



## **SERVICOM and Service Delivery in the Alex Ekwueme Federal University Teaching Hospital Abakaliki (AEFUTHA)**

**<sup>1</sup>Emmanuel A., Ezekwe & <sup>2</sup>Nwangele Sunday**

<sup>1</sup>Department of Public Administration, Ebonyi State University, Abakaliki-Nigeria

<sup>2</sup>Department of Business Management and Entrepreneurship Studies, Ebonyi State University, Abakaliki-Nigeria

***Corresponding Author's email:*** emmadosky@yahoo.com

### **Abstract**

The study was carried out to investigate SERVICOM and service delivery in the Alex Ekwueme Federal University Teaching Hospital Abakaliki (AEFUTHA). The study employed Content Analysis Approach to achieve the objectives. The study examined the degree of improvement recorded using SERVICOM to enhance quality service delivery in the hospital. Hence, it is established that public awareness about service charters and existence of SERVICOM units where client's complaints with regard to service failure can be handled within government agency is obviously weak in its responsibilities. It is the findings of the study, that the hierarchical structure associated with delay in provision of medical services required or expected by the patients are worrisome, attributable to poor services which has increased low confidence. SERVICOM effort to improve service delivery is jeopardized with observable gaps associated with service delivery in the Institution. The implication of this finding is that the loss of revenue based on ineffectiveness in service delivery has created an opportunity for poor turnout and to a reasonable extent loss of confidence in public hospitals. Hence, the ineffectiveness in service delivery in the institution is attributable to dominant situation of the implementation of SERVICOM charters principle and such has continued to be a source of concern to relevant stakeholders and policymakers. Consequently, the study recommended that Federal Government should be encouraged to adopt proper implementation strategy for SERVICOM to enable service intervention policy tackle the problem of poor service delivery in teaching hospitals in Nigeria.

**Keywords:** SERVICOM; Service Delivery; Equitable access; Inefficiency; Social Contract.

**Citation of article:** Emmanuel, E. A. & Nwanagele, S. (2023). SERVICOM and Service Delivery in the Alex Ekwueme Federal Teaching Hospital Abakaliki (AEFUTHA), *African Journal of Politics and Administrative Studies AJPAS*, 16(2):590-606

**Dated Submitted:** 27/06/2023 **Date Accepted:** 18/07/2023 **Date Published:** December, 2023



## Introduction

The development of health centres brought into effect tremendous specialization in responses to advances in medical technology, new expansion and the nature and distribution of health and disease pattern (Israel & Sunday, 2009). Today, provision of healthcare in the country remains the function of the three tiers of government: the primary healthcare by policy arrangements is within the purview of local government based on the residual operation and unarguably the first points of call for the sick and injured persons (National Health Policy, 2004). Tertiary healthcare are referral centres, receiving referrals from secondary and primary healthcare centres. They provide the most specialized healthcare administered to patients with complex diseases that may require high risk of medical and surgical procedures with high cost technological resource (National Health Policy, 2004). It requires sophisticated medical technology, multiple specialists and subspecialists, a diagnostic support group, provision of medical consumables and medical information (Mohammed, Aliyu & Mohammed, 2013; National Health Policy, 2004). Statistics revealed that in Nigeria, 47% of the population is below 18 years while only 4% is above 60 years. The estimated average life expectancy is 52 years which is on the decrease because of increase in poverty level and the health system too is in a deplorable state with an overall health system performance ranking 187th out of 191 member States by the World Health Organization (WHO 2009; Oluboyede, 2006). Similarly, in attempt to improve service delivery to citizens, SERVICOM policy was introduced to improve service delivery in government services (Ogunrin and Erhijakpor, 2009).

These unwholesome attention on the service delivery in public institutions led to the proclamation and signing of a social contract with all Nigerians on 1<sup>st</sup> July, 2004, popularly known as the SERVICOM (Service compact with all Nigerians). The SERVICOM objectives anchors on the core provision “we dedicate ourselves to providing the basic services to which each citizen is entitled in a timely, fair, honest, effective and transparent manner” (SERVICOM Report, 2006). SERVICOM unit was established, 2011 in AEFUTHA to ensure adequate service delivery to patients. The presence of SERVICOM unit to a reasonable extent has increased patients confidence in service delivery at AEFUTHA. Similarly provision of required service seems to be



challenged with irregular implementation of SERVICOM charters orchestrated by delay in the system.

