# STRATEGIC MANAGEMENT PRACTICES AND ORGANIZATIONAL EFFECTIVENESS IN UNIVERSITY TEACHING HOSPITALS IN NIGERIA

## THESIS

**Presented to the School of Postgraduate Studies of the University of Lagos in Partial Fulfillment of the Requirements**

**For the Degree of**

## DOCTOR OF PHILOSOPHY

**IN MANAGEMENT**

**BY**

**ANYIKA, EMMANUEL NWANOLUE**

**B. PHARM (NSUKKA), M.Sc (LAGOS), MBA (LAGOS), M.Sc (LAGOS)**

**MAY 2008**

# STRATEGIC MANAGEMENT PRACTICES AND ORGANIZATIONAL EFFECTIVENESS IN UNIVERSITY TEACHING HOSPITALS IN NIGERIA

A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF THE DEGREE OF DOCTOR OF PHILOSOPHY (Ph.D)
IN THE DEPARTMENT OF BUSINESS ADMINISTRATION, UNIVERSITY OF LAGOS, LAGOS, NIGERIA.

BY

ANYIKA, EMMANUEL NWANOLUE
B. PHARM (NSUKKA), MSc (LAGOS), MBA (LAGOS), M.Sc (LAGOS).

## DECLARATION

We hereby declare that this thesis titled "Strategic management practices and organizational effectiveness in university teaching hospitals in Nigeria" is a record of original research carried out by ANYIKA, Emmanuel Nwanolue in the Department of Business Administration, Faculty of Business Administration, University of Lagos, Lagos.

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**ANYIKA, Emmanuel Nwanolue**

**1st Supervisor:**

.....

**Prof. B.E.A. OGHOJAFOR**

**2nd Supervisor:**

.....

**Prof. H.A.B. COKER**

# SCHOOL OF POSTGRADUATE STUDIES
# UNIVERSITY OF LAGOS

## *CERTIFICATION*

This is to certify that the Thesis:

**"STRATEGIC MANAGEMENT PRACTICES AND ORGANIZATIONAL EFFECTIVENESS IN UNIVERSITY TEACHING HOSPITALS IN NIGERIA"**

Submitted to the
School of Postgraduate Studies
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For the award of the degree of
**DOCTOR OF PHILOSOPHY (Ph. D)**
is a record of original research carried out

By

**ANYIKA, EMMANUEL NWANOLUE**
in the Department of Business Administration

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| ANYIKA, Emmanuel N. | | 26th Nov. 2008 |
| AUTHOR'S NAME | SIGNATURE | DATE |
| Prof. Bola Oghojafor | | 27/11/08 |
| 1ST SUPERVISOR'S NAME | SIGNATURE | DATE |
| Prof. [illegible] | | 04.12.08 |
| 2ND SUPERVISOR'S NAME | SIGNATURE | DATE |
| Prof. W. Iyiegbuniwe | | 27/11/08 |
| 1ST INTERNAL EXAMINER | SIGNATURE | DATE |
| Dr. S. A. Adesegun | | 27/11/08 |
| 2ND INTERNAL EXAMINER | SIGNATURE | DATE |
| Prof B. A. Agboola | | 27/11/08 |
| EXTERNAL EXAMINER | SIGNATURE | DATE |
| Prof Sola Fajana | | 27/11/08 |
| SPGS REPRESENTATIVE | SIGNATURE | DATE |

## DEDICATION

THIS WORK IS DEDICATED TO MY WIFE DEBY, MY CHILDREN: CHIOMA, OGONNA AND CHINEZE; AND TO THOSE WORKING ASSIDUOUSLY TOWARDS MAKING OUR HEALTHCARE DELIVERY SYSTEM AN EFFICIENT ONE.

## ACKNOWLEDGEMENTS

I wish to express my gratitude to my principal supervisor Professor B.E.A. Oghojafor for the role he played at different points in time, towards the realization of this goal. He led me through the path of Strategic Management and got me to appreciate its importance. I am also highly indebted to my second supervisor, Professor Herbert Increase-Coker for the combined magisterial, professional and fraternal role he played towards the realization of my dream. The inter-disciplinary input of these two gentlemen brought the best to bear on the research work.

My gratitude goes to the Chief Medical Directors in the teaching hospitals used for the research for taking their time to fill out the questionnaires and for allowing their middle level managers to be used as respondents in this work. All the respondents are greatly appreciated for their participation, in spite of their tight schedules.

I also acknowledge the support and encouragement of Professor I.C. Achumba and Professor Nnamdi Asika towards keeping me focused till the end of the programme. I highly appreciate Professors J.O. Oni, W.I. Iyiegbuniwe, Dr. Hamadu Dallah, Dr. F.G. Umukoro for their input and amity. I acknowledge the support of the following staff of the Faculty of Business Administration: Dr. Muojekwu, Dr. P. Iyiegbuniwe, Professor Sola Fajana, Professor S. Banjoko, Professor Omolehinwa, Prof. Iwuala, Dr. Oyatoye, and all the members of non-academic staff who were very supportive.

I acknowledge the vital role played by my classmates, friends and colleagues: Dr. Ihemeje, Merss Femi, Okonji, Mrs. C.B.N. Uche, and Mrs. Obaji who kept urging me to remain unflappable during periods of academic difficulty. Merss Suleimon, Kuye, Seyi, Tosin and Ken of the Department of Business Administration are highly appreciated for their kind words and support.

I am also highly indebted to all the members of the Department of Clinical Pharamacy & Biopharmacy: Professor Fola Tayo, Dr. (Mrs.) Bola Aina, Mrs. R. Soremekun, and Mr. John Erastus (for typing the manuscript), to mention a few, I appreciate Dr. Steve Ogbonnia, Dr. S. Adesegun, Dr. G. Ajayi, Dr. Kemi Odukoya and Mrs. Olagbeinde-Dada all of the Department of Pharmacognosy. Dr. (Mrs.) G. Ukpo, Dr. Chimezie Anyakora, Dr. (Mrs.) Mbang Owolabi, Dr. (Mrs.) Adepoju-Bello, Mrs. Ogah, Mr. Akinleye and Dr. (Mrs.) Ayoola all of the Department of Pharmaceutical Chemistry remain invaluable for their immense support.

I also express my profound appreciation to the Dean of Faculty of Pharmacy, Professor N.D. Ifudu, Professor C.I. Igwilo (DAP), Professor U.E. Mendie, Dr. B.O. Silva, Mrs. V. Enwuru; all of the Department of Pharmaceutics for the interest they showed towards the completion of the programme.

I appreciate Professors Lekan Abudu, M. A. Danesi and Dr. P. Nwilo for their wonderful disposition towards my academic pursuit. I am indebted to Professor R.O. Okafor of Mathematics Department for the crucial role he played in keeping the interdisciplinary research work on track. To Dr. Ebuehi and Professor V. Okochi of Biochemistry Department, I remain very

grateful. My professional colleagues: Emeka Ilodigwe, Mr. Osegbo and Dr. (Mrs.) C. Ukwe are highly appreciated for their kind words and encouragement. Others too numerous to mention are hereby thankfully acknowledged.

I use this opportunity to show my immense appreciation and love to my brothers and sisters for urging me to get to the top despite the seeming encumbrances: Jerome-Polycarp, Patrick, Rev. Sister Mary Benignus, Mrs. Virgy Ezimora, Mrs. Anna Ukor, Pauline Chima, Mrs. Rose Nweke and Mrs. Scolastica Ilojianya. Their families are hereby equally appreciated.

I thank the members of my nuclear family: my wife Deby who doubled as secretary and clarifying my thoughts; and the children Chioma Stella-Maris, Ogonna Benigna and Chineze Leonie for their prayers, understanding and rising early to the challenges of their academic environment.

I give kudos to my parents: Mr. Policarp and Mrs. Mary-Camel Anyika, and their happy memories. They gave their lifetime, energy and resources to ensure that we placed premium on quality education.

Finally, I give thanks, glory and adoration to the Almighty God, Who rather used the towel I threw in, in times of great difficulty – to soothe my frenzied nerves. He brought this work to a successful conclusion.

# ABSTRACT

**Anyika, Emmanuel Nwanolue: Strategic Management Practices and Organizational Effectiveness in University Teaching Hospitals in Nigeria. Doctor of Philosophy (Management), May 2008, 241 pp., 15 tables, bibliography, 234 titles.**

The study examines the extent of application of strategic management in Nigerian tertiary health care institutions, and investigates:

- top managements' understanding of different environmental factors and problems affecting their hospitals.
- the extent to which differential variables (management background and experience) of the CMD contribute to organizational effectiveness.
- the extent to which the Board of Directors influence on the CMD has contributed to organizational effectiveness.
- the relationships between the Nigerian environment, differential variables, strategic management practices, management philosophy and organizational effectiveness in order to determine which aspect(s) of the first four variables are associated most strongly with effectiveness in healthcare organizations.
- the extent to which they apply the techniques of strategic

management.

- the problems they experience in practising strategic management as well as evaluate the success or otherwise of strategic management practices in these institutions.

Survey research technique was used, which comprises two research instruments, one each for top and middle managers respectively. They were validated. The main sample for the study was drawn from Federal University teaching hospitals of at least twenty-five (25) years of existence one from each of the six geopolitical zones in Nigeria; using stratified random sampling technique, tossing of coin or simple selection as the case may be. All top managers and all identified managers in the hospital units were used for the study. Four hypotheses were tested. Data analysis involves the use of Statistical Package for Social Science (SPSS) version 13, to determine the frequency distribution, independent t-test, correlation and regression outcomes.

The following conclusions are drawn from the analyses:

1. Top and middle level managers are aware of different environmental factors affecting their performance and organizational effectiveness.
2. The management background and experience of the Chief Medical Director (CMD) and Board of Directors' influence, all contribute to managerial performance and organizational effectiveness.
3. Top managers apply strategic management to a limited degree.

4. No individual or department is responsible for strategy development, which contributes to lapses in repositioning the health organizations in a rapidly changing environment.
5. There is a relationship between the Nigerian environment, CMDs' attributes, managerial philosophy, strategic management practices on the one hand and organizational effectiveness. The environment – with a major organizational influence in terms of opportunities and threats, remains significantly unexplored by top health managers. The developed strategic management model can be used for the development of strategic management programmes in secondary and tertiary healthcare institutions.

6. Top managers are not equipped with adequate management background to enable them direct such big health organizations in a strategic sense.

7. The commitment of the middle and lower level managers is low, which contributes to low productivity. The crucial importance of strategic management in labour intensive organizations like healthcare delivery system is highlighted for subsequent exploration, by health managers.

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# CHAPTER ONE

# INTRODUCTION

The study is focused on strategic management practices in Federal university teaching hospitals and their effort towards the realization of organizational effectiveness. The hospitals' period of existence of at least 25 years confers on them some level of maturity (technical, structural, cultural and strategic) for quality healthcare delivery. Healthcare delivery systems exist as primary, secondary and tertiary institutions, with varying degrees of provision of care, manpower needs, functions, capacity and capability, sophistication, ownership and funding requirements. To ensure and enhance the quality of care at all levels, hospitals were established by the Local, State and Federal governments, individuals, private and religious organizations with a view to offering general or specialized medical services and providing quality pharmaceuticals at affordable prices.

Hospitals as healthcare organizations represent a fragmented part of the healthcare industry, with a history, culture and structure that limit their ability to anticipate and respond to change effectively (Bender, 1995). Hospitals and pharmaceutical companies operate as profit-making organizations although the primary aim of the former may not be for outright profit. However, with the current privatization and commercialization efforts in specific areas of teaching hospital operations, focus on profitability is inevitable. Even as patients pay for the

services rendered, it is very important to ensure that they get value for their money, by ensuring that the patient is given the right treatment at the right time, at the right place by the right person, with the right drugs and equipment. To achieve this quality management in healthcare, the hospital must have a clear vision and a sense of mission; identify who the customers are, how it should conduct its practice, and possible barriers to effective implementation.

Based on the foresight of the then Minister of Health in the First Republic, Dr. Majekodunmi, for a viable health programme and sustainable manpower development, the Federal Government of Nigeria established four teaching hospitals in the three former regional headquarters and Lagos. This followed Sir Eric Ashby Commission's recommendation of 1961 to ensure effective and rapid reorganization of hospitals for the teaching of clinical medicine. It also recommended the establishment of full-fledged medical schools in these cities (Lagos, Ibadan, Enugu and Kaduna) as soon as possible, aimed at training at least 400 physicians annually from medical schools in Nigeria from 1975 onwards. In 1967, twelve states were created out of the four regions in the Republic of Nigeria. The advent of oil boom in the early 1970s and subsequent creation of seven more states in the country resulted in as many universities/teaching hospitals being constructed partly for political reasons and to cope with the rapid expansion and healthcare needs in the nation. Even as the changes in the world oil market were

sending signals that the era of boom was over, and that no country could afford the level of waste and poor strategic management as experienced in Nigeria, the number of states was increased from 19 to 36. Each state tried to replicate the same systems, infrastructure and institutions (hospitals inclusive) that existed in the parent state; irrespective of the manpower, economic and strategic implications.

University teaching hospitals were set up in part for practical training of quality personnel in various fields of Medicine, Pharmacy, Nursing and other paramedical professions, apart from their primary duties of managing patients, teaching and research. They serve as referral centres for general hospitals and other health institutions in their environment, because of their specialized skills, and modern equipment.

With such areas of specialization, referrals could be sources of income for the teaching hospitals, and saving foreign exchange, which otherwise could have been spent by Nigerian patients on treatment abroad. Continual development of health manpower would be achieved apart from enhancing the health status of Nigerians. These expectations cannot be realised without effective management of these institutions. Human resource development, finance, marketing the hospital services, management of various aspects including engineering, operating theatres, pharmacy, wards, emergency and out-patient units, physiotherapy department, etc are expected to be effectively managed to ensure the relevance of the hospital

services in the changing environment.

Over the years, Nigerians continued to enjoy relatively good healthcare services as the culture of waste continued to drain resources at the expense of good maintenance culture. Inefficient health systems management and the appointment of inexperienced managers in these health institutions led to further deterioration in the quality of care as well as the manpower situation. Expatriates were employed sometimes at outrageous contract terms, which led to capital flight. In some cases no particular advantage was experienced as some of the foreigners might not be as highly skilled as they claimed. Recruitment and selection were sometimes based on nepotism and ethnicity not on competence. Gross mismanagement of funds in different tiers of government led to poor funding of these health institutions. Infrastructural projects were abandoned mid-way as the dwindling resources took their toll on the health systems.

Later, the expatriates left for their countries, followed by the brain drain of highly skilled health professionals. The situation continued unabated and wealthy Nigerians started traveling abroad for medical check-up and treatment. With the ailing healthcare nationwide, the packaging and delivery of the treatment are often inefficient, ineffective, and customer unfriendly. The situation begs for innovative solutions involving every aspect of healthcare – its delivery to customers, its technology and its business models (Herzlinger, 2006).

There are increased numbers of referrals to hospitals abroad for medical treatment, either due to loss of confidence in our healthcare delivery system or for better care elsewhere. Training of quality health professionals in most Nigerian institutions has been compromised. Availability of genuine and quality drugs at affordable prices is not guaranteed, while facilities in most departments are either too old/obsolete or non-functional or operating at sub-optimal level. Poor capacity building and sometimes poor diagnosis and management of ailments have resulted from such systemic inefficiency.

With the Federal government's move towards deregulation and privatization, and the launching of the National Health Insurance Scheme (NHIS), policy decisions toward funding/participation in hospital operations could change, with possible introduction of new stakeholders. The healthcare delivery system is therefore approaching a crisis situation which needs concrete and drastic measures to avert a systemic collapse.

Most allegations of poor performance point to poor management of these institutions. Crisis management in these hospitals has therefore raised a lot of questions on the efficiency of our health institutions. Management has been identified as Nigeria's major economic development bottleneck. The teaching hospitals are no exception. There are two aspects of the management crisis: qualitative and quantitative dimensions – none of which has been given adequate

attention in the development of healthcare management leaders. The increased number of admission of students in the healthcare professions is only a quantitative approach. Even then, qualitative training and improved quality of existing talents cannot be achieved if the enabling parameters such as physical facilities, number of patients available, teachers and the curricula fall short of the desired standard and are poorly integrated.

The systemic deterioration prevalent in our teaching hospitals continues with no serious attention paid to revamping the ailing healthcare institutions. There is no strategy in place to boost the quality aspect of our management development programme, especially in our healthcare delivery environment. Health professionals seldom attend highly rated Master of Business Administration (MBA) degree of some top Nigerian and foreign universities, Centre for Management Development Training (CMDT), Administrative College in Kuru, Jos, among others. Management courses in the healthcare professions are scanty, with inadequate provisions in their curricula.

At national level, it is on record that coordinating, directing, problem-solving, supervision, work simplification, situation analysis, environmental analysis, and decision-making are the problem areas which require a radical solution. To operate a complex service-based organization like a teaching hospital requires clearly defined strategies to achieve set objectives in the short and long

terms. The more complex the hospital is, the more departmentalized and hierarchical it becomes, and the greater the need for effective coordination of human, material and financial resources to achieve result (Patz & Rowe, 1977).

## STATEMENT OF THE PROBLEM

With the poor quality of care, high hospital bills, bureaucratic bottlenecks, increasing competition and proliferation of teaching hospitals, there is a progressive decline in clientele, compromised health status of the people, and attendant profitability problems in Nigerian teaching hospitals (Oni & Anyika, 1998). These healthcare organizations are therefore faced with new challenges and pressures to which their managers and administrators have responded poorly. Some provide skeletal services that are far below expectation, which are clearly marked by low bed occupancy rates. The quality of teaching during ward rounds with students is therefore compromised. Some hospitals at a point neglect their life-saving duties to become undertakers of sorts, by concentrating their efforts in mortuary business within the hospital premises in these times of high mortality rate in Nigeria. Some consultants delegate most of their duties to their junior colleagues while concentrating on their private clinics, maternity homes/pharmacies pari pasu their full-time jobs, even as they receive their salaries intact at the expense of the teaching hospitals. Other staff members would come to work late and leave early for home, most often without any disciplinary action or even query issued. Patients

referred to the teaching hospitals are sometimes diverted to the private clinics after initial consultation, leading to double loss to these institutions.

Brain-drain of highly skilled health professionals has been on-going for over two decades and the situation is not abating (Anyika, 1998a). This is because of poor motivation and infrastructural facilities, and the harsh work environment in Nigeria (Anyika, 1998b).

This researcher therefore sought to explore and identify what management concepts and practices are crucial in determining more effective and less effective health organizations in Nigeria using one tertiary health institution (25 years and above) from each geopolitical zone in Nigeria as focal areas. The zones are North-East, North-Central, North-West, South-East, South-South and South-West. It is equally important to appraise the awareness and application of strategic management by the chief executives and healthcare managers in the areas of formulation, implementation and evaluation, and the extent of application of the strategic management machinery in driving Nigerian teaching hospitals. The information is important to stakeholders and potential management leaders in our tertiary health organizations, as well as for curriculum planners and health educators in propelling our floundering health organizations to more efficient institutions.

Empire building, bureaucratic bottlenecks, inability to differentiate between

a patient (someone shopping for treatment) and a customer (someone shopping for quality and price) continue to place teaching hospitals at risk of competitive disadvantage. Mechanistic structures and professional caste system continue to limit organizational performance by erecting barriers to creativity and resistance to change. Teaching hospitals and care-givers are therefore poorly adapted to the complex environmental changes, which reduce their ability to sense, interpret and respond to their environment.

Healthcare professionals who end up being decision makers and chief executives do not have the background to work well as members of a business team and often are not interested in dealing with business issues. Most often caregivers pay little attention to the direction of the overall practice and have less time to consider long term goals and values (Wollinsky and Marder, 1985). Just as it is impossible to be a good healthcare professional (pharmacist, physician, nurse) without a good knowledge of the profession, one cannot be a good manager without knowing what management is all about (Allen, 1991). This is the basis for evaluating strategic management practices in the Federal university teaching hospitals, with a view to repositioning them for the future challenges in the healthcare delivery system.

Researchers have examined management problems in manufacturing, oil and high-tech industrial sectors in developed and developing countries. It has been

established that modern management concepts which have evolved in developed countries, contributed in no small measure to their giant strides in economic development (Negandhi & Prasad, 1967). Their applicability in developing countries, if well adapted will form a template for accelerated development in recipient cultures (Negandhi & Reimann, 1972). This is the motivation behind the topic of study, to find out what brought about these systemic management problems, using six teaching hospitals each from the six geopolitical zones of Nigeria as classical examples, and to make suggestions. Management practices applied in these institutions were investigated with a view to evaluating their effectiveness in relation to the environment and the strategist (manager).

## PURPOSE OF THE STUDY

Although the Federal government recently stepped up the technological inputs in some of the teaching hospitals, the problem of sustainability, quality health management and imbibing the new National Health Insurance Scheme (NHIS) remains a threat to quality healthcare delivery. The purpose of this study therefore is multifaceted.

The general objectives are two-dimensional – to lay a foundation for understanding the nature of management processes and strategic management practices in Nigerian teaching hospitals, and secondly, to apply the strategic management concepts in the diagnosis, analysis and solving management related

problems in Nigerian teaching hospitals. The specific objectives are to:

1. Investigate top managements' understanding of different environmental factors and problems affecting their hospitals.
2. Investigate the extent to which differential variables (management background and experience) of the CMD contribute to organizational effectiveness.
3. Investigate the extent to which the Board of Directors influence on the CMD has contributed to organizational effectiveness.
4. Examine the relationships between the Nigerian environment, differential variables, strategic management practices, management philosophy and organizational effectiveness in order to determine which aspect(s) of the first four variables are associated most strongly with effectiveness in healthcare organizations.
5. Determine the extent to which they apply the techniques of strategic management.
6. Find out the problems they experience in practising strategic management as well as evaluate the success or otherwise of strategic management practices in these institutions.
7. Suggest ways of enhancing organizational effectiveness in healthcare institutions.

## RESEARCH QUESTIONS

The research questions examined in this study are as follows:

1. Are top managers fully aware of the different environmental factors and problems affecting their organisations?
2. To what extent do differential variables (management background and experience) of the CMD contribute to organizational effectiveness?
3. To what extent does the Board of Directors' influence contribute to organizational effectiveness?
4. Is there any relationship between the Nigerian environment, differential variables, strategic management practices, management philosophy/culture and organizational effectiveness in Nigerian teaching hospitals?
5. To what extent do CMDs apply the techniques of strategic management?
6. What are the problems experienced in practising strategic management and what are the success or otherwise of strategic management practices in these institutions?

## RESEARCH HYPOTHESES

The following hypotheses are tested in this study:

1. Top healthcare managers are not fully aware of different environmental factors and problems affecting their managerial functions
2. Differential variables and influence of the Board of Directors do not contribute

to the organizational effectiveness.

3. Top managers do not apply various aspects of strategy formulation, implementation and evaluation in their management practices.
4. There is no relationship between the practice environment, differential variables strategic management practices, management philosophy and organizational effectiveness in Nigerian teaching hospitals.

## BACKGROUND AND SIGNIFICANCE OF THE STUDY

Health organizations have a history, culture and structure that limit their capacity to anticipate and respond to change effectively (Bender, 1995). Mechanistic structures and professional caste systems tend to limit organizational performance (Sonnenberg and Goldberg, 1992). A new paradigm shift from the outdated management structure and culture is urgently needed to achieve organizational effectiveness in health institutions (Allen, 1991).

It is therefore hoped that this study will among other things:

1. Lay a foundation for proper understanding of the nature of management and strategic management practices in healthcare organizations.
2. Highlight the different areas of difficulty in the operationalization of strategic management practices in Nigerian teaching hospitals.
3. Initiate strategies for solving management-related problems in Nigerian tertiary health institutions.
4. Provide important information to stakeholders and potential management

leaders in tertiary health organizations as well as for curriculum planners and health educators in propelling our health organizations to more efficient institutions.

5. Reposition the teaching hospitals for the future challenges in the healthcare delivery systems.
6. Optimize the use of human and material resources in more responsive and goal-oriented healthcare delivery systems.
7. Highlight the importance and application of strategy crafting, appropriate strategic choices, implementation and review in managing healthcare institutions.
8. Enhance bed occupancy rate, reduce length of hospital stay, increase profitability and systemic efficiency.

The proposed strategic management model demonstrates the relationship between the healthcare delivery environment, managerial experience/Board influence, managerial philosophy, strategic management practices and organizational effectiveness in our healthcare institutions.

## SCOPE AND LIMITATIONS OF THE STUDY

The study is limited to:

1. Ascertaining the level of awareness of top management on basic management functions and concepts

2. Assessing the managers' understanding of different strategic management practices in relation to the teaching hospitals
3. Evaluating the relationship between differential variables related to the strategist and top management team composition with organizational effectiveness.
4. Advancing a strategic management model that will enhance the existing managerial practices in our healthcare institution.
5. The data where available, were supplemented by financial/human resource information obtained from the hospitals' statutory reports and other units.
6. All top management, consultants, managers/physicians/pharmacists in the six selected teaching hospitals from the six geopolitical zones of Nigeria.
7. The study was limited to only six university teaching hospitals (≥ 25 years old) in the six geopolitical zones in Nigeria. The results of this work therefore cannot be generalized to all the university teaching hospitals in Nigeria.

## OPERATIONAL DEFINITION OF TERMS

**Management** - it is the art and science of planning, organizing, directing and controlling human effort and resources for the health organization's success, within the organizational framework and external environment of the firm. It is the process of reaching organizational goals by working with and through people and other hospital's resources. Determining the collective objectives of a teaching

hospital and generating an enabling environment for their achievement, is the total function of the Chief Medical Director or the chief executive. Management process is not a series of separate functions that can be performed independently; rather it is a composite process made up of other individual components: characteristically independent and interrelated.

**Organization** - it refers to the designated structure of activities, processes and people who make up the teaching hospital. It implies that all employees need to know specifically their functions and line of authority. Some general principles of organization can be applied to teaching hospitals such as: division of labour, unity of command, unity of direction, parity of authority and responsibility, span of control, and delegation of authority.

**Strategy** – it is viewed as a plan, a ploy, a direction, a pattern, a position and a perspective. It is the direction and scope of a hospital's action over the long term, which achieves advantage for the organization through the configuration of resources within a changing environment to meet the needs of healthcare demand and to fulfill stakeholder expectation. It is also a comprehensive, integrated plan designed to ensure that the basic objectives of the enterprise are accomplished.

**Strategic Management** - it is the process, which deals with fundamental organizational renewal and growth, with the development of strategies, structures and systems necessary to achieve such renewal and growth, and with the

organizational systems needed to effectively manage the strategy formulation, and implementation process. It is invariably a systematic approach and process of specifying an organization's objectives, developing policies and plans to achieve these objectives, and allocating resources so as to implement plans. It is the highest level of managerial activity, usually carried out by the chief executive.

**Strategy Formulation** - involves the development of a business mission, identifying the healthcare system's external opportunities and threats, determining internal strengths and weaknesses, establishing long-term objectives, generating alternative strategies and making a particular choice of strategy to explore. Strategy formulation decisions commit the organization to specific services, technologies, resources and markets over a reasonable period of time.

**Strategy Implementation** - it involves the establishment of annual objectives, allocation of resources, so that the formulated strategy can be executed. It equally involves developing a strategy-supportive culture, designing an effective organizational structure, redirecting marketing efforts, preparing budgets, developing and utilizing information systems, and relating employee remuneration to organizational performance.

**Strategy Evaluation** - it is the last stage in strategic management and the basic means of knowing when particular strategies are not living up to expectation. Strategies are bound to be modified over time, due to constantly changing internal

and external factors. Strategy evaluation activities involve reviewing these internal and external forces, measuring performance, and taking corrective steps.

**Differential Variables** - these are the attributes of the chief executive officer, and to a lower degree the influence of the board members on the top management. Differential variables anchor on the strengths and weaknesses of the top management, the experience on the job, managerial style, management background, decision making capability, team building or otherwise, and the understanding of the hospital management. The top managers' drive, innovativeness and sense of mission are embedded in this construct. The influence of the board of directors on the strategic direction of the teaching hospital is also important. Top management is in a unique position to provide strategic leadership and motivation, which are different from the leadership at the middle management and supervisory levels in many ways.

**Environment** - it comprises the internal and external environmental factors. The former refers to the key internal factors (within a healthcare organization), that impart strengths or weaknesses of a strategic nature. Strength is a capability or an inherent capacity that an institution can utilize to gain strategic advantage over its rivals. Weakness on the other hand is an internal limitation or constraint that engenders strategic disadvantage. Organization's resources, behaviour, synergy, strengths and weaknesses, and distinctive competences shape the nature of its

internal environment. External environmental forces are divided into five broad categories namely: economic forces, socio-cultural, demographic and physical environmental forces, political, governmental and legal forces; technological forces, and competitive forces. The interaction between these forces and the organization affects all services, products, markets, clientele and suppliers.

**Organizational Effectiveness** - it refers to the ability of the organization to choose the right goals, and do the right things. Organizations have many goals of unlike and varied importance. The relationship between these goals may be causative, interactive, correlative, linear and compensatory or non-linear and non-compensatory in nature. Simultaneous maximization of all goals is not possible due to resource limitation and competition. An optimum course of action is therefore taken, based on dependability, relevance and right combination to achieve enhanced performance or effectiveness. Economic and non-economic factors are recognized as principal components of organizational effectiveness.

**Strategic Management Practices** - revolve around the basic management functions and strategic management input. Strategy formulation takes into cognizance, planning and organizing, with the direction – its strategic vision and business mission in focus. It is aimed at short and long term performance and resource allocation that will improve the competence and efficiency of the organization.

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# CHAPTER TWO

# LITERATURE REVIEW

## INTRODUCTION

The review is approached from three dimensions. First is the historical aspect of management, management theories and organizational theory, together with other contemporary reviews, which are relevant to the development of the conceptual framework for the study. The second aspect deals with the evolution of strategic management, as well as strategic management practices in business and healthcare delivery organizations. Finally, the use of two strategic management theories and management science theory together with the analysis of strategic management practices in the changing healthcare environment, form the theoretical and contextual framework for this research.

## GENERAL MANAGEMENT THEORIES

Different schools of management thought and philosophy have made giant contributions to the management theories reviewed for this research. These include:

**The Scientific Management Theory,** which centres on Taylor's genius and ideas for a unified or scientific approach to effective management (George Jr., 1972).

**Classical Management Theory** is anchored on Fayol's management concept that management activity is common to all human undertakings and requires some

degree of planning, organizing, commanding, and controlling. He later gave a recipe for effective management in his fourteen Principles of Administration (Stoner et al, 1995).

**Behavioural Theories** led by Munsterberg (1912) and Gilbreth (1914) established conditions for the most satisfactory output to be achieved from work. They established how best organizations can influence workers to get the best results. The use of socio-technical systems to enhance productivity at work was developed by Mayo (1933). Other social psychologists like Maslow (1954), McGregor (1960), Herzberg (1959), Argyris (1957), Bennis (1966), Katz and Kahn (1978) made far-reaching contributions, which emphasized the psychological aspects of leadership, motivation and other behavioural manifestations at work, geared towards the utilization of inherent skills and capabilities in the most productive manner (Schein, 1970).

