

Full Length Research

# Influence of employee motivation on service delivery of health records professionals in tertiary hospitals in North- Central Nigeria

<sup>1</sup>Kolawole, Abdurrahman Yahaya and <sup>2</sup>Unegbu V. E.

<sup>1</sup>Department of Information Resource Management, Babcock University, Ilishan Remo, Ogun State, Nigeria

<sup>2</sup>Department of Information Resource Management, Babcock University, Ilishan Remo, Ogun State, Nigeria

Accepted 18 May 2021

## Abstract

The study evaluated the influence of employee motivation on service delivery of health records professionals in tertiary hospitals in North- Central Nigeria. The study adopted a survey design with a study population of 600 health records professionals. The sample size for this study was determined using the formula for sample size determination for a finite population as expressed by Krejcie and Morgan (2002) and used by Research Advisors (2006). Given that  $N = 600$  and confidence = 95.0%, so, the desired sample size = 234 respondents. A structured and validated questionnaire was used for data collection. Data was analyzed using the SPSS software, frequency distribution and percentages. The findings revealed that some of the Services delivered by health records professionals in tertiary hospitals in North-Central Nigeria includes creation, storage and retrieval of patients' records, confidentiality of health records, and appointment system or control in the hospital. The study concluded that Government should ensure that policies affecting retention of health records in the hospitals are formulated and implemented as this was found lacking in most of the hospitals. However, the study recommended that The working environment should be made very conducive in order to motivate health records management professionals to give up their best always.

**Keywords:** employee motivation, service delivery, health records professionals and tertiary hospitals

**Cite This Article As:** Kolawole, A.Y., Unegbu, V. E.(2021). Influence of employee motivation on service delivery of health records professionals in tertiary hospitals in North- Central Nigeria. *Inter. J. Acad. Res. Educ. Rev.* 9(4): 196-205

## INTRODUCTION

Service delivery is the overall name for every activity performed to render quick and satisfying service to the people and also, to respond and resolve community's or citizen's problems (Mdluli, 2013). Service delivery could refer to the service delivered or that needs to be delivered by a provider to its users or clients with the aim of meeting their needs, right demands or expectations. Individual, organization or government can deliver Service. Examples of services delivered by government include, but are not limited to, health/medical, water, routes, education and social services. It is a consensus amongst scholars that public service delivery is critical to

ensuring the national well-being and stimulation of economic development. This is because on daily basis governments carryout several regulated and unregulated activities to provide citizens with services and at the same time guarantee that these services are provided in accordance to the rule of law (Kaunda, 2015). Service delivery of high quality is an important pursuit for organizations or service providers that seek to create and provide value to their customers (Gronroos & Ravald, 2018). Through quality service delivery, organizations can achieve increased customer satisfaction, loyalty and therefore long-term profitability (Zeithaml & Bitner, 2016). In order to provide high levels of service delivery and therefore create value for their customers, service

providers need to plan their service delivery and to ensure the successful implementation of the actual plan (Parasuraman, Berry & Zeithaml, 2016). Therefore, good planning and effective implementation of the developed service delivery plans are key factors for service delivery. Furthermore, continuous improvement of service delivery procedure contributes to the optimization of service delivery and enhances the organization's standards of service.

Health care service delivery is the provision and methods of making health care services available to a population. The healthcare service delivery of a nation depends on how the hospitals are able to provide good and affordable healthcare to the people. Healthcare service delivery refers to the provision and improvement in healthcare patients receive from clinicians who are the consultants, doctors and nurses (Badru, 2018). Nigeria healthcare delivery is generally considered poor because of inadequate provision of good and affordable healthcare to the people (Okeke, 2015). So, the North-Central Nigeria which is the locale of this study cannot also be ruled out. There are many factors that might be responsible for this poor healthcare service delivery, such as poor medical infrastructure, clinicians' low productivity, inadequate medical supplies; poor confidentiality and privacy inefficient medical processes, lack of quality time with patients, poor coordination and integration of hospital care for the patients. In addition, there is the problem of brain drain and this has brought about shortage of competent medical manpower. According to world health statistics report (WHO, 2011), it is estimated that there are four doctors for every 10,000 inhabitants in Nigeria. This is an indicator that the country has poor healthcare service delivery to the population with regard to doctor – patient ratio.

Strengthening healthcare service delivery's effectiveness requires improvement in the healthcare service delivery structure in Nigeria, which presently does not support the healthcare service delivery adequately (Okeke, 2015). The healthcare service delivery system faces huge infrastructure inadequacy and underfunding by the government. According to Ichoku and Okoli (2015), evidence from public expenditure review and national health account suggest that states in Nigeria spend on the average less than 5% of their total annual budgetary allocation to healthcare service delivery. This has resulted in healthcare givers not meeting national healthcare service delivery needs. Improving the health status of entire population should be the priority of the government strategic plan whereby cost effective health system is in place, coupled with reliable and equitable access to healthcare by the citizenry irrespective of their locations.