A growing body of research is discovering what patients want and how to measure clients' expectation. In both developed and developing countries, customers share concerns Illoh, Njoku, Okafor, Amadi & Godswill, (2013) & Exworthy & Peckham (2006) Brown, Furnham, Glanville & Swami, (2007) Iliyasu , Abubakar, Abubakar, Lawan, & Gajida ( 2010) identified the following as what patients want; respect, understanding, complete and accurate information, cost of care, access, technical competence, effective communication, fairness and results. When there is gap one may observe easy access to alternative medical practices which is key important barriers to the uptake of orthodox medical services by the Nigerian society (Iloh, Njoku, Okafor, Amadi & Godswill, 2013; Curvas, & Joseph, 2011). It is argued that increase in health awareness and easier access to information on health matters in Nigeria indicates that clients play active roles in decision concerning service rendered.

One of the functions of AEFUTHA is to carryout proper diagnosis for patients or citizen within the country. Most illnesses, especially infectious diseases, are either preventable or treatable through proper diagnosis. Before the introduction of SERVICOM hospital recorded greater degree of delay in diagnosis as a result of poor power supply, poor maintenance of diagnosis facilities, shortage of skilled staff and indifferent staff attitude that undermined timely diagnosis (Iliyasu, Abubakar, Abubakar, Lawan, & Gajida, 2010). Persistent postponement of patient appointment for diagnosis lasts for weeks and months and in a severe case complication and mortality as a result of poor service delivery. Currently, SERVICOM presences has improved relatively, timely provision of diagnostic service delivery for patients and has increased public confidence and reduce long waiting, queue or unnecessary suffering and sometimes deaths of patients (Gordon & Borkan, 2014; Awofeso, 2010; Efe, 2013; Andy, 2013; Kirsten, 2011). Presently, adoption of SERVICOM charters has relatively enhanced public confidence in diagnostic process in AEFUTHA.

Following from the issue of diagnosis, is medical consumable provisions which has continued to be the function of hospital for the upkeep and efficient running of the hospital. The abysmal service



delivery in the AEFUTHA before now has been partly attributed to the problem of bureaucracy and poor accountability by the institutions with its resultant effect on persistent queue of patients in the hospital. The observed situation has given the affluent in the society to embark on medical tourism or seek medical attention at private clinic where service delivery is responsive and reliable when compared with public hospital (Peter, Emmanuel & Kwame, 2014). The advent of SERVICOM has developed fairly and encouraged a system of procurement, distribution and management of medical consumables that can enhance service delivery in AEFUTHA. Though, low salaries and poor working conditions have resulted in poor service delivery (Obembe, Osungbade, Olumide, Ibrahim & Fawole, 2014). It is inferred that accountability are responsibility conferred, obligation to report back on the degree of the responsibility, optional monitoring to ensure accountability and possible sanctions for poor service delivery has been relatively achieved by SERVICOM.

Today, AEFUTHA remains overstretched by a growing population because of the gap that exists among the three tiers of hospitals in the country. Effective opening of folder for patients has been proven to be associated with problems of issue after – hours, nights and weekends and often patient avoid the hospital as a result of palpable delay and loss of revenue (Abdulraheem, Olapipo & Amodu, 2012). The movement of the folder at times is fraught with gratification and practice of due process is negatively undermined as a result of jumping the queue. The responsiveness and accurate information required by the patients seems to be in doubt following professional misconduct experienced in the system (Kuye & Ile, 2007). It is argued that before the advent of SERVICOM there is deficient or inadequate control and indifference staff attitude that exploit the situation for personal gains and interest (Iliyasu, Abubakar, Abubakar, Lawan, & Gajida, 2010). Thus, the practice of complain to desk officers were there is service failure in the AEFUTHA has enhanced effectively both folders services and consultation relatively; thereby ensuring first-come, first-to-be served practice. (Dipo, 2014; Olowu, 2008). It is against the background that the study was carried out.