**Systems Approach** views the social man as operating in a social system or society, made up of intricate cluster of interdependent units or subsystems.

**Management Science Approach** views management from the use of mathematical models, processes, concepts and symbols to derive certain relationships, logical processes and conclusions, which are crucial for management decision making (Koontz et al, 1984).

**Contingency Theory** is based on the realization that what managers do depends

on the situation in which they find themselves. It encourages managers to rise to any given situation in the practice environment (Carlisle, 1973).

## THEORIES INFLUENCING STRATEGIC MANAGEMENT THOUGHTS AND PHILOSOPHY

The field of strategic management study is eclectic and derives from different theoretical frameworks that lend support to the subject matter. The following theoretical constructs were proposed and influenced the view of strategic management in the changing health and business environment.

### EVOLUTION AND REVOLUTION THEORIES

The first theory is deeply rooted in Darwin's theory of evolution and natural selection. Environmental changes force biological species to adapt or transform continuously for survival or face extinction. Many management thinkers are influenced by evolution-revolution theories and believed that organizations are influenced by their environment, and that gradual environmental change requires a concomitant organizational change; and that effective organizations are those that conform most closely to environmental requirements (Wright et al, 1998). Consequently any that cannot adapt to gradual (and sometimes sudden) external change eventually finds itself outpaced by its adversaries and forced out of business.

Certain natural historians proposed another theory of environmental change. An economist, Schumpeter argued that change is not gradual but occurs in revolutionary and abrupt forms. Consequently, old species might be destroyed while new forms created. The resultant species then exist for many decades or centuries until another sudden environmental change, which prompts the creation of still newer species. This population-ecology model applies to business organizations in an economic environment, which is characterized by a relatively long period of stability, punctuated by brief periods of discontinuity and revolutionary change. These are evident in new enterprises with novel technologies that create new ventures that destroy existing ones by making them obsolete.

A more moderate and third view of evolutionary change is that at least some of the existing enterprises would be able to adapt to the abrupt environmental change (Tushman et al, 1986). These adaptive organizations allow the innovative one to absorb costs and risks associated with the creation of new products and services, and then copy those successful innovations (Nodoushani, 1991). Adaptive organizations could also be proactive by originating new products and services.

## INDUSTRY ORGANIZATION THEORY

It emphasizes the impact of industry environment on the organization. The evolutional change is implicitly involved in laying the foundation for the firm's adaptation to the particular industry forces. Porter's five forces model (1980) shows that industries with favorable structures or forces offer the opportunity for high returns on investment, while the reverse is the case for enterprises operating in industries with less attractive forces. An organization's strategies, resources, and competencies are indicative of the industry environment. Developments in industry organization theory have shifted emphasis to firm strategy (because of the relatively homogeneous nature of operations), which could affect the rival firm's strategy as well as potentials to modify the structure of the industry.

## CHAMBERLIN'S ECONOMIC THEORIES

An organization can clearly distinguish itself from other competitors if there is any significant basis for distinguishing the firm's goods (or services) from those of others. Based on this differentiation (slight as it might be), buyers will be paired with sellers, not by chance, but by choice. For the buyers' preferences to be sustained there is need for a fit between the firm's competitiveness (strengths and weaknesses relative to those of competitors) and opportunities and threats within its environment. Patents, firm's unique strategies, competencies and resources that cannot be easily duplicated are the thrust for differentiation.

## CONTINGENCY THEORY

It is based on the premise that higher financial returns are related to the organizations that most closely develop a compatible and beneficial fit with their environment. Whereas the earlier theories are abstract and deterministic, contingency theory is based on the view that organizational performance is the joint outcome of environmental forces and the firm's strategic actions. Organizations are therefore viewed as heterogeneous enterprises that can choose their own operating environments.

## RESOURCE-BASED VIEW THEORY

Resource-based view theory lends more weight to the organization's proactive choices; the firm's environmental opportunities and threats notwithstanding. The company's unique resources consist of the key 4variables that give it a sustainable competitive strategic advantage. These include the organization's tangible and intangible assets such as capital, equipment, employees, knowledge and information (Barney, 1995). Resource-based theory focuses primarily on individual firms rather than on the competitive environment. The theory has relevance within the context of evolutional and revolutionary environmental change.

## EVOLUTION OF STRATEGIC MANAGEMENT

Strategic management as a field of study originated in the 1950s and 60s.

Although there were numerous early contributors to the literature, the most influential pioneers were Alfred Chandler, Philip Selznick, Igor Ansoff, and Peter Drucker (Strategic Management – Wikipedia, n.d.). Chandler recognized the importance of coordinating the various aspects of management under one all-embracing strategy. Prior to this time, the various managerial functions were separate with little overall coordination or strategy. Interactions between functions or departments were typically handled by a boundary position, i.e. there were one or two managers that relayed information between two departments. He also showed how a long-term coordinated strategy was necessary to give an organization structure, direction and focus (Chandler, 1962).

Selznick (1957) introduced the idea of matching the organization's internal factors with external environmental circumstances. Andrews (1965), Learned and others later developed the core idea into SWOT analysis at the Harvard Business School General Management Group. Strengths and weaknesses of the company are assessed in view of the opportunities and threats from the business environment.

Ansoff (1965) built on Chandler's work and added a range of strategic concepts as well as inventing a whole new vocabulary. He developed a strategy grid that compared market penetration strategies, product development strategies, market development strategies, and horizontal and vertical integration and diversification strategies. He opined that management could use these strategies to

systematically strategize for future opportunities and challenges. He also developed the 'gap analysis' between current and expected achievement, and 'gap reducing actions'.

Drucker (1954) made valuable contributions to the evolution of strategic management by stressing the importance of objectives. Management by objectives emphasized the procedure of setting objectives and monitoring the progress towards them, which should permeate the whole organization, top to bottom. His recent contribution in the area of intellectual capital and its consequence for management is of strategic importance.

Also in the 1950s the Ford Foundation and the Carnegie Corporation funded an analysis of business school curricula and teaching. The resulting Gordon-Howell report concluded that formal business education at universities should be expanded and that a core course which should integrate the students' knowledge in accounting, marketing, finance, economics, and management courses should be included. The acceptance of the report led to the development of a capstone course known as "Business Policy" in U.S. Business schools. The expansion of the frontiers of business policy included industry environment, firm's macro environment, mission and goals, strategy formulation, implementation and control, and was gradually referred to as strategic management (Wright, Kroll and Parnell, 1998).

Much of strategic management in the 1970s dealt with size, growth and portfolio theory. Issues related to market share, economies of scale and profit dominated the literature, and led to the interest in growth strategies. The relative advantages of horizontal integration, vertical integration, diversification, mergers and acquisitions, joint ventures, organic growth, and franchise were subjects of discussion. Evaluation of appropriate market dominance strategies within the competitive and regulatory environment was intensified. High returns recorded by smaller niche players were also studied.

Porter's (1980) five forces model of competitive strategy explained why organizations with high and low market shares could record high returns on investment while those in the middle posted low margins. These composite forces are: rivalry among competitive firms, potential entry of new competitors, potential development of substitute products, bargaining power of suppliers, and bargaining power of consumers.

Portfolio theory showed that a broad portfolio of financial assets could reduce specific risks. Marketers extended this to product portfolio decisions, while managerial strategists extended it to operating division portfolios in the 1970s. Management of diversified organizations required new techniques and new ways of thinking to achieve results. Convergent thinking needs focus and logically arriving at a result. Divergent thinking on the other hand thrives more on

uncertainty and ambiguity, curiosity, exploration and creativity (Reid, 1998). The challenges of managing multidivisional companies led to the decentralization of functions into semi-autonomous 'strategic business units" (SBU) with centralized support functions. In the teaching hospital setting, departments of Medicine, Pharmacy, Anaesthesia, Anatomy, Paediatrics, Community Health, Obstetrics and Gynaecology, Psychiatry, Surgery, Dentistry, etc are established as equivalent centralized units.

The marketing revolution arising from marketing oriented firms in the 1970s and the rising profile and success of Japanese products in the world market led to the study of the 'Art of Japanese management'. Pascale and Athos (1981) claimed that the reason for Japanese success was their superior management techniques. They divided management into seven aspects (7S): strategy, structure, systems, skills, staff, style, and subordinate goals (shared values). The first three of the 7s were called hard factors, and the last 4s were soft factors in which the Japanese excelled to achieve great success.

Great value was placed on corporate culture, shared values and beliefs, and social cohesion in the Japanese workplace to their competitive advantage, unlike the American setting where work environment, which is very hierarchical, is different from one's life.

Ohmae (1982) introduced the concept of strategy crafting based on the mind

of the strategist, which requires intuition and intellectual flexibility. Between 1980 and 1990s, a plethora of strategic management theories evolved.

Hamel and Prahalad (1994) declared that strategy needed to be more active and interactive, with less arm-chair planning. They introduced the terms strategic intent, strategic architecture and core competences into strategic management. David (1997), Johnson and Scholes (1988; 2001), Mintzberg (1988; 1998) and others have made valuable contributions to strategic management in this age of access (Rifkin, 2000). Hamel (2000) warns that no matter how brilliant the value of all strategies is, they decay over time.

## STRATEGIC MANAGEMENT PERSPECTIVES

The concepts and principles of strategic management have their historical background mostly from military organizations but have been modified and applied to business enterprises, hospitals, educational institutions, and government agencies in our modern society. In a way, the concept of strategic management is another school of management thought that focuses on the relationship between the organization and its external environment accomplished through the medium of top management.

The chief executive officer is the architect of strategy and the evolution of the concept of strategic management occurs principally at this level. The importance of external environment and subsequent interaction with the

organization, produce social, political, economic and technological changes. The opportunities and threats inherent in changes require management to act proactively in ways that protect the position and preserve the viability of the whole organization.

From the **eclectic perspective**, the nature of strategic management is reflected in the numerous disciplines that contribute to its development. Strategic management is therefore composed of two mutually reinforcing knowledge: one derived from other disciplines and the knowledge endemic to the strategic management process.

The **conceptual process model** of strategic management views strategy as formulated, selected, implemented and controlled (Koontz, 1984). It further views the external environment as the point of origin for the formulation and implementation of managerial strategy. The principal environmental aggregates are the social, political, economic and technological systems (STEP or PEST). The external environment also contains a host of other forces that interact to shape and temper the managerial strategy such as legal (current legislations), educational, cultural and internal environmental forces. The aggregate social, technological, educational, environmental, political, legal and economic impact and analysis are referred to as STEEPLE Analysis. The environment therefore exerts a pervasive multidisciplinary influence on strategic management process.

From the **generic stand-point**, strategic management applies with varying emphasis to all types of formal organizations. The need for strategic management is even greater now in not-for-profit organizations than the difficulty of its application, because of huge resource allocation and expected quality service. However, the efficient provision of services by these groups requires continual assessment of their strategies to maintain consistency between their efforts and the world in which they operate (Hatten, 1982). In many cases, the culture of hospital organizations that are not-for-profit militates against the use of strategic management techniques often regarded as endemic to profit-making enterprises. Many top executives regard public service organizations as somehow above the need for strategic management. The challenge for management in such organizations is how to transform a frequently hostile organizational culture and limited resources into an acceptable and workable managerial strategy (MacMillan, 1983).

From the **cross-cultural and global perspectives**, there is considerable evidence that the strategic management process has been applied with great success by American multinational companies in Europe and by multinational companies throughout the world (Barnet and Muller, 1974). From the global perspective, organizations are subsystems of a broader suprasystem - the environment. They have identifiable but permeable boundaries which separate

these organizations from their environment. They receive inputs across these boundaries, transform them and return outputs. As the society becomes more complex and dynamic, organizations need to devote increasing attention to environmental forces (Kast and Rosenzweig, 1994). The external environment therefore is the principal source of change, and initiates the process of strategic management. The need for a new strategy or the reformulation of current strategy is made known to management through the feedback of strategy-based information. The acceptance or rejection of goods and/or services provided by the health organization to clients is a signal to make or withhold adjustments in the current strategy or to modify it (David, 1997). A timely and appropriate strategic response by management, to the signals emanating from the environment is necessary. This involves making selected adjustments in the inputs of processing through its internal systems, which enable the organization to maintain a state of dynamic equilibrium with the exogenous forces. Having contained these external forces, management is in a position to exert superior influence over the environment by exploiting the most beneficial opportunities and by neutralizing threats.

From the **holistic point of view**, strategic management process encompasses the whole organization. The process is not particularly concerned with any one of the manager's functions which include planning, organizing, staffing, directing and

controlling. Nor is strategic management only concerned particularly with functions performed within the organization, e.g. medical department, finance, personnel or engineering, etc. Rather strategic management focuses on the total organization and all its functions, process and relationships. The holistic approach can be used to analyze the organization as a whole, thus reducing the tendency to emphasize the well-being of particular functions or units. This perspective can serve as a catalyst of change from traditional ways of formulating strategy, making strategic choices, and implementing selected managerial strategy. From the holistic perspective, process flow is emphasized rather than functional flow or departmental flow.

## STRATEGIC VISION

Vision is viewed as a realistic, credible, and attractive future for an organization (Nanus, n.d.). Any vision must be based on the reality, not a utopia for the stakeholders to work toward its realization. Also a vision must be believable. It must be relevant and meaningful to all the members of the organization, as well as give the necessary direction toward achieving a high level of excellence. A vision should also inspire and provoke the imagination of members of the organization. It must be attractive to the employees, to feel a part of the organization's future. A vision is a futuristic imagination or description. A vision is not where the organization is currently rather it is where the firm wants to

be in the future. A vision should describe a set of ideals and priorities, a picture of the future, a sense of what makes the organization special and unique, a core set of principles that the organization stands for, and a broad set of compelling criteria that will help define organizational success (Harari, n.d.).

Collins and Porras (1994) conceptualized vision as having two major components: a guiding philosophy and a tangible image. Guiding philosophy here is defined as a system of fundamental motivating assumptions, principles, values and tenets. Guiding philosophy emanates from the organization's core beliefs and values and its purpose. The second major component of vision is tangible image, which consists of a mission and a vivid description.

It is a process that engages an entire organizational community in integrating the best insight and foresight in aligned action. It blends traditional strategy with best practices emerging from visioning, large scale collaboration, and graphic facilitation (Grove Consultants International, n.d.). The blend complements the heavily analytical approaches of traditional planning with processes that engage participants in a holistic integration of their intuitive, emotional, physical and intellectual understanding of the organization.

## STRATEGIC VISION-MISSION INTERFACE

Collins and Porras (1994) presented a mathematical framework associating values, purpose, mission, vivid description and vision as shown:

Core Beliefs and Value + Purpose = Guiding Philosophy ..... (i)

Mission + Vivid Description = Tangible Image ..... (ii)

Guiding Philosophy + Tangible Image = Vision ..... (iii)

Nanus also used a mathematical framework to link strategic vision, communication, empowerment, appropriate organizational changes, strategic thinking and successful visionary leadership as shown in the equations below (slightly modified):

Strategic Vision x Communication = Shared Purpose ..... (iv)

Shared Purpose x Communication x Empowered People x Appropriate Organizational Changes x Strategic Thinking = Successful Visionary Leadership ..... (v)

The major role of an effective leader is to catalyze a clear and shared vision of the organization and to secure commitment to and vigorous pursuit of that vision (Collins and Porras, 1994).

There is confusion over the use of the terms purpose, mission and vision. Some view purpose and mission as components of vision (Collins and Porras) while others differentiate between mission and vision. Nanus (n.d.) states that vision is not a mission. To state that an organization has a mission is to state its purpose, not its direction. Mission statements are oriented in the present, while vision statements are directed to the future. Also mission statements contain what

the organization does in relatively concrete terms (product/service, market and technology) while the vision states what it wants to do in more idealistic terms (values, vivid description). Some organizations have purpose statement, mission statement and vision statement at the same time. Some vision and mission statements are similar.

## FORMULATING A MISSION

A mission is characteristically a statement of attitude, outlook and orientation rather than of details and measurable targets. It contains a few specific directives, only broadly outlined or implied objectives and strategies (Pearce II and Robinson, 1988). The process of defining the mission of a particular business is better articulated by thinking about the organization at the time of inception. The sense of mission springs from the beliefs, desires and aspirations of an entrepreneur. A mission statement is a declaration of organizational purpose. Mission statements vary in length, but are typically short and inspiring – not more than a page and often not more than a punchy slogan (Bryson, 1995).

A good mission statement is a creed statement and describes the company's purpose, customers, products or services, philosophy and basic technology (David, 1997). It should define what the organization's limit/scope of ventures is without limiting creativity, distinguish an organization from all others and form the basis for assessing current and prospective activities (Campbell & Yeung, 1991). These

should be stated clearly and understood throughout the organization (McGinnis, 1981).

## STRATEGY

Strategy is the direction and scope of an action over the long term, which achieves advantage for the organization through its configuration of resources within a changing environment to meet the needs of markets and to fulfill stakeholder expectations (Johnson and Scholes, 1999). Strategy is also viewed as a plan, a ploy, a direction, a pattern, a position and a perspective (Mintzberg, 1998). Two types of strategy were also identified: the deliberate strategy, which is an intended plan that is then realized (or otherwise), and an emergent strategy, which arises from other sources, usually political and cultural or through imposition. Strategy involves assembling the optimum of resources, including human, technology and suppliers, and configuring them in unique and sustainable ways (Barney, 1997)

Corporate goals and major policies are an indication of what the organization as a whole is trying to achieve and to become. Consequently, strategic management helps organizations to manage change effectively, continuously adapting their bureaucracies, systems, products/services, and cultures to survive the shocks and prosper from the forces that decimate the competition (Waterman, 1985). Strategic management process can also be described as an objective,

logical, systematic approach for making major decisions in an organization. It attempts to organize qualitative and quantitative information in a way that allows effective decisions to be made under conditions of uncertainty.

Strategic management activities occur at three hierarchical levels in a large organization: corporate, divisional and strategic business units, and functional levels. Most small and some large organizations do not have divisions or strategic business units; rather they have only the corporate and functional levels.

## STRATEGY FORMULATION

Strategy formulation involves developing a business mission, identifying an organization's external opportunities and threats, determining internal strengths and weaknesses, establishing long-term objectives, generating alternative strategies, and choosing particular strategies to pursue. Strategy formulation issues include deciding what new businesses to enter, what business to abandon, how to allocate resources, whether to expand operations, diversify, enter international markets, to merge or form joint venture, etc. Strategy formulation decisions commit an organization to specific products or services, markets, resources, technologies over an extended period of time. Strategies determine long-term competitive advantages. Top managers are in the best position to fully understand the ramification of formulation decisions. They have the full authority to commit the resources necessary for implementation. Strategy formulation and

implementation is an on-going, integrated process, requiring continuous assessment and reformation (Markides, 1999).

## CRAFTING A STRATEGY

Strategy-making or formulation involves developing an action plan to achieve the desired strategic and financial objectives and strengthen the organization's market position. Strategy crafting focuses on how to out-compete rivals and win a competitive advantage. It also involves how to respond to changing industry and competitive conditions as well as defending the organization against threats to the firm's well-being. It pursues attractive opportunities for the organization.

Strategy crafting is inherently entrepreneurial and involves risk-taking, innovativeness and business creativity. A good strategic craftsman has a keen eye for spotting emerging market opportunities and choosing among alternatives. It is the duty of the strategy maker to keep the organization's strategic game plan fresh, timely, opportunistic and responsive to changing conditions. A well-conceived strategy, when competently executed, becomes the best test of managerial excellence and a proof of strategic achievement. Crafting a strategy to achieve set objectives cannot be done in isolation without developing a strategic vision and business mission, setting objectives, ingenious craftsmanship, implementation of strategy, evaluating performance, as well as developing corrective adjustments at

each level of the task.

Strategic steps to success include hiring achievers into a customer focused, high performance organization to achieve distinctive service and on-going adaptability/desired growth. (Merrifield, 2005)

## STRATEGY IMPLEMENTATION

It requires the organization (hospital) to establish annual objectives, devise policies, motivate, and allocate resources, so that formulated strategies can be executed. It also includes developing a strategy-supportive culture, creating an effective organizational structure, redirecting marketing efforts, preparing budgets, developing and utilizing information systems, and linking employee compensation to organizational performance. This involves mobilizing employees and managers to put formulated strategies into action.

## STRATEGY EVALUATION

This is the final stage in strategic management and the primary means of knowing when particular strategies are not working well. Strategies are subject to future modification because the internal and external factors are constantly changing. Strategy evaluation activities include reviewing internal and external factors that are the bases for current strategies, measuring performance, and taking corrective actions.

To compete in the complex and ever-changing environment an organization must have somebody who is responsible for managing strategy development. Strategic managers bear the responsibility for the overall performance of the organization. They are called general managers, with overriding concern for the health of the total organization under their direction. Unlike functional managers with responsibility for specific business functions, such as personnel, sales, accounting, etc, strategic managers are in a position to direct the entire organization in a strategic sense.

Intuition and inspiration are necessary for devising brilliant strategies. Imagination could be superior to knowledge in strategic management because the former is limited, while the latter is all embracing. Analytical and intuitive thinking complement each other. Managers who rely on hunches without analyzing are those that kill businesses and health organizations (Nelson, 1985). Successful strategic management hinges upon effective integration of intuition and analysis.

The personal philosophy of the strategist differs from that of the organization. This difference must be considered in strategy formulation, implementation and evaluation. Some executives may not consider some types of strategies due to their personal philosophy which borders on their attitudes, values, ethics, concern for social responsibility, profitability, short-run versus long-term objectives, and management style (David, 1997). Frequent communication with

employees, concern for ethics and social responsibility should be part of a strategist's function. Information technology and globalization are external changes that are constantly transforming business and the society. Political boundaries are there but on a competitive map, the financial and industrial activity boundaries have largely disappeared (Ohmae, 1989).

The accelerating rate of change has produced a business world in which customary managerial habits in organizations are increasingly inadequate. Experience alone was an adequate guide when changes could be made in small increments. But intuitive and experience-based management philosophies are grossly inadequate when decisions are strategic and have major irreversible consequences (Henderson, 1979).

Strategic management systems are affected by different forces which affect formality, such as the size of the organization - with smaller firms showing less formality of tasks. Other variables that affect formality include: management styles, complexity of the environment, complexity of operation or production process, nature of problems and purpose of the planning system (David, 1997).

Recently, it became obvious that the process rather than the decision or document, is the more important contribution of strategic management (Allen, 1985). It was also reported that the practices of high-performing firms reflect a more strategic orientation and longer term focus (Rhyne, 1986). Similarly, high-

performing organizations have more well-developed mission statements than low-performing firms (David, 1989).

## THE STRATEGIST

From the ancient battlefield to the modern business landscape, competitors have tried in many ways to conquer adversaries. Success for victors, have taken many forms. The mastermind of the winning strategy is the strategist – the designer, implementer and overseer of these activities to gain superior advantage (Cohen, 2004).

Strategy which was previously seen as the 'art of the general' is in modern time highly applied by the chief executive to gain competitive advantage in the market place. The chief executive on whose shoulders rests the responsibility of steering the organization to business victory in the face of political, economic, socio-cultural, legal and technological forces, is the strategist of our time. So great was the outcome of the business strategy executed by the American business strategists, that the Cold War between the East and the West was won and lost in the economic battle field (Franchon and Vernet, 2003).

Strategy and tactics are closely related. While both deal with distance, time and force, strategy is of a larger scale and all embracing. The concept of grand strategy encompasses the management of the resources of the entire organization in conduct of business activities.

Strategy (and tactics) must constantly evolve in response to technological advances. A successful strategy from one era tends to remain in favour long after new developments have rendered it obsolete (Wikipedia, n.d.). As managers get more educated and make more use of the computer for operations, grand strategy has gradually been achieved through teamwork, with the chief executive steering the team. The strategist must also understand the importance of timed execution or implementation of plans. This gives the desired synergy and also shocks the competitor as well as enhancing sales and profitability.

The importance of prudence and economization to mass (concentration of resources) was emphasized by Cohen (2004). When resources are concentrated on a well-planned set of activities, the outcomes could be highly rewarding to the organization. Resource-based strategy relies much on core competencies and capabilities to achieve unprecedented leverage for the organization. How and when to use both large and small forces (resources) for optimum results, is in the strategist's domain.

A seasoned strategist seizes and maintains the initiative to forge the organization forward. It is through strategic thinking, strategic visioning and innovation that opportunities for success are created. The strategist should always give direction and impetus to the organization's strategic radar. Constant interaction with the external environment is very crucial for success.

Strategic positioning is a very crucial aspect of profitability in the organization. The company and products image in relation to its competitors is very important in determining market shares. The strategist should work out the modalities for achieving improved positioning through market segmentation or new product (or service) differentiation, promotional strategies, strategic alliances or use of core competencies.

Team spirit is nurtured and developed in a strategically reinforced organization, where the strategist understands the importance of having a team united in purpose. With team work, an organization is able to harness the potentials in enhanced productivity and profitability. Teaching hospitals are faced with growing complexities in planning the right projects and strategies to meet long-term objectives. To stay on target and be able to ensure a meaningful bottom-line, they need insight into strategic assets, projects and complex interdependencies across the institution. Effective teamwork will create, analyze, collaborate and integrate the innovation process in the organization (Vision Strategist, n.d.).

The disposition and power of the opposition or competitor, how empty or how full the opposition is, the state of the surroundings, human affairs and the features of the terrain should be carefully put into consideration before one can be competitive as a strategist (M.E.H., n.d.).

The importance of multiple simultaneous alternatives was highlighted in

achieving competitive advantage. This multi-dimensional strategy allows the strategist to deliver value and communicate the same effectively to employees of the hospital. The strategist needs strategy i.e. the consistent useable blue-prints for both high-level and tactical actions, which are necessary for long-term survival of the organization. Strategy sets the values and drives the structures and operations of the institution (Levy, n.d.). The indirect approach of gaining competitive advantage includes competitive intelligence and cooperation in the form of strategic alliances and joint ventures.

These strategies have been employed to minimize costs on research and development and to increase market share. Strategic alliances have also consolidated and increased competitive edge of bigger organizations, at the expense of smaller hospitals. Part of indirect approach could be the use of diplomacy and alliance to pressure an organization into compliance to achieve victory.

A strategist must ensure that the value framework or strategy adopted is simple to formulate and implement, yet with superior outcomes or more cost effective results. This will give the necessary leverage in the market place. Simplicity may take the form of technology employed or the process.

Exploiting a successful strategy is the essence of most strategic efforts. Creation of wealth is one of the obvious benefits to the strategist. When the

leverage offered by the successful exploit is well invested in the organization, a multiplier effect ensues, with increasing market share and profitability.

Maneuver, surprise and strategy of attrition are other tools at the strategist's disposal in achieving competitive advantage or outright annihilation of the competing firms. When a well-timed execution of such strategies takes place, a new entrant to the market could face a sudden demise. Strategy of exhaustion could be used by a company overwhelmed by competitors, but not ready to merge until an opportune time.

## THE ENVIRONMENT

It comprises the **internal** and **external** environmental factors. The former refers to the key internal factors (within a health organization), that impart strengths or weaknesses of a strategic nature. Strength is a capability or an inherent capacity that an institution can utilize to gain strategic advantage over its rivals. Weakness on the other hand is an internal limitation or constraint that engenders strategic disadvantage. An organization's resources, behaviour, synergy, strengths and weaknesses, and distinctive competences shape the nature of its internal environment.

**External environmental forces** are divided into five broad categories namely: economic forces, socio-cultural, demographic and physical environmental forces, political, governmental and legal forces; technological forces, and

competitive forces. The interaction between these forces and the organization affects all services, products, markets, clientele and suppliers.

The practice environment plays an important role in management practices and outcomes. The current external environment, no doubt has been shaped by historical manifestations of political, economic, educational social, technological, legal and internal environmental forces. They create complexities in our understanding of the current world in which the organization finds itself. These forces also have a momentum that breeds uncertainty for decision makers. In strategic terms, these are long term drivers. To appreciate the dynamic complexity of the organization's position, a better understanding of the 'super-environment' is inevitable. It involves adaptation to the environment which is crucial for survival and development. It also involves painful changes which should be managed carefully. The growing complexity of these systems and the environment, in which managers operate, makes it important that they understand such relationships for their competitive advantage (Axelrod & Cohen, 1999). There is a thin line between a complex system and a chaotic system (Gleick, 1987). In fact, where complexity stops is the beginning of chaos (Hinde, 2003).

If chaos and complexity are the natural order, then systems are in a constant state of flux and transformation (Beinhocker, 1997). Managing under such a circumstance requires a delicate balancing act of management. Ordinary

management can be practised where the external environment is stable; where traditional management methods can be practised with appropriate cybernetic controls (Stacey, 2003).

Extraordinary management on the other hand involves questioning and shattering paradigms and then creating new ones (Stacey, 1996). Extraordinary management is the use of initiative, political, group learning models of decision making and self organizing forms of control in open-ended change situations. It is the form of management that managers must use if they are to change the strategic direction of their health organizations and innovate.

## SCANNING THE BUSINESS ENVIRONMENT

A model of the environmental scanning process was proposed which tries to integrate the contextual factors (external and internal to the organization), that influence the scanning activity and also how perceived environmental change affects strategic change (Correia and Wilson, 1997).

Scanning the business environment for information involves looking out for a supportive business environment with skilled workforce, low business cost (low occupancy and operating costs), easy access to leaders and decision makers, competitive strengths (dynamic and cooperative industry cluster) and supportive government. Also important is the lifestyle of the people in the environment. An impressive mix of arts, sport and recreation opportunities, makes an environment

attractive for business (Manitoba's Life Sciences, n.d).

A study of the business environment and comparative advantage in Africa shows a relationship between the purchasing power parity (PPP) estimates and the high-cost relative to its levels of income and productivity. There is evidence of a pattern of generally low productivity, and high indirect costs and business environment-related losses in depressing the productivity of African firms, relative to those of other countries (Eifert *et al*, 2005).

Four major dimensions to the business environment have been identified, each presenting its own threats and opportunities: the economic environment, industry characteristics, market dynamics and competitive climate (Analyze the Business Environment, n.d.)

The relative ease of doing business in an economy is very critical in the choice of a potential business environment. Such ranked parameters of the ease of doing business include: starting a business, dealing with licenses, hiring and firing, registering property, getting credit, protecting investors, paying taxes, trading across borders, enforcing contracts and closing a business (Doing business Explore Economies, n.d.). These external business environment indicators in Nigeria may not be very favourable, more so with increasing political and religious uncertainties which undermine the security and stability of the nation.

Assessment of the general business environment was carried out using

Economist Intelligence Unit (EIU's) business ranking model. It measures (forecasts) the quality or attractiveness of the business environment in countries using a standard analytical framework. About half of the indicators are based on quantitative data (e.g. GDP growth), and are mostly drawn from national and international statistical sources; while others are qualitative in nature (e.g. quality of the financial regulatory system (Global Technology Forum, n.d.).