There are three health structures in Nigeria namely primary, secondary and tertiary health care. Primary

Health Care are owned and controlled by Local Government and are saddled with the responsibility of providing human services cases like treatment for malaria, fever, cold, sustenance issue, among others. They are particularly for milder medical issues and health training. They additionally handle new born child, maternal and pregnancy matters.

At the minimal rank of the level are the type I offices, known as primary health centers. These are local level clinics where nurses and mid-wives, who are lesser paramedic assistants are found. There should be no less than one such clinic in every local government. Type II are the state hospitals, otherwise called secondary health care level and they are state owned hospitals which are bigger with more facilities and medical personnel. Type III are the tertiary level healthcare service delivery and they are comprehensive hospitals which can be owned by either state or federal governments and here we have consultants, researchers, doctors who are taken referrals from both primary and secondary health care levels. The private area is the other significant player, who provides health care for the Nigeria populace.

Other medical problems being taken care of by the three levels of healthcare service delivery incorporate family arranging and inoculation (Badru, 2018). The essential medical services focuses stress human services and are included in records keeping, case revealing and patients referral to higher levels. Essential medical services focuses are known inside the system by substance of health focus, maternity home/center and dispensaries. Essential human services focuses allude confused cases to optional general healing facilities. As per the medical and dental council of Nigeria (MDCN) in Badru (2018), essential human services focuses are additionally to attempt such capacities as health training, conclusion and treatment of basic infirmities, using fitting innovation, system and basic medication list. Auxiliary healthcare focuses are included with avoidance as well as all medications and administration of negligible complex care. The more muddled cases are alluded to the secondary and tertiary hospitals. Cases of optional sort healthcare centers are thorough healthcare focuses and general clinical facilities.

Typically, the general hospitals provide and arrange medical facilities for accident an emergency and diagnosis unit including x-ray, scan machines and other pathological services (Badru, 2018). The status of being a moment layer of hospitals forces certain adequate benchmarks and level of system infrastructure. As per medical and dental council of Nigeria standard or requirement, there should be at least three specialists who are to give medical, surgical, pediatric and obstetric care in any general hospital. Moreover, the general hospital contains the facilities of the essential primary healthcare into its own to assume its role as secondary

level of healthcare facilities. Actually, to be so qualified, it ought to give straightforward surgical administrations, supported by in-patient facilities for minimum of 30 patients.

A teaching hospital is a hospital or medical center that provides clinical education and training to future and current health professionals. Teaching hospitals are often affiliated with medical schools and work closely with medical students throughout their period of matriculation, and especially during their clerkship (internship) years. Teaching hospitals also offer graduate medical education (GME)/ physician residency programs, where medical school graduates train under a supervising (attending) physician to assist with the coordination of care. In addition to offering medical education to medical students and physician residents, many teaching hospitals also serve as research institutes.

Ngoepe (2018) asserted that better healthcare service delivery always begins with better at whatever level of care, efficient and successful healthcare service delivery remains segment of any sustainable healthcare service delivery and this is significant to the accomplishment of healthcare related Millennium Development Goals (MDG) as stipulated by the World Health Organization (WHO). To this end, service delivery is central in deciding a populace's healthcare status, alongside with different variables, for example, social determinants of wellbeing. Although, the association and the concentration of healthcare service delivery differ from a nation to another, but in any case, any well-working health system, the system of health administration encompasses qualities, extensive, open, ceaseless, individuals concentrated, organized, responsible and efficient. This approach suggest the key components of health administration in which the essential contact level more often than not with regards to a nearby health services system- goes about as a driver for the healthcare services benefit conveyance system overall.

This is because government hospitals and health departments can only take appropriate action and make correct decisions if they have sufficient information at their fingertips. Hence, proper health records management practices supports efficiency and effectiveness in healthcare service delivery in a variety of ways. These could include, documentation of patients' history, biography, diagnosis, treatment given, operation, the general services provided to the patient and who is responsible for carrying out the services.

There is symbiotic relationship between the medical practitioners and health records management professions. The professional life of a medical practitioner depends on the availability of information either for self-appraisal or for future progress. Health records management contributes a great deal to the reservation of the dignity and prestige of medicine in relation to

medical practice through effective and efficient health records management. The health records management profession preserves information on the process of supervision and control of medical practice among physicians and dental practitioners; and the identification of individual items on medical or dental service as proof of the application on scientific knowledge of medicine and its related disciplines to healthcare service delivery.

