

Perceived inadequate welfare of healthcare professionals in Nigeria and its influence on service delivery and patients' safety

***Nneka F. Nwafor & Uzoma O. Okoye**

Department of Social Work, University of Nigeria, Nsukka

ABSTRACT

This qualitative study examines the perceived inadequate welfare of healthcare professionals in Nigeria and its influence on service delivery and patient wellbeing, focusing on Enugu State. Three research questions were formulated to guide the study. Data were collected from 12 respondents through oral interviews. The health professionals and patients of three government-owned hospitals in Nsukka LGA formed the study population, where 12 respondents were sampled using purposive and availability sampling techniques. The collected data were analysed thematically. According to the analysis, the welfare of healthcare workers in Nigeria is inadequate. This has a far-reaching impact on the quality of healthcare service delivery and patient's well-being. The study strongly advocates the need for governmental intervention and collaboration among healthcare professionals to improve working conditions. This study also accentuates the role of social workers in advocating for better healthcare systems and patient safety.

Keywords: healthcare, welfare, professionals, patients, social workers, Nigeria.

Introduction

All over the world, the safety of healthcare professionals (HCPs) while discharging their duties has been a concern for decades (Sigurdsson, 2021). More than 59 million workers are globally employed in the healthcare sector (Joseph & Joseph, 2016). HCPs such as physicians, nurses, laboratory technicians, and social workers, among others, provide health care services to patients. Their professional services are fundamental to securing the population's quality of life, preventing sickness, and increasing global health. They support advances in global health research, the identification and understanding of diseases and death causes, and the extension of life expectancy through the use of medication and care services. This prompted the World Health Organisation (WHO, 2020a) to declare that health professionals' strengths and contributions must be optimised and maximised. In other words,

their welfare and safety must be prioritised if the healthcare system is to be maintained (Onigbinde et al., 2020).

According to Joseph and Joseph (2016), the healthcare sector is one of the most hazardous settings to work in. For years, there were records of mortalities, burnout, and acute psychological distress, as well as the contact of infections among healthcare workers at their duty posts. According to a WHO report, three million healthcare workers suffer from sharps injuries each year. In addition, needle-prick injuries were responsible for 40% of hepatitis B, 40% of hepatitis C, and 4.4% of HIV among healthcare employees. Approximately one thousand healthcare employees die each year from occupational HIV, which could and should be prevented with adequate welfare (Joseph & Joseph, 2016).

These incidences are frequent occurrences but intensify during disease outbreaks such as Severe Acute Respiratory Syndrome (SARS), Ebola, and COVID-19 (Chang et al., 2020; Onigbinde et al., 2020; Tam et al., 2004; Evans et al., 2015; Gostin et al., 2014). During the SARS pandemic in 2002, cases and fatalities among healthcare workers were reported (Chang et al., 2020). At the peak of the COVID-19 pandemic in 2020, more than 35,000 healthcare professionals worldwide contracted COVID-19 (WHO, 2020b). Between March and December 2020, 850 healthcare workers in the United Kingdom died from COVID-19, and there were more than 3000 deaths of healthcare workers in the United States (Glaze, 2021). At least 22 healthcare professionals in China died from COVID-19, and there have been roughly 3000 cases of infection among healthcare workers (Onigbinde et al., 2020). Bozdog and Ergun (2021) also observed that healthcare professionals suffer from severe psychological issues and are in danger of mental health problems. High levels of emotional tiredness among HCPs were recorded in Italy (Barello et al., 2020).

In West Africa, Ebola claimed the lives of 8.07% and 6.85% of healthcare workers in Liberia and Sierra Leone, respectively. About 140 African healthcare professionals contracted the Ebola virus disease (EVD) in Sub-Saharan African nations, resulting in about 80 deaths (Gostin et al., 2014). The global pandemic outbreak brought to light the deficiencies in the welfare systems of healthcare personnel worldwide (Onigbinde et al., 2020).

However, ensuring the safety and security of health workers in their work environment is paramount. Tragically, the prioritisation of decisions to safeguard the safety and well-being of individuals in low- and middle-income nations still needs to be adequately addressed. In recognition of the dedication demonstrated by healthcare workers in providing essential services, especially during the pandemic, the WHO designated 2021 as the international year of health and care workers. It is anticipated that through this action, member

nations will develop a heightened awareness of the necessity of augmenting investments in the healthcare workforce (Sigurdsson, 2021; WHO, 2020a). Also, the British Psychological Society (BPS) published guidelines for promoting HCP mental health (BPS, 2020). Despite this, most countries worldwide, particularly West African countries, could not provide adequate welfare and safety for their healthcare professionals.

