



IMPROVING HEALTHCARE SERVICE DELIVERY IN A TERTIARY HOSPITAL IN NORTHERN NIGERIA THROUGH EFFECTIVE STAKEHOLDER ENGAGEMENT

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Abstract

Effective healthcare service delivery is crucial for achieving optimal health outcomes. In Northern Nigeria, tertiary hospitals face numerous challenges, including resource constraints, limited infrastructure, and socio-economic barriers, which hinder the delivery of quality healthcare. Stakeholder engagement has emerged as a key strategy for addressing these challenges by fostering collaboration, enhancing communication, and leveraging diverse perspectives and expertise. This study aims to design and implement a strategic framework to enhance stakeholder engagement in a tertiary hospital. By examining the roles and contributions of various stakeholders, the study seeks to identify strategies that improve service efficiency, patient satisfaction, and overall healthcare quality in a tertiary hospital. Qualitative interviews, advocacy visits and focus group workshops were used. Stakeholders, including patients, healthcare providers, administrative staff, and external partners, were engaged to gather comprehensive insights. Data was collected on current engagement practices, service delivery outcomes, and stakeholder experiences. The findings indicate that multilevel stakeholder engagement significantly enhances healthcare service delivery. Key improvement areas were identified such as patient care coordination, resource allocation, and service responsiveness. Stakeholders projected higher levels of satisfaction and a greater sense of ownership and collaboration. The implementation of strategic engagement frameworks facilitated better communication, reduced service delivery gaps, and promoted a culture of continuous improvement. This study demonstrates that effective stakeholder engagement is a viable and impactful strategy for improving healthcare service delivery in tertiary hospitals. By

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fostering a collaborative environment and involving diverse stakeholders, healthcare institutions can overcome existing challenges and enhance service quality.

Keywords: Healthcare, northern Nigeria, service improvement, stakeholder engagement

Introduction

The Nigerian healthcare system is bedeviled with problems which affect all its core components. These include insufficient financing, inadequate personnel to meet the health needs of the population, poor implementation of standardised data management systems, poorly defined roles and responsibilities of key stakeholders, poor attitude to work, poor dissemination and implementation of health policies etc. with their attendant impact on the quality of health care service delivery to the Nigerian population (Abubakar et al. 2022). The healthcare facilities in the public sector are affected by these issues at disproportionately higher rates (Olayiwola & Opele, 2024). As a result, concerted efforts have been made towards improving health services through comprehensive strategies addressing all foundational blocks of the health system (Abubakar et al. 2022; Salami et al. 2016).

SERVICOM (Service Compact with All Nigerians) was first inaugurated in 2004 by then president, Olusegun Obasanjo to address the inefficiency and ineffectiveness plaguing the Nigerian public service and has been deployed predominantly at federal MDAs with varying degrees of success. The deployment and role of SERVICOM in state-owned institutions is less consistent. SERVICOM was introduced to the healthcare system to ensure quality assurance and best practices in health service delivery (Nwokwu et al. 2023).

Institutionalizing service improvement strategies has been shown to improve health care outcomes in developed countries. The evidence base of translating effective stakeholder engagement into standard of practice is growing in areas of diagnosis and management of diseases and complications like sickle cell disease (SCD) and post-partum haemorrhage (PPH) respectively (Eboreime et al. 2022). This is much less so in defining standards of health care delivery experience especially in low-and-middle-income countries (LMICs) like Nigeria (Abubakar et al. 2022).

It is crucial to evaluate the existing practices of stakeholder engagement in health care, identifying strengths, weaknesses, and the impact of these practices on the quality of healthcare delivery. This includes understanding the roles of patients, health care workers, administrative leadership and external partners and how their interactions and contributions shape the overall efficiency and effectiveness of service delivery and patient satisfaction.

