Impact of Employees' Empowerment on Perceived Quality of Service Delivery in the Tertiary Health Institutions

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INTRODUCTION

The tertiary healthcare institution, being the most sought-after acute care service providers, requires quality assurance in order to ensure that duties of care provided by health workers are safe, secured and not a detriment to the quality of life of people in a country (Al-Shdaifat, 2015; Agarwal & Singh, 2016). According to Haq and Ashraf (2015) and Yousef and Yousef (2017), the state of health of people in a country significantly determines the rate of economic growth and development. As the saying goes "Health is Wealth", hence, improving quality of life of people through quality healthcare activities enhances their wellbeing and social wellness in contributing actively in business activities that promote national economic growth and development (Kumar, Bera & Chakraborty, 2018). However, the studies conducted by Ikorok, Akapbio and Ogunjimi (2012), Yaya, Asunmo, Abolarinwa and Onyenekwe (2015) and Ogbeide and Ejechi (2016) have revealed that employees of health organizations have failed in sustaining the standard of quality in service delivery. This unfortunate approach of the Nigeria health workers in sustaining the standard of quality in the sector has led to series of observed medical injuries, technical and man errors, and high morbidity and mortality rates in the country.

As a central channel to national growth, healthcare management is not limited to providing adequate treatment for care needs but also include quality assurance of continuous safety and effectiveness of service quality delivery processes in the sector (Ikorok et al., 2012). However, the Nigerian healthcare sector has faced diverse challenges limiting its ability in meeting over 200 million population healthcare needs, thereby, frustrating quality achievement of improved performance in the sector (Adeoti, 2011; Gbadeyan et al., 2017). Notably, insensitivity of hospital management in empowering healthcare workers with required training, quality healthcare facilities and motivation suitable in improving their performances is one major impediment restraining quality of service delivery in the sector (Ikorok et al., 2012). As revealed by Ikorok et al. (2012), Ogbeide and Ejechi (2016), and Gbadeyan et al. (2017), inability of the healthcare service providers to access high quality healthcare resources in delivering their expected duty of care has undeniably increased morbidity and mortality rate in the Nigeria health sector. In the light of these challenges, there is a need to weigh the perceived quality of service delivery of the Nigerian healthcare employees in order to identify and understand factors responsible for poor quality performance in the sector at large. Notably, this is necessary as practitioners in the health sector are the mainstream of service quality delivery, and also, play the intermediary role between healthcare organizations and service users. Therefore, the specific objectives of this chapter are to; (i) evaluate the

significant impact of employees' empowerment on perceived quality of service delivery in the tertiary health institution (ii) identify critical elements of quality of service delivery and their effects on quality assurance and performance of Nigerian healthcare workers, and (iii) develop constructive framework for workable solution in sustaining future relevance of quality assurance in the Nigerian healthcare sector. Notably, these identified objectives will be achieved through empirical qualitative literature review.

BACKGROUND

History of Healthcare Sector in Nigeria

Traditional medical care through the intervention of herbal mixture, administered by spiritual herbalists and specialists in bone-settings and mental care was the most effective healthcare services in Nigeria during the 16th and 17th century (Olayinka, 2017). Notably, the advent of the Christian missionaries in Nigeria led to the emergence and expansion of mission-owned hospitals that brought about the introduction of the western-like healthcare services prior to independence. At independence in 1960, numbers of hospitals built by Roman Catholic, Seventh Day Adventist, Baptist church, Anglican Church, and other orthodox churches outweighed numbers of government-owned hospitals at the ratio of 180 to 101 respectively (Ajoyi, 2010). The inversion of the Christian missionaries brought about the establishment of renowned mission-owned hospitals like Sacred Heart Hospital, Seventh Day Adventist Hospital, Church missionary Society, Baptist Hospital, and Wesley Guild Hospital in Abeokuta, Ilesha, Obosi, Ogbomoso, and Ile-Ife respectively (Ajoyi, 2010).

However, in the quest of pursuing the primary mission of soul evangelism in the country, the missionaries handed over management of these hospitals as mentioned above to the Nigerian government. Meanwhile, despite quality health facilities and standard of quality healthcare delivery left by the missionaries, Nigeria is still categorised as a developing country on the hierarchy of quality healthcare provision (Ajoyi, 2010; Yaya et al. 2015; Olayinka, 2017). As identified by Adeoti (2011), Abah and Ohimain (2011) Ikorok et al. (2012), and Olayinka (2017), decadence in the Nigerian healthcare sector since independence is highly associated with leadership insensitivity to continuous quality improvement, poor maintenance culture, and corruption, coupled with poor empowerment and engagement of health practitioners.

Employees' Empowerment

No business organization survives competitively without collective commitment and involvement of people in the business operational processes (Peiffer, et al, 2016). Hence, every employee plays a significant role in ensuring effective process management of operations through individual contribution to the production processes (Bose, 2018). As postulated by Johnson (2017) and Kumar et al. (2015), the primary aim of health institutions is to provide quality, reliable and safe healthcare services that promote quality of life and wellbeing of people. Providing these expected duties of care, therefore, requires an appreciation of quality management system that empowers health workers towards delivering a result-oriented quality of healthcare service (Pradhan, Kamlanabhan, Thulasiraj & Muraleedharan, 2014). More importantly, this makes the implementation of employees' empowerment a functional strategic measure in continuously improving productivity and performance of people providing the healthcare services (Demirkiran & Taskaya, 2016; Bose, 2018). Therefore, according to Mohapatral and Sundaray (2018),

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