It is important to note that the intervention of social work professionals is significant for healthcare professionals in rendering productive services and for patients' safety. According to Okoye (2019), healthcare is one of social work's most prominent practice areas. Social work professionals in the healthcare field assist patients and their families manage the psychological and emotional conditions of health and illness. The healthcare professionals evaluate the patient's physical and psychological needs and provide patients with information about their diagnosis, treatment options, and the resources that are accessible to them. Offer counselling services to provide support and assistance to patients in managing stress, depression, and other emotional issues.

Social workers can, through a process unique to the profession involving stages of assessment, planning, intervention, termination and follow-up, among others (Milner et al., 2020; Parker, 2020), ensure the safety of healthcare workers. The social workers, in their efforts to effectively intervene and address the needs of their clients, demonstrate flexibility by exploring various approaches congruent with their clients' beliefs (Onalu et al., 2023). The ultimate goal is to ensure their clients are fully reintegrated and function optimally.

Theoretically, the effect of poor welfare of healthcare professionals on the well-being of the patients can be explained as a chain reaction using the system's theory. This theory posits that elements within a system interact and influence each other, and changes to one part of the system can impact the entire system (Lai & Huili, 2017). In the context of this research, if the healthcare professionals' welfare is inadequate (one element within the health system), it can disrupt their performance, affecting patient care and the overall healthcare service delivery (the entire system). Hence, Systems theory can elucidate the interdependencies between healthcare professionals' welfare conditions, their performance, and patients' well-being. This theoretical model emphasises the need for an integrated approach to addressing issues in a system, which aligns with the study's recommendations to improve the welfare of healthcare professionals.

Studies have explored the psychological effects of the pandemic on healthcare workers (Onigbinde et al., 2020; Gillen et al., 2022; Petrella et al., 2021). However, the interconnectedness of workers' welfare and patients' care, and the ethical need to address workers' needs to uphold the quality of patients' care

are yet to be addressed. The study tries to demonstrate how the health professionals' well-being impacts the patients' well-being. It answers the following research questions: (1) What is the condition of welfare of healthcare professionals in Nigeria? (2) What are the implications of the present welfare condition to the quality of services? (3) how does the welfare of healthcare professionals pose a threat to the patient's well-being? (4) what are the ways to improve welfare and healthcare services?

Methods

Study design

The study adopted a qualitative research design. Thus, qualitative research aims to provide comprehensive explanations and meanings (Carminati, 2018). This helped the researchers deeply explore healthcare professionals' welfare conditions, healthcare workers' views and expectations, and patients' experiences at three government-owned hospitals within Nsukka metropolis, Enugu state. The focus on healthcare professionals and patients from the government-owned hospitals in the Nsukka metropolis is because government-owned hospitals have a large sample of healthcare workers and patients. Also, the rationale for selecting Nsukka was that it harbours one of the biggest metropolises in Enugu, where there are many government-owned hospitals with a high population tendency conducive to the study. By analysing data from healthcare professionals and their patients thematically, the study hoped to establish evidence to guide the healthcare ecosystem in placing utmost importance on the welfare of healthcare professionals and care recipients.

Study area

The study was conducted at the three government-owned hospitals in Nsukka metropolis. Nsukka is a Local Government Area in Enugu state, located in Nigeria's southeast geopolitical zone. Also, Nsukka is part of the larger Nigerian society where healthcare workers and patients are always at risk (Nigeria Medical Association, 2020). However, the situation report in Nsukka will give an insight into Nigeria. Nsukka town is one of the major towns Enugu state metropolis, harboring the first indigenous University in Nigeria (Onuoha, 2016). There are three government-owned hospitals in Nsukka metropolis. Each of these hospitals harbours a variety of health care professionals and patients. The healthcare professionals range from medical doctors to nurses and laboratory scientists. Although the situation in federal hospitals differs in that there are more professionals in terms of number and variety, for instance, the medical social workers only exist in the federal government-owned hospitals.

Sampling procedure and data collection

Twelve healthcare professionals and patients from the three government-owned hospitals were purposively and conveniently selected for the study. We selected at least one HCP and one patient from each hospital. The rationale behind the

limited sample size was to ensure that the researcher could give sufficient time and attention to each participant. As a result, this guarantees a comprehensive understanding of the phenomenon. However, those eligible for the study are the major professionals in hospital settings, such as doctors, nurses, laboratory scientists, and medical social workers. They were termed 'major' because these were the first professionals who had to attend to any kind of patient daily. Also, the patients who were eligible were not on admission but were those found within the facility at the time of data collection. One of the major criteria for selecting respondents was that they were willing and available to participate in the study. Furthermore, the participants consented to document their answers after receiving confirmation of their personal information's confidentiality. In-depth interview guides (IDIs) with open-ended questions were used to collect data from the respondents. The open-ended questions were structured to allow the respondents to express their opinions extensively. The data were collected between March and April 2023. Before the commencement of the interview, the participants were duly apprised of the anticipated interview duration. Subsequently, the researcher proceeded to coordinate a mutually agreeable date and time for the interview.