Micro-economic policies have been formulated and implemented by pro-active governments to increase access to capital, aimed specifically to improving a country's competitiveness and profitability. The relevant government policies with major impact on the private sector and which affect investor confidence include: policies designed to broaden the tax base with expenditure directed to strengthening physical infrastructure, maintaining public assets, reducing law and order problems, improving health and education standards, attractive tax regime and low or zero tariffs on many business inputs (Investment Promotion Authority, n.d.).

## STRATEGIC MANAGEMENT PRACTICES IN HEALTH AND OTHER ORGANIZATIONS

Hospitals as healthcare organizations represent a fragmented part of the health industry, with a history, culture and structure that limits their ability to anticipate and respond to change effectively (Bender, 1995). Four organizational

subsystems were identified by Katz and Kahn (1978) as they apply to medical practices: the adaptive, managerial, maintenance and production subsystems. They reflect the inherent weaknesses of poor adaptation of medical practice to change. For a health organization to achieve quality management practices, it must have a clear vision and a sense of mission, identify who its customers are, how it should conduct its practice, and possible barriers to effective implementation.

Unfortunately, this is lacking in many Nigerian teaching hospitals. Healthcare professionals or caregivers generally do not have the background to work well as members of a business team and often are not interested in dealing with business issues. Many care givers work as independent contractors, sharing income on the basis of individual productivity and giving little attention to the direction of the overall practice and even less time to consider long-term goals and values (Wollinsky and Marder, 1985). Hospitals and caregivers are poorly adapted to the complex environmental changes, which reduce their ability to sense, interpret, and respond to their environment. They are still stuck to the old tradition that will not differentiate between a patient (someone seeking treatment) and a customer (someone shopping for quality and price). Competitive advantage under our current economic dispensation could be based on how effective the healthcare provider is in listening to customers and meeting their perceived needs. Healthcare organizations should therefore be more open and customer-oriented instead of the

closed negative gate keeping (Starkweather and Cook, 1988), which limits the opportunities for growth.

Bureaucracy and management decisions exert more consistent influence on quality and efficiency than individual characteristics of practitioners (Rhee, 1977). Mechanistic structures and professional caste system are both expensive and destructive for health organizations because they limit organizational performance by erecting barriers to creativity and resistance to change (Sonnenberg and Goldberg, 1992; Pratt and Kleiner, 1989). Information sharing, unity of purpose and tacit knowledge would break down barriers between staff members (Deming, 1986). Teamwork would help managers to fuse the integral functions and responsibilities of healthcare process into an effective and efficient organization. Teamwork is therefore not an option but a necessity in hospital settings characterized by a high degree of task uncertainty.

Inverse relationship between cost and quality in hospitals does exist as a result of excessive and inappropriate utilization of services, duplication of services and inflated costs of supplies (Shortell *et al*, 1976). When combined with guidelines, patient medication record and integrated flow of information, outcomes management becomes a useful tool for assessing patient's progress towards wellness. Process re-engineering in medical practices may be inevitable if the concept of teamwork; information flow and interdependency of work are to be

achieved. To a high extent, re-engineering is totally alien to traditional forms of organization (Hammer and Champy, 1993).

Most hospitals operate with a short term perspective. As a result, effort is devoted to solving problems, not preventing them. This has implications on efficiency and effectiveness. Healthcare professionals should have a mindset for a change from inward looking, caste centred organization to an outward patient-sensitive one. This transition is consistent with the new management paradigm (Brutoco, 1993; Covey, 1989) and requires the will to challenge basic business theories and assumptions (Senge, 1990).

The new paradigm shift cannot be achieved with an old, outdated management structure and culture. Just as it is impossible to be a good physician without a good knowledge of medicine, one cannot be a good manager without knowing what management is all about (Allen, 1991). This forms the basis for the evaluation of strategic management practices in our healthcare organizations.

The relationship between transitory organizational structures and non-linear environments was investigated by Pashtenko et al (2000). The non-linear adaptation to change in a high technology environment of the computer industry was examined. The results showed a direct and causal relationship between the employment of non-linear organizational archetypes and organizational effectiveness within the high-technology industry.

Chang (1997) investigated the application of corporate culture and clan organization to enhance the quality of output and stabilization of the environment. The clan metaphor and its organizing principles could provide guidelines to be used by companies to manage strategically within the turbulent environment. Structural consolidations to ward off uncertainties could be achieved through modeling of social enclaves or clans in organizations (Ouchi, 1980; Hufstede et al, 1990; Hufstede, 1991).

The importance of stakeholders in the successful operation of organizations was emphasized (Aldrich, 1979). The relevant external environment of a given organization consists of the stakeholders that have a vested interest in the outcomes of decisions made by managerial decision makers (King and Clelland, 1978). Managers and organizations on the other hand constitute a subsystem within the larger external environmental system, of which they are a part.

The effect of leadership attributes and profitability under conditions of perceived environmental uncertainty was investigated (Waldman *et al*, 1995).

The need for managers to confront environmental uncertainty was highlighted by Drucker (1974) who stated that economic activity commits resources in the present to the uncertainty of the future. This is also supported by the economic principle (Boehm-Bawerk's Law) which states that existing means of production will yield greater economic performance only through greater

uncertainty - through greater risk.

The effect of management systems in a public sector organization was examined (Brookfield, 2000). The role of habits and rules in working practices could have a significant impact on the way management understands the routines that subordinates use and how effective change could be accomplished. Effective working practices show that organizations will significantly benefit from working practices which are in accordance with the culture of the organization.

A high level of strategic decision success was found to be preceded by a positive strategic gap where the strengths of the organization clearly outweigh its weaknesses (Harrison and Pelletier, 2000a).

Morden (1997) discussed the relationship between the visionary capacity of the leader and the practical implementation approach of the manager, as the two opposite ends of a spectrum. The holistic objective was then to blend strong visionary leadership with effective management into one integrated whole in which the strengths of both combine synergistically to the advantage of the enterprise.

Some healthcare managers now realize that their organizations have been run for too long by guess and golly, and the need for developing management leaders who can handle the complex mix of facilities, new requirements in medical practice, patient demands, legal and other enabling activities (Allen, 1991). It was established that the level of congruence between an organization's culture and its

new employees' value preference is a predictor of turnover in a healthcare organization (Vandenberge, 1999).

Management is a matter of competence and control; it consists largely in taking the right actions rather than in presenting certain styles. In the future, knowledge work will be non-hierarchical but in teams with the most knowledgeable in the task being the temporary leader (Drucker, 2001).

Management practices focus a lot on the employer-employee goal congruence. People are not simply a means of production. They are biological systems constantly seeking to fulfill their needs and aspirations. Cooperative endeavours are maximized and sustained when individual and organizational goals overlap. Employees are not only assets, but investors, similar to shareholders. While the former invest their time, energy, and intellect, the latter invest their money in the organization. Employees should be considered as associates and partners instead of expendable parts of a machine (Ehin, 2000).

Implicit beliefs and values could lead to organizational dilemma if top management did not try to align management-organizational-individual goals and philosophies. Such re-alignment achieves the desired goal congruency (Koopman, 1994). When managers are involved in systems thinking and strategy development, it gives rise to shared vision of the future and communication of core values and strategies. These in turn align individual and professional goals to the same end -

the customer. It further empowers employees, reduces conflict and facilitates decision making (Haines, 1998). Healthcare professionals have the following characteristics which influence managing them and the management practices in their work environment: a desire to learn, work and acquire status, help others and a value based identification with the profession (Miner, 1988).

Top performance in organizations simply does not emerge without a supportive environment. Other centered drives are unleashed spontaneously in response to specific situational factors, not by persuasive slogans. That is why compassion, empathy and trust are so critical for highly cooperative behaviour. Hierarchies by their very nature will push independent attempts at 'unmanagement' underground because hierarchies only rely mainly on position, reward and coercive power for the attainment of organizational goals (Ehin, 2000). For the manager to be a high performer in a dynamic system, such systems should be purposeful and goal directed, self-regulating (core processes) to achieve their purpose, goal clarity and goal commitment, clear feedback and reasonable autonomy, and must be able to adapt successfully to environmental changes. These require maintaining an acceptable steady state and at the same time being able to change their purpose when required by a major environmental shift (Hannan, 1988).

Therefore anyone with responsibility for leading others should encourage

and help individuals to use their abilities to best effect. Delegation is one method and involves people taking responsibility (Stevens, 1996). The way an organization is structured, the rules and regulations which govern its operations, channels of communication and process designs, among others, impact on employee performance. By specifying and implementing policies, processes and procedures, management helps to shape an organization's culture (Stevens, 1996). Managers should be visibly and actively engaged in the quality effort by leading by example - demonstrating, communicating and reinforcing the quality statements in organizations. They should also listen to internal and external customers and suppliers through visiting, focus groups, surveys and effective communication. They should also be able to drive fear out of the organization, break down barriers, remove system roadblocks, anticipate and minimize resistance to change, and in general change the culture (Besterfield *et al*, 1995).

At the heart of such a dynamic organization lies leadership. It requires creating an enabling environment, clarity of vision and values and developing articulate management team that will work hard at building a comprehensive management process in the environment. Such leaders place less emphasis on creating structures, and more on the soft aspects of organizational design: value, power and relationships. A dynamic organization is one where the mechanism and culture to anticipate and introduce change are heightened; where the need for

drastic change is reduced; which in essence focuses on building change into the system, competency development; reward and recognition and measurement (Jackson and Humble, 1997).

Management practices were also affected by management processes used. The use of a series of interrelated processes has given rise to three key resources considered in organization design: people, processes and system combine to form a capability. Organizational capabilities are then used to anticipate and fulfill customer requirements. A second fundamental element involves using pertinent probe questions which form the backbone of all the process cycles in an organization, together with measurement.

Because of the relationship between management practices, management process and decision making, Games theory offers a general and powerful framework with which to analyze interactive decision-making by individuals (Gale, 2000). Games theory has shown enormous applicability to our everyday understanding of human behaviour and particularly the understanding of rationality, cooperation, reciprocity, trust, punishments and learning. It has an important bearing on the understanding of how core competences develop. It is also relevant to the understanding of behaviour within dynamic frameworks and so influences the choice between alternative policies in strategic management (Hinde, 2003).

In terms of effective management control, managers need to plan what should be achieved, record at regular intervals what is being achieved, compare planned achievement with actual achievement, and take action to correct deviations from the plan (Brearley, 1976). Two distinct but interdependent levels of control do exist: supervisory and management control. While the former is essentially the day-to-day control of work of the section or department, the latter takes a broader longer-term perspective including budgeting, staffing levels, productivity, output and cost. Ensuring timely execution of assigned tasks is part of effective management function (Crosby, 1988). Outcomes management in healthcare organizations should be integrated with work flow technology to ensure that the right information is available to the right person at the right time (Antonucci, 1995).

The measurement of management philosophy in most of the previous works emphasized attitudes with an assumption that attitudes result in behaviour. Management philosophy is embedded in the culture and values. It reflects emotional issues; it is not readily analyzed and quantified. Nonetheless, it is a key influence on strategy creation and strategy implementation. The organizational culture is strongly influenced by the strategic leader and his/her vision for the firm (Deal & Kennedy, 1982). Culture can be thought of in terms of two broad perspectives: manifestations (or behaviours) and underlying attitudes and values.

Changing the culture effectively requires that both attitudes and behaviours are changed (Johnson and Scholes, 1999).

Johnson and Scholes (2001) emphasized that the core of an organization's culture is embodied in its values, beliefs and assumptions. These three cultural variables that help to form the paradigm, rationalize the environmental forces at work and the organization's capabilities in dealing with them. A cultural web results from the number of overlapping values, beliefs and assumption. The web includes symbols, stories, rituals, routines, paradigm, power, controls and organization. Handy (1991) offered some practical insights by identifying particular types of organizational cultures and considering whether a cultural gap exists between an individual's expectations of what an organization has to offer and what they believe it could provide. Gap analysis and adequate response have implications for organizational effectiveness (Harrison & Pelletier, 2000b).

A health organization should not only concentrate on profit but must show some degree of responsibility to the society. Social responsibility becomes imperative since a healthy business cannot exist in a sick society (Drucker, 1974). Social responsibility is guided by two major variables: the society's expectation and the business behavior. There are three contrasting business behavior models which include: the classical economic, managerial, and enlightened self-interest models (Oghojafor, 2006). The managerial model tries to balance the claims of

different publics including customers, employees, suppliers, owners and the community.

## ORGANIZATIONAL EFFECTIVENESS AND HEALTHCARE DELIVERY

Most organizations have many goals of unlike and varied importance. The relationship between these goals may be causative, interactive, correlative, linear and compensatory or nonlinear and non-compensatory in nature (Seashore, 1963). A strategy of optional realization of set goals would keep in view the conception of dimensions of performance, their relative importance and relationships with the goals (Emory & Trist, 1965).

Many organizations have multiple goals, the achievement of which may not be directly measurable. Some of these goals comprise multiple short-run goals and sub-goals which cannot just be determined additively. A manager therefore needs the proper assessment of organizational performance by calculating the weighted averages and correlation values in determining the outcome of each line of action. Simultaneous maximization of all goals is not possible because of resource limitation and competition. An optimum course of action is taken based on dependability, relevance and right combination, for enhanced change in performance (Chidester and Grigsby, 1984).

Five different types of criteria of organizational effectiveness and their uses were identified. These include: end versus means where the criteria are similar to

the formal organizational objectives or valued means for achieving main goals; time reference criteria e.g. net worth, projected profits; long versus short run criteria e.g. stability of performance over time (Argenti, 1981); "hard" versus "soft" criteria measured by the frequency, number or characteristics of physical objects and events, while others are measured by qualitative questions posed to people respectively. Value scale is another set of criteria used, either as linear scale (more is better than less) or curvilinear scale (optimum is better).

Hierarchy of criteria for effectiveness was also established based on the ultimate criterion on the apex which is never measured; the penultimate criteria (shorter run measures which determine the net ultimate performance) which have values and trade-offs e.g. employee attitudes, bed occupancy rates, sales volume, productive efficiency, etc. At the base of the hierarchy are the subsidiary criteria, which are usually many and interrelated in a complex network of causal, interactional and modifier types (Richards, 1986a).

Behavioural criteria of effectiveness are those descriptive of members of an organization and their values, attitudes, relationships and activities, which are causal, interactional or just covariant; with some degree of stability and communality in many organizations. Behavioural criteria give advance signals to impending problems or opportunities, as well as complementing hard criteria through additional information to the manager. Behavioural criteria have been

used in some rare cases to determine organizational performance instead of the preferred hard criteria. Also the existing personal values of the owners of a firm, or of the representative managers together with the performance indicators are used to set subsidiary goals for the construction of performance criteria (Richards, 1986).

From organizational sociologists' view-point, the criteria for evaluating organizational long-run performance include: adequate input of resources, adequate normative integration, adequate means of moderating organization strain and adequate coordination among parts of the organization.

Various criteria were used in evaluating effectiveness such as quality, patronage and profitability in healthcare institutions. The costs and benefits of healthcare quality were not easy to calculate (Ellis and Whittington, 1993). They were estimated in terms of health currency, using only financial factors as criteria for the improvement of personal and societal health (Williamson, 1978). However, patterns of health spending are not cost-effective in many countries.

The relative amount spent on various health inputs is inconsistent with sectoral goals, and are concentrated on hospitals, especially teaching hospitals (Barnum and Kutzin, 1993; Mills, 1990). Also the excessive spending on personnel relative to other recurrent inputs such as pharmaceuticals or maintenance is another cause of allocative inefficiency observed in many developing communities. Waste

and inefficiency are so great in the procurement, storage, prescription and use of drugs that only about 12% of the total amount spent by governments on these inputs actually reaches patients in the form of pharmaceutical products of good quality (Shaw and Elmendorf, 1993). Also large hospitals are another important scene of technical inefficiency, especially with facilities having more than 1000 beds in developing communities.

Many countries suffer from a mismatch between the organizational structures and management systems of their health ministries and their sectoral reform policies (Cassels and Janovsky, 1991). Improved salaries and/or conditions of service are needed incentives for enhanced quality of care (Conn, 1994).

In hospitals, inputs such as material and staff resources, and outputs such as bed occupancy rates, number of patients treated, were used in place of more difficult measures of care process and outcomes (Ellis, 1988). Consent and persuasion rather than obedience and control were found to be more effective in managing health professionals for change, enhancement of quality and profitability (Carnall, 1990).

Prices are expected to provide an incentive for the provision of higher quality of care leading to greater consumer satisfaction and improved equity in some cases. The availability of drugs in a health facility has an important positive impact on the demand for services in that facility. People seem to equate the

availability of drugs with a higher probability that they would receive effective treatment (Hanson and McPake, 1993; Mwabu, Ainsworth and Nyamete, 1993).

Cost per unit of service output (i.e. per patient served) tend to be much less at health centres or community pharmacies than at the large hospitals where most government funds are concentrated; community facilities can fix prices at levels that more closely reflect operating costs. These and other factors explain why hospitals have tended to be less successful at raising revenue relative to their costs than have facilities at lower level. Introducing user fees and using the resultant revenue to improve quality led to a decrease in the total cost of access to care of acceptable quality (Kutzin, 1994). Keeping down the cost of obtaining drugs is particularly important for the sustainability of financing schemes. With lower costs, less revenue is needed, and thus facilities can charge lower prices; waste and inefficiency will be grossly reduced (Korte et al, 1992). Inappropriate procurement, storage, distribution, and use of pharmaceuticals are perhaps the leading causes of waste in health systems (Kutzin, 1994).

Contracting out certain services like catering, cleaning and security services in public hospitals yielded improved quality at similar or lower costs. To derive maximum benefit from decentralization, there is need to have a mix of managerial and technical skills combined with operational experience (Cassels & Janovsky, 1992).

Quality related innovations sometimes provoke professional resistance as they inevitably impinge on professional values and traditional practices. A visionary leadership, teamwork, and high customer orientation are critical aspects of quality equation in a healthcare organization (Bender, 1995). Service quality and effectiveness should therefore be sold to staff before trying to convince external customers. Quality, efficiency (cost) and access constitute the tripod in healthcare, with difficulties experienced in achieving simultaneous improvements, thereby forcing trade-offs between the different sides of the triangle (Burns, 1995).

The quality and cost are positively correlated at the micro level in healthcare delivery. The quality of care is higher when rendered by specialists and teaching hospitals than in general or community hospitals (Flood *et al*, 1982). Inverse relationship between cost and quality also exists in hospitals as a result of excessive and inappropriate utilization of services, duplication of services and inflated costs of supplies.

It is also known that bureaucracy and management decisions exert more consistent influence on quality and efficiency than individual characteristics of practitioners. Fostering a culture of trust and collaboration between physicians, other members of the healthcare team and hospital administrators will enhance quality and efficiency in a complex and interrelated work setting requiring unity of efforts.

Optimal patient outcomes are now the focus of well-managed healthcare delivery systems (Vogenberg, 1997). Customer defection results and future profit is compromised due to poor quality and ineffectiveness of health organizations (Dorodny, 1997). There are common misconceptions among people that healthcare delivery, especially in a teaching hospital is ethically inconsistent with good business; and that in business, the quality of patient care is secondary to the generation of profits. Providing substandard quality of care places profitability at risk (Tootelian and Gaedeke, 1993). However, it is a known fact that maintaining quality alone in our environment cannot ensure patronage and profitability because of other extraneous factors.

Some health organizational cultures show greater resistance to materials and implementation plans, as well as to share innovation (Juran, 1994). Therefore, putting wrong, unreliable and uncommitted people in a healthcare organization negates quality assurance and organizational effectiveness. The modern chief executive therefore should be a team player and not a dictator. He should create an enabling environment and be comfortable with managing change. He should have a strong conviction of relating performance to rewards, as well as improving effectiveness and efficiency through the application of the concept of best practices (Weihrich and Koontz, 2005).

The introduction of Total Quality Management (TQM) which is a business

philosophy that embodies the belief that the management process must focus on integrating the idea of customer-driven quality throughout the health organization, should stress a continuous improvement in product quality and service delivery (Schurman and Lynch, 1994; Bender and Krasnick, 1993).

Strategy is said to be wasted without operational effectiveness. Operational effectiveness (OE) is a necessary but not sufficient condition for organizational success. The same is true of strategy. This mutual dependency must fit together to implement strategy. To achieve organizational effectiveness through continuously improving functional performance, managers lead and control the functional activities within the organization, measure and improve the processes that they are responsible for, and leverage those processes through standardization, communication and automation. The managers then close the loop to provide ever-increasing efficiency and effectiveness (HCi Journal, 2001).

The quality of healthcare may be judged from information about effects (outcome evaluation), about the performance of activities (process evaluation), or about facilities and settings (structure evaluation). How satisfactory these measures are, determines their effectiveness. Effectiveness refers to the degree of achievement of desired effects. These may be expressed at individual level (e.g. recovery from disease, restoration of function, etc) or at the group or community level (changes in mortality and morbidity rates, changes in health organization's

knowledge, practice or environmental changes) (Abramson, 1990). Effectiveness therefore refers to the benefits observed at the population level, or among people to whom the procedure or service is offered.

The degree of goal achievement in an organization depends largely on how effectively the resources are marshaled, deployed and allocated for various projects. Effectiveness therefore implies the degree of goal attainment, and equates effectiveness to the ratio of actual output over desired output. Efficiency on the other hand is a ratio of output over the input (Argenti, 1981).

The main thing that really changes behaviour is when the proclaimed values of an organization are practised at every level including the top. Therefore, not only must managers do what they say, but there must be a collective understanding of what precisely every staff should do. To achieve this, leaders must identify their personal values, develop a scenario of their ideal organization, assess their own organization against their ideal, and then develop strategies for moving both personally and organizationally towards the ideal (Seldom, 2006).

In one of the organizational effectiveness surveys, it was observed that organizational performance is directly related to workforce alignment; resulting in enhanced product or service quality, new product or service development, customer satisfaction, marketing effectiveness, sales growth, profitability, and market share (Workforce Fitness, n.d.).

Organizational capability which also determines organizational effectiveness focuses on internal processes and systems for meeting customer needs. Capability creates organization-specific competencies that provide competitive advantage (Hanford, 2007).

Organizational effectiveness has also been viewed from the point of view of the following: innovation, supportive leadership, participative decision-making, professional interaction, goal congruence, work-group communication, work-group conflict, turnover intentions, job satisfaction, affective commitment, openness to change, role clarity, appraisal and recognition, workplace distress, and excess work load. This quasi-linkage approach shows how useful strategic information can be derived from employee opinion data (Griffin, 2005).

## MODELING STRATEGIC MANAGEMENT PRACTICES

Models are used to demonstrate the relationship between different aspects of the organization in constant interaction with the environment with a view to enhancing systemic efficiency and effectiveness.

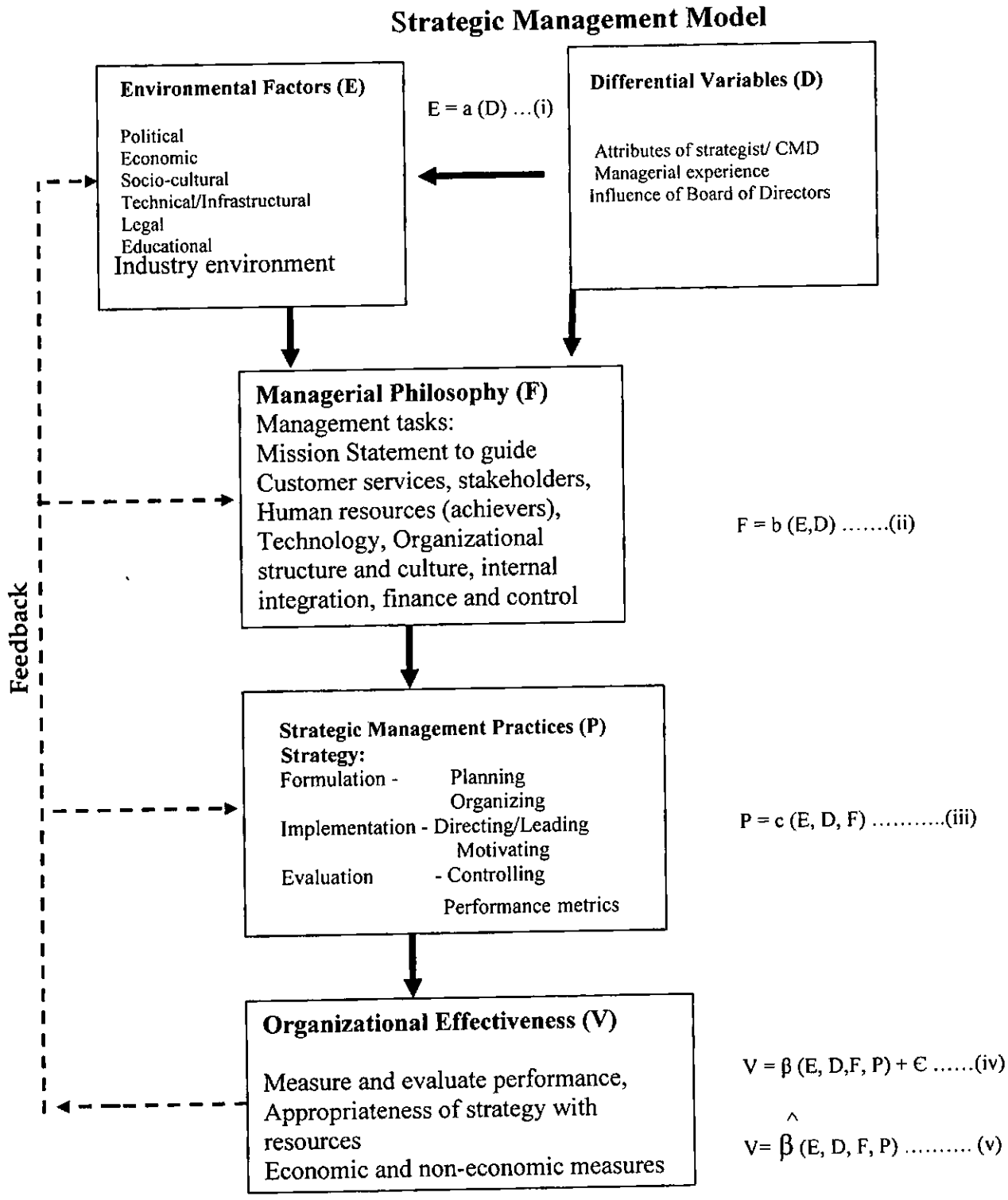


Fig 1: Modeling Relationship between Differential Variables, Environmental Factors, Management Philosophy, Strategic Management Practices and the Health Organizational Effectiveness (Anyika, 2008).

## THEORETICAL FRAMEWORK

The theoretical framework is anchored on two strategic management theories namely: the resource-based and the contingency theories; and management science theory.

The resource-based theory lends weight to the hospital's proactive choices, the institution's environmental opportunities and threats notwithstanding. The company's unique resources comprise the key variables that give it a sustainable competitive advantage such as its tangible and intangible assets. The theory has relevance within the context of evolutional and revolutionary change.

The contingency theory views higher financial returns as they relate to the organizations that most closely develop compatible and beneficial fit with their environment. Organizational performance is the joint outcome of environmental forces and the hospital's strategic actions.

The management science theory involves approaching management problems through the use of quantitative techniques for modeling, analysis and solutions.

## SUMMARY OF LITERATURE REVIEW

From the literature review, it was established that there is a relationship between the environment, management philosophy, strategic management processes and organizational effectiveness; but the direction of causality has not

been firmly established. Other factors such as organizational size, technology, culture, etc, also affect strategic management practices and effectiveness. It was also established that the strategist is in a unique position to pilot the direction of activities, internal integration and profit in the health organization. Therefore a model using the environment, strategist, managerial philosophy, management practices and organizational effectiveness relationships, would attempt to incorporate all these variables with a view to establishing the application of strategic management in the teaching hospitals.

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# CHAPTER THREE

# METHODOLOGY

## INTRODUCTION

In this section, the research design, population, sample and sampling technique used, the various instruments used for data collection and their modes of administration are discussed. Also discussed are the various statistical methods used in the analysis of the data.

## STUDY DESIGN

This study is descriptive in nature adopting the survey research method to investigate the strategic management practices, problems and challenges towards organizational effectiveness in six Nigerian University Teaching Hospitals. Cohen and Manion (1994) described the term survey as a method of gathering data at a particular point in time with the intention of describing the nature of existing conditions or identifying standards against which existing conditions can be compared or determining the relationships that exist between specific events.

Survey research has the advantage of providing us with a lot of information obtained from quite a large sample of individuals (Abramson, 1990). Babbie (1973) posits that in surveys involving very large populations, the use of stratified random sampling technique has the advantage of canceling out biases and providing a statistical means for estimating errors.

## AREA OF STUDY

The study was carried out in six university teaching hospitals, one in each of the six geopolitical zones in Nigeria namely: North-East, North-Central, North-West, South-East, South-South and South-West.

## POPULATION OF THE STUDY

The target population for the study included:

1. Six Federal University Teaching Hospitals (≥ 25 years old) each from the six Nigerian geopolitical zones.
2. All the top managers in the institutions (Chief Medical Directors or their equivalents).
3. All the directors, deputy directors, consultants and health unit managers in the institutions.
4. All identified managers (e.g. matrons, chief engineers, etc) at the functional units in the teaching hospitals.

## SAMPLE AND SAMPLING TECHNIQUES

Stratified random sampling technique was used to select the federal University Teaching Hospitals from the six geopolitical zones in Nigeria for the study. All the CMDs from the selected teaching hospitals and also all the consultants, health unit managers and managers at the functional units who correctly filled out the questionnaires were used for the study.

For the pilot study, one hospital was selected from the three Federal University Teaching Hospitals in the South-West zone using the stratified random sampling technique. Out of 100 questionnaires given to middle level managers, twenty were duly completed during the test-retest exercises. A total of twenty (20) respondents from the selected hospital were therefore used for the reliability test (Test-Retest). The CMD completed the questionnaire once.

For the main study, one thousand (1000) middle management questionnaires were distributed to the managers in different hospitals. A coin was tossed for the remaining two federal teaching hospitals in the South-West zone to select one hospital. A total of 53 completed questionnaires were used. Only one teaching hospital met the criteria in the South-East, North-East and North-West zones respectively, hence were used for the study. A total of 53, 20, and 25 respondents from each of these zones completed the questionnaires, and were used for the study. In the South-South zone, balloting was used to select one hospital from the three teaching hospitals that qualified for the study. A total of 21 respondents were

used. Of the three teaching hospitals that met the criteria in the North-Central zone, only one was selected by balloting. A total of 50 respondents were used for the study. Overall, a total of two hundred and twenty-two (222) respondents (middle level managers) and six (6) Chief Medical Directors returned completed questionnaires, which were used for the main study.

