



# ADMINISTRATIVE STRUCTURES SUSTAINABILITY AND SECONDARY HEALTH CARE ADMINISTRATION IN LAGOS, NIGERIA

---

**BOLANLE WALIU SHIYANBADE**  
ORCID ID: 0000-0002-4770-5484  
[bwshiyانبade@oauife.edu.ng](mailto:bwshiyانبade@oauife.edu.ng)

(Received 8 January 2024, Revision Accepted 10 March 2024)

## ABSTRACT

The paper focused on the assessment of secondary healthcare administration in Lagos with respect to examined the administrative structure put in place in secondary healthcare facilities and evaluated the effects of administrative structure on secondary healthcare service in Lagos as well as analysed the challenges confronting the administration of secondary healthcare service in Lagos. The paper employed descriptive research design and quantitative research approach. The data were gathered through administration of structured questionnaire. The paper used 20% of the study population 1341, making 268 sample size for questionnaire which consisted of both medical and non-medical staff of three selected General Hospital in Lagos i.e. one from each senatorial district in Lagos State. Data collected were analysed using frequency distribution, percentages, tables, and t-test. The study revealed that sustainability of administrative structure put in place in Lagos State to manage the secondary healthcare service are impactful and has significant effects on the services rendered. Therefore, the paper recommended that hospital administration should provide up to date medical technology and infrastructure need to easy the work of health workers and promote service delivery and that government should be an increase in the financial commitment and budget allocation of the government to the health care sector to address the existing financial challenges. The paper concluded that sustainability of administrative structure has direct effect on secondary healthcare on service delivery in Lagos, Nigeria.

**KEYWORDS:** Administration, Administrative Structures, Health Care, Health Reforms, Secondary Health Care

## INTRODUCTION

Health is an important indicator to measure development. It is necessary for development, in fact. No society can advance if its citizens are in poor health. As a result, any country that wants to grow should be concerned about health difficulties.

Everyone has the fundamental right to enjoy good health, and it is the responsibility of the health care system to ensure that services are available at all three tiers of government (federal, state, and local).

The organisation of people, institutions, and resources that deliver health services to fulfil the needs of the target populations can then be

---

**Bolanle Waliu Shiyانبade**, Department of Public Administration, Obafemi Awolowo University, Ile-Ife, Nigeria

viewed as a health system. Market participants, governments, trade unions, charities, and other organisations should collaborate to deliver planned health care services that are targeted to people as part of the health system planning process (Frenk, 2019). Clearly, health has been included in the transformation program of the recent past administration of Nigerian government. Despite the strong differences in public opinion, government officials praised their own initiatives and accomplishments in respect to the transformation agenda. Although the health system underwent a revolution, the general population, particularly those in rural regions, are unaware of it because the change is so little. Therefore, the delivery of sustainable health care is still considered by many as inadequate (Oyibocho et al., 2019; Shiyabade, Makinde, & Ogunbela, 2023).

Study have indicated that essential public health activities include the prevention and control of epidemics, protection of the environment, workplace, provision of adequate housing, food, water and sanitation (Turnock, 2007; Kelland, 2011). It also includes the monitoring of the health status of population, mobilization of the community for health action, response to disasters, provision of accessible, qualitative and accountable health services and provision of sound health policy, planning and research (Turnock, 2007). From this array of activities, it is very obvious that to ensure public health, population based on accessibility, decision-making mechanism and strategies would need to be put in place and this would require proper management to yield desired results. Despite the fact that the act's implementation has not yielded many results, it has the potential to have significant consequences (Olumide, 1997; Adeyi, 2016; Shiyabade, Makinde, & Ogunbela, 2023). The lack of resources that are used to fulfil human needs gives rise to the necessity for administration. The importance of an effective and efficient management system in Nigeria, where these resources are extremely limited, especially in the health sector, cannot be overstated. Government plays a significant role in providing health services as most health activities depend on government policy, programmes and financing for its success. The organization of governmental public health activities flow directly from the three-tier system of government that is, the federal, state and local government levels of authorities.

A state that encompasses complete physical, mental, and social well-being and not necessarily the absence of disease or infirmity is what the World Health Organisation (WHO) defines as health. This definition is certainly subject to organised challenges due to the inclusion of the term "complete physical, mental, and social well-being." No one can truly be in a "complete" state of health in the sense that the phrase is employed, according to some detractors. They contend that a person's capacity to adapt to novel situations determines their level of health. It suggests that someone is not well if they are unable to manage their circumstances.

This modification needs to be made constantly, especially now. This is owing to the fact that "achieving and maintaining health is an ongoing process, shaped by both personal strategies and organised interventions for staying healthy, as well as the evolution of health care knowledge and practices." "A state whereby one is not perturbed by either physical, or spiritual (mental) illness, or by injury of any kind" is another definition of health (Shiyabade et al., 2017).

Any health care system that is to be successful should usually be managed using a set of policies and strategies that have been accepted by the government, private sector corporations, and other groups in areas including personal health care financing and delivery, pharmaceuticals, health human resources, and public health. Although evidence reveals that the National Health Insurance Scheme was primarily intended to help government officials, it is purported that the Federal government formed it in May 1999 (Eme et al., 2016). According to Eme et al., (2016), it is not required for the organised private sector, unorganised sectors, or most likely the general public.

