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An Examination of How Information Flow Affects Job Performance in the Federal Teaching Hospitals in Nigeria

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Abstract
The study was prompted by the concern of the health sector personnel to see personnel management improved through a systematic application of sound management principles and techniques in Nigeria. The specific objective of the study was to examine how information flow affects job performance in the federal teaching hospitals in Nigeria. The study covered the fourteen key federal teaching hospitals in Nigeria. The study was based on Abraham Maslow's Theory of Need Hierarchy. A sample of 560 health workers was purposively chosen. The hypothesis was tested using multiple linear regressions. The result shows that with a constant value of 0.823, information flow have positive effects (coefficient of IF = 0.407 and coefficient of N1 = 0.355) on job performance and the effect is significant. This indicates that one of the most important needs of health workers in the federal teaching hospitals in Nigeria is information about what is happening around their workplace which helps in cultivating and maintain mutually satisfactory relationship between the health managers and workface. It is the inadequate information flow downwards and upwards in the work system that nursed up the 'Oyibo work" attitude among the health workers in the federal teaching hospitals in Nigeria. It is recommended that the dissemination of information about the hospital priorities, goals, objectives and strategies to health staff at all levels is necessary as it affects work attitudes positively in the federal teaching hospitals in Nigeria
Keywords Information flow, Bad attitude to work, Extrinsic and intrinsic factors, Job performance, Hierarchy of Needs, Federal teaching hospitals, Misdistribution of Personnel

Introduction

As every Nigerian literally groans over the *bad attitude to work* of his fellow Nigerians, an attitude many believe has inflicted a lot of setbacks on the development of the country, the search for the most effective and efficient way of curing this ill intensifies. Nigerian management experts have the great and necessary challenge of evolving management principles and styles that are tailored to meet the needs of their own environment. Schools curricula in Nigeria are mostly dominated by only foreign principles, concepts and background. The urgent need in the country now is to use that foreign experience to develop the type of curricular that would take cognizance of the peculiarities of the local environment. Modern theories of motivation are based on the researches of such writers as Douglas McGregor, Abraham Maslow, Herzberg, Katz and Vroom, but have not had the necessary impact in the Nigeria context.

Presently Nigerian writers are discussing motivation and leadership especially from the viewpoint of what and how Nigerian workers could be motivated for more positive attitude to work and for greater efficiency and productivity. The challenge is discussed here from the background of the view which states that culture which varies from country to country, and between communities determines the norms, beliefs, wants, expectations and behavior of people. It causes variation in the need contents and structure, between communities and societies and of course, between workers. Hence, the Nigerian managers question as to whether what is said to motivate workers in the advanced countries as given by the behavioural science theories on motivation and leadership does apply also to Nigerian workers.

If these theories are briefly reviewed, it will be recalled that Taylor's theory of motivation was based on monetary incentives, Maslow suggested that needs were at five hierarchical levels and that lower needs when satisfied did not motivate. Herzberg's two factor theory; hygiene factors and motivators, which were developed not only in an advanced economic environment but also with a sample of population for the study made up of people with reasonably high standard of satisfaction of the lower needs according to Maslow's theory. So the finding by Herzberg may not have a general application even in the advanced countries. There is also Victor Vroom's Expectancy theory. Also, there is McGregor's theory x and theory Y which relate to leadership. But the burden and questions of the Nigerians is whether or not these theories are relevant to the Nigerian situation, and if so, how?

However, an analysis of the issues in Nigeria, especially in the federal teaching hospital indicates that, overall, the main problems are maldistribution of personnel, shortages or surpluses in one or more categories, poor utilization or low productivity, unsatisfactory career structure and promotion system; ineffective continuing education and supervision, and poor living and working conditions. Most of these problems have existed and persisted in Nigeria for many years now. And the concern of the health sector personnel to see personnel management improved through a systematic application of sound management principles and technique is not new in Nigeria, as shown in the incessant strikes, disputes with labour unions like National Association of Resident Doctors (NARD), Senior Staff Association (SSAUTHRIAI), medical and Health workers union of Nigeria (M&HWUN), National Association of Nigeria Nurses & Midwives (NANNM (Uduji, 2006).