It is worrisome that after so many years of the establishment of SERVICOM, public awareness about service charters and existence of SERVICOM units where clients' complaints with regard



to service failure can be handled within government agency is still weak (Oladejo, 2014). Similarly, majority of clients as well as good number of medical staff are ignorant of the existence and contents of the client's charter of SERVICOM which stipulates the rights and responsibilities of the clients and medical staff (SERVICOM Report, 2006). It is argued that long waiting queues which at times lead to unnecessary suffering and sometimes deaths of patients is evidence of gap in service delivery and irregular implementation of SERVICOM charters (Yunusa, Irinoye, Suberu, Garba, Timothy, Dalhatu, & Ahmed, 2014). The situation to a reasonable extent has made citizens to patronize private hospitals attributable to loss of confidence in public hospitals.

Indeed, negative attention ranges from poor service delivery to service delay, discontinuity of care, professional misconduct, and bureaucratic procedures. These have led to poor public confidence in healthcare and made the federal teaching hospital unattractive to the consumers of hospital services (Iliyasu, Abubakar, Abubakar, Lawan, & Gajida 2010; Olowu, 2008) and has contributed to increase in mortality rate in the country (Mohammed, Aliyu & Mohammed, 2013; Israel & Sunday, 2009). It is worrisome that AEFUTHA, has been criticized for traditional hierarchical structures and lack of responsiveness associated with delay in provision of medical consumables has encouraged patients to seek medical attention in private clinics (Mohammed, Aliyu & Mohammed, 2013) and accountability on the side of medical staff may continue to be a nightmare. If there is deficient accountability in government institution, there would be dishonest among medical staff (Kuye & Ile, 2007). This to a reasonable extent has increased complication among patients in areas of morbidity, mortality and SERVICOM effort to improve service delivery evidently is in doubt.

It is observed that AEFUTHA is characterized with bureaucratic bottle neck which is associated with delay in service delivery to its customers. The observed delay has encouraged more affluent echelon of the society resorts to medical tourism overseas to obtain healthcare services, resulting in a loss of foreign exchange to Nigeria and increase the family burden (Awofeso, 2010; Efe, 2013). Ineffectiveness in service delivery which is attributable to environmental configuration has continued to be a source of concern for relevant stakeholders and policymakers in the health institution in the country (Iliyasu, Abubakar, Abubakar, Lawan, & Gajida 2010). In developing countries like Nigeria, teaching hospitals are usually congested and overcrowded most often



associated with gap in service delivery and loss of patient's folder. Against this background, the broad objective of the study is to determine the impact of SERVICOM on service delivery in the Federal Teaching Hospital Abakaliki. The Specific objectives are:

- To examine the level SERVICOM has enhanced timely diagnosis of ailments in AEFUTHA.
- To determine the extent to which SERVICOM has improved accountability in the provision of medical consumables in AEFUTHA.
- To ascertain the degree to which SERVICOM has effectively improved opening of folder in AEFUTHA.

### **Literature Review**

SERVICOM, an acronym for Service Compact with all Nigerians, (SERVICOM) is Federal Government of Nigeria initiatives for Ministries, Departments and Agencies (MDAs) whose charter among others are to provide quality services planned around the requirements of customer and served by trained staff that are sensitive to the need of their clients (Otabor & Obahiagbon, 2016). This service delivery or SERVICOM Reform emanated from a technical assistance provided by the British Government through its agency to the Federal Government (Olaopa 2008).

According to a SERVICOM office publication, in view of government's concern for the poor quality of public service as well as the evils of inefficiency and corruption which have combined to constitute impediments of effective implementation of government policy, a committee was commissioned by government to review service delivery in Nigeria. This included the institutional environment for service delivery, a reflection on people's views and experience of services and to draw roadmap for service Delivery Programme. SERVICOM core provision says: "we dedicate ourselves to providing the basic services to which each citizen is entitled in a timely, fair, honest, effective and transparent manner" (SERVICOM Report, 2006).



However, the employee-centered service improvement is yet to receive the level of attention it deserves. Employee-centered service (internal service delivery) improvement may enhance the level of employee job satisfaction and ultimately service efficiency. Fahad Al-Mailam, Faten (2005) opine that low job satisfaction can lead to increased job mobility and more frequent absenteeism, which may reduce the efficiency of health care services. Previous studies reported that unsatisfied health care employees negatively affect the service delivery of care which may adversely affects patient satisfaction and loyalty to a hospital (Amole, Oyatoye & Kuye, 2015).