### **Statement of Research Problem**

Extant studies have examined the nature of structures of secondary healthcare in Lagos, Nigeria (Travis et al., 2004; Abodunrin, Akande & Osagbemi, 2010; Oyibocho et al., 2019). However, little or no premium research attention has been placed on investigating the administrative structures sustainability and secondary health care administration with specific respect to Lagos State, Nigeria. Only a small portion of Nigeria's healthcare is provided by a centrally coordinated and organised organisation due to the country's severely fragmented healthcare system. Although the health ministry

offers guidelines for healthcare implementation, these are primarily bureaucratic posturing that is lost when you look at the fundamentals of healthcare in the nation, thus eroding the country's health care system.

In addition, the purview/scope of existing studies appears broad and macroscopic on the amount of money the federal government allots to the health sector is ridiculous in a country without even the most basic infrastructure, like water for proper sanitation, good roads to transport patients to and from hospitals, emergency medical services, and personnel. There are hospital wards that seem to be potential breeding grounds for new disease outbreaks because they are so empty and worn out. To exacerbate the situation, avaricious politicians always cut funding intended for public welfare to a fraction of what it was originally intended to be.

Every day, secondary hospitals in Lagos State are inundated with patients from all across the nation who are looking for high-quality medical care. Sixty-seven percent of public hospitals are owned by the government, compared to thirty-three percent by private hospitals (Makinde, Sule, Ayankogbe, & Boone, 2019). The majority of Lagosians' health is essentially under the control of public secondary hospitals. However, research suggests that inadequate planning for human resource management and underfunding of the public health system are to blame for the lack of qualified medical personnel at public secondary hospitals (Adeloye et al., 2017). Hence, this study attempts to fill the missing gap by conducting a specific and microscopic study on the sustainability of administrative structures and secondary health care administration in Lagos, Nigeria.

Similarly, International agencies' figures on health indicators show that Nigeria is still far from meeting the very minimal criterion for health. Out of the nine million baby fatalities reported worldwide, one million of them occur in Nigeria, according to a recent World Health Organisation, WHO (2009) report.

It thus becomes an evident-based as well as feasible and convenient spots for investigating the culture of government-sponsored medical treatment for public leaders abroad rather than sufficient health care for Nigerians is the most alarming aspect of the country's health policy. These actions have continued to demonstrate to many Nigerians the government's lack of

dedication and sincerity in addressing the problem of healthcare delivery in the nation.

Various scholars (Travis et al., 2004; Abodunrin, Akande & Osagbemi, 2010; Oyibocho et al., 2019;) have worked on health management focusing health facilities, health finance and health worker management which are some of the issues confronting the health care system in Lagos, however, little attention is given to the administrative structures in place at secondary health care facilities to ensure effectiveness and efficiency, in view of this, the study accessed the health care administrative structure of secondary health care facilities in Lagos.

### **Objectives**

In lieu of the problem statement above, this study broad objective aimed to examined the Sustainability of Administrative Structures and secondary healthcare administration in Lagos while, the specific objectives are to examined administrate Structure put in Place in the Secondary Health Care Facilities in Lagos; assessed the effect of Administrative Structures on Secondary Health Care Service in the study area; and analysed the Challenges Confronting Administration of Secondary Health-Care Service in Lagos. Achieving effectiveness and efficiency is necessary in any organization including the health sector. To achieve the goal and objective of the sector appropriate health administration must be in place. In view of this, the paper focused on the administrative structures in place at the secondary health care facilities in Lagos state.

### **Justification**

The focus of this paper is to examine how administration of the secondary health care in Lagos has affected the service delivery and this is because as an institution, administrative procedures are mandatory to ensure the smooth running of day to day activities. This study provided empirical information that can be used by the stakeholder's especially Federal and State Government as well as executives of health care professional associations in the health sector to proffer way forward to the lingering administrative issues existing in the healthcare system (Shiyanbade, Makinde, & Ogunbela, 2023). The study educates managers and managements of secondary health institutions across the country on how best they could resolve administrative challenges confronting the healthcare system. Also, this study served as a provider of academic literature for further studies.

### Literature Review

This section elucidates on relevant concepts that are germane to the understanding of the main construct of this study. Therefore, concepts such as health, healthcare system, and health administration, and other relevant concepts was considered (i.e.) this section contains a comprehensive explanation of the relevant concept that make up the body of work. It includes the definition and explanation given by respectable authors and scholars in the field.

### Health

Fortunately, any conversation involving health must start with a thorough examination of the definition of is meant by "health." The definition of health as it is perceived by all those involved in the creation, promotion, or utilisation of a health care system establishes the boundaries. Considering the variety of health ideas that have been proposed and employed over time, it's possible that all conversation participants would agree on the assertion that "health itself is not a precise or simple concept". The Royal Commission on the National Health Service's 1979 report.

The persistent discussion around "What is health? Controversy has been sparked by an extensive spectrum of interests, including sociologists of health and illness, managers of health systems, and radical observers of the medical scene. One facet of the conversation—the implications of implementing any idea successfully—has been brought to light by the participation of individuals who are actively involved in the provision of healthcare. Their primary objective is to utilise ideas to develop models that can be applied to the provision of healthcare. This worry is mostly practical rather than academic, primarily stemming from its apparent inability to have a substantial impact on the health of some client groups, namely the terminally ill, the disabled, and the chronically ill.

Health is "the state of being free from illness or injury" (Omoleke, 2016). However, a significant amount of health research has expanded the definition of health. The definition of health in the social science research community has been broadened to encompass well-being, encompassing social, economic, and psychological well-being, in addition to the presence or absence of sickness (Shiyanbade, Makinde, & Ogunbela, 2023). According to the World Health Organisation defined health in 1948 as a condition of whole physical, mental, and

social well-being as opposed to only the absence of illness or disability.

