Motivation as a Veritable Tool for Effective Leadership in the Nigerian Health Sector

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Abstract
Leadership is seen as the process of influencing a group of individuals to strive willingly with utmost dedication and commitment towards achieving organizational goals. The importance of effective leadership who is vest in the knowledge of appropriate use of motivational techniques looms large indeed especially in the Nigerian health sector. This study is therefore an attempt to examine the place of motivation in enhancing effective leadership in the Nigerian health sector. This study becomes necessary because of the worrisome situation of the Nigerian health institutions despite huge government financial outlay on yearly basis. The study adopted content analytical method to review the works of concerned scholars on the subject matter. In addition, interviews were granted to the researchers by some health personnel from both the core medical lines and other professional bodies. The study revealed that the current ugly situation in the Nigerian health system is partly a consequence of poor leadership as well as inappropriate application of motivational schemes by health managers. This has resulted in conflict and struggle for supremacy in the health sector. On the basis of the foregoing, the study made a case for the introduction of human resources management into the curriculum of the medical schools; there should also be a forum for different labour unions in the heath sector to sincerely brainstorm on some lingering issues affecting them with a view to presenting formidable fronts towards addressing them. The implication of the foregoing is that it will reduce to the barest minimum the protracted conflicts and other vices which want to bring our health sector on its knees.
Keywords – Motivation, leadership, health sector, effective leadership.

Introduction
Every organization is established to achieve a certain purpose or group of objectives. The attainment of the set objectives undoubtedly depends on three main resources at the disposal of the organization. They are financial, material and human resources. The health sector is not an exception. The sector requires optimum deployment of human, financial and material resources for it to succeed in adequate provision of health care services to the generality of the Nigerian populace. Even when the Nigerian health system has got all the materials and financial resources it needs to perform its functions, it must scout and attract competent hands to put them into effective use. Little wonder Nwankwo (2007), asserts that human resources are about the most important of the three essential resources of any organization. He goes on to say that human resources are the highest asset of any organization, because no matter the amount of capital invested in an organization; its success or failure depends on the quality of people who plan and execute its programmes.

The health sector according to the World Health Organization (2007), consists of all organizations, people and actions whose primary intent is to promote, restore or maintain health. This includes efforts to influence determinants of health as well as more direct health improving activities. A health system is therefore more than the pyramid of public owned facilities that deliver personal health services. It includes a mother caring for a sick child at home; private providers; behaviour change programmes etc. For the purpose of our study, the health sector is composed of health institutions, facilities, trained personnel in different fields of medicine and paramedical as well as individuals who strive on daily basis to provide health care services to address health challenges of the people.

The Nigerian health system may not effectively and efficiently provide health care services to the teeming population of the country without effective leadership that can influence and motivate all the health personnel for efficient service delivery. In the light of the above, Cole (1997:49) sees leadership as

> A dynamic process at work in a group whereby one individual over a
> particular period of time and in particular organizational context
> influences the other group members to commit themselves freely to the
> achievement of group tasks or goals.

Leadership is therefore seen in this context as the use of influence and motivation aimed at achieving organizational goals. Leadership is the non-coercive influence to shape the group's or organizational goals, motivate behaviour towards attainment of those goals and help define group and organization culture (Yukl, 1995).

The need for effective leadership in the Nigerian health sector to motivate all the categories of health personnel for optimum performance looms large indeed. This is because the ability of the Nigerian health system

to meet the Millennium Development Goals on health depends to a large extent on the motivation of its employees. No health manager can succeed in achieving effective health care delivery without knowing what motivate his employees. That is why Koontz et al (1983:631) states inter alia –

> All those who are responsible for the management of any organization must build into the entire system factors that will induce people to contribute as effectively and efficiently as possible. A manager does this by building into every aspect of the organizational climate those things which will cause people to act in desired ways.

The deplorable health conditions in the country may not be unconnected with the poor leadership skills of health managers in the Nigerian health sector to raise the morale of health workers. Most of them lack basic knowledge of what the need of the health personnel under them are. This situation however makes the workers dissatisfied and discourages them from demonstrating utmost commitment towards ensuring the achievement of the goals of the Nigerian health system.