In this study, an attempt was made to analyze the basis of the low motivation of the Nigerian workers in the federal teaching hospitals in Nigeria, with a view to prescribing solutions to the nationwide problem. However, the specific objective in this work was to examine how information flow affects job performance in the federal teaching hospitals in Nigeria. And since the health workforce is the largest and most important resources of the health infrastructure in Nigeria public health sector, it merits the priority attention this study would give to improve its management, particularly in respect of motivation and job performance. Also, as no undertaken study of migration of health personnel in Nigeria has been completed, this study might be used to determine the reasons for the migration, and how the problem of out-migration of key health workers from Nigeria could be mitigated.

Theoretical Framework

Since the 1940s, research into human behavior has suggested that people are motivated by a number of different needs, at work and in their personal life. Recognizing and satisfying these needs will help organization to get the best from people. Therefore, several motivation theories work on the assumption that given the chance and the right stimuli, people would work well and positively. If these theories are briefly reviewed, it would help to select the platform to examine how information affect job performance in the Nigerian context.

Douglas McGregor (1960) describes the assumptions made by managers practicing two opposing leadership styles. The assumptions presumed to be made by the autocratic manager are set out in his theory X. For example, he states that "most people must be concerned, controlled threatened with punishment, to get them to put forth adequate effort toward the achievement organization objectives". On the other hand, the assumptions presumed to be made by the permissive, group-centered or democratic manager are grouped into his Theory Y.

Abraham Maslow (1954) believed that satisfying just physiological and safety needs is not enough to motivate a person fully. Once these needs have been appeased, there are others waiting to take their place. The Maslow hierarchy can be applied to every aspect of life and the more ambitions and satisfied the personality, the greater the potential contribution to the organization. Abraham Maslow's major contribution is in the identifying and arraying those needs of the individual, which if adequately satisfied at the right time and place will motivate the individual to produce. He identified five such needs, which he arranged in a hierarchy from such lower needs as physiological and safety needs, to such higher needs as social needs for love and sense of belonging, esteem needs for achievement and recognition, and self actualization needs. A disconcerting aspect of his theory is his assertion that man is a wanting animal, as soon as one need is satisfied, another appears in its place. However, the prospect of "satisfying" a need ought to be taken with circumspection. For it has been shown that a "satisfied" need does not disappear completely

nor is it crowded out by the unsatisfied ones. Rather it exists, and acts as spring board from which the other needs emanate. For instance no man has ever preeminently satisfied the physiological needs for eating and drinking, though these are supposed to be far down the need hierarch (Maslow, 1943; Maslow, 1962; Maslow1965; Maslow, 1967; Maslow, 1971; Maslow & Mittelman, 1941).

Herzberg's (1966) "dual-factor", motivator-hygiene, satisfer-dissatisfier theory of motivation has completely shaken common place motivation assumptions to their foundation. He classified all "motivation" instruments into two, namely *the hygiene* or *extrinsic factors* which exist outside the work itself. These include the physical environment, inter-personal relationship, salary, supervision, job security, company policy and administration. According to him, the existence or augmentation of these hygiene factors does not motivate the worker to produce more, but their absence or reduction cause dissatisfaction. He therefore calls them dissatisfier. His *motivator* or *intrinsic factors* exist within the work itself. These include opportunity for advancement, recognition for achievement, responsibility, the work itself, and growth or advancement. According to him, the more any of these are provided, the greater the motivation.

Overall, Maslow's thinking was more subtle, flexible and wide-ranging, and would be appropriate for the analysis of this study, than the popularized form in which his theory has become, might suggest. To that extent, this study was examined in the light of clinical research idea developed by Maslow, whereby human needs could be classified in terms of a hierarchy of five steps: Physiological needs, safety needs, social or love needs ego or self-esteem needs and self-fulfillment or "self-actualization" needs as shown in figure I.

