

EFFECT OF THE MANAGERIAL CAPACITY ON HEALTHCARE SERVICE DELIVERY OF SELECTED HOSPITAL MANAGEMENT BOARD IN KANO STATE.

¹James Adoyi & ²Victor Onuh EDOGBANYA

¹Department of Public Administration, Federal University Lokoja

²Department of Business Administration, Federal University Lokoja

¹James.adoyi@ful.edu.ng 08060844885 & ²Victor.Vedogbanya@gmail.com

Abstract

The effectiveness of healthcare service delivery in Kano State, Nigeria, is significantly influenced by the managerial capacity of the Hospital Management Board (HMB). This study examines the impact of three key managerial variables planning capacity, human resource management, and monitoring and evaluation (M&E) on the quality and efficiency of healthcare services provided by public hospitals in the state. The research employs a mixed-methods approach, utilizing both qualitative and quantitative data to assess the role of these managerial capacities in enhancing hospital performance and service delivery. The findings reveal that weak planning capacity, inadequate human resource management practices, and underdeveloped M&E systems contribute to inefficiencies in service delivery, leading to suboptimal healthcare outcomes. The study conclude that, for sustainable improvement, it is essential that the HMB adopts a more proactive and data-driven management approach. Investing in managerial capacity will not only enhance hospital performance but also contribute to better health outcomes and increased trust in public healthcare institutions across the state. Based on the findings of this study, which examined the influence of planning capacity, human resource management, and monitoring and evaluation (M&E) on healthcare service delivery in Kano State, the study recommends that the Hospital Management Board (HMB) should develop and implement comprehensive, data-informed strategic plans. This includes building the capacity of management personnel in health systems planning, ensuring participatory planning processes, and aligning hospital-level plans with broader state health policies to improve coordination and resource utilization. The HMB should adopt more effective strategies for the recruitment, training, and retention of healthcare workers. This includes implementing merit-based hiring processes, offering continuous professional development, providing incentives for rural postings, and ensuring a fair distribution of staff across facilities to meet service demands. A functional M&E framework is essential for tracking performance, ensuring accountability, and informing decision-making. The HMB should institutionalize regular data collection, analysis, and feedback mechanisms. Training health managers in M&E and integrating digital health tools can significantly improve transparency and responsiveness in service delivery.

1.1 Introduction

The delivery of quality healthcare services is fundamental to the well-being of any society, and it significantly contributes to national development. In developing countries such as Nigeria, public hospitals are at the forefront of healthcare delivery, but their effectiveness is often contingent upon the capacity and efficiency of the management systems overseeing them. The Hospital Management Board (HMB) plays a pivotal role in the governance of healthcare institutions by ensuring that these hospitals are well-organized, adequately resourced, and able to meet the healthcare needs of the population. The capacity of the Hospital Management Board

in terms of planning, human resource management, and monitoring and evaluation (M&E) directly impacts the overall quality of healthcare service delivery (Nwankwo & Okafor, 2021).

Kano State, one of Nigeria's largest and most populous states, faces significant challenges in the healthcare sector. Despite the availability of public healthcare facilities, issues such as inadequate infrastructure, staffing shortages, poor resource allocation, and limited access to quality healthcare services persist. The Hospital Management Board (HMB) in Kano plays a critical role in mitigating these challenges, making its managerial capacity a vital factor in the efficiency and quality of healthcare delivery (Abubakar & Garba, 2022). Planning capacity, the ability of the management to strategically allocate resources and address long-term healthcare needs, is crucial in ensuring that hospitals are prepared for future demands (Pollitt & Bouckaert, 2017). Human resource management within the hospital system, including recruitment, training, and retention of skilled healthcare professionals, directly affects the availability and competence of the medical workforce (Ibrahim & Lawal, 2021). Furthermore, monitoring and evaluation mechanisms are essential for tracking hospital performance, ensuring accountability, and identifying areas for improvement in service delivery (Chikwenhere et al., 2019).

Research has shown that hospitals with weak planning capacity often struggle with resource allocation and fail to meet the evolving needs of the population, leading to inefficient service delivery and poor healthcare outcomes (WHO, 2020). Similarly, ineffective human resource management results in high turnover rates among healthcare workers, insufficient staff, and diminished care quality, especially in understaffed departments (Doyle et al., 2020). Without a well-established monitoring and evaluation system, it becomes difficult to measure the effectiveness of healthcare policies and interventions, leading to unchecked inefficiencies and a lack of accountability (Adebayo, 2020).

