

Motivation and Sustainable Leadership in Nigeria: The Implications for Service Delivery in the Health Sector

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Abstract

Inefficiency and ineffectiveness, a problematic challenge of the Nigerian health sector, to which available statistical has proven otherwise, is a major hiccups to service delivery system. Nigeria, ranked 187th due to poor health situations in the World, raises a great implication on the health of the citizenry. The indices of these failed systems had shown that Nigeria is at home with high maternal and infant mortality rates that falls within the ratio of 545 per 100,000 live births on the maternal mortality index and 75 per 1000 live births on the infant mortality index. This study, using content and descriptive analytical concepts, is situated on the theory of motivation and Needs theory. It revealed that there are *lacuna* existing between health policies and constitutional policy issues. The study notes that corruption, professional favouritism, financial inadequacies, poor facilities and management flows in manpower procurement and motivation, among others are prevalent in the system with severe leadership implications that are responsible for poor service delivery system. The study observed a strong relationship between sustainable leadership and motivation in achieving a vital success in any administration. The study suggests that appropriate measure should be put in place so as to strengthen the health sector in facing the current challenges.

Keywords: Motivation, Sustainable Leadership, Health Sector, Service Delivery, inefficiency, ineffectiveness.

Introduction

Motivation is a central element in achieving sustainable leadership and effective service delivery in the health sector of the Nigeria's economy. Current statistics places Nigeria's population to be 167 million, accounting for over 47% of the population of West Africa. The World Health Organization (2000) ranked the Nigerian Health System 187th out of 191 WHO member countries. Other health indices did not equally present the health system in Nigeria to be effective as follows: Nigeria still ranks high the list of countries with high maternal and infant mortality rates with a ratio of 545 per 100,000 live births on the maternal mortality index and 75 per 1000 live births on the infant mortality index; these figures are from the UN World Population Prospects and the Institute for Health Metric Reports (2010). Furthermore, the "Fifty-two thousand, nine hundred women and girls die every year from pregnancy-related causes. For every woman that dies, at least 20 others suffer morbidities such as obstetric fistula, infections and disabilities. Twenty-three percent of women between 15 and 19 are already mothers or are pregnant with their first child, 20 per 1000 children die before the age of one month while 35 per 1000 die before their first birthday (Odimegwu, 2012).

Notably, the failure of the classical writers and theorists to achieve the desired result in the organization gave impetus to the vigorous scholarship into the subject matter of motivation. Nwizu (1997:199) states the broad features and assumptions of the classical school are that, both workers and the organization are like machines. Humanistic aspect of organization is lacking; there is element of compulsion on the workers to carry out their functions or duties, the organization is formally planned or pre-designed; it is a closed system and accepted set of functions. To this Victor Thompson calls "bureaupathology" i.e. organization without people.

Obviously, poor performance of the Nigeria Health System has contributed largely to the unsatisfactory health status of Nigerians, and there is currently no consensus among stakeholders on how to manage such a 'complex adaptive system', Asoka (2013). Evidences of the poor health condition of Nigeria abound. In 2012, an estimated 40,000 Nigerian women died of childbirth, further, Nigeria remains 1 of 10 most dangerous countries in the world for a woman to give birth: it is estimated that 630 of every 100,000 live births results in a maternal death, WHO (2012b). Probable causes as contained in a report are financial difficulty of patients, non-availability of drugs, distance of health facility from patients, and inadequate manpower Cook and Tahir, (2013).

The current efforts at motivation can be traced to 1940s. In 1943, Brandies university psychology professor Abraham Maslow, one of the first researchers to study motivation, put forth his hierarchy of needs theory (Onah, 2008: 284). Schein (1996) defined motivation as impulses that stem from within a person and lead him to act in a way that will satisfy those impulses. People work for a wide variety of reasons. Some want money, some are motivated by challenging task, and for others most pressing need is security. The things that each unique individual in an organization decides that he or she wants from work plays an instrumental role in determining motivation to work. But some do not know what they want.