Service delivery is defined as “a global judgment or attitude relating to the overall excellence or superiority of the service” (Pakdil & Harwood, 2005). Service delivery is also defined as a customer’s overall service evaluation by applying a disconfirmation ultimate – the gap between service expectations and performance (Pakdil & Harwood, 2005). Perceptions of service delivery enable the providers of healthcare to detect services and processes in need of improvement. Providers perceive that satisfying patients can save them time and money spent on resolving patient complaints in future (Amole, Oyatoye & Kuye, 2015; Amole, Oyatoye & Kuye, 2015); yet, studies seeking to assess the components of the quality of care in health services predominately continue to measure the patient’s satisfaction (Roshnee, 2008). There is no consensus on how to best conceptualize the relationship between patient satisfaction and their perceptions of the service delivery in the health sector. Amole, Oyatoye & Kuye (2015) indicated that much of the work on patient satisfaction is based on simple descriptive and correlation analyses with no theoretical framework. They concluded that, with regard to health services, the focus should be on measuring technical and functional (how care is delivered) determinant, which stimulates the patient’s satisfaction.

Diagnosis is a processing of investigating a patient based on an underlying clinical scenario in hospital. It is a process of establishing clinical case past medical history, current signs and symptom to enable the clinician administers appropriate medical solutions or best treatment plan based on his/her experience or up-to-date knowledge/evidenced obtained through substantial research on relevant external resources to the patients (Yua, Sadid, Vivek, Ashequl, Kathy, Joey & Oladimeji, 2017). It is a way of reducing burden of assimilating the complex and diverse





information in clinical reports within the electronic health record towards supporting prompt and accurate decision-making for a described patient scenario. Medical consumables are an essential component of health care delivery in any country. Equitable access to safe and affordable medicines is crucial to the health and wellbeing of the people, especially in developing countries (Edmund, & Reuben, 2013). Similar developments made in the areas of public health, medical consumables still remain the single most vital factor in the maintenance of health and the treatment of diseases in many parts of the world.

Similarly, opening of folder for patients most time is the process of contact for patients in the hospital for service provision. Folder is a collection of related information of patients in the hospital setting for proper document of patient's history (Adebayo, Olajide, & Kehinde, 2014). The research has revealed that proper opening of folder will increase quality service a patient may deserve in the hospital like. The most famous result is scheduling, appointment or consultation and hours are always contained the patient's folder.

The contextual review was organized into categories that include proper diagnosis, medical consumables and opening of folder for patient in relation to SERVICOM. Mohammed, Aliyu & Balarabe, (2013) believed that there is poor service delivery in the teaching hospital in Nigeria. It is the assumption of the researchers that improvements in physical infrastructure must be undertaken, since changed work attitudes cannot substitute inadequate SERVICOM intervention policy must be sustained, for better service not only in Nigerian teaching hospital but Nigerian public sector at large. Following, instilling public confidence clamoured by federal government at timely, fairness, accountability, effectively in providing diagnosis of ailments cannot be overemphasized. It is evident that proper and timely diagnoses may usually work together where applicable. There are no studies done as at present which have correlated the diagnostic reports of patients and medical staff in Nigeria hospital to establish whether there is a positive or negative correlation and therefore ascertain the importance of diagnosis. Indeed, service delivery is the essence of the public service. Significantly, the capability of a government to legitimately tax and govern people is premised on its capacity to fulfil the objective of social contract entered with citizens during the election (Olowu, 2008).





Empirically, service delivery in Nigeria has variously been described as chaotic, epileptic, unsatisfactory, shoddy, deplorable, sensitive, inflexible, non-cost effective has been characterized by such negative attitudes and traits as insensitivity towards customers and their complaints; lateness; absenteeism, needless delay and palpable negligence, Olowu, (2008) & Okon, (2008). Corroborating, the finding from the scholars revealed inexcusable incompetence, unbridled corruption, favouratism, boring performance and a general lackadaisical attitude to proper/timely diagnosis, provision of medical consumables and opening of folder for patients to avoid queue. To a great extent public service delivery should also be accessible, high in quality and be effectively delivered to the citizens. AEFUTHA has been battling with the challenge of providing basic public services to which each citizen is entitled in a timely, fair, honest, effective and transparent manner. However, over the years, public service failure or ineffective delivery of such services has always been the order of the day in Nigeria health sector and advent of SERVICOM relatively has improved the nightmare.