Motivation of health workers including the health records management professionals face a hierarchy of motivation or disincentives generated by the work they do, the way they are paid, and the organization and system context in which they work. Motivational packages are generally designed to encourage providers to furnish specific services, the productivity and quality of service and allow for effective management (Quadri, 2016). There are variations of definitions to describe the concepts but it is important to focus on those that are related to the workplace. Understanding exactly what motivation is will help managers decide what actions to take to encourage their employees. The definition of motivation starts with the root word, motive. Webster's dictionary (2004) defines motive as, something that causes a person to act. Therefore motivation can be defined as, the act of providing motive that causes someone to act. In other words, motivation could cause someone to act and it is the discretion of the persons to decide if they are going to be motivated or not. With relation to the workplace, Williams (2013) who writes for psychology today, defines motivation as, "predisposition to behave in a purposeful manner to achieve specific, unmet needs and the will to accomplish personal organization goals", pg.33. A person becomes motivated in order to achieve his own personal goals as well as the organization's goals. The more motivated an employee is, the more likely he bears to have organization's commitment and identify himself with the organization. This will meet some of the unmet needs and connect him (employee) with the organization.

Evidence of poor worker motivation can be seen across countries at different levels of development. The number of health workers is related to the level of development because of the tight resources' constraints facing developing countries and supply constraints, often exacerbated by migration of skilled workers and prevalence of AIDS (Franco, Bennett & Kanfer, 2014). Motivational issues at work may show themselves in many ways, but common manifestations include: lack of courtesy to patients; tardiness and absenteeism; poor process quality such as failure to conduct proper patient examinations; and failure to treat patients in a timely manner. Yet, health sector performance, and in turn, health outcomes, is critically dependents on worker motivation (Franco et al, 2014).

Health care is highly labor-intensive, and thus, quality

service delivery, efficiency, and equity are all directly mediated by workers' willingness to apply themselves to their task. While worker service delivery is dependent on, or limited by, resource availability and worker competencies, the presence of these factors is not sufficient in themselves to ensure desired worker service delivery. Worker's service delivery is also contingent on workers' willingness to come to work regularly, work diligently, be flexible, and carry out the necessary tasks (Hornby & Sidney, 2000). Increased motivation combined with effective management practices and supervision creates these conditions for a more effective workforce service delivery. Health sector policy makers and health facility managers must recognize the importance of work motivation in reaching sector and organization goals, and they must understand the links between their current policies and worker motivation (Van Lerberghe, Conceicao, Van damme & ferrinho 2002). In order for an organization to meet its obligations to shareholder, employees and society, the top management must develop a relationship between the organization and employees that will fulfill the continually changing needs of both parties. At a minimum, the organization expects employees to perform reliably the tasks assigned to them and at the standards set for them, and to follow the rules that have been established to govern the workplace.

Management often expects that employees take initiative, supervise themselves, continue to learn new skills, and be responsive to business needs. At a minimum, employees expect their organization to provide fair pay, safe working conditions, and fair treatment (Ishaku & Emmanuel, 2019). Traditionally reward and recognition programs were vague and often given in response to a manager's perception of when an employee performed exceptionally well without employee participation in its institution. There were usually no set standards by which exceptional performance could be measured, and it could have meant anything from having a good attitude, assisting another department, or being consistently punctual. In current organizational settings this is no longer the case, as organizations understand the great gains derived by linked rewards and recognition to their business strategy (Flynn, 2016).

The federal tertiary hospitals in the North Central Nigeria as corporate entities cannot divulge themselves from the concept of motivation. Obviously, the compelling and competing demands facing the hospitals are affecting the best service delivery of healthcare to the patients by the health information management professionals. The poor condition of service of health information management professionals, particularly, the poor infrastructure of the hospital and the low level of salaries, insufficient health records management professionals in the hospital, poor staff attitudes, indiscipline and intermittent shortage of material

resources unquestionably reflect the negative levels of commitment and lack of professionalism. These serve as a powerful drag down to workers' efficiency. It has become imperative in the face of the challenges for serious minded corporate entities to take strategic steps based on very elaborate strategic plans (short term, medium term, and long term) to normalize the situation and find ways to motivate their workers most especially the health records management professionals in the face of these challenges to optimize their performance.

Nigeria health care sector has not achieved a remarkably high degree of efficient and effective health care delivery in comparison with American and European countries where health records management practices is more recognized and health records management professionals are well motivated and treated like other health professionals (Charles & Ricky, 2016). Health records management department is the first and the last point of call to the patients in the hospitals. The department promotes the image of the hospital being the first department to relate and welcome anybody (the patients) coming to the hospital. The Health Records Management Professionals contribute a lot to the health care delivery process in the hospital that cannot be looked down upon as they are the custodians of the health records which is a vital document that contain basic demographic data of patients and facilitate good health care services while ensuring smooth continuity of health care services to patients. Health records also include all aspects of the clinical data documentation associated with the treatment and outcome of all classes of patients.