The Hospital Management Board's managerial capacity, specifically its ability to plan effectively, manage human resources, and implement efficient monitoring and evaluation systems, is critical for improving healthcare delivery in Kano State. This study seeks to assess how these managerial capacities influence the quality of healthcare services in public hospitals under the jurisdiction of the Hospital Management Board. By analysing the effects of planning capacity, human resource management, and monitoring and evaluation, this study aims to provide valuable insights that could inform better governance and management practices in the healthcare sector of Kano State.

1.2 Statement of the Problem

Effective healthcare service delivery in Nigeria, and particularly in Kano State, continues to face systemic challenges despite policy efforts to strengthen the health sector. A critical factor contributing to these challenges is the managerial capacity of state-level hospital management boards, which are responsible for planning, coordinating, staffing, and supervising public hospitals (Abubakar & Garba, 2022). In Kano State, the Hospital Management Board (HMB) is expected to ensure the strategic allocation of resources, efficient human resource management, and consistent monitoring of healthcare activities. However, empirical observations and anecdotal evidence suggest that the Board's planning capacity is often weak characterized by reactive rather than proactive decision-making, poor resource forecasting, and inadequate infrastructural investment (Nwankwo & Okafor, 2021). These weaknesses hinder the Board's ability to meet the rising demand for quality healthcare services, particularly in underserved communities.

Human resource management is another critical area of concern. Hospitals under the HMB often experience shortages of trained personnel, poor staff motivation, and inadequate performance appraisal systems. These deficiencies are frequently linked to managerial inefficiencies such as improper staff deployment, lack of continuous professional development, and weak incentive structures (Ibrahim & Lawal, 2021). These human resource challenges directly affect the accessibility, responsiveness, and overall quality of healthcare delivery. Furthermore, the monitoring and evaluation functions of the HMB remain underdeveloped. Without reliable performance data, periodic audits, or effective feedback mechanisms, it becomes difficult to hold hospital units accountable or to implement corrective measures when service standards fall short (WHO, 2020). The lack of institutionalized monitoring systems allows systemic inefficiencies to persist and undermines public trust in healthcare institutions. Although several studies have broadly examined healthcare delivery issues in Nigeria, there is a notable gap in research that dissects how specific components of managerial capacity particularly planning, human resource management, and monitoring impact service outcomes in state-run hospitals. This study seeks to fill that gap by analyzing how these components influence the performance of the Hospital Management Board in Kano State and, by extension, healthcare service delivery across the state.

1.3 Research Questions

1. To what extent does the planning capacity of the Hospital Management Board affect healthcare service delivery in Kano State?
2. How does the human resource management practices of the Board influence healthcare service delivery in public hospitals?
3. In what ways do the monitoring and evaluation mechanisms of the Hospital Management Board impact the quality of healthcare service delivery?

1.4 Research Objectives

The main objective of this study is to examine the effect of managerial capacity on service delivery in selected Hospital Management Board in Kano State. The specific objectives are to:

1. Assess the impact of planning capacity on the healthcare services delivery of selected HMB in Kano State
2. Examine the effect of human resource management practices on the healthcare services delivery of selected HMB in Kano State
3. Evaluate the influence of monitoring and evaluation mechanisms on the healthcare services delivery of selected HMB in Kano State

1.5 Research Hypotheses

H₀₁ There is no significant relationship between planning capacity and healthcare service delivery in Kano State

H₀₁ There is no significant relationship between human resource practices and healthcare service delivery in Kano State

H₀₁ There is no significant relationship between monitoring and evaluation mechanisms and healthcare service delivery in Kano State

2. Literature Review

2.1 Managerial Capacity

Managerial capacity, often used interchangeably with institutional capacity or administrative competence, refers to the ability of management structures within organizations to plan, coordinate, mobilize resources, and implement policies effectively (Grindle & Hilderbrand, 1995). It includes the knowledge, skills, systems, and organizational culture required to make informed decisions and drive institutional performance. According to OECD (2006), managerial capacity encompasses both technical and strategic dimensions: the technical dimension refers to operational abilities such as budgeting, staffing, and compliance, while the strategic dimension involves leadership, vision, innovation, and adaptability to change. In the public sector, particularly in healthcare systems, managerial capacity is the cornerstone of efficient service delivery, organizational accountability, and policy responsiveness (Pollitt & Bouckaert, 2017).