Data analysis

To establish a systematic categorization of replies and maintain methodological rigour, the data were faithfully transcribed into English with the assistance of a linguist affiliated with the University of Nigeria, Nsukka. Consistent with the principles of qualitative research methodology, themes and sub-themes categories were then developed following the transcription and analysis of the audio-recorded material (Creswell, 2014). The themes that emerged from the analysis are thus: 1). The state of welfare of healthcare professionals in Nigeria. 2). The implications on the quality of services and patients' wellbeing. 3). Ways of improving welfare and healthcare service. There are also sub-themes, which were categorised into the healthcare professionals' and the patients' views. The themes will be explained in detail.

Results

Demographic features of respondents

A total of twelve (12) respondents were sampled for the study. The respondents comprised healthcare workers and patients in government-owned hospitals in Nsukka metropolis. The healthcare workers represent the two medical doctors, two nurses, two medical social workers, two medical Laboratory scientists and four patients within the government-owned hospitals. The age of participants ranges from 30 to 50 years.

The condition of welfare of healthcare professionals in Nigeria

The participants disclosed the present condition of welfare for healthcare professionals (HCPs) in Nigeria, including their welfare expectations and the

extent to which they have been met. Based on the findings, the primary objective of welfare programmes is to mitigate work-related stress by promoting and incentivizing employee engagement and motivation. The participants provided their responses in the following manner:

The welfare needs of Health Workers should consider how they are being paid, whether they have a conducive working environment, their working conditions, good facilities, good equipment and others, it is how well you are being taken care of by the organisation that employed you (Medical doctor. 48).

Considering the field, we found ourselves as healthcare professionals, there are so many things we have denied ourselves such as, time, even those things an ordinary man will run away from, we go there and absorb it to save lives and all these sacrifices, because of what HCPs are being exposed to, they needed to be cared for (Medical doctor. 47).

Further probing the welfare needs of HCP, respondents provided comprehensive insights on what should encompass their welfare. They acknowledged the importance of addressing their welfare needs for effective service delivery. In addition to financial and structural welfare, the welfare demands of healthcare workers also encompass psychological and emotional well-being. One of the medical doctors said that HCPs should get hazard allowances, leave allowances, and appropriate remuneration for their efforts in providing healthcare services to the community. The importance of having suitable office space, providing protective equipment to mitigate potential hazards, and acquiring various technologies and gadgets to facilitate efficient diagnosis were also mentioned. Other respondents expressed their opinion this way:

We deserve to be given allowances. For instance, in most federal hospitals, somebody working in extension is not supposed to be on duty on a particular day but because of emergency the person will be called to discharge extra duties, those things are not supposed to be neglected. The person should be appreciated for the services that are being rendered to the patients (Nurse. 49).

We should be given transport allowances, feeding allowances, if possible we should be given lunch. And also in cases of being absent from work, for example, sick leave, incentives and considerations should be given to sick healthcare professionals (Medical Laboratory scientist. 30).

When queried about the welfare status of healthcare workers, the responses conveyed a prevailing sentiment of dissatisfaction with the current state of

welfare. Based on the responses, it can be inferred that the welfare status of healthcare practitioners (HCP) in Nigeria is unsatisfactory. In contrast to the prevailing economic conditions in Nigeria, the stated remunerations were deemed insufficient. It is worth noting that certain benefits, such as hazard allowances for HCPs, were not included in their compensation. The subsequent replies are derived from individuals expressing their varied perspectives on the present state of HCPs' welfare:

The welfare conditions of health workers are not yet up to expectation both in their pay packages and other entitlements. Health workers are not that happy because their salaries are not really worth it, compared to the economic times. Not having a good working environment is another issue, some professionals in my facility don't have offices, often times they share offices, whereas there are units that are meant to work separately, staying together to discharge their duties is a problem. For instance, we the medical social workers are sharing offices with the Psychologists which is not okay to our profession, in terms of rendering services to our clients, considering the issues of confidentiality in our services, so lack of office space is a poor welfare condition (Medical social worker. 36).