### **Statement of the Problem**

Service delivery of Health Records Management Professionals has great importance in health care service delivery, as healthcare service planners depend solely on data/information from health records for planning at each level of healthcare service delivery. There have been consistent poor health records service delivery in North-Central Nigeria both in the public and private hospitals but it is more obvious in the public hospitals (Adebayo & Ofoegbu, 2014). There has been a noticeable poor service delivery observed in some of the hospitals and this manifested in form of delay in retrieval of patients health records, lack of courtesy from the staff of these hospitals on patients, inadequate materials to work with thereby resulting in the use of tattered patients' files and lack of adequate waiting space for patients before been attended to.

Poor health records service delivery had also been associated with inadequate training of health records management professionals, shortage of staff, poor management of existing staff, job insecurity, non-

promotion of staff as at when due, no salary increase, no benefits of any kind, and looking down upon the health records management professionals. All these factors are observable in the hospital settings most especially in the federal tertiary hospitals in North-Central Nigeria.

The level of employee motivation among the health records in the hospital might also be contributing factors to this phenomenon: The extent to which management of tertiary hospitals pay attention to employee motivation in relation to service delivery of health records management professionals is not clear. It is in the light of this that the study seeks to investigate the contribution of employee motivation to service delivery in tertiary hospitals in North-Central Nigeria.

### Objective of the Study

The main objective of this study is to investigate the influence of employee motivation on service delivery of health records professionals in tertiary hospitals in North-Central Nigeria.

The Specific objectives are to:

1. examine the level of services delivered by health records professionals in tertiary hospitals in North-Central Nigeria;
2. find out the nature of employee motivation among health records professionals in tertiary hospitals in North-Central Nigeria;

### Research Questions

From the objectives, the following questions are raised:

1. What are the levels of services delivered by Health Records Professionals in tertiary hospitals in North-Central Nigeria?
2. What is the nature of employee motivation among Health Records professionals in tertiary hospitals in North-Central Nigeria?

### METHODOLOGY

The adopt survey design. Population of this study was 600 as at December, 2020. (Source: Hospitals and the websites), consists of six hundred health records management professionals in the federal tertiary hospitals in North-Central Nigeria. These federal tertiary hospitals in North-Central Nigeria are ten in number located in Abuja (FCT), Benue, Kogi, Kwara, Nasarawa, Niger, and Plateau states. The sample size for this study was determined using the formula for sample size determination for a finite population as expressed by Krejcie and Morgan (2002) and used by Research Advisors (2006). Given that  $N = 600$  and confidence = 95.0%, so, the desired sample size = 234 respondents

The sample size and proportionate sampling for each hospital are determined.

$p$  = Number of HRM professionals in each hospital.

$N$  = Total number of HRM professionals in all hospitals.

$n$  = Required sample size.

The instrument used to collect data for this study was a well-structured questionnaire. The procedure for data collection was face-to-face administration of questionnaires, which was carried out at the hospital level. A total of 234 copies of questionnaire were administered by the researcher and supported by twenty (20) trained field research assistants (Two in each hospital) to ensure high response rate from the respondents in the ten (10) tertiary hospitals in North-Central Nigeria. Data was collected, coded and analysed with the use of Statistical Package for the Social Sciences, version 20 (SPSS 20.0), for the purpose of presentation of results. Descriptive statistics such as frequency tables was used to provide information on demographic variables.

## RESULTS

**Research question one: What are the types of services delivered by Health Records Professionals in tertiary hospitals in North-Central Nigeria?**