Barau Dikko Teaching Hospital (BDTH) is a 240-bed teaching hospital which transited from a specialist hospital by law in 2015. It serves as an undergraduate and postgraduate training center for its affiliate university, Kaduna State University and other related institutions as well as a reference hospital for specialist health care service delivery. It is located in the Kaduna metropolis and offers a range of services across departments such as General Medicine, Surgery, Paediatrics, Obstetrics & Gynaecology and Internal Medicine. Specialized care in Oncology and Emergency Medicine are also available. The Hospital is equipped with diagnostic laboratories and imaging facilities, ensuring comprehensive care for both routine and complex medical cases. BDTH has a SERVICOM Unit with a mission to ensure the delivery of qualitative health care services to BDTH clients in a timely, fair, honest, effective and transparent manner through a dedicated, highly motivated and efficient multidisciplinary work force

Objectives

1. To design and implement a strategic framework to enhance stakeholder engagement in a tertiary hospital
2. To identify key strategies for improvement of healthcare delivery in a tertiary hospital

Methods

We embarked on engagement of critical stakeholders in the delivery of health care in Barau Dikko Teaching Hospital; The top and middle management of BDTH, the personnel, the patients/clients and external stakeholders in the Kaduna state Ministry of Health.

Qualitative interviews, advocacy visits and/or focus group workshops were employed for each of the engagements which took place over a combined period of twenty months, from June 2021 to January 2024.

Initial Strategy: Leadership Engagement

We first engaged the leadership of the hospital through advocacy visits to achieve their buy-in to the overall improvement effort and to define the hospital's expectations of conduct from the workforce. The Top and middle management of the hospital consisting of the Chief Medical Director (CMD), the Chairman Medical Advisory Committee (CMAC), the Director of Administration (DA), the Assistant Director Nursing Services (ADNS), Assistant Director Finance and Accounts (ADFA), and heads of departments and units (HODs/HOUs) across the hospital took part in a SERVICOM-organized one-day workshop on work ethics and code of conduct policy development with representatives from the Office of the Kaduna State Head of Service and the Commissioner of Health, Kaduna state, in attendance.

The workshop comprised of lectures on work ethics and policy development delivered by local Faculty and participants, divided into work groups, brainstormed on key thematic areas;

Compliance with the law	Respect in the workplace
Protection of hospital property	Professionalism
Conflict of interest	Cybersecurity and digital services
Employee relationships	Workplace visitors
Solicitation and distribution	Industrial action
Disciplinary action	Indication of compliance procedure

The deliverable was the draft code of ethical conduct which was developed into a full policy and eventually ratified by the Board of Directors, BDTH and published. This was immediately followed by the local adoption of the Patient Bill of Rights (PBoR), derived from the 2018 document released by the Federal Competition & Consumer Protection Commission and the Federal Ministry of Health. The PBoR consolidates patients' rights as contained in other instruments including, The Nigerian Constitution, the Consumer Protection Act, the Child Right Act, the Hippocratic oath, the Freedom of Information Act, The National Health Act plus other professional ethical codes and sundry regulations.

Hospital Personnel Engagement

Sequel to the engagement with the hospital leadership, a hospital-wide presentation was held to intimate staff on the outcome of the workshop and facilitate their buy-in. In-depth consultations were held with staff over a four-day period with two sessions daily.

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These sessions were aimed at:

- Recapping the Patient Bill of Rights (PBoR) and the BDTH Code of Conduct (CoC) as previously presented.
- Highlighting patients' and staff prior feedback obtained from surveys and complaints, identifying areas for staff improvement.
- Providing a forum for interactive discussion on challenges experienced by staff in the discharge of their duties- staff were expected to identify challenges to self (skills & training needs), challenges from colleagues (same & other cadres), challenges with patients and other users of the hospital, challenges with management policies & facilities etc.
- Making recommendations towards addressing identified challenges for improvement of services and staff attitude.