The broad definition of health that is in use today is based on this notion. Even with broad acceptance, this definition raises difficulties when attempting to assess the health of an individual or a community (Chiang & Cohen, 1973 as mentioned in Shiyanbade et al., 2017). From here, one might argue that health is a process rather than "a state," and that the phrase "well-being" is not sufficiently defined. We cannot evaluate the advantages of health care until we are able to quantify, or use indices, the state of people's health. A WHO study group made suggestions to the World Health Organisation for general and specific indicators to gauge the state of health; several more indices have since been created.

### System of Health Care

Health care is the provision of a suitable environment with the aim of fostering and developing human potential. In short, it involves "identifying people's health needs and problems and promoting them with the necessary medical care." Hospitals, clinics, dental offices, out-patient surgery centres, birthing centres, and nursing homes are examples of health care facilities. Health care facilities also have supplies of medications, immunisations, portable water, steady energy supply (power), instruments for medical records, ambulances for patient mobility, solar freezers, and the availability of trained health officers and medical staff, among other things, that enable patients to live healthier lives.

It should be kept in mind when assessing these facilities because environmental factors have a big impact on people's health. We can talk about three different kinds of ecosystems here: constructed, natural, and social. In the context of this setting, we look at the factors that influence health. As they support good health, these health-related elements such as clean air and water, secure neighbourhoods, appropriate housing, well-kept roads, etc. should be included in health care facilities by default.

Good health is one of the fundamental human rights that each and every individual is entitled to. Health services delivery across the levels of federal, state, and local government is the duty of the healthcare system. According to Frenk (2019), a health system is thus an organisation of people, places, and resources that offer medical services in order to fulfil the health needs of target populations. The coordinated provision of

healthcare services is what makes up the health care system. The World Health Organisation (2000) defined a health system as all the organisations, teams, and assets committed to producing health initiatives. The healthcare system enables organised access to medical services and/or diagnostic tools. Any attempt to preserve, enhance, or re-establish health is referred to as a health action (Shiyanbade, Makinde, & Ogunbela, 2023). This includes individual medical care, public health programmes, and intersectoral activities.

Because of this, the health care system can be compared to a manufacturing company with several departments or pieces that are all dedicated to improving the health of the general public. At this level, hospitals and primary care clinics are considered to be parts of the input domain of the health care system. However, certain substances have health benefits that are primarily not intended to impact the community's overall health status. Among other things, these health promotion campaigns include the prohibition on smoking in public places as well as rules and regulations pertaining to public health and safety.

The above suggests that the boundaries of the health system as a producing entity need to be defined. Definitions of the limits of health systems are subjective, according to Frenk (2019), hence an operational definition of the care system must be proposed in order to assess the health system's success. Factors that lie outside the purview of the healthcare system are known as non-health determinants.

Thus, the three tiers of government in Nigeria have the following arrangements for their health care systems: Primary Healthcare: Local government-run wards, communities, and medical facilities; Federal Teaching and Specialty hospitals offer tertiary care; State and General hospitals take care of secondary care. Primary healthcare is the first stage of a continuous healthcare process, and its goal is to deliver medical services as close as possible to people's homes and places of employment. It is the first point of interaction that individuals, families, and the nation's healthcare system have with one other. PHC has received significant funding in the past and still does. However, our health statistics have significantly declined during the past three decades.

Secondary health care is the term used to describe the specialised medical care and support that doctors and other healthcare professionals

deliver to patients who have been referred to them in need of specific expert care. Usually, hospitals provide this care. Primary healthcare clinics often send their patients to hospitals when the staff members there lack the training or resources necessary to properly treat them. Secondary healthcare encompasses a wide range of specialists, such as cardiologists, psychiatrists, obstetricians, dermatologists, and paediatricians. In addition to various other services, general hospitals offer pathology services, X-ray, scan, and emergency department services (Badru, 2003; Shiyanbade, et al., 2017). The Medical and Dental Council of Nigeria states that any general hospital should have at least three medical professionals on staff who are qualified to handle medical, surgical, paediatric, and obstetric cases. Furthermore, the General Hospitals include the primary healthcare institutions into their own in order to satisfy their role as a second-tier healthcare facility (Ademiluyi & Aluko-Arowolo, 2009).

A general hospital must provide basic surgical operations and be able to accommodate at least thirty patients with beds and blankets. General hospitals are often run by state governments. This gives details about the Nigerian health system, including its organisation, the reforms that have made it better, and the challenges the nation faces in advancing its healthcare infrastructure.

#### **The Health Reform Programme of Nigeria**

A substantial change in institutional arrangements, management styles, financing, policy, and legislation related to the provision of health services is referred to as "health sector reform". The government is driving this change with the goal of increasing the effectiveness of the healthcare system and eventually improving public health (WHO Regional Committee, African Region, 1999). Health sector reform is a long-term, government-guided process of radically changing institutional structures and policies to improve the health of the population as a whole and the performance of the health system. This definition was provided by the World Health Organisation in 1995.