## RESEARCH INSTRUMENTS

Two data collection instruments were used for this study namely: Structured and unstructured questionnaires. The structured sections of the questionnaire were based on the Likert scale. Both were:

1. Top management questionnaires (TMQ)
2. Middle management questionnaires (MMQ)

## VALIDATION OF RESEARCH INSTRUMENTS

The first drafts of the questionnaire were developed and given to the researcher's two supervisors, two consultant professors from the College of Medicine, University of Lagos, and two administrative managers of the Lagos University Teaching Hospital. They were to examine carefully every item under each section and modify ambiguous items; determine the appropriateness and accuracy of the content of the instrument and evaluate the readability of the instruments. Based on their informed judgment, some items in the questionnaires were modified, deleted or added as the case may be. The finally approved

instruments by the supervisors were used. These procedures ensured the content, construct and face validity of the instruments (Fraenkel & Wallen, 1990).

## RELIABILITY OF RESEARCH INSTRUMENTS

Reliability refers to the consistency with which the test instrument measures what it is expected to measure. To determine the reliability of the instrument, a pilot study was carried out using a university teaching hospital in South-Western Nigeria that has the same characteristics with the teaching hospitals under study but did not form part of the main study. The questionnaires were administered to the pilot group (top level manager and 20 middle level managers) twice within an interval of two months. The researcher collected the results of the two administrations and used Pearson Correlation coefficient (2-tailed) at 0.05 level of significance to estimate the test-retest reliability of the instrument.

The result of the analysis is shown below in Table 1.

**Table 3.1**

**Test-Retest Reliability Estimation of Index of Strategic Management Practices and Organizational Effectiveness**

| | New Group 1 | New Group 2 |
|---|---|---|
| New Group 1: Pearson Correlation | 1 | .470* |
| Sig. (2-tailed) | | .036 |
| N | 20 | 20 |
| New Group 2: Pearson Correlation | .470* | 1 |
| Sig. (2-tailed | .036 | |
| N | 20 | 20 |

*Correlation is significant at the 0.05 level (2-tailed).

Since the coefficient of correlation of 0.47 between the two sets of scores is positive and significant at 0.05 (p-value = 0.036 < 0.05), then the test instrument is reliable. Since the contents of the middle level management questionnaire are similar to those of the top management, the latter instrument is also taken to be reliable. Moreover the analysis of only one questionnaire from the Chief Medical Director of the only hospital used for the sample survey for reliability test is not feasible (with n = 1).

## PROCEDURE FOR ADMINISTRATION OF INSTRUMENTS

The researcher prepared an identification letter duly signed by his supervisor

and sent to the top management and middle level management in the selected federal University Teaching Hospitals for the study. This was to acquaint the hospital authorities with the purpose of the study. With these letters, he undertook a familiarization visit to all the teaching hospitals used for this study.

The researcher administered the instruments for the study on the respondents in the teaching hospitals in the zones with the help of his professional colleagues (pharmacists) and some doctors in these hospitals. He also made great use of grand rounds and departmental seminars to get to his respondents in these hospitals. Some doctors were given questionnaires in the consultants' lounge during break time.

## FINDINGS FROM THE PILOT STUDY

The following results were obtained from the data analysis of the pilot study:

1. The top management's knowledge of different environmental forces and the challenges of their managerial functions are high.
2. The differential variables associated with top management and the Board of directors positively affected managerial performance and organizational effectiveness.
3. There is an established relationship between the environmental factors, managerial philosophy, differential variables, strategic management practices and organizational effectiveness.

4. There is minimal application of strategic management in the teaching hospitals investigated.
5. Top management does not have sufficient management background to embark on result-oriented strategic development of such a large health organization.

## EXPERIENCE GAINED FROM PILOT STUDY

The experience was very useful to the researcher in improving on the research instruments for the main study. Although the pilot survey confirmed the adequacy of the instrument, nevertheless there was need to fine-tune the final drafts based on pilot study revelations. The timing for the self-administration was adjusted, and the importance of using grand rounds (periodic/weekly meeting of departmental academic staff, resident doctors, nurses and medical students to review cases), seminar periods and consultant lounges to enhance administration and retrieval, became obvious.

## TOOLS FOR DATA ANALYSES

Statistical Package for Social Science (SPSS) version 13 was used for data analysis of the main study. Frequency distribution, independent t-test, correlation and regression analyses are used to analyze the data.

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# CHAPTER FOUR

## PRESENTATION AND ANALYSES OF DATA

This section focuses on the analyses of the data generated from the study and is followed by the discussion of the findings.

**Presentation of Results:**

**Top managers understanding of different environmental factors and problems affecting their hospitals.**

To evaluate this, the level of information is divided into four parts, each reflecting CMD's familiarity with the environment, knowledge of factors affecting his managerial performance, and top management's perception of the practice environment respectively.

**Table 4.1**
**CMD's Level of Familiarity with Strategic Management terms commonly in use (N = 6)**

| Terms | Frequency (CMD's Response) | | Response (%) | |
|---|---|---|---|---|
| | Yes | No | Yes | No |
| Competitors | 5 | 1 | 83.3 | 16.7 |
| Suppliers | 2 | 4 | 33.3 | 66.7 |
| Substitutes | 6 | 0 | 100 | 0.0 |
| Core Competences | 5 | 1 | 83.3 | 16.7 |
| New Entrants | 4 | 2 | 66.7 | 33.3 |
| Strategy Formulation | 6 | 0 | 100 | 0.0 |
| Buyers | 5 | 1 | 83.3 | 16.7 |
| Strategy Implementation | 6 | 0 | 100 | 0.0 |
| Strategy Evaluation | 6 | 0 | 100 | 0.0 |

Table 4.1 shows the level of familiarity of the Chief Medical Directors (CMDs)

with some strategic management terms in the environment. The responses of these chief executives were tabulated with the corresponding percentages.

From the table, all the CMDs (100%) are familiar with the terms substitutes, strategy formulation, implementation, and evaluation; 83.3% of them are familiar with competitors, core competences and buyers; while 66.7% and 33.3% of the CMDs are familiar with new entrants and suppliers as management terms. It implies that CMDs' knowledge of strategy-related terms is encouraging. However, familiarity with such terms does not translate into tacit knowledge and applicability for strategic management purposes in their organizations. Moreover, none of the CMDs has a degree (or diploma) in business administration or social sciences to justify prior exposure to management practices.

Table 4.2 shows the CMDs' knowledge of environmental factors affecting his/her organizational performance.

**Table 4.2**
**Knowledge of Environmental Factors Affecting Organizational Performance (N = 6)**

| Factors | CMD's Response Frequency) | | CMD's Response (Percentage) | |
|---|---|---|---|---|
| | Yes | No | Yes | No |
| Political | 6 | 0 | 100 | 0 |
| Legal | 6 | 0 | 100 | 0 |
| Economic | 6 | 0 | 100 | 0 |
| Social/Cultural | 4 | 2 | 66.7 | 33.3 |
| Educational | 6 | 0 | 100 | 0 |
| Technological | 6 | 0 | 100 | 0 |
| Infrastructural | 6 | 0 | 100 | 0 |
| Competition | 6 | 0 | 100 | 0 |

But for the two CMDs that responded negatively to the knowledge of social/cultural impact on organizational effectiveness, all the chief executives claimed to have knowledge of all the environmental forces affecting the teaching hospitals. Their level of knowledge of the environment is therefore high. The impact of the environment in a state of flux on a health organization is so overwhelming that top management should see beyond the peripheral meanings of the environmental forces that dictate the existence of these institutions. The chief executive should understand the internal and external political terrain, the legal, technological and economic forces that impact on the institutions and show the capacity to steer these organizations to success. The competitive forces, infrastructural, socio-cultural and educational factors on the practice environment should be very clear to the CMDs as well as the role of various publics in sustaining a vibrant health care delivery system. It is expected that tacit knowledge would enhance their organization-environment relations, which invariably would impact positively on their organizational behaviour and output (Starkweather & Cook, 1988).

Table 4.3 shows some environmental factors and the level to which they militate against top management functions. The outcome and total score on a 4-point Likert scale were calculated for each factor and used to assess the perceived impact on each CMD/organization.

**Table 4.3**
**Chief Medical Directors' Responses on Factors Militating Against Hospital Management (N = 6)**

| Factors | Militates very much (% Response) | Militates much (%) | Militates a little (%) | Does not Militate at all (%) | Total Response (%) |
|---|---|---|---|---|---|
| Political Stability | 50 | 33.3 | 16.7 | 0 | 100 |
| Competition Among Hospitals | 0 | 16.7 | 50 | 33.3 | 100 |
| Brain-drain of Health Professionals | 0 | 83.3 | 16.7 | 0 | 100 |
| Changes in Technology (Equipment) | 66.7 | 33.3 | 0 | 0 | 100 |
| Poor Electricity & Water Supply | 66.7 | 33.3 | 0 | 0 | 100 |
| Government deregulation & Privatization | 0 | 50 | 33.3 | 16.7 | 100 |
| Nigerian Seeking Treatment Abroad | 0 | 16.7 | 66.7 | 16.7 | 100 |

This shows that 83.3% of the respondents find the problems of political stability in Nigeria to militate much or very much against hospital management, while 16.7% of the CMDs opine that political issues have little impact on managerial performance. The degree of competition among hospitals affects 16.7% of the CMDs much, while it militates against 83.3% of respondents to a little or no extent. 83.3% of respondents perceive brain-drain of health professionals as militating much against hospital management, while 16.7% perceive the impact as little. All the CMDs are either bothered much or very much with the impact of obsolete equipment in the teaching hospitals. Also all the CMDs perceive the poor electricity and water supply in these institutions as impacting very negatively or

negatively against top management functions. Half (50%) of the respondents feel very negatively about the government deregulation and privatization going on in some units; while 50% feel that the negative effects are little or not at all. Nigerian patients (potential clients) seeking treatment abroad are perceived by 16.7% of respondents to be a major militating factor, while 83.3% of CMDs feel the impact is of little or no consequence. The general profile of the outcome of Table 4.3 compares favourably with the views of middle level managers in Table 4.5.

Political stability which is a major concern to the CMDs could have arisen from the way presidential election in Nigeria was conducted a few months before the field work commenced, and also the increasing hostilities in the oil-rich Niger Delta Region. These concerns were more visibly expressed by the CMDs in teaching hospitals located in the Southern Nigeria. Brain-drain of health professionals will have a major impact on the quality of health care in tertiary health institutions, where high skill is badly needed to achieve results and manpower training. There is urgent need to acquire high technology to cope with the pace of change in the field of medicine and pharmacy. CMDs should give top priority to the problems of infrastructural and power supplies, since these are the life-lines of service-based organizations like the teaching hospitals. Government deregulation should be a major concern to all the CMDs, unlike the perception of the CMDs (50%) who felt it militates much against hospital management.

Meanwhile, all the hospitals are funded almost entirely by the government, with plans to scale down funding drastically.

Table 4.4 represents top managements' perception of their practice environment in terms of stability and predictability.

**Table 4.4**
**Top Management Perception of the Practice Environment (N = 6)**

| | NOW | | IN THE FUTURE | |
|---|---|---|---|---|
| | **Frequency** | **% Frequency** | **Frequency** | **% Frequency** |
| **Environment** | **Yes** | **Yes** | **Yes** | **Yes** |
| Stable, Predictable | 4 | 66.7 | 3 | 50 |
| Unstable, Unpredictable | 2 | 33.3 | 3 | 50 |
| Not Sure | 0 | 0 | 0 | 0 |

From the result, 66.7% of CMDs view the Nigerian environment now as stable and predictable. However, 33.3% feel otherwise. Half (50%) of the respondents perceive the future environment as stable and predictable, while the rest feel that it is unstable and unpredictable. CMDs from the Southern zones perceive the situation more uncertain than their Northern counterparts. The effect compares with the investigation of leadership attributes and profitability under conditions of perceived environmental uncertainty (Waldman et al, 1995). Nevertheless, only CMDs with the right training and divergent thinking can move their organizations above environmental uncertainties, to take higher risks and achieve better results. Middle level managers also have their reservation about stability and predictability in Nigeria.

Table 4.5 shows middle managers' perception of the environmental factors militating against managerial performance.

**Table 4.5**
**Middle Level Managers' Response on Factors Militating Against Managerial Performance (N = 222)**

| Factors | Militates very much (% Response) | Militates much (%) | Militates a little (%) | Does not Militate at all (%) | Total Response (%) |
|---|---|---|---|---|---|
| Political Stability | 45.5 | 42.3 | 11.7 | 0.5 | 100 |
| Obsolete Equipment (Technology) | 86.5 | 12.2 | 0 | 1.3 | 100 |
| Competition Among Hospitals | 1.8 | 9.6 | 41.1 | 47.5 | 100 |
| Government Deregulation & Privatization | 1.8 | 34.2 | 60.4 | 3.6 | 100 |
| Brain-drain of Health Professionals | 28.8 | 59.5 | 11.2 | 0.5 | 100 |
| Poor Electricity & Water Supply | 96.8 | 2.7 | 0.5 | 0 | 100 |
| Nigerians Seeking Treatment Abroad | 8.6 | 29.4 | 38.5 | 23.4 | 100 |

Obsolete equipment, poor electricity and water supply and political instability remain the major factors militating against managerial performance in these hospitals. The middle level managers' responses to different environment-related variables are comparable to the CMDs' views on related environmental factors. The opinion and managerial experience of middle managers are very important since these are consultants, professors and heads of departments who, not only head different functional units but are also the pool from where CMDs are drawn at the end of each tenure of office.

Table 4.6 represents the middle level management's perception of the practice environment in terms stability, predictability and complexity.

**Table 4.6**
**Middle Level Management Perception of the Practice Environment**
**(N = 222)**

| | NOW | | IN THE FUTURE | |
|---|---|---|---|---|
| | **Frequency** | **% Frequency** | **Frequency** | **% Frequency** |
| **Environment** | **Yes** | **Yes** | **Yes** | **Yes** |
| Stable, Predictable | 134 | 60.4 | 61 | 27.5 |
| Unstable, Unpredictable | 10 | 4.5 | 36 | 16.2 |
| Complex, Chaotic | 9 | 4.0 | 2 | 0.9 |
| Don't know, not sure | 4 | 1.8 | 33 | 14.9 |
| No response | 65 | 29.3 | 90 | 40.5 |
| **Total** | **222** | **100** | **222** | **100** |

This shows the middle level managers' perceptions of the present and future environmental stability, predictability, and complexity. It was observed that 60.4%, 4.5% and 4.0% respectively perceived the present Nigerian environment as stable/predictable, unstable/unpredictable and complex/chaotic, while 31.2% gave no response or did not know/were not sure. Also 27.5% perceived the future Nigerian environment as predictable and stable; 16.2% as unstable and unpredictable; and 0.9% as complex and chaotic. 55.4% of middle level managers either gave no response or did not know/were not sure. The ability to manage under varying conditions of environmental complexity and uncertainty requires a good understanding of the practice environment (Gleick, 1987). The understanding will not be attained without sufficient management background, which will enable the middle level managers to use necessary tools (qualitative and quantitative) to

scan and predict the environment.

**Differential variables and Board influence contribution to organizational effectiveness.**

To assess this, three variables on the Board of Directors' influence, impact and giving free hand to the CMD were presented on the one hand, and two issues on the CMD's use of past experience and seeking other managers' support to achieve success on the other.

Table 4.7 represents the responses of the CMDs to the Board influence and differential variables on managerial performance and organizational effectiveness.

**Table 4.7**
**Response of CMDs to Impact of Differential Variables/Board Influence on Managerial Performance and Organizational Effectiveness (N = 6)**

| Differential Variables and Board Influence | Very high degree (% Response) | High degree (%) | Low degree (%) | Very low degree (%) | Total (%) |
|---|---|---|---|---|---|
| Board members' influence on strategic decisions | 0 | 100 | 0 | 0 | 100 |
| Board of Directors' positive impact on organizational effectiveness | 0 | 66.6 | 16.7 | 16.7 | 100 |
| Board of Directors gives CMD free hand to manage hospital | 0 | 16.7 | 66.6 | 16.7 | 100 |
| Degree of Application of CMD's past experience in successful management of hospital. | 16.7 | 0 | 83.3 | 0 | 100 |
| We seek the input of all managers and supervisory staff to enhance productivity | 0 | 83.3 | 16.7 | 0 | 100 |

Table 4.7 reveals that all the CMDs agree that the Board members influence the strategic decisions in the hospitals to a high degree. Also 66.6% of respondents are of the opinion that members of the Board have positive impact on the organizational effectiveness to a high degree, while 16.7% of each agreed to a low degree or very low degree. One respondent (16.7%) said the CMD is given a free hand to run the hospital to a high degree, while 83.3% of respondents answered to a low degree.

It is necessary that people appointed to the hospital management board should understand the dynamics of health care organizations in order to impact meaningfully in a strategic sense. Majority (83.3%) of the respondents reported that they were not given a free hand to manage the hospitals. Such clash of interests in an environment where appointment to the board is highly political and sometimes for party royalists, could compromise strategic objectives and quality of care.

Since 83.3% of respondents apply their past experience in the management of the hospitals to a low degree, the implication is that CMDs are not equipped with prior managerial knowledge to cope with the challenges of the new portfolio. Top management is therefore at the mercy of the hospital administrators already entrenched in the existing structure and culture. A guided managerial performance could result with little or no change in the status quo from one CMD regime to the

other. Seeking the input of middle managers is crucial for success.

**CMDs application of techniques of strategic management.**

To evaluate this, four responses of the CMDs to issues addressing strategy formulation, implementation and evaluation are presented.

Table 4.8 shows the level of CMDs' application of strategy formulation, implementation and evaluation.

**Table 4.8**
**Application of Strategy formulation, implementation and evaluation by CMDs**
**(N = 6)**

| Strategy in Action | Very Low degree (%Response) | Low degree (%Response) | High degree (%Response) | Very high degree (% Response) | Total (%) |
|---|---|---|---|---|---|
| Strategies formulated are implemented as planned | 0 | 83.3 | 16.7 | 0 | 100 |
| Strategies implemented are evaluated to confirm that things work well | 0 | 83.3 | 16.7 | 0 | 100 |
| Internal organizational environment is reviewed and modified as need arises to achieve set objectives | 0 | 66.7 | 33.3 | 0 | 100 |
| External environmental circumstances are reviewed and modified when necessary to achieve organizational goals | 0 | 66.7 | 33.3 | 0 | 100 |

Table 4.8 gives a summary of CMDs' views on the application of strategic management on organizational effectiveness. It was observed that 83.3% of the respondents were of the opinion that the strategy formulated were implemented as planned to a low degree, while 16.7% felt that implementation to a high degree,

corresponds with the formulated strategy. Also 83.3% opined that strategies implemented were evaluated for conformity to a low degree. Only 16.7% agreed to a high degree. 66.7% of CMDs responded that both internal and external environmental factors were reviewed and modified to a low degree when necessary, to achieve set objectives, while 33.3% agreed to a high degree on the two issues. A CMD not grounded in strategy formulation; implementation and evaluation will find their application rather tasky and unrealistic, since no-one gives what he does not have. Expanding the managerial horizon of the CMDs is therefore inevitable. The need to create and recreate the reasons for health organization's continued existence should set the CMD apart from every individual in the hospital. Leadership should therefore be put back into strategy (Montgomery, 2008).

**Relationship between the environment, differential variables, strategic management practices, managerial philosophy/culture and the organizational effectiveness in Nigerian teaching hospitals**

To assess this, there is the need to carry out an examination of the present Strategic Management model. This will help to determine the aspect(s) that are strongly linked to organizational effectiveness. Environmental factors are perceived differently by the CMDs depending on their managerial experience. Differential variables are invariably related to the key environmental factors.

Table 4.9 represents the intricate relationship between the environment, top management attributes and board influence (differential variables), managerial philosophy/organizational culture, strategic management practices and organizational effectiveness in the teaching hospitals.

**Table 4.9**
**Relating the Environment, Differential Variables, Managerial Philosophy/Organizational Culture, Strategic Management Practices and Organizational Effectiveness (N = 6)**

| Organizational Culture and Managerial Philosophy, Environmental Factors | Very low degree (%) | Low degree (%) | High degree (%) | Very high degree | Total |
|---|---|---|---|---|---|
| We have an organizational culture that promotes harmony and quality of healthcare | 0 | 100 | 0 | 0 | 100 |
| Degree to which the organizational structure is adaptable to the changing healthcare delivery environment | 0 | 50 | 50 | 0 | 100 |
| The strategy we follow is determined by our organizational culture | 0 | 50 | 50 | 0 | 100 |
| Degree to which current organizational structure is suitable for getting tasks properly done | 0 | 83.3 | 16.7 | 0 | 100 |
| Degree to which mission statement serves the strategic direction of the hospital | 0 | 83.3 | 16.7 | 0 | 100 |
| Our operations do not constitute any healthcare hazard to the local community | 0 | 0 | 50.0 | 50.0 | 100 |
| Overall, we believe our staff are very hardworking | 0 | 50 | 50 | 0 | 100 |
| We seek the input of all managers and supervisory staff to enhance productivity | 0 | 16.7 | 83.3 | 0 | 100 |
| Employees are held accountable for tasks assigned to them | 0 | 100 | 0 | 100 | 100 |
| We adhere strictly to budget estimates | 16.7 | 66.6 | 16.7 | 0 | 100 |

Most of the CMDs (83.3%) know the environmental factors affecting organizational effectiveness. Most CMDs opine that the environmental perception

is a major player in achieving high managerial performance. Constant interaction with the external environment is therefore very crucial to success.

For managerial philosophy, 83.3% of the CMDs admit to a high degree that mission statements are crucial to the strategic direction of the institution. 16.7% responded to a low or very low degree. Also 83.3% of the CMDs admit to a high degree that their current organizational structure is suitable for getting tasks properly done.

To support this view, all the CMDs (100%) responded that they had an organizational culture that promoted harmony and quality of healthcare. However 50% each agreed to a high and low degree respectively that the strategy followed was determined by the organizational culture. Also 50% of the CMDs admitted to a high and low degree respectively that their organizational structure was adapted to the changing environment. In terms of organizational effectiveness, 50% of CMDs admitted that their staff was hard-working to a low degree, while 50% viewed their employees as hardworking to a high degree. All the CMDs admitted that their health operations did not constitute health hazard to the community, which indicates a degree of effectiveness. Equally significant is the response of 83.3% of CMDs that all managers and supervisory staff inputs were sought to a high degree to enhance productivity. 16.7% of CMDs admitted seeking staff input to a low degree. However, 83.3% of the CMDs responded that strategies put in

place and implemented were evaluated to a low degree while 16.7% responded to a high degree. Strict adherence to budget estimate was viewed to a low degree by 66.7% of the CMDs, while 16.7% each responded to very low and high degree respectively.

Although there seemed to be a good link (positive responses) between the CMDs' responses on the issues relating to: organizational culture and quality of care, structure and adaptation, strategy and culture, structure and output, strategy and objectives, consulting middle managers and accountability, the outcomes do not translate into effective and efficient health organizations. Budget estimates were not adhered to and lack of strategic planning and implementation coupled with the managerial background could continually militate against proactive and profit-oriented health care organizations. All respondents admitted that the operations of teaching hospitals did not cause health hazards to the local communities. Environmentally-friendly attributes of health organizations are reflective of the social responsibilities of well-established health institutions.

**Strategic management challenges facing top managers in Nigerian tertiary healthcare institutions**

To evaluate this, a number of feedbacks from the middle level management questionnaire will help to highlight some of these problems and challenges.

From table 4.10, 63.1% of middle managers admitted planning for tasks performed in 2-5 years' time to a low or very low degree, while 36.9% responded planning for medium term activities to a high or very high degree. Furthermore, 79.5% of the managers responded that plans were changed to a low or very low degree based on the feedback from the units, while 20.5% admitted changing plans to a high or very high degree.

Use of internally generated data from the hospitals for future decision making was admitted by 37.8% of the managers to a low or very low degree, while 62.2% admitted to a high or very high degree basing the institutions' future projections on internal data.

Also 63.5% were satisfied with the management of the hospitals to a low or a very low degree, while 36.5% were satisfied to a high or very high degree. Significantly, 85.5% are satisfied with workers' efficiency to a low or very low degree, while 14.5% expressed satisfaction to a high or very high degree. However, 41.6% admitted to a low or very low degree that the hospital charges were moderate compared to other hospitals around, while 58.4% opined to a high or very high degree that the hospital charges were moderate. Almost all the middle managers (99.5%) were of the opinion that the hospitals were not attractive enough to investors, while only 0.5% agreed to a high or very high degree that the hospitals were attractive to investors. While 61.2% agreed to a low or very low

degree - to the provision of opportunity for self-development, 38.8% felt otherwise. The motivating impact of salaries and wages was admitted to a low or very low degree by 78% of the middle managers, while 22% underscored the positive impact to a high or very high degree.

Table 4.10 shows the degree of planning and performance of strategic management functions by the middle level managers in terms of time-line, adaptation, forecasting, productivity, efficiency and career opportunities.

**Table 4.10**
**Degree of Planning and Performance of Strategic Management Tasks by Middle Level Managers (N = 222)**

| Strategic Management Issues | Very Low degree (%) | Low degree (%) | High degree (%) | Very high degree (%) | Total (%) |
|---|---|---|---|---|---|
| We plan for tasks to be performed in 2-5 years time | 13.1 | 50 | 34.2 | 2.7 | 100 |
| We change plans from time to time as we receive feedback from different units | 24.7 | 54.8 | 18.7 | 1.8 | 100 |
| Projection of future situations based on internal data from past hospital activities | 11.7 | 26.1 | 46.4 | 15.8 | 100 |
| Degree of satisfaction with management of the hospital | 3.6 | 59.9 | 34.2 | 2.3 | 100 |
| Degree of satisfaction with workers' efficiency | 4.0 | 81.5 | 14.0 | 0.5 | 100 |
| Our charges are moderate compared to other hospitals around. | 1.4 | 40.2 | 43.8 | 14.6 | 100 |
| Our hospital is attractive to investors | 87.2 | 12.3 | 0 | 0.5 | 100 |
| Our employees are given opportunity to develop themselves | 5.5 | 55.7 | 36.5 | 2.3 | 100 |
| Salaries and conditions of service give sense of security, loyalty, and commitment | 9.6 | 68.4 | 21.5 | 0.5 | 100 |
| Hospital authorities seek our input to enhance productivity | 8.2 | 53.0 | 37.9 | 0.9 | 100 |

About 63% of the respondents admitted that term plans were carried out to a low degree, while the rest to a high or very high degree. The data showed that 79.5% of the respondents adapt slowly or very slowly to the feedback from other units. Lack of proactive measures and slow reactive approach by managers are major setbacks to organizational effectiveness. About 85% of the managers were dissatisfied with their subordinates' output. 64.5% of the managers were satisfied with the top management. The CMDs should review the issues bothering on employee motivation and job satisfaction, to enhance productivity and efficiency.

## TESTING OF HYPOTHESES

The four hypotheses were tested using various statistical tools such as one sample t-test, linear regression and multiple regression analyses.

**Hypothesis One**

$Ho_1$: Top healthcare managers are not fully aware of the different environmental factors and problems affecting their managerial functions.

The hypothesis was tested using one sample t-test at $\alpha = 0.05$. The test was highly significant. This leads to the rejection of the null hypothesis and we conclude that top health managers are fully aware of the environmental factors affecting their organizations.

**Table 4.11**
**One Sample t-test on Environmental Awareness of Top Managers**

| | Test Value = 25.5 | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| N = 6 | Mean | STD | T | Df | Sig. (tailed) | Mean Difference | 95% Confidence Interval of the Difference | |
| | | | | | | | Lower | Higher |
| Awareness | 19.500 | 1.51658 | -9.691 | 5 | 0.000 | -6.000 | -7.5915 | -4.4085 |

## Hypothesis Two

$Ho_2$: Differential variables and influence of Board of Directors do not contribute to organizational effectiveness.

To test the hypothesis, a simple linear regression was carried out for differential variables and organizational effectiveness.

**Table 4.12**
**Regression analysis for Differential Variables and Organizational Effectiveness**

Table $4.12_a$

| Model | R | $R^2$ | Adjusted $R^2$ | Standard Error of the Estimate |
|---|---|---|---|---|
| 1 | 0.834[a] | 0.695 | 0.619 | 2.934 |

a. Predictors (Constant), New Differential Variables

ANOVA[b] **Table $4.12_b$**

| Model | Sum if Squares | $d_f$ | Mean Square | F | Sig. |
|---|---|---|---|---|---|
| 1 Regression | 78.400 | 1 | 78.400 | 9.107 | 0.039[a] |
| Residual | 34.433 | 4 | 8.608 | | |
| Total | 112.833 | 5 | | | |

a. Predictors: (Constant), New Differential Variables

b. Dependent Variable: Organization Effectiveness

**Table 4.12c**

| | Unstandardized Coefficients | | Standardized Coefficients | T | Sig. |
|---|---|---|---|---|---|
| **Model** | B | Standard Error | Beta | | |
| 1 (Constant) | -51.433 | 20.447 | 0.834 | -2.515 | 0.066 |
| New Diff. Var | 2.800 | 0.928 | | 3.018 | 0.039 |

a. Dependent Variable: Organizational Effectiveness

From the table (4.12a), the coefficient of correlation R = 0.834. This means that there was a strong positive correlation between the differential variables of the top management and organizational effectiveness. $R^2$ = Coefficient of determination = 0.695. This means that the extent of contribution (explanatory power) of differential variables to organizational effectiveness is 69.5%. That is, the proportion of organizational effectiveness explained by differential variables alone is 69.5%.

To support this fact, the ANOVA test was carried out (see Table 4.12b) and was found to be significant (0.039) at 0.05 level. This means that there is a regression (or causal relationship) between organizational effectiveness and differential variables of the top management. Consequently, the null hypothesis is rejected while we accept the alternative hypothesis.

Therefore the estimated model for the relationship between organizational effectiveness (V) and differential variables (D) is V = -51.43 + 2.8D (see Table 4.12c).

**Hypothesis Three**

$Ho_3$: Top managers do not apply various aspects of strategy formulation, implementation and evaluation in their management practices.

One sample t-test was used to test the hypothesis at 0.05 level of significance. The test result gave a p-value of 0.000 (see Table 4.13), which is highly significant. This leads to the rejection of the null hypothesis and we conclude that top managers actually apply strategy formulation, implementation and evaluation to achieve organizational effectiveness.

**Table 4.13**
**One Sample Test on Application of Strategy Formulation, Implementation and Evaluation by Top Management**

| N = 6 | Test Value = 4 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | T | $d_f$ | P-value Sig. (2-tailed) | Mean Difference | 95% Confidence Interval | | Mean S.D | Standard Deviation | Standard Error Mean |
| | -107.485 | 5 | 0.000 | -4.85786 | -4.9740 | -4.7417 | -0.8579 | 0.11071 | 0.0452 |

**Hypothesis Four**

$Ho_4$: There is no relationship between the practice environment, strategic management practices, management philosophy and organizational effectiveness in Nigerian teaching hospitals.

