NATIONAL OPEN UNIVERSITY OF NIGERIA

FACULTY OF HEALTH SCIENCES

COURSE CODE: NCS403

COURSE TITLE: MANAGEMENT IN NURSING

**COURSE
GUIDE**

**NSC403
LEADERSHIP AND MANAGEMENT IN HEALTH**

Course Team   Mr. T. P. Olaoye (Developer/Writer) - NOUN
Mr. Kayode S. Olubiyi (Co-developer/writer) - NOUN
Prof. Afolabi Adebanjo (Programme Leader) - NOUN
Mr. Kayode S. Olubiyi (Coordinator) - NOUN

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Introduction

NSC403 Leadership and management in health is a one-semester course. It is a two-unit course for all students offering B.NSc. programme in the Faculty of Health Sciences. There are no special background requirements except the normal entry requirements into the university.

However, students who are already working as nurses in both public and private institutions will find the course to be of great value.

The essence of Management is to make all human endeavours function effectively so that defined goals and objectives are efficiently attained. Therefore, its concepts, principles and theories can be readily observed and tested out in practice.

This course consists of 13 units which involve marrying the principles of Management to nursing practice. Some of the units include the definition of management, nature and purpose of management, the functions of management, and tools of management, aspects of nursing, the health delivery system and element in nursing practice as well as the concept of the Drug Revolving Fund.

Purpose of the Course Guide

This course guide tells you what this course "Leadership and management in health" is all about, the course materials you will need and how to make use of the materials. It also provides information on how to go through the tutor-marked assignments.

Course Aims and Objectives

To give you a broad exposure to the fundamental principles of Management and their application to health care institutions. The aims will be achieved by:

- introducing you to the nature, purpose and meaning of management.
- classifying management as science or art.
- explaining the management functions of planning, organising, staffing, leadership, control, coordination, innovation and representation.
- explaining the management tools of communication, budgeting and control.
- explaining the element in nursing practice.
- explaining the revolving fund concept.

How to Go Through the Course

To complete this course, you will have to read the material as contained in each unit, which has an introduction, unit objectives, the main content, conclusion, summary and tutor-marked assignments. You are expected to attempt the tutor-marked assignment(s) as soon as you finish a unit. You are equally advised to go through some of the textbooks recommended in the reference section for additional information. There is a final examination at the end of this course. Stated below are the components of this course and what you have to do.

The major components of the course are:

1.   Course Guide
2.   Study Units
3.   Text Books
4.   Assignment File
5.   Presentation Schedule

Study Units

There are 13 study units in this course grouped into 3 modules as follows:

Module 1   Introduction to Management

Unit 1   Nature, Purpose and Definitions of Management
Unit 2   Classification of Management and its Functions
Unit 3   Communication and Interpersonal Relationships
Unit 4   Interviewing Skills

Module 2   Management and Control

Unit 1   Human Resources/Services Management
Unit 2   Management and Control of Material Resources
Unit 3   Health Care Delivery Systems

Module 3   Other Issues in Nursing Practice

Unit 1   Quality Assessment in Nursing Practice
Unit 2   Budgeting
Unit 3   Control
Unit 4   Motivation
Unit 5   Leadership
Unit 6   The Drug Revolving Fund

These units should be treated sequentially as preceding units act as a base for subsequent units.

Textbooks and References

Ernest, Dale. (1978). *Management Theory and Practice,* (4th ed.). McGraw-Hill.

Nwachukwu, C. C. (2004) *Management Theory and Practice*. Nigeria: African First Publishers Ltd.

Olaoye, T.P. (1995). "Lecture Notes on Principles of Management." Kwara State Polytechnic, Ilorin: Unpublished.

Course Evaluation

There will be two types of evaluation: Tutor-Marked Assignments and the Final Semester Examination. As stated earlier, every unit of this course has an assignment attached to it. Four assignments will be given to you from the Study Centre out of which 3 will be recorded for you as part of the evaluation. These assignments attract 30 per cent of the total mark. The second part is the final semester examination. This comes at the end of the course and you will be examined in all units -covering all aspect of the course. The examination attracts 70 per cent of the total marks.

Facilitators/Tutors and Tutorials

Specific dates for particular activities, such as tutorial schedules, submission of assignments and examination dates shall follow the school calendar, which shall be made available to you. This will enable you to plan your activities in the same line. You are therefore advised to work hard in order not to fall behind schedule

Summary

This course exposes you to the concepts, principles and theories of Management that will make you better managers of resources in your various endeavours.

Conclusion

By the time you complete this course, you will find the knowledge you have gained useful not only in solving management problems, but also in solving your day-to-day problems.

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Reviewer   Professor Helen Kwanashie -NOUN (2022)

NATIONAL OPEN UNIVERSITY OF NIGERIA

National Open University of Nigeria
Headquarters
14/16 Ahmadu Bello Way
Victoria Island
Lagos

Abuja Office
No. 5 Dar es Salaam Street
Off Aminu Kano Crescent
Wuse II, Abuja
Nigeria

e-mail: centralinfo@nou.edu.ng
URL: www.nou.edu.ng

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Unit 1   Nature, Purpose and Definitions of Management
Unit 2   Classification of Management and its Functions
Unit 3   Communication and Interpersonal Relationships
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UNIT 1   NATURE, PURPOSE AND DEFINITIONS OF MANAGEMENT

CONTENTS

1.0   Introduction
2.0   Objectives
3.0   Main Content
            3.1   Nature and Purpose of Management
            3.2   Definitions of Management
4.0   Conclusion
5.0   Summary
6.0   Tutor-Marked Assignment
7.0   References/Further Reading

1.0   INTRODUCTION

You might want to ask whether a course in management is necessary in your field of study. The answer is not far-fetched. This is because, management is required for effective functioning of all human endeavours, these include: government establishments, business enterprises, hospitals, cooperative societies, churches or mosques, profit making or non-profit organisations. All these organisations exist for predetermined goals and objectives. The concepts, principles and theories of management are applicable in all organisations so that the defined goals and objectives are efficiently attained. Hence, the universality of management.

In this unit, we shall be looking at the nature and purpose of management. We shall also be looking at various definitions of management from the perspectives of various authors and professionals. These are necessary for you to have good understanding of what the term management means and what its activities entail. Management is about judicious utilisation of limited resources. As potential heads of health institutions, you need to understand how apply this knowledge to get desired results at minimum costs.

2.0   OBJECTIVES

By the end of this unit, you should be able to:

• explain the nature and purpose of management
• explain the need for management
• define the word management.

3.0   MAIN CONTENT

3.1   Nature and Purpose of Management

For as long as human beings have learnt to engage in productive efforts in order to survive, the need to coordinate these activities to achieve desired results had become imperative. Management has therefore been in existence from time immemorial. There is no human endeavour that does not require proper management for its functioning. It is one of the most important human activities that permeate all organisations. All types of organisations; government establishments, business enterprises, hospitals, cooperatives societies, churches or mosques, whether profit making or non-profit, require management to function effectively and efficiently.

In every organisation, there two types of employees: the ordinary workers; who engage directly in productive activities or services delivery and the Management. The management staff are not directly responsible for production but they are primarily responsible for employing and firing employees while also taking responsibility for their actions. Complaints are made to them and they make policies and decisions in an organisation. The management is concerned with what to do, when to do it, and where to do it. Management can be described as what the management does. One answer to the question of what the manager does is that a manager organises the resources available to him (which include people, money and other assets such as land and equipment) for the achievement of certain objectives. His job also usually includes setting of objectives as well.

There is Management based on tradition which involves the crude tactics of issuing orders and instructions to get things done, but with social awakening, development of organisations and development of technology, management has moved away from this simplicity. It has moved to a stage where it can be described as a process involving so many functions such as planning, organising, staffing, s e t t i n g o f objectives, coordination and control, and not just an activity. This type of management is called scientific management because some scientific principles are applied. Management is vital for the success of every organisation hence it is universal and trans-organisational.

SELF ASSESSMENT EXERCISE

What do you understand by the concept "management"?

3.1.1 The Need for Management

Not all people can manage effectively or aspire to Management position. Whenever people work together, there is generally a need for the coordination of efforts in order to attain expected results in reasonable time. All people who oversee the functions of other people who must work in subordinate position are managers. Managers are people who are primarily responsible for achievement of organisational goals.

Any organisation that fails to realise its objectives often blames it on Management. Thus, management is often accused of lack of initiative, ineptitude, misconduct or is said to be unqualified and called upon to resign. The manager is the individual to provide the dynamic force or direction. He is the person in charge and expected to attain results.

Managers are expected to possess special talents or abilities that are quite different from those of non-managers. They are a class by themselves, distinct from ownership and labour. According to Peter Drucker, "rarely if ever, has a new basic institution or new leading group, a new central function, emerged as fast as has Management since the turn of the century." The manager is expected to get people to put in their best. To do this, the manager has to understand people, their emotional, physical and intellectual needs. He has to appreciate that each member of the group has his own personal needs and aspirations and that these are influenced by such factors as the ethnic, social, political, economic and technological environment of which he is a part.

3.2   Definitions of Management

Management has been defined by many authors and scholars. They have seen management in their own fields and therefore have defined it according to their various concepts, findings and experiences. The definitions are therefore as diverse as these scholars and professionals.

Brech defined Management as a process entailing responsibility for the effective and economical planning and regulation of the operations of an enterprise in the fulfillment of a given process or task, such responsibility involving;

(a)   judgment and decision in determining plans and in using data to control performance and progress towards plans, and
(b)   the guidance, integration, motivation, supervision of the personnel composing the enterprise and carrying out its operations.

Grovernor Plowman sees Management as a technique by means of which the purposes and objectives of a particular human group are determined, clarified and effectuated.

While some see Management as a profession involving a process demanding performance of a specific function, others see it as an academic discipline. In this later case, people study the art of managing or management science.

A more comprehensive definition by the American Institute of Management sees management as being; *used to designate either a group of functions or the personnel who carry them out, to describe either an organisation's official hierarchy or the activities of men who compose it, to provide antonym to either labour or ownership.*

4.0   CONCLUSION

In this unit, we have looked at the nature and purpose of Management with a view to giving us the background understanding of the course. The definitions given have been as diverse as the authors and professionals perspectives. From these definitions, we have been able see the functions that management is concerned with: what to do, when to do it and where to it. They are also expected to guide us through the course. We also noted that management is concerned with setting of an organisation's objectives as well as efficient utilisation of resources for the achievement of the set objectives.

5.0   SUMMARY

We have discussed the nature, purpose and the need for Management. We also looked at the various definitions by various authors and professionals of management. This has enabled us to appreciate what management entails. In our next unit, we shall be looking at the classification of management and its functions

6.0   TUTOR-MARKED ASSIGNMENT

1.   What is the need for Management in an organisation?
2.   How do you define Management?

7.0   REFERENCES/FURTHER READING

Aldridge, M.D. (2021). "An Open Educational Resource on Leadership and Management in Professional Nursing Practice, University of Northern Colorado.

Ernest, Dale (1978). *Management Theory and Practice*, (4th ed.). McGraw-Hill.

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Olaoye, T.P. (1995). "Lecture Notes on Principles of Managements." Kwara State Polytechnic, Ilorin. Unpublished.

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UNIT 2   CLASSIFICATION   OF MANAGEMENT AND ITS FUNCTIONS

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1.0   Introduction
2.0   Objectives
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       3.1   Classification of Management
       3.2   The Management Functions
4.0   Conclusion
5.0   Summary
6.0   Tutor-Marked Assignment
7.0   References/Further Reading

1.0   INTRODUCTION

In the first unit of this course, we looked at the nature, purpose and definitions of Management. All these were geared towards providing a firm understanding of the basics of management.

But this may not be enough, and so we need to be able to situate Management properly, as an art or science. We shall be looking at the arguments on both sides of the divide and come up with a position.

Also, we shall be trying to resolve the question of what actually the functions of Management are. In explaining these functions, deeper insight will be brought to bear in attempting to help in establishing firm understanding of the scope of management.

2.0   OBJECTIVES

By the end of this unit, you should be able to:

•   classify management as either as art or science
•   identify and describe the functions of management.

3.0   MAIN CONTENT

3.1   Classification of Management

People often argue whether Management should be classified as an art or science. We shall therefore be looking at the attributes of both science and art to enable us draw our conclusion at the end of the lecture.

3.1.1   Management as an Art

The application of principles is what is referred to as art. Art requires technical skill, and conceptual ability. An artist must possess the know-how in order to create a desired object. To be a successful or creative artist, one has to understand the fundamental principles governing it. The same applies to all professionals including doctors, engineers etc. In the same manner, to be a successful manager, one has to master the art of managing. Seeing Management as an art makes one to think of creative ability, and special aptitude to design or effect a desire result.
There are special areas of management that are not subject to the rigours of science. The manager as a result has to depend on past experience and judgment instead of depending on any testable technical knowledge as is the case in engineering, physics or survey. The application of this knowledge to individual management situation is seen, as the art aspect of management.

3.1.2   Management as Science

Science, attempts through systematic procedure to establish the relationships between two variables and the underlying principles. Fredric W. Taylor, known as the father of scientific Management pioneered efforts in attacking the traditional approach to management that tended to depend on intuition, luck or hunches. He was the first to successfully use scientific techniques to solve managerial problems.
Scientific Management uses the methods of science in making decisions and evaluating its consequences. Management then becomes science when it employs systematic procedure or scientific methods to obtain complete information about a problem under consideration, and the solution is subject to rigorous control procedures to ensure its correctness and establish validity.

From the above discussion, it is safe to conclude that both positions are not mutually exclusive but complementary. A good manager must know the concepts and principles of Management (management science) and also know how to apply them in unique situations. A successful manager blends experience with science in order to achieve a desired result. One decision could involve both science and art in order to attain the total result desired. The ability to use both judiciously makes for a successful manager.

3.2   The Management Functions

One question we earlier asked was, what exactly does a manager do? To this, we answered that a manager organises the resources available to him for the achievement of certain objectives, and usually sets the

objectives as well. To properly grasp the task above, we need a breakdown of the functions of Management.
The functions have been identified to include, planning, organising, staffing, leading, directing, control, coordination, innovation and representation.

3.2.1 Planning

The manager's first job is to decide what he wants to accomplish; to set short and long-range goals for the organisation. To do this involves appraisal and measurement of the prevalent conditions (external and internal) and decisions concerning courses of action, which are necessary for the desired results.

Planning is deciding in advance what to do, how to do it, when to do it, and who is to do it. It bridges the gap between where we are and where we want to be in future. It strongly implies not only the introduction of new things, but also sensible and workable innovation. Planning makes it possible for things to occur that would not otherwise happen.

Planning is a very important and basic element in establishing an environment for performance by enabling people to know their purposes and objectives, the tasks to be performed, and the guidelines to be followed in performing their jobs. If group effort is to be effective, people must know what they are expected to accomplish.

3.2.2 Organising

The objectives and work that will be necessary to reach them dictate the number of people needed and the skills that they must possess - that is, the position to be filled and the qualifications the people who fill them must possess. In organising, the manager decides what job positions will have to be filled and the duties and responsibilities attached to each one. But the work done by members of the organisation will necessarily be interrelated; hence some means of coordination must be set up.

Activities involved in organising can be broken down as follows:

i.   determination of activities required to achieve goals

ii.   grouping these activities into department or sections

iii.   assignment of such groups of activities to a manager

iv.   delegation of authority to carry them out

v.   provision for coordination of activities, authority, and information horizontally and vertically in the organisation.

The purpose of an organisational structure is to help in creating an environment for human performance.

3.2.3 Staffing

In organising, the manager establishes position and decides what the people who hold them must do. In staffing, he attempts to find the right person for each job. Simply put, staffing involves filling and keeping filled, the positions provided for by the organisational structure. The activities involved in staffing include inventorying, appraising and selecting candidates for positions, compensating and training or otherwise developing both candidates and current job holders to accomplish their task effectively.

3.2.4 Directing/Leading

Management has sometimes been defined as the "Management of people, not things"; a definition which implies that all the manager needs to do is to get other people to act as he would like them to. This is however possible only if he knows what he wants them to do and how they should act if the organisation is to reach its goal. Leadership involves influencing people so that they will strive willingly and enthusiastically toward the achievement of organisational and group goals. It has to do predominantly with the interpersonal aspect of managing. The most important problem faced by managers arise from people; their desires and attitudes, their behaviour as individuals and in group, hence the need for managers also to be effective. Since leadership implies the existence of followership and people tend to follow those whom they see as a means of satisfying their own needs, wishes and desires, it is understandable that leading involves motivation, leadership styles, approaches and communication. We shall be taking the subject of communication deeper in the course of the lecture.

