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Consultancy Alternative in Failing Public Health Institutions in Nigeria: A Case Study of Enugu State University Teaching Hospital Parklane Enugu

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Abstract

It is the duty of government to provide essential services to its citizens. Such essential services include provision of healthcare. Public service personnel are saddled with the responsibility of operating the healthcare facilities on a day to day basis as their statutory function. However, the level of services in these healthcare facilities in Nigeria have dwindled so much that a palliative was sought by the government. Consultancy service was the alternative card on the table. The management of some public healthcare institutions in Nigeria with the approval of government has engaged the services of some consultancy firms to help the public servants facilitate effective healthcare services delivery and access to vital hospital management information for the administration of the hospitals. This paper seeks to find out the level of service being rendered in the hospitals in a bid to justify the engagement and use of the consultants. One health facility- Enugu State University Teaching Hospital Parklane Enugu was used as a case study. One hypothesis was formulated and tested using KMO and Bartlett test analysis. With the support of hospital records alongside the result of the hypothesis tested, the research discovered that the engagement of consultants in the hospital improved service delivery there in.

Keywords: *Consultancy, Public Health Institutions, Service, Government, Client Organization.*

Introduction

Governments have been searching for effective ways to increase efficiency within their operations, and one policy has emerged in response: a state that rolls back its powers to allow room for markets to respond (McCann, 2013). Governments throughout the world are striving to achieve great feats with fewer resources, attempting to allow for more market-based reforms and sometimes to cope with higher budgetary constraints. The attempts to modernize and gain value for money have led to a greater focus on private-sector management practices, resource frugality, and increased emphasis on performance management and output (Lapsley, 2009).

Public institutions are created in all countries of the world to accelerate economic and social development. Yet, increasing evidence indicates that most public institutions “either do not contribute strongly to national development or do not perform their public service functions effectively and efficiently” (Ogohi, 2014, p. 24). Public health institutions in Nigeria fall under this category. They have been mired by problems identified as including inefficiency, low quality personnel and in fact total service failure. Public health institutions most especially are bugged down by poor performance and massive wastages and leakages. They have been mired with staff, inadequate in knowledge and use of information technology (I.T). These have resulted in poor quality of service delivery and escalating administrative costs.

The seriousness of the consequences of these public health institutions’ failures demands very urgent attention to stem further drift. The attempt to find resolutions that can avert possible collapse of these public health institutions necessitated the engagement of management consultants by government.

Management consultancy is a management technique and practice increasingly seen as a global phenomenon. OECD (1993), Walsh (1995) refer to it as management services coming from external sources instead of providing such services in house. It involves legal agreement for the provision of services between a public organization and a private sector firm or between one public organization and another or between management and an internal work force who bid to provide such services in-house (Paddon, 1993; Sneath, 1993). The responsibility of the public organization is to specify what is wanted and let the private or voluntary sector provide it (Larbi, 1999).

Management consultancy represents more explicit efforts in the management and delivery of public services, especially where outright privatization, ie, change of ownership, has not been possible (Savas, 1989). The rationale for consulting is to stimulate competition between service providing agencies in the belief that competition will promote cost-saving, efficiency, flexibility and responsiveness in the delivery of services (Savas, 1989). It also imposes discipline that results in improved performance (Isreal, 1987). Thus, Metcalfe and Richards (1990) assert that management consultancy puts competitive market forces directly at the service of government. Blackmore (2014) sums it up by asserting that management consulting firms spearhead the modernization process of governments and act as effective agents of change within the public service.

In this context, one major question arises: How has the engagement of management consultants improved the services of public health institutions in Nigeria? In view of that, an empirical study was carried out among 378 hospital patients in a government owned hospital to determine the level of services in the hospital since the inception of management consultants. The outcome could be useful to policy makers in deciding on the continuity of the consultancy option.