A total of 312 participants took part in the consultations and the distribution of cadres is shown below;

Table 1: Distribution of personnel by cadre

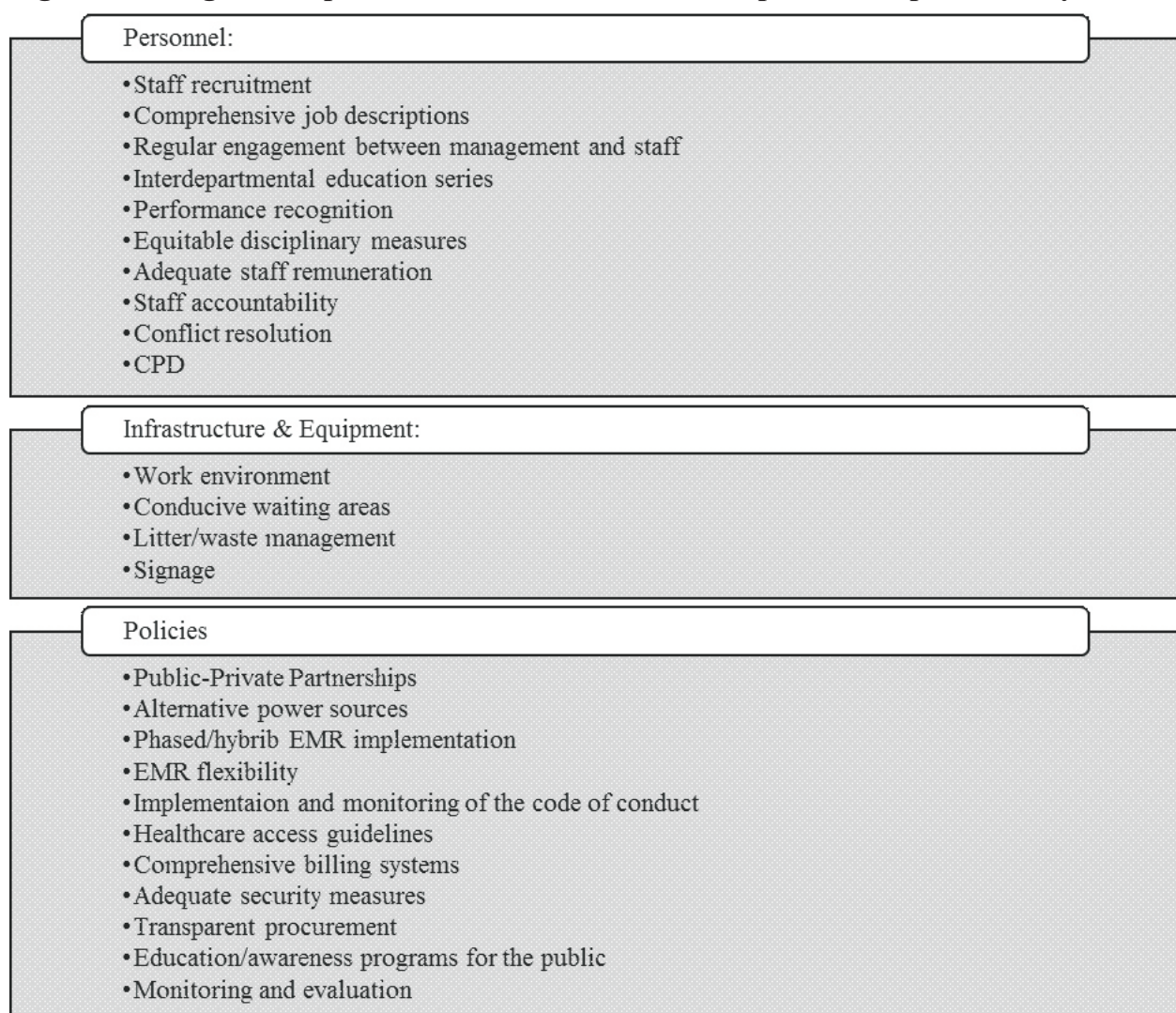
Day	Personnel Cadre	Number
Day 1	Medical doctors	41
Day 2	Nursing services	100
	Pharmacy	7
	Nutrition unit	5
	Physiotherapy	6
Day 3	Laboratory staff	28
	Radiology unit	12
	Dental/MFU	9
	Security	14
	Works/maintenance	5
	Medical social welfare	6
Day 4	Administration	17
	Accounts	9
	Environmental health	17
	Medical records	36
	TOTAL	312