Thus, despite government huge financial intervention in the sector, the key health indicators have either stagnated or worsened. Life expectancy dropped from 53.8years for females and 52.6years for males in 1991 to 48.2 years for females and 46.8years for males in 2000. The infant mortality rate (IMR) rose from 87.2 per, 1,000 live births in 1990 to 105 in 1999. About 52% of under five deaths are associated with malnutrition. The Maternal Mortality Rate (MMR) of 800 per 100,000 live births which is one of the highest in the world (WHO, 2007; Federal Ministry of Health, 2000).

Similarly, as a result of poor leadership in the Nigerian health system, a sizeable number of physicians, nurses and other medical professionals are lured away to developed countries in search of promising and lucratic positions (Raufu, 2002). Nigeria is currently seen as a major health exporting nation, accounting for 347 (recently revised upward to 432) out of a total of 2000 nurses that emigrated out of Africa between April 2000 and March 2001 (Nnamuchi, 2007). Data on Nigeria doctors legally migrating overseas are scarce and unreliable. Be that as it may, a large proportion of doctors have left the shores of Nigeria and are presently working with the best health institutions across the world. This, no doubt, has plunged our country into acute shortage of qualified health personnel in our local health facilities.

It is against this background that we undertake this study to ascertain the place of motivation in ensuring sustainable leadership in the Nigerian health sector. Specifically, effort will be geared towards establishing the relationship between motivation and leadership; discuss the challenges of leadership in the health sector and motivational strategies crucial to entrench effective leadership in the health institutions in the country.

Theoretical Explication

The theoretical framework adopted for this study is the hierarchy of Needs theory expounded by Abraham Maslow (1970). The theory is based on three assumption. First, that human beings in an organization have differing needs ranging from physiological to psychological needs. Second, individuals are in a constant state of motivation, achieving a state of satisfaction only for a short period of time. Third, the needs are hierarchically arranged from the lower level needs to the higher level needs such that biological needs are satisfied first before other higher needs will arise for attention. Suffice it to say that the third assumption has come under serious attack/criticisms from renowned scholars in behavioural sciences.

According to Maslow, the five basic needs are:-

a. Physiological needs: They are needs for maintaining and sustaining human livelihood. They comprise the need for food, water, shelter etc.
b. Security needs: -they have to do with the need for freedom from physical danger and the fear of loss of jobs.
c. Love needs: As man is a social being, he needs to belong and to be accepted by others.
d. Esteem needs: These are needs for self -respect, recognition, reputation, confidence and independence.
e. Self -actualization needs: It has to do with the desire of a personnel to achieve his full potentials, to become everything that one is capable of becoming.

The implication of the theory is that the managers or leaders of the Nigerian health sector should recognize the existence of differing needs, impulses, etc among their subordinates. With this knowledge, the leadership is expected to look inwards to identify such desires, needs, and aspirations among their subordinates with a view to satisfying them. This will invariably go a long way to induce all the categories of health workers to put in their utmost best to enhance optimal productivity in the health system.

Conceptual clarification of terms

Motivation: Motivation has attracted variegated definitions from several scholars. Moorhead and Griffin

(1995), sees motivation as the set of forces that lead people to behave in particular ways. Motivation is conceived here as the forces or impulses within a person which direct his behaviour pattern. In the words of Schein quoted in (Croft, 1996:46), motivation is defined as "impulses that stem from within a person and lead him to act in ways that will satisfy those impulses". Thus, motivation implies that there is some driving forces within individuals, which drive them to attempt to achieve a goal or objective, in order to satisfy their needs (Croft, 1996). Therefore, motivation can be defined as the differing needs, aspirations of the workforce that induce them to behave in certain manner with a view to satisfying them. It is the motive behind one's behaviour in any organizational setting.