The goal of reform is to increase access to health care while lowering costs and improving equity, efficiency, and cost-effectiveness. As stated by Uzochukwu et al., (2015) and Shiyanbade et al., (2017), it also entails reducing the overall burden of disease, particularly that brought on by the HIV/AIDS pandemic, the plague of malaria, and a plethora of other communicable and chronic

illnesses. The government must provide a healthcare system that is affordable, easily accessible, high-quality, effective, efficient, and efficient. In light of this, the Nigerian government has put in place a variety of national health policies and reforms. The explicit purpose of health policy reforms is to facilitate the achievement of the defined aims and objectives of health initiatives. They are meant to help create the elements of a healthier environment so that health programmes are implemented in a way that satisfies their objectives in terms of equity, efficacy, efficiency, and coverage. The World Health Organisation (2018) lists these as purchasing power, family planning, safe and decent housing, health care, especially primary health care, food security and nutrition, safe water and sanitation, buying power, and cultural consideration.

Some of the various reform measures are substitution policies, decentralisation and centralization, clarification of the roles and responsibilities of hospitals and primary care facilities, creation of new professional roles, enhanced management, cost containment, and orientation. No matter which way a reform goes, its goal is always to provide effective and efficient evidence-based, outcome-oriented healthcare. Enhancing client and patient contentment, care calibre, and service accessibility and availability are its primary goals (Shiyanbade, Makinde, & Ogunbela, 2023).

Nigeria's health sector has seen several institutional and legislative modifications, especially since the National Health Programme (NHP) was put into place in 1988 with a view of ensuring health for all Nigerians. According to Meribole et al., (2018), this development has essentially validated the government's willingness to show that it is earnest in its pursuit of the intended health outcome, allowing every Nigerian to lead affluent social and economic lives.

The FMOH increased its desire and commitment to carry out a comprehensive overhaul of the health system in response to the appalling condition of health in Nigeria. In 2003, a fresh reform was initiated within the context of the MDGs, NEPAD, and the National Economic Empowerment and Development Strategy (NEEDS). Over the course of four years (2004-2007), the FMOH, the State Ministry of Health (SMoH), and health development partners should follow the framework, which was developed by the health sector reform plan of 2004. This framework

includes goals, targets, and priorities. The reform environment was established by the 2004 revision of the National Health Policy. The document that outlines the path for strategic reforms and investment in key sectors of the national health system is the FMOH (2004) and Uzochukwu et al. (2015).

The federal government presented the National Economic Empowerment and Development Strategy (NEEDS) in 2004. As part of the country's health sector reform, which aims to bolster the country's healthcare system and improve the delivery of high-quality, reasonably priced, effective, and efficient healthcare to Nigerians, the government committed to improving the health of its citizens. According to the federal government, the goal of the reform was to lower infant mortality to 50 per 1,000 births and increase Nigeria's life expectancy to 65 years.

#### **Summary of Literature**

Various literatures that are available on health and health management in Nigeria focused on numerous aspect of health management. For instance, Oyibocha et al., (2019) worked on the effective public health management; the Nigeria experience and the focus of the work was on the process of mobilizing and deploying resources for the provision of effective public health services, also, Meribole et at., (2018) examined the management of Nigeria health care institutions by focusing on the consequence of poor management and skills on health administration. Uzochukwu et al., (2015) examined the challenges and opportunities to access health care in urban slums of Lagos-state in Nigeria. However, the extant nature of literature on the secondary health care administration in Lagos start prompted this study.

#### **Methodology**

The study employed descriptive research design and quantitative research approach through Statistical Package for Social Statistics (SPSS). The quantitative method requires the use of questionnaire to gather data, subsequently was analysed with both descriptive and inferential statistics. Also relevant research material from journals and other forms of publications were consulted for further information. The study population comprises of both medical and non-medical staff of the 26 Secondary health facilities in Lagos registered by Healthcare Facilities Monitoring and Accreditation Agency (HEFAMAA).

The study utilized multi-stage sampling procedures. At first stage involved simple random selection of one General hospital per senatorial district (Lagos Central-General hospital Surulere, (420) Lagos East- General hospital Ikorodu, (379) Lagos West- Lagos State University Teaching hospital Ikeja/ Ikeja General hospital, (542) making the total of 1341 from three selected General Hospitals for the study. And lastly, 20% sample size was applied to both medical and non-medical staff of the three selected General Hospital since the study is administrative oriented, therefore making an equivalent of 268 sample size which consist of both medical and non-medical staff of three selected General hospitals in Lagos. The reason for the same percentages from the selected hospital were based on the different numbers of the staff (medical and non-medical), so in order to have equal representation through percentage.

The primary source of data (questionnaire) was used for this study. The instrument is viewed to be suitable for the study since the descriptive research design was used. Out of the questionnaire distributed, 220 questionnaires were retrieved which represent 88% of the intended population. Finally, Descriptive statistics such as percentages, tables, relative impact index was used to analyse data gathered on the objectives of the study. Inferential statistics such as t-test was used to verify the validity of the research hypotheses stated for the study.

#### **Administrative Structure put in Place in the Secondary Health Care Facilities in Lagos**

This section examined the administrative structure at work in secondary healthcare facilities in Lagos. To achieve this objective, eight variables were tested through the opinion of the respondents. Response gathered were rated using simple percentage to ascertain the most reoccurring opinion of the respondent.

When examining if there is an active human resource management system installed in the hospital, 59.1% (130) of the respondent strongly agreed, 31.8% (7) also agree to the existence of an active human resource management in secondary health care facilities in Lagos. Also the existence of timely resource sharing arrangement was examined, and 77.3% (170) of the respondent are of the opinion that there is no timely resource sharing arrangement as an administrative

structure in the hospital by disagreeing with the statement while 15.5% (34) of the respondent agreed. This indicate that the respondent agrees to the existence of an active human resource management structure but disagree with the existence of timely resource sharing management in the hospital.

