting in increased patronage and high inventory turnover. These would translate subsequently into increase in sales and profits. Management would therefore be able to execute its programmes e.g staff recruitment from potential pool of labour which its positive image would attract[13]. Thus management can then provide improved facilities and services to ensure better patient care.

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CHAPTER 2

LITERATURE REVIEW

2.1 HISTORICAL BACKGROUND

Each year, more people spend sometime in hospital as in-patients. Including the other members of the family of the average patient, as well as the hospital staff and others concerned with supplying services, this means that within the year an extremely large proportion of the population will be affected directly or indirectly; physically, emotionally or financially by the hospital[1]. Many hospitals are operated efficiently and furnish a high standard of patient care. In others, standards of care are too low and must be improved.

2.2 CURRENT LITERATURE RELEVANT TO THE RESEARCH QUESTIONS

The hospital of today has been describe as being an office building, a hotel, an eating establishment, a medical care agency, a major educational and a social service institution. Functions of a good hospital of today include a whole lot of activities that provide medical care to patients prevention, diagnosis, therapy, rehabilitation, education and research. In performing these functions, the patient always comes first. It was Louis Pasteur who said that the purpose of the hospital is "To cure sometimes, to alleviate often, to comfort always".[2]

In its earliest form, the hospital was aimed at the care of the indigent. As such, no hospital was allowed to charge

a fee to any patient. But with hospital expansion and increased demand for utilisation, development of new drugs and methods of treatment, hospital could no longer function independently. The community had both moral and financial responsibilities to the hospital which could not be overlooked.

No business can operate without sufficient funds and the hospital is no exception. Medical care is costly at best. And in this era of high incomes and high prices, it is not likely that hospitals will be able to lower their costs. Inevitably, a community will be called upon to share the burden of cost for those unable to pay their own way.

Effective patient care is produced by people who apply good management principles to scarce resources. The greater the efficiency with which this is done, the less, the use of scarce resources.(3)

Image has been given various definitions. Martineau thought of image as the personality of the store and defined it as "the way in which a store is defined in the shopper's mind, partly by its functional qualities and partly by an aura of psychological attributes"(4) Leon Arons defines image as a "complex of meanings and relationships serving to characterize the store for the people".(5) Another author defines image as "the impression, personality or mental picture generally called to mind when the firm's name is mentioned".(6)

It has been said that no fruitful image work can be done

for an organisation until research is conducted to determine how the organisation is seen by its various key publics. After the research, hospital management may be very happy with its measured image and simply strive to maintain it. On the other hand, the organisation might discover that it has some serious image problems. In this case, it would embark on an enhancement programme to correct and improve its image. What this involves is a reassessment of the specific functional elements of the hospital image to identify the corrective measures which are required.

Clinical care of patients depends primarily upon the competence of the doctors, pharmacists, nurses and other hospital personnel. Formal organisation of these groups makes staff regulation and discipline possible. Also legal and moral good standards of patient care is better accomplished. Analysis and evaluation of services are essential to a sustained high quality of care.

Basic, primary, immediate and continuing responsibility is that of the medical staff. But such evaluation cannot be accomplished in isolation from policy or moral and legal responsibilities of the management or from some aspects of administration. Continuing evaluation, taking into consideration all of these related factors, stimulates improved clinical services, professional education, hospital administration, better patient care and community support.[7]

Public relations for hospitals has its origins in the

acts, attitudes and aptitudes of every employee, staff and management. Individually and collectively, they mould the image and the opinion of the hospital in the community. Public relations as applied to hospitals has been defined as "a deliberate, planned and sustained effort between a hospital and the public"[8]. With the introduction of the National Essential Drug Programmes, EDP and the Drug Revolving Fund, DRF, there appeared on the surface little need to devote much attention to a hospital's public image. With a few exceptions, this attitude has persisted. Also the ignorance many members of the public have of how the hospitals are administered, financed and controlled; and also the misconceptions which exist in relation to the services provided, must in large measure be attributable to the hospitals themselves.[9] It may of course be urged, and sometimes it is, that it is really no concern of a hospital to educate the general public; that patients, prospective patients, general practitioners and others can obtain any necessary information required by making enquiries or application to the appropriate hospital or to the offices of the hospital group. To counter this negative argument, there are reasons why a hospital should be concerned with its public image. These include:[10]

a. that a good image inspires confidence and hope in those who seek its help;

b. that a hospital plays a more effective role in the community

towards its general health by preventive measures, if it enjoys the goodwill of other bodies with which it is in close contact so as to obtain their support and co-operation;

c. that a sound reputation and public confidence makes recruitment easy;

d. also, administering a public service institution makes it mandatory to account for what is done and what is not done.

However, at any given time, the current image of a hospital is likely to lag behind its mission. Thus, management has to continually assess the visibility, favourability, and the content of the hospital and its service. this therefore, involves regular reassessment of the specific functional elements of the hospital's image. these elements include hospital location, hospital design, product assortment, hospital services and hospital personnel, also the hospital key publics.[11]

2.2.1 Hospital Location

In planning a new hospital, the site and its contours may have an effect on the planning of the structure. But once an institution is erected in an unsuitable location, the hospital management has no method of correcting the error, unlike the case of a new hospital where minor mistakes may often be corrected.[12] Some points to be considered in the selection of a hospital site include accessibility, parking space, public utilities, nuisances/pollutions, orientation and

exposure, cost, dimensions, topography and landscaping.

2.2.2. Hospital Design:

Hospital plans drawn by the architect affect to a large extent the efficiency of hospital operations and the standard of patient care. The Architect is responsible for translating the clinical administrative needs into architectural and engineering realities. These include site selection, orientation and adaptation of the building design to construction contracts, supervision, fire and safety precautions, utilities, and also electrical and mechanical installations.[13] Properly designed seats must be provided for employees. Good lighting and bright interior decoration makes buildings more cheerful. Management should insist on the highest standards of good housekeeping, cleanliness, tidiness and noise control.

2.2.2.1 Accessibility

This indicates the different alternative entrances to the hospital and the relationship with public transport. Also, its accessibility for ambulant as well as non-ambulant (wheel chair) patients, visitors staff and personnel and also for the delivery of supplies into the hospital needs to be assessed.[14]

2.2.2.2 Parking Areas

Parking of vehicles has become an increasing problem for hospitals, even where public transportation is good. Different people who come to the hospital need to have parking facilities at appropriate times i.e in-patients, out-patients their visitors, staff and personnel. It is often better to separate employee and staff parking from public parking areas.

2.2.2.3 Public Utilities

A good assessment of water, gas, electricity and sewage is required. Hospitals should be situated near adequate sewerage, electricity, telephone and gas facilities to reduce expenses of securing extensions and connections.

2.2.2.4 Nuisances

These include noise, present and potential odours, dust and smoke. There should be a survey of noise conducted about two tines a year. Patients could be asked about noise which is most worrisome amongst

a. those made by equipment
b. those made by people, nurses, visitors, domestic staff, other patients e.g. talking loudly, rattling things, walking loudly.
c. noise outside the ward, in passages, along corridors etc.
d. noises outside the hospital building e.g passing traffic.

The prevention of noise depends largely on a through

maintenance routine of all moveable equipment e.g. substitution of plastic or rubberised material or containers for metal is important.[15]

2.2.2.5 Orientation and Exposure

The site for building a hospital should be chosen or modified such that every patient's room will receive sunlight and adequate natural ventilation.