**This research question sought to identify the types of services delivered.**

**Table 1.** Services Delivered by Health Records Professionals in Tertiary Hospitals

Statement	Strongly Agree (%)	Agree(%)	Disagree(%)	Strongly Disagree (%)	Mean	SD
<b>PROCESS</b>	<b>Weighted Mean</b>				<b>3.26</b>	<b>0.70</b>
Coding and indexing services in health records department in my hospital.	101(43.2)	128(54.7)	5(2.1)	0 (0)	3.59	.73
Compilation of statistical returns in health records department in my hospital.	110(47.0)	120(51.3)	4(1.7)	0 (0)	3.55	.73
Creation, storage and retrieval of patients' records in my hospital.	167(71.4)	65(27.8)	2(0.9)	0 (0)	3.69	.88
Confidentiality of health records in my hospital.	110(47.0)	120(51.3)	4(1.7)	0 (0)	3.55	.83
Provision of inpatients' services in my hospital.	128(54.7)	101(43.2)	5(2.1)	0 (0)	3.47	.74
Daily ward statement as one of the sources of statistical returns in my hospital.	2(0.9)	224(95.7)	8(3.4)	0 (0)	3.43	.84
Documentation and registration of patients' information in my hospital.	167(71.4)	65(27.8)	2(0.9)	0 (0)	3.29	.74
Generation of patients' records is given priority in my hospital.	3(1.3)	227(97.0)	4(1.7)	0 (0)	3.80	.87
Numbering control or system to facilitate accessibility of health records in my hospital.	195(83.3)	36(15.4)	3(1.3)	0 (0)	3.18	.42
Appointment system for continuity of patient care in my hospital.	113(48.3)	0 (0)	121(51.7)	0 (0)	1.03	.18

**Source: Field survey (2021)**

### Decision rule

If the mean = 1.0 - 1.49 = Very Low Service delivery

If the mean = 1.5 - 2.49 = Low Service delivery

If the mean = 2.5 - 3.49 = High Service delivery

If the mean = 3.5 – 4.0 = Very High Service delivery

Table 1. reveals that there are various services delivered by Health Records Professionals in the various hospitals surveyed. It can be deduced from the table that there is generally high service delivery in the hospitals with the overall mean score of 3.26. Based on the result, it could also be deduced that generation of patient records is the most commonly practiced service delivery as it has the highest mean score of 3.80 which falls under very high service delivery, while the appointment system for continuity of patient care with the mean score of 1.03 is the least service delivery because it comes under very low service delivery.

Other notable services are coding and indexing services in health records department with a mean score of 3.59, compilation of statistical returns with a mean score of 3.55, creation, storage and retrieval of patients records with a mean score of 3.69 and confidentiality of health records with a mean score of 3.55 all fall under very high service

delivery. Also, provision of inpatients services with a mean score of 3.47, daily ward statement as one of the sources of statistical returns mean score of 3.43, documentation and registration of patients information mean score of 3.29 and numbering control or system to facilitate accessibility of health records mean score of 3.18 all fall under high service delivery.

**Research question two: What is the nature of employee motivation among Health Records Professionals in tertiary hospitals in North -Central Nigeria?**

**Table 2.** Employee Motivation among Health Records Professionals

Statement	Strongly Agree (%)	Agree(%)	Disagree(%)	Strongly Disagree (%)	Mean	SD
<b>INTRINSIC MOTIVATION</b>	<b>Weighted Mean</b>				<b>2.80</b>	<b>0.51</b>
There is provision for recognition and attention in my hospital.	56 (23.9)	170 (72.6)	8 (3.5)	0 (0)	3.79	.48
Official vehicles are provided in my hospital.	40 (17.1)	101 (43.2)	93 (39.7)	0 (0)	2.23	.72
Allocation of official office is very essential in my hospital.	59 (25.2)	134 (57.3)	41 (17.5)	0 (0)	2.92	.65
Provision of packing space is very essential in my hospital.	82(35)	47 (20.1)	105 (44.9)	0 (0)	2.01	.89
Priority is given to carrier progression in my hospital.	37 (15.8)	88 (37.6)	109 (46.6)	0 (0)	2.31	.73
There is self-respect and self-esteem in my hospital.	226 (96.6)	0 (0)	8 (3.4)	0 (0)	3.07	.36
Enough attention is given to reputation, accomplishment and social status in my hospital.	0 (0)	163 (69.7)	71 (30.3)	0 (0)	2.30	.46
Priority is given to participation in various committees in my hospital.	0 (0)	225 (96.2)	9 (3.8)	0 (0)	3.54	.19
Awards are presented for the job well done in my hospital.	0 (0)	158 (67.5)	76 (32.5)	0 (0)	2.32	.47
Priority is given to achieving one's potential in my hospital.	0 (0)	226 (96.6)	8 (3.4)	0 (0)	3.53	.18
<b>EXTRINSIC MOTIVATION</b>	<b>Weighted Mean</b>				<b>2.23</b>	<b>0.65</b>
My hospital is safe.	226 (96.6)	0 (0)	8 (3.4)	0 (0)	1.07	.36
There is provision of medical insurance in my hospital.	117 (50)	47 (20.1)	70 (29.9)	0 (0)	2.90	.87
There is job security in my hospital.	168 (71.8)	66 (28.2)	0 (0)	0 (0)	1.28	.45
Attention is given to protection against any emotional harm in my hospital.	133 (56.8)	26 (11.1)	0 (0)	75 (32.1)	2.47	1.36
Wages and salaries are paid as at when due in my hospital.	102 (43.6)	55 (23.5)	0 (0)	77 (32.9)	2.22	1.31
Incentives and other benefits are delayed in my hospital.	125 (53.4)	54 (23.1)	55 (23.5)	0 (0)	2.70	.83
Working environment is very conducive in my hospital.	0 (0)	156 (66.7)	0 (0)	78 (33.3)	2.67	.94
Staff promotion is given priority in my hospital.	19 (8.1)	158 (67.5)	52 (22.2)	2 (2.1)	2.18	.60