2.2 Planning capacity

Planning capacity refers to the ability of the Hospital Management Board to develop and implement comprehensive and effective strategic plans that anticipate healthcare needs, allocate resources efficiently, and guide the hospital system toward long-term sustainability and success (Nwankwo & Okafor, 2021). Effective planning is fundamental for the smooth operation of healthcare services, particularly in resource-constrained environments like Kano State, where public hospitals often face a significant gap in funding, infrastructure, and skilled personnel. The Hospital Management Board's planning capacity involves several key functions:

i. Infrastructure Development and Maintenance: Hospital facilities must be regularly upgraded to keep up with advancements in healthcare technologies and evolving patient needs. Planning capacity ensures that hospitals can manage both new construction and ongoing maintenance projects effectively (Abubakar & Garba, 2022).

ii. Emergency Preparedness: Effective planning also includes preparing for healthcare emergencies, such as disease outbreaks, natural disasters, or large-scale health crises, ensuring that hospitals can respond promptly and effectively to unforeseen circumstances (WHO, 2020). In the case of Kano State, research indicates that inadequate planning often leads to a mismatch between resource allocation and the actual healthcare needs of the population. This can manifest in inadequate staffing levels in certain departments, poorly maintained equipment, and a lack of infrastructure to meet growing demand (Ibrahim & Lawal, 2021). Moreover, strategic plans in Kano are often hindered by insufficient government funding, which makes it difficult to translate plans into actionable outcomes. As such, strengthening planning capacity is critical to improving healthcare service delivery.

iii. Human Resource Management (HRM)

Human resources are the backbone of any healthcare system, and the effectiveness of the Hospital Management Board's human resource management practices directly affects the quality and efficiency of healthcare services. Human resource management within the context of the HMB involves recruiting, training, retaining, and motivating healthcare professionals to ensure they are equipped to deliver high-quality care to patients (Doyle et al., 2020). The human resource management include:

a. Recruitment and Staffing: Efficient recruitment strategies ensure that hospitals are staffed with enough qualified professionals to meet patient demand. In many Nigerian public hospitals, including those in Kano, staffing shortages are a significant issue, especially in specialized areas such as surgery, pediatrics, and radiology (Nwankwo & Okafor, 2021). The HMB must adopt recruitment strategies that attract both local and international talent, ensuring that the hospital workforce is diverse, skilled, and capable of delivering high-quality care.

b. Training and Professional Development: Ongoing training ensures that healthcare workers stay up-to-date with medical advancements and new technologies. However, many public hospitals in Kano lack structured professional development programs. Without these programs, healthcare workers often operate with outdated knowledge and practices, leading to substandard patient care (Ibrahim & Lawal, 2021).

c. Retention and Motivation: High turnover rates in public healthcare institutions in Kano are partly due to poor working conditions, inadequate compensation, and lack of career progression. Motivating staff through competitive salaries, better working conditions, and clear career progression paths is essential for retaining skilled healthcare workers (Doyle et al., 2020). A motivated workforce is more likely to be productive and provide better patient care, while a demotivated workforce can lead to absenteeism, decreased morale, and compromised healthcare outcomes (Zurn et al., 2021).

In Kano, a lack of adequate HRM practices contributes to inconsistent service delivery, as hospitals are often understaffed and unable to retain skilled workers. Strengthening HRM within the HMB is essential to addressing staffing shortages, improving the quality of care, and ensuring that healthcare services are consistently available and of high quality.

iv. Monitoring and Evaluation (M&E)

Monitoring and evaluation are vital components of effective management in any organization, but they are particularly crucial in healthcare settings where the quality of service and patient outcomes must be consistently assessed and improved. The Monitoring and Evaluation (M&E) capacity of the Hospital Management Board ensures that hospital performance is regularly assessed, and necessary adjustments are made to improve service delivery and accountability (Chikwenhere et al., 2019). The major functions of M&E in hospital management include:

a. Performance Assessment: M&E systems allow the HMB to assess whether hospitals are meeting the standards for service delivery. This involves regularly collecting data on patient outcomes, wait times, treatment efficacy, and staff performance. Data-driven decision-making enables hospital management to identify areas of strength and weakness and implement targeted interventions to address deficiencies (Adebayo, 2020).

b. Quality Assurance and Improvement: Continuous monitoring helps ensure that hospitals meet established quality standards. This can include patient safety standards, adherence to clinical protocols, and the effectiveness of treatment programs. Hospitals that consistently monitor and improve their practices are more likely to achieve better health outcomes and higher patient satisfaction (Bargaoanu & Ionescu, 2020).

c. Accountability and Transparency: M&E systems provide a framework for holding healthcare providers accountable for their actions. Regular evaluations can highlight inefficiencies, misuse of resources, or areas where management has not been effective. Accountability mechanisms ensure that resources are used efficiently and that hospital staff perform their duties to the best of their abilities (WHO, 2020). In Kano, the absence of comprehensive M&E systems often leads to poor service delivery and inefficiency. Hospitals may not have accurate data on patient outcomes or may fail to identify problems with service provision in a timely manner. Strengthening M&E systems within the HMB is crucial to

improving service quality, reducing waste, and increasing overall hospital accountability (Adebayo, 2020).