Additionally, inquiries were made regarding the precise measures currently in place to address the welfare needs of healthcare professionals (HCPs). The findings indicate a lack of dedicated measures or programmes to promote healthcare personnel's well-being. While the participants agreed to the existence of a programmes that may be perceived as efforts to address the wellbeing of healthcare professionals, they expressed the belief that these measures are insufficient, incomplete, and occasionally inadequately administered. Most respondents referred to the National Health Insurance Scheme (NHIS). Based on the information, the NHIS was established to provide social benefits only to employees within federal hospitals. However, inadequate management has failed to effectively fulfil its intended welfare objectives. Based on the feedback received, it is commonly observed that the Pharmacy department often lacks some prescribed medications, necessitating individuals to personally procure them from external sources at their own expense, even if they are enrolled in the NHIS. The subsequent comments encapsulated their perspectives.

The measures are not lacking but not as expected. For instance, the National Health Insurance Scheme (NHIS) we are entitled to, yet we don't enjoy it. Most of the time, the doctor will prescribe drugs, but you will be told to go and buy it outside, that it's not in the pharmacy, yet the government will always deduct money from your salary for the NHIS whether you are utilising it or not (Medical social worker .34).

Yes, sometimes we hear of increment in pay packages and allowances, yet we don't benefit from it whereas other professionals in the health

settings do, for instance during the COVID 19, there was this remuneration that are meant for health workers in every hospital in Nigeria but those of us in this hospital did not benefit because our own health setting is being managed by Ministry of education instead of Ministry of health like others yet we are all federal hospitals. It's affecting our working entitlement and pay packages; our benefits are not duly given to us (Nurse 50).

In continuation of the discussion on the steps implemented to address the wellbeing of healthcare workers, an additional investigation has uncovered that specific non-governmental organisations (NGOs) are actively involved in safeguarding the welfare of HCPs by supplying them with protective equipment. The respondent recognised this fact:

Some NGOs come around to give some relief to healthcare professionals, thereby assisting the government to do so. We have Caritas Nigeria, they are the people that bring consumables and protective wears for healthcare workers, because of the hazard involved in working with some patients, which is supposed to be from the government, sometimes these NGOs call us for seminars. Despite this, they are not still meeting the demand (Medical Laboratory scientist. 34).

The implications on the quality of services and patients' wellbeing

The substandard welfare of HCPs has been identified as having adverse consequences on the quality of services, both directly and indirectly. Directly, it can be observed that this phenomenon leads to a decrease in motivation for providing services. Indirectly, it also gives rise to other unfavourable circumstances that further hinder the effective delivery of services.

The HCP views:

Some of the HCPs maintain that poor welfare does not always hinder their ability to fulfil their professional responsibilities. This is due to their commitment to humanity, as they prioritize saving lives by providing services. One of the participants expressed the following view:

From my own perspective poor welfare may not affect the quality of service because we are there to save lives, but I know that if health workers receive the adequate care and attention they deserve, there will be so much improvement in how they render services. As much as we try our best, incentives go a long way towards motivating people to bring out more of their abilities (Medical doctor, 47).

The prevailing viewpoint among the participants indicates that providing sufficient support for HCPs will significantly influence the delivery of services

and patients' overall well-being, in contrast to the negative consequences associated with inadequate welfare. It might be argued that inadequate welfare provisions may have adverse implications for service outcomes, impacting patients' overall well-being. The following responses have encapsulated their perspectives:

Because of the current hardship being experience generally, the service delivery is affected, and by implication, the patients suffer the whole thing, because when you are not happy working, you will not be able to bring out your best, so often time you keep giving excuses. It also affects relationships among workers, where others are feeling marginalized whereas some are well paid and others underpaid, entitlement of health workers is meant to be across board, but some professionals are privileged to benefits and others are not benefiting so it affects condition of services and working relationships. There are some duties you would have carried out passionately but you will not be disposed to do that because you are not happy which in turn affect the patients (Nurse .35).

It may affect the quality of service depending on individual. Sometimes, there is an extent you will reach you will begin to question yourself, especially when you know that your employer doesn't care for you. They are not interested if you are harmed, infected or even died, so these things may affect one's attitude in the job. And when you talk of overtime, some people will be strict that they will not exceed this 3:30 – 4:00pm normal pay job because they are not being paid for extra time. So why should I stress myself for an extra hour that will not be paid for? So some will be working and checking the time, the moment the time reach, they will leave everything because they know that even if they work overtime, nobody recognises their effort. Also when the work is much, they will just select the ones they want to work on and leave the rest until the next day, but when there is adequate welfare, the person will put more strength to finish his/her job at the expected time (Medical Laboratory scientist 30).

In terms of poor working condition, it does affect, for instance, where the medical social workers are sharing offices with other professionals from different field, it affects the patients. Imagine a situation where a social worker is interviewing patients in an office that is crowded, in the midst of strangers, the client will not tell you the actual truth for fear of people knowing what his/her problem is. So it indirectly affects our service delivery (Medical Social worker 36).