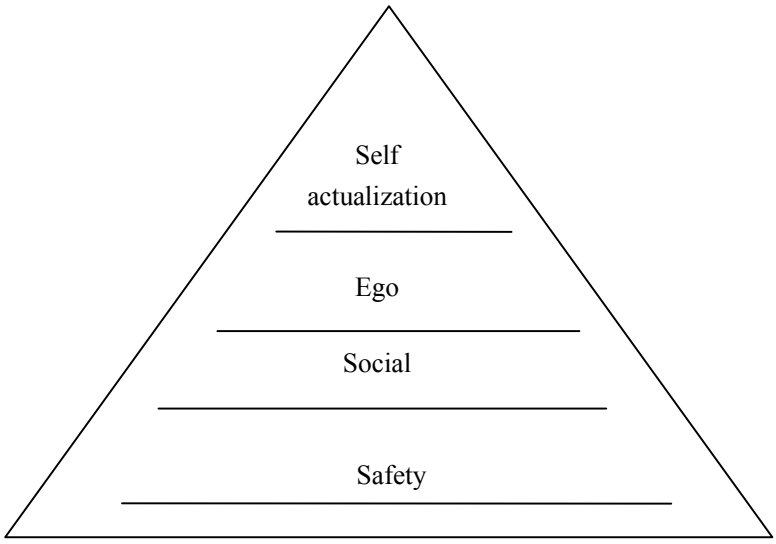

Figure I: Maslow's Need Hierarchy

Source: Organ, D. and Bateman T. (1991) *Organizational Behaviour,*
Burr Ridge, IL: Richard D. Irwin

Research Methodology

This study covered the fourteen top federal teaching hospitals in Nigerian. They include the following:

- Ahmadu Bello University Teaching Hospital (ABUTH), Zaria.
- Aminu Kano Teaching Hospital, Kano
- Lagos University Teaching Hospital (LUTH) Idi Araba, Surulere.
- Nnamdi Azikiwe University Teaching Hospital, Nnewi
- Obafemi Awolowo University Teaching Hospital Complex, Ile-Ife.

- University College Hospital (UCH), Ibadan
- University of Benin Teaching Hospital (UBTH), Ugbowo
- University of Calaber Teaching Hospital, Calaber
- University of Ilorin Teaching Hospital, Ilorin
- University of Jos Teaching Hospital, Jos
- University of Maiduguri Teaching Hospital, Maiduguri
- University of Nigeria Teaching Hospital (UNTH) Ituku-Ozola, Enugu
- University of Part Harcourt Teaching Hospital, Port Harcourt
- Usman Dan Fadio University Teaching Hospital, Sokoto

A sample of 560 health workers was purposively chosen for the study. And since the study is concerned with specific predictions, narrations of fact and characteristics, a descriptive design was adopted for the work. The research instruments used for the data collection included both structured questionnaire and interview guide. Data collected were descriptively analyzed, using frequencies, simple percentages, clients, and means and standard deviation measures. The data were tested at 5% level of significance, using the Z-test statistics to establish whether the responses were normally distributed. The were done with the aid of the SPSS 17.0 statistical software. The hypothesis was tested using multiple linear regressions.

Data Presentation and Analysis

In order to achieve the objective of this study, the following questions were asked and analyzed

Question 1: How do you rate the job performance of employees in the teaching hospital?

Table 1: Job Performance of Employees in Teaching Hospitals

teaching hospital	How do you rate the job performance of employees in the teaching hospital?					
	Excellent	Good	Average	Poor	Bad	Total
ABUTH Zaria	6	6	6	18	4	40
	15.0%	15.0%	15.0%	45.0%	10.0%	100.0%
Aminu Kano Teaching Hospital, Kano	7	5	3	21	4	40
	17.5%	12.5%	7.5%	52.5%	10.0%	100.0%
LUTH Lagos	3	7	4	20	6	40
	7.5%	17.5%	10.0%	50.0%	15.0%	100.0%
NAUTH Nnewi	4	5	9	18	4	40
	10.0%	12.5%	22.5%	45.0%	10.0%	100.0%
OAUTH Ile-Ife	3	4	4	22	7	40
	7.5%	10.0%	10.0%	55.0%	17.5%	100.0%
UCH Ibadan	5	4	1	23	7	40
	12.5%	10.0%	2.5%	57.5%	17.5%	100.0%
UBTH Ugbowo	6	7	5	18	4	40
	15.0%	17.5%	12.5%	45.0%	10.0%	100.0%
UCTH Calabar	3	4	4	21	8	40
	7.5%	10.0%	10.0%	52.5%	20.0%	100.0%
UITH Ilorin	4	7	7	12	10	40
	10.0%	17.5%	17.5%	30.0%	25.0%	100.0%
UJTH Jos	7	8	9	10	6	40