Greater population of the patients' attention and concern has been on how to effectively open folders and address the challenge of ineffective service delivery associated with teaching hospital in Nigeria. It has become imperative for governments to adopt strategies that will increase citizen participation in decision making on how public services are provided. The gap in literature has been how and why the pressure toward greater citizen, customer or patient's involvement in decision making in government has compelled governments everywhere to seek to increase the service delivery in government services at a time when the available resources for delivering services have declined (Olowu 2005). Corroborating the study Illoh, Njoku, Okafor, Amadi & Godswill, (2013) posits that patients that are satisfied with the quality of service are likely to seek medical consultation in the hospital, to adhere to treatment plan, to maintain a continuous relationship with the hospital, to recommend the hospital to others in the community, to make a more informed choices about the health care providers and to encourage a continuous quality improvement in the hospital

Delay in diagnosis has been proven to be one of the causes of long waiting in the hospital; than relatively shortage of manpower and poor facilities culminate to poor service delivery. It is argued that customer satisfactions negates the ideals of bureaucracy and delay in service delivery



and may be over taken with customer centred approach to achieve the objective of SERVICOM (Iliyasu , Abubakar, Abubakar, Lawan, & Gajida 2010). Similar to these assumptions, there will be an increase in hospital revenue and a reduction in the alternative practice of patronizing private clinic and in extreme situation loss of foreign exchange as a result of medical tourism among the affluent in the society to gain better service delivery. The issue of bureaucracy has continued to be clog on the wheel of SERVICOM and health sector reform should enact policies focused on these domains: Basic amenities, autonomy, and choice of health-care provider to bring the much desired improvement. These may be accomplished by injecting resources to improve the quality of the existing basic amenities, training health-care providers on pertinent responsive issues, especially treating patients with respect, as well as implement the option need to improve the system (Kuye, 2006). It is inferred that Nigerian public sector intervention policy clearly indicate new era of better service delivery in order to facilitate development; more accountability; higher levels of citizen trust; more ethical government in order to release public resources for the purpose of development; more competent medical professionals working in partnerships with customers in order to be more responsive and more effective. There is need for effective evaluation of the utilization of funds, encouragement of local production of drugs and other necessary requirements of the health sector; increase funding for training and research amongst health workers and discouragement of use of public funds for people to travel abroad for medical services. Relatedly functional public health policy for all Nigerians will certainly improve service delivery in the health sector (Yunusa, Irinoye, Suberu, Garba, Timothy, Dalhatu, & Ahmed, 2014).

Similarly, 43 countries in the world have identified one of the most significant contributors to the capacity shortfall as the sharp decline in public service professionalism, with repercussions in terms of performance, prestige and most of all, integrity (Kuye, 2006). This in turn contributes to the diminishing trust that ordinary people have in public institutions. This is an issue which was high up on the international agenda, with the 7th Global Forum on Reinventing Government choosing to focus on that particular issue, attempting to find ways to restore trust in government and public institutions. Perhaps it shows that most frequent theme in the research literature on referral hospitals in Nigeria currently is characterized with ineffective stewardship role of government, fragmented health service delivery, inadequate and inefficient financing, weak health



infrastructure, and poor coordination amongst key players (Exworthy and Peckham, 2006). SERVICOM attempted to close the gap associated with apparent failure of most referral systems in the country to function as intended. In light of this, the broad review outlines key health patient expectation index, functions of teaching hospitals and draws attention to significant gaps in the research (SERVICOM Report, 2006). The central suggestion from this review is that there is time for proper implementation of SERVICOM Charters in relation to patient expectations, both medical staff and patients need to be adequately informed (Kuye & Ile, 2007).