Each session began with a power point presentation on the Patient Bill of Rights (PBoR) and the Barau Dikko Teaching Hospital Code of Conduct as drafted (CoC) by the members of the SERVICOM BDTH unit. The team then provided feedback obtained previously from patients and staff on lapses observed in service delivery. Responses were invited from participants in line with the objectives stated earlier. Significant findings from each of the sessions are summarized below:**Figure 1: Factors identified by staff which impact service delivery**

Figure 1: Factors identified by staff which impact service delivery

Challenges Across Cadres in the Hospital:							
○House Officers, Medical Officers & Resident Doctors: ○Self: Skill and knowledge gaps. ○Colleagues: Micromanagement, inadequate supervision, role conflicts, and poor orientation. ○Patients & Users: Inefficiency in bed management. ○Management & Facilities: Insufficient support for residents, unclear career paths, insufficient consultation rooms, and lack of privacy.	○Consultants: ○Colleagues: Poor inter-departmental communication and referral protocols. ○Patients & Users: Long appointment durations, inadequate facilities for specific needs. ○Management & Facilities: Lack of integration in EMR, inadequate operating theatre lighting, non-referral policies at A&E.	○Nursing Department: ○Self: Lack of on-the-job training. ○Colleagues: Inconsistent support staff availability. ○Patients & Users: Non-compliance with asepsis, lack of patient review by consultants. ○Management & Facilities: Bed management inefficiency, out-of-stock consumables, inadequate A&E staffing, lack of changing rooms, no standard policy on consumables, and insufficient signage.	1.Laboratory, Radiology, ENT, Dental & STC Staff: •Self: Lack of training on equipment use. •Colleagues: Authorization code challenges at NHIA*, dental patient delays. •Patients & Users: Lack of courtesy. •Management & Facilities: Frequent stockouts, limited dental chairs. •NHIA: National Health Insurance Authority	1.Pharmacy, Nutrition, Physiotherapy: •Colleagues: External prescriptions lead to non-retention of patients, delayed nutritional care implementation. •Management & Facilities: Insufficient drug storage, inappropriate kitchen location, accreditation issues.	1.Security, Medical Social Welfare & Estate Department: •Colleagues: Poor facility handling, conflicts over I.D. usage, lack of security collaboration. •Patients & Users: Underutilization of social welfare. •Management & Facilities: Counseling theatre absence, bureaucratic bottlenecks, obsolete equipment, inadequate security gear.	1.Medical Records/EMR: •Colleagues: Resistance to EMR adoption, stigma, privacy breaches. •Management & Facilities: Lack of EMR integration for STC, poorly located STC.	1.Admin, Account & Environmental Unit: •Colleagues: Poor waste management. •Patients & Users: Inappropriate public convenience maintenance, hawking on premises. •Management & Facilities: Foul language by superiors, lack of office conveniences.

Figure 2: Categories of potential solutions for service improvement proffered by staff



Patients & Clients Engagement

We engaged with patients and other clients of the hospital through a town hall meeting/client sensitization programme and surveys aimed at providing a platform to educate patients and other clients of the hospital about their rights and responsibilities as well as engage them effectively in the provision of constructive feedback on the quality of service received in BDTH. The one-day meeting had over 150 participants in attendance including the top management of the hospital and some key personnel drawn from across the service areas.