	17.5%	20.0%	22.5%	25.0%	15.0%	100.0%
UMTH Maiduguri	5	8	7	14	6	40
	12.5%	20.0%	17.5%	35.0%	15.0%	100.0%
UNTH Enugu	9	8	5	12	6	40
	22.5%	20.0%	12.5%	30.0%	15.0%	100.0%
UPTH Port Harcourt	7	5	9	12	7	40
	17.5%	12.5%	22.5%	30.0%	17.5%	100.0%
UUTH Sokoto	5	5	5	16	9	40
	12.5%	12.5%	12.5%	40.0%	22.5%	100.0%
Total	74	83	78	237	88	560
	13.2%	14.8%	13.9%	42.3%	15.7%	100.0%
Z-value	6.675					
p-value	0.000					

Source: Filed Data, 2013

Table 1 above, shows that over 50% of the respondents of the sampled 14 teaching hospitals in Nigeria, opined that staff performance in the teaching hospitals is either poor or bad. With a Z-value of 6.675 at $p < 0.05$, this distribution is normal, hence, acceptable for further statistical testing.

Question 2: How do you rate the information flow in the teaching hospital?

Table 2: Rate of Information Flow

Teaching Hospital	How do you rate the information flow in the teaching hospital?					Total
	Excellent	Good	Average	Poor	Bad	
ABUTH Zaria	4	4	5	18	9	40
	10.0%	10.0%	12.5%	45.0%	22.5%	100.0%
Aminu Kano Teaching Hospital, Kano	3	9	11	7	10	40
	7.5%	22.5%	27.5%	17.5%	25.0%	100.0%
LUTH Lagos	7	7	8	12	6	40
	17.5%	17.5%	20.0%	30.0%	15.0%	100.0%
NAUTH Nnewi	6	6	9	9	10	40
	15.0%	15.0%	22.5%	22.5%	25.0%	100.0%
OAUTH Ile-Ife	6	9	3	13	9	40
	15.0%	22.5%	7.5%	32.5%	22.5%	100.0%
UCH Ibdan	6	6	4	17	7	40
	15.0%	15.0%	10.0%	42.5%	17.5%	100.0%
UBTH Ugbowo	10	10	5	9	6	40
	25.0%	25.0%	12.5%	22.5%	15.0%	100.0%
UCTH Calabar	5	6	5	15	9	40
	12.5%	15.0%	12.5%	37.5%	22.5%	100.0%
UITH Ilorin	4	6	7	13	10	40
	10.0%	15.0%	17.5%	32.5%	25.0%	100.0%
UJTH Jos	8	8	3	11	10	40

	20.0%	20.0%	7.5%	27.5%	25.0%	100.0%
UMTH Maiduguri	4	8	9	10	9	40
	10.0%	20.0%	22.5%	25.0%	22.5%	100.0%
UNTH Enugu	6	9	8	13	4	40
	15.0%	22.5%	20.0%	32.5%	10.0%	100.0%
UPTH Port Harcourt	5	5	6	15	9	40
	12.5%	12.5%	15.0%	37.5%	22.5%	100.0%
UUTH Sokoto	4	6	8	15	7	40
	10.0%	15.0%	20.0%	37.5%	17.5%	100.0%
Total	78	99	91	177	115	560
	13.9%	17.7%	16.3%	31.6%	20.5%	100.0%
Z-value	5.391					
p-value	0.000					

Source: Filed Data, 2013

Table 2 above, shows that a minimum of 50% of the respondents on an average of the sampled 14 teaching hospitals in Nigeria, opined that the frequency of rate of information flow in the teaching hospitals is either poor or bad. With a Z-value of 5.391 at $p < 0.05$, this distribution is normal, hence, acceptable for further statistical testing.

Objective 3: How often do employees in the teaching hospital get information the need for their jobs as at when due?