The patients' view

The result of the study shows that the respondents exhibit little understanding towards the welfare of healthcare professionals. However, they voiced apprehensions regarding the elevated levels of stress witnessed among healthcare practitioners and emphasized the significance of offering sufficient support. The participants also expressed concerns regarding the caliber of healthcare services they received as patients. The results indicated that there are situations in which patients express discontent with their treatment experiences, predominantly due to prolonged waiting periods, appointment delays, protracted medical procedures, the conduct of specific healthcare personnel, and delays in accessing care, among other variables. The following is a selection of responses:

Some of the healthcare workers, out of frustration, abandon or resign from their job and got employed in other sectors. I know many of them that converted to academic staff, and others left for abroad. And now the few healthcare workers that are left are overburden by work load, yet patients are not reducing, but the number of healthcare workers are reducing. That is why most times you see them shouting at the patients, it is due to frustration, and stress as a result of too much work load. They don't have enough staff again and it's affecting how they work. Some of them use to look so tired sometimes, and when you call them, they don't respond fast (Patient, 42).

Most of them are on loan, the economic hardship is affecting everybody, so you don't expect them to be happy. Sometime they feel reluctant to attend to the patients. They don't attend to the patients when they are supposed to, sometimes they shout at the patients out of frustration. Due to this, a patient may not like to visit the hospital again and may not refer his/her friends or family to the hospital. By implication the patients will not receive proper treatment and care. Sometimes, they refer the patients to their private facility (Patient,33).

Ways of Improving the welfare of healthcare professionals and healthcare services

Enhancing HCP's welfare and promoting patient wellbeing are significant focal points within this subject matter. Hence, Participants were asked to suggest what should be done to improve healthcare workers' welfare and enhance service delivery. The response reveals that the government's responsibilities to provide a favourable work environment, fair reward for employees' efforts, and mental health support, among other factors, are deemed insufficient. Therefore, it was suggested that creating a positive work atmosphere, ensuring fair pay for employees' work, offering mental healthcare, and providing opportunities for professional growth could be useful measures to address the negative

consequences of inadequate welfare and patient wellbeing. These are some of the responses:

The government should ensure that hazard allowances get to health workers; ensure that other allowance reflect in their pay; have a direct link to the government where if there is anything, we can be able to relate efficiently and effectively and with the assurance of reaping hard; and policy implemented to help the health sector (Medical Doctor 48).

From time to time they are supposed to call us for seminars, but they don't especially in the local government hospitals, although this is being taken care of by NGOs anyway, but if the government involve themselves it will be better, it will be like a revival for healthcare workers. They should attend to the health needs of healthcare workers, then from time to time, give incentives too, ordinarily we are not supposed to come to work with slippers or sandals, we are supposed to be on shoes but some people may not comply because their monthly salary is not much, I cannot afford to feed my family and still buy shoes. So incentive is necessary (Nurse .35).

There should be psychological support and provision for listening to the worker's complaints, when a worker is observed to be lagging behind the person should be given a break to sort out his/her issues depending on the kind of problems that is weighing on the person, giving the workers listening ears (Medical social workers, 36).

A code of ethics obligates healthcare workers to demonstrate diligence in fulfilling their duties, regardless of the circumstances surrounding their service. The responses indicate that demonstrating dedication to their profession and displaying compassion are also crucial factors in ensuring the provision of high-quality healthcare to patients. One of the respondents made the following statement:

If as individual you are contented, you will always serve the patients well regardless. Healthcare is a vocational job, we are expected to be humane and apply our conscience, and not to present the attitude of the employer to the patients. In as much as the remuneration is not in proportionate to the work being rendered yet we swear an oath to take care of patients irrespective of money or whatever, so as health worker we have to still try our best to take care of patients as best as we can. This is because we are there to save lives (Medical doctor.47)

The problem should be solved from the board. Each healthcare professionals have a board, starting from the doctors, nurses and the Laboratory scientists all have a board. If this issue is discussed and

they articulate their needs in the board, and present it to the government, then push for change (Patient, 42).