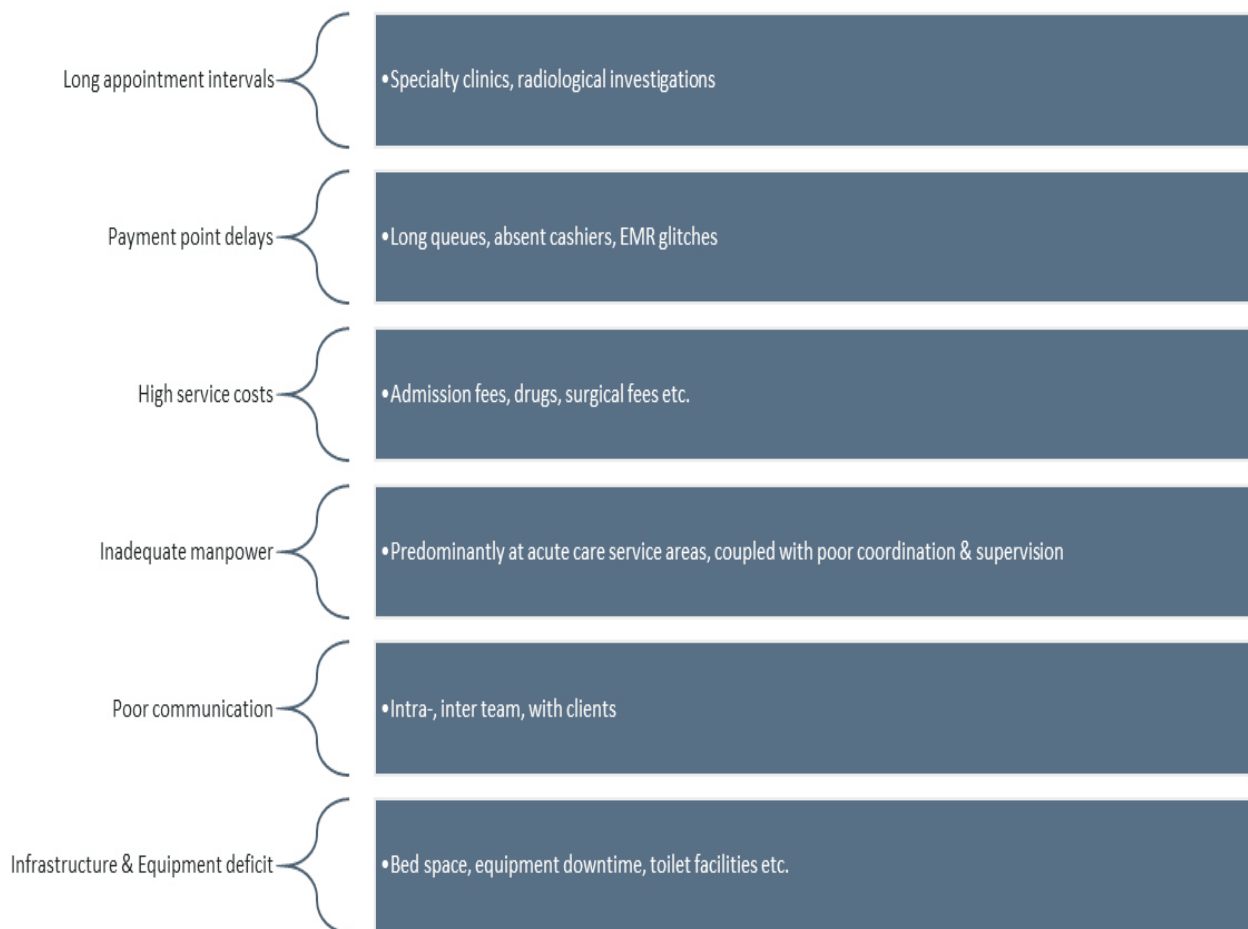
Summary of proceedings

An overview of SERVICOM objectives and the Patient Bill of Rights (PBoR) were presented by the SERVICOM Unit of BDTH. Copies of the PBoR as adopted by BDTH were distributed which contained the rights and responsibilities of patients and other users of the hospital and included details on how to reach the SERVICOM BDTH with complaints and/or enquiries across various channels. Participants were then invited to engage interactively on the following discuss points; Hospital policies; Infrastructure and environment; Equipment; Personnel; Knowledge, attitude; Services; access, availability etc.

They would provide constructive feedback on; (i.) areas where the Hospital had performed well, (ii.) areas where they noted a need for improvement and (iii.) They would make recommendations on the above.

Observations highlighted by the participants included; Commendations to the General Out-Patient Clinic (GOPC) and Department of Haematology & Blood Transfusion by some participants for their work ethic and attitude to patients.