Leadership on the other hand, is a complex concept that means different thing for different people.

Koontz et al (1983:660) cited in Ezeani (2005:155) defined leadership as “influence the art or the process of influencing people so that they will strive willingly towards the achievement of group goals”. Sustainable leadership is therefore the act of leaders influencing followers to act willingly in ways that will continue the achievement of organizational goals from time to time. Sustainable leadership is sine qua non for a successful accomplishment of the goals of any organization. Notably, it is an established assumption that the performance or effectiveness of organization is dependent on motivation, ability of workforce and environment, Onah (2005).

As seen in the level of child mortality rate in the country is slightly higher than what its income per capita would suggest. Poor children living in rural areas and children living in the north are more likely to die before they reach their fifth birthday than their richer, urban and southern counterparts. Infants and children under 5 years are more likely to die in the northern region of the country than in the southern region, this trend has remained unchanged in the past decade (National Strategic Health Development Plan (NSHDP 2010-2015).

These and numerous other problems confront the sector. The problem is equally exacerbated by the current security challenges in the country. For instance, the United Nations report on the MDGs in 2010, clearly stated that countries that are crisis prone are least likely to attain the MDGs. The Boko Haram insurgency has rendered a very shrunk of the population poorer than they were and homeless thereby exposing them to all sorts of diseases. The 2012 flood victims and consequences that followed has a lot of implications for the health sector as patient present with high incidence of malaria, pneumonia and other cold related infections.

Available statistics shows that about 116 million people from four African countries, including Nigeria were currently suffering from malaria. The figure accounted for 47 percent of global burden arising from the disease. Chukwu called for intensified efforts to rid the continent of the disease. The others include the Democratic Republic Congo, DRC, Ethiopia, Tanzania and Kenya. This was even as the United Nations Children’s Fund, UNICEF, has said treated nets were key to the reduction in malaria-induced deaths and illnesses. According to the Health minister, Prof Onyebuchi Chukwu, this figure accounts for 47 percent of global malaria burden. The disease kills 660, 000 people every year, most of them are African children. Every day, about 1,500 children die from the scourge. According to the World Health Organization (WHO) there were about 219 million malaria cases in 2010. Currently, there are about 247 million malaria cases per year and Africa accounts for 86 percent or 212 million so far, about \$ 4. 4 billion (about N620 billion) has been mobilized from donor agencies and African government in the fight against the disease in Africa over the next three years (Saturday sun, July 27 2013; P. 8)

In a bid to turn all this around, Nigeria’s national health bill pledges a budget of N60 billion (\$380 million) for primary health care each year, and promises to ensure the provision of free medical care for the most vulnerable the bill is said to establish minimum guarantees of basic healthcare services for select groups- such as children below the age of five, pregnant women, adults above the age of 65 and people with disabilities and help extend primary healthcare to 60% of Nigerians living in hard to reach rural communities. “The bill also removes barriers to access emergency healthcare as it instructs medics to treat any emergency first before asking for money police report”, the bill further seeks to reform the recruitment, training and professional development of health sector. This among the various provision of bill is laudable. However, the problem with Nigeria as a nation is not really with policy formulation but in the implementation of its numerous good policies. This bill when passed should not be abandoned the way others have been treated.

Notably, the current sure-P programme of the current administration of President Goodluck Jonathan has provided huge fund in the areas of maternal and child mortality. \$100million is being earmarked for this project to save children and mothers all over the country. 4, 000 midwives have been sent all across the country to help women deliver so that complications will not arise. Community health insurance scheme where over 600,000 women and children have benefited, immunization is ongoing. However, despite the amount of resources that is injected into this sector, without effective and sustainable leadership and also, right motivation to spur leaders and the workforce to work, ensure efficient coordination and utilization of these resources the health sector will remain comatose.