Leadership: As a concept in the social and management sciences, it has attracted several definitions from different scholars reflecting each author's worldview. Koontz et al (1983:660), defined leadership as "influence, the art or process of influencing people so that they will strive willingly toward the achievement of group goals". In line with the above Bedeian (1986:464) conceived of leadership as "the art of influencing individual or group activities towards achievement of enterprise objectives". Cole (1997:47) perceived leadership as "a dynamic process at work in a group whereby one individual over a particular period of time and in a particular organizational context influences the other group members to commit themselves freely to the achievement of group's tasks or goals".

From the foregoing, leadership should be seen as the ability to inspire or influence individuals in a work group to act in ways capable of attaining the set goals or aspirations of the group.

The Nigerian Health System at a Glance

The healthcare provision in Nigeria is a concurrent responsibility of the three levels of government in the country. The federal government shoulders the onerous functions for policy guidance, planning and technical assistance, co-ordinating state-level implementation of the National Health Policy and establishing health management information systems. Moreso, the federal government reserves the right for disease surveillance, drug regulation, vaccine management and training health experts. The federal government equally co-ordinates the affairs of teaching, psychiatric and orthopedic hospitals and also runs some medical centres.

The management of the health facilities and programmes is a shared function by the state ministries of health, state hospital management boards, and the local government areas. Specifically, the state governments run secondary health facilities (general hospitals), some times tertiary hospitals as well as some primary health care facilities. The training of nurses, midwives, health technicians etc is under the purview of the state. The states also provide technical assistance and support to local government health programmes as well as facilities.

The local governments are therefore, in charge of the management of primary health care facilities within their areas of jurisdiction. The 774 local governments in Nigeria in specific terms ensure the provision of basic health services, community health hygiene and sanitation.

The sorry situation of the public health system in the country has given rise to the emergence of private health sector as well as traditional and spiritual healers.

The general health condition in the country has been adjudged to have fallen below WHO accepted standards. According to Oyebanji (2013), the health condition in Nigeria is deplorable. He maintained that the most common diseases in Nigeria are malaria, guinea worm, pneumonia, measles, gonorrhea, typhoid, tuberculosis, chicken pox, diarrhea, polio and more recently AIDS. He reported that while cases from noticeable diseases were about 1.78 million in 1991, the figure rose to some 2.06 million by 1995. According to WHO (2002), malaria, diarrheal diseases, vaccine preventable diseases and acute respiratory infections are responsible for about 95% of morbidity and almost 90% of mortality in under five children in Nigeria. WHO (2014), reported that malaria contributes some 30% to child mortality. It added that AIDS, lower respiratory tract infections and diarrheal diseases are among the leading causes of death in the country. According to the report, the most recent figures for maternal mortality and under five child mortality are 630 per 100,000 live births and 124 per 1000 live births respectively.

There are great disparities in health status across the states and geopolitical zones in Nigeria. Disease etiology is linked to social determinants such as socio-economic status, education, gender inequality, as well as poor access to water, sanitation and hygiene (WHO, 2014).

The poor state of Nigerian health system is generally blamed on several factors such as organization, leadership, infrastructure, financing, and provision of health services (Federal Ministry of Health, 2000). The above problems have been aggravated by other socio-economic and political factors in the environment.

Similarly, Umeha (2015:1) succinctly presented the problems of the Nigerian health sector in the following lines –

> They range from poor funding by the government which reflect in inadequate
> or in some cases lack of necessary equipment and facilities in hospitals across
> the country, unhealthy rivalry between the medical doctors and other

professionals resulting in lack of industrial harmony to brain drain. Some analysts say the sector has been literarily brought on its knees by inter-professional bickering and struggle for supremacy. While doctors contend that by virtue of their training and responsibilities, they are the natural heads of the sector, other health workers including nurses, pharmacists, laboratory technicians/technologists, radiographers and practically every other non-physician staff argue otherwise. As this rivalry rages, the health care delivery is worst for it.

Another major challenge facing the Nigerian health sector is the acute shortage of competent health care providers. This ugly situation is usually due to inadequate infrastructure and poor remunerations. The Federal Ministry of Health (FMoH) lamented that the major challenge rearing its ugly head is how to ensure availability and retention of adequate pool of competent human resources. Shortages of health workers were widespread, health professionals and other service providers are inadequate; the uneven distribution of competent health workers deprives many of services and migration of health workers exacerbates the health situation (FMoH, 2007).