The respondents aired that there is a sound quality control system and it is implemented in the hospital. This was supported by 60.0% (132) of the respondent who strongly agreed and 21.8% (48) who agreed to this position. This showed that a workable quality control system is utilized at the secondary health facility in Lagos. The Analysis further revealed that there is administrative structure put in place for handling intra and inter-professional grievances in the hospital. This was in agreement with 61.8% (136) of the respondent who disagree with this suggestive statement and 15.5% (34) who strongly disagree. This represent that the Administrative structure for handling both internal and external grievances and not functional with secondary healthcare facilities in Lagos.

When examining if there is an effective communication channel establishment in health institutions, 52.7% (116) and 35.5% (78) of the respondent agreed and strongly agreed respectively. This showed that secondary health care facilities in Lagos have a structure of an effective communication channel within the health care facilities. This is also the case with the use of active-patient case management. 42.7% (94) respondent strongly agreed to the use of active patient-case management as part of administrative structure while 27.3% (60) of the respondent agreed. This reflected active patient case management system is installed as an administrative structure in health care facilities in Lagos.

The administrative structure for handling emergency response was also tested in the institution. The response gathered showed that 81.8% (180) of the respondent strongly agree that there is an administrative procedure in place for handling emergency response within the secondary health care facilities in Lagos the last variable tested was the existence activities of feedback mechanism for handling patience complain with the hospital 65.5% (144) respondent disagree with this position which show that the feedback mechanism for handling patience complain is not active within the secondary healthcare facilities in Lagos.

**Table 1: Administrative Structure Put in place in the Secondary Healthcare Facilities in Lagos (N=220)**

Items	Respond	Frequency	Percentage
There is an active human resource management system installed in your hospital	Strongly Agree	130	59.1
	Agree	70	31.8
	Undecided	2	0.9
	Disagree	14	6.4
	Strongly Disagree	4	1.8
Timely resource sharing arrangement is one of the administrative structure in your hospital	Strongly Agree	20	0.1
	Agree	14	6.4
	Undecided	6	2.7
	Disagree	170	77.3
	Strongly Disagree	10	4.5
A sound quality control system is implemented in your hospital	Strongly Agree	132	60.0
	Agree	48	21.8
	Undecided	4	1.8
	Disagree	24	10.9
	Strongly Disagree	12	5.5
Administrative item produces for handling intra and inter-professional grievances are put in place in the hospital	Strongly Agree	20	9.1
	Agree	20	9.1
	Undecided	10	4.5
	Disagree	136	61.8
	Strongly Disagree	34	15.5
There is an effective Communication channel established in your health institution	Strongly Agree	78	35.5
	Agree	116	52.7
	Undecided	8	3.6
	Disagree	8	3.6
	Strongly Disagree	10	4.5
Active patient-case management system is installed as part of administrative structure in your institution	Strongly Agree	94	42.7
	Agree	60	27.3
	Undecided	14	6.4
	Disagree	38	17.3
	Strongly Disagree	14	6.4
There administrative structure for handling emergency response in your organization	Strongly Agree	180	81.8
	Agree	12	5.5
	Undecided	2	0.9
	Disagree	10	4.5
	Strongly Disagree	16	7.3
Feedback mechanism for handling patience complain are active in your hospital	Strongly Agree	22	10
	Agree	40	18.2
	Undecided	2	0.9
	Disagree	144	65.5
	Strongly Disagree	12	5.5

**Source: Fieldwork, June, 2023**



**EFFECT OF ADMINISTRATIVE STRUCTURES ON SECONDARY HEALTH CARE SERVICE IN LAGOS**

This section evaluates the effect of the administrative structure put in place on the secondary health care service in Lagos. To achieve this objective, six variables were subjected to examination from the respondents. The response gathered was analyzed using simple percentage to ascertain the impact of the administrative structure and otherwise of it in the healthcare facility.

The respondents were asked if human resource management has led to increase performance among workers in the hospital and the response gathered show that 44.5% (98) of the respondent agreed while 26.4% (58) of the respondent strongly agreed that the human resource administrative structure in secondary healthcare facilities in Lagos has promote performance among workers.

This showed that the use of active human resource management is an effective administrative structure in the hospital. The result indicated that 68.2% (150) of the respondent agreed that resource –sharing arrangement has improved healthcare service delivery in Lagos State while 42(19/1%) of the respondent strongly

agree to the same claim. This show that arrangement sharing resources within the healthcare facilities improved service delivery.

The quality control installed in the hospital has spurned due diligence among workers towards provision of quality health care services. This was supported by 56.4% (124) of the respondent who agree to this claim and it mean that the installation of quality control in the hospital has encourage due diligence among hospital workers in Lagos.

The response gathered show that reduction in conflict as a result of effective grievance procedures has no lead to increase service delivery. This was as a result of 60% (132) of the respondent that disagree also 30% (60) who strongly disagree.

Effective communication has improved. Service delivery in the hospital this was confirmed by the response gathered from the respondent in which 64.5% (142) agree with this position. This showed that effective communication is an effective administrative structure and it has improved service delivery in the secondary health care facilities in Lagos.

In the same view, 55.5% (122) of the respondent strongly agree that efficient patient case management has contributed to increased health care service delivery. This showed that management of patient. Case file actively has improved the service delivery in Lagos healthcare facilities.