It is therefore the objective of this paper to examine the relationship between motivation and sustainable leadership in a bid to achieving service delivery in the Nigeria health sector. However, we shall start by bringing concrete clarifications to some concept in order to facilitate our understanding.

Conceptual Clarification

Motivation

An instructor manual on essentials of organizational behavior, define motivation as the processes that account for an individual’s intensity, direction, and persistence of effort toward attaining a goal, specifically for organizational behavior, toward attaining an organizational goal. Intensity connotes how hard a person tries to meet a goal. Direction refers to how efforts are channeled toward organizational goals. Persistence certainly is how long a person maintains effort toward a goal. It is a psychological process which explains “why of behavior” and the factors which compel us to do certain activities.

Onwuchekwa (1995) posits that understanding the models of man is central to understanding human motivation. To best understand the issues of motivation, it is equally important to have a concise view of the perspectives of man. The psychoanalytic theory of personality as exemplified by Sigmund Freud's postulations hold that human behavior is propelled by aggression and sexual instincts. This implies man is naturally wicked; to control his primitive instincts punishment, rules and regulations must be put in place. Thus classical management theorist used money as instrument for motivation and punishment for negative behavior. Behaviourism or operant conditioning as evidenced in the works of B.F. Skinner hold strongly that the human mind is vacantly a tabularasa. Therefore his environment influences and changes his behavior. Further, behavior is changed through operant conditioning. Environmental experiences thus contribute to change and model man's actions in the place of work. Humanism, as shown in the works of Abraham Maslow is indicative that man is good and that his actions are moderated by needs. That is his needs as hierarchically identified are satisfied, man would continue to be of positive behaviour. Negative behavior therefore emerges when man's need are not satisfied. Existentialism and utilitarianism are other explanations of human behaviour. The existentialist states man is aware of his birth and in pending time of death. That man naturally wants to be somebody within the gap between birth and death. That which he wants to be called aspiration is the determinant of man's behavior. Utilitarian philosophy holds that the ultimate goal of man is happiness.

From the foregoing psychological, sociological and philosophical assumptions about man' it is obvious, understanding this ground models of man would create a good platform for understanding human motivation. It is clear that the factors that account for human motivation are both internal and external. The ability to manipulate these components within the framework of organizations to attain optimum performance is the essence of motivation.

Thus, Onah (2008: 278), asserts that employee motivation represents one of the largest competitive reserves and key element for increasing competitive advantage of any organization. Whether members of an organization perform well depend partly on ability and partly on motivation. A person must already posses or be able to learn the right mix of skills and abilities to do a job and must be motivated to do the job well. When you can help develop your employees' skills through instruction, training programs, and so forth, you are likely to have a significantly greater impact on their motivation (Denhardt, 2009:341).

Schein (quoted in Groft, 1996:46), as cited in Ezeani (2005:136), defines motivation as "impulses that stem from within a person and lead him to act in ways that will satisfy those impulses". Motivation is the set of forces that lead people to behave in particular ways (Moorhead and Griffin, 1995). In motivation discourse two variables stand out namely; needs and motives. A need is simply anything an individual requires or wants. A motive represents the individuals reasons for choosing one certain behaviour from among several choices. There is no generally accepted theory as to what motivates people. However, the three perspectives on motivation are:

- (1) Need based
- (2) Process and
- (3) Reinforcement (Onah, 2008).

From these perspectives, one can determine which motivational techniques to use for a particular situation. Need based perspectives also known as content perspectives, are theories that emphasize the needs that motivate people.