The effectiveness of healthcare service delivery in Kano State is highly influenced by the managerial capacity of the Hospital Management Board (HMB), which hinges on its ability to plan strategically, manage human resources efficiently, and implement robust monitoring and evaluation mechanisms. These three variables planning capacity, human resource management, and monitoring and evaluation are interdependent and critical for improving the overall performance of public hospitals in the state. Strengthening these areas will address long-standing challenges such as inadequate staffing, substandard healthcare services, and poor resource allocation. By enhancing these managerial capabilities, the HMB can contribute significantly to improving healthcare outcomes in Kano State, ensuring that hospitals provide efficient, accessible, and high-quality healthcare to the growing population.

v. Service Delivery

Service delivery refers to the set of organized activities aimed at providing essential services to meet the needs and expectations of beneficiaries. Service delivery involves the implementation of health interventions that improve patient well-being, quality of life, and public health outcomes (World Health Organization [WHO], 2010). Within public health systems such as the Kano State Hospital Management Board (HMB), service delivery encompasses clinical care, maternal and child health services, immunization programs, laboratory and diagnostic services, pharmaceutical services, and emergency interventions. Effective service delivery depends heavily on the managerial capacity of health institutions and leadership structures.

2.3 Empirical Review of Related Literature

The relationship between managerial capacity and healthcare service delivery has been well-documented in literature. Pillay and Naidoo (2016) suggest that the planning, human resource management, and monitoring mechanisms of the hospital management boards significantly influence the quality, accessibility, and efficiency of healthcare services. Effective management ensures that resources are used efficiently, staff are well-trained and motivated, and services are delivered promptly and at the desired quality. In Ghana, a regional study by Owusu, Darko, and Mensah (2024) assessed the role of monitoring and evaluation in improving maternal health outcomes. They concluded that facilities with robust M&E systems were able to reduce maternal mortality rates by 15% within two years, through data-driven decision-making and timely corrective actions. The authors recommended scaling up M&E frameworks and capacity-building across all healthcare tiers. Similarly, Nwankwo and Eze (2023) analyzed the effects of leadership styles on hospital performance in Abuja. Their quantitative study found transformational leadership significantly predicted better staff motivation and patient satisfaction scores. The authors argued that effective leadership is integral to operationalizing strategic plans and fostering an enabling environment for quality care.

A qualitative study by Fatima, Abdulahi, and Yusuf (2022) focused on challenges in healthcare governance in Kano State public hospitals. Interview data from hospital managers and policymakers identified bureaucratic delays, lack of autonomy, and inadequate resource allocation as barriers to effective management. Their findings reinforce the call for decentralization and enhanced managerial empowerment to improve service delivery.

In contrast, Abubakar & Garba (2022) demonstrated that hospitals with strong managerial frameworks characterized by robust planning, effective human resource management, and consistent monitoring and evaluation provided more efficient and higher-quality healthcare

services. Such hospitals were better positioned to respond to emerging health challenges, improve patient outcomes, and ensure equitable access to care. While substantial research has explored aspects of hospital management, particularly in the context of developing countries, there remains a gap in empirical studies focusing on the managerial capacity of state-level hospital management boards in Nigeria. Existing studies often address general healthcare system challenges without dissecting how planning, human resource management, and monitoring and evaluation specifically affect the performance of public hospitals.

This study aims to fill this gap by focusing on the Kano State Hospital Management Board, offering valuable insights into how these managerial dimensions influence healthcare service delivery at the state level. The link between managerial effectiveness and client satisfaction was further established in a study by Aliyu and Lawal (2024), which assessed the quality of primary health services in Kaduna State using patient satisfaction surveys. The study found that responsiveness, staff professionalism, and efficiency all of which are influenced by management practices—significantly predicted patient satisfaction levels. This reinforces the argument that effective HRM and planning not only enhance internal performance but also improve patient experience. Human resource management has also been studied through the lens of job satisfaction and retention.

Okafor and Abubakar (2023) explored the influence of self-determination theory (SDT) variables autonomy, competence, and relatedness on nurse retention in tertiary hospitals in Lagos and Calabar. Their findings revealed that these motivational factors, shaped by HRM policies and leadership style, had a significant positive impact on employee retention and performance. These insights are pertinent to addressing the staffing and workforce distribution issues observed in Kano State hospitals.