teaching hospital	How often do employees in the teaching hospital get information the need for their jobs as at when due?					Total
	Excellent	Good	Average	Poor	Bad	
ABUTH Zaria	5	7	0	21	7	40
	12.5%	17.5%	.0%	52.5%	17.5%	100.0%
Aminu Kano Teaching Hospital, Kano	8	5	9	13	5	40
	20.0%	12.5%	22.5%	32.5%	12.5%	100.0%
LUTH Lagos	6	5	9	15	5	40
	15.0%	12.5%	22.5%	37.5%	12.5%	100.0%
NAUTH Nnewi	8	6	5	16	5	40
	20.0%	15.0%	12.5%	40.0%	12.5%	100.0%
OAUTH Ile-Ife	4	5	8	16	7	40
	10.0%	12.5%	20.0%	40.0%	17.5%	100.0%
UCH Ibdan	8	5	6	14	7	40
	20.0%	12.5%	15.0%	35.0%	17.5%	100.0%
UBTH Ugbowo	3	6	6	15	10	40
	7.5%	15.0%	15.0%	37.5%	25.0%	100.0%
UCTH Calabar	4	8	4	17	7	40
	10.0%	20.0%	10.0%	42.5%	17.5%	100.0%
UITH Ilorin	5	6	7	16	6	40
	12.5%	15.0%	17.5%	40.0%	15.0%	100.0%

UJTH Jos	6	5	8	15	6	40
	15.0%	12.5%	20.0%	37.5%	15.0%	100.0%
UMTH Maiduguri	5	6	7	17	5	40
	12.5%	15.0%	17.5%	42.5%	12.5%	100.0%
UNTH Enugu	5	7	10	13	5	40
	12.5%	17.5%	25.0%	32.5%	12.5%	100.0%
UPTH Port Harcourt	5	7	8	14	6	40
	12.5%	17.5%	20.0%	35.0%	15.0%	100.0%
UUTH Sokoto	4	6	8	15	7	40
	10.0%	15.0%	20.0%	37.5%	17.5%	100.0%
Total	76	84	95	217	88	560
	13.6%	15.0%	17.0%	38.8%	15.7%	100.0%
Z-value	5.903					
p-value	0.000					

Source: Filed Data, 2013

Table 3 above, shows that a minimum of 50% of the respondents of the sampled 16 teaching hospitals in Nigeria, opined that the frequency by which employees get the necessary information they need in the teaching hospitals is either poor or bad. With a Z-value of 5.903 at $p < 0.05$, this distribution is normal, hence, acceptable for further statistical testing.

Hypothesis

The information flow about what is happening around a health worker does not significantly affect job performance in the Federal Teaching Hospitals in Nigeria

Regression

Descriptive Statistics

	Mean	Std. Deviation	N
how do you rate the job performance of employees in your teaching hospital?	3.3250	1.27509	560
how do you rate the information flow in your teaching hospital?	3.2714	1.34200	560
how often do employees in your teaching hospital get information the need for their jobs as at when due?	3.2911	1.31698	560

Correlations

		how do you rate the job performance of employees in your teaching hospital?	how do you rate the information flow in your teaching hospital?	how often do employees in your teaching hospital get information the need for their jobs as at when due?
Pearson Correlation	how do you rate the job performance of employees in your teaching hospital?	1.000	.679	.659
	how do you rate the information flow in your teaching hospital?	.679	1.000	.682
	how often do employees in your teaching hospital get information the need for their jobs as at when due?	.659	.682	1.000
Sig. (1-tailed)	how do you rate the job performance of employees in your teaching hospital?	.	.000	.000
	how do you rate the information flow in your teaching hospital?	.000	.	.000
	how often do employees in your teaching hospital get information the need for their jobs as at when due?	.000	.000	.
N	how do you rate the job performance of employees in your teaching hospital?	560	560	560
	how do you rate the information flow in your teaching hospital?	560	560	560
	how often do employees in your teaching hospital get information the need for their jobs as at when due?	560	560	560

Model Summary[b]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.730[a]	.533	.532	.87270	.747

a. Predictors: (Constant), how often do employees in your teaching hospital get information the need for their jobs as at when due?, how do you rate the information flow in your teaching hospital?

b. Dependent Variable: how do you rate the job performance of employees in your teaching hospital?

ANOVA[b]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	484.633	2	242.316	318.163	.000[a]
	Residual	424.217	557	.762		
	Total	908.850	559			

a. Predictors: (Constant), how often do employees in your teaching hospital get information the need for their jobs as at when due?, how do you rate the information flow in your teaching hospital?

b. Dependent Variable: how do you rate the job performance of employees in your teaching hospital?

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.823	.106		7.760	.000
	how do you rate the information flow in your teaching hospital?	.407	.038	.429	10.835	.000
	how often do employees in your teaching hospital get information the need for their jobs as at when due?	.355	.038	.367	9.272	.000

a. Dependent Variable: how do you rate the job performance of employees in your teaching hospital?