**Table 2. Continues**

There is adequate condition of service in my hospital.	15 (6.4)	166 (70.9)	47 (20.1)	6 (2.6)	2.89	.58
The contract of service is favorable in my hospital.	0 (0)	115 (49.1)	114 (48.7)	5 (2.1)	1.92	.54
<b>Grand Total</b>					<b>2.52</b>	<b>0.65</b>

Source: field survey (2021)

#### Decision rule

If the mean = 1.0 - 1.49 = Very Low Employee Motivation

If the mean = 1.5 - 2.49 = Low Employee Motivation

If the mean = 2.5 - 3.49 = High Employee Motivation

If the mean = 3.5 - 4.0 = Very High Employee Motivation

SA & A were combined together to mean A (Agree).

D & SD were combined together to mean D (Disagree).

Table 2. reveals that there is a high employee motivation practiced in the surveyed hospitals with the overall mean of 2.52. The result also shows that intrinsic motivation is the most commonly used employee motivation as it has the highest mean score of 2.80 under the high level of employee motivation, while the extrinsic motivation is the least employee motivation with a mean score of 2.23 under the low level of employee motivation.

#### CONCLUSION

The study concluded that many services such as generation of patients records, coding and indexing services, compilation of statistical returns, creation storage and retrieval of patients records and confidentiality of health records in the hospital have a high service delivery by health records management professionals in tertiary hospitals in North-Central Nigeria while only appointment system for continuity of patients care has a very low service delivery.

#### RECOMMENDATIONS

Based on the findings of this study, the following recommendations are made:

1. Government should ensure that policies affecting retention of health records in the hospitals are formulated and implemented as this was found lacking in most of the hospitals.
2. The working environment should be made very conducive in order to motivate health records management professionals to give up their best always.

#### REFERENCES

- Adebayo, K. & Ofoegbu, E. (2014). Issue on E-health Adoption in Nigeria, *International Journal of Modern Education and Computer Science IJMECS* 2014, (9), 36-46 DOI: 10.5815/IJMECS.2014.09.06.
- Adeleke, I. T. (2012). *Geo additive modeling of adolescent age of sexual initiation among Nigerian women*. Lagos: New Age Publisher
- Allen, R.S. & Helms, M.M. (2014). Employee Perception of the Relationship between Strategy, Rewards and organizational Service delivery. *Journal of Business strategies*, 19(2), 115-139.
- Armstrong, M. (2010). *Essential Human Resource Management*, London: Kogan. Sansone, C; and Harackiewicz, J.M. (2000). *Intrinsic and extrinsic motivation: the search for optimal motivation and performance*. San Diego: Academic Press.
- Armstrong, M. (2011). *Human Resource Management Practice*, London: Kogan Page Limited.
- Armstrong, M. (2016). *A hand book of Human resource management practice 10<sup>th</sup> Edition*, Cambridge, UK: University press.
- Arnold, L., Campbell, A., Dubree, M., Fuchs, M. A., Davis, N. & Hertzler, B. (2006) Priorities and Challenges of Health System Chief Nurse Executives: Insights for Nursing Educators. *Journal of Professional Nursing*, 22(4), 213-220.
- Badru, F. (2018). *Sociology of Health and Illness. Relations in Olurode, Lai and Soyomboomololu (eds) Sociology for Beginners. John West Publishers.*
- Bishay, A. (1996). Teacher Motivation and Job Satisfaction: A Study Employing the Experience Sampling Method. *Journal of Undergraduate Sciences*, 3, 147-154.
- Bloisi W., Cook, C.W. & Hunsunker, P. L. (2013). *Management and organizational behavior*. European