**Table 2: Effect of Administrative Structures on Secondary Health Care Service in Lagos (N = 220) Summary**

Item	Respond	Frequency	Percentage
Human resource management has led to increased performance among workers in the hospital	Strongly Agree	58	26.4
	Agree	98	44.5
	Undecided	8	3.6
	Disagree	30	3.6
	Strongly Disagree	28	11.8
Resource –sharing arrangement has improved healthcare services delivered in the state	Strongly Agree	42	19.1
	Agree	150	68.2
	Undecided	18	8.2
	Disagree	2	0.9
	Strongly Disagree	8	3.6
Quality control installed in the hospital has spurred due diligence among workers towards provision of quality healthcare services	Strongly Agree	50	22.7
	Agree	124	56.4
	Undecided	6	2.7
	Disagree	34	15.5
	Strongly Disagree	6	2.7
Reduction in conflict as a result of effective grievance procedure has led to increased service delivery	Strongly Agree	14	6.4
	Agree	2	0.9
	Undecided	6	2.7
	Disagree	132	60.0
	Strongly Disagree	66	30.0
Effective communication has improved service delivery in the hospital	Strongly Agree	44	20.0
	Agree	142	64.5
	Undecided	4	1.8
	Disagree	10	4.8
	Strongly Disagree	20	9.1
Efficient patient-case management has contributed to increased healthcare service delivery	Strongly Agree	122	55.5
	Agree	64	29.1
	Undecided	0	0
	Disagree	14	6.4
	Strongly Disagree	20	9.1

**Source: Fieldwork, June, 2023**

**Test of Hypothesis (Hypothesis Restatement)**

**H<sub>0</sub>:** Administration of the secondary health care has no direct effect on its service delivery.

To test this hypothesis, results shown in table 3 will be employed. The test is presented in table 3.

**Table 3: Test of Hypothesis**

Responses (Sum +/6)	0	E(220/3)	o-e	(o-e) <sup>2</sup>	(o-e) <sup>2/e</sup>
Agree 910/6	151.6	73.3	78.3	6130.89	83.7
Disagree 370/6	61.6	73.3	(11.7)	136.89	1.86
Undecided 42/6	7	73.3	(66.2)	4382.44	59.78
Total	220.2				145.34

Therefore, the calculated chi-square ( $X^2$ ) = 145.34

Degree of freedom = (RC) = 3-1 = 2

Level of significance = 0.05

While tabulated value = 5.99

Decision Rule: Since the calculated chi-square is greater than the table value,  $145.34 > 5.99$ , therefore reject the null hypothesis and accept the alternative which state that Administration of the secondary health care has direct effect on its service delivery in Lagos.

### **Challenges Confronting Administration of Secondary Health-Care Service in Lagos**

The respondents were asked on what they perceived as the challenges confronting administration of secondary health care service in Lagos. Financial constraint was identified as a challenge facing the administration of health care service this was supported by 59.1% (130) of the respondent who strongly agree and 20.9% (40) who agree with this position. Constant inter-professional rivalry is also viewed to undermine administrative structures put in place to manage secondary healthcare institution. This was supported by 48.3% (106) of the respondent who strongly agree and 38.2% (84) who agree to the claim. This show that constraint inter professional rivalry is a factor affecting the administration of secondary health care in Lagos.

Another problem identified through the survey, the result shown that 473% (104) of the responses

indicated that shortage of qualified health personnel as a result of brain drain confronts administrative structures of secondary health institutions this was also supported by 24.3% (54) of the position. Supremacy struggle between medic and non-medic workers jeopardise administrative structures of secondary health care institution as this was supported by 40.9% (90) of the respondent and 42.7% (94) of respondent who strongly agree and agreed respectively this how that supremacy struggle remain a challenge to the administration of health care facility in Lagos.

Weak monitoring system is also identified as a challenge confronting administration of secondary healthcare service in Lagos 41.8% (92) of the respondent agree with this while 40.9% (90) strongly agree with the position. This indicated that weak monitoring system reduces the strength of administrative of secondary healthcare institutions. Existence of intra-group conflict among medical professional impairs administrative structure of secondary health care institution. 51.8% (14) strongly agree to the opinion and 39% (66) of the respondent also agree. This showed that existing intra-group conflicts among professional is a challenge affecting the administrative structure of secondary health care institution.

**Table 4: Challenges Confronting Administration of Secondary Health Care Service in Lagos (N=220) summary**

<b>Item</b>	<b>Response</b>	<b>Frequency</b>	<b>Percentage</b>
Financial limitation Confronts administration of secondary health care service	Strongly Agree	130	59.1
	Agree	46	20.9
	Undecided	4	1.8
	Disagree	20	9.1
	Strongly Disagree	20	9.1
Constant Inter-professional rivalry undermines administrative structure, put in place to manage secondary healthcare institution	Strongly Agree	106	48.2
	Agree	84	38.2
	Undecided	6	2.9
	Disagree	12	5.5
	Strongly Disagree	12	5.5
Storage of qualified healthcare personnel as a result of brain drain confronts administrative structures of secondary health institution.	Strongly Agree	104	47.3
	Agree	54	44.5
	Undecided	4	1.8
	Disagree	20	9.1
	Strongly Disagree	38	17.3
Supremacy, struggle between medic and non-medic workers jeopardise administrative structures of secondary health care institution	Strongly Agree	90	40.9
	Agree	94	42.9
	Undecided	0	0
	Disagree	18	3.6
	Strongly Disagree	28	12.7
Supremacy, struggle between medic and non-medic workers jeopardise administrative structures of secondary health care institution	Strongly Agree	90	40.9
	Agree	92	41.8
	Undecided	8	3.6
	Disagree	24	10.6
	Strongly Disagree	6	2.7
Intra-group Conflicts among medical professional impairs administrative structure of secondary healthcare institutions	Strongly Agree	114	51.8
	Agree	66	30.0
	Undecided	6	2.7
	Disagree	6	2.7
	Strongly Disagree	28	12.7