3.2.5 Control

In directing, the manager explains to his people what they are to do and helps them to do it to the best of their ability. In controlling, he determines what progress has been made towards the set goals. He must know what is happening so that he can step in and make changes in procedure if changes are necessary to ensure that the set objectives are reached.

In other words, controlling is the measuring and correcting of activities of subordinates to ensure that events conform to plans.

The activities involved in control involve:

i.   setting specific performing objectives or targets,

ii.   measuring performance against plans and goals,

iii.   comparing performance with set targets,

iv.   taking corrective measures where there are deviations.

Control activities generally relate to the measurement of achievement.

However, whatever means of measuring that is used i.e. budget for expenses, inspection records and the record of labour hours lost, it must possess the characteristics of measuring tools, c a p a b l e o f showing whether plans are working out. If deviations persist, correction is indicated.

3.2.6 Coordination

Argument abounds as to whether coordination should be a separate function of a manager or a part of organising function. However, many authors believe it should be a separate function. Coordination has therefore been defined as the achievement of harmony of individual efforts towards the accomplishment of group goals. Each of the managerial function is an exercise contributing to coordination. Coordination is also a process and in this process, an executive develops orderly pattern of a group of effort among his subordinates and secures unity of action to achieve a common goal. Though of the belief that coordination should be an essential part of organising, Gulick has described the commonest means of coordination being, providing common superiors for those whose work is interrelated. According to him, the first line supervisors will coordinate the work of a group of rank-and–file employees, and his own efforts will be coordinated with those of other first-line supervisors by a manager on the next higher level, and so on, up to the company president who coordinates the activities of the top level department heads.

3.2.7 Innovation

According to Peter Drucker, "Managing a business cannot be an administrative or even a policy making job, it must be a creative rather than an adaptive task" In other words, a real manager is always an innovator. In a dynamic and competitive environment where organisations operate, a manager who believes in doing things the usual way will leave the organisation static, causing it to eventually decline or die. Essentially therefore, innovation consists of developing new and

better ways of doing things. The manager may originate new ideas himself, combine old ideas into new ones and adapt them to his own use, or perhaps act as a catalyst to stimulate others to develop and carry out innovations.

3.2.8 Representation

Finally, the manager's job includes representing his organisation in dealing with a number of outside groups. Though this is a public relations responsibility and most organisations now have a separate department for this task, the boss is still considered as the number one public relations officer of his organisation.

SELF ASSESSMENT EXERCISE

List and explain the 8 Management functions.

4.0 CONCLUSION

In this unit, we have examined whether Management is an art or science. Management is neither purely science nor purely an art, but a scientific art to increase human efficiency in any organisation.

We did look at the functions of Management as an answer to what it does in organising the resources available for the achievement of certain objectives. Management functions begin with goal setting but include others, which as examined above have provided a framework in for organization of management knowledge.

A successful manager must be effective in all of these functions to be able to achieve the goals of his organisation.

5.0 SUMMARY

We have looked at whether Management is an art or science. Having done that, we looked at what actually are the functions that embody the subject called management. We identified and explained eight of those functions. The first two units have tried to provide a foundation on the concept and nature of management, the understanding of which is pivotal to its application to our field, Nursing.

In the next one or two units, we shall be looking at the healthcare delivery system (nationally and internationally).

6.0   TUTOR-MARKED ASSIGNMENT

1.   Is Management an art or science? Give reasons for your answer.
2.   List and explain the functions of Management.

7.0   REFERENCES/FURTHER READING

Ernest, Dale (1978). *Management Theory and Practice*, (4th ed.). McGraw-Hill,

Nwachukwu, C.C. (1988). *Management Theory and Practice*, African First Publishers Ltd.

Olaoye, T.P. (1995). "Lecture Notes on Principles of Management". Kwara State Polytechnic, Ilorin. Unpublished

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UNIT 3   COMMUNICATION AND INTER-PERSONAL RELATIONSHIP**S**

CONTENTS

1.0   INTRODUCTION

The issue of communication has its origin from as far as when m an came into existence. It is a means by which we convey our emotions, feelings and beliefs to one another. Relationships are formed and sustained by it. It is vital for the smooth running of both interpersonal and official relationships. In business, it is a tool for effective management, the functions of which we had earlier treated in a previous unit.

In this unit, we shall be looking at the various definitions of communication, from the different perspectives of authors and professionals. The importance and types of communication shall also be examined.

Because ineffective communication has been discovered to play a major role in organisational failure, an attempt is made to highlight the major barriers to effective communication, with a view to suggesting ways to avoid it.

We as nurses need to understand how to communicate effectively with the various stakeholders we interact with on a daily basis. We need to communicate formally with our employers/employees, patients and with our colleagues.

To help us in this area, this unit will attempt to take us through the rudiments of this essential tool of conducting interpersonal relationships.

2.0   OBJECTIVES

By the end of this unit, you should be able to:

• define and explain the meaning of communication
• explain the benefits of effective communication
• state the various types of communication
• list the barriers and solutions to effective communication.

3.0   MAIN CONTENT

3.1   Definitions of Communication

Communication is vital in every sphere of human activity. It may even be described as the life wire of the society. Through communication, politicians sell their manifestoes to voters, business enterprises sell their products and services to buyers, preachers propagate their religious messages, teachers impart knowledge to students, sicknesses and diseases are diagnosed by doctors, relationships, whether personal or official are activated, affected, maintained and sustained by it.

The way we communicate may manifest in verbal or in non-verbal form, and it involves two parties one communicating the other receiving. Good communication is essential to any group's or organisation's effectiveness. It is however more than imparting meaning, it must be understood.

Communication is universal in nature, and this has led to diverse definitions of the term. We shall therefore look at a few of these:

1.   The word communication is derived from the Latin word *communis*, meaning "common". Thus, when you communicate, you are trying to establish a "commonness" with someone (William J. Stanton, 1981).

2.   Communication is the process by which one person (or a group) shares and imparts information to another person (or a group) so that either people (or groups) clearly understand one another. (Rita Udall and Sheila Udall, 1979:5).

3.   Communication is not just the giving of information, it is the giving of understandable information and receiving and understanding the message (Eyre, 1983:1).

4.   The communication process involves all acts of transmitting messages through channels which link people, to the languages and symbolic codes which are used to transmit messages, the means by which messages are received and stored, and the rules, customs, and conventions which define and regulate human relationships and events (Frank Ugboajah, 1985:2).

We shall at this juncture look at communication that is focused within the organisation.

5.   At all levels in the organisation, among and between executives, managers, staff, personnel, supervisors and foremen and employees, the communication process is continuously in action, conveying information, ideas, attitudes and feeling among individuals and among groups of individuals (J. Chruden and W. Sherman. 1978:325).

Putting all these together, we can now define communication as a process whereby, through the use of verbal or non-verbal symbols, a message is sent through a channel (by a sender), to a receiver, in an effort to share information in an understandable form.

3.1.1 The Communication Process

From the various definitions we considered in the last section, it is possible for us to identify a number of elements constituting the process of Communication. Fundamentally, communication requires only four elements – a message, a source of this message, a communication channel, and a receiver. The information the sending source wants to share must first of all be <u>encoded</u> into transmittable form, <u>transmitted,</u> and then <u>decoded</u> by the receiver. Another element to be reckoned with is <u>noise,</u> which is anything that tends to distort the message at any stage in the system. The final element in the process – <u>feedback</u> – tells the sender whether the message was received and how it was perceived by the target.
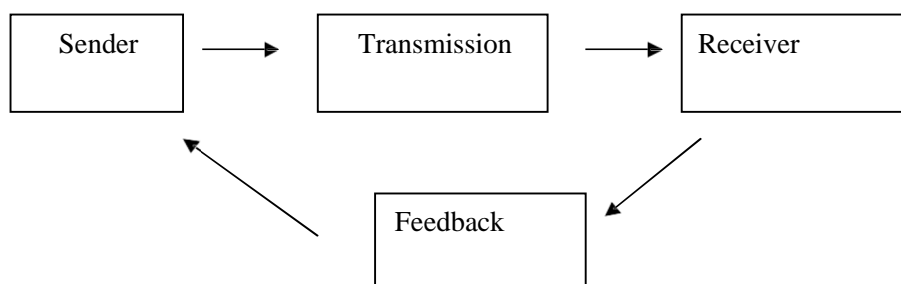
Fig. 1: The Communication Process Model

(a)   Sender

Communication starts with the sender creating an idea or choosing a fact to communicate. This is the basis of the message. This idea or fact is then encoded (organised in a series of symbols) in a way that can be understood by the intended receiver. It could be in spoken or written words, or perhaps a gesture of some sort.

(b)   Transmission

This encoded message is then linked to the receiver through a channel such asprint media, a computer, telephone, television or a telegraph. It is the channel that links the sender with the receiver. In some cases, two or more channels can be used at the same time. The proper selection of the media and timing is crucial for effective Communication. The sender also tries to keep the messages free of barriers or interference, so that they can reach the receiver and hold his attention.

(c)   Receiver

The receiver is the decoder of the message and is to whom it was targeted. Receivers decode (interpret) the message in the light of their individual experiences or frames of reference. Effective and reliable Communication can only be said to have occurred when the receiver and the sender attach the same or at least similar meaning to the symbols. In other words, the closer the decoded message is to its encoded form (assuming it was encoded fully and accurately), the more effective the communication is. A message coded in English requires a receiver who understands English. Understanding is in the mind of the receiver; therefore he must have an open mind and be prepared to receive the message.

(d)   Feedback

After the receiver has decoded the message, whether he understands the message fully or not, he will however, react in some way. His reaction may be positive or negative depending upon his level of understanding and the effect the message has on him.

Feedback is essential, because, by evaluating the receiver's words or actions, the sender can judge how well the message got through. It also indicates whether individual or organisational change has taken place as a result of the Communication.

(e) Noise

Noise tends to be present in every stage of the Communication process. Noise is a technical term for all forms of obstacle to effective communication. It hinders the sender, the transmission or the receiver. It also tends to distort the message at any stage in the system.

3.1.2 Importance of Communication

Without Communication, it will not be possible for organisations to achieve their goals. Managers are the nerve centers of their organisations and effective communication is the crucial tool a manager has at his disposal for effective management. It is by means of communication that people are linked together in an organisation to achieve a common purpose. Group activities are impossible without communication because coordination and change cannot be effected.

Communication is essential for the internal functioning of an enterprise. The manager needs communication for developing and sustaining a smooth functioning work team. It is through communication that he directs the employees while coordinating and controlling their activities towards the accomplishment of corporate goals and objectives, as well as satisfying the aspirations and expectations of the employees.

Communication has as its ultimate purpose, the integration of management and employee functions. Furthermore, it is through effective communication that managers can perform all the core functions of managing people within the organisation.

Communication also relates to the external environment of the organisation. It is through communication that organisations interact and conduct required relationship with stakeholders i.e. customers, shareholders, communities, governments etc. With this, the organisation becomes an open system which interacts with its environment.

3.2 Types of Communication

Communication can be classified into two broad categories. They are: Verbal and Non-Verbal.

3.2.1 Verbal Communication

This is the type of Communication that may take an oral (spoken) form in which human speech organs are used to produce sounds. This includes face-to-face discussion and interviews, using the telephone, addressing a meeting, talking in groups.

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Verbal Communication may also take a written form in which human muscles are used to produce symbols (letters of the alphabet and words). It includes notes, memoranda, letters, notices, statements, orders,

invoices and other types of messages.

(a)   Oral Communication

Oral Communication is used in intra-personal, interpersonal and group communication situations.

(i)   Intra-Personal Communication

This is the process of information transfer which goes on within an individual. Ideas and thoughts that are generated are first of all weighed, tossed here and there, then we decide how best to put it before we allow it to escape from within us. During this process, we unconsciously verbalise (say aloud) what is going on within us. In such situations, no particular receiver is intended.

(ii)   Interpersonal Communication

This is the type of Communication that is often referred to as face-to-face communication. It is the exchange of ideas and information between two people - you and your friend, patient, boss, secretary, clerk, doctor, or any other person. Ideas and thoughts are not kept within one's self but shared directly with someone else face-to-face, either by phone or other gadgets of communication. Face-to-face communication has an advantage of eliciting immediate response and producing greater impact than the written word. However, you are left with no record of what has taken place.

(iii)   Group Communication

A group is formed when three or more persons come together accidentally or by design to work towards a common specific goal. We spend a large part of our lives in groups: the family group, the political group, the self-help group, the trade union group, the group we are part of at work and etc. Members within a group share ideas and information with one another. As a member of a group, you take part in group Communication. It involves the exchange of ideas and information among members.

(b)   Written Communication

This refers to the translation of oral messages into alphabetic symbols. These symbols are then organised together to convey ideas, messages, or

information between those who   participate in the Communication encounter.

Written Communication is normally used in the following situations:

(i)   for personal and business letters;

(ii)   queries (for disciplinary purposes);

(iii)   for writing reports;

(iv)   for circulars and memos;

(v)   for essays, compositions and all forms of collecting information;

(vi)   for questionnaires and forms designed for collecting information;

(vii)   telegrams and telexes.

Written Communication is advantageous when the logical presentation of an argument or directive is needed.

3.2.2   Non-Verbal Communication

This type of Communication is the way we show our feelings through our movements, gestures and postures. It comprises body movement, the space or distance put between people and the manner in which we speak. It can be discussed under the following sub-headings: body language, paralanguage and distance.

(i)   Body Language

Information, ideas, feelings and attitudes can be conveyed by the positions of our body as well as the movement of some parts of it. Other names for body language are gestures, body shape, or facial expressions. Body language does not involve the use of vocal symbols; rather it involves the use of the whole body or part of it. Sometimes by doing, not doing or saying anything at all, we can communicate a lot.

(ii)   Paralanguage

Ideas, information, altitude and feelings can be conveyed by the way something is said rather than by what is actually said. A hiss at someone for example, is a message of scorn or dissatisfaction to him. In paralanguage, information is conveyed by the tone of the speaker's voice and his countenance rather than any specific word choice.

(iii)   Distance

This refers to the gap created between people. It is used as a means of Communication in both formal and informal situations. Distance, territory or space, building design, room and seating arrangements, artifacts and objects take on unique significance in the context of organisational communication. Other variants of this type of communication include: personal distance, business distance, social distance and public distance. Non-verbal communication often reinforces verbal communication. It helps to emphasise the point being made. Also, it can sometimes give a much clearer idea of what we are thinking and how we are responding than the words we use.

3.2.3 Organisational Communication

Organisation as defined by Rogers and Rogers (1976) "is a stable system of individuals who work together to achieve common goals, through a hierarchy of ranks and division of labour."

The lines of authority which are set up enable workers in an organisation to chart information and ideas through specific channels. Every organisation therefore, can be seen as an information processing system in which message of all sorts are imported, sorted, analyzed and disseminated with a view to achieving specific pre-determined results.
In all organisations, there are two established systems - the Formal Communication System and the Informal Communication System. The size of an organisation, its structure, the quality and attitudes of management all influence the communication process in the organisation.

A.   Formal Communication

Formal Communication is the officially recognised route for task related messages in organisations. Formal communication may be vertical, horizontal or semi-vertical, depending on the direction of information flow.

(i)   Vertical Communication

This refers to the flow of messages from those at the top of the hierarchy to the person at the bottom, and from most senior officers to the most junior workers. It also refers to the flow of messages from those at the bottom to the persons at the top; hence, Vertical communication could be downward or upward.

Downward Communication Flow

Here information flows from the top management i.e. from the board of directors, through the general manager, assistant managers and supervisors to factory hands. Essentially, Downward communication originates from the person with the greatest authority in the organisation to the person with the least.

The Communication load carried down usually consists of policies, plans, targets, directives, queries, instructions and orders. These are necessary information for task performances as employees work to achieve the goals set for the organisation.

Upward Communication Flow

This type of Communication refers to that information sent from those at the bottom of the organisation chart to the higher ranking officers in the organisation. It is more of a feedback device which supplies information about how people have reacted or responded to the communication passed to them by mangers. It is made up of messages containing clarifications and directives, suggestions on how some activities can be carried out or opinions of employees on some company plans and policies. Other components of Upward communication include: comments and objections to plans, instruction or orders, by employees. As a feedback loop, it enables management feel the pulse of employees and if encouraged, it can boost the employees' confidence and morale as well as enhance productivity.

(ii)   Horizontal Communication Flow

This refers to be exchange of messages, ideas and information between colleagues or workers on the same level or of the same rank, about the tasks which they perform within their organisation. Horizontal communication plays a coordinating role as people performing a variety of duties exchange information about activities in their respective sections. This type of interaction is often beneficial to the entire organisation. The exchange is done through face-to-face interpersonal communication, in meetings and committees as well as through memos. Exchange of this nature often occurs during informal contact occasions such as in canteens and clubs.