- edition. McGraw-Hill, Pp 169-208.
- Cole, G.A. (2015). *Personnel and human Resource Management* (5<sup>th</sup> ed.), London: Book Carl, D.G. (1990). *Supervision of instruction: a developmental approach* (2<sup>nd</sup> ed.). auya & bacon.
- Dare, A. (2017). *Impact of Motivation on Health Information Management Practitioners Job Performance in a Healthcare Organization: A Case Study of Health Information Management Department, Lagos University Teaching Hospital (LUTH), Idi-Araba, Lagos.* (Unpublished).
- Eddy, S. (2017). *The Influence of Motivation on Quality Service Delivery in Decentralized Indonesia* (Unpublished)
- Edward .E. Lawler (2013). *Reward sisters in improving life at work.* Lagos: Saban Publishers.
- Flynn K.J. (2016). *The concept of primaryproduction in aquatic ecology.* 2<sup>nd</sup> Ed. USA: Richard D. Irwin Inc.
- Franco L.M, Bennett S, & Kanfer R (2014). Health sector reform and public sector health worker motivation: a conceptual framework. *Social Science & medicine.* 54(8):1255-1266.
- Gething(2012). *Development of an instrument to measure health center (HC) personnel's computer use, knowledge and functionality demand for HC computerized information system in Thailand,* AMIA Annual Symposium Proceedings, 1007.
- Gronroos, C. & Ravald, A. (2018) "Service as Business logic: implications for value creation and marketing." *Journal of service management.* Vol. 22 No1, pp.5-22.
- Hamed, O. (2016) Effects of Motivation on Performances of Lecturers of Tertiary Educational Institutions in Nigeria: A Case Study of College of Medicine, University of Lagos, LUTH, Idi-Araba, Lagos. (Unpublished)
- Hammed, A & Popoola, S.O. (2006) Selection of sample and sampling technique. In G.O. Alegbeleye, I. Mabawonku & M. Fabunmi (ed) *Research in Education.* Ibadan: *Faculty of education University of Ibadan: pp. 138-154.*
- Hornby, Peter, Sidney, Elizabeth & World Health Organization. Division of Health Manpower Development. (2000). *Motivation and health service performance / Peter Hornby and Elizabeth Sidney.* Geneva: World Health Organization. <http://www.who.int/iris/handle/10665/61596>.
- Ichoku, H. & Okoli, C. (2015), Fiscal space for health financing in Nigeria. *African Journal of health Economic (2005).*
- Ishaku, P & Emmanuel, S. (2019). *Employees Motivation in a Competitive Service and Manufacturing Sectors Performance.* University of Nigeria, Enugu Campus.
- Jonas, Joseph & James (2017). *Introduction to the US Health Care System.* [https://www.researchgate.net/publication/265397226\\_SupplInform\\_14jul14](https://www.researchgate.net/publication/265397226_SupplInform_14jul14), [https://www.researchgate.net/publication/294090870\\_Jonas'\\_](https://www.researchgate.net/publication/294090870_Jonas'_)
- Kaguhangire, M. (2000). *Motivating Non Academic Staff of Makerere University for Staff Development Programs and Promotional Procedures.* Unpublished Masters Dissertation, School of Education, Makerere University.
- Karan, S. (2015). *Motivation and performance. What behavioral scientist say.* {accessed: 25<sup>th</sup> October, 2019.
- Kaunda, J.M. (2015) *Effective States and engaged societies: capacity development for growth, service delivery, empowerment and security in Africa: the case of Botswana.* [http://siteresources.worldbank.org/AFRICAEXT/Resources/CD\\_Botswana.pdf](http://siteresources.worldbank.org/AFRICAEXT/Resources/CD_Botswana.pdf) (Accessed 2nd March 2015)
- Kreitner, R., & Kinicki, A. (2012). *Organizational Behavioral* (2<sup>nd</sup> ed.) USA: Richard D. Irwin Inc.
- Krejcie, & Morgan, P. J. (2002). *Comparism between medical students' experience, confidence and competence.* *Medical Education,* 36, 534-539.
- Kumar, P. N. Hoovayya. (2015). *An Overview of Community Health Insurance and Emergency Health Management in a Rural Indian Tertiary Health Care Center*
- Kumar, S. (2011) *Motivating Employees: An Explanatory Study on Knowledge Workers, South Asian Journal of Management, 18 (3), 26-47*
- Lau, F. (2016). *A review of the predictors, linkages, and biases in IT innovation adoption research,* *Journal of Information Technology,* 21 1–23.
- Lambrou, P. (2013). *Motivation and Job Satisfaction among Medical and Nursing Staff in a Cyprus Public General Hospital.* *Human Resource Health.*
- Locke, D. & Latham, F. (2012). *Maslow Motivation and Personality, Prentice hall. UK. 7<sup>th</sup> ed. 66-78*
- London Amnesty International publication (1985). *Ethical Codes and Declaration Relevant to the Health Professions, Second Edition.*
- Martinez, J. & Martineau, T. (1998). *Rethinking human resource: an agenda for the millennium.* *Health policy and Planning,* 13(4), 345-358.
- Martínez, J. & Martineau, T. (2014). *Rethinking human resources: an agenda for the millennium*
- Maslow, A.H. (1943). *A theory of human motivation. Psychological Review, 50, 370-396.*
- Mdluli, L. P. (2013). *The Role of Tracditional Leaders in Service Delivery : A case study of the Bushbuckridge Local Municipality in the Mpumalanga province, MDEV thesis, University of Limpopo, Polokwane : EDUPARK.*
- Meinert, D. B. (2007) *Resistance to Electronics Health Records (EHRs): A Barrier to Improved Quality of Care. Issues in Informing Science & Information Technology, 2:493-504*
- Merriam Webster Dictionary Online Dictionary. Retrieved