Figure 3: Patient/client-identified areas of challenges



Recommendations

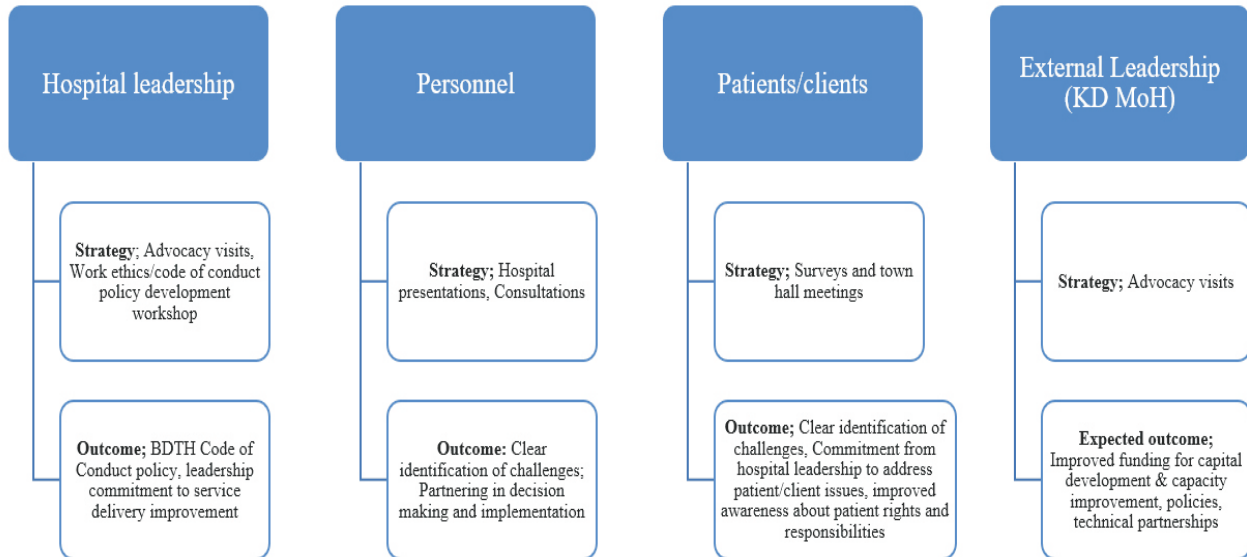
Healthcare improvements should address affordability, with cost reviews and transparent billing processes, alongside shorter appointment intervals and streamlined patient handling. Emphasis is also needed on hygienic facilities, efficient EMR usage, accessible complaint mechanisms, and better staffing and equipment, especially in emergency services.

External Stakeholder Engagement

The next steps which have commenced include visits to the Ministry of Health, politicians and policy makers aimed at advocacy for improved funding for capital and capacity improvement of the hospital as well as policies which enhance implementation and sustainability of standards in health care facilities in BDTH and Kaduna State. These are already facilitating technical partnerships with non-governmental organizations.