2.2.2.6 Landscaping

This has positive psychological effect on patient welfare, public goodwill and staff morale.

2.2.3 Product Assortment

Hospitals have two types of products. They are called primary and secondary products.[16] The primary products are in-patient care i.e care provided for patients on admission. The secondary products include medical check-ups, research, education (for nurses, pupil pharmacists and doctors) and different kinds of services to the other health care institutions, to insurance companies, to law courts e.g autopsy reports etc. The term assortment[17] is used to refer to the different types of treatment and care available at the hospital. They are classified as diagnoses and also according to departments or specialty areas. Specialty areas for providing healthcare include obstetrics, gynaecology,

paediatrics, radiology or x-ray, ophthalmology etc.

Surveys[18] indicate that stores offering a deep assortment or a wide variety of product lines are preferred over those having medium depth and breath[19] of assortment, this is also applicable to hospitals.

Related to the product assortment is the product package. Demands for good quality of care are received from several quarters. Patients present their demands to the doctors, pharmacists, nurses and others either directly or through the board of management. Quality norms are also formulated in the basic education of health personnel and subsequent practical training. The patients demand can be in two forms.[20] One is demand for technical behaviour i.e. techniques of examination and treatment. The other type is on the emotional behaviour i.e. how doctors, pharmacists, nurses and all other hospital staff conduct themselves. Patients believe they should be received in a friendly manner, be given adequate attention for a reasonable period of time e.g. to allow for consultation with the doctor. In addition to these, patients make demands for quality hospital service, shorter waiting times, (delivery time)[21] etc. Appropriate satisfaction of such demands evokes a good impression. It is also an image enhancer.

2.2.3.1 Pricing

The price of a product is another image enhancer but this depends on the type of product, type of hospital or store. And

type of patient/customer prices in hospital are dictated by the levels of care provided. Healthcare may be intensive, normal or light care. Patients often receive all levels of care during their stay at the hospital. Also, private,semi-private and amenity patients are sensitive to high prices and consider higher rates than normal a surrogate indicator of high quality. Therefore, hospitals use high prices to appeal to such patients who are charged a fee for privacy. They sign an agreement form which sets out the liabilities incurred on admission.[22]

2.2.4 Hospital Services

David Rachman[23] defines services as "non-price devices used to help the retailer differentiate his offerings in order to achieve high sales and thereby maintain a certain segment of the market.

Larson et al[24] see service as "all those non-price activities undertaken by a retailer to assist him or her to carry out the mission to achieve the twin objectives of customer satisfaction and higher sales volume." Unfortunately, Nigerian business owners do not seem to consider service as an important aspect of their image. Hospitals in Nigeria are accused of providing services on a preferential basis. But there is no questioning the fact that firms that offer similar merchandise use service to differentiate their products and make specialised appeal to consumers.

To increase product satisfaction, a seller can employ

services such as credits, alteration, performance checks, delivery, parking, wrapping, product return and handling of complaints. Such services can enhance convenience and can be used as special benefits. All these add up to create positive impressions in the minds of consumers. Another image enhancer is availability of clean conveniences. On the whole, provision of services may appeal to either real or whimsical needs of many consumers.[25]

Service departments in a hospital include those that provide basic services necessary to enable the doctors, pharmacists and nurses to practice their arts in a clean and wholesome environment.[26] These departments include canteens, shops, libraries, catering, domestic cleaning, farms and gardens, laundry and linen service, portering, transport and works, also central sterile supply department, CSSD. It is a good idea to group the supplies, laundry, linen, CSSD, works, transport and catering departments together into a "Central receiving and issuing service areas."[27]

2.2.44.1 Canteens and Shops

These may be run by volunteers or by hospital staff. Are they necessary? Yes they are because they offer considerable benefits both to staff and patients.[28]

2.2.4.2 Libraries

These are divided into those provided basically for staff and those for patients. Non-medical libraries are for patients while specialist medical, pharmacy and nursing libraries are for the hospital staff. In addition, there are small departmental collections of their own books and papers. Reading for hospital patients may be more than a way of passing the time.[29] It can be therapy. It may provide mental escape from worry before an operation or provide rehabilitation to a disabled patient. Also it can provide the necessary preliminary to educational or professional qualification to long stay, patients. Thus, the non-medical library is worth providing and being well-stocked.

2.2.4.3 Catering

In hospitals, this task is not easy. There are numerous complaints about hospital food despite large sums of money spent on making provision available. Size of demand is one reason. And the different types of demand which must be met from the same set of facilities (i.e. three meals daily for patients and mainly lunch for staff), is the other reason. And the different types of demand which must be met from the same set of facilities (i.e three meals daily for patients and mainly lunch for staff), is the other reason.

Yet many hospitals are trying to improve their standards and patients are being offered a choice of menus. Also the

methods of serving meals has been improved. For instance, the use of waitresses on the wards to devote nurses time exclusively to patient care or the use of individual patient trays or automatic conveyors which keep food hot 'en route' from the kitchen to the patient.[30]

2.2.4.5. THE CSSD

Nigerian hospitals still use boiling water sterilisers. But abroad, central sterilising arrangements for syringes are in use. These techniques include steam autoclaves, hot air ovens, gamma (ray) irradiation and filters for producing sterile water. Sterilisation of hospital materials in a central department needs to be considered for modern hospitals. This is to ensure that every sterile article used in connection with the patient in a hospital is, indeed, sterile.[31] These materials include dirty (i.e used) materials returned for re-sterilising or articles from other departments e.g from the laundry and from manufacturers. Such materials are linen dressings, paper towels or those direct from manufacturers like syringes, catheters and gloves. They are received clean but not sterile. A CSSD is more economic than a dispersed sterilisation throughout the hospital. Also, future development of CSSD's may bring down production costs.

2.2.4.6 Domestic Cleaning Services

This service keeps all parts of the hospital clean. This job looks simple but it is difficult to achieve. It calls for careful organisation, and able, experienced supervision. This service used to be performed by porters, orderlies, nurses and nurse assistants. But these days, it is considered a specialised service needing skilled organisation and control. This development resulted because hospitals or government could no longer afford to train nurses and then allow them to do domestic work.[32] Domestic cleaning covers the cleaning of all parts of the hospital building, care and upkeep of furniture and fixtures. Also, control of cleaning equipment, recruitment, training and supervision of all the staff involved.

2.2.4.7 Farms and Gardens

Hospital gardens are primarily used for ornamentation and pleasure but some may provide food and therapy.[33]

2.2.4.8 Laundry and Linen Services

This provides the hospital clean linen as economically as possible. The hospital laundry service may serve more than one unit. For instance, laundry could serve several hospital groups, army units and other government institutions in a defined area. The best layout[34] for the laundry ensures that dirty linen arrives at the receiving areas, passes swiftly to

the washing areas, moves on to the drying rooms, then to the pressing rooms and finally to the dispatch area. Modern laundries include dry-cleaning equipment for materials e.g. uniforms that cannot be washed.

2.2.4.9 Portering Service

The main duties of hospital porters include movement of patients; transport of supplies, meals, stores, drugs, laundry, beds, furniture, refuse, reception and patrol duties at gates, entrances, parks and night-watchman duties. Also cleaning duties and domestic work especially floor and window cleaning, sweeping yards, corridors and parks. A "pool" of porters supplies porters on demand.[35] In ABUTH complex this service is provided by the public Health Department. Other departments apply to them when the need arises e.g. off-loading of supplies at the ABUTH central stores when the use of outside labour is inadvisable for security reasons.