Review of Literature

It has been explicitly mentioned that management consulting is the practice of helping organizations to improve their performance, primarily through the analysis of existing organizational problems and development of plans for improvement (Kubr, 2002). The question now is why do organizations look outwards to source for solutions to organizational problems? The reasons are myriad including according to Kubr (2002) gaining external (and presumably

objective) advice and access to the consultants' specialized expertise. The key word in this is objectivity. Because the consultants are external, they do not have any stake in the client organization and as such, their advice is usually objective and professional. In that regards, Kubr (2002) elaborated that professional management consultants are contracted by organizations to provide advisory services in an objective and independent manner.

Ainamo & Tienan (2002) supported the advice perspective of management consulting when they referred to management consulting as institution carrying independent advice across time and place directly into the managerial boardroom. Management consultancies belong to a group of firms described as knowledge-based companies. The primary assets of such companies are the knowledge and competence of their personnel, which makes recruitment, division of labour among junior and senior category of consultants, and the process of information dissemination and sharing some of the key issues for consultancies (Kipping & Engwall, 2002).

Management consultancy is an element of New Public Management (NPM) in public administration. It is a market-based solution to the delivery of services by the public sector. In the views of Blackmore (2014, p.1) "the reliance of public sector on private-sector management consultants has increased since the global financial crisis, with governments striving to find ways to increase efficiency and reduce costs to respond to both the international economic reality and the demands of the public".

Management consulting according to Alan & Limansky (2010) in a whitepaper for Catapult Technology Consulting opined that consulting paradigm is built upon the integration of people, processes, technology and knowledge. They continued that management consulting services analyze, customize, and revitalize an organization, thereby optimizing organizational performance and effectiveness. It is a new paradigm in public administration that has become convenient shorthand for a set of broadly similar administrative doctrines (Hood, 1991; Pollit, 1993; Ridley, 1996). It captures most of the structural, organizational and managerial changes taking place in the public services of some countries (Larbi, 1999).

Management consultancy as an element of NPM shifts emphasis from traditional public administration to public management (Lane, 1994) and equally replaces the traditional model of organization and delivery of public services, based on the principles of bureaucratic hierarchy, planning, centralization, direct control and self-sufficiency to market-based public service management (Stewart and Walsh, 1992; Walsh, 1995; Flynn, 1993) or enterprise culture (Mascarenhas, 1993).

To Pollit (1993 & 1994) it is decentralizing management authority within public services, breaking up traditional monolithic bureaucracies into separate agencies, introducing market and quasi-market type mechanisms to foster competition. Contributing, Ferlie et al (1996) observe that new public management of which management consultancy is a part dwells on decentralization or organizational unbundling, new forms of corporate governance, spirit between strategic core and large operational periphery. There must be elaborate and development of quasi-markets as mechanisms for allocating resources within the public sector and there must be a split between public funding and independent service provision (Ferlie et al, 1996).

Management consultancy creates a synergy between the public and private sectors and provides high quality services that citizens and service users or customers value (Borins, 1994; Common Wealth, 1996). It promotes more flexible, less layered forms of organization; creates

competition within public services and is customer-driven and result oriented (Osborne & Gaeler, 1992).

Government is perceived to be incompetent and beyond this, public sector agencies are often monopolies without pressure to compete or innovate (Borins, 2002). It is this dilemma that made government tinker the idea of contracting management consulting firms to spearhead the modernization or change process within the public service. Hefetz & Warner (2012) suggested also that governments make use of consultants because of the degree of technical specificity that may be required of a position, an expertise that may not be present within the existing workforce. The need to procure management consulting services according to Tseganoff (2011) include: to increase sales, revenues, cash flow and/or profits; to solve internal marketing, sales or personnel problems; to turnaround a particular department or produce a 'cultural' change; to meet the competitive pressures in the market place; to enhance the operations of the company when perceived inefficient or ineffective; to manage more progressively by embracing new and innovative ideas. The objective of consultancy therefore was improvement in the ways services are delivered with emphasis on efficiency and effectiveness (Metcalf & Richards, 1990).