**Table 4.14**
**Multiple Regressions between the four Independent Variables and Organizational Effectiveness**

**Table 4.14a**

| Model | Unstandardized Coefficients | | | | |
|---|---|---|---|---|---|
| | **B** | **Standard Error** | Std. Coefficient Beta | T | Significance |
| 1 (Constant | -28.157 | 5.900 | - | -4.772 | 0.131 |
| Environment | 1.012 | 0.130 | 0.323 | 7.793 | 0.081 |
| Strategic Mgt. P. | 2.329 | 0.047 | 1.443 | 49.786 | 0.013 |
| Mgt. Philosophy | 2.262 | 0.131 | 0.701 | 17.249 | 0.037 |
| Diff, Variables | -1.370 | 0.055 | -0.567 | -24.821 | 0.026 |

**ANOVA[b]**

**Table 4.14b**

| **Model** | **Sum of Squares** | **$d_f$** | **Mean Square** | **F** | **Significance** |
|---|---|---|---|---|---|
| 1. Regression | 112.813 | 4 | 28.203 | 1372.027 | 0.020[a] |
| Residual | 0.021 | 1 | 0.021 | | |
| **Total** | **112.833** | **5** | | | |

a. Predictors: (Constant), TM Diff. Variables, Environment, Strategic Management Practices, Managerial Philosophy

b. Dependent variable: Organizational Effectiveness

**Model Summary**

**Table 4.14c**

| **Model** | **R** | **R Square** | **Adjusted R Square** | **Standard Error of the Estimate** |
|---|---|---|---|---|
| 1 | **1.000[a]** | **1.000** | **0.999** | **0.14337** |

A multiple regression analysis was applied to test for a relationship between organizational effectiveness as a dependent variable and four independent variables: Differential variables, environmental factors, strategic management practices and management philosophy. From the analysis, $R^2$ = 100% (see Table

4.14c); ANOVA p-value = 0.021, which is significant at 0.05 confidence limit. This means that the test is significant and leads to the rejection of the null hypothesis. It is concluded therefore that there is a significant relationship between the four independent variables and organizational effectiveness with joint explanatory power of 100%.

A further t-test on the individual variables shows that the environment (see Table 4.14a), with a p-value of 0.081, has no significant contribution to organizational effectiveness. However, strategic management practices with p-value of 0.013 play the most significant role in explaining organizational effectiveness (see Table 4.14b).

The model: $V = \beta (E, P. F, D) + \epsilon$ for this relationship is estimated or fitted thus:

$V = -28.157 + 1.012 E + 2.329P + 2.262F - 1.37D$ (see Table 4.14a).

where, V = Organizational effectiveness
E = Environmental factors
P = Strategic management practices
F = Management philosophy
D = Differential variables
$\beta$ and $\epsilon$ are constants

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# CHAPTER FIVE

# SUMMARY OF FINDINGS, CONCLUSIONS, IMPLICATIONS, RECOMMENDATIONS, SUGGESTIONS FOR FURTHER RESEARCH

## INTRODUCTION

In this section, an attempt is made to give a summary and conclusions based on the findings and make recommendations. Also highlighted are the contributions to knowledge, the implications of the findings on quality health care delivery, the limitations of the study and finally suggestions for further research.

## SUMMARY OF FINDINGS

The following are the summary of findings based on the data generated from the questionnaires returned and analyzed.

1. Top and middle level managers are aware of the different environmental factors affecting performance and organizational effectiveness in Nigerian teaching hospitals.
2. The attributes of the Chief Medical Director and the influence of the Board of Directors all contribute to the managerial performance and organizational effectiveness in the health organizations. In developing countries, appointment to the board in government institutions is highly political, and sometimes used to compensate party loyalists. Undue influence and abuse of power have resulted from such political appointees. A good understanding between the chief executives and board members is therefore crucial (Ward, Bishop &

Sonnenfeld, 1999; Useem, 2006). The managerial performance of the chief executive is associated with his/her managerial background and experience.

3. Top managers are not equipped with adequate management background that would enable them to direct such big health organizations in a strategic sense. This has led to their convergent approach to managing the unsteady pace of organisational evolution (Tushman et al, 1986).
4. Top managers make use of different aspects of strategy formulation, implementation and evaluation to achieve results, although the degree and dexterity of application has not been well established.
5. There is a relationship between the Nigerian environment, differential variables, managerial philosophy, strategic management practices and organizational effectiveness.
6. The environment – a major influence in any organization in terms of opportunities and threats remains significantly unexplored by top health managers.
7. The commitment of middle and lower level managers is low, which leads to low productivity. Staff motivation, a very important factor in productivity and profitability, is not effectively utilized to achieve results in the teaching hospitals.
8. Poor infrastructural facilities and obsolete equipment remain major sources of handicap to effective healthcare management.

9. Middle managers in some of the institutions were more reluctant to divulge information related to the operations of the organization. In some cases some heads of departments would not want any questionnaires administered in their departments, even after obtaining permission from the relevant authorities.
10. The nature of duty of the health managers and consultants (consulting and managing patients, call duties among others) increased the attrition rate of respondents and prolonged the length of stay of the researcher in the institutions visited.
11. A Chief Medical Director delegated an Assistant to fill out the questionnaire due to time pressure.
12. No individual or department is responsible for strategy development, thereby leading to lapses in repositioning these organizations in the face of a rapidly changing environment. The use of strategic vision and mission can achieve the desired organizational thrust, stability and effectiveness, through strategy development, strategic choices and maximization of core competences. Where possible, the CMD should employ a chief strategy officer – someone that has the mandate to walk into any office, speak those words that spark some sort of transformation (Breene, Nunes & Shill, 2007).

## CONCLUSIONS BASED ON FINDINGS

Based on the data analysed, the following appear imperative:

1. The awareness of the environmental factors affecting organizational

performance and effectiveness does not translate into tacit knowledge and applicability of strategic management practices in the organizations.

2. None of the CMDs has a degree (or diploma) in business administration or social sciences. This contributes to limited managerial performance in these health institutions.
3. The undue influence and possible abuse of power by the Board of Directors who are sometimes political appointees, impact negatively on the CMDs on their managerial flexibility.
4. The Chief Executives do not seem to understand fully the internal and external environmental forces, competition inclusive that impact on the institutions and lack the capacity to steer their organizations to success in the changing environment.
5. Brain drain of health professionals, poor infrastructural facilities, political instability, deregulation and privatization and poor electricity supply are the major factors militating against managerial performance in health care institutions.
6. The commitment of middle level managers and other staff members is not encouraging.
7. Top management makes use of strategy formulation, implementation and evaluation to a limited extent. This does not translate into a good understanding

of strategic management practices.

## IMPLICATIONS OF FINDINGS TO QUALITY HEALTH CARE DELIVERY

Sequel to the conclusions, the findings have the following implications.

1. The crucial role of the environmental forces in operating a vibrant healthcare organization is not fully realized by health professionals and workers in these establishments. Industry structure drives competition and profitability, not whether an industry is emerging or mature, high tech or low tech, regulated or unregulated (Porter, 2008).
2. There is neither a proactive nor meaningfully reactive approach to the environmental threats, challenges and opportunities presented by these changes. With no proactive leadership, the organizations are therefore at the mercy of the current environment that exhibits a certain degree of uncertainty and complexity.
3. There is the need for all healthcare managers to be well grounded in the conceptual and contextual factors (external and internal to the organization), and how perceived environmental change affects the strategic road map of the organization.
4. Top and middle level managers need to understand the healthcare industry characteristics, the economic environment, market dynamics and the

competitive climate, in order to avert the low productivity, high indirect costs and business environment – related losses common to public health care organizations in developing economies. These are in consonance with achieving corporate transformation through dynamic leadership (Taffinder, 1995).

5. Organizing short courses, refresher courses and workshops in strategic management for healthcare managers, would help in capacity building.
6. Since the management background and other attributes of the chief executive and the influence of Board members impact on performance and organizational effectiveness, the appointment of CMDs and Board members by government, should take into consideration professional, managerial and health care disposition of potential top managers and other stakeholders to achieve set healthcare objectives (Useem, 2006).
7. Also important is ensuring that any appointed CMD undergoes a short management course before assuming office, to cope with the challenges of health systems management in our environment – in a state of flux.
8. There is gross underutilization of strategy formulation, implementation and evaluation in the management of these health organizations. Routine and traditional management methods are used, resulting in lack of creativity, productivity and profitability.

9. The CMDs should each set up a department responsible to the top management, saddled with the responsibility for strategy related issues, with a view to crafting and implementing strategic road-maps for the teaching hospitals. Rich corporate values from a divergent leadership will provide a strong foundation for organizational effectiveness (Seldom, 2006).
10. The low commitment of middle and lower level employees is responsible for the poor productivity, excessive bureaucratic bottlenecks, increased length of hospital stay and poor financial bottom-line. There is need for top management to assess critically the hygienic and non-hygienic factors that will enhance the motivation of employees. These include infrastructural and equipment updating, salaries, promotion, other emoluments and human resource development.

## RECOMMENDATIONS TO GOVERNMENTS AND MANAGEMENT OF TEACHING HOSPITALS

The key findings of the study have given rise to the following recommendations on how to ensure the effective management of Nigerian tertiary health institutions in particular and hospitals in general. These recommendations will be very beneficial to tertiary and secondary healthcare institutions, healthcare planners, National and State ministries of health, the universities, National Medical and Dental Associations, Pharmacists Council of Nigeria and other health professional associations.

1. The Federal Government of Nigeria and the State governments should take the responsibility of ensuring that the Chief Medical Directors or their equivalents have the good management background before assuming office. This will help in streamlining and enhancing quality management in healthcare institutions.
2. Where necessary the Federal and State governments should hire the services of strategic managers who may not necessarily be health professionals to catalyse and entrench strategic management practices in the Nigerian health sector. This paradigm shift will underscore the importance of management in operating successful and profitable organizations. It will also promote and liberalize the training of health systems administrators from the performance and profitability perspectives.
3. A task force should be set up by the Federal Government with a mandate to train top and middle level managers in these tertiary health institutions with a view to steering the teaching hospitals towards self-reliance. This will help to cushion the impact of gradual disengagement or limited involvement of government in these times of reforms, privatisation and commercialization.
4. A curriculum review is apt at undergraduate medical and pharmacy schools and other health care professions for the inclusion of management courses in their school curricula. They should also involve management experts in the teaching of such courses and sufficient time should be allotted for teaching management in health related faculties.

5. Libraries in the medical, pharmacy, nursing and other schools should also be equipped with management books and relevant professional materials alike by the federal and state governments as well as the universities.
6. Postgraduate programmes in health systems management and pharmacy administration (or social and administrative pharmacy) should be commenced in Nigerian universities to provide the needed manpower for potential top and middle managers' positions in the Nigerian health sector. Health managers should be encouraged to run MBA programmes prior to CMD positions.
7. The developed strategic management model can be used to consolidate strategic management programmes and practices in secondary and tertiary health organizations.
8. With the huge funds sunk into the health sector annually, and the changing healthcare delivery environment, the Federal and State governments should strategize on how to make the teaching hospitals more cost-effective and still be very quality conscious by employing strategic leaders.
9. Each teaching hospital should have a functional department responsible for strategy development to reposition these institutions for the future challenges.
10. The Federal and State governments should employ chief strategy officers in teaching hospitals for profit orientation, with a view to improving the quality of care by reducing wastages, man hour losses, redundancy, bureaucratic, bottlenecks and over employment.

11. Healthcare professionals should be well remunerated to discourage the ownership of private clinics, pharmacies and maternity homes, and subsequent diversion of patients to such private establishments.
12. The appointment of the CMDs should as much as possible be based on merit, professional and managerial competence/background and commitment to the strategic direction of the health institution.
13. The management of these institutions should break away from the culture and structure that discourage productivity and innovation, to build more responsive and proactive organizations – better adapted for the challenging healthcare environment.

## CONTRIBUTIONS TO KNOWLEDGE

1. The research shows the shortcomings of health organisations managed by chief executives not grounded in management theories and practices; and the need to emphasize quality management in healthcare.
2. There is a positive relationship between the four independent variables (the environment, differential variables, management philosophy and strategic management practices) and organisational effectiveness.
3. The developed strategic management model is useful in identifying key variables and the impact of each variable, with a view to modifying the critical factors to achieve the desired organisational effectiveness.
4. The importance of strategy formulation, implementation and evaluation by top and middle managers is espoused, aimed at creating more functional and

proactive health institutions, to meet the future challenges of our health care delivery system.

5. The mission-vision statements of the teaching hospitals should reflect the strategic direction of the health organisations.
6. In a highly competitive healthcare industry, there is need for top managers to strategise and review their strategies for survival and growth.

## SUGGESTIONS FOR FURTHER STUDIES

1. A comparative study of strategic management practices in private and public hospitals should be carried out to ascertain which variables place profitable private hospitals at advantage, for subsequent adaptation.
2. The optimization of health insurance scheme by patients patronizing the teaching hospitals should be explored for effective health systems management.
3. This research should be carried out using general hospitals, with a view to establishing and strategising on how best these institutions could be managed for enhanced quality of care and profitability.
4. The impact of motivation of health managers should be evaluated, with a view to reducing combined ownership of private clinics and working full-time in teaching hospitals.
5. The possibility of special remuneration for senior consultants who are very productive and resourceful should be considered, to encourage their participation in complex surgical procedures.

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# APPENDICES

APPENDIX A : COVERING LETTER TO SURVEY INSTRUMENT AND TOP LEVEL MANAGEMENT QUESTIONNAIRE

APPENDIX B : COVERING LETTER TO SURVEY INSTRUMENT AND MIDDLE LEVEL MANAGEMENT QUESTIONNAIRE

APPENDIX C : STATISTICAL RESULTS – FREQUENCY ANALYSES FOR TOP MANAGEMENT IN SIX UNIVERSITY TEACHING HOSPITALS IN THE ZONES

APPENDIX D : STATISTICAL RESULTS – FREQUENCY ANALYSES MIDDLE MANAGERS IN SIX UNIVERSITY TEACHING HOSPITALS IN THE ZONES

**FACULTY OF BUSINESS ADMINISTRATION,**
**UNIVERSITY OF LAGOS,**
**LAGOS, NIGERIA**

Dear Respondent,

**STRATEGIC MANAGEMENT PRACTICES IN NIGERIAN TEACHING HOSPITALS: A SURVEY STUDY**

**TOP LEVEL MANAGEMENT QUESTIONNAIRE**

I am a doctorate student of the Department of Business Administration, School of Postgraduate Studies, University of Lagos conducting a research on the topic **Strategic Management Practices and Organizational Effectiveness in Nigerian University Teaching Hospitals** as part of requirements for the award of Doctor of Philosophy degree under the supervision of Professor Ben A. Oghojafor.

This questionnaire is designed to evaluate top managers' perception of the Nigerian environment and the management techniques they use to achieve results. It is part of the efforts to develop new healthcare management programmes in Nigeria based on the answers from about one thousand (1000) managers in hospitals drawn from different geopolitical zones in the Nigerian tertiary health institutions.

Your contribution will be highly appreciated by answering all the questions in the questionnaire. It will take you about 30 minutes to complete the questionnaire. Your responses, identity and that of the hospital will be treated with utmost confidentiality. If there are any questions in connection with the study or questionnaire, feel free to ask the researcher. Your comments and suggestions are also appreciated.

Thank you very much.

E. N. Anyika

## SECTION A

**Please circle the appropriate option(s)**

1. Which of these terms are you familiar with in relation to management in an environment?
   (a) competitors
   (b) substitutes
   (c) suppliers
   (d) core competence
   (e) new entrants
   (f) strategy formulation
   (g) buyers
   (h) strategy implementation
   (i) strategy evaluation

2 Please tick (✓) the external environmental factor(s) that affect your organizational performance
   (a) political
   (b) legal
   (c) economic
   (d) social/cultural
   (e) educational
   (f) technological
   (g) infrastructural
   (h) competition

3. Please check how each of the factors below bothers your hospital and circle the number that best represents your answer

| | Bothers us very much | Bothers us much | Bothers us a little | Does not bother us at all |
|---|---|---|---|---|
| Political stability | 1 | 2 | 3 | 4 |
| Degree of competition among hospitals | 1 | 2 | 3 | 4 |
| Brain drain of health professionals | 1 | 2 | 3 | 4 |
| Changes in technology | 1 | 2 | 3 | 4 |
| Poor electricity and water supply | 1 | 2 | 3 | 4 |
| Government deregulation and privatization | 1 | 2 | 3 | 4 |
| Nigerians seeking medical treatment abroad | 1 | 2 | 3 | 4 |

4. On the overall, how do you perceive the Nigerian environment as it relates to your management practice?

| | | **Now** | **in the future** |
|---|---|---|---|
| (a) | Stable, predictable | ..... | ..... |
| (b) | Unstable, unpredictable | ..... | ..... |
| (c) | Complex, chaotic | ..... | ..... |
| (d) | Don't know, not sure | ..... | ..... |

5a. To what degree is your hospital doing something to influence the Nigerian environment in its favour?

(a) a very low degree (b) a low degree (c) a high degree (d) a very high degree

5b. If to any degree, give an example of what you are doing .....

.....

## SECTION B

### MANAGEMENT PROCESSES – Planning and Organizing

| S/N | | Monthly | Quarterly | Biannually | Annually |
|---|---|---|---|---|---|
| 6. | How often do you hold Board meetings in a year? | 1 | 2 | 3 | 4 |

| | | To a very low degree | To a low degree | A high degree | To a very high degree |
|---|---|---|---|---|---|
| 7. | A department/unit or individual is responsible for strategic planning/ development | 1 | 2 | 3 | 4 |
| 8. | Short term (less than 1 year) and long term (2-5 years) plans are executed as planned and documented in the hospitals | 1 | 2 | 3 | 4 |
| 9. | To what degree do board members influence strategic decisions in the hospital? | 1 | 2 | 3 | 4 |
| 10. | To what degree will change in current composition of Board of Directors and managers positively affect the organizational effectiveness? | 1 | 2 | 3 | 4 |
| 11. | To what degree does the Board give top management free hand to manage the hospital? | 1 | 2 | 3 | 4 |
| 12. | To what degree do you feel that the mission statement serves the strategic direction of the hospital? | 1 | 2 | 3 | 4 |
| 13. | Strategies put in place and implemented are checked to confirm that things work well | 1 | 2 | 3 | 4 |
| 14. | Organizational and external environmental circumstances are reviewed and modified as need arises, to ensure that objectives are achieved | 1 | 2 | 3 | 4 |
| 15. | Employees are well motivated to ensure high productivity | 1 | 2 | 3 | 4 |

16. Your delegation of management functions to other consultants/managers is:

(a) very rewarding
(b) somewhat rewarding
(c) hardly rewarding
(d) not at all rewarding

17. Does your organization have a written mission statement?

(a) Yes (b) No

18. If yes to No. 17 above, about how long ago was the mission statement formulated?

(a) 0-5 years (b) 6-10 years (c) 11-15 years (d) 16years and above
(e) has never been reviewed

19. What is your most preferred management style to achieve result?

(a) team work
(b) communicate your intention to other managers/consultants
(c) trusting the initiative of other consultants
(d) clear delineation of authority (bureaucracy)
(e) democracy

20. Achieving management success in your health organization requires:

(a) thinking through every detail of activities to be carried out
(b) use of intuition and hunch in most critical decisions
(c) decision taken after a consensus opinion is reached
(d) drawing deep from past experience and creative thinking

21. To what degree will the change in current composition of Board of Directors and managers positively affect the organizational effectiveness?

(a) a very high degree
(b) a high degree
(c) a low degree
(d) a very low degree

22. To what degree is your past professional experience applied into successful management of the hospital?

(a) a very high degree (b) a high degree
(c) a low degree (d) a very low degree

| S/NO. | | To a very high degree | To a high degree | To a low degree | To a Very low degree |
|---|---|---|---|---|---|
| 23. | Managing in the hospital is dynamic in nature | 4 | 3 | 2 | 1 |
| 24. | We have an organizational culture that promotes harmony and quality of healthcare | 4 | 3 | 2 | 1 |
| 25. | We adapt our current technology to suit the healthcare demand in our health institution | 4 | 3 | 2 | 1 |
| 26. | To what degree is the current organizational structure suitable for getting tasks properly done? | 4 | 3 | 2 | 1 |
| 27. | To what degree is the organizational culture adaptable to the changing environment of healthcare delivery? | 4 | 3 | 2 | 1 |

28. The information flow in the organization is from:

(a) Top management to supervisors/lower managers and back to the top
(b) Top management to all employees
(c) Top management to consultants/managers and backwards to top management
(d) No clear cut pattern of information flow

| S/NO. | | Strongly agree | Agree | Disagree | Strongly disagree |
|---|---|---|---|---|---|
| 29. | We have definite and precise strategic objectives | 4 | 3 | 2 | 1 |
| 30. | We make continual small-scale changes to our strategy, to cope with changing healthcare environment. | 4 | 3 | 2 | 1 |
| 31. | The strategy we follow is determined by our organizational culture | 4 | 3 | 2 | 1 |
| 32. | We intend to develop our strategies by trying new approaches in the practice environment | 4 | 3 | 2 | 1 |
| 33. | Individuals and teams in our organization know clearly their roles and responsibilities | 4 | 3 | 2 | 1 |
| 34. | Time lines or time frames are set to accomplish set tasks in our organization | 4 | 3 | 2 | 1 |
| 35. | Employees are held accountable for tasks assigned to them. | 4 | 3 | 2 | 1 |
| 36. | We have effective communication processes in our organization | 4 | 3 | 2 | 1 |
| 37. | Our employees are highly committed to their work | 4 | 3 | 2 | 1 |

## SECTION C

## MANAGEMENT POLICIES AND PRACTICES

The following policy statements were made by top and middle-level managers from various healthcare organizations in Nigeria as reflecting how they view and relate to their customers, employees, suppliers, stakeholders, the government and the community in which their hospitals function. Some of the statements may be similar to those of your hospital while others may not. For each of the statements below, kindly indicate **to what degree you feel the policy statement** is **True in your hospital**. Circle the number that represents your answer.

| S/N. | | To a very low degree | To a low degree | To a high degree | To a very high degree |
|---|---|---|---|---|---|
| 1. | Our charges are moderate compared to other hospitals around | 1 | 2 | 3 | 4 |
| 2. | We insist on continuous quality improvement even when our patients and clients do not complain | 1 | 2 | 3 | 4 |
| 3. | Huge government investment in our hospital yields satisfactory health benefits | 1 | 2 | 3 | 4 |
| 4. | Our employees are given every opportunity/ Support to learn and develop themselves within limits of our needs. | 1 | 2 | 3 | 4 |

| | | | | | |
|---|---|---|---|---|---|
| 5. | We have more patients than we can cope with within the foreseeable future | 1 | 2 | 3 | 4 |
| 6. | We do not have specific suppliers | 1 | 2 | 3 | 4 |
| 7. | The salaries and our conditions of service give the employees a sense of security, loyalty and commitment | 1 | 2 | 3 | 4 |
| 8. | We constantly analyze trends in healthcare and modify our activities to reflect the needs and interest of our patients | 1 | 2 | 3 | 4 |
| 9. | Our healthcare operations do not constitute any health hazard to the local community | 1 | 2 | 3 | 4 |
| 10. | Overall, we believe our staff are very hardworking | 1 | 2 | 3 | 4 |
| 11. | Current privatization and commercialization efforts will benefit our hospital | 1 | 2 | 3 | 4 |
| 12. | We receive maximum cooperation from Ministry of Health officials on matters con-cerning our future | 1 | 2 | 3 | 4 |
| 13. | We seek the input of all managers and supervisory staff to enhance productivity | 1 | 2 | 3 | 4 |
| 14. | Consulting rooms have modern technology for prescribing (laptop and computer) | 1 | 2 | 3 | 4 |

Each question below is categorized 1 – 4. Please read them carefully and circle the appropriate number corresponding to your answer

| | Very dissatisfied | Dissatisfied | Satisfied | Very Satisfied |
|---|---|---|---|---|
| How satisfied are you with the following? | | | | |
| 15. Your job in the hospital | 1 | 2 | 3 | 4 |
| 16. Your overall pay and benefits | 1 | 2 | 3 | 4 |
| 17. The people in your work unit | 1 | 2 | 3 | 4 |
| 18. Your progress in the hospital so far | 1 | 2 | 3 | 4 |
| 19. Your immediate boss | 1 | 2 | 3 | 4 |
| 20. The management of the hospital | 1 | 2 | 3 | 4 |
| 21. Your chances of future promotion | 1 | 2 | 3 | 4 |
| 22. Efficiency of workers in the hospital | 1 | 2 | 3 | 4 |

23a. If you have the option to leave this hospital for another, would you quit?

(i) Yes (ii) No

23b. If yes, why? .....

.....

## CONTROLLING

To what degree does your hospital emphasize the following control measures? Please circle the number, which corresponds with your answer.

| | To a very low degree | To a low degree | To a high degree | To a very high degree |
|---|---|---|---|---|
| 1. Punctuality of workers | 1 | 2 | 3 | 4 |
| 2. Efficient use of resources | 1 | 2 | 3 | 4 |
| 3. Reliability of hospital facilities | 1 | 2 | 3 | 4 |
| 4. Quality of : | | | | |
| (i) input materials/drugs | 1 | 2 | 3 | 4 |
| (ii) services | 1 | 2 | 3 | 4 |
| 5. Strict adherence to budget estimate | 1 | 2 | 3 | 4 |
| 6. Inspection of: | | | | |
| (i) input before use e.g. supplies | 1 | 2 | 3 | 4 |
| (ii) Regular ward round, etc. | 1 | 2 | 3 | 4 |
| 7. We tolerate only a few mistakes | 1 | 2 | 3 | 4 |
| 8. We give high reward to success | 1 | 2 | 3 | 4 |
| 9. We service our facilities only when they break down | 1 | 2 | 3 | 4 |
| 10. We frequently check all vital units and equipment | 1 | 2 | 3 | 4 |
| 11. We have our maintenance staff that does routine repairs/service | 1 | 2 | 3 | 4 |
| 12. We use mainly outsiders for our repairs and service | 1 | 2 | 3 | 4 |
| 13. On the overall, we service our hospital facilities periodically | 1 | 2 | 3 | 4 |

## SECTION D

### Organizational Effectiveness

1 If you have to compare two hospitals on the basis of effectiveness, what measures would you deem relevant and adequate?

.....

2 Please mark 'X' for the hospital data you would readily make available to a responsible researcher who guarantees using such information with confidentiality.

a. Annual budgets .....

b. Annual income and profit account .....

c. Balance sheets .....

d. Employee turnover/absenteeism .....

e. Selection, training and comprehension of management staff .....

f. Purchases and sales of pharmaceuticals.

g. Bed occupancy rates

h. Number of patients treated per annum

3. Please explain why some or all of the data might not be made available to the researcher

.....

.....

.....

## SECTION E

## BACKGROUND INFORMATION

1. Age: Check one

   i. 30– 39 years
   ii. 40 – 49 years
   iii. 50 – 59 years
   iv. 60 years and above

2. State of Origin .....

3. Sex: (a) Male (b) Female

4. Highest academic/professional qualification(s)

5. Field of Specialization: .....

6. Management degree(s)/certificates: .....

7. Marital Status: (i) Single (ii) Married (iii) Others

8. Present position in the hospital:.....

9. Your department in the hospital: .....

10. Length of time in present position (in years or months): .....

11. Which year did you join this hospital? .....

12. Suggestions or comments:.....

.....

.....

.....

Thanks a lot for your cooperation. Please hand over the completed questionnaire to the researcher.

**FACULTY OF BUSINESS ADMINISTRATION,**
**UNIVERSITY OF LAGOS,**
**LAGOS, NIGERIA**

Dear Respondent,

## STRATEGIC MANAGEMENT PRACTICES IN NIGERIAN TEACHING HOSPITALS: A SURVEY STUDY

## MIDDLE - LEVEL MANAGEMENT QUESTIONNAIRE

I am a doctorate student of the Department of Business Administration, School of Postgraduate Studies, University of Lagos conducting a research on the topic **Strategic Management Practices and Organizational Effectiveness in Nigerian University Teaching Hospitals** as part of requirements for the award of Doctor of Philosophy degree under the supervision of Professor Ben A. Oghojafor.

This questionnaire is designed to evaluate top managers' perception of the Nigerian environment and the management techniques they use to achieve results. It is part of the efforts to develop new healthcare management programmes in Nigeria based on the responses from about one thousand (1000) managers in hospitals drawn from different geopolitical zones in the Nigerian tertiary health institutions.

Your contribution will be highly appreciated by answering all the questions in the questionnaire. It will take you about 30 minutes to complete the questionnaire. Your responses, identity and that of the hospital will be treated with utmost confidentiality. If there are any questions in connection with the study or questionnaire, feel free to ask the researcher. Your comments and suggestions are also appreciated.

Thank you very much.

E. N. Anyika

## CONSULTANTS, DIRECTORS AND DEPUTY DIRECTORS' QUESTIONNAIRE

## STRATEGIC MANAGEMENT PRACTICES IN NIGERIAN UNIVERSITY TEACHING HOSPITALS: A SURVEY STUDY

# SECTION A

### i. Planning

The statements below are related to planning activities. Please indicate whether they apply to your hospital. If so, to what degree?

Circle the appropriate number that corresponds with your answer.

| | To a very low degree | To a low degree | To a high degree | To a very high degree |
|---|---|---|---|---|
| 1. We plan mainly for tasks to be performed | | | | |
| (a) one week's time | 1 | 2 | 3 | 4 |
| (b) 3 month's time | 1 | 2 | 3 | 4 |
| (c) a year's time | 1 | 2 | 3 | 4 |
| (d) 2 – 5 year's time | 1 | 2 | 3 | 4 |
| 2..When planning we pay great attention to: | | | | |
| (a) obeying policies and standing rule | 1 | 2 | 3 | 4 |
| (b) details of how plans are to be implemented | 1 | 2 | 3 | 4 |
| (c) achieving the overall objectives of the hospital | 1 | 2 | 3 | 4 |
| 3. We change our plans from time to time as we receive feed-back from different units | 1 | 2 | 3 | 4 |
| 4. Our projections of future situations are based mostly on: | | | | |
| (a) guidelines imposed on us by stake-holders and ministry of health | 1 | 2 | 3 | 4 |
| (b) internally generated data from our past activities | 1 | 2 | 3 | 4 |
| (c) the intuition of the top health executives | 1 | 2 | 3 | 4 |
| 5. Generally, who participates in planning in your hospital? | | | | |
| (a) Chief Medical Director only..... | | | | |
| (b) Top level hospital executives including heads of departments ..... | | | | |
| (c) All levels of hospital management: top, middle and lower ..... | | | | |

ii. **Directing and Controlling**

Listed below are three different groups of statements. The first group describes various levels of authority; the second is on different degree of responsibility, and the third describes different extent of delegation. Please, kindly mark (XX) against the single statement, which most appropriately describes your status and practices in performing your tasks, for each group. Mark (X) for the next most appropriate statement.

**Thus mark:**

XX = most appropriate statement

X = next most appropriate statement.

Mark only two items in each group.

**Group 1: Authority**

I have full authority to make all necessary decisions for the implementation of long-term plans.