(iii)   Semi-Vertical Communication Flow

With the advent of trade unions, a new system of formal Communication has emerged. Trade unions whether approved by management or not are recognised by law as the official mouthpiece of the workers and

therefore constitute a separate official communication system between management and the workers.

Unions take up matters concerning the welfare of workers with the management after consulting with workers. When agreement is reached on the issue being discussed, they report these directly to the workers without following the hierarchy as established by the organisational chart.

B.   Informal Communication Systems

Organisations also have Informal System of Communication. This type of communication carries unofficial information about matters within the organisation or pertaining to it. In other words, it is the unofficial channel in processing official information.

As noted by Rogers and Rogers (1976:81), Informal communication structure is determined by proximity and mutual attractiveness of individuals who interact in work places and in other activities. In the same way, it is also determined by similarities of values and social characteristics.

Informal communication by-passes all official channels of authority. When there is information in the channel, it will filter its way through to the managing director or any other source by a number of means.
The main channels of informal communication are rumour and the grapevine.

(i)   Rumour

This refers to unofficial and unconfirmed information sent through interpersonal channels. There is no clear-cut evidence to buttress the message carried nor can anyone pinpoint the source; you will always hear that somebody else told the person who told you. Rumour is usually inaccurate and often malicious. Most of the time, it is fabricated and circulated by persons who are antagonistic to a cause or to the target of the rumour. Rumour is bad for people and for organisations.
Rumours are signs that human relations within the organisation have for some reason, degenerated. It is also a sign that there is a gap in communication between management and employees. It is very important for management to be sensitive and prevent this situation from arising.

(ii)   The Grapevine

The Grapevine is the positive side of rumour in an informal communication system. The grapevine has an origin which is well founded but the person giving out the information or circulating is not easily found nor will any person claim responsibility. This information is always related to some aspects of the life of the organisation. It may also relate to social affairs. Grapevine information is usually fairly accurate though often incomplete.

Sources of grapevine include:

(a)   new information

(b)   excitement

(c)   loyalty

(d)   informal conversation

(e)   insecurity

Grapevine information cannot be easily controlled nor stopped and it tends to spread horizontally.

3.3   Barriers to Communication

Many factors have been found to be responsible for making Communication not to be effective. These barriers affect the sender, transmission and receiver - the whole communication process. They normally arise from structural, human or technological constraints.

(a)   Structural Constraints

The architectural plan and location of buildings or plants, the organisation of physical facilities within each building, and the geographical location of subsidiary units or departments in relation to the parent company or to the headquarters are factors that can facilitate or impede the free flow of communication.

(b)   Human Constraints

Semantic Barrier

This could arise as a result of a great disparity in the level of language usage between different categories of workers. It makes information to be unclear to the receiver due to the symbol used.

Information overload

Too much access to information within a given time makes the worker forgetful, disorganised and ineffective. Human attitudes, feelings and biases pose serious communication barriers. People whose experiences are negative in life have been found to reflect the same about interpersonal relationship.

Gate-keeping

A Gatekeeper is one who, because of his access to information vets them. He could impound and suppress information to which he is unsympathetic or hostile, while allowing that from which he will benefit or to which he is sympathetic to go through.

Rumours

As earlier discussed, it creates communication problems by adding or subtracting from what actually is obtained.

(c)   Technological Constraints and Departmental Barriers

Specialisation comes   with   its   Communication   problems.   Each professional and department develop their jargons, making communication with other departments and the head office difficult.
The awareness of these barriers is of utmost importance to managers, as it presents the best opportunity for taking actions that avoid or eliminate them, thereby enhancing effective communication.

SELF ASSESSM ENT EXERCISE

Explain the two established systems of Communication in an organisation.

4.0   CONCLUSION

In this unit, we have examined communication in all its ramifications with a view to presenting it as an effective tool for managers. The constraints to its effectiveness have been highlighted to help us take actions that will help in effective communication.

Effective communication is crucial in organisations as it is the means by which other functions of management are effectively performed.

5.0   SUMMARY

Communication is vital and can rightly be described as the life wire of the society. In business particularly, it is the tool for effective management, as managers have been found to spend about 80 per cent of their time communicating.

The ultimate aim of communication is to integrate employees and management functions for the attainment of the organisation's objectives. It is imperative therefore for managers to cultivate the habit of effective communication.

6.0   TUTOR-MARKED ASSIGNMENT

1.   What does it mean to Communicate? Examine the importance of communication to an organisation.
2.   With the aid of a diagram, identify and examine the process of Communication.

7.0   REFERENCES/FURTHER READING

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UNIT 4   INTERVIEWING SKILLS

CONTENTS

1.0   INTRODUCTION

In this unit, we shall be looking at one of the tools of Management; Interview. Generally, interview is always associated with selection of personnel for employment. Though this may be true, but its applications goes beyond that. It has general applications.

The main purpose of Interview is to obtain information with the aim of making a decision on a particular issue. If this is then the aim of interview, it is very important that one understands the best way of extracting this information. That is the aim of this unit.

We shall be examining Interview as a tool of Management with emphasis on its techniques. We shall also look at some bias which some practitioners and managers have against interview, with a view to helping you to gain background knowledge of this important management tool.

2.0   OBJECTIVES

By the end of this unit, you should be able to:

- define an interview
- describe the techniques for a successful interview.

3.0   MAIN CONTENT

3.1   The Meaning of Interviewing

The word Interview means a face-to-face exchange of information with a purpose. The purpose of interview is to make a decision. This decision could be to hire an employee in an employment exercise, to come to conclusion about a patient's ailment and so on.

3.2   Types of Interviews

Interviews can be classified into two different broad categories-classifications by number of participants and classification by techniques.

- **Interview by a Number of Participants**

An applicant can be interviewed by a group of people. This system is sometimes known as board interview. Here, the members of a panel ask the applicant questions. This method is often used for senior staff employment selection or admission into an institution where there are many candidates available for the position.
A variation of this method is the group interview. In this instance, a group of applicants are interviewed together either by a panel or one interviewer.

- **Interview by Techniques**

In this classification, there are two major interviewing patterns:

(a)   Patterned Interview

A Patterned or Structured interview technique is a very structured and well planned one. This pattern lends itself to the use of detailed checklist of items that probe the applicant's background and on other issues believed to be crucial and essential by the organisation. One of the advantages of a structured interview is that the interviewer is always in control. The same question is asked of all applicants and this helps to give some objectivity and consistency. Time is saved as only important questions are asked. This interviewing method is very easy to use so that those who are not very skilled in interviewing could successfully interview applicants.

(b)   Non-Directive Interview

As the name suggests, the interviewee is in control. The interviewer is careful not to influence the applicant's remarks. Open-ended questions are asked and the interviewer only interferes to keep conversation going.

Another type of the Non-directive interview is the depth interview. This method allows some structure. Questions asked are mainly about the applicant's life that has a bearing to employment.

There is also a popular interview pattern called the stress interview. The essence of this method is to put the interviewee in a discomfortable position. This method admits questions that create stress, such as "I have examined your poor work record and wonder why you applied for this position?" One of the things that are done in a stress interview is to give the applicant the impression that he is most unfit for the job and should not waste the interviewer's time. The applicant is evaluated on how he copes with the stress. Stress interview is best for the selection of key executives and is best used by professionals.

3.3   Interviewing Techniques

According to the book, *Nine Tested Strategies for Accelerated Advancement in Business*, every good interview fits into the framework of nine simple rules. Whether the purpose of the interview is to get a simple oral report from a subordinate, or to select the best qualified applicant, the overall pattern is the same. The rules are identified below:

1.   Set Definite Objectives

It is important to set objectives for the interview, and also progressive results. If the objectives cannot be achieved, there is no point to continue the interview.

2.   Plan the Interview in Advance

Like all Management actions, interview requires advance planning and careful adherence to plans. Planning the interview is a matter of deciding which methods to use and how far to pursue them.

3.   Allow Plenty Time to Accomplish Your Objectives

Once you develop the habit of knowing exactly what you expect from an interview, you will be able to estimate the time required to fulfill your expectations.

4.   Select the Time and the Place with a View to Results

Choose the time for the interview as you choose the place. When you call for interviews, announce the time, place and purpose in advance.

5.   Establish Mutual Confidence Before You Begin

The first few moments of the interview, whether they are planned or haphazard, establish the tone of the whole interview. Plan to use them to set yourself and your interviewee at ease, and you can cut the time of the interview by half, and double the results.

**6.   Start Forward, and Keep Moving Forward Towards Your
         Objective**

Attack your objectives one by one, go on to the next.

7.   Meet the Attitude Demands of the Situation

Be pleasant unless pleasantness works against your objectives. Also, be firm when you must, but be fair.

8.   Record the Information You Gain in Useable Form

Don't trust your memory to keep intact, the information and the impressions you gain from an interview. Make full notes whenever you can. Summarise all information obtained and repeat to the interviewee for verification.

9.   Stop When You Have Achieved Your Purpose

In addition to the above techniques, some dos and don'ts that make an interview a success are identified below;

(i)   Listen to the interviewee and avoid undue interruptions.

(ii)   Remain neutral. Do not offer your opinion or reaction until at the end of the interview.

(iii)   Avoid leading questions, this has the tendency of discouraging initiative and makes the interview session boring.

(iv)   Avoid the halo effect, do not be carried away by personal bias or prejudice.

(v)   Avoid Rushing. This gives a very poor image of the organisation and evidence of lack of preparedness.

3.4   Problems Associated with Interview

Some problems have been identified with interview as selection device. They are listed below:

(i)   many people tend to have preconceptions and prejudice.

(ii)   interviewers tend to look for reasons to reject rather than for reason to accept interviewees.

(iii)   halo and horns - The interviewers' perception of one good or one bad comment contaminates their perception of other comments.

(v)   impressions formed in the first five minutes greatly influence the selection, but are based on very little information.

(v)   it is difficult to assess skills and attitudes in an interview.

SELF ASSESSM ENT EXERCISE

List the problems associated with interview and suggest ways they can be checked.

4.0   CONCLUSION

The interview is the oldest form of selection procedure and usually carries the most weight. Interview is also useful in getting a simple oral report from a subordinate or information from a patient about his/her ailment. The main aim is to secure information to help in decision making.

5.0   SUMMARY

In this unit, we have examined the meaning of interview, the types and techniques. We have also examined the bias against interview. These issues have been touched in order for you to appreciate interview as a vital management function and to get the best from its use.

6.0   TUTOR-MARKED ASSIGNMENT

1.   Identify and briefly examine the types of Interview you know.
2.   Every good Interview fits into the framework of nine simple rules. Identify and discuss these rules.

7.0   REFERENCES/FURTHER READING

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MODULE 2   MANAGEMENT AND CONTROL

Unit 1   Human Resources/Services Management
Unit 2   Health Care Delivery System
Unit 3   Quality Assessment in Nursing

UNIT 1   HUMAN RESOURCES/SERVICES MANAGEMENT

CONTENTS

1.0   Introduction
2.0   Objectives
3.0   Main Content
     3.1   Definition and Meaning of Human Resources Management
     3.2   Human Resources Management Functions
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1.0   INTRODUCTION

Human Resource or Personnel is the most valuable or strategic out of all the resources employed in organisations. All organisations have their objectives or purpose, but it is people/personnel that will perform the tasks that will make these objectives attainable.

People who possess the required skill, knowledge and experience necessary to perform the task must be employed. They must be appropriately placed in the area where they are best suited to perform optimally, they must be trained and developed, they must also be adequately motivated. Not only that, the personnel, after putting their best in the organisation, must be properly separated and returned to the society from where they were originally obtained in good state as much as possible. The main objective of all these is to secure the best performance of these personnel.

All these are the activities involved in Human Resource Management. They will be engaging our attention in this unit.

2.0   OBJECTIVES

By the end of this unit, you should be able to:

- state the definitions and meaning of Human Resource Management
- state the functions or activities involved in this Management function.

3.0   MAIN CONTENT

3.1   Definitions/Meaning of Human Resource Management

In unit one, we defined Management in terms of the functions it performs. One of these functions is the staffing function which alternatively is also referred to as Personnel Management or Human Resource Management.

This activity is defined as "filling and keeping filled", the positions created in the organisational structure of a firm. This is done by identifying workforce requirements, inventorying, selecting, placing, promoting, appraising or developing job holders or candidates, so as to enable them accomplish their tasks. It involves keeping the jobs filled with people who have the right Knowledge, Skill and Attitude (KSA).

Staffing is therefore involved in Personnel or Human Resource Management. The aim of which is the effective utilisation of employee talents in the attainment of organisational objectives.

For the purpose of this discussion, we shall be using the term Human Resource Management as synonymous to Personnel Management or staffing.

SELF ASSESSMENT EXERCISE

Human Resource function is critical to the success or otherwise of an organisation. Discuss.

3.2   Human Resources Functions

To be able to achieve the aim of Human Resource Management, there are certain specific tactical activities or core functions that must be performed. They are discussed below:

3.2.1 Recruitment

Recruitment involves all set of activities in identifying, searching and attracting candidates to fill current and future positions in an organisation. It is a process of developing and maintaining adequate sources for filling human resources needs. The greater the number and variety of sources of personnel, the greater the chances of selecting the right individual for the job.

Who bears responsibility for recruitment depends on the size of the organisation. In small organisations for example, recruiting is usually done by the owner or manager. In large organisations, it is done by the human resources department and line managers. It is generally a shared responsibility.

Recruitment is precedented by certain conditions viz.

(i)   Confirmation of the need to fill the vacancy

(ii)   Reference to the manpower plans

(iii)   Completion of an appropriate job analysis process.

Sources of Recruitment

There are two sources for potential employees, the internal and external sources.

Internal Sources

This is made up of current employees. This is necessary because some jobs require specialised knowledge that can be obtained only within the organisation, amongst the current employees. This can be achieved through transfer, promotion or even upgrading after carefully going through employee skill inventory.

This method is advantageous because it saves cost and boosts the morale of employees among others.

External Sources

This is the pool of candidates or potential applicants outside the organisation. When qualified candidates cannot be found within the organisation, the external labour market is tapped.

External sources include: college graduates, employee referrals, employment agencies, professional bodies etc.

It is advantageous in the sense that it brings new blood into the organisation thereby introducing new ideas to enhance performance. However, it is more expensive compared to internal sources.

3.2.2 Selection/Interviews

The selection process is a match-making one, seeking to evaluate each applicant and select the most suitable candidates. The aim of selection is to compare the specification with that person's qualification. Essentially, it is to generate information from application that will reveal and predict their job success, and then hire the candidate judged to be most successful.

Interview is a two way process, with the candidate assessing the organisation and vice versa.

The Interview could be structured, in which case the questions and their sequence should be determined in advance or non-structured in which there is a general topic to discuss, and the applicant is allowed to talk freely. Whichever approach chosen, the interview applicant must be put at ease. The atmosphere must be cordial and friendly.

3.2.3 Placement

Placement follows after successful candidates have been selected. Here, the candidate or the new employee is matched against the job. Eachdepartment is responsible for the placement or deployment of the staff posted to it. This exercise places the candidate to perform specific schedule of duty.

3.2.4 Training

Training is an experience, a discipline or systematical action during which people acquire new skills, knowledge and pre-determined behaviour on a particular job or in a schedule of assigned jobs. New employees may require training to fill job gaps. It is normally intended to make new employees familiar with their new work environment and may be otherwise known as orientation training or induction.

Training prepares the employee so that he can move with the organisation as it develops, changes or grows.

Older employees also benefit from training through updating of skills, and this is very important because the skills and knowledge of today may have become outdated tomorrow.

Types of Training:

- on-the-job training

- off-the-job training

- apprenticeship training

- simulated training

- executive training

3.2.5 Promotion

Generally, Promotion has to do with moving of the employee to a new or higher position in which his status, salaries and responsibilities are increased. This is normally referred to as vertical promotion. There is also the horizontal promotion where an employee gets more salary without necessarily being moved up to new a position.

Promotion should be as fair and equitable as possible. Merit should play a significant role in determining who is promoted and the best candidate should earn it.

3.2.6 Maintenance

Employee maintenance is a function of human resources management. Maintenance is needed for retaining a competent, productive and highly committed workforce. This involves providing various motivational support, employee welfare and service, wages and salaries, and incentives to the employees.

Adequate salaries and wages should be given as part of remuneration package to employees. The main objective is to ensure that the level of performance and commitment required of employees is maintained.

3.2.7 Separation

Since the first operating function of the human resource management is procurement, it is logical that the last function should be disengagement or separation and the return of the employee to the society.
Most people do not die on the job; therefore, the enterprise has to comply

with certain requirement of "due process" of disengagement.