Abraham Maslow's theory assumes that everyone has a need to grow and develop and establish a sense of meaning in his or her life. Maslow (1954) suggested a hierarchy of needs that all human being must fulfill. At the first level, we must meet our physiological needs for food, clothing, and shelter. Next we need to focus on the bahaviour of leaders and the exercise of leadership in particular contexts. More contemporary perspectives on leadership embrace the idea that leadership is not just the responsibility of those in the executive suite, but can and should be exercised throughout an organization. In this view, leadership is a pervasive phenomenon occurring in families, work groups, business and at all levels of government, society and culture. Leadership, then, should be seen not merely as a position someone holds, but rather as something that ebbs and flows as the group or organization does its work (Denhardt and Denhardt, 2009: 331). Leadership therefore involves helping the group become aware of a new direction in which to move.

From the forgoing, one can deduce a strong synergy between motivation and sustainable leadership. Hence, one cannot do without the other. They are not mutually exclusive. Motivation drives leadership and derives its rightful meaning in spurring leaders to bring out their best for the realization of the organizational goals. Achieving sustainable leadership in an organization, to a large extent is the function of the level of motivation provided by the relevant authorities. Motivation in the health sector is a necessity especially when the overall important of the sector is anchored on the attainment of service delivery.

Sustainable Leadership

Based on the Merriam-Webster's Dictionary, the word sustain, denotes the possibility of using a resource, such that, it is not depleted or permanently damaged. Sustainability represents a process whereby resources, processes

and modes of doing things are kept going from generation to generation through a result oriented sustainable leadership approach. Thus sustainable leadership in the health sector is therefore the act of leaders influencing followers to act willingly in ways that will continue the achievement of organizational goals in the sector from time to time in a bid to sustain the overall objectives of the sector. However, motivation in the organization be it financial (money), psychological, social or political dimensions, is tailored towards improving performance. The nexus between motivation and sustainable leadership is anchored on the fact that leaders deal with rational beings who strive to satisfy one needs or wants at a particular point in time.

Theoretical Argument

This work adopted Fredrick Herberg's two factor theory. This theory was borne out of critical interviews carried out in the 1950s by Herberg' together with Mauser and synderdermain, with 200 engineers and accountants in the Pittsburg area of the United States of America. Herberg (1959) argued that two sets of variables were relevant to the question of motivation "hygiene factors", which impact job dissatisfaction, and "motivator", which impact job satisfaction. According to him, events at work which made workers feel exceptionally good or satisfied are:

- (1) Achievement
- (2) Recognition
- (3) Work itself
- (4) Responsibility
- (5) Advancement

Herzberg called these factors 'satisfiers' they are intrinsic factors relating to the job content or nature of the job itself or describing the employee relations to what he does. The events in the work situation that made the workers feel 'exceptionally bad' or dissatisfied include:

- (1) Company policy and administration
- (2) Supervision
- (3) Work itself
- (4) Responsibility
- (5) Advancement (Ezeani, 2005:142).

Herzberg called these 'hygiene' or 'maintenance' factors. They are 'dissatisfies' and not motivators. The hygiene factors are the lower-level needs, the motivating factors are the higher-level needs. The choice of this particular theory among the various theories of motivation is predicated on it explicit clarification of 'motivators' and 'hygiene' factors in organizations. Available literatures have confirmed that there was improvement in performance where motivators like chances for achievement, recognition, and advancement were allowed. Herberg argued that improvements in hygiene factors such as pay would not increase job satisfaction; instead, any improvements would simply reduce dissatisfaction. If an individuals pay got worse or did not increase fast enough, dissatisfaction would increase. Conversely, motivators such as achievement or advancement would not affect dissatisfaction, but would increase or decrease job satisfaction.

Those who occupy higher positions like leadership of the Nigerian health sector are no longer preoccupied by the basic needs of food, clothing and shelter. They need recognition, opportunity for advancement, responsibility etc. Government can motivate leaders in the health sector with these techniques.

They should create an enabling environment by provision of policy supports to improve the performance of the sector. Opportunity for training and manpower development programmes should be created. Even so when we consider, the nature of ask involved. There is always an innovation in the sector. New ways of treatment of diseases evolve almost on daily basis. Health care practitioners should as well follow the global best practices in the treatment and management of diseases. This is why motivation of the health workers is imperative.