2.2.4.10 Transport

This constitutes the external transport for patients, staff and goods in and out of hospital. A common pattern for transportation in hospitals is the central administration provision of adequate transport for staff. While, hospital secretaries provide or arrange transport for patients.[36] This service is provided by the Estate department of ABUTH. The Estate department maintains a pool of vehicles and drivers for

use wherever the need arises e.g. in case of illness of a driver or in case of a breakdown, an alternative arrangement would easily be made.

2.2.4.11 Works Department

This involves maintenance of the services and equipment of a hospital. It is a complicated task which requires skilled tradesmen.[37] It is of two types. Building maintenance work and engineering work. They are both often maintained under one department or divided between a building supervisor or clerk of work and an engineer.

2.2.5 Hospital Personnel

They constitute the living symbols of the hospital. "All the good effects of product assortment, location, hospital design and service offering can be destroyed by ineffective personnel".[38]

Many consumers consider the attitude of employees as the best guide to the true personality of the business. Following these arguments, observers agree that "..... failure of stores to make sale is a direct result of the negative attitude of store employees".[39] They also agree that an estimated 70% of customers stop patronising a particular store because of employee attitude. Therefore, hospitals need to treat their patients fairly in order to create a favourable image for their hospital. They should show interest and

attend to patient needs rather than focus on sales. Walters[40] says that "any enterprise, whether self-service or using sales personnel, can benefit from a company of friendly, courteous, helpful customer relations." Personal appearance of employees matters a lot. Management can build on this by stressing employee personal cleanliness and dress styles, untidy hair and nails and offensive body odour can all communicate a negative image for a hospital. Several personnel actions such as chewing gum, sleeping on duty, staying on the phone, playing loud music, using offensive language, throwing customer change on the counter, picking on certain parts of the body (especially the nose), and exhibiting preferential treatment, can be very detrimental to a hospital image. To check this, a very effective training programme is prescribed. Training can change attitudes and it ".....helps employee gain confidence in his ability and this is reflected in overall attitude and behaviour towards customers, the store itself, and fellow employees."[41] Effective training leads to customer satisfaction, helps to build patronage. This training must be top-down. This top-down approach is important because workers are more attentive to training if their supervisors thoroughly understand the programme and are sold on it.

Hospital personnel can be classified into medical, nursing, pharmacy and other staff, based on their specialty. The success of any hospital is more dependent upon the competence and attitudes of its personnel than upon almost any

other factor. This applies individually, to each one from the administrator to the least skilled worker. Sound personnel organisation, with policies and written procedures with competent supervision at all levels, constitute the best of investments in the maintenance of efficient management. It is also important for financial stability and high quality patient care.[42] The hospital workforce constitutes a large percentage of employed people the world over. These hospital employees carry more than 100 job titles distributed amongst thousands of employees dedicated to the service of humanity. They provide services in hospitals to an increasing number of patients. Also, hospitals are major providers of education. They provide on-the-job training (OJT) to newly qualified doctors and pharmacists, as house officers and interns respectively. Also hospitals provide training to residents i.e graduate doctors in specialty training programmes, to student nurses and hundreds of technicians and related health career students.[43] Hospital personnel are identified with their job titles. There are about eight major groups. They include Clinical services, pharmacy, nursing, pathology and laboratory services, radiology, dental, medical records and chaplaincy departments.

2.2.5.1 Personnel in Clinical Services

These include the immediate patient services which are professional and scientific in nature.[44] Staff in clinical

departments may provide medical, surgical and maternity services.

Pediatricians cater to children up to 12 and 14 years of age. Pediatricians require environments, furniture and equipment arranged, designed and located for the care of, recreation and rehabilitation of children.

Physiotherapists recondition and rehabilitate acute convalescent and chronic disease (e.g stroke) patients by providing early ambulation and self-care activities. When started early such programmes prevent patients from becoming too dependent on others.

Medical social welfare officers link patients, doctors, and hospital management to the community. They assist patients whose physical and mental conditions involves social and related factors e.g. destitutes, paupers, exempted cases (e.g. leprosy, tuberculosis, cancer patients) and follow-up of discharged patients.

Surgeons provide diagnosis, restoration, treatment and prevention through surgical operations e.g. circumcision, removal of tonsils and appendix, dilation and curettage of the womb, "D and C", etc.

Obstetricians and Gynaecologists provide maternity services. These services cover the care of the mother during pregnancy, childbirth and the care of the baby. These group of personnel find good accommodation, furniture and environment critical to their duties and to their patients.[45]

2.2.5.2 Nurses

This group provides courteous, gentle and considerate care, security, skill, cleanliness and understanding personal interest as part of a comprehensive effective and well-organised nursing care to patients.

2.2.5.3 Pathologists and Laboratory Clinicians

As patients demand better and more precise diagnosis, more and more laboratory examinations are required e.g. autopsies, blood banks, transfusions, HIV screening tests etc.

2.2.5.4 Radiologists

Modern medicine and surgery have increased the use of specialised services like x-ray services also called radiology. Recent developments in this area include ultrasound services.[47]

2.2.5.5 Pharmacists

This group provides drug-related services of the best quality at the most economic cost. They deal with procurement, storage, control and the provision of the right medicines at the right time and affordable cost for the right ailment.[48]

2.2.5.6 Dentists

They provide treatment for infection of the teeth. They perform difficult tooth extractions and also provide dentures.[49]

2.2.5.7 Medical Record Personnel

They provide current data concerning patients, general health and other hospital activities. Their job entails much paper work. They also provide statistics, medico-legal services such as release of confidential information, policies and maintenance of hospital library.[50]

2.2.5.8 Chaplaincy Services

In the lobby of most hospitals is the moto "Nisi Dominus Frustra", indicating reverently that "without God we can do nothing."[51] Others include the lamp signifying knowledge (the emblem of Florence Nothingale) the crescent or the cross indicating relief.

The contribution of religion to patient and family welfare, comfort and psychological state, and the "will to live", fortitude, earlier recovery or the acceptance of a condition which is beyond the resources of medical science has been recognized for a long time. Therefore, an atmosphere of religious principles and compassion is provided. A hospital is apt to provide a higher quality of patient care if chaplains and imams, representing the various faiths, in co-operation with medical staff and hospital management make significant contribution to the services and the image of the hospital.

2.2.6 Hospital Public Relations

Public relations for hospitals has its origin in the acts, attitudes and aptitudes of every employee, member of

staff, including the governing board.[52] Individually and collectively, they mould the image and opinion of the hospital in the community. Good publicity, an essential part of good public relations is often considered to be all that is necessary. But good publicity is an end result; since no amount of newspaper space, radio or television air time, in themselves can produce sustained community support. Adequate, understanding and sympathetic services on the part of the hospitals and its personnel are needed to complement good publicity in generating good public relations.

Public relations when applied to the members of a community must of necessity utilise methods and channels of communication which the people understand.[53]

Public relations on a continuous basis interprets to the public, to patients, to visitors and their friends, to the staff and employees, the objectives and ideas of service to which the hospital is dedicated. And also good public relations informs these publics that the hospital always operates within the confines of good taste and professional ethics. The hospital publics include, the police, the press, the local authorities and the general practitioners.