I have full authority to establish rules, policies and goals of a wide scope and I establish lines of authority and responsibility for attaining such goals.

I can make and implement all decisions that fall within the limits of laid down policy guidelines, without consulting my superior or obtaining his/her consent.

All policy issues must be referred to my superior for vetting and decision making.

I exercise full authority on routine tasks but refer most unusual cases to my superior for consent/advice

My work schedule is fully outlined and allows little opportunity for making decisions.

**Group 2: Responsibility**

I take responsibility for making decisions that determine operating policies.

I am responsible for the supervision of tasks performed by my junior colleagues and subordinates.

I am responsible for executing orders received from senior colleagues and officers.

My subordinates (or assistants) always take permission before taking any extra responsibilities.

**Group 3: Delegation**

My subordinates are given authority to carry out their duties in any manner they deem appropriate.

My subordinates have full authority but I reserve the right to ratify or reject decisions affecting policy issues.

My assistants/junior colleagues are authorized to make decisions on problems as they arise but they must inform me on crucial matters

Most of the responsibilities of my office cannot be entrusted to my assistants.
I give detailed instructions to my assistants, which they carry out exactly the way I dictated, and consult me often when they are in doubt.

## LEADERSHIP AND MOTIVATION

The statements listed below may or may not be fully descriptive of how your boss relates to you (i) or you to your assistants/subordinates (ii) Please read each statement carefully and indicate how it describes your own experience. Please **circle** the number corresponding to your chosen answer. Note that the subject here (You/Your boss) represents either (a) you or (b) your boss.

**You = Consultant; Director, Deputy Director, Your boss = CMD**

| | Always | Often | Sometimes | Rarely | Never |
|---|---|---|---|---|---|
| **You (Your boss)** | | | | | |
| **Treat(s) all people in his/her department as his/her equal** | | | | | |
| **(a) You** | 1 | 2 | 3 | 4 | 5 |
| **(b) Your boss** | 1 | 2 | 3 | 4 | 5 |
| **Speak(s) in such a manner not to be questioned** | | | | | |
| **(a) You** | 1 | 2 | 3 | 4 | 5 |
| **(b) Your boss** | 1 | 2 | 3 | 4 | 5 |
| **Support(s) what people under him do** | | | | | |
| **(a) You** | 1 | 2 | 3 | 4 | 5 |
| **(b) Your boss** | 1 | 2 | 3 | 4 | 5 |
| **Insist(s) that everything be done his way** | | | | | |
| **(a) You** | 1 | 2 | 3 | 4 | 5 |
| **(b) Your boss** | 1 | 2 | 3 | 4 | 5 |
| **Assign(s) specific tasks to people in his work unit** | | | | | |
| **(a) You** | 1 | 2 | 3 | 4 | 5 |
| **(b) Your boss** | 1 | 2 | 3 | 4 | 5 |
| **Criticize(s) poor work** | | | | | |
| **(a) You** | 1 | 2 | 3 | 4 | 5 |
| **(b) Your boss** | 1 | 2 | 3 | 4 | 5 |
| **Make(s) sure that people in his unit are working to full capacity** | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| (a) You<br>(b) Your boss | 1<br>1 | 2<br>2 | 3<br>3 | 4<br>4 | 5<br>5 |
| Insist(s) on being informed of every decision made by his subordinate<br>(a) You<br>(b) Your boss | 1<br>1 | 2<br>2 | 3<br>3 | 4<br>4 | 5<br>5 |
| Arrive(s) at work unit and others become uneasy<br>(a) You<br>(b) Your boss | 1<br>1 | 2<br>2 | 3<br>3 | 4<br>4 | 5<br>5 |
| Listen(s) to other workers in his unit<br>(a) You<br>(b) Your boss | 1<br>1 | 2<br>2 | 3<br>3 | 4<br>4 | 5<br>5 |
| Offer(s) new approaches to problem solving<br>(a) You<br>(b) Your boss | 1<br>1 | 2<br>2 | 3<br>3 | 4<br>4 | 5<br>5 |
| Encourage(s) skill acquisition in his work unit<br>(a) You<br>(b) Your boss | 1<br>1 | 2<br>2 | 3<br>3 | 4<br>4 | 5<br>5 |

**Each question is categorized 1 – 4. Please read them carefully and circle the appropriate number corresponding to your answer**

| | Very dissatisfied | Dissatisfied | Satisfied | Very Satisfied |
|---|---|---|---|---|
| How satisfied are you with the following? | | | | |
| 13. Your job in the hospital | 1 | 2 | 3 | 4 |
| 14 Your overall pay and benefits | 1 | 2 | 3 | 4 |
| 15. The people in your work unit | 1 | 2 | 3 | 4 |
| 16 . Your progress in the hospital so far | 1 | 2 | 3 | 4 |
| 17 . Your immediate boss | 1 | 2 | 3 | 4 |
| 18. The management of the hospital | 1 | 2 | 3 | 4 |
| 19. Your chances of future promotion | 1 | 2 | 3 | 4 |
| 20 . Efficiency of workers in the hospital | 1 | 2 | 3 | 4 |

21. If you have the option to leave this hospital for another one, would you quit?

(a) Yes (b) No

If yes, why? .....

.....

## SECTION B

### THE NIGERIAN ENVIRONMENT

Some environmental factors listed below have been suggested as affecting managerial performance in Nigerian healthcare institutions. Check how each of the factors bothers **your hospital**, and please **circle the number,** which best represents your answer.

| | **Bothers us very much** | **Bothers us somewh at** | **Bothers us very little** | **Does not bother us at all** |
|---|---|---|---|---|
| 1. High unemployment rate | 1 | 2 | 3 | 4 |
| 2. Political stability | 1 | 2 | 3 | 4 |
| 3. Obsolete equipment | 1 | 2 | 3 | 4 |
| 4. Degree of competition among hospitals | 1 | 2 | 3 | 4 |
| 5. Foreign exchange rate/inflation | 1 | 2 | 3 | 4 |
| 6. Government deregulation and privatization | 1 | 2 | 3 | 4 |
| 7. Level of literacy in Nigeria | 1 | 2 | 3 | 4 |
| 8. Brain drain of health professionals | 1 | 2 | 3 | 4 |
| 9. Poor electricity and water supply | 1 | 2 | 3 | 4 |
| 10.Nigerians seeking medical treatment abroad | 1 | 2 | 3 | 4 |

11. Of the factors listed above (1 – 10), which one (indicate the number) bothers you most

12. On the overall, how do you perceive the Nigerian environment as it relates to your hospital?

| | | **Now** | **In the future** |
|---|---|---|---|
| (a) | Stable, predictable | ..... | ..... |
| (b) | Unstable, unpredictable | ..... | ..... |
| © | Complex, chaotic | ..... | ..... |
| (d) | Don't know, not sure | ..... | ..... |

13. To what extent is your hospital doing something to influence the Nigerian environment in its favour?

14. Who initiates corrective measures in your hospital?
    (i) The Chief Medical Director of Director of Administration .....

(ii) The Heads of Departments and Consultants .....
(iii) The Chief Matron .....
(iv) Matrons/ Sisters in the wards .....
(v) Others, please specify .....

## SECTION C

## MANAGEMENT POLICIES AND PRACTICES

The following policy statements were made by top and middle-level managers from various healthcare organizations in Nigeria as reflecting how they view and relate to their customers, employees, suppliers, stakeholders, the government and the community in which their hospitals function. It is possible that some of the statements may be similar to those of your hospital, while others may not. For each of the statements below, kindly indicate **to what degree you feel** the policy statement is **True in your hospital**. Circle the number that represents your answer.

| | To a very low degree | To a low degree | To a high degree | To a very high degree |
|---|---|---|---|---|
| **1. Our charges are moderate compared to other hospitals around** | 1 | 2 | 3 | 4 |
| **2. We insist on continuous quality improvement even when our patients and clients do not complain** | 1 | 2 | 3 | 4 |
| **3. Our hospital is attractive to investors because we declare dividend annually** | 1 | 2 | 3 | 4 |
| **4. Our employees are given every opportunity/support to learn and develop themselves within limits of our needs** | 1 | 2 | 3 | 4 |
| **5. We have more patients than we can cope with within the foreseeable future** | 1 | 2 | 3 | 4 |
| **6. We do not have specific suppliers** | 1 | 2 | 3 | 4 |
| **7. The salaries and our conditions of service give the employees a sense of security, loyalty and commitment** | 1 | 2 | 3 | 4 |
| **8. We constantly analyze trends in healthcare and modify our activities to reflect the needs and interest of our patients** | 1 | 2 | 3 | 4 |
| **9. Our healthcare operations do not constitute any health hazard to the local community** | 1 | 2 | 3 | 4 |
| **10. Overall we believe our staff are very hard-working** | 1 | 2 | 3 | 4 |
| **11.Current privatization and commercialization efforts will benefit our hospital** | 1 | 2 | 3 | 4 |
| **12. We receive maximum cooperation from** | | | | |

| | | | | |
|---|---|---|---|---|
| **Ministry of Health officials on matters concerning our future** | 1 | 2 | 3 | 4 |
| **13. Hospital authorities seek our input to enhance productivity** | 1 | 2 | 3 | 4 |

## SECTION D

## BACKGROUND INFORMATION

1. Age: Check one
   i. 25 – 34 years
   ii. 35 – 44 years
   iii. 45 – 54 years
   iv. Over 55 years

2. State of Origin .....

3. Sex: (a) Male (b) Female

4. Highest academic/professional qualification(s)

5. Field of Specialization: .....

6. Management degree(s)/certificates: .....

7. Marital Status: (i) Single (ii) Married (iii) Others

8. Present position in the hospital:.....

9. Your department in the hospital: .....

10. Length of time in present position (in years or months): .....

11. Which year did you join this hospital? .....

12. Suggestions or comments:.....

Thanks a lot for your cooperation. Please hand over the completed questionnaire to the researcher.

APPENDIX C

# Frequency Analysis for Top Management in Six University Teaching Hospitals in the Zones

**Section A: TA1a**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Yes | 5 | 83.3 | 83.3 | 83.3 |
| | No | 1 | 16.7 | 16.7 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**TA1b**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Yes | 2 | 33.3 | 33.3 | 33.3 |
| | No | 4 | 66.7 | 66.7 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**TA1c**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Yes | 6 | 100.0 | 100.0 | 100.0 |

**TA1d**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Yes | 5 | 83.3 | 83.3 | 83.3 |
| | No | 1 | 16.7 | 16.7 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**TA1e**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Yes | 2 | 33.3 | 33.3 | 33.3 |
| | No | 4 | 66.7 | 66.7 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**TA1f**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Yes | 6 | 100.0 | 100.0 | 100.0 |

**TA1g**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Yes | 5 | 83.3 | 83.3 | 83.3 |
| | No | 1 | 16.7 | 16.7 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**TA1h**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Yes | 6 | 100.0 | 100.0 | 100.0 |

**TA1i**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Yes | 6 | 100.0 | 100.0 | 100.0 |

**TA2a**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Yes | 6 | 100.0 | 100.0 | 100.0 |

**TA2b**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Yes | 6 | 100.0 | 100.0 | 100.0 |

**TA2c**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Yes | 6 | 100.0 | 100.0 | 100.0 |

**TA2d**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Yes | 4 | 66.7 | 66.7 | 66.7 |
| | No | 2 | 33.3 | 33.3 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**TA2e**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Yes | 6 | 100.0 | 100.0 | 100.0 |

**TA2f**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Yes | 6 | 100.0 | 100.0 | 100.0 |

**TA2g**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Yes | 6 | 100.0 | 100.0 | 100.0 |

**TA2h**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Yes | 4 | 66.7 | 66.7 | 66.7 |
| | No | 2 | 33.3 | 33.3 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**A3a**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Bothers very much | 3 | 50.0 | 50.0 | 50.0 |
| | Bothers us much | 2 | 33.3 | 33.3 | 83.3 |
| | Bothers us a little | 1 | 16.7 | 16.7 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**A3b**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Bothers us much | 1 | 16.7 | 16.7 | 16.7 |
| | Bothers us a little | 3 | 50.0 | 50.0 | 66.7 |
| | Does not bother us at all | 2 | 33.3 | 33.3 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**A3c**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Bothers us much | 5 | 83.3 | 83.3 | 83.3 |
| | Bothers us a little | 1 | 16.7 | 16.7 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**A3d**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Bothers very much | 4 | 66.7 | 66.7 | 66.7 |
| | Bothers us much | 2 | 33.3 | 33.3 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**A3e**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Bothers very much | 4 | 66.7 | 66.7 | 66.7 |
| | Bothers us much | 2 | 33.3 | 33.3 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**A3f**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Bothers us much | 3 | 50.0 | 50.0 | 50.0 |
| | Bothers us a little | 2 | 33.3 | 33.3 | 83.3 |
| | Does not bother us at all | 1 | 16.7 | 16.7 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**A3g**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Bothers us much | 1 | 16.7 | 16.7 | 16.7 |
| | Bothers us a little | 4 | 66.7 | 66.7 | 83.3 |
| | Does not bother us at all | 1 | 16.7 | 16.7 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**Percieve Nigerian envt: NOW**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Stable, predictable | 4 | 66.7 | 100.0 | 100.0 |
| Missing | System | 2 | 33.3 | | |
| Total | | 6 | 100.0 | | |

**Percieve Nigerian envt: IN THE FUTURE**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Stable, predictable | 3 | 50.0 | 60.0 | 60.0 |
| | Unstable, unpredictable | 2 | 33.3 | 40.0 | 100.0 |
| | Total | 5 | 83.3 | 100.0 | |
| Missing | System | 1 | 16.7 | | |
| Total | | 6 | 100.0 | | |

**A5a**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | a low degree | 3 | 50.0 | 100.0 | 100.0 |
| Missing | System | 3 | 50.0 | | |
| Total | | 6 | 100.0 | | |

**A5b**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | | 4 | 66.7 | 66.7 | 66.7 |
| | Inst.of equip.in var | 1 | 16.7 | 16.7 | 83.3 |
| | Nil | 1 | 16.7 | 16.7 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**Section B: B6**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | quarterly | 6 | 100.0 | 100.0 | 100.0 |

**B7**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | To a high degree | 1 | 16.7 | 16.7 | 16.7 |
| | To a low degree | 1 | 16.7 | 16.7 | 33.3 |
| | To a very low degree | 4 | 66.7 | 66.7 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**B8**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | To a high degree | 2 | 33.3 | 33.3 | 33.3 |
| | To a low degree | 3 | 50.0 | 50.0 | 83.3 |
| | To a very low degree | 1 | 16.7 | 16.7 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**B9**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | A high degree | 6 | 100.0 | 100.0 | 100.0 |

**B10**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | A low degree | 1 | 16.7 | 16.7 | 16.7 |
| | A high degree | 4 | 66.7 | 66.7 | 83.3 |
| | To a very low degree | 1 | 16.7 | 16.7 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**B11**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | A low degree | 4 | 66.7 | 66.7 | 66.7 |
| | A high degree | 1 | 16.7 | 16.7 | 83.3 |
| | To a very low degree | 1 | 16.7 | 16.7 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**B12**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | A low degree | 1 | 16.7 | 16.7 | 16.7 |
| | A high degree | 5 | 83.3 | 83.3 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**B13**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | A low degree | 5 | 83.3 | 83.3 | 83.3 |
| | A high degree | 1 | 16.7 | 16.7 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**B14**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | A low degree | 4 | 66.7 | 66.7 | 66.7 |
| | A high degree | 2 | 33.3 | 33.3 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**B15**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | A very low degree | 1 | 16.7 | 16.7 | 16.7 |
| | A high degree | 5 | 83.3 | 83.3 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**B16**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | very rewarding | 4 | 66.7 | 66.7 | 66.7 |
| | somewhat rewarding | 2 | 33.3 | 33.3 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**B17**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Yes | 6 | 100.0 | 100.0 | 100.0 |

**B18**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 0-5 years | 5 | 83.3 | 83.3 | 83.3 |
| | 6-10 years | 1 | 16.7 | 16.7 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**B19**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | team work | 6 | 100.0 | 100.0 | 100.0 |

**B20a**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Yes | 3 | 50.0 | 50.0 | 50.0 |
| | No | 3 | 50.0 | 50.0 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**B20b**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | No | 6 | 100.0 | 100.0 | 100.0 |

**B20c**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Yes | 4 | 66.7 | 66.7 | 66.7 |
| | No | 2 | 33.3 | 33.3 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**B20d**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Yes | 1 | 16.7 | 16.7 | 16.7 |
| | No | 5 | 83.3 | 83.3 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**B21**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | a very high degree | 2 | 33.3 | 33.3 | 33.3 |
| | a high degree | 3 | 50.0 | 50.0 | 83.3 |
| | a low degree | 1 | 16.7 | 16.7 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**B22**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | a very high degree | 1 | 16.7 | 16.7 | 16.7 |
| | a low degree | 5 | 83.3 | 83.3 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**B23**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | To a low degree | 1 | 16.7 | 16.7 | 16.7 |
| | To a high degree | 3 | 50.0 | 50.0 | 66.7 |
| | To a very high degree | 2 | 33.3 | 33.3 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**B24**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | To a high degree | 6 | 100.0 | 100.0 | 100.0 |

**B25**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | To a low degree | 2 | 33.3 | 33.3 | 33.3 |
| | To a high degree | 4 | 66.7 | 66.7 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**B26**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | To a low degree | 1 | 16.7 | 16.7 | 16.7 |
| | To a high degree | 5 | 83.3 | 83.3 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**B27**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | To a low degree | 3 | 50.0 | 50.0 | 50.0 |
| | To a high degree | 3 | 50.0 | 50.0 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**B28a**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Yes | 1 | 16.7 | 16.7 | 16.7 |
| | No | 5 | 83.3 | 83.3 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**B28b**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Yes | 1 | 16.7 | 16.7 | 16.7 |
| | No | 5 | 83.3 | 83.3 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**B28c**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Yes | 6 | 100.0 | 100.0 | 100.0 |

**B28d**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | No | 6 | 100.0 | 100.0 | 100.0 |

**B29**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Agree | 1 | 16.7 | 16.7 | 16.7 |
| | Disagree | 5 | 83.3 | 83.3 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**B30**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Agree | 2 | 33.3 | 33.3 | 33.3 |
| | Disagree | 4 | 66.7 | 66.7 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**B31**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Agree | 3 | 50.0 | 50.0 | 50.0 |
| | Disagree | 3 | 50.0 | 50.0 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**B32**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Agree | 3 | 50.0 | 50.0 | 50.0 |
| | Disagree | 3 | 50.0 | 50.0 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**B33**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Disagree | 5 | 83.3 | 83.3 | 83.3 |
| | Strongly disagree | 1 | 16.7 | 16.7 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**B34**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Disagree | 6 | 100.0 | 100.0 | 100.0 |

**B35**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Disagree | 6 | 100.0 | 100.0 | 100.0 |

**B36**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Disagree | 6 | 100.0 | 100.0 | 100.0 |

**B37**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Agree | 2 | 33.3 | 33.3 | 33.3 |
| | Disagree | 4 | 66.7 | 66.7 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**Section C: C1**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | To a very low degree | 1 | 16.7 | 20.0 | 20.0 |
| | To a high degree | 4 | 66.7 | 80.0 | 100.0 |
| | Total | 5 | 83.3 | 100.0 | |
| Missing | System | 1 | 16.7 | | |
| Total | | 6 | 100.0 | | |

**C2**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | To a very low degree | 1 | 16.7 | 20.0 | 20.0 |
| | To a high degree | 4 | 66.7 | 80.0 | 100.0 |
| | Total | 5 | 83.3 | 100.0 | |
| Missing | System | 1 | 16.7 | | |
| Total | | 6 | 100.0 | | |

**C3**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | To a very low degree | 1 | 16.7 | 20.0 | 20.0 |
| | To a low degree | 2 | 33.3 | 40.0 | 60.0 |
| | To a high degree | 2 | 33.3 | 40.0 | 100.0 |
| | Total | 5 | 83.3 | 100.0 | |
| Missing | System | 1 | 16.7 | | |
| Total | | 6 | 100.0 | | |

**C4**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | To a low degree | 2 | 33.3 | 40.0 | 40.0 |
| | To a high degree | 3 | 50.0 | 60.0 | 100.0 |
| | Total | 5 | 83.3 | 100.0 | |
| Missing | System | 1 | 16.7 | | |
| Total | | 6 | 100.0 | | |

C5

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | To a very low degree | 1 | 16.7 | 20.0 | 20.0 |
| | To a low degree | 3 | 50.0 | 60.0 | 80.0 |
| | To a high degree | 1 | 16.7 | 20.0 | 100.0 |
| | Total | 5 | 83.3 | 100.0 | |
| Missing | System | 1 | 16.7 | | |
| Total | | 6 | 100.0 | | |

C6

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | To a very low degree | 1 | 16.7 | 33.3 | 33.3 |
| | To a high degree | 2 | 33.3 | 66.7 | 100 0 |
| | Total | 3 | 50.0 | 100.0 | |
| Missing | System | 3 | 50.0 | | |
| Total | | 6 | 100.0 | | |

C7

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | To a low degree | 1 | 16.7 | 20.0 | 20.0 |
| | To a high degree | 4 | 66.7 | 80.0 | 100.0 |
| | Total | 5 | 83.3 | 100.0 | |
| Missing | System | 1 | 16.7 | | |
| Total | | 6 | 100.0 | | |

C8

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | To a low degree | 2 | 33.3 | 40.0 | 40.0 |
| | To a high degree | 3 | 50.0 | 60.0 | 100.0 |
| | Total | 5 | 83.3 | 100.0 | |
| Missing | System | 1 | 16.7 | | |
| Total | | 6 | 100.0 | | |

C9

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | To a high degree | 2 | 33.3 | 40.0 | 40.0 |
| | To a very high degree | 3 | 50.0 | 60.0 | 100.0 |
| | Total | 5 | 83.3 | 100.0 | |
| Missing | System | 1 | 16.7 | | |
| Total | | 6 | 100.0 | | |

**C10**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | To a low degree | 1 | 16.7 | 20.0 | 20.0 |
| | To a high degree | 4 | 66.7 | 80.0 | 100.0 |
| | Total | 5 | 83.3 | 100.0 | |
| Missing | System | 1 | 16.7 | | |
| Total | | 6 | 100.0 | | |

**C11**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | To a high degree | 5 | 83.3 | 100.0 | 100.0 |
| Missing | System | 1 | 16.7 | | |
| Total | | 6 | 100.0 | | |

**C12**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | To a high degree | 5 | 83.3 | 100.0 | 100.0 |
| Missing | System | 1 | 16.7 | | |
| Total | | 6 | 100.0 | | |

**C13**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | To a low degree | 1 | 16.7 | 20.0 | 20.0 |
| | To a high degree | 5 | 83.3 | 80.0 | 100.0 |
| | | | | 100.0 | |
| Total | | 6 | 100.0 | | |

**C14**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | To a very low degree | 4 | 66.7 | 80.0 | 80.0 |
| | To a low degree | 1 | 16.7 | 20.0 | 100.0 |
| | Total | 5 | 83.3 | 100.0 | |
| Missing | System | 1 | 16.7 | | |
| Total | | 6 | 100.0 | | |

**C15**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Dissatisfied | 1 | 16.7 | 16.7 | 16.7 |
| | Very Satisfied | 5 | 83.3 | 83.3 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**C16**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Dissatisfied | 1 | 16.7 | 16.7 | 16.7 |
| | Satisfied | 3 | 50.0 | 50.0 | 66.7 |
| | Very Satisfied | 2 | 33.3 | 33.3 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**C17**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Satisfied | 6 | 100.0 | 100.0 | 100.0 |

**C18**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Very Satisfied | 6 | 100.0 | 100.0 | 100.0 |

**C19**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Satisfied | 1 | 16.7 | 16.7 | 16.7 |
| | 5.00 | 5 | 83.3 | 83.3 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**C20**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Very dissatisfied | 1 | 16.7 | 16.7 | 16.7 |
| | Satisfied | 5 | 83.3 | 83.3 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**C21**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Satisfied | 1 | 16.7 | 16.7 | 16.7 |
| | 5.00 | 5 | 83.3 | 83.3 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**C22**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Dissatisfied | 1 | 16.7 | 16.7 | 16.7 |
| | Satisfied | 5 | 83.3 | 83.3 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**C23a**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Yes | 1 | 16.7 | 16.7 | 16.7 |
| | No | 5 | 83.3 | 83.3 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**C23b**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | | 5 | 83.3 | 83.3 | 83.3 |
| | Job Satisf. | 1 | 16.7 | 16.7 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**CC1**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | To a low degree | 1 | 16.7 | 16.7 | 16.7 |
| | To a high degree | 5 | 83.3 | 83.3 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**CC2**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | To a low degree | 1 | 16.7 | 16.7 | 16.7 |
| | To a high degree | 5 | 83.3 | 83.3 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**CC3**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | To a high degree | 4 | 66.7 | 80.0 | 80.0 |
| | To a very high degree | 1 | 16.7 | 20.0 | 100.0 |
| | Total | 5 | 83.3 | 100.0 | |
| Missing | System | 1 | 16.7 | | |
| Total | | 6 | 100.0 | | |

**CC4a**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | To a high degree | 3 | 50.0 | 50.0 | 50.0 |
| | To a very high degree | 3 | 50.0 | 50.0 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**CC4b**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | To a high degree | 4 | 66.7 | 66.7 | 66.7 |
| | To a very high degree | 2 | 33.3 | 33.3 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**CC5**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | To a low degree | 1 | 16.7 | 20.0 | 20.0 |
| | To a high degree | 4 | 66.7 | 80.0 | 100.0 |
| | Total | 5 | 83.3 | 100.0 | |
| Missing | System | 1 | 16.7 | | |
| Total | | 6 | 100.0 | | |

**CC6a**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | To a high degree | 6 | 100.0 | 100.0 | 100.0 |

**CC6b**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | To a high degree | 3 | 50.0 | 50.0 | 50.0 |
| | To a very high degree | 3 | 50.0 | 50.0 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**CC7**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | To a high degree | 1 | 16.7 | 16.7 | 16.7 |
| | To a very high degree | 5 | 83.3 | 83.3 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**CC8**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | To a very low degree | 1 | 16.7 | 16.7 | 16.7 |
| | To a high degree | 5 | 83.3 | 83.3 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**CC4b**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | To a high degree | 4 | 66.7 | 66.7 | 66.7 |
| | To a very high degree | 2 | 33.3 | 33.3 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**CC5**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | To a low degree | 1 | 16.7 | 20.0 | 20.0 |
| | To a high degree | 4 | 66.7 | 80.0 | 100.0 |
| | Total | 5 | 83.3 | 100.0 | |
| Missing | System | 1 | 16.7 | | |
| Total | | 6 | 100.0 | | |

**CC6a**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | To a high degree | 6 | 100.0 | 100.0 | 100.0 |

**CC6b**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | To a high degree | 3 | 50.0 | 50.0 | 50.0 |
| | To a very high degree | 3 | 50.0 | 50.0 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**CC7**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | To a high degree | 1 | 16.7 | 16.7 | 16.7 |
| | To a very high degree | 5 | 83.3 | 83.3 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**CC8**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | To a very low degree | 1 | 16.7 | 16.7 | 16.7 |
| | To a high degree | 5 | 83.3 | 83.3 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**CC9**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | To a very low degree | 2 | 33.3 | 33.3 | 33.3 |
| | To a low degree | 2 | 33.3 | 33.3 | 66.7 |
| | To a high degree | 1 | 16.7 | 16.7 | 83.3 |
| | To a very high degree | 1 | 16.7 | 16.7 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**CC10**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | To a very low degree | 1 | 16.7 | 16.7 | 16.7 |
| | To a low degree | 1 | 16.7 | 16.7 | 33.3 |
| | To a high degree | 2 | 33.3 | 33.3 | 66.7 |
| | To a very high degree | 2 | 33.3 | 33.3 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**CC11**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | To a low degree | 2 | 33.3 | 33.3 | 33.3 |
| | To a high degree | 1 | 16.7 | 16.7 | 50.0 |
| | To a very high degree | 3 | 50.0 | 50.0 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**CC12**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | To a very low degree | 1 | 16.7 | 16.7 | 16.7 |
| | To a low degree | 3 | 50.0 | 50.0 | 66.7 |
| | To a high degree | 2 | 33.3 | 33.3 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**CC13**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | To a low degree | 2 | 33.3 | 33.3 | 33.3 |
| | To a high degree | 2 | 33.3 | 33.3 | 66.7 |
| | To a very high degree | 2 | 33.3 | 33.3 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**Section D: D1**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | | 4 | 66.7 | 66.7 | 66.7 |
| | Avail.of drugs,appr.tech. manpower, satisfaction, etc | 1 | 16.7 | 16.7 | 83.3 |
| | No.of patients treated hospital annually | 1 | 16.7 | 16.7 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**D2a**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Yes | 5 | 83.3 | 100.0 | 100.0 |
| Missing | System | 1 | 16.7 | | |
| Total | | 6 | 100.0 | | |

**D2b**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Yes | 1 | 16.7 | 16.7 | 16.7 |
| | No | 5 | 83.3 | 83.3 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**D2c**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Yes | 1 | 16.7 | 16.7 | 16.7 |
| | No | 5 | 83.3 | 83.3 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**D2d**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Yes | 5 | 83.3 | 83.3 | 83.3 |
| | No | 1 | 16.7 | 16.7 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**D2e**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Yes | 6 | 100.0 | 100.0 | 100.0 |

**D2f**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Yes | 4 | 66.7 | 66.7 | 66.7 |
| | No | 2 | 33.3 | 33.3 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**D2g**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Yes | 6 | 100.0 | 100.0 | 100.0 |

**D2h**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Yes | 6 | 100.0 | 100.0 | 100.0 |

**D3**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | | 1 | 16.7 | 16.7 | 16.7 |
| | Confidential & sensitive | 2 | 33.3 | 33.3 | 50.0 |
| | Data must be available to researcher | 1 | 16.7 | 16.7 | 66.7 |
| | Security Reasons | 1 | 16.7 | 16.7 | 83.3 |
| | Some of the data are confidential | 1 | 16.7 | 16.7 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**Section E: E1**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 50-59 years | 5 | 83.3 | 83.3 | 83.3 |
| | 60 years and above | 1 | 16.7 | 16.7 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**E2**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Anambra | 1 | 16.7 | 16.7 | 16.7 |
| | Borno | 1 | 16.7 | 16.7 | 33.3 |
| | Edo | 1 | 16.7 | 16.7 | 50.0 |
| | Ogun State | 2 | 33.3 | 33.3 | 83.3 |
| | Sokoto | 1 | 16.7 | 16.7 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**E3**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Male | 6 | 100.0 | 100.0 | 100.0 |