Nigerian Health System

A system is a group of related parts that work together as a whole for a particular purpose, Longman Dictionary of contemporary English (2005). The relevance of a system therefore is the interaction of related parts to achieve a defined goal(s). A health system is defined in the National Health Policy as comprising all organizations, structures, institutions and resources needed to provide all Nigerians with qualitative, effective, efficient, available, accessible and affordable health service in a manner that is equitable and meets their needs. Asuzu (2004) posts that the health system in Nigeria is structured along the now universal three levels of the primary, secondary and tertiary levels of care. He further observed that although federal, state and local governments have responsibility for at least a level of health care but could concurrently operate in any level of health care. This development he added, is detrimental as pursuit of the politically attractive tertiary health care system result in less development for the others.

The national policy on health provided that the health system as related to health care shall take cognizance the

following issues;

1. Reflect the economic conditions, socio-cultural and political characteristics of the communities as well as the application of the relevant results of social, biomedical, health system research and public health experience.
2. Address the main problems in the communities, providing preventive, curative and rehabilitative services accordingly.
3. Involve, in addition to the health sector, all related sectors and aspects of state and community development, in particular agriculture, animal husbandry, food industry education, housing, transportation, public work, communications, water supply and sanitation and other sectors, and demand the coordinated efforts of all those sectors.
4. Promote maximum community and individual self-reliance and participation in the planning, organization, operate and control of primary health care, making full use of resources of Local, State and Federal Governments as well as other available resources.
5. To this end, develop, through appropriate education and information, the ability of communities to participate.

In a nutshell, these provisions relate to environment and research application, the challenges, inter-sector and inter-government cooperation and community participation through enlightenment as important components of a primary health care system. The above provision in (4) actually corroborates Asuzu's assertion. The best of health system should be one that cares for all aspect of the health sector. The health system in Nigeria is divided into primary (as in local government health centers), secondary (state general hospitals) and Tertiary (as in teaching hospitals owned by federal or state). It is important to note that traditional medicine and private hospitals are not captured in the government position of the system.

The Challenges and Implication of Nigerian Health System to Service Delivery

The challenges of the Nigerian health system are many. Experts in a workshop organized by the Nigerian Academy of Science, June 2009, on the health system identified the following as reasons accounting for Nigeria's poor health system; Fragmentation of the health system with poor coordination between the primary, secondary and tertiary levels; Weak and ineffective referral system resulting in overburdened secondary and tertiary health facilities; Inappropriate orientation of available services; Duplication of health activities with resultant wastage of resources; Low levels of financial risk protection for the population who live in poverty; Gross under-utilization of public health facilities; Lack of formal integration of the private sector and weak partnerships between public and private sectors; and Lack of health information/ data for planning purposes.

Primary health care system is considered the bed rock for the development of any health system. However, Asuzu opined that this health system in Nigeria is not working owing to five major challenges:

1. Revision of the National Constitution to actually share responsibility for the primary, secondary and tertiary health care.
2. Involvement of appropriate community health professionals- nurses (as community health nurses) ` for community nursing zones operating from medically manned health centers or community hospitals or district nurses manning theirs districts in the absence of immediate community physician support; and physicians as medical officers of health for every local government area in the country.
3. Emphasis for state governments to staff and equip district hospitals as the major aspect of their secondary health care services for which they hold primary responsibility.
4. The training and retraining of health professionals and auxiliary primary health care workers in situations that engender team work
5. The orientation, reorientation and continuing education of the political class and community leaders, especially the local government chairmen and councilors for health, for political will and ongoing support for PHC and secondary health care.