From the contextual review, it is established that timely diagnosis of ailment, provision of medical consumables, effective opening of folder, low budgetary provisions for SERVICOM unit and gap in the implementation of SERVICOM charters. To a reasonable extent it may be inferred that when these issues raised are addressed its outcome will add value to society and may increase human health index and to a great extent encourage even development in the country especially in the health sector and improve public confidence in Nigerian teaching hospitals.

### **Theoretical Framework**

The present study adopted Queuing theory propounded by Cooper (1980). Queuing theory is basically a mathematical approach applied to the analysis of waiting lines within the field of operations management (Nosek and Wilson 2001). Interestingly, any system in which arrivals place demand upon a finite capacity resource may be termed as a queuing system (Singh, 2006). Similarly, in the situation of AEFUTHA, it is found that patients demand services erratically. The objective of queuing analysis and its application in health organizations is to minimize costs to the organization both tangible and intangible and improve responsiveness. The rising cost of health care can be attributed not only to the ageing population, expensive and advanced treatment modalities but also to inefficiencies in health delivery. Queuing theory application is an attempt to minimize the cost of providing health care services through minimization of inefficiencies and delays in the system (Singh, 2006 & Ozan, 2006). Queuing theory has many applications and has been used extensively by the service industries (Nosek and Wilson, 2001). A queuing system or waiting line phenomenon consists essentially of six major components: the population, the arrival, queues itself, queue discipline, service mechanism, departure or exit.



The health systems ability to deliver safe, efficient and smooth services to the patients did not receive much attention until mid-1990's (Singh, 2006). Several key reimbursement changes, increasing critiques and cost pressure on the system and increasing demand of quality and efficacy from highly aware and educated patients due to advances in technology and telecommunications, have started putting more pressure on the healthcare managers to respond to these concerns (Singh, 2006).

However, one of the major elements in improving efficiency in the delivery of healthcare services is patient flow. It is argued that good patient flow means that patient queuing is minimized, if it is bad then the system may suffer loss of revenue and patients may suffer considerable queuing. Healthcare systems resemble any complex queuing network in that delay may be reduced through: (1) Synchronization of work among service stages, (ii). Scheduling of resources (medical staff) to match patterns of arrival and, (iii) constant system monitoring (treating number of patients waiting by location, diagnostic grouping) linked to immediate actions. AEFUTHA can apply queuing theory in areas of doctor's activities, medical laboratory unit, patient waiting time, pharmacy and medical folders activities to serve the patients better. The assumption of the theory is the springboard upon which the study rests upon.

## **Methodology**

Content analytical approach was adopted for the paper. Data were collected using information from official document, direct observation, media commentaries and from scholarly writings on elections and democratic consolidation in Nigeria

## **Discussion of findings**

The study revealed that there is gaps in the establishment of SERVICOM, public awareness about service charters and existence of SERVICOM units where client's complaints with regard to service failure can be handled within government agency is obviously weak in its implementation (Oladejo, 2014). It is noteworthy that the idea of SERVICOM was well conceived as a way to make the public service change into a service whose watchwords must be efficiency, effectiveness, competence and utmost commitment to service delivery to the people (Thomson, 2009). Thus, the



objective of establishing SERVICOM by policy makers is yet to be adequately achieved since service delivery is at increase decrease in the system (Oladejo, 2014). The loss of revenue on the side of government based on alternative health practices and to a reasonable extent encourages loss of public confidence in AEFUTHA and has negative effect on SERVICOM charters. The opportunities provided by SERVICOM which guarantees the right of the citizens to be served right and promptly are not widely known to many citizens (Awofeso, 2010; Efe, 2013; Samuel, 2015; Olaopa, 2008; Ayeni, 2007).

Similarly, the hierarchical structure associated with delay and poor accountability in provision of medical services required or expected by patients and its attendant consequences to patients avoiding hospital appointment and most of the clients cannot even afford the drugs or treatment bill (Mohammed, Aliyu & Mohammed, 2013). Accountability on the side of the hospital may continue to be a nightmare as a result of irregular implementation SERVICOM charters (Samuel, 2015; Olaopa, 2008; Ayeni, 2007). The gap in medical provisions and services required has cause many complications and increased morbidity, mortality and SERVICOM effort to improve service delivery evidently is jeopardized.