Beyond Nigeria, Mboya et al. (2022) evaluated the impact of a leadership and management training program in Tanzania targeting maternal and newborn health facilities. The intervention included workshops, e-learning, and on-site mentoring, leading to notable improvements in job satisfaction, team dynamics, and facility-level outcomes. This evidence from a comparable LMIC context supports the argument that building managerial capacity through structured interventions can yield measurable improvements in healthcare performance. Adebayo and Oladimeji (2023) examined barriers to effective health management information systems (HMIS) in Nigerian hospitals. Their findings showed that many facilities lacked trained M&E personnel, used paper-based reporting systems, and failed to utilize data for performance management. These constraints mirror the M&E deficiencies identified in this study, suggesting that investment in digital health tools and staff capacity building is essential for evidence-based decision-making.

A study by Suleiman, Musa, and Bello (2023) in Northern Nigeria explored human resource management challenges in public hospitals, emphasizing recruitment, training, and retention. Their survey of 400 healthcare workers revealed that over 60% were dissatisfied with current HR policies, citing lack of continuous professional development and inadequate incentives as primary reasons. This dissatisfaction contributed directly to high turnover rates and service delivery interruptions. Lastly, in a multi-country study across Nigeria, Kenya, and Uganda, Kamau et al. (2023) explored digital innovations in health M&E. They reported that integrating mobile health technologies and real-time data dashboards improved reporting accuracy and accountability, leading to better resource management and patient outcomes. The study recommends investment in digital infrastructure and training as priorities for hospital management boards.

2.4 Theoretical framework

a. The Resource-Based View (RBV)

The Resource-Based View (RBV), originally developed by Barney (1991), posits that organizations gain a competitive advantage through the effective use of their unique resources and capabilities. In the context of the Hospital Management Board (HMB), this theory suggests that the managerial capacity of the board encompassing planning capacity, human resource management, and monitoring and evaluation (M&E) practices acts as a critical resource that influences the effectiveness and efficiency of healthcare delivery. According to RBV, these managerial capabilities are valuable, rare, and difficult for competitors (or other healthcare organizations) to replicate, making them a source of sustained success in improving service delivery.

Planning Capacity: Under RBV, strategic planning is viewed as a resource that allows organizations to position themselves effectively within a competitive or operational environment. A well-developed planning process enables the HMB to allocate resources effectively, foresee future challenges, and align hospital operations with long-term health goals.

Human Resource Management: In the RBV framework, human resources such as skilled healthcare professionals are seen as a key asset that can influence the organization's ability to deliver quality services. Effective HRM practices, including recruitment, training, and retention, contribute to the hospital's human capital, making it a critical resource in the delivery of healthcare.

Monitoring and Evaluation (M&E): The RBV also emphasizes that organizations should develop processes for monitoring and assessing their resources to ensure that they remain valuable and lead to improved performance. In the case of HMB, effective M&E systems allow for continuous learning, adaptation, and improvement, ensuring that the hospital responds to internal and external challenges, enhancing service delivery over time.

The Resource-Based View (RBV) of the firm is particularly relevant to studying the managerial capacity of the Hospital Management Board (HMB) in Kano State and its influence on healthcare service delivery. RBV emphasizes that an organization's resources and capabilities are key determinants of its competitive advantage and overall performance. In the context of the healthcare sector, this theory is highly applicable because it focuses on how internal resources (e.g., managerial skills, human resources, planning, and monitoring systems) can be leveraged to improve service delivery, particularly in public hospitals. By applying the RBV framework, this study can explore how the Hospital Management Board's ability to manage resources effectively can lead to better health outcomes, increased efficiency, and improved service delivery. The planning capacity, human resource management, and monitoring and evaluation practices of the HMB are crucial resources that contribute to the hospital's competitive advantage in the healthcare sector. Strengthening these resources will allow the Hospital Management Board to address the challenges faced by hospitals in Kano, ultimately improving healthcare services and patient care.

3.1 Methodology

The study adopts a mixed methods research design, combining both quantitative and qualitative approach. The reasons for mixed method is the need to gain a comprehensive understanding of the impact of managerial capacity specifically planning, human resource management, and monitoring & evaluation on healthcare service delivery in selected hospitals managed by the Kano State Hospital Management Board. The quantitative component (structured questionnaire

administered to 388 hospital staff across various departments) allowed for the collection of standardized data, enabling statistical analysis of trends, relationships, and patterns among key variables. This provided measurable evidence on how managerial practices affect healthcare delivery outcomes. While the qualitative component (in-depth interviews) offered deeper insights into the context, perceptions, and lived experiences of hospital managers, senior HMB officials, and policymakers. This helped to explore complex managerial challenges and implementation barriers that could not be fully captured through quantitative measures alone.