Health care at the local government level is meant to bring health services to the grassroot. However, Abdultaheem, Olapipo and Amodu (2012) averred, it is questionable if health care at local government has achieved its ideals. Development of health services in Nigeria they added, is being hindered by insufficient number of medical personnel as well as their uneven distribution. The Third Development plan in Nigeria (1975 to 1980) focused on the inequity in the distribution of medical facilities and manpower/personnel. Despite the desire by the government to ensure a more equitable distribution of resources, glaring disparities are still evident. The deterioration in government facilities, low salaries and poor working conditions had resulted in mass exodus of health professionals (Iyun, 1988). Over concentration of medical personnel at the urban is to the neglect of the rural areas.

Another significant problem in the management of PHC is transportation. It has been reported in LGA PHCs that there are not enough vehicles for workers to perform their task especially to the rural areas. Immunization outreach services are inadequately conducted. The maintenance culture of the existing vehicles is

poor while PHC vehicles were used for other purposes other than health related activities. To put succinctly, many of the PHC vehicles donated by UNICEF in the 1980s are totally nonfunctional (wunsch and Olwu, 1996). While access to many communities is a function of natural topographical and weather conditions ([http://en.Wikipedia.org/Wiki/Geography of Nigeria](http://en.Wikipedia.org/Wiki/Geography%20of%20Nigeria)); inadequate finance; over dependence of the LGA on federal, state and international agencies for support – the internally generated revenue of the LGA is meager (Adeyemo, 2005); low level of community involvement (Omoleke, 2005), general misuse and abuse of the scarce resources by some political and administrative leadership and high leadership turnover at LGAs (Adeyemo,2005).

There is indeed a whole gamut of challenges impeding effectiveness of the Nigerian health system. Asoka (2013b) is of the opinion that inadequate financing and manpower are not part of these challenges facing the health system. According to the Nigeria Health Sector Performance Report, 2011-the total budget allocated to the health sector at the federal level increased by 67% from NGN 154 billion in 2009 to NGN 266.7 billion in 2011. These figures did not include appropriations of federal, state, local and the federal capital territory administrations on health. It is equally not inclusive of household and private sector spending on health. Asoka added, lack of financial resources could not be said to be the reason why the health status of Nigerians is not satisfactory. On manpower, the over 100 million population has trainable and personable people to man the health workforce, with over 25,000 health facilities spread across the country, inadequate facility also remain a doubtful a challenge. It is the position of Asoke that poor management is the bane of the Nigerian health system. In his words:

“We are infatuated with giving programmes fancy titles rather than ensuring that the right managers with the right motivation and the right skills are appointed to run them. Clearly, the power of execution embedded within strong and effective healthcare organizations, necessary to deliver the desired health impact, is missing.....healthcare development initiatives initiated either by governments, international donor agencies, nongovernmental organizations, voluntary agencies, or the private sector will not make significant contributions to the health of Nigerians, unless serious attention is paid to developing and sustaining strong and effective organization... , poor management could said to be the most important binding constraint that is needed to be overcome before all the financial and human resources, as well as international goodwill, can be converted into getting the health system to deliver the results.”

Report of the Vision 2020 National Technical Working Group on Health (2009) citing (Crips et al, 2000 and FMOH) stated health system in Nigeria by 1999 was in deep crisis because of the following:

- (1) The primary health care system on which the national health policy is anchored had in the words of the then Minister of Health ‘collapsed’. Immunization coverage declined from about 80% in the early 1990s to 13% by 2003.
- (2) The public health care facilities whether at the secondary or tertiary (both state and federal) that were absorbing nearly seventy-five per cent of the annual capital and recurrent budgetary provisions were in complete state of disrepair.
- (3) The publicly funded health care facilities were being under-utilized for a variety of reasons.
- (4) There was massive flight of qualified health personnel to other parts of the world where the conditions of service were much better than in Nigeria.
- (5) The public health care institutions were involved by incessant strike action by all cadres of workers.
- (6) Intra-and inter-professional rivalry among health personnel compromised output and efficiency, making it difficult for workers to excel in work situation.
- (7) The morale of all cadres of health personnel in the public sector was low due to the conditions under which they worked.
- (8) The government did not harness all the available health care resources in the public and private sectors in the country for the benefit of the population. Consequently, there was no public private partnership in health care delivery despite the fact that substantial proportion in the population preferred the services of the private sector providers.
- (9) The budgetary provisions for the public health care system declined precipitously due to the devaluation of the naira, resulting in decrepit state of facilities. A recent survey of fifteen tertiary health facilities found that theaters including equipment in all of them either had broken down for years and/or were unavailable, rendering the staff working in them under-employed.