Results indicated that Professional intervention is also relevant in achieving a quality service delivery and patients' safety. Response shows that social work professionals as one of the major stakeholders in the health settings, can play significant roles in enhancing the welfare of healthcare professionals and ensure patients safety. The following view captured it:

Social workers should not relent in securing their position among the healthcare teams. They should be able to differentiate their services from others. They should also be part of the administration to be able to be among those who make rules that guide the healthcare settings. Most times focus is mostly on the patients, forgetting other areas where our services are needed (Medical Social Worker, .36)

Discussion

This research paper examines the perceived inadequate welfare of HCPs in Nigeria and its influence on service delivery and patients' wellbeing. The findings revealed some of the welfare needs of HCPs, including adequate remuneration, good working conditions, psychological support, and other allowances. Remunerations are adequate compensation and benefits to HCPs, including adequate salaries, overtime payments, adequate staffing, and sufficient resources for safety and effective services. Giving adequate consideration to the welfare of HCPs is a way of recognizing and showing appreciation for their contributions to the healthcare system, given the demanding and often stressful nature of their work. HCPs are exposed to high-pressure situations, long working hours, emotional strain, and potentially traumatic events.

Brand et al. (2017) observed that HCPs report higher rates of illness absence, dissatisfaction, distress, and burnout than workers in other sectors. Therefore, ensuring the adequate welfare of HCPs helps maintain their physical and mental wellbeing and ensures commitment to service delivery. However, the study found that HCPs face challenges of poor remunerations and unfavourable working conditions, including a lack of office space, protective equipment, and facilities, as well as the absence of psychological support and other entitlements. Based on the findings, despite being ethically obligated to prioritise patient wellbeing, inadequate welfare conditions indirectly affect the ability of healthcare professionals to provide optimal care to their patients. However, this is owing to diminished motivation. Hence, the study identifies the importance of giving HCPs adequate remuneration.

In addition, the study did not only reflect the poor welfare of HCPs, it also found the negative impact it has on both the patients' and the healthcare sector. It found that abrupt resignation, brain drain, too much workload, shortage of healthcare workers, delays in attending to patients, and possible exploitation of the patients by referring them to their private hospitals among others, are all consequences of poor welfare of healthcare workers. Ultimately, the finding underscores the significance of addressing the welfare of HCPs for maintaining a robust healthcare system capable of delivering high-quality, safe patient care. Maintaining a robust and effective healthcare system depends on healthcare professionals' well-being (Essien, 2018; Onigbinde et al., 2020; Bozdağ & Ergün, 2021; Sjøvold et al., 2021). The finding is similar to a previous study by Essien (2018), which found that poor welfare results in unfavourable outcomes including avoidable fatalities, deteriorating health conditions, and the propagation of diseases, thereby exerting adverse socioeconomic impacts on Nigerians.

However, there needs to be more sufficiency in the measures implemented to ensure the satisfactory wellbeing of healthcare professionals in Nigeria. Based on the findings, programmes like the National Health Insurance Scheme, which is a measure to ensure the welfare of healthcare professionals, have limited coverage, inadequate administration, and poor management. These factors also harm the patient's overall health and wellbeing. Patient's wellbeing encompasses the holistic state of health, contentment, and the caliber of care or intervention received. In a similar study, Oleribe et al. (2016) discovered that inadequate management and administration have a substantial negative impact on the wellbeing and dedication of healthcare personnel. According to them, the management and administrative practices significantly influence dedication to duties among health professionals. The primary objective of healthcare providers is to safeguard patients' overall welfare.

Nevertheless, this study has revealed that substandard welfare conditions affect the healthcare practitioners' ability to fulfil patient responsibilities. The level of commitment and enthusiasm exhibited by HCPs in their service delivery is influenced by their welfare conditions, notwithstanding their inherent need to provide care. A study by Sigurdsson (2021) found that physicians who encounter substantial levels of burnout face a heightened probability of committing a severe medical mistake, with the risk increasing by 50%. According to West and Coia (2019), the wellbeing of physicians impacts patients' safety. Consequently, safeguarding physicians' wellbeing equates to safeguarding their patients' wellbeing. Essien (2018) also maintained that inadequate welfare of healthcare workers sometimes could prompt the discharging of patients prematurely, resulting in a significant number of preventable fatalities and health issues. Nevertheless, this study has

substantiated the notion that the wellbeing of any professional collective might directly influence the caliber of their services.

Also, from the findings, the burden of transforming the healthcare sector by bolstering the welfare of its professionals falls primarily on the government. It is anticipated that the government will implement several measures to increase the wellbeing of HCPs. These measures include ensuring appropriate remuneration and financial incentives, better working circumstances, and facilitating; access to psychological support and training programmes to augment workers' competencies, among other initiatives. These interventions are expected to reduce any adverse effects and enhance patient outcomes.

Simultaneously, the findings underscore the critical role social workers can play in healthcare settings by advocating for improved welfare for healthcare workers. By extension, the patient's welfare benefits these improvements, leading to better healthcare outcomes. Nevertheless, it is crucial to underscore that specialists in the field of social work constitute an integral component of the healthcare labour force. The study also indicates that the social worker's roles as managers within the healthcare setting should be considered. This implies that social workers should extend their expertise to encompass the patients and the healthcare professionals, management, and administration inside the healthcare sector. The significance of attaining sufficient welfare for healthcare personnel and ensuring effective management and administration lies in its crucial role in promoting the well-being of patients. This aligns with the system's theory that emphasises the need for an integrated approach to addressing issues in a system.