**E4**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Fellowship | 1 | 16.7 | 16.7 | 16.7 |
| | FMC.Paed.FWACP | 1 | 16.7 | 16.7 | 33.3 |
| | FRCS FRWC | 1 | 16.7 | 16.7 | 50.0 |
| | FWACS, Prof | 1 | 16.7 | 16.7 | 66.7 |
| | Prof. | 2 | 33.3 | 33.3 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**E5**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Med. | 1 | 16.7 | 16.7 | 16.7 |
| | Obgyn | 1 | 16.7 | 16.7 | 33.3 |
| | Oral Patholo | 1 | 16.7 | 16.7 | 50.0 |
| | Paediatrics | 2 | 33.3 | 33.3 | 83.3 |
| | Surgery | 1 | 16.7 | 16.7 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

**E6**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | MNIM | 6 | 100.0 | 100.0 | 100.0 |

**E7**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Married | 6 | 100.0 | 100.0 | 100.0 |

**E8**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Ag.CMD | 3 | 50.0 | 50.0 | 50.0 |
| | CMD | 1 | 16.7 | 16.7 | 66.7 |
| | Prof.& HOD | 1 | 16.7 | 16.7 | 83.3 |
| | Prof/Cons. | 1 | 16.7 | 16.7 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

E9

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Medicine | 1 | 16.7 | 16.7 | 16.7 |
| | Ob/Gyn | 1 | 16.7 | 16.7 | 33.3 |
| | Oral Bio./path. | 1 | 16.7 | 16.7 | 50.0 |
| | Paediatrics | 2 | 33.3 | 33.3 | 83.3 |
| | Surgery | 1 | 16.7 | 16.7 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

E10

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 11 | 1 | 16.7 | 16.7 | 16.7 |
| | 15 | 1 | 16.7 | 16.7 | 33.3 |
| | 18 | 1 | 16.7 | 16.7 | 50.0 |
| | 27 | 1 | 16.7 | 16.7 | 66.7 |
| | 5 | 1 | 16.7 | 16.7 | 83.3 |
| | 8 | 1 | 16.7 | 16.7 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

E11

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1978 | 1 | 16.7 | 16.7 | 16.7 |
| | 1979 | 1 | 16.7 | 16.7 | 33.3 |
| | 1980 | 2 | 33.3 | 33.3 | 66.7 |
| | 1982 | 1 | 16.7 | 16.7 | 83.3 |
| | 1987 | 1 | 16.7 | 16.7 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

E12

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | | 4 | 66.7 | 66.7 | 66.7 |
| | Best of luck | 1 | 16.7 | 16.7 | 83.3 |
| | Good Luck | 1 | 16.7 | 16.7 | 100.0 |
| | Total | 6 | 100.0 | 100.0 | |

# APPENDIX D

**Frequency Analysis for Middle Managers in Six University Teaching Hospital in the Zones.**

| Zones | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | South-South | 21 | 9.5 | 9.5 | 9.5 |
| | South-East | 53 | 23.9 | 23.9 | 33.3 |
| | North-Central | 50 | 22.5 | 22.5 | 55.9 |
| | South-West | 53 | 23.9 | 23.9 | 79.7 |
| | North-West | 25 | 11.3 | 11.3 | 91.0 |
| | North-East | 20 | 9.0 | 9.0 | 100.0 |
| | Total | 222 | 100.0 | 100.0 | |

**We plan for tasks to be performed in a one week's time**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | To a very low degree | 115 | 51.8 | 51.8 | 51.8 |
| | To a low degree | 76 | 34.2 | 34.2 | 86.0 |
| | To a high degree | 21 | 9.5 | 9.5 | 95.5 |
| | To a very high degree | 10 | 4.5 | 4.5 | 100.0 |
| | Total | 222 | 100.0 | 100.0 | |

**We plan for tasks to be performed in a 3 month's time**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | To a very low degree | 127 | 57.2 | 57.2 | 57.2 |
| | To a low degree | 73 | 32.9 | 32.9 | 90.1 |
| | To a high degree | 19 | 8.6 | 8.6 | 98.6 |
| | To a very high degree | 3 | 1.4 | 1.4 | 100.0 |
| | Total | 222 | 100.0 | 100.0 | |

**We plan for tasks to be performed in a year's time**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | To a very low degree | 7 | 3.2 | 3.2 | 3.2 |
| | To a low degree | 7 | 3.2 | 3.2 | 6.3 |
| | To a high degree | 64 | 28.8 | 28.8 | 35.1 |
| | To a very high degree | 144 | 64.9 | 64.9 | 100.0 |
| | Total | 222 | 100.0 | 100.0 | |

**We plan for tasks to be performed in 2-5 year's time**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | To a very low degree | 29 | 13.1 | 13.1 | 13.1 |
| | To a low degree | 111 | 50.0 | 50.0 | 63.1 |
| | To a high degree | 76 | 34.2 | 34.2 | 97.3 |
| | To a very high degree | 6 | 2.7 | 2.7 | 100.0 |
| | Total | 222 | 100.0 | 100.0 | |

**When planning we pay great attention to obeying policies and standing rule**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | To a very low degree | 1 | .5 | .5 | .5 |
| | To a low degree | 12 | 5.4 | 5.4 | 5.9 |
| | To a high degree | 175 | 78.8 | 78.8 | 84.7 |
| | To a very high degree | 34 | 15.3 | 15.3 | 100.0 |
| | Total | 222 | 100.0 | 100.0 | |

**When planning we pay great attention to details of how plans are to be implemented**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | To a very low degree | 7 | 3.2 | 3.2 | 3.2 |
| | To a low degree | 40 | 18.0 | 18.1 | 21.3 |
| | To a high degree | 138 | 62.2 | 62.4 | 83.7 |
| | To a very high degree | 36 | 16.2 | 16.3 | 100.0 |
| | Total | 221 | 99.5 | 100.0 | |
| Missing | System | 1 | .5 | | |
| Total | | 222 | 100.0 | | |

**When planning we pay great attention to achieving the overall objectives of the hospital**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | To a very low degree | 2 | .9 | .9 | .9 |
| | To a low degree | 24 | 10.8 | 10.8 | 11.7 |
| | To a high degree | 113 | 50.9 | 50.9 | 62.6 |
| | To a very high degree | 83 | 37.4 | 37.4 | 100.0 |
| | Total | 222 | 100.0 | 100.0 | |

**We change our plans from time to time as we receive feedback from different units**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | To a very low degree | 54 | 24.3 | 24.7 | 24.7 |
| | To a low degree | 120 | 54.1 | 54.8 | 79.5 |
| | To a high degree | 41 | 18.5 | 18.7 | 98.2 |
| | To a very high degree | 4 | 1.8 | 1.8 | 100.0 |
| | Total | 219 | 98.6 | 100.0 | |
| Missing | System | 3 | 1.4 | | |
| Total | | 222 | 100.0 | | |

**Our projections of future situations is based mostly on guidelines imposed on us by stakeholders and ministry of health**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | To a very low degree | 6 | 2.7 | 2.7 | 2.7 |
| | To a low degree | 20 | 9.0 | 9.0 | 11.7 |
| | To a high degree | 173 | 77.9 | 77.9 | 89.6 |
| | To a very high degree | 23 | 10.4 | 10.4 | 100.0 |
| | Total | 222 | 100.0 | 100.0 | |

**Our projections of future situations is based mostly on internally generated data from our past activities**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | To a very low degree | 26 | 11.7 | 11.7 | 11.7 |
| | To a low degree | 58 | 26.1 | 26.1 | 37.8 |
| | To a high degree | 103 | 46.4 | 46.4 | 84.2 |
| | To a very high degree | 35 | 15.8 | 15.8 | 100.0 |
| | Total | 222 | 100.0 | 100.0 | |

**Our projections of future situations is based mostly on the intuition of the top health executives**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | To a very low degree | 79 | 35.6 | 35.9 | 35.9 |
| | To a low degree | 86 | 38.7 | 39.1 | 75.0 |
| | To a high degree | 41 | 18.5 | 18.6 | 93.6 |
| | To a very high degree | 14 | 6.3 | 6.4 | 100.0 |
| | Total | 220 | 99.1 | 100.0 | |
| Missing | System | 2 | .9 | | |
| Total | | 222 | 100.0 | | |

**Generally, who participates in planning in your hospital? - Chief Medical Director only**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Yes | 85 | 38.3 | 81.0 | 81.0 |
| | No | 20 | 9.0 | 19.0 | 100.0 |
| | Total | 105 | 47.3 | 100.0 | |
| Missing | System | 117 | 52.7 | | |
| Total | | 222 | 100.0 | | |

**Generally, who participates in planning in your hospital? - Top level hospital executives including heads of Dept**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Yes | 207 | 93.2 | 99.0 | 99.0 |
| | No | 2 | .9 | 1.0 | 100.0 |
| | Total | 209 | 94.1 | 100.0 | |
| Missing | System | 13 | 5.9 | | |
| Total | | 222 | 100.0 | | |

**Generally, who participates in planning in your hospital?- All levels of hospital management**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Yes | 16 | 7.2 | 26.2 | 26.2 |
| | No | 45 | 20.3 | 73.8 | 100.0 |
| | Total | 61 | 27.5 | 100.0 | |
| Missing | System | 161 | 72.5 | | |
| Total | | 222 | 100.0 | | |

**I have full authority to establish rules, policies, goals of a wide scope and I establish lines of authority and responsibility for attaining such goals.**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Most appropriate | 32 | 14.4 | 61.5 | 61.5 |
| | Next most appropriate | 20 | 9.0 | 38.5 | 100.0 |
| | Total | 52 | 23.4 | 100.0 | |
| Missing | System | 170 | 76.6 | | |
| Total | | 222 | 100.0 | | |

**I can make and implement all decisions that fall within the limits of laid down policy guidelines, without consulting my superior or obtaining his/her consent**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Most appropriate | 105 | 47.3 | 58.7 | 58.7 |
| | Next most appropriate | 74 | 33.3 | 41.3 | 100.0 |
| | Total | 179 | 80.6 | 100.0 | |
| Missing | System | 43 | 19.4 | | |
| Total | | 222 | 100.0 | | |

**All policy issues must be referred to my superior for vetting and decision making**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Most appropriate | 50 | 22.5 | 40.0 | 40.0 |
| | Next most appropriate | 75 | 33.8 | 60.0 | 100.0 |
| | Total | 125 | 56.3 | 100.0 | |
| Missing | System | 97 | 43.7 | | |
| Total | | 222 | 100.0 | | |

**I exercise full authority on routine tasks but refer most unusual cases to my superior for consent/advice**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Most appropriate | 33 | 14.9 | 47.1 | 47.1 |
| | Next most appropriate | 37 | 16.7 | 52.9 | 100.0 |
| | Total | 70 | 31.5 | 100.0 | |
| Missing | System | 152 | 68.5 | | |
| Total | | 222 | 100.0 | | |

**My work schedule is fully outlined and allows little opportunity for making decisions**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Most appropriate | 6 | 2.7 | 33.3 | 33.3 |
| | Next most appropriate | 12 | 5.4 | 66.7 | 100.0 |
| | Total | 18 | 8.1 | 100.0 | |
| Missing | System | 204 | 91.9 | | |
| Total | | 222 | 100.0 | | |

**I take responsibility for making decisions that determine operating policies**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Most appropriate | 32 | 14.4 | 49.2 | 49.2 |
| | Next most appropriate | 33 | 14.9 | 50.8 | 100.0 |
| | Total | 65 | 29.3 | 100.0 | |
| Missing | System | 157 | 70.7 | | |
| Total | | 222 | 100.0 | | |

**I am responsible for the supervision of tasks performed by my junior colleagues and subordinates**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Most appropriate | 120 | 54.1 | 57.1 | 57.1 |
| | Next most appropriate | 90 | 40.5 | 42.9 | 100.0 |
| | Total | 210 | 94.6 | 100.0 | |
| Missing | System | 12 | 5.4 | | |
| Total | | 222 | 100.0 | | |

**I am responsible for executing orders received from senior colleagues and officers**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Most appropriate | 55 | 24.8 | 45.8 | 45.8 |
| | Next most appropriate | 65 | 29.3 | 54.2 | 100.0 |
| | Total | 120 | 54.1 | 100.0 | |
| Missing | System | 102 | 45.9 | | |
| Total | | 222 | 100.0 | | |

**My subordinates (or assistants) always take permission before taking any extra responsibility**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Most appropriate | 51 | 23.0 | 51.5 | 51.5 |
| | Next most appropriate | 48 | 21.6 | 48.5 | 100.0 |
| | Total | 99 | 44.6 | 100.0 | |
| Missing | System | 123 | 55.4 | | |
| Total | | 222 | 100.0 | | |

**My subordinates are given authority to carry out their duties in any manner they deem appropriate**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Most appropriate | 9 | 4.1 | 33.3 | 33.3 |
| | Next most appropriate | 18 | 8.1 | 66.7 | 100.0 |
| | Total | 27 | 12.2 | 100.0 | |
| Missing | System | 195 | 87.8 | | |
| Total | | 222 | 100.0 | | |

**My subordinates have full authority but I reserve the right to ratify or reject decisions affecting policy issues**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Most appropriate | 120 | 54.1 | 57.7 | 57.7 |
| | Next most appropriate | 88 | 39.6 | 42.3 | 100.0 |
| | Total | 208 | 93.7 | 100.0 | |
| Missing | System | 14 | 6.3 | | |
| Total | | 222 | 100.0 | | |

**My assistants/junior colleagues are authorized to make decisions on problem as they arise but they must inform me on crucial matters**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Most appropriate | 88 | 39.6 | 44.9 | 44.9 |
| | Next most appropriate | 108 | 48.6 | 55.1 | 100.0 |
| | Total | 196 | 88.3 | 100.0 | |
| Missing | System | 26 | 11.7 | | |
| Total | | 222 | 100.0 | | |

**Most of the responsibilities of my office cannot be entrusted to my assistants**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Most appropriate | 5 | 2.3 | 50.0 | 50.0 |
| | Next most appropriate | 5 | 2.3 | 50.0 | 100.0 |
| | Total | 10 | 4.5 | 100.0 | |
| Missing | System | 212 | 95.5 | | |
| Total | | 222 | 100.0 | | |

**I give detailed instructions to my assistants, which they carry out exactly the way I dictated, and consult me often when they are in doubt**

| | | Frequency | Percent |
|---|---|---|---|
| Missing | System | 222 | 100.0 |

**YOU treat all people in your depart as your equal**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Always | 27 | 12.2 | 12.2 | 12.2 |
| | Often | 118 | 53.2 | 53.4 | 65.6 |
| | Sometimes | 68 | 30.6 | 30.8 | 96.4 |
| | Rarely | 7 | 3.2 | 3.2 | 99.5 |
| | Never | 1 | .5 | .5 | 100.0 |
| | Total | 221 | 99.5 | 100.0 | |
| Missing | System | 1 | .5 | | |
| Total | | 222 | 100.0 | | |

**YOUR BOSS treats all people in his/her depart as his/her equal**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Always | 22 | 9.9 | 10.0 | 10.0 |
| | Often | 95 | 42.8 | 43.2 | 53.2 |
| | Sometimes | 80 | 36.0 | 36.4 | 89.5 |
| | Rarely | 17 | 7.7 | 7.7 | 97.3 |
| | Never | 6 | 2.7 | 2.7 | 100.0 |
| | Total | 220 | 99.1 | 100.0 | |
| Missing | System | 2 | .9 | | |
| Total | | 222 | 100.0 | | |

**YOU speak in such a manner not to be questioned**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Often | 4 | 1.8 | 1.8 | 1.8 |
| | Sometimes | 30 | 13.5 | 13.6 | 15.5 |
| | Rarely | 174 | 78.4 | 79.1 | 94.5 |
| | Never | 12 | 5.4 | 5.5 | 100.0 |
| | Total | 220 | 99.1 | 100.0 | |
| Missing | System | 2 | .9 | | |
| Total | | 222 | 100.0 | | |

**YOUR BOSS speaks in such a manner not to be questioned**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Always | 2 | .9 | .9 | .9 |
| | Often | 11 | 5.0 | 5.0 | 5.9 |
| | Sometimes | 37 | 16.7 | 16.9 | 22.8 |
| | Rarely | 164 | 73.9 | 74.9 | 97.7 |
| | Never | 5 | 2.3 | 2.3 | 100.0 |
| | Total | 219 | 98.6 | 100.0 | |
| Missing | System | 3 | 1.4 | | |
| Total | | 222 | 100.0 | | |

**YOU support what people under you do**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Always | 33 | 14.9 | 14.9 | 14.9 |
| | Often | 172 | 77.5 | 77.8 | 92.8 |
| | Sometimes | 14 | 6.3 | 6.3 | 99.1 |
| | Rarely | 2 | .9 | .9 | 100.0 |
| | Total | 221 | 99.5 | 100.0 | |
| Missing | System | 1 | .5 | | |
| Total | | 222 | 100.0 | | |

**YOUR BOSS supports what people under you do**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Always | 32 | 14.4 | 14.6 | 14.6 |
| | Often | 163 | 73.4 | 74.4 | 89.0 |
| | Sometimes | 20 | 9.0 | 9.1 | 98.2 |
| | Rarely | 4 | 1.8 | 1.8 | 100.0 |
| | Total | 219 | 98.6 | 100.0 | |
| Missing | System | 3 | 1.4 | | |
| Total | | 222 | 100.0 | | |

**YOU insist that everything be done your own way**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Often | 8 | 3.6 | 3.6 | 3.6 |
| | Sometimes | 39 | 17.6 | 17.7 | 21.4 |
| | Rarely | 171 | 77.0 | 77.7 | 99.1 |
| | Never | 2 | .9 | .9 | 100.0 |
| | Total | 220 | 99.1 | 100.0 | |
| Missing | System | 2 | .9 | | |
| Total | | 222 | 100.0 | | |

**YOUR BOSS Insists that everything be done your own way**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Always | 9 | 4.1 | 4.1 | 4.1 |
| | Often | 12 | 5.4 | 5.5 | 9.5 |
| | Sometimes | 50 | 22.5 | 22.7 | 32.3 |
| | Rarely | 146 | 65.8 | 66.4 | 98.6 |
| | Never | 3 | 1.4 | 1.4 | 100.0 |
| | Total | 220 | 99.1 | 100.0 | |
| Missing | System | 2 | .9 | | |
| Total | | 222 | 100.0 | | |

**YOU assign specific tasks to people in your work unit**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Always | 38 | 17.1 | 17.2 | 17.2 |
| | Often | 160 | 72.1 | 72.4 | 89.6 |
| | Sometimes | 21 | 9.5 | 9.5 | 99.1 |
| | Rarely | 2 | .9 | .9 | 100.0 |
| | Total | 221 | 99.5 | 100.0 | |
| Missing | System | 1 | .5 | | |
| Total | | 222 | 100.0 | | |

**YOUR BOSS assigns specific tasks to people in your work unit**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Always | 37 | 16.7 | 16.8 | 16.8 |
| | Often | 151 | 68.0 | 68.6 | 85.5 |
| | Sometimes | 31 | 14.0 | 14.1 | 99.5 |
| | Rarely | 1 | .5 | .5 | 100.0 |
| | Total | 220 | 99.1 | 100.0 | |
| Missing | System | 2 | .9 | | |
| Total | | 222 | 100.0 | | |

**YOU criticize poor work**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Always | 110 | 49.5 | 50.0 | 50.0 |
| | Often | 98 | 44.1 | 44.5 | 94.5 |
| | Sometimes | 11 | 5.0 | 5.0 | 99.5 |
| | Rarely | 1 | .5 | .5 | 100.0 |
| | Total | 220 | 99.1 | 100.0 | |
| Missing | System | 2 | .9 | | |
| Total | | 222 | 100.0 | | |

**YOUR BOSS criticizes poor work**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Always | 94 | 42.3 | 42.7 | 42.7 |
| | Often | 109 | 49.1 | 49.5 | 92.3 |
| | Sometimes | 12 | 5.4 | 5.5 | 97.7 |
| | Rarely | 5 | 2.3 | 2.3 | 100.0 |
| | Total | 220 | 99.1 | 100.0 | |
| Missing | System | 2 | .9 | | |
| Total | | 222 | 100.0 | | |

**YOU make sure that people in your are working to full capacity**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Always | 61 | 27.5 | 27.6 | 27.6 |
| | Often | 130 | 58.6 | 58.8 | 86.4 |
| | Sometimes | 25 | 11.3 | 11.3 | 97.7 |
| | Rarely | 5 | 2.3 | 2.3 | 100.0 |
| | Total | 221 | 99.5 | 100.0 | |
| Missing | System | 1 | .5 | | |
| Total | | 222 | 100.0 | | |

**YOUR BOSS make sure that people in your are working to full capacity**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Always | 44 | 19.8 | 20.0 | 20.0 |
| | Often | 120 | 54.1 | 54.5 | 74.5 |
| | Sometimes | 47 | 21.2 | 21.4 | 95.9 |
| | Rarely | 8 | 3.6 | 3.6 | 99.5 |
| | Never | 1 | .5 | .5 | 100.0 |
| | Total | 220 | 99.1 | 100.0 | |
| Missing | System | 2 | .9 | | |
| Total | | 222 | 100.0 | | |

**YOU insist on being informed of every decision made by your subordinate**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Always | 7 | 3.2 | 3.2 | 3.2 |
| | Often | 33 | 14.9 | 14.9 | 18.0 |
| | Sometimes | 123 | 55.4 | 55.4 | 73.4 |
| | Rarely | 57 | 25.7 | 25.7 | 99.1 |
| | Never | 2 | .9 | .9 | 100.0 |
| | Total | 222 | 100.0 | 100.0 | |

**YOUR BOSS Insists on being informed of every decision made by his subordinate**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Always | 10 | 4.5 | 4.5 | 4.5 |
| | Often | 35 | 15.8 | 15.8 | 20.3 |
| | Sometimes | 119 | 53.6 | 53.6 | 73.9 |
| | Rarely | 56 | 25.2 | 25.2 | 99.1 |
| | Never | 2 | .9 | .9 | 100.0 |
| | Total | 222 | 100.0 | 100.0 | |

**YOU arrive at work unit and others become uneasy**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Sometimes | 7 | 3.2 | 3.2 | 3.2 |
| | Rarely | 205 | 92.3 | 92.3 | 95.5 |
| | Never | 10 | 4.5 | 4.5 | 100.0 |
| | Total | 222 | 100.0 | 100.0 | |

**YOUR BOSS arrives at work unit and others become uneasy**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Always | 9 | 4.1 | 4.1 | 4.1 |
| | Often | 5 | 2.3 | 2.3 | 6.3 |
| | Sometimes | 61 | 27.5 | 27.5 | 33.8 |
| | Rarely | 141 | 63.5 | 63.5 | 97.3 |
| | Never | 6 | 2.7 | 2.7 | 100.0 |
| | Total | 222 | 100.0 | 100.0 | |

**YOU listen to other workers in your unit**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Always | 34 | 15.3 | 15.4 | 15.4 |
| | Often | 178 | 80.2 | 80.5 | 95.9 |
| | Sometimes | 5 | 2.3 | 2.3 | 98.2 |
| | Rarely | 2 | .9 | .9 | 99.1 |
| | Never | 2 | .9 | .9 | 100.0 |
| | Total | 221 | 99.5 | 100.0 | |
| Missing | System | 1 | .5 | | |
| Total | | 222 | 100.0 | | |

**YOUR BOSS listens to other workers in his unit**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Always | 36 | 16.2 | 16.3 | 16.3 |
| | Often | 159 | 71.6 | 71.9 | 88.2 |
| | Sometimes | 17 | 7.7 | 7.7 | 95.9 |
| | Rarely | 8 | 3.6 | 3.6 | 99.5 |
| | Never | 1 | .5 | .5 | 100.0 |
| | Total | 221 | 99.5 | 100.0 | |
| Missing | System | 1 | .5 | | |
| Total | | 222 | 100.0 | | |

**YOU offer new approaches to solving problems**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Always | 33 | 14.9 | 14.9 | 14.9 |
| | Often | 168 | 75.7 | 75.7 | 90.5 |
| | Sometimes | 17 | 7.7 | 7.7 | 98.2 |
| | Rarely | 2 | .9 | .9 | 99.1 |
| | Never | 2 | .9 | .9 | 100.0 |
| | Total | 222 | 100.0 | 100.0 | |

**YOUR BOSS offers new approaches to solving problems**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Always | 35 | 15.8 | 15.8 | 15.8 |
| | Often | 158 | 71.2 | 71.2 | 86.9 |
| | Sometimes | 21 | 9.5 | 9.5 | 96.4 |
| | Rarely | 7 | 3.2 | 3.2 | 99.5 |
| | Never | 1 | .5 | .5 | 100.0 |
| | Total | 222 | 100.0 | 100.0 | |

**YOU encourage skill acquisition in your work unit**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Always | 82 | 36.9 | 36.9 | 36.9 |
| | Often | 114 | 51.4 | 51.4 | 88.3 |
| | Sometimes | 21 | 9.5 | 9.5 | 97.7 |
| | Rarely | 4 | 1.8 | 1.8 | 99.5 |
| | Never | 1 | .5 | .5 | 100.0 |
| | Total | 222 | 100.0 | 100.0 | |

**YOUR BOSS encourages skill acquisition in his work unit**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Always | 75 | 33.8 | 33.8 | 33.8 |
| | Often | 111 | 50.0 | 50.0 | 83.8 |
| | Sometimes | 29 | 13.1 | 13.1 | 96.8 |
| | Rarely | 6 | 2.7 | 2.7 | 99.5 |
| | Never | 1 | .5 | .5 | 100.0 |
| | Total | 222 | 100.0 | 100.0 | |

**Satisfied with your job in the hospital**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Very dissatisfied | 1 | .5 | .5 | .5 |
| | Dissatisfied | 17 | 7.7 | 7.7 | 8.1 |
| | Satisfied | 183 | 82.4 | 82.8 | 91.0 |
| | Very satisfied | 20 | 9.0 | 9.0 | 100.0 |
| | Total | 221 | 99.5 | 100.0 | |
| Missing | System | 1 | .5 | | |
| Total | | 222 | 100.0 | | |

**Satisfied with your overall pay and benefits**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Very dissatisfied | 3 | 1.4 | 1.4 | 1.4 |
| | Dissatisfied | 33 | 14.9 | 14.9 | 16.2 |
| | Satisfied | 185 | 83.3 | 83.3 | 99.5 |
| | Very satisfied | 1 | .5 | .5 | 100.0 |
| | Total | 222 | 100.0 | 100.0 | |

**Satisfied with the people in your work unit**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Dissatisfied | 88 | 39.6 | 39.6 | 39.6 |
| | Satisfied | 128 | 57.7 | 57.7 | 97.3 |
| | Very satisfied | 6 | 2.7 | 2.7 | 100.0 |
| | Total | 222 | 100.0 | 100.0 | |

**Satisfied with your progress in the hospital so far**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Very dissatisfied | 4 | 1.8 | 1.8 | 1.8 |
| | Dissatisfied | 17 | 7.7 | 7.7 | 9.5 |
| | Satisfied | 176 | 79.3 | 79.3 | 88.7 |
| | Very satisfied | 25 | 11.3 | 11.3 | 100.0 |
| | Total | 222 | 100.0 | 100.0 | |

**Satisfied with immediate boss**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Very dissatisfied | 1 | .5 | .5 | .5 |
| | Dissatisfied | 33 | 14.9 | 14.9 | 15.3 |
| | Satisfied | 170 | 76.6 | 76.6 | 91.9 |
| | Very satisfied | 18 | 8.1 | 8.1 | 100.0 |
| | Total | 222 | 100.0 | 100.0 | |

**Satisfied with the management of the hospital**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Very dissatisfied | 8 | 3.6 | 3.6 | 3.6 |
| | Dissatisfied | 133 | 59.9 | 59.9 | 63.5 |
| | Satisfied | 76 | 34.2 | 34.2 | 97.7 |
| | Very satisfied | 5 | 2.3 | 2.3 | 100.0 |
| | Total | 222 | 100.0 | 100.0 | |

**Satisfied with your chances of future promotion**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Very dissatisfied | 4 | 1.8 | 1.8 | 1.8 |
| | Dissatisfied | 11 | 5.0 | 5.0 | 6.8 |
| | Satisfied | 193 | 86.9 | 87.3 | 94.1 |
| | Very satisfied | 13 | 5.9 | 5.9 | 100.0 |
| | Total | 221 | 99.5 | 100.0 | |
| Missing | System | 1 | .5 | | |
| Total | | 222 | 100.0 | | |

**Satisfied with efficincy of workers in the hospital**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Very dissatisfied | 9 | 4.1 | 4.1 | 4.1 |
| | Dissatisfied | 181 | 81.5 | 81.5 | 85.6 |
| | Satisfied | 31 | 14.0 | 14.0 | 99.5 |
| | Very satisfied | 1 | .5 | .5 | 100.0 |
| | Total | 222 | 100.0 | 100.0 | |

**If you have the option to leave this hospital for another one, would you quit?**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Yes | 59 | 26.6 | 26.8 | 26.8 |
| | No | 161 | 72.5 | 73.2 | 100.0 |
| | Total | 220 | 99.1 | 100.0 | |
| Missing | System | 2 | .9 | | |
| Total | | 222 | 100.0 | | |

**Why would you quit**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | | 164 | 73.9 | 73.9 | 73.9 |
| | Better offer | 34 | 15.3 | 15.3 | 89.2 |
| | For career progression | 1 | .5 | .5 | 89.6 |
| | Foreign Job Offer | 1 | .5 | .5 | 90.1 |
| | Greener Pasture | 10 | 4.5 | 4.5 | 94.6 |
| | It depends on some factors | 6 | 2.7 | 2.7 | 97.3 |
| | Poor magt/infrastructure | 6 | 2.7 | 2.7 | 100.0 |
| | Total | 222 | 100.0 | 100.0 | |

**High uneployment rate**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Bothers us very much | 13 | 5.9 | 5.9 | 5.9 |
| | Bothers us somewhat | 101 | 45.5 | 45.5 | 51.4 |
| | Bothers us very little | 96 | 43.2 | 43.2 | 94.6 |
| | Does not bother us at all | 12 | 5.4 | 5.4 | 100.0 |
| | Total | 222 | 100.0 | 100.0 | |

**Political stability**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Bothers us very much | 101 | 45.5 | 45.5 | 45.5 |
| | Bothers us somewhat | 94 | 42.3 | 42.3 | 87.8 |
| | Bothers us very little | 26 | 11.7 | 11.7 | 99.5 |
| | Does not bother us at all | 1 | .5 | .5 | 100.0 |
| | Total | 222 | 100.0 | 100.0 | |

**Obsolete equipment**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Bothers us very much | 192 | 86.5 | 86.5 | 86.5 |
| | Bothers us somewhat | 27 | 12.2 | 12.2 | 98.6 |
| | Does not bother us at all | 3 | 1.4 | 1.4 | 100.0 |
| | Total | 222 | 100.0 | 100.0 | |

**Degree of competition among hospitals**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Bothers us very much | 4 | 1.8 | 1.8 | 1.8 |
| | Bothers us somewhat | 21 | 9.5 | 9.6 | 11.4 |
| | Bothers us very little | 90 | 40.5 | 41.1 | 52.5 |
| | Does not bother us at all | 104 | 46.8 | 47.5 | 100.0 |
| | Total | 219 | 98.6 | 100.0 | |
| Missing | System | 3 | 1.4 | | |
| Total | | 222 | 100.0 | | |