Negatively however, management consultancy impacts on organizations because it undermines authority and expertise of other management groups (Menon & Pfeffer, 2003) and secures job losses because once they are engaged, some staff become surplus to requirements (Craig & Brooks, 2006). Those negatives notwithstanding management consultancies shape and signals image of client organizations to stakeholders and others (Armbruster, 2006; Bergh & Gibbons, 2011). They have joint ventures with firms for research and development (R&D) which shape the flow of management ideas (Legge, Sullivan-Taylor and Wilson, 2007).

It is clear that management consultancy has had some significant effects on management. Firstly it has had an impact on the developing character of modern organizations and contributed to millions of people having to adjust to new ways of working (Fincham & Clerk, 2002) and, it might be added, of thinking (O' Mahoney, 2010). More qualitative outcomes have been identified such as helping to develop creativity and achieve radical organizational innovation or the 'disruption of dominant orders' (Clegg et al; 2004, p. 36).

The impact of consultancy is also seen as significant in large part because of the way in which expertise is successfully dissected towards management (Alvensson, 2004; Clerk, 1995). That is why Pinault (2001) suggested that consulting is at its most organized, intimidating best when it is working to maximize its take from the client. And Mckenna (2006) added they exert such enormous influence on the modern world.

Aim and Hypothesis

Government of Nigeria was concerned about the dwindling performance of its public hospitals and was frantically seeking different options to curb this malaise. One considered and adopted option was consultancy services. It is our aim in this research study to find out how this option is performing. It is in that context that we propose a hypothesis: Hypothesis I: Engagement of consultants improves service delivery in public health institutions in Nigeria.

Methodology

Participants

The research was carried out at Enugu State University Teaching Hospital Park Lane in Enugu State, Nigeria. The major reason for choosing this facility is because it is the first facility to commence the use of consultancy services in the country since the year 2012.

Participants in this study consisted of all registered patients in the hospital used. The total participants were 6995. Because of the large population, the participants were reduced to a researchable size through Yamane formula thus:

$$\begin{aligned}
 n &= \frac{N}{1+N(e)^2} \\
 n &= \frac{6995}{1+6995(0.05)^2} \\
 n &= \frac{6995}{1+6995(0.0025)} \\
 n &= \frac{6995}{1+17.4875} \\
 n &= \frac{6995}{18.4875} \\
 &= \mathbf{378 \text{ (Sample Size)}}
 \end{aligned}$$

Participants for this study were therefore 378 patients selected through simple random sampling. However, 360 questionnaires were filled appropriately and used for analysis.

Data Analysis

Empirical evidence for this study was obtained through the use of questionnaire. Likert scale was used to generate data from the questionnaire. The information was put in a weighted scale with numerical values attached to them in the questionnaire as follows: Strongly Agree = 5, Agree = 4, Undecided = 3, Disagree = 2, Strongly Disagree = 1. The data was analyzed using descriptive and inferential statistics. The descriptive statistics involved computation of means and standard deviations from the responses of the respondents to the questionnaire items. The decision rule was to accept any item that has a mean score of 2.50 and above. The hypothesis was tested using KMO and Bartlett's test analyses.

Results Presentation

Hypothesis Testing

This section details the analysis of the hypothesis and presentations of the result.

Ho: Engagement of consultants does not improve service delivery in public health institutions in Nigeria.

Table 1 KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.934
Bartlett's Test of Sphericity	Approx. Chi-Square	7094.115
	Df	36
	Sig.	.000

Source: SPSS Analyses, 2018.

The KMO and Bartlett's Test part of the output from table 1 is most useful when you are performing factor analysis (which we are not doing). Kaiser mayor Olkin measure of sampling

adequacy which is an indicator to test whether a correlation matrix is appropriate for factor analysis and the expectation is that the result is going to show some reasonably moderate to strong correlations between the indicators that I will factor analyze. The question is how big a correlation is sufficiently large and our number of techniques that have been developed for that purpose and the one that I am going to emphasize is the Kaiser Mayor Olkin measure of sampling adequacy which has been tested using the most statistics program such as SPSS. However, Kaiser (1974) has his guidelines stated below.