Ineffectiveness in service delivery which is attributable to dominant situation of professional misconduct among medical staff has continued to be a source of concern to relevant stakeholders and policymakers in the health institution in the country. In developing countries like Nigeria, teaching hospitals are usually congested and overcrowded and to a great extent it is associated with ineffectiveness especially in folder handling and at times loss of folder (Oladejo, 2014; Illoh, Njoku, Okafor, Amadi & Godswill, 2013). Clients on a regular basis have to grapple with worries of long waiting time, request for gratification, high price for extra services and limited number of skilled medical staff (Samuel, 2015; Olaopa, 2008; Ayeni, 2007; Okon, 2008). Moreover, prolonged waiting time may cause loss of man-hour and loss of revenue to both clients and hospital (Exworthy & Peckham, 2006; Brown, Furnham, Glanville & Swami, 2007).

Moreover, SERVICOM policy intervention suffers political instability as result of transition from one regime to another (Okon, 2005). Hence, the inspection and supervision to ensure proper provision of services become difficult (SERVICOM Report, 2006). There are no laws enacted to give legal teeth to enforce strict compliance by medical staff who do not comply (Samuel, 2015; Olaopa, 2008; Ayeni, 2007). As affirmed by Obansa and Orimisan (2013), with



the country's teeming population now estimated at over 178million, it is still struggling with the provision of basic health services. In view of the critical importance of public service delivery to the citizens of any country, the need for effective delivery of these categories of services cannot be over-stressed. This is why public hospital service delivery should be high, effective and accessible, (Obembe, Osungbade, Olumide, Ibrahim & Fawole, 2014). AEFUTHA is cut in the web of inadequate provision of basic public services to which each patient is entitled in a timely, fair, honest, effective and transparent manner (Iliyasu , Abubakar, Abubakar, Lawan, & Gajida 2010; Yunusa, Irinoye, Suberu, Garba, Timothy, Dalhatu, & Ahmed, 2014; Olowu 2005).

## **Conclusion**

It is the conclusion of the study that right steps however, have been taken in the conceptualization of the policy intervention. The overall rating of the SERVICOM at AEFUTHA services shows there is room for improvement. The information elicited from this study shows that SERVICOM is a good programme for public service administration in Nigeria. It will make Nigerians to have a better re-orientation in the performance of their public services that is characterized by inefficiency, bureaucracy and service failure. The research revealed that many factors in Nigeria had challenged the success of the programme, such as lack of adequate legislation, to sanction the erring public servants.

## **Recommendation**

The following recommendations were put forward with a view of enhancing service delivery in AEFUTHA:

- 1) Proper implementation of SERVICOM should therefore be able to tackle the problem of poor service delivery in teaching hospitals in Nigeria.
- 2) There is need for adequate public awareness about service charters and existence of SERVICOM units where clients' complaints with regard to service failure can be handled.



- 3) There is need to alternate bureaucracy to customer service centered in Nigerian public hospital to improve quality of services rendered in the system.

## References

- Adebayo, P. I., Olajide, O. A., & Kehinde, O. W. (2014). Dependable Online Appointment Booking System for NHIS Outpatient in Nigeria Teaching Hospitals. *International Journal of Computer Science Information Technology (IJCSIT)* 6(4)59-70.
- Amole B, Oyatoye E, Kuye O. (2015). Determinants of patient satisfaction on service quality dimensions in the Nigeria teaching hospitals. *Economics Management Innovation Scientific Technical Journal of Morovian* 7(3):3-20.
- Awofeso, N. (2010). Improving health workforce recruitment and retention in rural and remote regions of Nigeria. *Rural Remote Health*. 10: 1319
- Ayeni, J. (2007) Perspectives and Reflections on Nigerian Civil Service Reforms Servcon and Smedcon Communications Ltd Abuja
- Brown, A., Furnham, A., Glanville, L. & Swami, V. (2007), Factors that affect the likelihood of undergoing cosmetic surgery. *Aesthetic Surgery Journal*, 27, 501-508.
- Cooper, R. B. (1980) Introduction to queuing theory. Elsevier, North Holland.
- Daniel, N. A. A., Charles, N. O., Mary, N., Frimpomaa, N., Denise, O., & Elizabeth, B., (2014) carried out study to determine Patients' perception and expectations of services provided by Pharmacist in Ghanaian Hospital. *Africa of Pharmacy and Pharmacology*, 8(46) 1164-1172
- De Jeger, J. W., Du Plooy, A. T. & Femi, M. A., (2010) Delivering quality service to in- and out-patients in a South African public hospital. *African Journal of Business Management* 4 (2)133-139
- Efe, S. I. (2013) Health care problem and management in Nigeria. *Journal of Geography and Regional Planning*. 6(6) 244-254
- Exworthy, M. & Peckham, S. (2006), Access, Choice and Travel: Implications for Health Policy. *Social Policy & Administration*, 40, 267-287.
- Fahad Al-Mailam, Faten (2005). The effect of nursing care on overall patient satisfaction and its predictive value on return-to-provider behavior: A survey study, *Quality Management in Health Care* 14, 2, 116-120. *Journal of Public Administration, Finance and Law* 7(3)33-43