The targeted population comprises staff and administrators working in selected Hospital in Kano State Hospital Management Board. This includes hospital directors, units' heads, healthcare professionals (doctors, nurses) and administrative personnel. The total staff strength is 2802 employees. The sample size for the study is 388, Krejcie and Morgan (1970) table was used in arriving at the sample size. The sample size was proportionately distributed across selected secondary hospitals in kano state. A stratified random sampling technique was used to ensure fair representation from various hospital departments and management levels. For the qualitative part, purposive sampling was employed to select 10 key informants (hospital managers, senior HMB officials, and policymakers) for in-depth interview. Primary data was collected through the use of a structured questionnaire developed by the researcher. The questionnaire contained both closed-ended and Likert-scale questions. designed to measure key variables. The instrument was subjected to content validity by experts in operations management and tested for reliability using Cronbach's alpha, with a coefficient of 0.82 indicating strong internal consistency.

4.1 Data Presentation, Analysis and Test of Hypothesis

On the whole 338 questionnaires were administered in the health facilities under study, the reason for 388 is because the total population of hospital staff under the selected Kano State Hospital Management Board is 2,802. According to Krejcie and Morgan's sample size table, for a population of approximately 2,800, the recommended sample size is 338. . Out of which 316 representing 99.7% of the total questionnaire administered were returned therefore, 316 formed the basis of our analysis and interpretation which were considered sufficient for valid conclusions (Tabachnick & Figell, 2007; Ringion, 2012, and Dalhatu 2015). The data collected period took about four months (i.e December 2024 to April 2025).

Table 1. Managerial Capacity of the Hospital Management Board

Questions	N	Min	Max	Mean	Std. Deviation	Decision
Hospital management Board provides adequate managerial capacity for Secondary Healthcare services in the facility.	316	1	5	2.16	.961	Agreed
HMB consistently develops long term plan for improving healthcare delivery	316	1	5	2.20	.928	Disagreed
HMB planning process includes all relevant stakeholders in the healthcare system	316	1	5	2.30	.990	Agreed

Source: Field Survey, 2024

The table above shows a mean response of 2.16, with a standard deviation of 0.961 on whether the hospital management Board provides adequate managerial capacity for Secondary Healthcare services in the facilities indicates that a majority of the respondents agreed with the assertion. A mean response of 2.2, with a standard deviation of 0.928 on whether there are consistently develops long term plan for improving healthcare delivery in the health facilities indicates that a majority of the respondents disagreed. Interview also shows the Hospital Management Board (HMB) in Kano State has been found to lack a proactive planning approach, focusing more on short-term goals rather than long-term healthcare priorities.

This by implication leads to misallocation of resources, delays in infrastructure development, and insufficient preparation for emerging healthcare challenges. The secondary data shows otherwise. A mean response of 2.3, with a standard deviation of 0.99 on whether there is planning process includes all relevant stakeholders in the healthcare system in the State indicates that a majority of the respondents agreed there is. This is agreement with the interview respondents. A mean response of 2.28, with a standard deviation of 1.033 on whether the hospital management board ensures that hospital is staffed with adequate and qualified personnel indicates that a majority of the respondents disagreed with that they do, however a high deviation in the responses.

Human Resource Management (HRM) Practices

HMB ensures that hospital is staffed with adequate and qualified personnel	316	1	5	2.28	1.033	Agreed
The HMB has an effective system for recruiting skilled healthcare professionals	316	1	5	2.36	1.088	Agreed
The HMB regularly monitors the performance of hospitals to ensure quality healthcare delivery	316	1	5	2.35	1.098	Agreed

Source: Field Survey, 2024

A mean response of 2.36, with a standard deviation of 1.088 on whether there is an effective system for recruiting skilled healthcare professionals indicates that a majority of the respondents agreed. A mean response of 2.35, with a standard deviation of 1.098 on whether there is regularly monitors the performance of hospitals to ensure quality healthcare delivery in the health facilities indicates that a majority of the respondents agreed there are.

Monitoring and Evaluation (M&E) Mechanisms

The HMB conducts periodic audits to ensure accountability in healthcare service delivery	316	1	5	2.26	1.119	Agreed
There is effective feedback mechanism for addressing issues raised during performance evaluations	316	1	5	2.27	.876	Agreed
Valid N (listwise)	316					

Source: Field Survey, 2024

A mean response of 2.26, with a standard deviation of 1.119 on whether the HMB conducts periodic audits to ensure accountability in healthcare service delivery indicates that a majority of the respondents agreed that there are. A mean and standard deviation of 2.27 and 0.876, respectively whether there is effective feedback mechanism for addressing issues raised during performance evaluations agreed with the above response. This implies that the majority of the respondents agree on all the indicators in all the questions. From the above responses, it is clear that the HMB are working hard in ensuring effective healthcare service delivery in the State.