- In the 0.90s marvelous
- In the 0.80s meritorious
- In the 0.70s middling
- In the 0.60s moderate
- In the 0.50s miserable
- Below 0.50s unacceptable

Based on these guidelines, it is therefore recommended that a KMO value in the 0.65s is probably minimally acceptable. From table 1, Kaiser-Meyer-Olkin Measure of Sampling Adequacy is 0.934. However, a value above 0.6 is preferred. As far as Bartlett’s test of Sphericity, the p-value from table 1 is zero point zero zero zero (.000) which normally would record as less than point zero zero one. In this case, that is the result required. The statistically significant value for Bartlett’s test of Sphericity is a value below 0.05.

Table 2 **Communalities**

	Initial	Extraction
Improved time taken for new patients to be registered in the hospital	1.000	.969
Improved time taken to have patients' data retrieved	1.000	.917
Ease of access to Doctors	1.000	.909
Improved time taken to be attended to by doctors, nurses, laboratory technicians etc	1.000	.908
Ease of collection of drugs	1.000	.956
Improved time taken to receive bill	1.000	.953
Ease of collection of laboratory results	1.000	.901
Warm reception of patients	1.000	.820
Improved hospital image	1.000	.922

Extraction Method: Principal Component Analysis

Source: SPSS Analyses, 2018.

From the Communalities table, all the initial values are 1 and they are some different values here for extraction. This extraction values entells the proportion of variance for each variables that can be explained by the factors. In this case, these extraction values are high and an indicator of good extraction values.

Table 3 Total Variance Explained

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	8.255	91.720	91.720	8.255	91.720	91.720
2	.318	3.536	95.257			
3	.127	1.411	96.668			
4	.102	1.128	97.796			
5	.066	.734	98.530			
6	.048	.538	99.068			
7	.036	.396	99.464			
8	.030	.334	99.797			
9	.018	.203	100.000			

Extraction Method: Principal Component Analysis.

Source: SPSS Analyses, 2018.

From the total variance explained from table 3, SPSS extracted one factor or component and the cumulative percentage was 91.720. This one factor explained 92% of the variance.