In a related development, there is a challenge of appropriate motivational schemes for health personnel. This in no small measure gets them frustrated and consequently impact negatively on their productivity. In most cases, dissatisfied health workers manifest some ugly behaviour which include among others –
   a.   Lack of courtesy to patients.
   b.   Failure to turn up at work on time and high level of absenteeism.
   c.   Failure to conduct proper patient examination and failure to treat patients in timely manner (Nnamuchi, 2007).

The Place of Leadership and Motivation in the Health Sector

Leadership is very central to the attainment of organizational goals. According to Bedeian (1986), leadership is both the adhesive that binds a work group together and the catalyst that triggers employee motivation. Leadership can have considerable influence on any enterprise performance. The management functions of planning, organizing, staffing and controlling are directionless without leadership. Leadership entails the use of influence to achieve or direct group behaviour in a number of ways. This includes getting employees to make what will be beneficial to group or corporate interest (Onah, 2008).

Leadership is very essential in the health sector. At the operational level are the first line or supervisory managers (young doctors) who are in charge of clinic, or unit; the nurse in charge of a unit, supervisors of laboratory, laundry, pharmacy, etc. It is interesting to note that these managers or leaders lead teams and supervise the work of others. They are responsible for operational plans, organizing, co-ordinating and controlling work at unit level.

Motivation on the other hand is the propelling force that induces one or group of persons to act in ways so as to satisfy them. Individuals join an organization because of the belief of what they stand to gain from being there. The opportunity to fulfill personal needs, drives, impulses etc give the members the courage to remain with an organization. However, if leaders understand the personal desires, needs of each member, they will be better positioned to understand what motivates each member of their subordinates.

In line with the foregoing, all the categories of health professionals in the Nigerian health sector have needs. Whereas some have physiological needs, others are in need of security, social acceptance, self – esteem and self actualization. Knowingly or unknowingly the health personnel set priorities to fulfill those needs.

The functions of the leadership in the health sector should be, in the main, the formulation of broad objectives of the sector and communication of same to all health personnel. They should champion proper co-ordination of all the units for the purpose of achieving unity of direction or purpose. It does not stop there; they are expected to be on the watch to identify the differing yearnings, desires, drives, or aspirations of their subordinates. The bottom line is to spot them out with a view to initiating policy decisions towards addressing those felt needs. This, no doubt, is a measure through which the individual goals of the health workers are incorporated in the mainstream of the goals of the health system. In this circumstance, there will be willing cooperation and commitment on the part of staff towards the attainment of broad objectives of the health system. This explains why it is absolutely necessary for the leadership of any organization to be highly knowledgeable in the application of appropriate motivational techniques to address the needs of his subordinates.

The unfortunate situation such as bickering and intractable struggle for supremacy that have characterized the Nigerian health system would have been successfully nipped in the bud if the leadership has been proactive about the yearnings and aspirations of the various labour unions. As it stands now, a battle line has been drawn between the medical doctors and other health professionals, which is a clear indication that our

health sector is currently suspended on a keg of gun power which can explode at any time.

To avert the looming imminent danger, there is need for all categories of leadership in the sector to rise to the occasion to show interest in resolving issues, complaints or agitations of the health workers' unions. This is crucial because they are the labour force that have the potency to make or mar the health institution. A case in point was the huge number of avoidable deaths recorded in the series of industrial actions embarked upon by the Nigerian health workers' unions. Available statistics showed that the poor in the society were the worst hit since they had no enough resources to access the services of private health care providers. The rich and political heavy weights were not perturbed because they had means as well as connections to fly their wards or relations abroad for adequate medical attention. For those of them who do not possess necessary documents for overseas trips, they made do with services from private health care providers in the country.

Essential Qualities of an Effective Leader

The leadership qualities are very difficult to pinpoint. This is due mainly to the fact that traits of leadership differ from one circumstance to another.