**Source: Fieldwork, June, 2023**

## DISCUSSION OF FINDINGS

The study revealed that, in the secondary health care facilities in Lagos, active human resource management system, sound quality control system, effective communication channel and active – patient case management are administrative procedure and structure in existence at the health care facilities in Lagos. This finding explained that the aforementioned variables are in existence and it is actually installed in the system of the health care facilities operation. According to Ademiluyi and Aluko-Arowolo, (2009) support these findings when explaining that secondary health care facilities also known as general hospital or state teaching hospitals are often within the administration of state government and they are charged with the responsibility of ensuring the proper running of its daily activities under the supervision of the state ministry of health who are responsible for policy and technical support of the overall health system within the state. This is in line with the provisions of the state government in providing facilities, equipment and amenities to the state owned hospitals.

The finding show how impactful some of the administrative structure put in place in secondary healthcare service in Lagos is and it reveals that active human resource manage has increase the performance among workers, quality control installed in the hospital has spurred due diligence among workers towards provision of qualify health care service and effective communication has improved the service delivery of the hospital. This show that apart from the professionalism involved in the hospital, the administrative structure installed in the hospital is also very vital in the effective service delivery of the healthcare to their patients. This is in alignment with the opinion of Oyibocho et al., (2019) improving the condition of worker of health workers (either medic on non-medic) will lead to improve productivity in the healthcare sector.

The challenges confronting administration of secondary healthcare service in Lagos are perceived to be financial constrain, shortage of qualified healthcare professional and brain –drain among medical and non-medical workers. Supremacy struggle between medic and non-medic and constant inter-professional rivalry are factors affecting the administration of secondary health care in Lagos. Asabe et al., (2013) argued that the challenges of health care system as

resulted in the poor and tardy service deliveries with lack of fair and sustainable health care financing, lack of basic infrastructure and equipment, illogical and unjust economic and political relations between Nigeria and advanced countries are factors of affecting the overall performance of healthcare system in Nigeria.

## Conclusion and Policy Recommendations

Given the findings of the study, the paper concluded that sustainability of administrative structure has direct effect on secondary healthcare on service delivery in Lagos. The following recommendations were proposed to address the challenges facing the administration of secondary healthcare service in Lagos.

- a) The hospital manager(s) should be an active and workable conflict resolution management within the healthcare facilities to handle and resolute the reoccurring conflict and rivalry among and health care workers.
- b) The state government should increase the financial commitment and budget allocation of the government to the health care sector to address the existing financial challenges.
- c) The state government should increase in staff remuneration, motivation and condition of service to limit the shortage of qualified health care personnel as a result of brain drain.
- d) The government should install a proper monitoring system to ensure due diligence among medical workers both the professional (medic) and administrative staff (non-medic).
- e) The hospital administration should provide up to date medical technology and infrastructure need to easy the work of health workers and promote service delivery.

## DECLARATIONS

**Informed consent and ethical approval.** The participants selected in the study gave informed consent and voluntary participated in the study. There was no harm to the participants and also the staff were given fictional names in order to ensure confidentiality and anonymous of the participants in the study.

**Conflict of Interest.** The paper is sole-authorship, the author states that there is no conflict of interest in any form, the participants selected within the study areas participated voluntarily, and there are data availability for this study.

**Funding**

The author received no financial support for the research, authorship, and/or publication of this article.

**Ethical Considerations**

This article followed all ethical standards for conduction research.

**Ethical Clearance**

Author was given the Ethical

**Data Availability**

The datasets gathered during and/or analysed during this study are available from the corresponding author on reasonable request

**Disclaimer**

The views and opinions expressed in this article are those of the author and do not necessarily reflect the official policy or position of any affiliated agency of the author.

**Additional Information: Biography of the Contributors**

**Bolanle Waliu SHIYANBADE** is a development administrator, teacher, researcher, sustainability advocate, volunteer, and a writer. He holds a Ph.D. in Public Administration from Obafemi Awolowo University, Ile-Ife with an emphasis on local governance, service delivery, social change and development, and Africa development. As a researcher, he has published in several international journals and books. As an astute academic, he has bagged certificates and international Fellowship in areas of local governance and development studies. He is recipient of the prestigious Ph.D. Travel Fellowship award by the Abdul-Kabir Aliu Foundation (AAF) Scholarship; the Academic Staff Union of Nigerian Universities (ASUU) Ph.D. Research Grant; Travel Grant for Data Collection by Centre for Grassroot Development and Governance in Africa; and Doctoral of Philosophy Scholarship and Research Grant for the direct membership of Chartered Institute of Leadership and Governance (Nigeria and USA). He works as a Senior lecturer in the Department of Public Administration, Faculty of Administration in the same University. Dr. Shiyanbade has been a contributor towards many edited books and article publications. Much of his works are concerned with amplifying marginalised voices within the context of governance and administration. He is

currently undertaking research with United Nations Sustainable Development Goals Fund, with the aim of Internally Displaced Persons (IDP) in Nigeria.