The overall objective is to ensure that the returned citizen or exit-worker is in good shape as much as possible.

4.0 CONCLUSION

The Human Resource Management function is a very critical one that determines the success or otherwise of organisations. It is people that perform the task that is needed to achieve the objectives of firms. Therefore, managers must take extra care in procuring, placing, training, developing and maintaining employees in order to secure their optimum performance.

5.0 SUMMARY

We have discussed the Human Resource Management by looking at the core functions. The main purpose of this management activity is to be able to secure and bring on board, personnel that have the required knowledge, skill and attitude (KSA) in the performance of tasks and duties that will ensure the optimum attainment of organisational goals.

In the next unit, we shall be looking at the management of material resources.

6.0 TUTOR-MARKED ASSIGNMENT

1. What do you understand by Human Resources Management?
2. Identify and explain the activities involved in Human Resources Management.

7.0 REFERENCES/FURTHER READING

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Publishing

UNIT 2   MANAGEMENT AND CONTROL OF MATERIAL RESOURCES

CONTENTS

1.0   INTRODUCTION

In this unit, we shall be looking at Management of material resources otherwise known as inventory management. All organisations hold inventory for their operations. In other words, the material purchased by a business in whatever stage of manufacturing can be referred to, either as stock item, which are taken into store and held until required, or as directly delivered item to the point of usage.

Inventories are critical and strategic to an organisation's effectiveness and efficiency. It constitutes the bulk of asset value of an organisation. But not holding it in the right quantity can spell significant losses to the organisation. Hence, the need to effectively control and manage it.
The essence of this unit therefore, is to look at the various aspects relating to holding inventories and the ways to effectively manage it, in a way that will achieve a balance on the cost associated withcarrying it.

2.0   OBJECTIVES

By the end of the unit, you should be able to:

•   state the meaning of inventory
•   explain the costs associated with carrying inventory
•   state inventory control techniques or inventory management systems.

3.0   MAIN CONTENT

3.1   Meanings of Material Management

Inventory is of vital issue to all organisations, whether small or large, product or service oriented (i.e. health institutions) privately or publicly owned.

A company"s inventory is made up of purchased and or manufactured items and jointly, these are referred to as raw materials, work in progress and finished goods.

Inventory refers to any stock of items within the production system or in the operation of the business.

Inventory can also be defined as an idle resource that possesses economic value.

Adequate inventory facilitates production activities and/or operations and helps to assure customers of regular supply of goods and services. However, holding it in excess or inadequate quantity create a cost problem to the organisation. This is so because there are certain cost advantages and disadvantages associated with every unit of inventory that the firm maintains.

The inventory problem therefore is to achieve a balance between the risk of being out of stock and the cost of carrying excess inventory.

3.1.1 Types of Inventories

A convenient classification of the types of inventories is as follows:

(a)   **Raw Materials:** These are materials, components, fuel etc. that are used in the manufacture of goods.

(b)   **Work-in-Progress (WIP):** Partly finished goods and materials, sub-assemblies, etc, held between manufacturing stages.

(c)   **Finished Goods:** Completed product ready for sale or distribution.

The particular items included in each classification depend on the particular firm. What would be classified as a finished product for one company could be classified as raw materials for another.

3.1.2 Reasons for Holding Inventory

a.   To ensure that sufficient quantity of goods are available to meet anticipated demand.

b.   To absorb variations in demand and production.

c.   To provide a buffer between production process.

d.   To take advantage of bulk purchasing discount.

e.   To meet possible shortages in the future.

f.   To absorb seasonal fluctuations in usages or demand.

g.   To enable production process to flow smoothly and sufficiently.

h.   As a necessary part of the production process.

i.   As a deliberate investment policy particularly in times of inflation or possible shortage.

SELF ASSESSMENT EXERCISE

List the major types of inventory control systems.

3.2   Inventory Management and Control

Inventory control can be referred to as the system used in a firm or organisation to control the firms" investment in stock. The system typically involves recording and monitoring the stock levels, forecasting future demands and deciding when and how many to order. Since inventory constitutes the bulk of asset value of an organisation, it needs to be effectively managed if efficient operation is to be achieved. How inventory is managed can be a measure of success or failure of an organisation.

Inventory control is therefore concerned with the levels of the inventory that can be economically maintained. In other words, the objective of inventory control is to minimize in total the cost associated with it.

These costs can be categorised into three groups:

(a)   Cost of Holding Stocks

These costs also known as carrying cost include the following:

(i)   Interest on capital invested in the stock

(ii)   Storage charges (Rent, Lighting, Heating, Refrigeration, etc.)

(iii)   Stores staffing, equipment maintenance and running cost

(iv)   Handling costs

(v)   Audit, stocking or perpetual inventory costs

(vi)   Insurance security

(vii)   Deterioration and obsolescence

(viii)   Pilferage.

(b)   Cost of Obtaining Stock (Ordering Cost)

These costs include:

(i)   The clerical and administrative costs associated with the purchasing, accounting and goods received dependents.

(ii)   Transportation costs.

(iii)   Where goods are manufactured internally, the set up and tooling costs associated with each production run.

(c)   Stock-Out Costs

These are the costs associated with running out of stock. The avoidance of these costs is the basic reason stocks are held in the first instance. These costs include the following:

(i)   Loss condition through the lost sale caused by the stock out.

(ii)   Loss of future sales because customers go elsewhere.

(iii)   Loss of customers" good will.

(iv)   Cost of production stoppages caused by stock-outs of WIP or raw materials.

(v)   Labour frustration over stoppages.

(vi)   Extra cost associated with urgent, often small quantity replenishment purchases.

Many of these costs are difficult to quantify but they are often significant.

3.3   Relevant Factors in Inventory Control

Basically speaking, some factors encourage the maintenance of high inventories while others, the maintenance of lower inventories. However, what constitutes unnecessary large stocks is a matter of judgment which is influenced by the following factors:

(a)   the amount of capital available for investment in stocks.

(b)   the availability of storage space and the cost of storing.

(c)   the risk of losses due to such cases as:

(i)   deterioration
(ii)   evaporation
(iii)   obsolescence
(iv)   change in taste or fashion
(v)   fall in prices

(d)   economic ordering quantities

(e)   delivery periods.

3.4   Major Types of Inventory Control Systems

There are two broad divisions of inventory control system; The Re- Order Level and the Period Review system.

- **Re-Order Level System**

This system is also known as the two-bin system. Its main characteristics are as follows:

(a)   a pre-determined re-order level is set for each item.

(b) when the stock level falls to the re-order level, a replenishment order is issued.

(c) the replenishment order quantity is invariably the Economic Order Quantity (EOQ).

(d) most organisations operating the re-order level system maintain stock records with calculated re-order levels which trigger off the required replenishment order.

Periodic Review System

This system is sometimes called the constant cycle system. The system has the following characteristics:

(a) stock levels for all parts are reviewed at fixed intervals e.g. every fortnight.

(b) where necessary, replenishment order is issued.

(c) the quantity of the replenishment order is based upon the likely demand until the next review, the present stock level and the lead-time.

(d) the replenishment order quantity, variable quantities are at fixed intervals as compared with the reorder level system, where fixed quantities are ordered at variable intervals.

3.5 Basic Terms in Inventory Model

(a) **Lead or Procurement Time:** This is the period of time expressed in days, weeks, months, etc. between ordering (either externally or internally) and replenishment i.e. when the goods are available for use.

(b) **Demand:** The demand required by sales, production etc. usually expressed as a rate of demand per week, month or year. Estimates of the rate of demand during the lead-time are critical factors in inventory control system.

(c) **Physical Stock:** the number of items physically in stock for a given time.

(d) **Free Stock:** physical stock plus outstanding replenishment orders minus unfulfilled requirements.

(e)   **Buffer Stock or Minimum Stock or Safety Stock:** A stock allowance to cover errors in forecasting the lead time or the

demand during the lead time.

(f)   **Maximum Stock:** This represents the quantity above which the item stock should not rise.

(g)   **Minimum Stock Level:** This represents the level below which stock should not be permitted to fall. It will be fixed at such a level which takes safety stock into account.

(h)   **Re-Order Level:** The level of stock at which a further replenishment order should be placed. The re-order level is dependent upon the lead time and the demand during the lead time.

(i)   **Re-Order Quantity:** The quantity of the replenishment order.

4.0   CONCLUSION

We have examined the management of inventory, which could be the inventory of spare parts, of raw materials for production, or of finished goods like drugs available for sale.

Holding inventory in organisations is very crucial for the effective and efficient running of operations. There are costs associations with this holding and the problem of inventory management or control is to achieve a balance between the risk of being out of stock and the cost of carrying excess inventory. To achieve the above, inventory control managers normally develop plans that tend to keep inventories at optimal levels.

5.0   SUMMARY

In this unit, we have examined the various aspects of inventory management. We examined the meanings of inventory, the types, costs associated with inventory holding and the control techniques of its management. The aim of this control is to maintain stock levels at its optimum - the combined cost of holding are at minimum.

6.0   TUTOR-MARKED ASSIGNMENT

1(a)   Explain what you understand by inventory management.
(b)   What are the reasons for holding inventory?

2.   Identify the costs associated with holding inventories. How can they be controlled/managed?

7. 0   REFERENCES/FURTHER READING

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UNIT 3   HEALTH CARE DELIVERY SYSTEMS

CONTENTS

1.0   INTRODUCTION

This unit deals with the different levels of health care delivery system in Nigeria, and those responsible for the organisation and management of health care services.

2.0   OBJECTIVES

By the end of the unit, you should be able to:

•   state the main levels of health services and discuss the functions of each
•   define community health, its components and the factors that affect the health of any community
•   describe the activities of the national health insurance scheme
•   define primary health care, its components and function
•   identify factors that may militate against primary health care.

3.0   MAIN CONTENT

3.1   Organisation of Nigeria Health Services

There are three hierarchical levels in the organisation of health services in Nigeria. In such arrangement, a village aide, aid post, dispensary and health centre will become the point where a patient makes the first

contact with a health care system(primary health care). Hospitals will represent th e second level (adviso y) and teaching hospitals the third tier (specialised treatment).

The relationship amongst these levels is ideally that of referral. A village aide or worker at a rendezvous aid camp is expected to refer cases that cannot be handled to a dispensary or health centers. Similarly, health centers are to refer difficult cases to hospitals and only cases that will require specialised treatment and/or use of very sophisticated equipment will be referred to a teaching hospital.

This means that as one moves from Primary Health Care (PHC) to the third tier, health workers encountered get more specialised. The assumption underlying a referral system is that all units are available in all localities and that patients actually move from one to the other. In practice, there is no clear-cut pattern of utilisation. A patient who began a course of treatment at the teaching hospital may later be moved to the house of a traditional healer or may decide that to cut down on cost, it will be better to ask an auxiliary health worker in his vicinity to complete the course of treatment.

3.2 The Federal or National Ministry of Health

This is the executive or top level, headed by the Minister of Health, whois the top adviser on health problems and policies to health. The ministeris the top adviser on health problems to the federal government. He is usually a member of the federal executive council and will liaise with other government ministers in aiding the country"s health, social and economic development.

Functions of the Federal Ministry of Health include:

1. planning a national strategy for health Care.

2. policy making.

3. setting priorities: (e.g. immunisation for 90 per cent of children against serious infectious disease by the year 2020).

4. collection of health information and statistics.

5. research into the country"s health problems.

6. liaise with government and other Health Agencies. (e.g. WHO, UNICEF, Nigeria has asked the WHO to assist to make a national plan to meet the country"s health needs).

7.   Planning for training of doctors, nurses, auxiliary health personnel, and for provision of buildings, equipment etc.

8.   Notification of important epidemiological information to WHO and other countries.

9.   Facilitating importation of essential drugs and equipment, and encouraging local production of the same.

10.   Allocation of monies to states, federal hospitals, medical schools, research programmes.

3.3   State Ministries of Health

In each state of the federation, the ministry of health of that state handles the second level of health care delivery, and is responsible for organisation and management of health care services to people. Functions of the ministry of health at the state level include:

1.   liaising with federal and local departments of health, and providing the link for exchange of essential information between them

2.   carrying out policies of the federal government

3.   providing monies, transport and staff for local government health services

4.   provision of health centres, maternities, dispensaries, clinics etc

5.   organisation of immunisation programmes

6.   selecting, training, promotion and secondment of staff

7.   carrying out special programmes to control certain diseases: e.g. TB and leprosy

8.   management of hospitals

9.   control of communicable diseases (including notification of diseases to federal authorities)

10.   health education programmes

11.   collection of health statistics

12.   co-operating in project and research programmes e.g. WHO/UNICEF/Federal   G vernment – in supply of safe water and sanitation

13.   organisation of family planning

14.   training of traditional birth attendants

15.   establishment and control of blood banks

16.   provision of essential drugs.

General Hospital and Teaching Hospital

Hospitals can be classified according to size, number of beds, admission rate and the number of outpatient cases seen. A more remarkable distinction however, is that based on specialisation and technical sophistication. General hospitals are usually manned by physicians, a good number of whom are general practitioners. Together they carry out the functions listed against the health centre. Teaching hospitals are quite sophisticated; they are run by consultants and professors. They are expected to cater for patients who have special cases or ailments which need the attention of specialists.

3.4   Local Government Health Services

These are usually organised and supervised by the state. They form the third level health services, which provide basic essential health services to the people where they live. They are responsible for carrying out Primary Health Care and Community Health Care activities.

Community Health

This consists of all the measures taken to promote the physical, mental and social well-being of individuals and families and the local community. It includes the components of Primary Health Care: i.e. enough clean water and food, breathing clean air, living in a dry and clean house, disposal of harmful and unsightly wastes, elimination of vermin and bacteria, education of the young, preventing and curing illnesses, providing for adequate mental, physical and social recreation.

Factors affecting the health of any community include:

☐ water

• pollution

• climate

• prevalent diseases

• sanitation

• roads

• economy

• refuse

• culture

• nutrition

Local Community Health Services

These are usually divided into two branches, which work closely together. They are:

1. The Environmental Health Services: Under the supervision of the Public Health Superintendent, Sanitary Inspectors and Assistants.

2. The Personal Health Services: Under the supervision of the Senior Health Sister (health visitor), Community Nurses and Aides or Auxiliaries.

3. There may be a Community Health Officer who supervises both the environmental and personal local government health services.

Environmental Health Services

Environmental health services are concerned with improvement of and facilitating adequate supplies of safe drinking water to families, refuse collection and disposal, supervision of housing conditions, (factories, schools), prevention and control of communicable diseases, collection of health statistics, health education. Other services covered include: Pollutions, public „nuisances" and health hazards, provision, and

supervision of sanitation, enforcement of regulations concerning health issues (e.g. food hygiene, slaughter house).

Personal Health Services

These are concerned with:

1.   general curative outpatient services

2.   maternity care

3.   care of the under- fives and immunisation

4.   consultative clinics

5.   care of school children

6.   clinics for special diseases e.g. TB, leprosy

7.   care of the elderly and handicapped.

These health services are available at:

1.   Health centres which provide a combination of services and perhaps a few in-patient beds.

2.   Maternities provide maternity services and immunisations.

3.   Clinics provide some of the above.

4.   Dispensaries are staffed by health auxiliaries and assistants, provide essential basic services and refer more serious cases.

5.   Mobile clinics, visit more remote areas usually on a regular basis, and provide an on the spot combination of some of the above.

6.   Home visiting is done routinely and in cases of special need.

Community Services Covers:

a.   Health education.

b.   The improvement of excreta disposal.

c.   The supervision of housing conditions.

d.   The regulation of food-shops and markets.

e.   Campaigns against communicable diseases.

f.   The collection of statistics.

Health Personnel

Doctor, Health Sister, Community Nurse/Mid wife and Rural Health Assistant at the health centres.

The doctor may be based in the community or visit on regular basis e.g. in hospital"s mobile clinics.

The Health Sister is a trained nurse and midwife who has a special training in community health. This enables her to care for the whole family, including the sick, children, pregnant and lactating mothers, the elderly and handicapped. She is a „good friend", and helpful to the local community, especially to those in special need. (e.g. the widowed mother, unmarried mother and those with social problems). She advises on disease control and prevention. One very important aspect of her job is home visiting. Here she assesses the particular health needs of families and can give individual advice and counselling. She also investigates causes of accidents, neonatal deaths, and visit schools to inspect school children and give health education. She is usually based at a health centre.

The Community Midwife

Supervises and assesses pregnant women in the antenatal period, delivers mothers of babies, refers complicated cases, and gives health education and immunisation at maternities and clinics.

The Community Nurse

The community nurse is a trained nurse who may work in clinics or health centers.

Rural Health Assistants

These assistants have undergone a basic training course at a certain level to enable them to give essential, safe health care in the community.