2.2.6.1 The Hospital and the Police

The hospitals and the police both provide public service. They both depend on each other and they maintain good relations. The police provide two services to the hospital.

They control traffic to allow easy passage of seriously ill patients. And they are usually called to assist in tracing people who steal hospital property, to trace relatives of ill or dying patients or those admitted on emergency.[54]

2.2.6.2 The Hospital and the Press

The relationship here ranges from co-operation to suspicion and distrust.[55] This may be due to conflict between patient's privacy and the need of the press for knowledge.

Information provided by hospitals to the press may take any of these five(5) forms.[56] Answering direct enquiries, press conference, press presence at hospital meetings, submission of hand-outs or press release and visits by the press.

Good press relations make patients and prospective patients more confident. It also makes recruitment of hospital staff easy. The price which the hospital pays for such good press relations is to take the press into confidence and overlook occasional lapses by the press.

A hospital should have a press policy with which all staff members should be familiar. New employees should have a briefing on their attitude to the press. In Nigeria, the Federal Civil Service has set down rules governing public statements by Civil servants.

2.2.6.3 The Hospital and General Practitioners

In Nigeria they are commonly called private practitioners to distinguish them from their colleagues in government (public) hospitals. This term also covers community pharmacists who own and operate pharmacies (pharmacy shops), and maternity homes operated by nurses. General practitioners often operate on premises in the vicinity of the hospital.[57] They constitute the major competitors and are of utmost importance to the maintenance and development of a good public reputation. Often, the hospital relationship with them tends to be casual, inconsistent and ineffectual. The average general practitioner needs to know how he can obtain out-patient examinations or in-patient treatment for his patients. Thus, he needs up to date details of consultant staff, items and arrangements of out-patient consultations and clinics, operation schedules as well as ward round times and schedules. The general practitioner, GP, wants to remain in touch with the hospital and to know the result of treatment of his patient as soon as possible etc. A good relationship is implied if telephone orders can be placed with for example, a private pharmacy in cases of stock-outs in the hospital, for emergency supplies. With the DRF, this is a common practice in most communities.

2.2.6.4 Hospital Relations With Local Authority

An effective relationship between the hospital and local authority can positively affect many aspects of hospital services.[58] It can also affect the social responsibility of the hospital. The extent of such a relationship may be such that senior officials of the local authority may be invited to become members of the hospital's board management. In many fields, close association of hospital and local authority is essential. For instance, outbreak of infectious disease like cholera and meningitis. Being at the centre or source, the local authority should promptly inform the hospital when an outbreak of infection i.e. epidemic occurs. In many other ways, including treatment of school children, old people, maternity patients, mentally ill patients, the local authority may call on the hospital. This mutual co-operation is to the advantage of the community in areas like staff interchange, provision of lecturers and planning of new services or rescheduling of other services.

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CHAPTER 3

RESEARCH PROCEDURES

3.1 BRIEF OUTLINE OF THE CHAPTER

It is an established fact that drugs and medical supplies are indispensable for good health care. Inadequate drug and medical supply has affected services offered in hospitals throughout the country. In recent times, this has affected the level of confidence[1] of the general public in the ability of public health institutions and health facilities to provide health care needs. It has also resulted in ineffectiveness and inefficiency[2] of the whole health system of the country. At a point, even basic drugs and facilities could not be provided by hospitals which were described by successive Nigerian governments as "mere consulting clinics"[3] Doctors were available to diagnose and prescribe medications and laboratory investigative tests to patients. But patients had to go out and purchase their medical needs. These outside sources included drug hawkers, patent medicine stores, chemist, shops and pharmacy shops. Often, fake,[4] adulterated and substandard materials were purchased by patients or their relatives. These materials were brought into the hospitals to be used in treating the patients. Often unsatisfactory, if not disastrous effects like adverse drug reactions, complications even drug resistance were observed. Before the 1960's there was little or no problem in providing free health care for the population by the government. There was little awareness by

the bulk of the population who resided in rural areas of the health services available to them. Most of the people depended solely on traditional medicine for their health care. Those living in urban areas took advantage of the facilities available in our hospitals. And it was not so difficult for the government to handle. As more and more people, including those from the rural areas began to take advantage of the facilities, expenditure on health increased.

In the 1970's it was still possible to handle health funding, thanks to the oil boom. However, in the 1980's, things began to change for the worse due to the oil glut and the global economic recession. The economy took a downward plunge. Prices began to rise and by 1984, all sectors of the economy, including health, suffered immense setbacks. Hospitals could no longer cater for the patients as they had been doing. Drugs and medical supplies were dramatically curtailed.[5] As such these materials were no longer in abundance. Money for their purchase was not increased to match high costs. And the situation was marked by constant stockouts, low employee morale, redundancy and frustrations of hospital staff due to the lack of working materials. Nigerians cried out for help and government responded. The government took a number of steps to correct the situation. First, the Essential Drugs Programme, EDP, was initiated in 1986[6] by the Federal Ministry of Health, FMOH. The FMOH was worked in collaboration with the World Health Organization, WHO, and

World Bank on the EDP. An Essential Drugs List, EDL, was compiled followed by quantification of the national drug needs. The government was then advised on procurement, storage and distribution of these materials.

In 1982, the FMOH working closely with WHO and UNICEF (United Nations International Children's Fund) developed the system of cost-recovery called the Drug Revolving Fund, DRF. According to Obiaga, (1990),[7] DRF is simply "a system in which an initial capital is provided for the purchase of drugs and supplies which are then sold to patients. Money realised from the sale is then ploughed back to purchase more drugs and supplies which are again sold, and then the money is continually re-cycled. Theoretically, it is a perpetual system which is expected to be self-sustaining." The message of this programme is simply that families and individuals must now contribute to their own health care. Because government has the infrastructure for health services in place and has provided the workforce to manage the health care delivery system.

Objectives of the DRF include the availability of drugs and supplies at all times for treating patients in our hospitals. Also the provision of these materials at affordable prices and the provision of genuine drugs.

3.1.1 Distribution of Purchased Drugs

In the past, drugs were given out free-of-charge in our hospitals. The Essential Drugs Programme, EDP, operated as a DRF, is a form of business[8] and must be operated in a business-like manner. All the drugs and supplies should be sold to patients. Each hospital would then re-cycle the money recovered from the sale. For the system to be truly perpetual, the materials cost with a reasonable mark-up must be recovered. Hospitals should therefore carry inventory that they can sell.

3.2 Research Questions

The decision criteria which were investigated include hospital location, hospital design, hospital services, product assortment and hospital personnel. These are decision criteria which are used by customers (patients) to select services which they patronise. Customers evaluate what they cannot see (the service) by what they can see such as the location and design and decor of the hospital, demeanor of the personnel, lodgings in terms of the decor, lighting, conveniences, recreational facilities. etc.

3.3 Research Design

Questionnaire survey method was used for data collection.

3.4 Respondent Characteristics and Classification

Data was collected from In-patients, Out-patients, visitors/relatives and staff in the three unit hospitals.

3.5 Data Collection

The questionnaire were distributed for immediate completion - they were not taken away from the hospital. Completed questionnaires were collected from the three units. In all one hundred and fifty questionnaires were distributed, 50 questionnaires per unit.