Model

JP = 0.823 + 0.407IF + 0.355NI
(t = 10.835) (t = 9.272)

Where; JP = Job Performance
IF = Information Flow
NI = Needed Information

R = 0.730
R^2 = 0.533
F = 318.163 (sig. = 0.000)
DW = 0.747

Interpretation

The model shows that with a constant value of 0.823, information flow and needed information have positive effects (coefficient of IF = 0.407 and coefficient of NI = 0.355) on Job Performance and this effect is significant.

This result is strengthened with a further analysis which gives the $r_{cal} = 0.73 > r_{critical} = 0.06$; $F_{cal} = 318.163 > F_{critical} = 3.8415$; $p = 0.000 < 0.05$. This indicates that the variation explained by the model is not due to chance.

Decision

Based on this result, it is concluded that the information flow about what is happening around a health worker significantly affects job performance in the Federal Teaching Hospitals in Nigeria. Thus, the null hypothesis is rejected and the alternative hypothesis accepted accordingly.

Discussion of the Major Findings

The model of this finding with a constant value of 0.823 suggests that good communication is the life blood of organizations. It takes many forms, such as speaking, writing and listening, though its purpose is always to convey a message to recipients. It can be used to handle information and improve good relationship in any organization. The model summary and 2 of this analysis shows that the dissemination of information about the hospital priorities, goals, objectives and strategies to health staff at all levels do affect work attitudes positively in the federal teaching hospitals in Nigeria. To be well informed would help to cultivating and maintaining mutually satisfactory relationship between the hospital management board and the health workers, as it cultures worker's loyalty to the teaching hospital. This indicates that to develop and sustain the commitment of the health workers to achieving the goals and objectives of the health system, health managers need to get them involved in planning the specific hospital's mission, and setting a process for its translation into concrete plans. This is a critically important leadership role at all levels in the federal teaching hospitals in Nigeria.

The model shows that when the health workers are not performing up to standards, the challenge is not to fire them, but rather to help them become productive employees. Often, these health workers have received extensive training and correcting the problem is less expensive than replacing them. And because of the possible tribal and ethnicity discrimination suits, it is also prudent for health managers to make sure that they have done everything within reason to help the failing health workers before firing them. Although many health managers in the federal teaching hospitals in Nigeria are finding it difficult to criticize their subordinates due to some environmental factors, it is often possible to correct a problem just by giving immediate feedback about the problem behavior. This constructive feedback should be take place as soon as the health manager notices the performance problem. Health managers should very specific about what the problem is in the hospital. The following steps should be followed in providing effective feedback in the federal teaching hospitals in Nigeria:

i. State the problem;
ii. Get the health worker's agreement on the problem;
iii. Listen to the health worker's assessment of the problem;
iv. Consider extenuating circumstances
v. Design an action plan for improvement and
vi. Get the health worker's agreement on the action plan.

If the health workers performance does not improve as a result of immediate feed back, the problem should be reviewed in a formal performance appraisal; and a plan for improvement should be agreed upon by the health manager and the health worker. The health manager must make it very clear that poor performance is not acceptable in the federal teaching hospitals in Nigeria. Each step should be documented with written memos detailing what took place. If the problem continues, a counseling session is recommended to review all the previous attempts to encourage improvement. The health worker should be given a specified time period with all of the appropriate documentation; the health manger must recommend to the health management board the termination or demotion of the health worker. The ideal is for effort/offences to be perfectly instrumental to reward/punishments in the federal teaching hospital, in Nigeria. This is because, by not being willing to appraise performance and reward on that basis; by operating an employment and advancement system saturated with favouritism and discrimination; by attempting to be "fair" to all health workers by treating the productive and the unproductive alike; or by not punishing offending health workers, the federal teaching hospitals in Nigeria are inducing the much decried bad attitude of the health workers towards work.