A glance at these challenges as put forward by various authorities reveal their categorization is possible within five strands of constitutional and policy issues, financial inadequacies, facility provision and management, manpower procurement and motivation, other environmental factors. In the next section we shall attempt explaining the implication of leadership and motivation on these issues.

The Imperative of Sustainable Leadership in addressing the Challenges

To ensure Sustainable Leadership in the health sector, the leaders must be adequately paid. This will help provide satisfaction and boost their performance. Ezeani (2005:152) writes that:

Money whether in the form of wages, piecework or any other incentive pay, bonuses, stock options, company paid insurance or any other thing that may be given to employees for performance is a very important motivational technique.

Though some scholars have argued that money as a motivational tool is likely to serve as a motivator for young people who are raising a family than older people who have 'arrived', that is those whose money needs are not urgent. But money has not ceased to be force that spur people to do their best on a task.

The Health Policy and Constitutional Policy Issues

According to the Nation Health policy, Primary Health Care is the primary responsibility of LGA; Secondary Health Care is principal responsibility of State Government, while Tertiary Health Care is the principal responsibility of the Federal Government. It is important to note that the constitution of the federal republic of Nigeria did not make a clear statement of responsibility of the tiers of government on health matters. This confusion or lacuna existing between the health policy and the constitution make for ambiguity. In context of leadership and motivation, goals are only realizable when stated in clear and measurable terms. It is obvious this unclear constitutional-policy issues is sufficient to make leadership in the health sector evasive on matters of crucial significance to the health of Nigerians. Implications are that ambiguities would be exploited by political leaders to the detriment of progress in the health sector.

Funding and the Leadership Paradigm

The vision 2020 document on health emphasized that primary health care is the responsibility of local government areas. It is equally the entry point to having services from the health system. This is unarguable as all individuals reside in places that must fall within the jurisdiction of a particular local government area. However, it is important asking if the local government within available instruments of administration has the will to shoulder the burden of primary health care? This bed rock of our health system, according to the vision 2020 health document, is charged to provide the following services:

- (i) Health education;
- (ii) Nutrition and food supply;
- (iii) Immunization;
- (iv) Maternal and child Health (including Family Planning);
- (v) Basic sanitation and water supply;
- (vi) Control of Endemic diseases;
- (vii) Treatment of common diseases and minor ailments;
- (viii) Supply of essential drugs;
- (ix) Primary Mental Health;
- (x) Primary Dental Health;

It is no gain saying that local governments in Nigeria lack the financial influence to provide these services. First, their constitutional sources of finance are considered inadequate. Further, the joint local government syndrome with which state governments control funds of local governments obviates the fact that financing primary health care would be in crisis. Moreover, local governments lack the requisite autonomy on a lot of matters like recruitment and making policies in pursuit of these health goals. Another issue is the development centers who are adjunct local government areas. They certainly lack the resources to finance primary health care.

Corruption and Manpower Provision in the Health Centers

Even when International support exists in the sector, the benefits have not yet reached a local level, the rural dwellers are the target of these health programme but do not benefit from it as a result of the type of leadership. Leadership has a role in this. Local government coordinators in most rural area are either residents of the state capital or the nearest developed town outside their local governments. In states like Bayelsa, the major reason is insecurity. Health care would continue to fail. Primary health centers are the sole responsibilities of local government areas. Leadership influence apart from clear goals is built on the environment of task. Providing health care in rural areas is a challenge of its own. It is expectation that political leadership would influence the right workforce to man health centers in rural areas? However, should the local government chairman resist leaving in his domain, who will? This explains the reason medical doctors and health workers prefer state capitals to rural areas.