3.6 Data Processing

A frequency count was used to record responses for each criterion. These results were then tabulated. The results obtained have been presented in five (5) tables. Categories of the respondent were presented in Table I, Results for hospital location were presented in Table II, for hospital design in Table III, for hospital services and product assortment in Table IV and for hospital personnel in Table V.

3.7 Limitations of the Questionnaire Survey

Respondents objected to the question about the exit - behaviour of staff to patients. The research question was "do

staff say thank you, call again?" Respondents complained that in a hospital setting where patients come for cures and treatment of ill health, it was wrong to ask the patient to "call again". But the purpose of the question was to discourage self-medication and encourage patients to seek prompt medical attention in the hospital from qualified personnel. After receiving such explanation, the responses were all positive.

3.8 REFERENCES CHAPTER 3

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Table 1: CATEGORIES OF RESPONDENTS

	ABUTH KD	ABUTH ZAR	ABUTH M/F	TOTAL	%
Hospital Staff	10	22	16	48	32%
Out Patients	30	14	8	52	35%
In-Patients (Pat.of Adm	5	9	10	24	16%
Patient Relatives (vist	5	5	16	26	17%
				150	100

Table II: SURVEY OF HOSPITAL LOCATION

	Responses from 3 units of ABUTH		
No of Respondent: 50	ABUTH KD	ABUTH ZRX	ABUTH M/F
Is the hospital far from the town?	No	No	Yes
Is Public transport easily available?	Yes	Yes	Yes
Is the entrance too steep to climb?	No	No	No
Are there many stairs to climb?	No	No	No
Are there many pillars at the entrance preventing easy movement?	No	No	No
Is the hospital a storey building?	No	No	No

TABLE III SURVEY OF HOSPITAL DESIGN

Number of Respondents: 50

	Responses from the3 Units of ABUTH		
	KD	ZRX	M/F
1. Can you find your way easily?	No	Yes	No
2. Are the surroundings clean?	Yes	Yes	Yes
3. Can you get lost easily?	Yes	No	Yes
4. Are dustbins available?	Yes	Yes	Yes
5. Are there public toilets?	Yes	Yes	Yes
6. Are the toilets clean?	Yes	Yes	Yes
7. Is there water in the toilet?	Yes	Yes	Yes
8. Is there regular water in the hospital?	Yes	Yes	Yes
9. Is there regular (electricity) ?	Yes	Yes	No
10. Is there a stand-by generator?	Yes	Yes	No
11. Is there a telephone service?	No	No	No
12. Is personal care available?)laundry, beauty care)	No	No	No
13. Are the equipments modern?	No	No	Yes
14. Are the furniture modern and comfortable?	No	No	Yes
15. Is the arrangement of the furniture pleasant to the eye?	No	No	Yes
16. What appeals to you about the hospital			
- Genuine drugs?	Yes	Yes	Yes
- Affordable drugs?	Yes	Yes	No
- Gocd reputation?	Yes	Yes	Yes

TABLE IV **SURVEY OF HOSPITAL SERVICES**

Number of Respondents: 50

	Responses from the3 Units of ABUTH		
	KD	ZRX	M/F
1. Is the parking space adequate?	Yes	Yes	Yes
2. Is there provision for protecting patient valuables?	No	No	No
3. Are there counselling services?	No	No	No
4. Is there a canteen in the hospital?	Yes	Yes	Yes
5. Is the food good and affordable?	Yes	Yes	Yes
6. Is there patient's common room?	No	No	No
7. Is the waiting room comfortably furnished?	No	No	No
8. Do you obtain all your requirements in the Hospital?	Yes	Yes	Yes
9. Do you get your needs on a continuos basis?	No	Yes	Yes
10. Is the out-of-stock situation frequent?	Yes	No	Yes
	30%	70%	50%
	60	35	25
11. Is there provision to return goods?	Yes	Yes	Yes
12. Is there provision for handling complaints?	Yes	Yes	Yes
13. Are the wards clean?	Yes	Yes	Yes
14. Are the beddings clean and comfortable?	Yes	Yes	Yes
15. Are there pests and vermin in the rooms?	No	No	No
16. Is there music in the waiting room?	No	No	No
17. Is Ate-natal care available?	Yes	Yes	Yes
18. Is immunisation available?	Yes	Yes	Yes
19. Is the labour ward clean and comfortable?	Yes	Yes	Yes
20. Is there rooming-in facility for mother & baby before discharge?	Yes	Yes	Yes
21. Would you pay for it?	50%	60%	Yes
	Yes	No	Yes
22. Is accommodation available for parent of a sick child?	No	No	No
23. Would you pay for such a service?	Yes	Yes	Yes
	80%	70%	
	40	35	
24. Are circumcision and earpierching services available?	Yes	Yes	Yes

TABLE V SURVEY OF HOSPITAL PERSONNEL

Number of Respondents:Per Unit 50

	Responses from the3 Units of BUTH		
	KD	ZRX	M/F
EMPLOYEE ATTITUDE:-			
1. a. do staff show interest in you?	Yes 70%	Yes	Yes
b. are staff attentive to your needs?	Yes 70%	Yes	Yes 90%
c. do they direct & assist you to find your way?	Yes 80%	Yes	Yes
d. are staff friendly, courteous and helpful?	Yes	Yes	Yes
2. EMPLOYEE APPEARANCE:-			
a. do staff wear excessive make-up?	No	No	No
b. do staff wear unacceptable dress?	Yes	N10%	No
c. do staff keep unkept hair & nails?	No	No	No
d. do staff have offensive body odour?	No	No	No
e. do they wear name tags?	Yes 75%	Yes 50%	Yes
3. STAFF ACTIONS:-			
a. do staff chew gum?	No	No	No
b. do they sleep on duty?	Yes 10%	Yes 10%	No
c. do they stay on the phone?	No	No	No
d. do they throw change at the customer?	No	No	No
e. do they play loud music?	No	No	No
f. do they use offensive language?	No	No	No
g. do they pick on their body (eg nose)?	No	No	No
h. do they exhibit preferential treatment?	Yes *40%	Yes *30%	Yes 5%
i. do staff smile?	Yes	Yes	Yes
j. do staff greet people?	No 40%	Yes	Yes
k. do they encourage and advice you?	Yes	Yes	Yes
l. do they speak loud, respectfully?	Yes	Yes	Yes
m. do they say thank you, call again?	Yes	Yes	Yes

CHAPTER 4

PRESENTATION AND DATA ANALYSIS

4.1 INTRODUCTION

The processed data were analysed according to the criterion group returns' and according to the research questions.

4.2. Criterion Group Return

Responses were received from staff (32%) 48 out of 150 responses, (35%) from outpatients 52 out of 150 respondents, (16%) from in-patients (those on-admission) 24 out of 150 respondents and (17%) 26 out of 150 respondents from visitors and patient relatives. From Table I it can be seen that Zaria and Malumfashi units of ABUTH complex provided more staff responses than the Kaduna unit. This may be because of the on-going strike by the Non-academic staff union, NASU. The NASU strike was most pronounced in Kaduna unit which is in the state capital while the disruption of services was less in the other units.

4.3 Presentation and Data Analysis According to Research Questions

Hospital location was found to be strategic, (100%) the design was found to be poor, the services were good for the staff but not for patrons. While the product assortment was good, the personnel criteria were found to be good overall.