**Foreign exchange rate/inflation**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Bothers us very much | 4 | 1.8 | 1.8 | 1.8 |
| | Bothers us somewhat | 60 | 27.0 | 27.3 | 29.1 |
| | Bothers us very little | 110 | 49.5 | 50.0 | 79.1 |
| | Does not bother us at all | 46 | 20.7 | 20.9 | 100.0 |
| | Total | 220 | 99.1 | 100.0 | |
| Missing | System | 2 | .9 | | |
| Total | | 222 | 100.0 | | |

**Government deregulation and privatization**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Bothers us very much | 4 | 1.8 | 1.8 | 1.8 |
| | Bothers us somewhat | 76 | 34.2 | 34.2 | 36.0 |
| | Bothers us very little | 134 | 60.4 | 60.4 | 96.4 |
| | Does not bother us at all | 8 | 3.6 | 3.6 | 100.0 |
| | Total | 222 | 100.0 | 100.0 | |

**Level of literacy in Nigeria**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Bothers us very much | 11 | 5.0 | 5.0 | 5.0 |
| | Bothers us somewhat | 57 | 25.7 | 25.7 | 30.6 |
| | Bothers us very little | 120 | 54.1 | 54.1 | 84.7 |
| | Does not bother us at all | 34 | 15.3 | 15.3 | 100.0 |
| | Total | 222 | 100.0 | 100.0 | |

**Brain drain of health professionals**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Bothers us very much | 64 | 28.8 | 28.8 | 28.8 |
| | Bothers us somewhat | 132 | 59.5 | 59.5 | 88.3 |
| | Bothers us very little | 25 | 11.3 | 11.3 | 99.5 |
| | Does not bother us at all | 1 | .5 | .5 | 100.0 |
| | Total | 222 | 100.0 | 100.0 | |

**Poor electricity and water supply**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Bothers us very much | 215 | 96.8 | 96.8 | 96.8 |
| | Bothers us somewhat | 6 | 2.7 | 2.7 | 99.5 |
| | Bothers us very little | 1 | .5 | .5 | 100.0 |
| | Total | 222 | 100.0 | 100.0 | |

**Nigerians seeking medical treatment abroad**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Bothers us very much | 19 | 8.6 | 8.6 | 8.6 |
| | Bothers us somewhat | 65 | 29.3 | 29.4 | 38.0 |
| | Bothers us very little | 85 | 38.3 | 38.5 | 76.5 |
| | Does not bother us at all | 52 | 23.4 | 23.5 | 100.0 |
| | Total | 221 | 99.5 | 100.0 | |
| Missing | System | 1 | .5 | | |
| Total | | 222 | 100.0 | | |

**Of the factor above (1-10), which bothers you most?**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1.00 | 9 | 4.1 | 4.2 | 4.2 |
| | 2.00 | 24 | 10.8 | 11.3 | 15.5 |
| | 3.00 | 79 | 35.6 | 37.1 | 52.6 |
| | 8.00 | 23 | 10.4 | 10.8 | 63.4 |
| | 9.00 | 78 | 35.1 | 36.6 | 100.0 |
| | Total | 213 | 95.9 | 100.0 | |
| Missing | System | 9 | 4.1 | | |
| Total | | 222 | 100.0 | | |

**On the overall, how do you perceive the Nigerian environment as it relates to your hospital NOW?**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Stable, predictable | 134 | 60.4 | 85.4 | 85.4 |
| | Unstable, unpredictable | 10 | 4.5 | 6.4 | 91.7 |
| | Complex, Chaotic | 9 | 4.1 | 5.7 | 97.5 |
| | Don't know, not sure | 4 | 1.8 | 2.5 | 100.0 |
| | Total | 157 | 70.7 | 100.0 | |
| Missing | System | 65 | 29.3 | | |
| Total | | 222 | 100.0 | | |

**In the overall, how do you perceive the Nigerian environment as it relates to your hospital IT THE FUTURE?**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Stable, predictable | 61 | 27.5 | 46.2 | 46.2 |
| | Unstable, unpredictable | 36 | 16.2 | 27.3 | 73.5 |
| | Complex, Chaotic | 2 | .9 | 1.5 | 75.0 |
| | Don't know, not sure | 33 | 14.9 | 25.0 | 100.0 |
| | Total | 132 | 59.5 | 100.0 | |
| Missing | System | 90 | 40.5 | | |
| Total | | 222 | 100.0 | | |

**To what extent is your hospital doing something to influence the Nigerian environment in its favour?**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | | 76 | 34.2 | 34.2 | 34.2 |
| | Area of core-competency | 1 | .5 | .5 | 34.7 |
| | Expansion | 1 | .5 | .5 | 35.1 |
| | Little extent | 29 | 13.1 | 13.1 | 48.2 |
| | None. | 102 | 45.9 | 45.9 | 94.1 |
| | Not sure | 6 | 2.7 | 2.7 | 96.8 |
| | People friendly hospital | 1 | .5 | .5 | 97.3 |
| | Privatization of some operatio | 1 | .5 | .5 | 97.7 |
| | Providing alternative power so | 2 | .9 | .9 | 98.6 |
| | Reasonable extent | 1 | .5 | .5 | 99.1 |
| | Right incentive to staff | 1 | .5 | .5 | 99.5 |
| | Right sizing | 1 | .5 | .5 | 100.0 |
| | Total | 222 | 100.0 | 100.0 | |

**Who initiates corrective measures in your hospital? (CMD/DA)**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Yes | 170 | 76.6 | 100.0 | 100.0 |
| Missing | System | 52 | 23.4 | | |
| Total | | 222 | 100.0 | | |

**Who initiates corrective measures in your hospital? (HOD/Cons)**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Yes | 193 | 86.9 | 99.5 | 99.5 |
| | No | 1 | .5 | .5 | 100.0 |
| | Total | 194 | 87.4 | 100.0 | |
| Missing | System | 28 | 12.6 | | |
| Total | | 222 | 100.0 | | |

**Who initiates corrective measures in your hospital? (Chief matron)**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Yes | 10 | 4.5 | 4.5 | 4.5 |
| | No | 212 | 95.5 | 95.5 | 100.0 |
| | Total | 222 | 100.0 | 100.0 | |

**Who initiates corrective measures in your hospital? (Matrons/Sisters)**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Yes | 24 | 10.8 | 10.9 | 10.9 |
| | No | 197 | 88.7 | 89.1 | 100.0 |
| | Total | 221 | 99.5 | 100.0 | |
| Missing | System | 1 | .5 | | |
| Total | | 222 | 100.0 | | |

**Who initiates corrective measures in your hospital? (Others)**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Yes | 7 | 3.2 | 3.2 | 3.2 |
| | No | 215 | 96.8 | 96.8 | 100.0 |
| | Total | 222 | 100.0 | 100.0 | |

**Our charges are moderate compared to other hospitals around**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | To a very low degree | 3 | 1.4 | 1.4 | 1.4 |
| | To a low degree | 88 | 39.6 | 40.2 | 41.6 |
| | To a high degree | 96 | 43.2 | 43.8 | 85.4 |
| | To a very high degree | 32 | 14.4 | 14.6 | 100.0 |
| | Total | 219 | 98.6 | 100.0 | |
| Missing | System | 3 | 1.4 | | |
| Total | | 222 | 100.0 | | |

**We insist on continuous quality improvement even when our patients and clients do not complain**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | To a very low degree | 7 | 3.2 | 3.2 | 3.2 |
| | To a low degree | 54 | 24.3 | 24.7 | 27.9 |
| | To a high degree | 125 | 56.3 | 57.1 | 84.9 |
| | To a very high degree | 33 | 14.9 | 15.1 | 100.0 |
| | Total | 219 | 98.6 | 100.0 | |
| Missing | System | 3 | 1.4 | | |
| Total | | 222 | 100.0 | | |

**Our hospital is attractive to investors because we declare dividend annually**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | To a very low degree | 191 | 86.0 | 87.2 | 87.2 |
| | To a low degree | 27 | 12.2 | 12.3 | 99.5 |
| | To a very high degree | 1 | .5 | .5 | 100.0 |
| | Total | 219 | 98.6 | 100.0 | |
| Missing | System | 3 | 1.4 | | |
| Total | | 222 | 100.0 | | |

**Our employees are given every opportunity/support to learn and develop themselves within limits of our needs**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | To a very low degree | 12 | 5.4 | 5.5 | 5.5 |
| | To a low degree | 122 | 55.0 | 55.7 | 61.2 |
| | To a high degree | 80 | 36.0 | 36.5 | 97.7 |
| | To a very high degree | 5 | 2.3 | 2.3 | 100.0 |
| | Total | 219 | 98.6 | 100.0 | |
| Missing | System | 3 | 1.4 | | |
| Total | | 222 | 100.0 | | |

**We have more patients than we can cope with within the foreseeable future**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | To a very low degree | 31 | 14.0 | 14.2 | 14.2 |
| | To a low degree | 145 | 65.3 | 66.2 | 80.4 |
| | To a high degree | 40 | 18.0 | 18.3 | 98.6 |
| | To a very high degree | 3 | 1.4 | 1.4 | 100.0 |
| | Total | 219 | 98.6 | 100.0 | |
| Missing | System | 3 | 1.4 | | |
| Total | | 222 | 100.0 | | |

**We do not have specific suppliers**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | To a very low degree | 8 | 3.6 | 3.8 | 3.8 |
| | To a low degree | 88 | 39.6 | 41.5 | 45.3 |
| | To a high degree | 103 | 46.4 | 48.6 | 93.9 |
| | To a very high degree | 13 | 5.9 | 6.1 | 100.0 |
| | Total | 212 | 95.5 | 100.0 | |
| Missing | System | 10 | 4.5 | | |
| Total | | 222 | 100.0 | | |

**The salaries and our conditions of service give the employees a sense of security, loyalty and commitment**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | To a very low degree | 21 | 9.5 | 9.6 | 9.6 |
| | To a low degree | 150 | 67.6 | 68.5 | 78.1 |
| | To a high degree | 47 | 21.2 | 21.5 | 99.5 |
| | To a very high degree | 1 | .5 | .5 | 100.0 |
| | Total | 219 | 98.6 | 100.0 | |
| Missing | System | 3 | 1.4 | | |
| Total | | 222 | 100.0 | | |

**We constantly analyze trend in healthcare and modify our activities to reflect the needs and interest of our patients**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | To a very low degree | 46 | 20.7 | 21.0 | 21.0 |
| | To a low degree | 146 | 65.8 | 66.7 | 87.7 |
| | To a high degree | 24 | 10.8 | 11.0 | 98.6 |
| | To a very high degree | 3 | 1.4 | 1.4 | 100.0 |
| | Total | 219 | 98.6 | 100.0 | |
| Missing | System | 3 | 1.4 | | |
| Total | | 222 | 100.0 | | |

**Our healthcare operations do not constitute any hazard to the local community**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | To a very low degree | 3 | 1.4 | 1.4 | 1.4 |
| | To a low degree | 10 | 4.5 | 4.6 | 6.0 |
| | To a high degree | 38 | 17.1 | 17.4 | 23.4 |
| | To a very high degree | 167 | 75.2 | 76.6 | 100.0 |
| | Total | 218 | 98.2 | 100.0 | |
| Missing | System | 4 | 1.8 | | |
| Total | | 222 | 100.0 | | |

**Overall, we believe our staff are very hardworking**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | To a very low degree | 8 | 3.6 | 3.7 | 3.7 |
| | To a low degree | 130 | 58.6 | 60.2 | 63.9 |
| | To a high degree | 74 | 33.3 | 34.3 | 98.1 |
| | To a very high degree | 4 | 1.8 | 1.9 | 100.0 |
| | Total | 216 | 97.3 | 100.0 | |
| Missing | System | 6 | 2.7 | | |
| Total | | 222 | 100.0 | | |

**Current privatization and commercialization efforts will benefit our hospital**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | To a very low degree | 5 | 2.3 | 2.3 | 2.3 |
| | To a low degree | 48 | 21.6 | 22.0 | 24.3 |
| | To a high degree | 159 | 71.6 | 72.9 | 97.2 |
| | To a very high degree | 6 | 2.7 | 2.8 | 100.0 |
| | Total | 218 | 98.2 | 100.0 | |
| Missing | System | 4 | 1.8 | | |
| Total | | 222 | 100.0 | | |

**We receive maximum coorperation from the ministry of health on matters concerning our future**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | To a very low degree | 3 | 1.4 | 1.4 | 1.4 |
| | To a low degree | 62 | 27.9 | 28.4 | 29.8 |
| | To a high degree | 151 | 68.0 | 69.3 | 99.1 |
| | To a very high degree | 2 | .9 | .9 | 100.0 |
| | Total | 218 | 98.2 | 100.0 | |
| Missing | System | 4 | 1.8 | | |
| Total | | 222 | 100.0 | | |

**Hospital authorities seek our input to enhance productivity**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | To a very low degree | 18 | 8.1 | 8.2 | 8.2 |
| | To a low degree | 116 | 52.3 | 53.0 | 61.2 |
| | To a high degree | 83 | 37.4 | 37.9 | 99.1 |
| | To a very high degree | 2 | .9 | .9 | 100.0 |
| | Total | 219 | 98.6 | 100.0 | |
| Missing | System | 3 | 1.4 | | |
| Total | | 222 | 100.0 | | |

**Age**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 25-34 years | 1 | .5 | .5 | .5 |
| | 35-44 years | 74 | 33.3 | 33.5 | 33.9 |
| | 45-54 years | 137 | 61.7 | 62.0 | 95.9 |
| | over 55 years | 9 | 4.1 | 4.1 | 100.0 |
| | Total | 221 | 99.5 | 100.0 | |
| Missing | System | 1 | .5 | | |
| Total | | 222 | 100.0 | | |

**State of Origin**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Abia | 12 | 5.4 | 5.4 | 5.4 |
| | Adamawa | 5 | 2.3 | 2.3 | 7.7 |
| | Akwa Ibom | 2 | .9 | .9 | 8.6 |
| | Anambra | 21 | 9.5 | 9.5 | 18.0 |
| | Bauchi | 1 | .5 | .5 | 18.5 |
| | Borno | 11 | 5.0 | 5.0 | 23.4 |
| | Cross River | 1 | .5 | .5 | 23.9 |
| | Delta | 12 | 5.4 | 5.4 | 29.3 |
| | Ebonyi | 7 | 3.2 | 3.2 | 32.4 |
| | Edo | 13 | 5.9 | 5.9 | 38.3 |
| | Ekiti | 5 | 2.3 | 2.3 | 40.5 |
| | Enugu | 14 | 6.3 | 6.3 | 46.8 |
| | Imo | 12 | 5.4 | 5.4 | 52.3 |
| | Kaduna | 9 | 4.1 | 4.1 | 56.3 |
| | Kano | 2 | .9 | .9 | 57.2 |
| | Katsina | 7 | 3.2 | 3.2 | 60.4 |
| | Kebbi | 1 | .5 | .5 | 60.8 |
| | Kogi | 7 | 3.2 | 3.2 | 64.0 |
| | Kwara | 20 | 9.0 | 9.0 | 73.0 |
| | Lagos | 8 | 3.6 | 3.6 | 76.6 |
| | Nassarawa | 2 | .9 | .9 | 77.5 |
| | Niger | 2 | .9 | .9 | 78.4 |
| | Ogun | 24 | 10.8 | 10.8 | 89.2 |
| | Osun | 16 | 7.2 | 7.2 | 96.4 |
| | Oyo | 3 | 1.4 | 1.4 | 97.7 |
| | Rivers | 1 | .5 | .5 | 98.2 |
| | Sokoto | 3 | 1.4 | 1.4 | 99.5 |
| | Taraba | 1 | .5 | .5 | 100.0 |
| | Total | 222 | 100.0 | 100.0 | |

**Sex**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Male | 128 | 57.7 | 57.7 | 57.7 |
| | Female | 94 | 42.3 | 42.3 | 100.0 |
| | Total | 222 | 100.0 | 100.0 | |

**Highest Academic/professional qualification**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | | 5 | 2.3 | 2.3 | 2.3 |
| | FCAAP | 1 | .5 | .5 | 2.7 |
| | Fellowship | 6 | 2.7 | 2.7 | 5.4 |
| | FMC Paed. | 1 | .5 | .5 | 5.9 |
| | FMCA | 6 | 2.7 | 2.7 | 8.6 |
| | FMCDS | 5 | 2.3 | 2.3 | 10.8 |
| | FMCGP, FWA | 2 | .9 | .9 | 11.7 |
| | FMCOG | 1 | .5 | .5 | 12.2 |
| | FMCP | 23 | 10.4 | 10.4 | 22.5 |
| | FMCP,FWACP | 1 | .5 | .5 | 23.0 |
| | FMCP,M.Med | 1 | .5 | .5 | 23.4 |
| | FMCPaed | 8 | 3.6 | 3.6 | 27.0 |
| | FMCPath | 11 | 5.0 | 5.0 | 32.0 |
| | FMCPATH | 3 | 1.4 | 1.4 | 33.3 |
| | FMCPH | 9 | 4.1 | 4.1 | 37.4 |
| | FMCPTH | 1 | .5 | .5 | 37.8 |
| | FMCS | 3 | 1.4 | 1.4 | 39.2 |
| | FRCOG | 1 | .5 | .5 | 39.6 |
| | FRCS, FRCO | 2 | .9 | .9 | 40.5 |
| | FWACP | 46 | 20.7 | 20.7 | 61.3 |
| | FWACPaed. | 2 | .9 | .9 | 62.2 |
| | FWACPath | 7 | 3.2 | 3.2 | 65.3 |
| | fwacs | 1 | .5 | .5 | 65.8 |
| | FWACS | 43 | 19.4 | 19.4 | 85.1 |
| | FWAS | 1 | .5 | .5 | 85.6 |
| | FWASPaed | 1 | .5 | .5 | 86.0 |
| | FWCOG | 1 | .5 | .5 | 86.5 |
| | M Sc/Fello | 1 | .5 | .5 | 86.9 |
| | M.B.B.S, P | 2 | .9 | .9 | 87.8 |
| | M.Sc/Fello | 1 | .5 | .5 | 88.3 |
| | MBBS | 4 | 1.8 | 1.8 | 90.1 |
| | MBBS, M.Sc | 2 | .9 | .9 | 91.0 |
| | MBBS;FMCP | 2 | .9 | .9 | 91.9 |
| | MBBS,FWACS | 2 | .9 | .9 | 92.8 |
| | MBBS,FWAS | 1 | .5 | .5 | 93.2 |
| | MBBSFWAS | 1 | .5 | .5 | 93.7 |
| | MPH | 5 | 2.3 | 2.3 | 95.9 |
| | MPH,FMCPH | 2 | .9 | .9 | 96.8 |
| | Ph.D, FMCP | 1 | .5 | .5 | 97.3 |
| | Ph.D, MBBS | 2 | .9 | .9 | 98.2 |
| | Ph.D/ FMCP | 1 | .5 | .5 | 98.6 |
| | Profession | 1 | .5 | .5 | 99.1 |
| | Snr Regist | 1 | .5 | .5 | 99.5 |
| | Tertiary | 1 | .5 | .5 | 100.0 |
| | Total | 222 | 100.0 | 100.0 | |

**Field of specializatio**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Anaesthesia | 19 | 8.6 | 8.6 | 8.6 |
| | Anatomy | 6 | 2.7 | 2.7 | 11.3 |
| | Card.Surg. | 1 | .5 | .5 | 11.7 |
| | Clinical Pathology | 14 | 6.3 | 6.3 | 18.0 |
| | Comm.Health | 14 | 6.3 | 6.3 | 24.3 |
| | Dentistry | 9 | 4.1 | 4.1 | 28.4 |
| | Dermatology | 4 | 1.8 | 1.8 | 30.2 |
| | ENT | 2 | .9 | .9 | 31.1 |
| | Family medicine | 2 | .9 | .9 | 32.0 |
| | FWACS | 1 | .5 | .5 | 32.4 |
| | Haematology | 17 | 7.7 | 7.7 | 40.1 |
| | Med.Microbio. | 3 | 1.4 | 1.4 | 41.4 |
| | Medicine | 43 | 19.4 | 19.4 | 60.8 |
| | Obs/Gyn. | 19 | 8.6 | 8.6 | 69.4 |
| | Oral&M.surg. | 3 | 1.4 | 1.4 | 70.7 |
| | Paediatrics | 26 | 11.7 | 11.7 | 82.4 |
| | Pharmacy | 1 | .5 | .5 | 82.9 |
| | Physiology | 2 | .9 | .9 | 83.8 |
| | Pri.Health Care | 1 | .5 | .5 | 84.2 |
| | Psychiatry | 1 | .5 | .5 | 84.7 |
| | Pub.Health | 10 | 4.5 | 4.5 | 89.2 |
| | Surgery | 24 | 10.8 | 10.8 | 100.0 |
| | Total | 222 | 100.0 | 100.0 | |

**Magt degree(s)/certificate**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | | 115 | 51.8 | 51.8 | 51.8 |
| | Certificate in mgt | 12 | 5.4 | 5.4 | 57.2 |
| | Dip. | 2 | .9 | .9 | 58.1 |
| | FMCPath | 1 | .5 | .5 | 58.6 |
| | Health resources man | 2 | .9 | .9 | 59.5 |
| | MNIM | 6 | 2.7 | 2.7 | 62.2 |
| | MPA, MPH | 2 | .9 | .9 | 63.1 |
| | Nil | 39 | 17.6 | 17.6 | 80.6 |
| | None | 43 | 19.4 | 19.4 | 100.0 |
| | Total | 222 | 100.0 | 100.0 | |

**Marital Status**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Single | 4 | 1.8 | 1.8 | 1.8 |
| | Married | 216 | 97.3 | 97.3 | 99.1 |
| | others | 2 | .9 | .9 | 100.0 |
| | Total | 222 | 100.0 | 100.0 | |

**Present position in the hospital**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Asst.Dir. | 1 | .5 | .5 | .5 |
| | Con/Ass. Prof | 15 | 6.8 | 6.8 | 7.2 |
| | Consultant | 166 | 74.8 | 74.8 | 82.0 |
| | Haematology | 1 | .5 | .5 | 82.4 |
| | Head of Department | 2 | .9 | .9 | 83.3 |
| | Medical Director/ Co | 1 | .5 | .5 | 83.8 |
| | Pers.Sec | 1 | .5 | .5 | 84.2 |
| | Prof/cons. | 27 | 12.2 | 12.2 | 96.4 |
| | Professor | 1 | .5 | .5 | 96.8 |
| | Professor/Consultant | 1 | .5 | .5 | 97.3 |
| | Sen.Lecturer | 1 | .5 | .5 | 97.7 |
| | Snr Registrar | 5 | 2.3 | 2.3 | 100.0 |
| | Total | 222 | 100.0 | 100.0 | |

**Dopartment**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Anaesthes | 4 | 1.8 | 1.8 | 1.8 |
| | Anaesthesia | 15 | 6.8 | 6.8 | 8.6 |
| | Anatomy | 2 | .9 | .9 | 9.5 |
| | Ch.Den.Hlth | 1 | .5 | .5 | 9.9 |
| | Clin./Path | 1 | .5 | .5 | 10.4 |
| | Clin.Health | 1 | .5 | .5 | 10.8 |
| | Clin.Path | 8 | 3.6 | 3.6 | 14.4 |
| | Clin.pathology | 2 | .9 | .9 | 15.3 |
| | Clinical pathol | 2 | .9 | .9 | 16.2 |
| | Clinical scienc | 2 | .9 | .9 | 17.1 |
| | Com. Health | 1 | .5 | .5 | 17.6 |
| | Com. Med. | 1 | .5 | .5 | 18.0 |
| | Com.Health | 13 | 5.9 | 5.9 | 23.9 |
| | Comm Health | 1 | .5 | .5 | 24.3 |
| | Comm. Health | 2 | .9 | .9 | 25.2 |
| | Community Healt | 1 | .5 | .5 | 25.7 |
| | Dermatology | 2 | .9 | .9 | 26.6 |
| | ENT | 1 | .5 | .5 | 27.0 |
| | Haem/Bl.trans. | 1 | .5 | .5 | 27.5 |
| | Haema. | 2 | .9 | .9 | 28.4 |
| | Haemato. | 1 | .5 | .5 | 28.8 |
| | Haematology | 13 | 5.9 | 5.9 | 34.7 |
| | ICH | 3 | 1.4 | 1.4 | 36.0 |
| | ICH & PC | 1 | .5 | .5 | 36.5 |
| | ICH+PC | 1 | .5 | .5 | 36.9 |
| | Internal Med. | 1 | .5 | .5 | 37.4 |
| | Med | 4 | 1.8 | 1.8 | 39.2 |
| | Med Micro | 1 | .5 | .5 | 39.6 |
| | Med microbiolog | 1 | .5 | .5 | 40.1 |
| | Med, | 1 | .5 | .5 | 40.5 |
| | Med. | 12 | 5.4 | 5.4 | 45.9 |
| | Med.Micro/para | 1 | .5 | .5 | 46.4 |
| | Medicine | 24 | 10.8 | 10.8 | 57.2 |
| | Morbid Anat | 2 | .9 | .9 | 58.1 |
| | Morbid Anat. | 1 | .5 | .5 | 58.6 |
| | O & G | 1 | .5 | .5 | 59.0 |
| | O&G | 1 | .5 | .5 | 59.5 |
| | OB & GYN | 1 | .5 | .5 | 59.9 |
| | OBD & GYN | 1 | .5 | .5 | 60.4 |
| | Obs&Gyn. | 2 | .9 | .9 | 61.3 |
| | Obs./Gyn. | 3 | 1.4 | 1.4 | 62.6 |
| | Obs/Gyn | 7 | 3.2 | 3.2 | 65.8 |
| | Obs/Gyn. | 1 | .5 | .5 | 66.2 |
| | OBS/Gyn. | 1 | .5 | .5 | 66.7 |
| | Obst | 1 | .5 | .5 | 67.1 |
| | Obst&Gyn. | 1 | .5 | .5 | 67.6 |
| | Oral Path. | 1 | .5 | .5 | 68.0 |
| | Oral Pathology | 2 | .9 | .9 | 68.9 |
| | Oral&M.Surg. | 1 | .5 | .5 | 69.4 |
| | Oral/M.surg. | 1 | .5 | .5 | 69.8 |

**Length of time in present position (years)**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 2.00 | 6 | 2.7 | 2.7 | 2.7 |
| | 3.00 | 14 | 6.3 | 6.4 | 9.1 |
| | 4.00 | 12 | 5.4 | 5.5 | 14.5 |
| | 5.00 | 27 | 12.2 | 12.3 | 26.8 |
| | 6.00 | 20 | 9.0 | 9.1 | 35.9 |
| | 7.00 | 20 | 9.0 | 9.1 | 45.0 |
| | 8.00 | 40 | 18.0 | 18.2 | 63.2 |
| | 9.00 | 12 | 5.4 | 5.5 | 68.6 |
| | 10.00 | 35 | 15.8 | 15.9 | 84.5 |
| | 11.00 | 3 | 1.4 | 1.4 | 85.9 |
| | 12.00 | 11 | 5.0 | 5.0 | 90.9 |
| | 13.00 | 4 | 1.8 | 1.8 | 92.7 |
| | 14.00 | 1 | .5 | .5 | 93.2 |
| | 15.00 | 7 | 3.2 | 3.2 | 96.4 |
| | 16.00 | 1 | .5 | .5 | 96.8 |
| | 17.00 | 1 | .5 | .5 | 97.3 |
| | 20.00 | 4 | 1.8 | 1.8 | 99.1 |
| | 27.00 | 2 | .9 | .9 | 100.0 |
| | Total | 220 | 99.1 | 100.0 | |
| Missing | System | 2 | .9 | | |
| Total | | 222 | 100.0 | | |

**Which year did you join the hospital?**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1977.00 | 2 | .9 | .9 | .9 |
| | 1978.00 | 2 | .9 | .9 | 1.8 |
| | 1979.00 | 5 | 2.3 | 2.3 | 4.1 |
| | 1980.00 | 4 | 1.8 | 1.8 | 5.9 |
| | 1981.00 | 2 | .9 | .9 | 6.8 |
| | 1982.00 | 1 | .5 | .5 | 7.2 |
| | 1984.00 | 2 | .9 | .9 | 8.1 |
| | 1985.00 | 1 | .5 | .5 | 8.6 |
| | 1986.00 | 4 | 1.8 | 1.8 | 10.4 |
| | 1987.00 | 8 | 3.6 | 3.6 | 14.0 |
| | 1988.00 | 14 | 6.3 | 6.3 | 20.3 |
| | 1989.00 | 15 | 6.8 | 6.8 | 27.0 |
| | 1990.00 | 21 | 9.5 | 9.5 | 36.5 |
| | 1991.00 | 9 | 4.1 | 4.1 | 40.5 |
| | 1992.00 | 16 | 7.2 | 7.2 | 47.7 |
| | 1993.00 | 13 | 5.9 | 5.9 | 53.6 |
| | 1994.00 | 14 | 6.3 | 6.3 | 59.9 |
| | 1995.00 | 23 | 10.4 | 10.4 | 70.3 |
| | 1996.00 | 10 | 4.5 | 4.5 | 74.8 |
| | 1997.00 | 22 | 9.9 | 9.9 | 84.7 |
| | 1998.00 | 7 | 3.2 | 3.2 | 87.8 |
| | 1999.00 | 8 | 3.6 | 3.6 | 91.4 |
| | 2000.00 | 4 | 1.8 | 1.8 | 93.2 |
| | 2001.00 | 4 | 1.8 | 1.8 | 95.0 |
| | 2002.00 | 4 | 1.8 | 1.8 | 96.8 |
| | 2003.00 | 3 | 1.4 | 1.4 | 98.2 |
| | 2004.00 | 1 | .5 | .5 | 98.6 |
| | 2005.00 | 1 | .5 | .5 | 99.1 |
| | 2006.00 | 2 | .9 | .9 | 100.0 |
| | Total | 222 | 100.0 | 100.0 | |

**Suggestion or comment**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | | 205 | 92.3 | 92.3 | 92.3 |
| | Decentralization | 1 | .5 | .5 | 92.8 |
| | Good Luck | 2 | .9 | .9 | 93.7 |
| | I appreciate your effort | 1 | .5 | .5 | 94.1 |
| | Mag.courses | 1 | .5 | .5 | 94.6 |
| | Mag.to function | 1 | .5 | .5 | 95.0 |
| | Mgt courses | 1 | .5 | .5 | 95.5 |
| | Nil | 6 | 2.7 | 2.7 | 98.2 |
| | Research | 1 | .5 | .5 | 98.6 |
| | Satisfactory | 1 | .5 | .5 | 99.1 |
| | So far so good | 1 | .5 | .5 | 99.5 |
| | Total reorientation | 1 | .5 | .5 | 100.0 |
| | Total | 222 | 100.0 | 100.0 | |

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