Health Aides

This group of health workers usually have "on the spot" in service training.

Village Aides

This is usually a person who has some knowledge of modern medicine. He resides in the community where he works and usually acts as the local representative of health services at this quasi level. Such a person can be a traditional birth attendant, who can be given some training in sanitary practices like cutting their nails and washing their hands before delivering a baby. They are also taught the act of sterilising equipment and can be given a delivery kit containing a pair of scissors, and a few medicaments. Some village aides are part-time workers. As an agent of modern health care, a village aide is regularly visited by mobile teams from the dispensary, health centre or hospital, (depending on the supervisory body) and instructed on how to add ress health matters in the locality. The basic function of the village aide is to educate the people on health practices (Jolly and King, 1975).

Village Health Workers

Village health workers may be selected by their own communities to do a basic training course e.g. 3 months, and then return to their village. The villagers may be responsible for selecting them and employing them after training. They may be illiterate but can be very effective health workers, usually being supervised from a distance by the training agency. They come "from the people" so know the local beliefs and health problems as well.

SELF ASSESSMENT EXERCISE 1

Discuss the three hierarchical levels in the organisation of health services in Nigeria, paying close attention to the different roles they play.

3.5   Traditional |Healers and Medicine Men

Traditional healers are local, known, respected, available, may learned their skills by knowledge transmitted from their forefathers. They know the local situation, customs and beliefs.

The reasons for consulting traditional healers are:

a.   there may be no means of access to modern medical care.

b.   beliefs that hospital care is bad or ineffective in treating e.g. measles, jaundice, chickenpox, etc. or that people with such diseases would die if taken to the hospital. It is believed that it isa taboo not to be able to deliver vaginally and delivery by caesarian section is unacceptable.

Modern medicine deals with the effects of the illness, but not the cause. People want to know "why me?" Every event must have a cause. They need an answer that fits in with their beliefs.

Medical problems are seen as part of economic, marital and social problems. It is not "what is causing my illness" but what is causing my problems, illness may be due to the attack of something evil on an individual or his family. He may wonder what will happen next - will his crops or cattle be attacked? Many healers advise on a wide range of problems. The social problem may be more important than the medical problems.

Types of Traditional Healers

Herbalist, spiritists, bonesetters, "medical quacks", ritualists, traditional birth attendants (who care for the needs of pregnant women).

Methods of Healing

1.   The herbalist uses mixtures and concoctions of herbs known as "native medicine". Some of the native medicines are medically useful, while some are harmful. The hospital patient may take native medicine before, during or after hospitalisation.

2.   Bonesetters are popular and do their job well (if the fracture, are simple closed ones).

3.   Ritualists and spiritists find what is causing the problem by divination, rituals, incantation. They are effective in relieving acute anxiety. Spiritist may use trances to confront the cause which may be acceptable to the seekers if it is "an evil spirit" who tells him. To speak and accept the conflict may be acceptable to all in this way.

4.   Spiritual healing in the churches: The *Aladura* churches use

(a)   divination (by prayer and vision).

(b)   incubation (sleeping in holy places believing God will visit and heal them).

(c)   Exorcism (removal of harmful spirits).

(d)   Holy water and confession. The sacraments of confession, Holy Eucharist and the sacraments of the sick.

SELF ASSESSMENT EXERCISE 2

1.   List some situations in society that affect (1) physical (2) mental (3) social (4) spiritual health adversely.

2.   A healthy person interacts well with his environment and is adaptable. Identify some social problems in our present day society that are also health problems.

3.   Make a list of (1) Common beliefs regarding the causes of illness. (2) Illnesses which it is mistakenly believed are inherited. (3) Illnesses that carry a stigma. (4) Illnesses for which it is believed there is no cure.

4.   List the factors that determine a person"s action in the sort of help he will seek when he is ill.

5.   What reasons prevent people from seeking scientific medical care?

6.   What reasons make people go to traditional healers?

7.   Has traditional healing a place with scientific medicine in curing today"s ills?

8.   Outline the activities of the *Aladura* churches healing ministry. Are there any particular problems?

9.   Should the established Christian churches work more closely with scientific medicine?

10.   Describe the traditional healers" methods.

3.6   National Health Insurance Scheme (NHIS)

Brief Historical Perspective of NHIS

The need to provide access to good health services for the rapidly expanding and largely rural populations of Nigerians has been a major challenge to successive Nigerian governments since the country attained independence in 1960. Successive governments have long perceived NHIS as a strateg y for improving accessibility of the population to health services. In fact, the idea of NHIS was first mooted through a bill in national parliament in 1962. The bill was opposed principally because of non-availability of many providers of quality health services. The idea reemerged in the 80s when the National Council on Health commissioned a study on the scheme in 1984. The study, which was approved in 1989, led to its first launching in 1997. However, it was not until 1999 that an enabling law for the NHIS was promulgated through Decree 35 of that year.

3.6.1 Objectives of NHIS

The main objectives of the NHIS are to remove financial barrier to care and to achieve a more equitable sharing of the financial burden of illnesses. The scheme also has the objectives of improving the standard, effectiveness and efficiency of health care delivered to the population.

3.6.2 Organisational Structure of NHIS

The NHIS, with its headquarters in Abuja, has six zonal offices and twelve area offices located in various parts of the country. For effective coverage of the entire population, however, the NHIS was structured into six programmes as follows:

1.   **Formal sector social health insurance programme:** This programme is designed to cover employees in the public and organised private sectors and it is mandatory for any organisation with at least 10 employees to participate in the scheme. Health care benefits derived from the programme covers a wide range of services in the fields of curative, rehabilitative and preventive services.

2.   **Urban self-employed social health insurance programme:** This programme is designed to cover individuals in urban setting who are members of socio-cultural and occupation-based organisations and who freely elect to join the scheme by monthly contribution. The health benefits are to be chosen by the participants based on their perceptions of their health needs.

3.   **Rural community social health insurance programme:** This is designed to cover rural ommunities and membership of the scheme is by individuals in the community. This is also bi- monthly contribution by the individuals and that the health benefits are to be determined by the community.

4.   **Children under five social health insurance programme:** This is designed for children under five years of age and government will pay the contribution.

5.   **Permanently disabled social health insurance programme:** Under this programme, the disabled person must not engage in any productive activity and must be resettled in rehabilitation centre to benefit from the programme.

6.   **Prisons social health insurance programme:** This is for prison inmates. The health benefits under this scheme cover common illnesses and they are paid for by the government.

3.6.3 The Mechanism of NHIS

According to the Federal Ministry of Health, the employers will register their employees with the scheme and affiliate with NHIS-approved Health Maintenance Organisation (HMO) who, in turn, will provide employees with a list of NHIS-sponsored health care providers for registration with them for service provisions.

Healthcare providers will either be paid by capitation, fee-for-services, *per diem* or case payment. Capitation is a payment to health care provider by HMOs on behalf of a contributor for services rendered. Fee- for-service is a payment made by HMOs to   non-capitation-receiving health care providers who provide services on referral basis from other approved providers. *Per diem* fees are payments for services and expenses per day while case payment is based on a single case rather than a treatment course.

Of significant to note is the list of recognised healthcare providers, which include:

Licensed government or private health care practitioners or facilities registered by the scheme for the provision of services, which can either be primary, secondary and tertiary health care providers/facilities. These include private clinics and hospitals, primary healthcare centres, nursing and maternity homes overseen by a doctor, and outpatient departments of general hospitals, services provided by specialist doctors, pharmacists, nurses and midwives, physiotherapists, etc.

3.6.4 Implementation Strategy

The scheme will be implemented in phases. The first phase of the scheme will start with federal government employees and later expanded to cover the employees in the organised private sector. The second major component will cover the informal sector, i.e. the urban self-employed and the rural communities.

3.6.5 Appraisal of the Scheme

There are many problems facing the implementation of the scheme. The scheme may not be able to address the current inequality in access to qualitative health services that exists between the rich and the poor because rather than decreasing the cost of health care services, it may actually lead to its increase. For example, WHO noted that heavy spending on drugs has been the bane of health insurance in developing countries, which often limit access of the majority of the population to the scheme.

There is an erroneous belief that the NHIS will serve primarily as a mechanism for recourse mobilisat ion and therefore reduce the burden of government spending on health. It should be realised that health insurance is a mechanism for sharing risks and not primarily a mechanism for resource mobilisation. The government spending on health should increase rather than decrease under the scheme if qualitative and comprehensive health services are to be provided for the population.

Although it was argued that NHIS will allow for more resources to be devoted to preventive and promotive care, while high cost hospital- based cares will be covered by the insurance, it is doubtful whether this will be the case. On the contrary, the scheme is likely to draw away human resources from the preventive and promotive care unless urgent and remedial action is taken to provide more incentives for those working in these areas.

3.7 Primary Health Care: A Concept for Health Promotion

Primary health care came into focus as a result of the health for all movement which was launched in 1997 with a resolution adopted by the 30th World Health Assembly. The resolution is attainment by all citizens of the World by the year 2000 A.D., a level of health that will permit them to live a socially and economically productive life. This resolution was reaffirmed and amplified by the declaration of Alma-Ata which defined primary health care as:

"Essential Health Care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and society can afford to maintain at every stage of their development in the spirit of self reliance and self determination."

Thus, primary health forms an integral part of the country's health system of which it is a central function and main focus and for the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national health system thereby, bringing health care as close as possible to where people live and work, while constituting the first element of a continuing process.
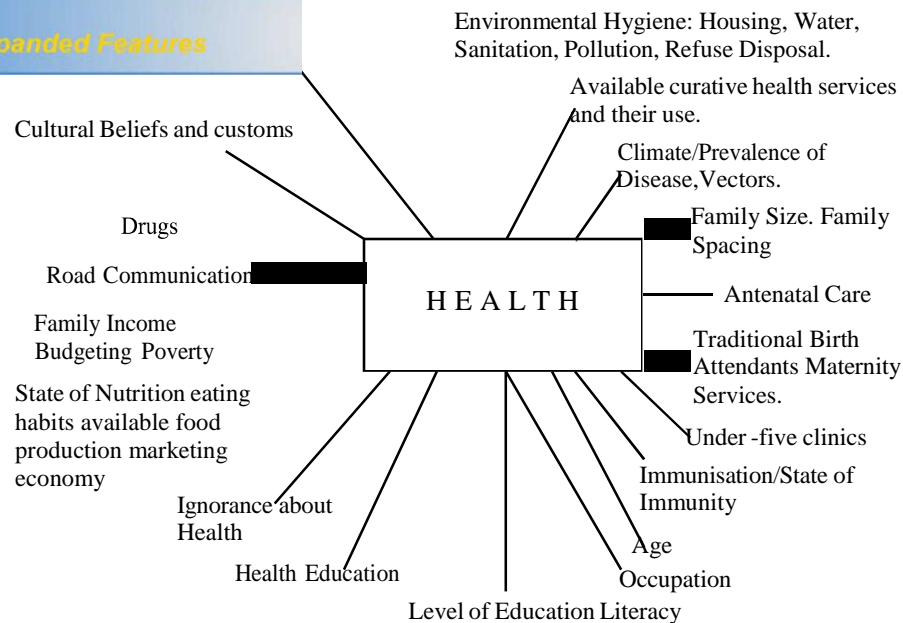
3.7.1 Aims of Primary Health Care

•   To promote health

•   To prevent diseases

•   To cure diseases

•   To rehabilitate (help people to live normal lives after an illness or disability)

3.7.2 Components of Primary Health Care

The essential components of primary health care are as follows:

1.   Education concerning prevalent health problems and the methods of preventing and controlling them:

•   promotion of food supply and proper nutrition
•   an adequate supply of safe water and basic sanitation
•   maternal and child health care, including family planning
•   immunisation against the major childhood infections and diseases
•   prevention and control of locally epidemic diseases and injuries
•   provision of essential drugs
•   treatment of common minor ailments
•   community mental health
•   community dental health
•   community eye care

Environmental Hygiene: Housing, Water, Sanitation, Pollution, Refuse Disposal.

Available curative health services and their use.

Cultural Beliefs and customs

Climate/Prevalence of Disease,Vectors.

Drugs

Family Size. Family Spacing

Road Communication

Antenatal Care

Family Income Budgeting Poverty

H E A L T H

Traditional Birth Attendants Maternity Services.

State of Nutrition eating habits available food production marketing economy

Under -five clinics

Immunisation/State of Immunity

Ignorance about Health

Age

Health Education

Occupation

Level of Education Literacy

Fig. 2: Targets of Primary Health Care

3.7.3 Principles of Primary Health Care

The five basic principles of primary health care are:

1.   Accessibility of health services to all populations.

2.   Maximum individual and community involvement in the planning and operation of health services.

3.   Emphasis on services that are preventive and promotive rather than curative services.

4.   The use of appropriate technology.

5.   The integration of health development with total overall social and economic development.

3.7.4   The Role of the Nurse in Primary Health Care

Central to the implementation of activity to provide and extend primary health care is the role of the nurse. The role of the nurse in primary health care becomes much more relevant because of:

a.   Advances in medicine, science and public health are consequent to reorientate nursing practice and training.

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b.   Professional nurses who have to function at their maximum level of capability in order to make health care efficient and effective.

c.   The adoption by World Health Organisation (WHO) in 1977 on Primary Health Care (PHC) and in 1978 of the goal of health for all by the year 2000 A. D., necessitating changes in the training and function of nursing systems based on primary health care approach.

However, the modalities for achieving this is shaped by a number of factors; among which are the climatic conditions, the amount of funds available, for health services and the political ideology or will of a country. Let us now examine the operations of each of these factors in some details.

3.8   Determinants of the Nature and Scope of Health Care Delivery Systems

3.8.1 Climatic Condition

The pattern of medical care or health care delivery of a country can be determined by the types of diseases that are prevalent in such countries. For example, some countries are situated in the temperate regions of the world, while others are located in the tropics. It is known that some diseases that are spread by vectors need warm climate to thrive. Examples of such diseases are cholera, lassa fever, worm infestations, yellow fever, schistosomiasis, trypanosomiasis, malaria and onchocerciasis. Since the vectors, which cause these diseases hardly survive in the temperate regions of the world, they are usually not transmitted there. The implication of this for health care delivery systems is that for effective control, countries that are located in the tropical axis of the world should ideally develop a health care system which emphasises preventive measures.

3.8.2 Funds

The amount of resources a nation has or is willing to devote to health care, directly influence the pattern of health care delivery of such nation. In the past, all nations were poor and diseases like plague, tuberculosis, cholera, rabies, small pox, measles, leprosy, kwashiorkor and others which have their roots in poverty were quite prevalent. However, as a result of industrial revolution, most Euro-American societies have been able to raise the standards of living of their people and to reduce or virtually eliminate poverty induced diseases.

In contrast, most developing nations of today are still very poor. There is shortage of everything needed for effective health care delivery. Aside from shortage of physicians, lack of adequate funds, inadequate hiring and training of all other categories of health workers, there are no drugs, available facilities are breaking down from lack of maintenance and the sites are littered with abandoned projects. Worse still, the people themselves are poor and this further limits access to health care. Health services financing has to compete with other needs of a nation. Where this amount is small, it invariably follows that not much can be achieved.

3.8.3 Political Ideology/Political Will

This variable finds expression in the operations of health care delivery services. The pertinent questions here are: should individuals or the state fund health care delivery services? What category of people should a particular health programme cover? Although this may not be a conscious policy, we find that whatever health care system a particular country adopts is not completely divorced from its political ideology. As indicated by the Americans, the United States health policy is highly influenced by laissez-faire. Efforts to socialize medical care is usually blocked by medical practitioners who contend that, it will be grossly unfair to adopt such measures in a society which believes so much in market forces.

Arguably, health care organisations can be placed on a continuum. At one extreme, are liberal democracies and capitalist societies like America where the sense of individual is so strong. In the United States, health care funding is mostly in the hands of individuals who reserve the right to shop wherever they like. Under such arrangement, the poor is usually at the mercy of the private insurance companies which exist to cover diverse range of health services, as the most sophisticated or quality care is reserved for the highest bidders.

Liberal democracies like Britain, Sweden and Japan are at the middle of the continuum. In these countries, the governments even while acknowledging the strong sense of individuals have established national insurance schemes that have gone a long way towards ensuring a reasonable health status for their citizenry.

Lastly, countries like Russia, China, Cuba and other socialist/communists societies can be located at the end of the continuum. These countries emphasize the state rather than individuals. It is believed that the state is more than the summation of the individuals that make it. Accordingly, the state owns and directly interferes in the running of health services. Private practice and private insurance

companies are not tolerated. The remaining part of this chapter will be devoted to the organisation of orthodox medicine and its operations in selected countries.