Hence, social workers must engage in collaborative efforts with other professionals in the healthcare setting to guarantee quality service delivery. In conclusion, the findings recommend organising seminars and regularly educating healthcare professionals on the significance of maintaining their ethical responsibility, even in challenging circumstances. However, social workers also excel in the role of educators within healthcare settings (Okoye, 2019).

However, this study acknowledged some limitations. The first is the researcher's decision to use a small sample size of 12 participants. The second is the geographic area of the study, which was limited to Nsukka metropolis, and the third is the sole use of a qualitative research method. Despite these limitations, the study provides valuable insights into the inadequate welfare of healthcare professionals in Nigeria and its influence on service delivery and patients' safety. Future work on this topic should focus on a more expansive and diverse sample size, encompassing not just healthcare professionals but also administrative staff and stakeholders who play significant roles in managing

and influencing working conditions within healthcare institutions. In-depth quantitative research is also necessary to substantiate the findings of this qualitative study, which would solidify its recommendations for policy changes. Besides, looking into comparative welfare schemes around the globe for healthcare professionals might also provide potential solutions to the issues raised, making grounds for benchmarking and further improvements. Region-specific conditions like cultural, economic, and social factors should also be considered when devising an improved welfare strategy for healthcare professionals.

Conclusion

The welfare of healthcare professionals is essential. It has been widely recognised as related to patients' safety. Healthcare workers in Nigeria face numerous challenges that undermine their safety and affect their service conditions. This has far-reaching consequences on their patients and the entire healthcare system. In substandard welfare conditions, medical practitioners may encounter circumstances where they are compelled to prioritise activities and render choices based on timeframe limitations rather than the optimal course of action for the patient's well-being. This can result in treatment approaches that could be better or more adequately evaluate all relevant options. In essence, the wellbeing HCPs is intricately linked to the caliber and efficacy of healthcare provided to patients. The prioritization and enhancement of health workers' working conditions and wellbeing are crucial in upholding a healthcare system that delivers safe, efficient care centred on patients' needs.

References

- Barello, S., Palamenghi, L., & Graffigna, G. (2020). Burnout and somatic symptoms among frontline healthcare professionals at the peak of the Italian COVID-19 pandemic. *Psychiatry research*, *290*, 113129.
- Bozdağ, F., & Ergün, N. (2021). Psychological resilience of healthcare professionals during COVID-19 pandemic. *Psychological reports*, *124*(6), 2567-2586.
- Brand, S. L., Thompson Coon, J., Fleming, L. E., Carroll, L., Bethel, A., & Wyatt, K. (2017). Whole-system approaches to improving the health and wellbeing of healthcare workers: A systematic review. *PloS one*, *12*(12), e0188418. <https://doi.org/10.1371/journal.pone.0188418>
- Carminati, L. (2018). Generalizability in qualitative research: A tale of two traditions. *Qualitative health research*, *28*(13), 2094-2101. <https://journals.sagepub.com/doi/abs/10.1177/1049732318788379>
- Chang, D., Xu, H., Rebaza, A., Sharma, L., & Cruz, C. S. D. (2020). Protecting health-care workers from subclinical coronavirus infection. *The Lancet Respiratory Medicine*, *8*(3), e13.
- Creswell, J. W. (2014). Research design: qualitative, quantitative, and mixed methods approaches. <https://eduq.info/xmlui/handle/11515/19498>