**REFERENCES**

- Abodunrin, O. L., Akande, T. M., and Osagbemi, G. K., 2010. Awareness and Perception toward referral from Primary to Secondary Health Care: A study of adult residents in Ilorin, Nigeria. *Annals of African medicine*, 9(3).
- Adeloye, D., David, R. A., Olaogun, A. A., Auta, A., Adesokan, A., Gadanya, M., and Iseolorunkanmi, A. (2017). Health Workforce and Governance: The Crisis in Nigeria. *Human Resources for Health*, 15(1), 1-8.
- Ademiluyi, I. A., and Aluko-Arowolo, S. O., 2009. Infrastructural distribution of Healthcare Services in Nigeria: An overview. *Journal of Geography and Regional Planning*, 2(5), 104-110.
- Adeyi, O., 2016. Health System in Nigeria: from Underperformance to measured optimism. *Health Systems and Reform*, 2(4), 285-289.
- Asabe, S. A., Oye, N. D., and Goji, M., 2013. Hospital patient database management system: A case study of general hospital north-bank Makurdi, Nigeria. *Compusoft*, 2(3), 65.
- Badru, F. A., 2003. 'Sociology of Health and Illness Relations' in Olurode, Lai and Soyombo Omololu (eds.) *Sociology for Beginners*, John West Ikeja: pp. 336-355.
- Chiang, C. L., and Cohen, R. D., 1973. How to measure Health: A Stochastic model for an index of Health. *International journal of epidemiology*, 2(1), 7-13.
- David, J. A., Cyril, W. C., Livia, S. A., and Silvia, H. M., 2002. Glycemic index: overview of implication in health and disease. *America Journal of Clinical Nutrition*, 76, 266-273.

- Eme, O. I., Uche, A., and Uche, I. B., 2016. Building a Solid Health Care System in Nigeria: Challenges and Prospects. *Academic Journal of Interdisciplinary Studies*, 3(6), 501-510
- Frenk, J., 2019. The global health system: strengthening national health systems as the next step for global progress. *PLoS Medicine* 7: e1000089.
- Kelland, K., 2011. "Doctor brain drain costs Africa \$2 Billion. Reuters. Health News. Friday, November 12, 2011. [Accessed: 2017 June 5]. Available from: <http://www.reuters.com/article/usafican-doctors-migration-idUSTRE7AO00O20111125>
- Makinde, O. A., Sule, A., Ayankogbe, O. and Boone, D., 2019. Distribution of health facilities in Nigeria: Implications and options for universal health coverage. *International Journal of Health Coverage*, 33(4):e1179-e1192.
- Meribole, E. C., Makinde, O. A., Oyemakinde, A., Oyediran, K. A., Atobatele, A., Fadeyibi, F. A., and Orobato, N., 2018. The Nigerian health information system policy review of 2014: the need, content, expectations and progress. *Health Information and Libraries Journal*, 35(4), 285-297.
- National Health Act, 2014. Explanatory Memorandum. [Last accessed on 2015 Dec 29]. Available from: <http://www.nassnig.org/document/download/7990>.
- Olumide A., 1997. *Fundamentals of Health Services Management for doctors and senior health workers in Africa*. Kenta publ. Ibadan.
- Omoleke, I. I., 2016. *Administration of Secondary Health and Welfare Services in Nigeria: Policies and Issues*, Ile Ife, Obafemi Awolowo University Press Limited.
- Oyibocho, E. O. A., Irinoye, O. B., Sagua, E., Ogungide-Essien, O. T. D., Edeki, J. E. E., and Okome, O. L. F. (2019). Sustainable healthcare system in Nigeria: Vision, strategies and challenges. *Journal of Economics and Finance*, 5(2), 28-39.
- Royal Commission., 1979. *Royal Commission on the National Health Service. Royal Commission on the National Health Service: Report*. Chair: Merrison A. London: HMSO.
- Shiyanbade, B. W., Makinde, W. A. and Ogunbela, G. K., 2023. Repowering Local Governance for Sustainability: Climate Change Mitigation of Healthcare Delivery in Nigeria. In: Adeniran, A. I. (ed.), *African Development and Global Engagements* (335–356). Palgrave Macmillan, Cham.
- Shiyanbade, B. W., Makinde, W. A., Olajide, S. O., Ogunbela, G. K., and Abdulrazaq, N., 2017. Re-Assessing the Collaboration Implementation Strategies and Administration of National Health Insurance Scheme (NHIS) on End-Users in Nigeria. *International Journal of Politics and Good Governance*. Vol. VIII, No. 8.4 Quarter IV. Illinois: USA.
- Travis, P., Bennett, S., Haines, A., Pang, T., Bhutta, Z., Hyder, A. A., and Evans, T., 2004. Overcoming Secondary health-systems constraints to achieve the Millennium Development Goals. *The Lancet*, 364(9437), 900-906.
- Turnock, B. J. (2007). *Essentials of public health*. Sudbury, MA: Jones and Bartle.
- Uzochukwu, B. S. C., Ughasoro, M. D., Etiaba, E., Okwuosa, C., Envuladu, E., and Onwujekwe, O. E. 2015. Health care financing in Nigeria: Implications for achieving universal health coverage. *Nigerian Journal of Clinical Practice*, 18(4), 437-444.
- World Health Organization., 2016. *World health statistics 2016: monitoring health for the SDGs sustainable development goals*. World Health Organization.