3.8.4 Urbanisation

With development, many people are migrating to the towns where rapid increase of population has not been planned, so the existing "infrastructure" or services are inadequate. There is a shortage of housing, rents are high, residences overcrowded, with poor cooking facilities and a lack of basic sanitation. Young people find a high level of unemployment, jobs are scarce, food expensive and there is no available land to farm. Slums and squalor exist and with the lack of personal and environmental hygiene, poor health results and social problems (e.g. drug abuse, alcoholism, violence increase). There is no extended family in the rural areas to give support and help in difficult times and many families experience poverty and disillusionment. A decent life for the family is hard to maintain under such circumstance.

4.0   CONCLUSION

There are three hierarchical levels of health care delivery systems. In such arrangement, a village aide, aid post, dispensary and health centre will become the point where a patient makes the first contact with a health care system (primary health care). Hospitals will represent the second level (advisory) and teaching hospitals the third tier (specialised treatment). The relationship amongst these levels is ideally that of referral. The assumption underlying a referral system is that all units are available in all localities and that patients actually move from one to the other.

5.0   SUMMARY

Primary health care is the first level of contact of individuals, the family and community with the national health system, bringing health care as close as possible to where people live and work and constitute the first element of a continuing process.

The main objectives of the NHIS are to remove financial barrier to care and to achieve a more equitable sharing of the financial burden of illnesses.

6.0   TUTOR-MARKED ASSIGNMENT

Describe the factors that can influence patients' utilization of the three levels of health care.

7.0   REFERENCE/FURTHER READING

Barbara, Kozier & Glenora, Erb. *Fundamentals of Nursing, Concepts and Procedures*. (2nd Ed.).

MODULE 3

Unit 1   Quality Assessment in Nursing Practice
Unit 2   Budgeting
Unit 3   Control
Unit 4   Motivation
Unit 5   Leadership
Unit 6   Dealing with Conflicts
Unit 7   The Drug Revolving Fund

UNIT 1   QUALITY ASSESSMENT IN NURSING PRACTICE

CONTENTS

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       3.7   The Roles of the Nurse in Quality Assessment
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1.0   INTRODUCTION

Assuring good service is an ethical obligation of health care providers. Over the years, there have been concerted efforts to improve the quality of health care. In view of this, services are being scrutinised more than ever before for evidence of quality care and their effect or outcome. The essence is to ensure that the products meet set standards and consistently achieve customer satisfaction.

2.0   OBJECTIVES

By the end of this unit, you should be able to:

- define quality assessment
- explain the aim and objective of quality assessment

☐   explain the framework of structure, process and outcome in

    quality assessment
☐   describe the steps in quality assessment
•   describe the types of nursing audit.

3.0   MAIN CONTENT

3.1   Concept of Quality Assessment

Williamson (1962) defined quality assurance as "the measurement of the actual level of the service provided, plus efforts to modify, when necessary, the provision of these services in the light of the results of the measurement." Smith and Hibberd (1998) also described quality assurance as the systematic process wherein there is a data-based, judgmental appraisal of a selected element of care and subsequent improvement. These definitions show that there is a commitment to respond positively to results obtained from an assessment of services provided. However, assessment of services without effort to improve it is not quality assurance activity. So in quality assurance, actual practice is assessed against given standards, deficiencies are identified and actions are then taken to remedy and prevent them from recurring in the future.

Aims and Objectives of Quality Assessment Programme

1.   To assess the quality of performance in provision of nursing care and management of other services within patient's environment.

2.   To provide nursing personnel with information on their level of performance in relation to set standards in the organisation.

3.   To serve as a tool to increase awareness on medico-legal implications of nursing practice.

4.   To identify specific needs for additional in-service-training of personnel and staff development.

5.   To provide statistical data concerning the management process of organised nursing services and utilisation of resources (human and material).

3.2   Elements of Quality Assessment

Quality assurance ensures that health care provided to patient is consistently of good quality. However, the quality of care the patient receives in any situation is determined by certain variables. Four of the principal elements are:

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1. The provider i.e. the people who give the care. This takes cognizance of the education, intelligence and experience of health professionals.

2. The standards that are maintained in the agency providing care.

3. The environment, or setting in which the care is given.

4. The recipient of care, i.e. the patient.

3.3 Components of Quality Assessment

Modern approaches to quality assurance are depicted as a triangle, comprising of: quality design, quality control, and quality improvement. The three are essential, interrelated, and mutually reinforcing components of quality assurance.

1. **Quality Design:** This is a planning process within which goals are set, resources allocated and standards of service delivery set.

2. **Quality Control:** This consists of monitoring, supervision and evaluation of care to ensure that standards are met and good quality is consistently maintained. It ensures that a programme of activities take place as designed, more importantly it may uncover flaws in design and thus point to changes that could improve quality. For effective good quality control, the following must be present:

(i) Measurable indicators of quality

(ii) Timely data collection and analysis

(iii) Effective supervision.

   Quality Improvement: This is directed at increasing quality and raising standards by continually solving problems and improving processes.

SELF ASSESSMENT EXERCISE

Give reasons why quality assessment is crucial in nursing.

3.4 Framework for Quality Assessment

There are different frameworks that can be utilised to set standards. Among these, the "Donabedian structure, process and outcome" have

been mostly adopted by the nursing profession. In this framework, the structure describes the resources in the systems that are required to meet the standards (for example, the quality and number of staff, who, and what is needed). The process describes how the service is to be carried out, and the outcome standard describes the desired results to be achieved. The formulation of structure, process and outcome criteria which was aimed at, helps to epitomise the desired quality improvements. Table 1 below shows the type of information required for quality assurance.

Table 1:   Types of Information Required for Quality Assessment

| Structure |
|---|
| The attributes of settings in which care occurs (physical and organisational tools and resources). The structure includes:

 ☐ material resources (e.g., facilities, equipment, money);

 ☐ human resources (e.g., number and qualifications of personnel); and

 organisational structure (e.g., medical staff organisation, peer-review methods). |
| **Process** |
| What is actually done in giving and receiving care (the activities that occur between client and provider). The process includes:

 ☐ patient's activities in seeking care and carrying it out; and

 practitioner's activities in making a diagnosis, and recommending or implementing treatment. |
| **Outcomes** |
| The effects of care of the health status of patients and populations (the changes in status attributable to antecedent health care). Outcomes include:

 ☐ improvements in a client's knowledge;

 ☐ changes in a client's behavior; and

 ☐ degree of client satisfaction with care. |

Source: Adapted from A. Donabedian, "Evaluating the Quality of Medical Care," Milbank Quarterly, 44 (Supplement, 3, 1996), pp. 166–203.

3.5   Steps to Quality Assessment Review

A variety of techniques have been proposed to perform the quality assurance review. Presented here is the problem-solving model used by the American Nurses Association (ANA). Its eight steps include the following:

1.   Identify values

2.   Identify standards and criteria

3.   Measure degree of attainment of standards and criteria

4.   Interpret strengths and weaknesses

5.   Identify possible courses of action

6.   Select a course of action

7.   Take action

8.   Re-evaluate.

Each of these steps is discussed as illustrated below:
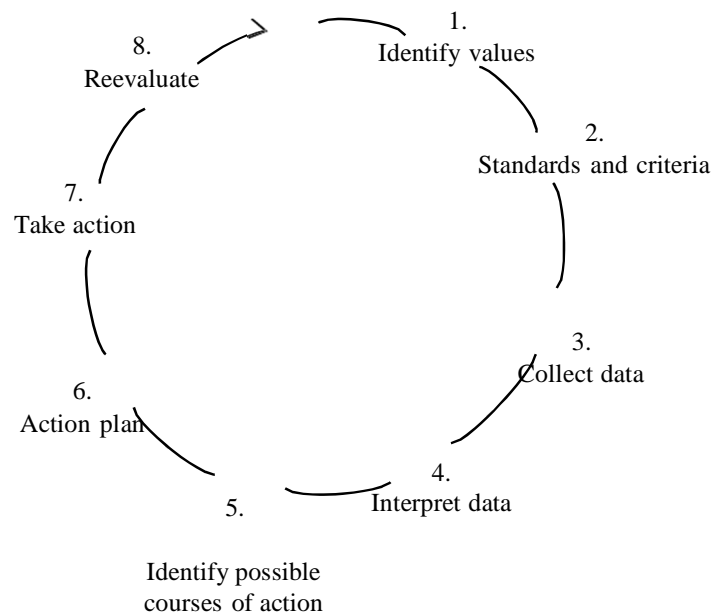
Fig. 3: Steps to Quality Assessment Review

Topics for quality assurance reviews are generally placed in some order

of priority based on their frequency and their real or potential impact on

patient   care.   Impct is usually gauged by whether efficiency or effectiveness of patient care is affected. Efficiency is generally defined in terms of accomplishing a task with a minimum of resources (time, money, personnel); effectiveness is defined in terms of accomplishment of predetermined goals. The focus for the evaluation may be the nurse, the unit or institution, the nursing care, or a combination of the three.

If the focus of the evaluation is the nurse, it can include the actions of a single nurse or of all the nurses in a department, and any area of nursing activity can be examined. For example, is the nursing staff satisfied with the nursing programme instituted 3 months ago? What criteria do the nursing staff use to determine the frequency of vital sign monitoring in the immediate post-operative period? Are the nursing standards for administration or intravenous therapy being adhered to?

If the nursing unit or institution is the focus of the quality assurance review, it might examine the administrative structure, the physical plant and equipment, or staffing. For example, a review could be implemented to determine whether required educational records for nurses in the critical care units are up to date. When nursing care or a nursing care problem is the focus of the review, it is generally best to limit the scope to a certain population (for example, patients with certain diagnoses, surgical procedures, nursing care problems, or degree of all the variables to be considered.

It is critical to remember that the perspective of the consumer must be considered in any evaluation. In selected instances, such as using patient outcomes or in attempting to validate patient care plans with patients themselves, consumer input is essential.

Steps in Quality Assurance Review

Step 1: Identify Values

Before the implementation of the quality assurance model, there must be an examination of the societal, professional, and individual values that guide the health care in the respective agency. The very word quality implies that someone somewhere has determined that certain outcomes have more value than others. As applied to nursing care, the individual nurse, nursing unit, hospital, and community will interact to influencethe development of criteria to be used in the review process.

Step 2:   Identify Standards and Criteria

A standard is the desirable or achievable level or range of performance of a certain criterion, or a framework against which performance is

compared. An example of a standard is, "Every patient will have an admission assessment by a registered nurse." A criterion measure is that variable believed to be the indicator of the quality of care, for example, "The assessment form will be completed by the admitting nurse within 8 hours of admission."

The standards for nursing practice are generally developed by clinical nursing leaders in the institution, using their professional expertise as well as professional research and literature. The standards are made operational by construction of the criterion elements. These criteria, which are the actual evaluation criteria, are generally developed by a quality assurance committee, the nursing practice committee, or some similar group.

The actual criteria that are developed can be three types: structure, process, and outcome.

Structure criteria describe the environmental elements, setting, and conditions within which the nurse-patient relationship occurs. It includes the philosophy and objectives of the institution; its fiscal resources, equipment, physical facilities, management structure, accreditation, and licensure; and the quality and characteristics of the professional and technical employees. Examples of structure criteria include, "Hospital beds must be 3 feet apart." "All patients must sign the required consent form before any invasive or surgical procedure." "The current license number of each registered nurse must be on file in the main nursing office."

Process criteria describe the nature and sequence of nursing care activities. For example, process criteria might describe the nursing plan for a patient who demands pain medication every 1½ hours, or a teaching plan for a diabetic patient.

Outcome criteria focus on the results of the processes of health care. Many experts consider them to be the ultimate indicators of the quality of patient care. For the patient, the outcome should be measurable in terms of change in health, knowledge, or functional status. After the criteria have been written, they must be validated, generally by "consensus among peers." The rationale for this validation step is to ensure that all criteria are correct and relevant and reflect nursing practice at the particular institution. Usually, nurses most expert in the selected clinical areas are chosen to do the review.

The final step in the criteria writing process is the establishment, by the quality assurance committee and the "nurse experts," of a specific and observable level of performance for each criterion measured. For

example, for the outcome criterion, "Patient or significant other is able to demonstrate proper technique in insulin administration," at least 90 per cent compliance might be expected.

Step 3:   Measure Degree of Attainment of Standards and Criteria

Multiple methods are available to collect data to assess the attainment of the standards and criteria. The degree to which the actual practice exceeds, meets, or falls below the validated criteria provides the data necessary to evaluate the strengths and weaknesses of the nursing care programme. Data collection methods might include questionnaires, staff interviews, patient interviews, self-assessment questionnaires, performance evaluation, utilisation review, audits, patient or staff complaints, and direct observation. Whatever the method selected, the data should be easily accessible, and questions of efficiency and accuracy should be considered.

Data collected are tabulated, and the results indicate whether the percentage of Yes/No responses correspond to the previously established level of performance (per cent compliance) for each criterion. If the level of performance does not achieve expectations, the criterion element has not been met.

Step 4:   Interpret Strengths and Weaknesses

The degree to which the levels of performance have been met serves as the basis for describing the strengths and weaknesses of the nursing care programme. However, it is essential that certain subtle factors not be overlooked before final judgments are made.

Consider the following: One of the outcome criteria for a patient with a pacemaker is, "The patient or significant other is able to take a pulse." A retrospective nursing audit was done on patients with pacemakers to determine whether the outcome was being met. On nursing Unit A, 95 per cent of the patients could take their pulse, whereas on nursing Unit C, only 65 per cent of the patient data revealed that. In general, patients on Unit C were older, had fewer significant others, and were frequently discharged to extended care facilities. Comparing the two units on these factors provided insights into reasons for their differences that may have been missed if the evaluator had not questioned these differences.

Step 5:   Identify Possible Courses of Action

After identifying the strengths and weaknesses, possible courses of action to correct the weaknesses are developed. The goal of the action plan is elimination of the weaknesses and reinforcement of the strengths

of the existing programme. Some consideration should be given to how best to motivate the nursing staff to implement the desired changes. Generally, the best results will be obtained when those staff most affected by the quality assurance review is involved in the planning of subsequent courses of action.

Solutions to the identified problems can be numerous and can include administrative changes, further clinical research into the problem, continuing education, changes in practice, environmental changes, a reward system for improved compliance, or even the organisation of peer pressure. Each of the possible solutions has advantages and disadvantages, and the peer group will have to weigh each one.

Step 6:   Select a Course of Action

After examination of the alternatives, the peer group selects the courseof action, based on such considerations as the identified problem, available resources, and organisational structure. How the decision is implemented will vary among institutions. For example, if it involves a nursing practice change, it may have to be reviewed by the director of nursing.

Step 7:   Take Action

Improving the quality of nursing care implies change, and sooner or later some action must be taken. Implementation of the selected action generally includes time frames, persons responsible for overseeing each step of the plan, and selection of a date of re-evaluation. This action step is critical to the success of the quality assurance review.

Step 8:   Re-evaluate

After the action has been taken, the cycle begins again. If a change has been made, it must be re-assessed to determine its effectiveness in improving the quality of care.

3.6   Methods of Nursing Assessment

In addition to the problem-focused quality assurance reviews, a varietyof methods have been devised for ongoing assessment of the nursing. Some of the more frequently used methods are described here.

3.6.1 Incident Reports

Whenever an untoward event occurs involving a patient, nurse, or visitor, an incident report must be completed. Generally, these are

compiled by the hospital and/or the hospital insurance carrier. Increases in certain types of incidents such as, medication errors or patient falls, would be a signal to the quality assurance committee that a review of either of these two areas may be indicated.

3.6.2 Nursing Audit

The nursing audit is a method of evaluating the quality of client care. The purpose of the nursing audit is to examine nursing care that has been given to clients and to verify that acceptable standards are being met. The audit is conducted during or after care has been provided and is a method of accounting for outcomes achieved. Audits are usually based on the assumption that when expected client outcomes are achieved, nursing process criteria are also met.
The nursing audit team compares pre-determined criteria with the documentation found in the patient record.

Types of Nursing Audit

There are two types of audit: retrospective and concurrent.

The Concurrent Audit

This has also been called the open chart audit, because it occurs while a client is receiving care in a health care facility. A concurrent audit is a critical examination of the patient's progress towards a desired health status (outcome) and patient care management activities (processes) while the care is in progress. The purpose of the concurrent audit is to assess the past and present care given to a client. This type of audit can provide information to care givers that may alter a particular client's care plan. Patient questionnaires, interviews, and observation and review of the patient record are possible sources of data for a concurrent review. Concurrent review has the advantage of providing opportunities for making changes in the ongoing care programme.