- Ebuka O. (17 June, 2020). Doctor's strike: Nigerian government threatens 'No Work no Pay' rule. *Premium Times*. <https://www.premiumtimesng.com/news/headlines/398097-doctors-strike-nigerian-govt-threatens-no-work-no-pay-rule.html>,
- Essien, M. J. (2018). The socio-economic effects of medical unions strike on the health sector of Akwa Ibom State of Nigeria. *Asian Business Review*, 8(2), 12-90.
- Evans, D. K., Goldstein, M., & Popova, A. (2015). Health-care worker mortality and the legacy of the Ebola epidemic. *The Lancet Global Health*, 3(8), e439-e440.
- Gillen P, Neill RD, Mallett J, Moriarty J, Manthorpe J, Schroder H, et al. (2022) Wellbeing and coping of UK nurses, midwives and allied health professionals during COVID-19-a cross-sectional study. *PLoS ONE* 17(9): e0274036. <https://doi.org/10.1371/journal.pone.0274036>
- Glaze B. (20 January, 2021). Ministers under fresh pressure over PPE for NHS heroes on coronavirus frontline. *Daily Mirror*. <https://www.mirror.co.uk/news/politics/ministers-under-fresh-pressure-over-23355040>
- Gostin, L. O., Lucey, D., & Phelan, A. (2014). The Ebola epidemic: a global health emergency. *Jama*, 312(11), 1095-1096.
- Joseph, B., & Joseph, M. (2016). The health of the healthcare workers. *Indian journal of occupational and environmental medicine*, 20(2), 71.
- Lai, C. H., & Huili Lin, S. (2017). Systems theory. *The international encyclopedia of organizational communication*, 1-18.
- Milner, J., Myers, S., & O'Byrne, P. (2020). *Assessment in social work*. Bloomsbury Publishing.
- Nigeria Medical Association (21 January, 2020). Brain drain: Protection of doctors' welfare important. *The Vanguard*. <https://www.vanguardngr.com/2020/01/brain-drain-protection-of-doctors-welfare-important-nma/>
- Okoye, U. O. (2019). Healthcare social work in Nigeria. In Winnett, R., Furman, R., Epps, D., and Lamphear, G. (Eds) *Health Care Social Work: A Global Perspective*. (pp. 149-161) New York: Oxford University Press.
- Oleribe, O. O., Ezieme, I. P., Oladipo, O., Akinola, E. P., Udofia, D., & Taylor-Robinson, S. D. (2016). Industrial action by healthcare workers in Nigeria in 2013–2015: an inquiry into causes, consequences and control—a cross-sectional descriptive study. *Human Resources for Health*, 14, 1-10.
- Onalu, C., Ramsey-Soroghay, B., & Nwafor, N. (2023). Conflict management and social work curriculum at the University of Nigeria, Nsukka, Nigeria. *Social Work Education*, 1-15. <https://www.tandfonline.com/doi/abs/10.1080/02615479.2023.2215808>
- Onigbinde, O. A., Babatunde, O., & Ajagbe, A. O. (2020). The welfare of healthcare workers amidst COVID-19 pandemic in Sub-Saharan Africa: a call for concern. *Ethics, Medicine, and Public Health*, 15, 100555.

- Onuoha, A. (2016). *History of the University of Nigeria aka UNN*. <https://idonsabi.com/history-of-the-university-of-nigeria-aka-unn/>
- Parker, J. (2020). *Social work practice: Assessment, planning, intervention and review* (6th ed.). Learning Matters.
- Petrella, A. R., Hughes, L., Fern, L. A., Monaghan, L., Hannon, B., Waters, A., & Taylor, R. M. (2021). Healthcare staff well-being and use of support services during COVID-19: a UK perspective. *General Psychiatry, 34*(3). doi:10.1136/gpsych-2020-100458
- Sigurdsson, E. L. (2021). The wellbeing of health care workers. *Scandinavian Journal of Primary Health Care, 39*(4), 389-390.
- Søvdold, L. E., Naslund, J. A., Kousoulis, A. A., Saxena, S., Qoronfleh, M. W., Grobler, C., & Münter, L. (2021). Prioritizing the mental health and well-being of healthcare workers: an urgent global public health priority. *Frontiers in public health, 9*, 679397.
- Tam, C. W., Pang, E. P., Lam, L. C., & Chiu, H. F. (2004). Severe acute respiratory syndrome (SARS) in Hong Kong in 2003: stress and psychological impact among frontline healthcare workers. *Psychological medicine, 34*(7), 1197-1204.
- BPS COVID-19 Staff Wellbeing Group (2020). *The Psychological needs of Healthcare staff as a result of the Coronavirus pandemic*. British Psychological Society
- West, M., & Coia, D. (2019). Caring for doctors, caring for patients. *General Medical Council*.
- World Health Organization (2020b). *WHO calls for healthy, safe, and decent working conditions for all health workers, amidst COVID-19 pandemic*. https://www.who.int/news/item/28-04-2020-20200428_protect_workers#:~:text=On%20World%20Day%20for%20Safety,workers%20and%20emergency%20responders%20respect
- World Health Organization. (2020a). *2021 designated as the International Year of Health and Care Workers*. [https://www.who.int/news/item/11-11-2020-2021-designated-as-the-international-year-of-health-and-care-workers#:~:text=Member%20States%20at%20the%20resumed,and%20Care%20Workers%20\(YHCW\)](https://www.who.int/news/item/11-11-2020-2021-designated-as-the-international-year-of-health-and-care-workers#:~:text=Member%20States%20at%20the%20resumed,and%20Care%20Workers%20(YHCW)).