- on May 2, 2016 from [http://www.merriamwebster.com/dictionary/service delivery](http://www.merriamwebster.com/dictionary/service%20delivery).
- Mullins, L. J. (2015). *Management and organizational Behaviour*. Prentice hall. UK 7<sup>th</sup> ed. 88(431):1052-1058.
- National primary Health care Development Agency (NPHCDA (2014)). Minimum Standards for primary health care in Nigeria, Port-Harcourt Crescent, off Gimbiya Street, Garki II, Abuja, national study of physicans and nurses, *National Patient safety Foundation White Paper Report*.
- Okeke, J. O. (2015). Shortage of Health professional: A Study of Recruitment and Retention Factors that Impact Rural Hospitals in Lagos State, Nigeria (Doctoral Dissertation) Retrieved from Pro-Quest Dissertation and Thesis database (AAT3350845).
- Okeke, T. A. (2015). Perception and Treatment Seeking Behaviour for Malaria in Rural Nigeria: Implication for control. *J.Hum. Ecol.*2015.24(3):215
- Olorunfemi, T. (2014) Methods of Data Collection in Hassan A. Saliu & Oluwole J. Oyebanji (Eds,) *A guide on research proposal and report writing. Ilorin: Faculty of Business and Social Sciences, University of Ilorin, pp 36-48.*
- Parasuraman, A., Zeithaml, V.A. & Berry, L.L. (2016). A conceptual model of services quality and its implications for future research. *Journal of marketing, 49(3), 41-50*
- Popoola, S. O. (2011). Research Methodologies in Library and Information Science. *Paper presented at a Training Workshop on Building Research Capacity, for Library and Information Science professionals Organize by Nigeria Library Association, Ogun State Chapter at Covenant University Ota, Nigeria on 18<sup>th</sup> – 22<sup>nd</sup> September 2011.*
- Quadri, A. (2016). *Impact of Motivation on Job Performance of Health Workers*. Lagos University Teaching Hospital (LUTH), Idi-Araba. (Unpublished)
- Ralph, A. S. (1971). *History of the Nigerian Health Services*, Ibadan University Press, Ibadan, Nigeria.
- Research Advisor (2016). Recommended sample size for a given population size.
- Schellenberg, T. R. (1998). *Modern Archives: Principles and Techniques* (Repr.Ed.). Chicago: SAA
- Sheila A. A. (1981). *Legal Issues in Medicine* (England).
- Van Lerberghe, W. Conceicao, C. van damme, W. & ferrinho, P. (2002). When staff is underpaid: dealing with the individual coping strategies of health personnel. *Bulletin of the World Health Organization, 80(7), 581-584.*
- Vito, M. L. (2009). Phagocytosis and killing of a protein positive Staphylococcus aureus in the presence of low doses of antibiotics. [https://www.researchgate.net/publication/20419317\\_](https://www.researchgate.net/publication/20419317_)
- Webster Merriam (2004). *Collagiate Dictionary: Eleventh Edition* (2004). IEEE Standard Computer Dictionary: a Compilation of IEEE Standard <https://books.google.com.ng/books?isbn=1559370793>.
- Webster's Collegiate Dictionary (2009), Eleventh Edition.
- WHO (2011). *Analyzing disrupted Heath Systems in countries in crisis training course.*
- Williams, M. (2013). *Assessment of portfolios in professional education. Nursing Standard, Nov 5, 2013, 18(8), 33-37.*
- Williams, F., & Boren, S. A. (2008). The Role of Electronic Medical Records in Care Delivery in Developing Countries. *International Journal of Information Management. 503-507.*
- World Health Organization. (2011) *World Health Statistics 2011. Geneva. Switzerland: WHO.*
- Yeo, A. R. (2009). Predicting the Interaction between the Effects of Salinity and Climate Change on Crop Plants. *Scientia Horticulturae, 78, 159*
- Zeithaml, V.A. & Bitner, M. J. (2016) *Services Marketing- Integrating Customer Focus across the Firm.* 2<sup>nd</sup> Edition The McGraw Companies, Inc., New York.