4.3.1 Hospital Location

From Table II, Malumfashi unit of Ahmadu Bello University Teaching Hospital was found to be the furthest from the town (100%) while Kaduna and Zaria units were found to enjoy a central location, (100%) respondents. Also ABUTH complex was found to enjoy a good location by virtue of its being in the Savannah plains of Northern Nigeria where there are no hills or valleys to necessitate erection of storey buildings[2] and the use of pillars and stairs. The ABUTH complex also enjoys a good image because its units are located close to public transportation in form of buses, taxis and even motorcycles in the case of the rural areas.

4.3.2 Hospital Design

The hospital was found to be clean in all three units and dustbins were reported to be found in conspicuous places. Public toilets were found to be clean, well lit and odour-free by all respondents. Water and electricity supply were found to be regular in all the units. There were bore-holes in all hospitals and in case of power-cuts, Zaria and Kaduna units were reported to have stand-by generators but malumfashi unit was reported as having no generator to supplement national electricity supply. But other facilities like telephone, canteen and common rooms were reported as not available for patients and visitors although they were available for staff.

The equipment and furniture were reported as old and old-

fashioned by Kaduna and Zaria respondents. While Malumfashi respondents found their equipment and furniture to be adequate (68%) 34 out of 50 respondents.

This could be because Malumfashi is a rural area and also only the staff of Malumfashi reported the furniture and equipment as old and obsolete. Hospital appeal was found to be high quality (genuine) drugs, affordable prices and hospital charges also a good reputation in Kaduna unit. While in Zaria unit the two appeals were genuine and affordable drugs but (96%) 49 out of 50 respondents found the hospital reputation good. As for Malumfashi unit, the appeals were genuine drugs and the good reputation of the hospital but the drugs and other charges were found to be too high. This could be because it is in a rural setting and also because of the current economic recession and devaluation of the Naira.

4.3.3 Hospital Services

The research questions which were surveyed included the services and a selected assortment of products like circumcision. The product assortment was reported to be adequate. Also services like parking space, provision for handling complaints, clean linen, absence of pests and vermin were found to be good. But there were no waiting rooms or music for out-patients although public address (P.A.) systems were available. Also, hospital accommodation for parents of the sick was not available in any unit. While some respondents

(55% would pay for rooming-in facilities after delivery in Kadu a and Zaria units, Malumfashi respondents would pay for both services. This could be because patients often abscond from Zaria and Kaduna units before paying their bills. But in Malu fashi unit, such cases are few because patients are trac able through their ward heads for hospital bills the mini um amount being (N200.00). On the otherhand, when pati nts visit the hospital again they are made to pay outs anding bills. Other services like protection of patients valu bles and counselling services were reported to be unav ilable (85%)/. This could be because such services are not publicised by the hospital management and patients or thei visitors are ignorant of their availability. But in actu l fact safes have been provided in each unit hospital for just this purpose. And complaints are expected to be chan elled to the management through the information unit at the eadquarters or through the hospital matron's office.

Also, Kaduna and Malumfashi units reported that their need were not met on a continuous basis (60%) and (50%) resp ctively corresponding to 30 out of 50 and 25 out of 50 resp ndents respectively. Zaria reported that their needs were met n a regular basis. Also (60%) and (50%) stockouts were repo ted by Kaduna and Malumfashi units while Zaria reported only (30%) i.e. 15 out of 50 respondents. This could be beca se of transportation difficulties resulting from the fuel scar ity of recent times. Also, the central stores are located

in Zar: a therefore Zaria unit experiences less stockouts and receive s a continuous supply of drugs. But the inconsistent supply affects Malumfashi to a lesser extent than Kaduna unit probabl / because a rural unit like Malumfashi has fewer needs than t] e large urban Kaduna unit. Also supplies last much longer in Malumfashi (50%) 25 out of 50 responses than in Kaduna 40%) 20 out 50 responses.

Fi ally, while services like circumcision were reported to be a ailable in all the three units ear-piercing services were re orted to be absent in all three units as at the time of this survey.

4.3.4 Ho: pital Personnel

Ho: pital personnel were evaluated using three(3) criteri: . Personnel attitude, appearance and actions. As presente d in Table V, in all three units, staff attitude was reporte to be good. Although good attitude toward patients was rep(rted to be mostly by senior staff (73%) but not by junior (r newly employed staff. Whereas in Malumfashi the atmosphe :e was reported to be more of a family setting than a hospital due to the high degree of interpersonal contact between ersonnel and patients (90%) 45 out of 50 respondents. As a res lt of the good relations between staff and patients the very ill even get their laundry cleaned for free. The other cr terion was appearance. This was reported to be good in all t ree unit hospitals. Except that some

perso nel (63%) 85 out of 100 respondents were reported not to wear ame tags in both Zaria and Kaduna units. Thus making ident fication of errant personnel difficult. Staff actions, the l st criterion, was reported to be positive in all units excep for preferential treatment. This was reported to the least extent in Malumfashi (5%) about 3 out of 50 respondents compa ed to 40% in Kaduna and 30% in Zaria unit.

n Kaduna unit, it was reported that staff do not greet peopl especially junior staff and newly employed personnel (40%) 20 out 50 respondents.

atients were reported to sleep on duty mostly on the night shift, in both Kaduna and Zaria units (10%) i.e 10 out of 1 0 respondents. This could be because the customer patro age is very low at nights.

4.4 References: CHAPTER 4

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CHAPTER 5

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Summary

Health services in Nigeria have been severely handicapped by an acute shortage of drugs and medical materials needed for preventing and curing the diseases which commonly affect Nigerians. This problem has reached crisis proportions in recent years, particularly in the public sector. Reasons for this state of affairs included substantial reduction in public expenditure on the health sector as a result of decline in oil revenue. The other reason is the increased cost of materials due to exchange rate adjustments. This situation compromises most treatments with consequent increase in self-medication, loss of confidence in public hospitals ('mere consulting clinics") and demoralisation of health workers.[1]

In 1987, the Federal Government of Nigeria FGN, established a national essential drugs programme, EDP. The EDP was expected to reform and strengthen drug supply and to introduce equitable cost recovery. The FGN obtained a World Bank loan to finance this high priority EDP. The Drug Revolving Fund DRF, was developed as a means of sustaining the EDP. The DRF was also expected to guarantee and ensure a continued provision of drugs and medical supplies. This was to be accomplished through collection of sufficient funds from charges to patients to cover full replacement costs of such

items Therefore, a customer (patient, visitor and potential perso nel) becomes an asset which is even more precious than the t ngible asset on the balance sheet. This is because there are ots of willing sellers, (competitors), who offer poten ial hospital customers many choices. Also, patients are doubl assets. They are direct sources of cash from sales and also, a solid customer rating can be used to raise cash from banke s and investors. Such cash can be converted into tangi le assets.[3]

ustomers asses the nature and quality of the services they eceive by evaluating what they cannot see (the service) by w at they can see e.g. the location and decor of the hospi al. The impression, personality and mental picture evoke by a hospital is its image. And hospital patronage deper s on some evaluative criteria and the perception of how actua hospital characteristics compare with customer stand rds. A good image leads to high patronage. Therefore, a hospi al must erase any bad impression. A programme to do this is ca led an image enhancement programme.

n this project, four(4) evaluative criteria were used to asses the image of ABUTH services in its three(3) unit hospi tals. The hospital location, design, services and produ cts and its personnel were assessed using questionnaires. Respo nses were obtained from patients (in and out-patients) visit rs and hospital staff. 150 respondents were surveyed 50 respo ndents per unit. The responses were recorded, analysed

and interpreted.