Be that as it may, leadership in any organization be it health institution or business enterprise should possess the following general characteristics.

a. A leader should be able to inspire his followers. The leader should try as much as possible to activate or animate the followers to put in their best towards realization of organizational goals.

b. A leader should be a motivator. Here, he is expected to create enabling environments that will induce workers to be more committed to achieving organizational set target.

c. A leader should be optimistic: A leader should develop positive outlook about any issue as well as believe in his capability to excel in attainment of certain set objectives. He should not assume the role of a prophet of doom; leadership is call to be positive minded.

d. A leader is a visionary: he should have a clear vision of where he wants his organization to go.

e. A good leader should keep his emotion in check in order to make rational and objective decisions and judgements.

f. An effective leader should be charismatic to be able to capture the hearts, emotions and minds of his subordinates.

Challenges of Leadership in the Nigerian Health Sector

Leadership has to do with the provision of direction and gaining commitment from stakeholders and staff, facilitating change, and achieving better health services through efficient, creative and responsible utilization of people and other health resources.

Nevertheless, the following among others are major constraints hampering effective leadership in the Nigerian health sector.

a. Lack of leadership training for health managers: Most of the health managers had minimal expectations about performing leadership and management roles as opposed to the careers they were trained for in tertiary institutions. However, when they are appointed to leadership positions, they are often challenged in handling managerial issues as they arise from time to time in the health institution. This to a large extent compounds manpower problems in the system.

b. Low staff morale: It is no longer news that the managers of the Nigerian health sector lack leadership acumen necessary to induce workers to be productive. Consequently, health personnel are more often than not dissatisfied. It may interest you to note that the series of crises rocking the Nigerian health system stem from poor remuneration and other allowances due for different categories of health workers. Whereas some argue that there should not be significant difference in the pay package between medical doctors (resident doctors) and other health personnel (laboratory scientist, physiotherapist, etc.), others especially medical doctors maintained that they are the head, hence deserve fat salaries and allowances higher than other health personnel. Effective leadership is needed at this point to assist government in the articulation and harmonization of pay packages and other allowances due for health workers in the system.

c. Lack of participatory decision making: Corrupt health managers oftentimes exclude talented and knowledgeable physicians who are not corrupt from the mainstream of decision making. As a result, the managers are bereaved of informed ideas or suggestions necessary to make worthwhile decisions to turn around the fortunes of the health system.

d. Inadequate training and retraining of health personnel: In medical field, there is obvious need for constant update of knowledge. This becomes necessary in view of differing diseases that emerge from time to time. A case in point was the outbreak of Ebola Virus disease that claimed over 6000 lives in some countries in Africa. Nigeria had its own fair share courtesy of Patrick Sawyer who imported the disease into the country. Thanks to First Consult Hospital whose personnel showed professionalism in

the handling of the dreaded disease. Conversely, our health personnel are not constantly placed on training and retraining programmes. The health managers see such training as a waste of valuable scarce resources and so commit little resources in that regard. Even when the training programme are instituted, the managers employ patronage and other mundane factors as criteria for the selection of staff for training.

e. The leadership of the Nigerian health institution finds it an uphill task to coordinate all the various categories of workers in the health institutions. As a result, there is constant struggle for supremacy which in the long run reduces their productivity.

f. Inadequate information flow: Since health managers are unversed in the basic managerial skills, they are often times challenged in ensuring free flow of information along the organizational hierarchy. This in extreme cases leads to information distortion and reliance on grapevine information as information sources with its attendant consequences.

Other leadership challenges include: inability of health managers to manage change or transition, inability to develop emotional intelligence and resilience; lack of interpersonal and intra personal skills; politics of appointment of health managers etc.

Motivational Strategies to Enthrone Effective leadership in the Nigerian Health Sector

In the proceeding section, efforts were made to highlight some of the leadership challenges in the Nigerian health system. This section will therefore extensively discuss what are expected of the health manager to bring remarkable changes in the Nigerian health sector. This is in recognition of the fact that a healthy citizenry is a productive citizenry and a productive citizenry means more money to the state, more money for the government and more money for everybody.