The results coefficient of IF = o.407 and coefficient of N1 = 0.355 of this study shows much of how the federal teaching hospitals in Nigeria can gain a competitive advantage when the health mangers strive to increase efficiency, quality, responsiveness to health workers and innovation. Good information flow in the hospitals is essential for obtaining these health management goals in the federal teaching hospitals in Nigeria. Health managers as shown in table 2 can increase efficiency by updating the human resources management process to take advantage of new and more efficient technologies and by training health workers to operate the new technologies and expand their skills. Good information flow is necessary for health managers to learn about new technologies, implement them in their organizations and train health workers in how to use them. Similarly, improving quality hinges on effective

communication. Health managers need to communicate to all health workers in the federal teaching hospital in Nigeria the meaning and importance of high quality and the routes to attaining it. Subordinates needed to communicate quality problems and suggestions for increasing quality to their superiors, and members of self-managed work teams need to share their ideas for improving quality with each other.

Information flow can also help to increase responsive to patients in the hospitals. When the health works that are closet to patients are empowered to communicate patients' need and desire to health managers, then the hospital management board would be in a better position to respond to these needs. Health managers, in turn, must communicate with the health workers to determine how best to respond to changing patient preferences. And innovation, which often takes place in cross-functional team, also require effective communication in the federal teaching hospitals in Nigeria. Health workers of the team must communicate with the health managers to secure the resources they need to develop a project and also keep them informed of progress on the project. Effective communication is necessary for health managers and all health workers of the federal teaching hospitals in Nigeria to increase efficiency, quality, responsiveness to patients, and innovation and thus gain a competitive advantage for the organization. Health managers therefore must have a good understanding of the communication process if they are to perform effectively in the federal teaching hospitals in Nigeria.

Conclusion and Recommendations

The finding of this study indicates that one of the most important needs of the Nigerian health workers in the federal teaching hospitals in Nigeria is the information about what is happening around their workplace. To be well informed they believed, helped in cultivating and in maintaining mutually satisfactory relationship between the health manager and the health workers; and it cultures health worker's loyalty to the federal teaching hospitals in Nigeria. The study reveals something serious about this information flow. Perhaps, it is the inadequate information flow downwards and upwards in the colonial work systems that nursed up the *Oyibo work* attitude among the Nigerian health workers in the federal teaching hospitals in Nigeria. The need for information flow may be important in Nigerian culture but in a theoretical analysis, where could one place this need for information in the need structure? The answer is shown in the findings of this study. The study's submission implied that Nigeria health workers are influenced by the levels of needs that come under the theoretical frame work of the study – Maslow's theory of Needs. This would seem to be confirmed by this investigation which further sought to establish what need struck the interest of Nigeria health workers and in what order in the federal teaching hospitals in Nigeria. The study shows that the needs of Nigerian health workers could be ordered as follows: recognition, physiological expressed in good wages, and security.

Recognition here could have the same implication as Uduji (2006) identified need for information, because recognition could be expressed in giving the health worker information about his work in the federal teaching hospitals in Nigeria. What is worthy of note about this when it is accepted that the information and recognition needs had the same significance in terms of need structure need hierarchy could be scored as basic to Nigerian health workers in the federal teaching hospitals in Nigeria. So, recognition may have a high place in the Nigerian cultural values for motivation at collective work systems. The finding seem to confirm that the motivation theories by the behavioural scientists conform to the desire of Nigerian health workers according to individual developmental levels, and according to the federal teaching hospitals systems. That Nigeria culture place emphasis on information and recognition, over which some of the more advanced countries drag their feet is a fact that desires serious attention in the search for a Nigerian motivation system in the federal teaching hospitals in Nigeria. It is therefore recommended that to develop and sustain the commitment of health workers to achieve the goal and objectives of the health system, health mangers need to get them involved in planning the specific actions needed. Sharing a strategic vision of the organization's mission, and setting up a process for its transaction into concrete plans, as a critically important leadership role at all levels.

The dissemination of information about the hospitals priorities, goals, objectives strategic, to ensure that they are known to the health workers at all levels is essential in health workforce management. Encouraging the participation of the health personnel in the process of problem identification and problem identification and problem definition in their work setting is important in health workforce management. Ensuring the participation of health workers in the

development of the specific objectives of the health system at their level of operation is essential. Encouraging the formulation of hospital health policies and plans in collaboration with all levels of health personnel management style of the teaching hospitals should be improved to facilitate free flow of information in all direction. In practice these involvement would require frequent meetings for joint planning and evaluations, brain storming sessions for problem identification and solving, participatory training approaches for the continuing commitment of the health workers to achieving the objectives of the federal teaching hospitals in Nigeria.

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