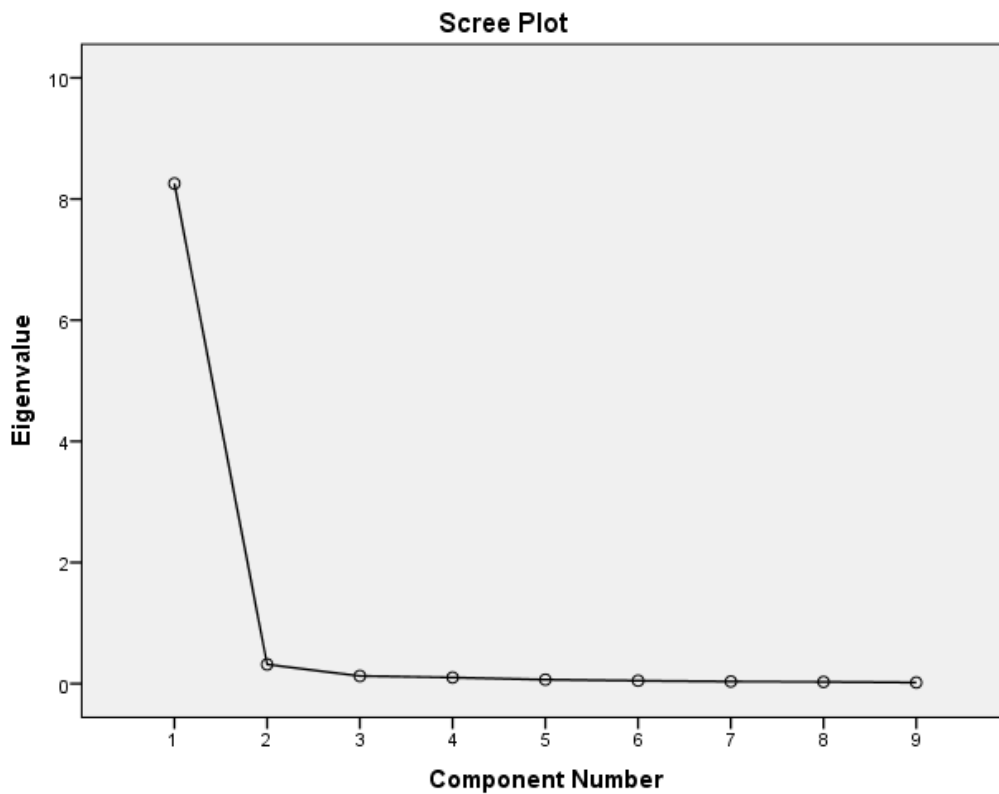


Figure 1: Scree Plot

Source: SPSS Analyses, 2018.

We can see from the scree plot that one factor is above an eigen value of one and all the other potential factors were below that so they were not extracted.

Table 4 Component Matrix^a

	Component
	1
Improved time taken for new patients to be registered in the hospital	.985
Improved time taken to have patients' data retrieved	.958
Ease of access to Doctors	.954
Improved time taken to be attended to by doctors, nurses, laboratory technicians etc	.953
Ease of collection of drugs	.978
Improved time taken to receive bill	.976
Ease of collection of laboratory results	.949
Warm reception of patients	.905
Improved hospital image	.960

Extraction Method: Principal Component Analysis.^a

a.1 components extracted.

Source: SPSS Analyses, 2018.

The component matrix table, interpret when you make some changes under options in the factor analysis dialog.

Interpretation of Correlation Coefficient

The sign of the correlation coefficient determines whether the correlation is positive or negative.

The magnitude of the correlation coefficient determines the strength of the correlation.

$0 < |r| < .3$ weak correlation

$.3 < |r| < .7$ moderate correlation

$|r| > 0.7$ strong correlation

Decision

Since the p-value = .000 from KMO and Bartlett's Test part of the output from table 1 (which is an identity matrix), reject the null hypotheses and accept the alternate hypotheses. Therefore, we conclude that engagement of consultants improved service delivery in public health institutions in Nigeria.

Discussion

Impact of engagement of consultants in Enugu State University Teaching Hospital Parklane Enugu, Nigeria.

Engagement of a consultancy organization in ESUTH Parklane Enugu was simply the beginning of modernization of the hospital and explosion of automated machines that aided operations in the institution. This is the sixth year of the consultants in this public health institution as a partner. No partner lasts for six years without results. They have made drastic improvement in the services rendered by the client organization.

Before the contract, medical cards were printed and manually issued to patients. Each hospital department has its own card different from another department. In that line, if a patient requires services from two different departments on a visit, the patient is required to buy cards and register in two different places within the same facility. This brings stress on the patients, and costs more for them because multiple cards are purchased. But with the engagement of consultants, one hospital card that tracks the activities of all the departments in the hospital was issued. In that sense, all departments are now interconnected saving stress, time and money for patients.

On a patient's first visit to the hospital, registration used to be done manually consuming a lot of time in the process. The consultancy firm has however introduced electronic registration that is done in a matter of minutes. This has made not only registration easy but also retrieval of the details registered. Before their engagement, patient's medical records were in their folders retrieved manually through the presentation of hospital cards on medical visits. If one does not come to the hospital with one's card, one's folder cannot be traced and that means no service can be rendered to the patient unless a new card is bought and a new folder opened. But with the consultants in place, all record duties are automated and once one arrives, you are logged in with your name and all medical details and record of the patient retrieved. With that the patient can receive Medicare without a hospital card.