5.2 CONCLUSIONS

From the processed data, the hospital location was found to be good.

The hospital design though good in terms of clean surroundings and public conveniences was found to be poor in terms of the outmoded furniture and equipment. This area needs to be corrected to improve hospital image.

Hospital services were found to be poor in terms of patient services. There were no canteen and no visitors common room for the use of patients. Also laundry or personal care services were not available to patients and their visitors although, they were available for staff. Although Malumfashi unit was found to have a hostel for patient relatives or visitors, it was provided by a voluntary organisation called KUNGIYAR TAIMAKON MAJINYATA, KTM. This area also needs to be corrected and essential facilities should be provided, even if for a fee.

Hospital personnel were found to be good in appearance and actions. But personnel attitude was found to be poor among junior staff and new employees. Senior staff on the other hand were found to be courteous, helpful and interested in patients as well as in other hospital staff. Senior staff were also found to exhibit less preferential treatment to the hospital public.

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The hospital appeal was found to be its good reputation and genuine, affordable drugs. Although malumfashi hospital considered prices and other hospital charges too high, being located in a rural setting.

5.3 Recommendations

This project has revealed that facilities, furniture, services and personnel attitude need to be reviewed. And a comprehensive programme would be required to improve on the present position. For instance, renovations and redecoration would greatly improve hospital image in terms of the internal and external appearance of the hospital units. There is also need to extend canteen services to patients and visitors. There is the a need to provide visitors common room and recreational rooms (rec. room) with in-door games, visitor's library and even visitor's hostel complex with kitchen and laundry facilities, for a reasonable fee. There is a whole range of provisions that a hospital should make for its patients, over and above strictly medical, nursing and physical needs.,[4] short stay patients have different needs from long stay patients, children from adults etc. Libraries, shops and canteens have been mentioned. Telephone trolleys are growing in use and provide a very welcome link between a patient and a distant relative or one who cannot visit. Personal service arrangements with voluntary bodies may also be provided. In this case, a long stay patient who has no relatives can be

visited, or a handicapped person can have letters written for him.[5]

In hospitals with long stay patients, many of who are not seriously physically ill, film shows, concert parties, dances, billiards and visits to some theatres are part of a normal pattern.[6]

Unrestricted visiting of children in hospital is important to reduce the physchological and emotional stress of separation. Also the mothers of some sick children (particularly in the younger age groups) are sometimes accommodated with them in hospitals.[7] Children's wards with many long-stay patients have teachers provided by local education authorities. In this way, serious and successful courses of study can be arranged for patients of all ages with the help of the local authority.[8]

Radio and television are commonly provided but care must be taken to avoid disturbing other patients. Except for those in single rooms, transistors should be forbidden. Only headphones or pillow phones should be allowed in shared rooms.[9] The hospital management could appeal to voluntary organisations for funds and material assistance to undertake such projects.

Personnel attitude could be corrected by training new staff and re-training old personnel, about objectives of the DRF, (Drug Revolving Funds). Training can improve personnel attitude[10] and build hospital patronage. This training should

be top-down to be effective. Since it is only when the senior, supervisory and junior staff are all involved that training will be effective.[11] This means that the supervisors as well as other senior staff would understand the programme, buy the idea and in turn, sell the idea to the trainees. There should also be consistency in the training for all units through the use of the same training manual[12] in all three hospital units.

These areas of improvement and correction require urgent attention. This is because customers usually do not know what they bargained for. Patients are known to focus only on dissatisfaction.[13] Satisfaction is mute. It's existence is affirmed only by its absence. This is dangerous because the customer will be aware only of failure and dissatisfaction but not of success or satisfaction. This makes patients or customers vulnerable to the bombardments of competitors. This is because a competitor can always cite small visible failures which imply big hidden ones.[14]

An urgent image enhancement programme is recommended because services require far more exacting management of supply and demand than products. This is because demand for a service must be met or lost. Since services cannot be stored for any length of time e.g. appendectomies, haircuts, motel lodgings none of these can be produced and stored in one year and consumed the next year. Demand that is met increases revenues; demand that is missed contributes no revenues. Services available at the wrong time or place and in turn, is

idle continues to incur costs but not revenues.[15]

5.4 References: CHAPTER 5

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2. id.
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4. Milne and Chaplin (1969) Modern Hospital Management. The Institute of Hospital Administrators. London, Great Britain, p. 114.
5. Id
6. Id
7. Idem p.60
8. Idem p.114
9. Id
10. Mullins L. (1991) On Successful Training - A Planned And Systematic Approach. The Journal of the Institute of Chartered Secretaries and Administrators Salisbury Press, London, p.4. July.
11. Id
12. Id
13. Sheth and Garret, op cit, p.976.
14. Id
15. Idem p.1014.

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4. McGibony J.R. (1969). Principles of Hospital Administration. G.P. RUTNAM'S SONS, New York.
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14. William J.A. (1990) On Problems of Hospital Management in Developing Countries. The Journal of the Institute of Chartered Secretaries and Administrators. Salisbury Press London.

APPENDIX I

QUESTIONNAIRE

Please read the questions and tick the answer applicable to you.

LOCATION

1. Is this your first visit to Ahmadu Bello University Teaching Hospital? Yes ☐ No ☐
2. Are you an Outpatient? Yes ☐ No ☐
3. If your answer to No. 2 is No are you on admission?
   Yes ☐ No ☐
4. If your answer to No 3 is No, are you a patient's relative? or a member of staff? Tick the correct answer.
   Relative ☐ Staff ☐
5. Is this hospital far from the Town?
   Yes ☐ No ☐
6. Is public transport easily available near the hospital?
   Yes ☐ No ☐
7. Is the hospital entrance on an incline (too steep to climb)?
   Yes ☐ No ☐
8. Are there many stairs or steps to climb?
   Yes ☐ No ☐
9. Are there many pillars in the hospital and the entrance?
   Yes ☐ No ☐
10. Is the hospital a storey building?
    Yes ☐ No ☐

DESIGN

This section is applicable to in-patients, patients relative and hospital staff.

11. Is it easy to find your way around the hospital?
    Yes ☐ No ☐
12. Can you easily get lost inside the hospital because of buildings?
    Yes ☐ No ☐
13. Are the surroundings clean (cobwebs litter)?
    Yes ☐ No ☐

14. Are there dustbins at conspicuous places?
Yes ☐ No ☐

15. Are there public toilets?
Yes ☐ No ☐

16. If yes to question 15, please answer the following questions.
a) Is water available in the toilet?
Yes ☐ No ☐

b) Is it clean and pleasant smelling?
Yes ☐ No ☐

c) Is it well lit (electricity)?
Yes ☐ No ☐

17. Is water supply in the hospital clean and constant?
Yes ☐ No ☐

18. Is the supply of electricity regular?
Yes ☐ No ☐

19. When there is power-cut, is there a stand-by generator?
Yes ☐ No ☐

20. Are other facilities available e.g, Telephone?
Yes ☐ No ☐

21. Is personal care available (Laundry, dry cleaners, beauty care)?
Yes ☐ No ☐

22. Are the equipment modern?
Yes ☐ No ☐

23. Are the furniture modern and comfortable?
Yes ☐ No ☐

24. Is the arrangement of the furniture pleasant to the eye?
Yes ☐ No ☐

25. What appeals to you about the hospital?
a) Genuine drugs (good quality)?
Yes ☐ No ☐

b) Affordable drugs and medical services?
Yes ☐ No ☐

c) Good reputation?
Yes ☐ No ☐

SERVICES

26. Is the parking facility adequate?
    Yes ☐ No ☐

27. Is there facility for protecting patients valuables?
    Yes ☐ No ☐

28. Are there counselling services (on social, economic, physical, emotional and environmental factors affecting the illness)?
    Yes ☐ No ☐