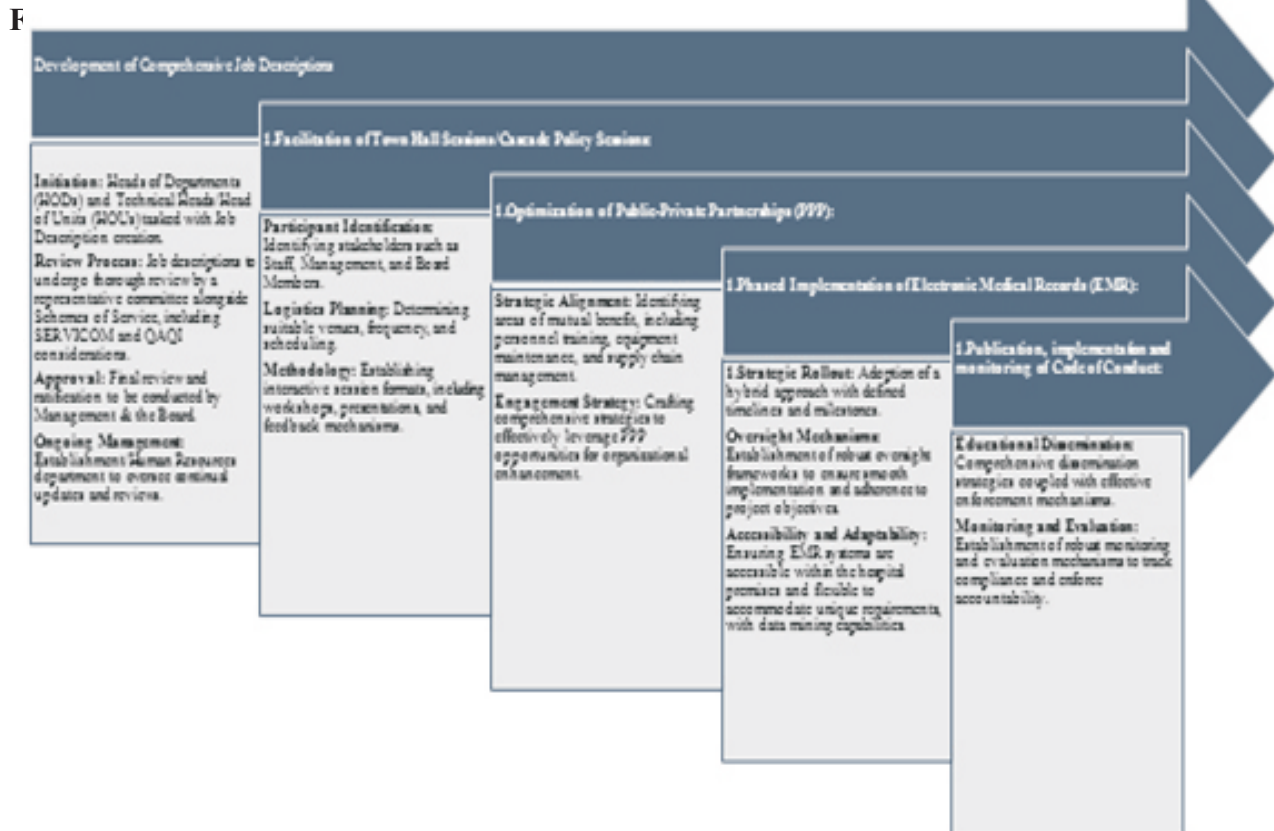
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Figure 4: SUMMARY OF STRATEGY AND OUTCOMES OF MULTILEVEL STAKEHOLDER ENGAGEMENT



Implementation

These findings were presented to the top management of BDTH and an implementation plan developed jointly to address the identified challenges prioritizing the following areas;



Other areas include;

Figure 6: Joint implementation strategy for service improvement in BDTH II



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Conclusion

Our findings underscore the significance of multilevel stakeholder engagement as a viable and effective strategy for improving healthcare service delivery in tertiary and other hospitals. By involving a diverse range of stakeholders, we have demonstrated that collaboration and active participation at various levels, can lead to substantial enhancements in healthcare outcomes. This research highlights the critical role of clear communication, shared decision-making and mutual accountability among stakeholders in driving improvements.

By fostering an environment where stakeholders are actively engaged and their contributions valued, we have not only addressed existing gaps but also set a precedent for sustainable improvement. This multilevel engagement approach can serve as a model for other healthcare institutions aiming to achieve similar advancements in their service delivery process and provides a roadmap for those seeking to enhance service delivery through inclusive and collaborative practices.

List of Abbreviations

SERVICOM	Service compact
BDTH	Barau Dikko Teaching Hospital
SCD	Sickle cell disease
PPH	Post-partum haemorrhage
PBoR	Patients' bill of rights
MFU	Maxillofacial unit
EMR	Electronic medical records
A&E	Accident & Emergency unit
ENT	Ear, nose & throat unit
STC	Special treatment center/clinic
NHIA	National Health Insurance Authority
I.D	Identity card
CPD	Continuous professional development
GOPC	General out-patient clinic
KD MoH	Kaduna State Ministry of Health
HOD	Head of department
HOU	Head of unit
QAQI	Quality assurance quality improvement committee
PPP	Public-private partnership

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To the SERVICOM BDTH team; We thank you for your dedication and support. Together, we have made significant strides in enhancing healthcare service delivery in our hospital, and we look forward to continuing this journey of improvement together.

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