The Nature of Facilities in the Rural Areas

The state of health facilities in rural areas by observation is appalling. The necessary equipment are not available. This singular factor of work environment is de-motivating to performance. Comparatively, only federal medical centers are exempted from the issue of challenging facilities. It is important to note that federal medical centers

are located mainly in urban centers. It perhaps an assumption that quality facility would make for better performance of the health sector

There are other environmental factor that act to hinder performance in the health system. Corruption, transportation and infrastructure all mitigate effectiveness. The culpable factor in all of this remains leadership and motives behind those who work in the health sector.

The way forward for the Health System

Effective service delivery and leadership is a panacea for achieving the goal of health sector in Nigeria. It remains a focal conclusion of this paper that leadership and motivation un-sustained are the bane of the Nigerian health system. While leadership is responsible for applying the tools necessary to motivate workers to perform effectively, it is equally leadership to sustain such performance that is lacking in Nigeria. The vital areas in the health sector or system lacking leadership are constitutional and policy ambiguities on responsibilities of tiers of government, inadequate sourcing and funding of primary health care, disparities in health facilities and manpower between urban and rural areas, as well as other environmental issues of transportation and corruption.

Conclusion

Motivation and leadership are inevitable tools to enhance organizational performance. Therefore, effort must be made to sustain a motivated work force through leadership, by so doing, health services are bound to improve for the benefit of all Nigerians.

In this study we have tried to look at motivation as a veritable tool for sustainable leadership in Nigeria. We maintained that the correlation between motivation and leadership is that motivation and leadership is that motivation improves the performance of leaders which will now reflect on their followers and by extension lead to higher productivity and commendable service delivery to the citizenry. We equally established that the Nigeria health sector is in a sorry state where life expectancy is put at 38.3%, high maternal mortality which stood at 608 per 100,000 and almost ten times.

Other problems include corruption; lack of professionalism, flagrant disregard of the laws of the land (public service rule) professional favouritism and lack of inter professional respect/jack of all trade mentality. We therefore concluded that in order to improve the quality of leadership in the health sector motivation is necessary.

Do we have enough motivation in the Nigeria health sector? Why is there massive and increasing patronage of foreign health facilities by Nigerians? Why is it that those who have the wherewithal, politicians, even medical practitioners and those who can afford the bill travel abroad for their medical services and even there “first family” seeks medical service abroad?

In view of the above, the paper recommended the following:

- (1) Both federal and state governments should ensure proper funding of the health institutions in the country. This should come in form of special funding for provision of infrastructural facilities, hospital equipment for proper of funding the sector will act as a motivation at least to ensure better condition of service for healthcare officials in Nigeria. This will equally reduce the rate at which our medical partitions relocate to other parts of the world for better life. Special fund should be made available health workers in the ministers and agencies of government for their training. Government should try and implement the 15% of annual budget recommendation for health.
- (2) There should be professionalization of the administration and management of the health sector has been done in other countries. This will make the medical doctors, pharmacist and other official concentrate on their specific areas. If we allow the unhealthy situation in the sector to continue the future of the health system will only get worse. The leadership of this sector should be handled by professional health administrators and managers and the government should shun completely politicization of the sector.
- (3) The health sector should be restructured for carrier development, where every professional group advances as provided for in their various schemes of services.
- (4) The government should create an enabling environment devoid of professional favoritism. This include policy supports. The national health bill is a welcome development provided that when passed will achieve the purpose for its formulation.
- (5) The health sector should be restructured all health care professional can be appointed consultants in their chosen career. Opportunity for advancement and positive reinforcement created.

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