29. Is there a canteen in the hospital?
    Yes ☐ No ☐

30. Is the food good and affordable?
    Yes ☐ No ☐

31. Is there a common room for patients and their relatives?
    Yes ☐ No ☐

32. Is the waiting room comfortably furnished?
    Yes ☐ No ☐

33. Do you obtain all your requirements in the hospital?
    Yes ☐ No ☐

    a) Do you obtain your needs on a continuous basis?
    Yes ☐ No ☐

    b) Is the out-of-stock situation frequent?
    Yes ☐ No ☐

34. Is there provision for you to return any unsatisfactory item?
    Yes ☐ No ☐

35. Is there provision for handling complaints?
    Yes ☐ No ☐

36. Are the wards clean?
    Yes ☐ No ☐

37. Are the beddings clean and comfortable?
    Yes ☐ No ☐

38. Are there pests and vermin in the rooms?
    Yes ☐ No ☐

39. Is there music in the waiting room, (a public address system)?
    Yes ☐ No ☐

40. Are services available for care of pregnant women (Ante-natal care)?

Yes ☐ No ☐

41. Are immunisation services (EPI, meningitis, Measles, Cholera) available?

Yes ☐ No ☐

42. Is the labour ward clean & comfortable?

Yes ☐ No ☐

43. Is there rooming in facility for mother and child before discharge?

Yes ☐ No ☐

44. Would you pay for such services?

Yes ☐ No ☐

45. Is comfortable accommodation available for the parent of a sick child?

Yes ☐ No ☐

46. Would you pay a fee for such service?

Yes ☐ No ☐

47. Is circumcision facility and ear-piercing services available?

Yes ☐ No ☐

PERSONNEL

48. Employee attitude.

a) Do hospital staff show interest in you as their client (customer)?

Yes ☐ No ☐

b) Are hospital staff attentive to your needs?

Yes ☐ No ☐

c) Do they direct you to assist you find your way around the hospital?

Yes ☐ No ☐

d) Are staff friendly, courteous and helpful?

Yes ☐ No ☐

e) Are staff knowledgeable?

Yes ☐ No ☐

49. Employee Appearance:-

a) Do staff wear excessive make-up?

Yes ☐ No ☐

b) Do staff wear unacceptable dresses?
Yes ☐ No ☐

c) Do staff keep unkept hair and nails?
Yes ☐ No ☐

d) Do staff have offensive body odour?
Yes ☐ No ☐

e) Do they wear name tags?
Yes ☐ No ☐

50. Staff Actions:-

a) Do staff chew gum?
Yes ☐ No ☐

b) Do they sleep on duty?
Yes ☐ No ☐

c) Do they stay on the phone?
Yes ☐ No ☐

d) Do they throw change at the customer?
Yes ☐ No ☐

e) Do they play loud music?
Yes ☐ No ☐

f) Do they use offensive language?
Yes ☐ No ☐

g) Do they pick on parts of the body (especially the nose)?
Yes ☐ No ☐

h) Do they exhibit preferential treatment?
Yes ☐ No ☐

i) Do staff smile?
Yes ☐ No ☐

j) Do staff greet people?
Yes ☐ No ☐

k) Do they encourage and advice you?
Yes ☐ No ☐

l) Do they speak loud, respectfully?
Yes ☐ No ☐

m) Do they say thank you, call again?
Yes ☐ No ☐

APPENDIX II

Ref: No. SFMG.21/III660

Cabinet Office,
Tafawa Balewa Square,
Lagos.
16th April, 1984.

TO:

ALL Permanent Secretaries and

Heads of Extra-Ministerial Departments.

PUBLICATION AND PUBLIC UTTERANCES

I am directed to request you to invite the attention of all your staff to the provision in the Civil Service Rules and similar rules governing the terms and conditions of appointment of public officers, which state clearly that, except in pursuance of his official duties, no public officer shall without the express permission of the appropriate authority speak in public or broadcast on any matter which may reasonably be regarded as of a political or administrative nature, or allow himself tom be interviewed or express opinion for publication on any question of a political or administrative nature or any matter affecting the administration, public policy, defence or military resources of Nigeria or any other country. Although nothing in this rule prevents a public officer from publishing in his own name, by writing, speech or broadcast matters relating to a subject of general interest which does not contain a criticism of official and Ministerial statements or actions which can be regarded as of a political or administrative nature, the official must in so publishing any matter compiled with approval from official records, give prominence to a disclaimer of Government responsibility for its accuracy.

2. I am to emphasize that where a public officer wishes to advise Government on any matter of general interest, he should do so by addressing correspondence containing his ideas or proposals to the appropriate authorities, not by way of a lecture or interview with the print and/or electronic media. Any failure to comply with this directive, which clearly conforms with settled Government policy as demonstrated above, will be regarded as a matter of gross indiscipline and be punished accordingly.

3. Please bring the contents of this circular to the notice of staff in the Ministries/Departments and parastatals under the supervision of your Ministry.

(Signed)
(G.A.E. Longe, CFR)
Secretary to the Federal
Military Government.

Ref: No.SFMG.12/III660
Cabinet Office,
Tafawa Balewa Square,
Lagos.

All Directors:
Chief Medical Directors/Teaching/Specialist Hospitals

Above for information and strict compliance please.

(Signed)
DAHIRU MOHAMMED
Permanent Secretary

FEDERAL MINISTRY OF HEALTH
PERMANENT SECRETARY'S OFFICE
FEDERAL SECRETARIAT, IKOYI, LAGOS

Ref. No.SMH.38TI/43
12th October, 1987.

To: All Chief Medical Directors/
Medical Directors,
Teaching/Specialist Hospitals

PUBLICATION AND PUBLIC UTTERANCES

I wish to remind you that the Cabinet Office Circular No. SFMG.21/III/660 of 16th April, 1984 on Publication and Public utterances is extant and so still in force. In the circumstance, therefore, may i urge you to ensure strict observance of the provision of the Circular. A copy of enclosed for ease of reference.

2. Kindly acknowledge receipt.

(Signed)
L.O. LAWAL
Permanent Secretary.

INSTITUTE OF HEALTH
AHMADU BELLO UNIVERSITY TEACHING HOSPITALS
ZARIA

23rd October, 1987.

IH/GEN/7 (OFFICE OF THE SECRETARY)

All Hospital Secretaries,

All Heads of Departments,

All Principals/Co-ordinators of Training programmes.

This is for your information and strict compliance.

Subordinate staff should also be advised accordingly.

(Signed)
J.O. GBEMUDU
SECRETARY.

cc: Principal Officer,
Institute of Health.

(OFFICE OF THE CHIEF PHARMACIST)

Pharm/z/6 November 5, 1987.
To All Staff:

Above for your information and strict compliance.

GODFREY O. OBIAGA.
CHIEF PHARMACIST & HEAD OF DEPT.

cc: Secretary, IOH.