Retrospective Audits

A retrospective audit is a critical examination of nursing actions, with a view toward improvement in practice. A retrospective review is done after the patient has been discharged. The reviewer has the advantage of using data from the patient's entire stay from admission to discharge, and of evaluating the results for a large series of comparable patients. The retrospective is also called a closed chart audit. It occurs after client care has been completed, that is, after discharge or termination of the relationship with the health care facility. Retrospective audits are less costly than concurrent audits and usually requires less time to complete

because records are used as the database. Usually, its purpose is to assess how well the group provided care to a particular type of client. One advantage of retrospective audit is that practitioners gain impressions from single cases in which they are personally involved. The care of clients whose charts are audited is not influenced by the outcome of a retrospective audit. However, other clients may be helped, since group members can improve the quality of care given based on the results of the audit. When a record is unclear, the retrospective auditor must assume that the criteria have not been met, while the concurrent auditor can seek more information.

Nursing Audit Team

The Nursing Audit is often conducted by a nurse or a team of nurses not directly involved in the care of the patient being examined. This is done in order to give objectivity to the process. The membership strength should be between twelve and fifteen, and should include a representative of all categories of nurses in the hospital. It is important that in selecting members, each Nursing Unit is also represented. A typical audit committee should consist of:

1.   Head of Nursing Research Unit or Continuing Education Unit – Chairman.

2.   Representatives from all cadres of nurses – members.

3.   A representative of the professional Nursing Association – member.

4.   Representatives of other hospital professionals e.g. Medical Record Officers/Librarian – Consultants.

5.   Director of Nursing Services – Ex-officio member.

This is important because as experienced professional nurses in a particular specialty, they are in a better position to write the outcome criteria to evaluate performance in their specialty area.

The team must have a proven integrity bordering on honesty, dedication and truth. They should be objective in their thinking, skillful, knowledgeable, and experienced and exhibit competencies in nursing practice.

Nursing audit must be mounted regularly by nurses. This programme are planned to maintain quality nursing care while also controlling the cost to the patient. These concepts can be equated with industry's

"efficiency and effectiveness". A nursing department is efficient if it observes cost containment, and wise use of resources. It is effective if it can at the same time deliver quality patient care, which is its reason for existence.

3.6.4 Peer Review

Nursing peer review occurs when nurses establish standards and criteria and evaluate the quality of patient care among themselves. The peer review process may be performed within a single unit or by specialty, for example, orthopedic nurses. Clinical nurse specialists also frequently have a peer review group to monitor their practice.

3.5.5 Patient Satisfaction Questionnaire

A patient satisfaction questionnaire is generally used when written data regarding a patient"s perceptions of his or her hospitalization are needed, for example, by hospital management or a nurse researcher. Many hospitals routinely distribute these questionnaires to all patients and request that they complete them. Other hospitals have patient ombudsmen who visit patients, question them regarding their hospitalisation experience, answer any questions they may have, and intervene on their behalf, if necessary.

3.5.6 Staff Satisfaction Surveys

In staff satisfaction surveys, either questionnaires or interviews, are used by the administration to assess general employee satisfaction or to test responses to certain program changes.

3.5.7 Utilisation Review

The utilisation review programme was mandated by the Joint Commission on Accreditation of Healthcare Organisations Standards (JCAHO) in 1978. Its primary goal is the appropriate allocation of hospital resources. This programme does not focus primarily on nursing, but it does provide data that may require nursing involvement in a more thorough evaluation.

3.5.8 Infection Control Reports

Because nurses are involved in the direct care of patients, they may at times be included in infection surveillance and infection control programs. Even when the nursing staff is not involved directly, they should be familiar with the monthly report of nosocomial infections on their respective units. Questions can be raised about nursing procedures and practices that may affect the infection rate on the unit.

3.7 The Role of the Nurse in Rendering Quality Nursing Care

The nurse has a significant role to play in rendering quality nursing care through the following functions:

1. Provision of Therapeutic Ward Milieu

To facilitate the provision of quality nursing care, the nurse must ensure a therapeutic ward environment. The physical, social and psychological environment of the patient must be conducive. Both the hospital and ward environments must be neat and the nursing staff must demonstrate kindness and understanding in rendering the care needed by the patient/client.

2. Staffing

It is the responsibility of the nurse to ensure that the hospital/ward/unit is adequately staffed with nursing staff of relevant cadre and specialty to render quality nursing service. The nurse should be able to project into the future in respect of the hospital need for nursing staff, hence the need to ensure enough hands to provide the quality nursing care.

3. Delegation of Responsibility

Since the nurse cannot do all the work, she has to delegate responsibilities to subordinates considering their knowledge, skill and attitudes. The nurse must use his/her authority to delegate responsibility in such a way to enlist the full co-operations, commitment and loyalty of the staff. The nurse takes the blame for a delegated work that is not satisfactorily executed; hence the need to give appropriate guidelines for carrying out delegated responsibilities.

4. Leadership Style

In order to enlist optimal performance from subordinates, the nurse needs to adopt different leadership style depending on the knowledge, skill and attitude of the followers that will enhance high productivity and provision of quality nursing care. The nurse needs to be dynamic in relating with subordinators. It is assumed that lazy, dependent, irresponsible, unimaginative and short sighted worker will function well with autocratic leadership style, whereas, active and independent function well under a democratic leader.

5.   Discipline/Control

Quality nursing care demands that the nurse should have a good control of staff and the activities in the unit/ward/hospital. He/she should be able to evaluate both the activities and the staff to answer the question: "Do the nursing actions meet the objectives?"   Monitoring of staff to ensure that jobs are performed according to specifications. Thus the nurse needs to be firm, just, knowledgeable and hardworking in order to ensure a good control of the subordinates.

6.   Staff Development

Knowledge update is a key to provision of quality nursing care. The nurse should take advantage of opportunities for continuing education programme through continuing training, reading of professional journals, financial, political and international literature. The nurse in-charge arranges or sponsors subordinates for conferences, seminars and courses.

7.   Motivation

This is a process of ensuring that the best is obtained at all times from every worker. The need to motivate subordinates for quality nursing care to patients cannot be over emphasised. Different things motivate different workers. The nurse must be conversant with different theories of motivation such as satisfaction theory, incentive theory, intrinsic theory, Hertzberg's dual-factor theory, McClelland three factor theories, Theory X and Y etc.

In addition, the nurse must be ready to give appropriate reward to ensure high productivity from his subordinates through recognition of good performance.

8.   The Use of the Nursing Process

It is through the use of Nursing Process that nurses can render quality nursing care. It is also through it that nursing assessment can be made, to identify patients' need, plan and implement appropriate nursing activities so as to take care of identified need, and then evaluate the nursing action implemented to ensure the achievement of good goals earlier formulated. To provide adequate nursing care, the nurse must ensure full implementation of nursing process in rendering care at his unit/ward/hospital. She should use her position to cover the constraints that may militate against the provision of logistic support.

4.0   CONCLUSION

Quality assessment ensures that health care provided to patients is consistently of good quality. Retrospective and concurrent reviews each have their own advantages, and may be used singly or together in a quality assurance review.

5.0   SUMMARY

Structure, process and outcome criteria are used to set standards. Nursing audit is a method of quality assessment. Components of quality assessment include quality design, quality control and quality improvement.

6.0   TUTOR-MARKED ASSIGNMENT

Describe methods by which nursing activities can be evaluated for quality assessment.

7.0   REFERENCE/FURTHER READING

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UNIT 2   BUDGETING

CONTENTS

1.0   INTRODUCTION

All organisations plan by setting goals and objectives to be achieved in a given period of time. The resources to attain these goals and objectives are not usually unlimited hence, the need for budgeting. Budgets are normally part of the 81rganizational plans that translate company intentions into a series of assignments and provide the money to carry them out.

As nurses, the knowledge of budgeting is very important, because it is an important tool for allocating the scarce resources available to the organisation and also for controlling expenditure. More recently, with corporate governance, it has become increasingly popular as a tool to promote accountability and effectiveness in the management of organisations.

We shall therefore, in this unit be looking at the meaning of budgeting or profit planning, the types and objectives, as well as the techniques available in budgeting. All these are done with a view to giving you theoretical background knowledge of the topic so as to become better mangers of various institutions.

2.0   OBJECTIVES

By the end of this unit, you should be able to state:

- the meaning of budgeting and the types
- the techniques of budgeting.

3.0   MAIN CONTENT

3.1   Definitions of Budgeting

In organisations, objectives and policies are set and laid out as quantitative data through budgeting. Budget is therefore nothing but a quantitative aspect of planning. A budget is a statement, usually expressed in financial terms of the desired performance of an organisation in the pursuit of its objectives in the short-term (one year). It is an action plan for the immediate future representing the operational and tactical end of the corporate planning chain.

Budgets are sometimes referred to as business plans or profit plans. The budget and budgetary control form the backbone of any control system. Budgetary control takes the targets of desired performance as its standards, then systematically collates information relating to actual performance (usually on a monthly or four weekly period basis) and identifies the variances between target and actual performance.

The budget of an organisation whether government (which we are all very familiar with), corporate, private organisation etc. can be surplus or deficit.

SELF ASSESSMENT EXERCISE

List and discuss the various techniques used in budgeting.

3.1.1 Types of Budget

Basically, budgets are of two broad types: Capital and Expense.

The Capital Budget

Capital spending is investment and it may provide the single most important way for an organisation to increase the sales share of the market. The capital investment has a longer time horizon; it can make it possible for the company to produce a new product or a better product, serve customers quicker or to reduce prices.

Since no company has unlimited funds, of course, nor can it call an unlimited credit or always sell new equities at the price it would like to get, it must therefore set or adopt some criteria or priority for new investment that must be undertaken.

In capital budgeting, the criterion for judging among projects is the rate of return on investments over the long-term.

Expense Budget

Expense budgets allot the money to be expended for various operational activities. Some of these amounts will be fixed while others will depend on the level of operations planned for i.e. the amount of production, the sales effort to be expended, the amount of advertising to be done. Budgets in this category include the cash budget.

3.1.2 Objectives of Budgeting or Profit Planning

The following are the main objectives of budgeting or profit planning:

(a)   to ensure by means of an overall plan, that available resources are utilised to the maximum advantage.

(b)   to ensure that sufficient cash required to finance the proposed scale of activity is generated internally or will be available from additional capital loans and overdraft.

(c)   to approve major items of capital expenditure specifically, and to fix all other limits for minor items.

(d)   to fix target for current income and expenditure.

(e)   to have a detailed basis for comparing performance throughout the year with estimates.

3.2 Budgeting Techniques

In government and the corporate world, budget is being talked about as a tool to promote accountability and effectiveness, rather than simply as a vehicle for allocating resources and controlling expenditure. The response has therefore been that of reforming their budgetary practices and techniques. The techniques are discussed below:

3.2.1 Line-Item Budgeting

The Line-Item or incremental budgeting represents the most commonly used budget. Each category of activity is afforded its separate appearance. It assumes the continuation of present programmes. Here, previous year's actual spending is extrapolated for next year by adding a percentage increase (for inflation). The main advantage of the line-item budget is the ease of its preparation; it makes a simple comparison of performance from one fiscal period to another fiscal period.
The main disadvantage of this approach is the difficulty of relating the line budgeting to the goals of the present organisation.

3.2.2 Performance Budgeting

Performance Budgeting (PB) is a system where the managers are provided with the flexibility to utilise department or organisation's resources as required, in return for their commitment to achieve certain performance results. It is a system of planning, budgeting and evaluation that emphasizes the relationship between money budgeted and result expected. The primary disadvantage associated with a PB is the emphasis on quantity, not quality of the activity being monitored.

3.2.3 Zero-Base Budgeting

Zero-Base budgeting (ZBB) is a budgeting method for a corporation or government in which all expenditures must be justified afresh each year and not just amounts in excess of the previous year, like in the line-item or incremental budget. Every time, the mangers are supposed to start from scratch or on a "clean slate".

ZBB is claimed to be a new technique of planning and decision-making. It reverses the working process of traditional budgeting. In traditional budgeting, departmental managers need to justify only increases over the previous year's budget. This means what has been already spent is automatically sanctioned. While in ZBB, no reference is made to the previous level of expenditure. Every departmental function is reviewed comprehensively and all expenditures rather than only increases are approved.

ZBB is a technique by which the budgeting request has to be justified in complete detail by each division manager, starting from the zero-base. The zero-base is indifferent to whether the total budgeting is increasing or decreasing.

Benefits of ZBB

(i)   Elimination of obsolete and non-relevant decision packages.

(ii)   Increased or decreased levels of funding for some decision packages and addition of new packages.

(iii)   ZBB encourages budget participation at the operating level. As a result, managers and employees become focused.

(vi)   Results in efficient allocation of resources as it is based on needs and benefits.

(v)   Useful for service department where the output is difficult to identify.

(vi)   Increases communication and co-ordination within the organisation.

(vii)   Managers and employees learn more about the organisation activities and problems.

Possible Problems of ZBB

(i)   Increase in paper work and time consuming.

(ii)   In certain areas of the organisation, it is difficult to define decision units and decision packages.

(iii)   It forces the managers to justify everything related to expenditure. Sometimes, certain departments like R&D may be threatened while production department would benefit.

(iv)   In the first year, cost of training, paper work and implementation of ZBB may go up because without its proper understanding, it cannot be successfully implemented.

(v)   Organisation may face some resistance from the employees and their unions.

(vi)   Difficult to administer and communicate the budgeting because more managers are involved in the process. Since ZBB threatens certain position of the managers and executive they may play games and politics.

3.2.4 Programme Budgeting

Under programme budgeting system, department or agency budget requests not only include the funding that it would like to receive, but also the outputs and outcomes they expect to produce as a result of the funding. The legislature then establishes performance targets for outcomes and outputs in the implementing act to the appropriation act. Departments or agencies then report their actual performance in their long-range programme plans and budget requests for the following fiscal year.

Agencies may be given incentives for performance that exceeds standard or disincentives for performance that falls below standards. These incentives and disincentives can be monetary or non-monetary. By its nature, a programme budget focuses on the output services that the programme provides to its users. It also more readily, relates to overall organisational goals and objectives.

4.0   CONCLUSION

We have in this unit considered budgeting. We have defined it as expressing plans/objectives in quantitative terms in writing for definite period of time - a year/month. All organisations find budgeting useful, not only as a vehicle for allocating resources and controlling expenditures, but now also as a tool to promote accountability and effectiveness.

5.0   SUMMARY

This unit has examined the meaning of Budgeting (otherwise known as profit planning), the types and objectives of budgeting. We have also looked at the various techniques of budgeting i.e. traditional budgeting, the incremental budgeting and the increasingly popular modern one like the zero-base budgeting. These issues have been highlighted in order to appreciate the place of budgeting as a tool for resource allocation and controlling expenditure in organisations.

6.0   TUTOR-MARKED ASSIGNMENT

1.   Examine what you understand by Budgeting. Why the need for budgeting?
2.   Identify the various budgeting techniques you know. Examine fully, the ZBB techniques of budgeting.

7.0   REFERENCES/FURTHER READING

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UNIT 3   CONTROL

CONTENTS

1.0   INTRODUCTION

The first of the management functions we identified and discussed was planning. We defined it as setting goals and objectives to be pursued by an organisation over a period of time. It is however not enough to set goals and pursue it, but it is important to monitor the activities (performance) towards achieving the objectives from time to time.
This is necessary because as managers, we need to know whether we are working towards achieving the plans or not. There is no cause for concern when performance is according to plans, but there is, whenever there is deviation. Management has to intervene by instituting corrective measures early enough to forestall the high cost of deviation. The aim of this unit therefore, is to look at control as a supervisory function of management, and examine the various control techniques or tools at their disposal. We shall also be looking at the various ways by which acceptance for control could be achieved amongst the organisation's members.

2.0   OBJECTIVES

By the end of this unit, you should be able to:

• define control
• state what can be controlled
• specify the requirements for control and
• list the control techniques available.

3.0   MAIN CONTENT

3.1   Definitions and Meaning of Control

Control is a management function that is vital for the success of all organisations in attaining the goals of the firm.

Many authors and professionals have expressed their opinion of what control is, and we shall be looking at these diverse definitions. Control is a process constituting many positive functions. Traditional control is checking the results.

A positive control is a process constituting setting the standard and checking the results and comparing the results with the set standard. Some authorities are of the opinion that control is just another way to describe effective management to guide and direct subordinates to attain the desired objectives. It is the determination of progress towards objectives in accordance with the predetermined plan.

McFarland has defined Control as "that function of a system which provides direction in conformance to the plan" and or "the maintenance of variations from system objectives within available limits". Control is determining what is being accomplished, i.e. performance, evaluating the performance and if necessary, applying corrective measures so that performance takes place according to the plan.