Test of Hypothesis

Simple linear Regression Analysis and Test of Hypotheses

To test for the hypotheses formulated in this research, simple linear regressions were used to determine the linear regression effects of the independent variables on the dependent variable. Subject to the preliminary analysis discussed in preceding sections of this chapter, the linear regression results are discussed as follows:

Table 2. Regression Model Summary

Model Summary ^b					
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.567 ^a	.322	.311	.756366	1.902

a. Predictors: (Constant), planning capacity, human resource management, monitoring and evaluation mechanisms

b. Dependent Variable: Healthcare Service Delivery

Source: SPSS Output, 2024

The table above shows the summary of the multiple regression analysis. The empirical findings show that R, the multiple correlation coefficient stood at 0.567 which indicates a moderate correlation between the independent variable and the dependent variable.

R^2 , the multiple coefficient of determination of the variables stood at 0.322 indicating that about 32.2% of the total variation in healthcare service delivery is explained by variations in the independent variables captured in the study; while other variables not captured in the study will explain 67.8% of the variations in healthcare service delivery.

The adjusted R^2 being 0.311 also indicates that the independent variables will still explain 31.1% of the variations in healthcare service delivery even if other variables were added to the study.

Table 3. Regression Output 2

ANOVA ^a						
Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	84.098	5	16.820	29.400	.000 ^b
	Residual	177.348	310	.572		
	Total	261.446	315			

a. Dependent Variable: Healthcare Service Delivery

b. Predictors: (Constant), planning capacity, human resource management, monitoring and evaluation mechanisms

Source: SPSS Output, 2024

The table above shows, the results from the multiple regression analysis which tests the effects of the independent variables on health care service delivery. The F-statistic which measures the adequacy and fitness of the model used in the study stood at 29.4 with a p-value of 0.000^b which is significant at 5%; this shows that the model is fit for the data.

Table 4. Regression Output 3

Coefficients ^a					
Model		Unstandardized Coefficients		Standardized Coefficients	
		B	Std. Error	Beta	T
1	(Constant)	.348	.190		1.834
	Planning Capacity	.324	.095	.181	3.413
	Human Resource Management	.079	.081	.072	1.986
	Monitoring	.117	.068	.113	1.980
	Evaluation mechanisms	.064	.054	.076	2.001

a. Dependent Variable: Healthcare Service Delivery

Source: SPSS Output, 2024

The table above shows the outcome of the respective independent variables on Hospital Management Board. However, the study presented the test for the assumptions of linear regression in the preceding sections. Upon the fulfillment of the assumptions of regression analysis, sample linear regression analysis is considered suitable in testing the research hypotheses.

4.2 Summary of Major Findings

The study revealed that planning capacity within the Kano State Hospital Management Board (HMB) is significantly underdeveloped. The majority of respondents reported an absence of structured and data-driven strategic planning processes in their facilities and decision-making was found to be largely reactive and disconnected from the actual healthcare demands of patients and communities. Furthermore, planning activities were often not inclusive, with frontline health workers and departmental heads playing minimal roles in the development of operational plans. By implication the weak planning capacity has resulted in inefficient resource utilization, service delivery gaps, and a lack of alignment between health system priorities and available infrastructure. These inefficiencies undermine hospital performance

and limit the effectiveness of healthcare interventions. Human resource management practices across the selected hospitals in Kano State were found to be inadequate. Key challenges identified include chronic understaffing, particularly in rural and high-demand areas; poor staff deployment and distribution; weak recruitment and retention frameworks; and the absence of a structured performance appraisal and training system. This by implication causes deficiencies negatively impact staff morale and productivity, leading to overburdened personnel, increased burnout, and reduced quality of care. The lack of a comprehensive HR strategy hampers the ability of the healthcare system to meet both routine and emergency health needs efficiently. The findings also indicate that M&E systems within the HMB are weak and inconsistently implemented. Most facilities do not have dedicated M&E personnel or units, and data collection processes remain largely manual and fragmented. Where data is collected, it is rarely analyzed or utilized effectively in decision-making. Feedback mechanisms are either absent or poorly coordinated, making continuous performance improvement difficult.