Thus, the following are the motivational techniques to be explored and utilized by the management in the health sector to engender the much needed improvement in the sector.

a. Increment in the health personnel pay package:- The leadership of the Nigerian health sector should in collaboration with the government of the day raise the pay packages for all categories of health personnel so as to be at par with what obtain elsewhere. This will definitely go a long way to discourage the health workers from leaving the shores of Nigeria in search of better job opportunities elsewhere. It should be pointed out that money whether in the form of wages, piecework or other incentive pay, bonuses, insurance cover are necessary motivational strategies to be adopted in order to induce health care service providers to put in their best in public health delivery.

b. Positive reinforcement:- According to Koontz et al (1983), individuals can be motivated by properly designing their work environments and praising their performance and that punishment for poor performance produces negative results. Health managers should endeavour at all times to remove all the perceived obstructions to health workers performance, embark on careful planning and organization and ensure that the health personnel are carried along in setting organizational goals. When all these conditions are satisfied, our health system will definitely be put back on track for efficient and effective service delivery.

c. Participatory leadership: The leadership of the Nigerian health system should always consult their employees especially on any matters affecting them. It does not stop there, health workers should be involved in setting health priorities and goals. Whenever there is sense of belonging, they will perceive the plans as theirs and strive assiduously towards accomplishing them. This if experimented with will surely launch our health system on the path of effective public service delivery.

d. Job enrichment: Health managers should make it a point of duty to modify the jobs of health workers to be more challenging and interesting. In line with the above, Koontz et al (1983:649) opined that:

> A job may be enriched by giving it variety. But also maybe enriched by (a) giving workers more latitude in deciding about such things as work methods, sequence, and pace or by letting them make decision about accepting or rejecting materials; (b) encouraging participation of subordinates and interaction between workers; (c) giving workers a feeling of personal responsibility for their tasks; (d) taking steps to make sure that people can see how their tasks contribute to a finished product and the welfare of the enterprise; (e) giving people feedback on their job performance.

Others include training and development programmes for all categories of health workers, value re-orientation, etc.

Conclusion and Recommendations

The importance of effective public health service delivery in any country especially Nigeria cannot be overemphasized. This is because healthy citizenry equals healthy economy. For instance, when the citizenry are unhealthy, they cannot participate effectively and efficiently in the production and distribution of goods and services needed to maintain minimum standard of living.

Conversely, effective health care delivery cannot be achieved without effective leadership and motivated workforce in the sector. In view of the above, the following are recommended should there be sustainable leadership to drive effective service delivery in the sector.

a. There is urgent need for all the health managers to be properly trained and retrained on techniques of human resources management. This will enable them to acquire leadership skills that will see them through in personnel management of the health institution.

b. The Nigerian government in concert with the leadership of our health institution should raise the pay package and other incentives for all categories of the health workers. This will go a long way to discourage the incessant brain drain inherent in the Nigerian health system.

c. There is need for constant training and retraining of health workers so as to enable them acquire emerging skills and techniques in dealing with changing health challenges in the country.

d. The leadership of our health institution should always give their subordinates a sense of belonging through consultation in the course of initiation and implementation of health priorities and goals. Again the workers should be involved in deciding any matters that have direct bearing on them.

e. Also, the work environments should be such that induce workers to perform maximally. That is, there should be adequate health equipment and facilities, enough office accommodations, residential apartments and logistics, etc needed by the staff to effectively perform their assigned responsibilities.

f. The leadership of the health institutions should endeavour to enrich the jobs of all categories of the health workers. This will trigger them to put in their best towards bringing about total turn around of the health system.

g. The managers in the Nigerian health system should try at all times to lead by example.

h. There should be a round table discussion consisting of all managers of the health system drawn from various health unions. The forum will create an opportunity for them to brainstorm on some sundry lingering issues affecting the system, especially the issue of supremacy and near equality of pay package for all classes of health workers. It is believed that a forum of this kind will be essential in resolving such knotty issues in order to bring about sanity into the health system in the country.

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