The next impact is on the time taken by doctors to attend to patients. It takes a lot of time for a doctor to attend to a patient because his job of prescription is done manually. But with the tablet technology in place, doctors now prescribe electronically making it faster to see patients. Another implication of this technology is that doctors' diagnosis and prescriptions are stored in the system and a patient on a next visit can easily be seen by a different doctor who with the click of a button retrieves the patient's medical history and continues where the previous one stopped. In that regard, patients need not be afraid of their last visited doctor not being available on their next visit and having to start explaining their medical history all afresh to a new doctor. The new doctor can easily continue with a patient's medication because the patient's medical history including all previous prescribed drugs is available in the system.

Another important impact is the billing system. Formerly, staff in different departments bill patients independently and payment is done as such. This brings about time wasting and unaccountability. With the consultants in place, all billings are automated and done centrally. All staff that rendered services are expected to do their billing and send it electronically to the central accounts office. They do not have the authority anymore to collect cash from patients. The patients after the day's visit, goes to the accounts office to pay his/her bills. The receipt generated in that office enables the patient to collect his/her drugs in the pharmacy, laboratory result in the laboratory, etc. Because all billings are done from the system and receipts are generated there from, this reduces fraud and embezzlement. No individual staff can print private receipts anymore. All receipts with security marks are printed by the consultant and issued only by authorized officers in the central accounts unit. On this note, the new automation system closed loop holes where money was being siphoned in the hospital and savings were immensely improved upon.

Another impact of the activities of the consultants was in the area of drug management. They activated drug inventory module. Firstly, all suppliers were registered and all drugs supplied by them are also registered and recorded in the system. All manual processes used in receiving and

recording of drugs were stopped. This same process was also introduced in the laboratory section. These made it impossible for pharmacists, laboratory technicians, store keepers and others that have access to drugs and re-agents to steal or made away with hospital property. It is worthy of mention that before the engagement of a consultant, a discharged patient in the hospital ward sometimes stays as long as four days for his/her bill to be established. This is because different units and departments that were involved in the care of the patient are being awaited for their bills. By waiting for that long, the patient blocks the bed for new patients and that means poor service. But with the consultants involved in the running of the hospital, billings are done within minutes after discharge due to the introduction of automation system as earlier discussed and beds made free for new patients. This brings improved quality in service to patients and improves the hospital's external image.

Conclusion

The idea of a consultant to provide services to public health institutions especially where they are failing was a novel and noble idea. Government hospitals were dying off due to terrible poor services rendered. They were not repairing or servicing old equipments or buying new ones. Due to economic crunch and bad governance in the country, the government was not coming to their aid. These hospitals were going the way of some moribund public institutions like Nigeria Telecommunications Limited (NITEL), Peugeot Automobile Nigeria (PAN), Aluminum Smelter Company of Nigeria (ASCON), etc.

The engagement of a consultant in a scheme reminiscent of a Public Private Partnership (PPP) was timely to save these peculiar public institutions. The core initiative was to provide first class service that will bring satisfaction and boost the image of the hospitals. In doing that, they digitalized the operations in these health centers, ensuring in the process prompt service and blocking of financial leakages.

Limitations and Future Lines of Research

This work was mainly limited by lack of fund to study other hospitals involved in the consultancy project. The researcher was not funded by any research institute or government and therefore was not able to investigate beyond one public health institution or beyond rendering of services as an impact of the engagement of consultants.

Therefore, this study cannot claim to have exhaustively dealt with the contending issues there in. The shortcomings and inadequacies in the study are invitation and a call for more academic enquiries into the study of more hospitals involved in the use of consultants. It is expected by the researcher also that further research can be done on the aspect of the consultants' performance in boosting of revenues of the hospitals and training of hospitals' staff in the automation technology in a bid to taking over from the consultants when their contracts expire.

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