- Kuye, J. (2006) Design and implementation of public service reforms: Lessons of experiences from South Africa. In K. Kiangu & G. Matabaha (eds). *Public Service Reform in Eastern and Southern Africa: Issues and challenges*. Tanzania: Mkuki na Nyota Publishers.
- Kuye, J. O. & Ile, I. U. (2007) Realising the full potential of Public service reform philosophies: With particular reference to the Nigeria's SERVICOM and South Africa's BATHO PELE principles. *Journal of Public Administration* 42(5)82-92
- Louise A, Matthews Z, Stones W. Framework for evaluation of quality in maternity Services, 13th edition. Southampton: University Press, 2000.
- Mohammed, M. W. K., Aliyu, B., & Mohammed, J. S., (2013) Service Compact (SERVICOM) and Service Delivery in Nigerian Public Teaching Hospitals: A Study of Usmanu Danfodiyo University Teaching Hospital (UDUTH) Sokoto. *Journal of International Academic Research for Multidisciplinary*, 1(6)18-35
- Olaopa, T. (2008) Theory and Practice of Public Administration and Civil Service Reforms in Nigeria. Spectrum Books, Ibadan.
- Olowu, D. (2008) Public Service Delivery in Public Administration in Africa. Main Issues and Selected Country Studies Adamolekun L. (ed). Safari Books, Channels Island. United Kingdom.
- Ozcan, Y. A. (2006). *Quantitative methods in health care management; Techniques and applications* (First edition ed.). Jossey-Bass Publications.
- Pakdil F, & Harwood T. N., (2005). Patient satisfaction in a preoperative assessment clinic: an analysis using SERVQUAL dimensions. *Total Quality Management & Business Excellence*. 16(1):15-30.
- Philip, O. A. Omonoes, G. E. (2015) Impacts of Service Compact with all Nigerians (SERVICOM) on public service delivery: A case study of the Federal Ministry of Women Affairs and Social Development. *International Journal of Business & Finance Management Research*, 3(4)35-43
- Roshnee R. F. (2008) The relative importance of service dimensions in a healthcare setting. *International journal of health care quality assurance*. 21(1):104-24.
- Safyanu, S. S., Ayuba, U., & Tanko, B. A., (2016) Evaluation of SERVICOM Awareness and Quality of Service Delivery in the Education Sector, Jigawa State and Implication for Counselling. *International Journal of Education and Evaluation* 2 (9) 22-31
- Samuel O. O. (2015). *The Nigerian Public Service And Service Delivery Under Civil Rule*
- Sheikh, A. A. (2008) Enhancing the Performance of the Public Service in a Developmental State: A Country Case Study of Nigeria paper prepared in association with Ms Hanlie van Dyk-Robertson<sup>2</sup> for the 2008 AAPAM Roundtable, Accra, Ghana.



Thomson, W. (2009) Delivering Service in Nigeria: A Roadmap, OPSR, London.

Yunusa, U., Irinoye, O., Suberu, A., Garba, A. M. Timothy, G. Dalhatu, A., & Ahmed, S., (2014). Trends And Challenges Of Public Health Care Financing System In Nigeria: The Way Forward. IOSR Journal of Economics and Finance 4, (3) 28-34