5.1 Conclusion and Recommendation

This study concludes that the quality and efficiency of healthcare service delivery in public hospitals under the Kano State Hospital Management Board are significantly constrained by managerial deficiencies. Specifically, weak planning capacity, inadequate human resource management, and underdeveloped M&E systems collectively contribute to poor hospital performance and suboptimal health outcomes. The absence of strategic planning results in resource misallocation and lack of preparedness. Inadequate HR practices lead to staffing challenges and diminished quality of care, while ineffective M&E frameworks undermine accountability and hinder service improvement. Therefore, the managerial capacity of the HMB must be urgently strengthened if the state's healthcare system is to achieve its service delivery goals and improve population health outcomes. The study recommends develop and institutionalize comprehensive strategic and operational plans for all public hospitals. Build the capacity of hospital administrators and departmental heads in health systems planning and leadership. The study further recommends ensuring participatory planning by involving frontline healthcare providers in setting goals and priorities and to align hospital-level plans with state and national health policy frameworks to ensure coherence and effective resource mobilization. Conduct a comprehensive workforce audit to identify staffing gaps and realign deployments based on needs. Implement transparent, merit-based recruitment and placement systems, with a focus on addressing rural staffing shortages. Introduce incentives such as hardship allowances, housing, and career advancement opportunities to attract and retain skilled healthcare workers. Institutionalize regular training, mentoring, and performance appraisal systems to enhance capacity and motivation. Establish functional M&E units within the HMB and at the hospital level, staffed by trained personnel. Digitize health information systems to improve data collection, analysis, and reporting efficiency. Promote a culture of data use for performance management by training staff on M&E tools and decision-making. Integrate feedback mechanisms that ensure that M&E results are communicated to all relevant stakeholders, especially frontline workers.

References

- Abubakar, M., & Garba, A. (2022). Public sector management and healthcare delivery in Northern Nigeria: Challenges and prospects. *Nigerian Journal of Public Administration*, 18(2), 101–115.
- Adebayo, A. (2020). Monitoring and evaluation practices in Nigerian public health facilities: Challenges and solutions. *Journal of Health Policy*, 24(1), 44–59.
- Abimbola, S., Olanipekun, T., Igbokwe, U., Negin, J., Jan, S., & Martiniuk, A. L. C. (2015). The government cannot do it all alone: Realist analysis of the minutes of community health committee meetings in Nigeria. *Health Policy and Planning*, 31(3), 332–345. <https://doi.org/10.1093/heapol/czv066>
- Bargaoanu, A., & Ionescu, M. (2020). Monitoring systems in healthcare institutions: A review of the literature. *Public Health and Management Journal*, 28(3), 108–118.
- Barney, J. B. (1991). Firm resources and sustained competitive advantage. *Journal of Management*, 17(1), 99–120. <https://doi.org/10.1177/014920639101700108>
- Chikwenhere, S., et al. (2019). Improving health system efficiency through monitoring and evaluation: Lessons from African hospitals. *African Health Review*, 32(1), 45–60.
- Doyle, C., et al. (2020). Human resource management in healthcare: A focus on recruitment and retention. *Journal of Health Services Research*, 39(2), 112–125.
- Ibrahim, H. U., & Lawal, M. I. (2021). Supervision and performance management in state-owned hospitals in Nigeria. *Nigerian Health Management Journal*, 11(2), 145–159.
- Green, A., & Collins, C. (2003). Health systems in developing countries: Public sector managers and the management of contradictions and change. *International Journal of Health Planning and Management*, 18(1), 67–78. <https://doi.org/10.1002/hpm.694>
- Nwankwo, B. O., & Okafor, C. N. (2021). Institutional factors affecting the performance of public hospitals in Nigeria. *Journal of Health Management*, 23(4), 215–228.
- Olajide, S. O., & Adebayo, A. M. (2020). Impact of leadership and management practices on healthcare service delivery in Nigeria. *African Journal of Health Economics*, 9(2), 56–67. <https://ajhe.org/articles/2020>
- Pollitt, C., & Bouckaert, G. (2017). *Public Management Reform: A Comparative Analysis – Into the Age of Austerity* (4th ed.). Oxford University Press.
- World Health Organization. (2007). *Everybody's business: Strengthening health systems to improve health outcomes – WHO's framework for action*. <https://apps.who.int/iris/handle/10665/43918>
- World Health Organization. (2010). *Monitoring the building blocks of health systems: A handbook of indicators and their measurement strategies*. <https://apps.who.int/iris/handle/10665/258734>
- WHO (2018). *Strengthening the role of human resources in health systems governance*. World Health Organization.

WHO (2020). Strengthening health governance in Africa: Strategies and best practices. WHO Regional Office for Africa.

Zurn, P., et al. (2021). Health workforce management and service delivery: Global practices and perspectives. *World Health Review*, 29(3), 289–298.