In the opinion of Henri Fayol, Control is seen as follows: "in an undertaking, control consists of verifying whether everything occurs in conformity with the plan adopted, the instructions issued and principles established. It points out weaknesses and errors in order to rectify them and prevent their re-occurrence. It operates on everything and on every action". Control is a managerial or supervisory function, and it is a sort of follow up which helps to ascertain that what is desired and planned is achieved, and various corrective measures are taken when required.

There is a general consensus that planning and control go hand in hand - without planning, there could not be control. Control cannot take place in a vacuum; for effective control, there should be set targets, which can only be done through planning.

3.1.1 What Do We Control?

Any activity concerning the following areas could be controlled:

(a)　　　　Quality

(b)　　　　Quantity

(c)　　　　Time

(d)　　　　Cost

(e)　　　　Profit

3.1.2   Elements of effective control

For effective control, the following steps are necessary:

(a)　　Fixing of the target

(b)　　Measuring the performance

(c)　　Comparing the performance with set targets

(d)　　Taking corrective measures where there are deviations

3.2　Requirements for Effective Control

For effective control to take place, the following requirements must be in place

3.2.1 Control should focus on the results or targets set in the plan

3.2.2 Control must reflect the nature and needs of activity

The mechanism of control should be directly linked to the activity to be controlled.

3.2.3 Control should report deviations promptly

The management should know the activity and performance in the organisation. This is essential for comparison with fixed targets which will show deviations if any for corrective measures to be taken in time.

3.2.4 Control should be understandable to everyone in the organisation

Especially to those whose actions, activities and progress are being controlled.

3.2.5 Control should be objective

It should not be based on sentiments and should be difficult to manipulate.

3.2.6 Control should be clear, determinable and flexible

3.2.7 Control should reflect the organisational pattern

Control in a democratic or open organisation must reflect same, and should not be otherwise.

3.2.8 Control should be economical

The amount spent on control should be justifiable.

3.2.9 Control should lead to corrective measures

Control should be able to show corrective actions to be taken.

3.2.10 Control must be acceptable by all members of the organisation

SELF ASSESSMENT EXERCISE

Discuss the elements of effective control in organisations.

3.3 Control Techniques

A variety of tools and techniques have been used over the years to help managers control the activities of organisations. Some of the techniques are identified below.

3.3.1 Budgets

A budget is a planning and a control tool. Budgeting has been exhaustively discussed in a previous unit.

3.3.2   Financial control

This is a very good instrument for the control of resources. It entails the use of quantifiable measures to monitor deviations.

3.3.3   Inventory control

Inventory management or control is a form of administrative control that is particularly essential in all manufacturing, wholesale and retail establishment. The essence of all inventory control is to have the right quantity at the right time and place. This topic has been fully discussed in a previous unit.

3.3.4   Auditing is a very important control system

The auditor examines records and statements and expresses an opinion regarding their fairness and accuracy.

3.3.5   Break Even Point analysis (BEP)

The Break-Even Point analysis is another control technique that is often used in some organisation. Every profit making organisation is anxious to know at what level of operation the volume of total revenue will be greater than total costs. The break-even point is that level of volume at which the total revenue equals total expenses. At this point, the company makes no profit and suffers no loss.

3.3.6   Traditional non-budgetary control devices

There are many traditional control devices not connected with budget, although, some may be related to, and used with budgetary controls. Among the most important ones are the use of statistical data of many aspects of the operation, special reports and analyses of specific areas and personal observation such as managing by walking around.

3.3.7 Time-event network analysis

Another Planning and control technique is a time-event network analysis called the Program Evaluation and Review Techniques (PERT)

3.4   Wining Acceptance for Control

Control is not an easy task as it seems, but a tedious one for management. This is because nobody wants to be controlled in the organisation no matter their status.

It is therefore the duty of the management to ensure acceptance of control by the subordinates in the organisation. For this to be achieved, the following steps are necessary:

(i)   The management should have an awareness of the personnel needs and pressure.

(ii)   Develop mutual interest in achieving the objectives of the organisation.

(iii)   Explain controlling mechanism to workers.

(iv)   Needed changes should be automatic in the control.

(v)   Controlling policies should be kept constant.

(vi)   Adequate authority should be given to the person in charge of control.

(vii)   There must be wholehearted cooperation from the top management for control.

(viii) For best results, comparison and controlling should be on a continuous basis

4.0   CONCLUSION

We have examined control as a managerial and supervisory function of managers. Planning and control are interrelated, while planning is setting targets, control is checking the performance towards the set goals.

For control to be effective, certain requirements must be present in the organisation, and where combined with the appropriate control techniques, success is certain.

5.0   SUMMARY

In this unit, we have given diverse definitions of control by various authors and professionals, each expressing their experience. They all point to the same direction by defining control as having to do with setting targets and measuring performance against these targets.

Control process can be applied to all factors in a firm. These include: quantity, quality, cost etc. Control must be targeted against plans, timely, objective and economical amongst others.

Because control may not be easily acceptable by organisation's members some suggested ways of winning acceptance have been identified.

6.0   TUTOR-MARKED ASSIGNMENT

1(a)   Define Control in your own words.
(b)   What are the elements of Control?
(c)   Identify the requirements for effective Control you know and explain 5 of such.

2.   How can Control be undertaken in an organisation?

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UNIT 4   MOTIVATION

CONTENTS

1.0   INTRODUCTION

In our discussion on staffing/human resource management, we described staffing as filling positions with personnel that have required knowledge, skills and attitudes, in order for the organisation to achieve its objectives. But the responsibility of management does not end there. Continuously, management must ensure that the personnel performs his tasks to the maximum and remains committed to the organisation while meeting his personal objectives.

The responsibility to ensure this conducive working environment for optimal performance rests with the leadership. The leadership has to maintain a good interpersonal relationship with his subordinates. This way, he would be able to understand the needs that drive them to goal attainment. This is motivation, and that is what we shall be discussing in this unit.

We shall be looking at a comprehensive meaning of motivation, motivation process, characteristics of motivation, some theories that have helped to explain motivation and some motivational techniques.

The proper understanding of this unit is expected to enrich the management skill of the student and managers alike, to secure optimal performance from their employees.

2.0   OBJECTIVES

By the end of this unit, you should be able to:

- state the meaning of motivation
- discuss the various theories of motivation
- describe the various motivational techniques.

3.0   MAIN CONTENT

3.1   Meanings of Motivation

One of the challenges of management in the process of managing organisations is to ensure that the employees contribute their maximum effort towards the attainment of the organisation's objectives. It is therefore of paramount importance for management to determine the needs that drive their employees towards certain goals achievement. This drive is known as motivation. This is done by managers, through building into every possible aspect of the organisation's climate, those things which will cause people to act in the desired ways.

Motivation can be defined as individual needs, desires and concepts that cause people to act in a particular manner. Motivation has been linked with urges, instinct, purposes, goals, and desires involving the physiological and social aspects of human beings. It is that energising force that induces or compels and maintains behaviour.

Our interest is however, in work motivation i.e. how to make the individual employees put in extra effort willingly and enthusiastically in the work setting.

Motivation as a function of leadership involves directing individuals so that they can satisfy their needs as much as possible, while they strive to accomplish organisational objectives.

3.1.1 Characteristics of motivation

Motivation as an internal psychological process whose process is inferred from observed performance has three basic characteristics:
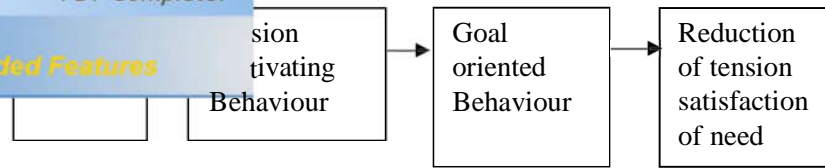
i.   It is sustainable - it can be maintained for a long time until satisfied.

ii.   It is goal directed - it seeks to achieve an objective.

iii.   It results from a felt need - it is an urge directed towards a need.

3.1.2 The motivation process

A need creates a tension in the individual who moves in a certain direction in order to achieve the desired objective which reduces tension. A satisfied need does not motivate, conversely, an unsatisfied need motivates.

| ...sion ...tivating Behaviour | Goal oriented Behaviour | Reduction of tension satisfaction of need |

Fig. 4: The Motivation Process

3.1.3 Types of motivation

There are two basic types of motivation viz:

a.   Intrinsic

b.   Extrinsic

Intrinsic motivation

This is the motivation that is within the individual i.e. internal and not manipulatable (controllable) by anyone apart from the individual e.g. hunger, sleep etc.

Extrinsic motivation

This is the motivation that is external. It is not within the individual to control. It is therefore controllable. Example is incentives. It relates to the work environment, therefore it can be influenced or changed.

3.2   Theories in Motivation

For adequate understanding of motivation and workers, we shall examine a number of theories of motivation as propounded by the following people:

1.   Abraham H. Maslow

2.   Douglas McGregor

3.   Frederick Hertzberg

4.   V.H Vroom

5.   Chris Argyris

3.1.2 Abraham Maslow

Abraham Maslow was a psychologist who developed the theory of human motivation and classified human needs into five hierarchical forms. As lower need is satisfied, the individual shifts his concern to the next higher one.

The five needs according Maslow are discussed below:

i.   **Physiological need:** These are survival needs such as food, shelter, sleep, sexual satisfaction etc. They are basic needs that must be met before others.

ii.   **Safety and security needs:** These needs include actual safety and the feeling of being safe and protected from both physical and emotional injuries, threat and deprivation, protection against danger.

iii.   **Belongingness and love needs:** The first two needs center primarily on interaction with others for the purpose of giving and receiving affection. This is the need for association for love, acceptance, giving and receiving friendship.

iv.   **Esteem and status:** This is the need for self respect and regard. It is based on the notion that people want to be esteemed in terms of their living standards and others. It is the need to gain approval and to achieve, the need for self confidence, knowledge, competence and expertise.

v.   **Self-actualisation needs:** This represents the highest needs level. It is man's craving to become what he is capable of becoming. It takes into account the individual's own goals and potentials. This need is seldom met by human beings.

3.2.2 Douglas Mcgregor - Theory X and Theory Y

Mc Gregor's Theory X and Theory Y are essentially sets of assumptions about behaviour. In his publication "The Human Side of the Enterprise", he refers to the theoretical assumption of management that underlies its behaviour. He sees two different sets of assumptions made by managers about their employees.

Theory X

Theory X regards employees as being inherently lazy, requiring coercion and control, avoiding responsibility and only seeking security.

This is the theory of scientific management, with its emphasis on the control of extrinsic rewards.

Theory Y

Here, the assumptions see man in a more favourable light. Employees are seen as liking work, which is as natural as rest or play, they do not have to be controlled or coerced, when committed to organisation's objectives. Under proper conditions they will not only accept but also seek responsibility More rather than less, people are able to exercise imagination and ingenuity at work.

3.2.3   Fredrick Hertzberg Two-Factor Theory

Fredrick Hertzberg's studies centered on satisfaction at work. In His initial research, some two hundred engineers and accountants were asked to recall when they had experienced satisfactory and unsatisfactory feelings about their jobs. Following the interviews, Hertzberg's team came to the conclusion that certain factors tended to lead to job satisfaction, while others led frequently to dissatisfaction. The factors giving rise to satisfaction were called motivation, while those giving rise to dissatisfaction were called hygiene factors. These studies were later extended to other groups.

The following were the most important motivators:

i.   Achievement

ii.   Recognition

iii.   Work itself

iv.   Responsibility

v.   Advancement

These factors were intimately related to the content of work.

The hygiene factors were as follows:

i.   Company's policy and administration
ii.   Supervision – the technical aspect
iii.   Salary
iv.   Interpersonal relations
v.   Working conditions

There are certain distinctions beween motivators and hygiene factors. While motivators brought about positive satisfaction, the hygiene factors served to prevent dissatisfaction. If motivators are absent from the job, the employee will experience real dissatisfaction. However, even if the hygiene factors are provided for, they will not in themselves bring about job satisfaction. Medically put, hygiene, in other words does not positively promote good health, but can act to prevent ill-health.

This work has led to the job enrichment movement (adding motivators to jobs) and more recently to the quality of working life movement.

3.2.4 Chris Argyris Theory

Professor Argyris research was on the relation between people's needs and the needs of the organisation. He suggests that the reason for so much employee apathy is not because of laziness, but rather, because people are being treated like children. This led to his so called immaturity-maturity theory which suggests that the human personality develops from immaturity to maturity in a continuum, in which a number of key changes take place. These are as follows:

Immaturity	Maturity
Passivity	Activity
Dependence	Relatively independent
Behave in few ways	Behave in many ways
Erratic, shallow interest	Deeper interest
Short-time position	Equal or superior position
Lack of Awareness	Awareness and control of self

From the above theory, Argyris sets the features of the typical classical organisations, task specialisation, chain of command, unity of direction and span of control. The effect on the individual is that they are expected to be passive, dependent and subordinate i.e. individuals are expected to behave immaturely.

For individuals who are relatively mature, the environment is a major source of frustration at work, and could lead to difficulties such as creating informal organisation which work against the formal hierarchy. Argyris is of the opinion that the more we understand human needs the more it will be possible to integrate them with the needs of the organisation. If the goals of both individual and the organisation can be

brought together, the resulting behaviour will be cooperative, rather than defensive or antagonistic.

3.2.5 V.H. Vroom expectancy theory

This theory attempted to study the process of motivation. It was developed by V.H. Vroom in the United States of America in 1964. The key point to note is that an individual's behaviour is formed not on some sense of objective reality, but rather on his own perception of reality i.e. how he actually sees the world around him.

The perception is based on three things: efforts, performance and reward. The strength of the attraction of particular outcomes or rewards for an individual is termed "valence".

The degree of belief that a particular act will produce a particular outcome is termed "expectancy". Valence and expectancy depend on the individual's own perception of a situation.

3.3   Motivational Techniques

There are three basic motivational techniques employed by management in motivating employees. They are: money, behaviour modification and participation. We shall consider them one after the other.

3.3.1 Money

Money plays an important factor in motivating workers. It could be in form of wages, pay rise, granting bonuses or any other things that may be given to people for improved performance. Managers and union leaders have tended to place money high on the scale of motivators, while the behavioural scientists tend to place it low.

Money is most important to people as it is a means of meeting basic needs of life. Money is also a means of keeping an organisation adequately staffed to attract and hold employees.

3.3.2 Behaviour Modification

This approach holds that individual can be motivated by properly designing the work environment. Good performance is rewarded while poor performance is punished. Specific goal are set with workers participation and assistance, point and regular feedback of result is made available and performance improvement are rewarded with recognition

and praise. Where the set targets are not met by the workers, ways are found to help people and praise them for the good things they do.

3.3.3 Participation

People are more motivated through the use of participation of people in the management of an organisation. People are more motivated by being consulted on action affecting them. As those people in the center of the act will have in-depth knowledge of the problem and can easily proffer a solution which can lead to organisation's success.

Participation is a means of recognition. It appeals to the need for affiliation and acceptance and finally it gives people a sense of accomplishment.

Though participation does not mean that the manager should abandon their authority to their subordinates, but rather, they should call subordinates on matters that affect them for advice, while taking the final decision.

4.0   CONCLUSION

We have considered the various theories and techniques of motivation. The implication of our discussion is that any of the theories or techniques of motivation could be employed in motivating employees at work. What is important is to consider the peculiar circumstance prevalent in the organisation before choosing a particular type.

5.0   SUMMARY

In this unit, we have considered the meanings of motivation, types, and characteristics of motivation. We have also considered the theories of motivation and the techniques to employ in motivating employees. It is important for managers to understand their subordinates very well and work out appropriate motivational packages, depending on the circumstance, that will make the employees work willingly and enthusiastically towards attainment of organisation's objectives.

6.0   TUTOR-MARKED ASSIGNMENT

1.   What do you understand by motivation?
2.   Mention and discuss the characteristics of motivation.
3.   How can employees be motivated?

7.0   REFERENCES/FURTHER READING

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UNIT 5   LEADERSHIP

CONTENTS

1.0   INTRODUCTION

As earlier identified in the early unit of the study, Leadership/Directing is one of the core functions of Management. It is useless, to plan wisely, organize for efficiency, and hire people who seem to have the requisite skills, if the people themselves are unable or unwilling to perform their tasks as they should.

The above underscores the relevance of leadership in organisations. It includes, not only telling people what to do, but ensuring that they know what is expected of them in each situation and helping them to improve their skills. Most of all, perhaps, it includes the development of good morale to ensure that the subordinates want to do their best, not merely work well enough to get by.

In this unit, we shall be examining various definitions of leadership, types and theories that have explained the issue of leadership. We shall also be examining the qualities required for a leader to be effective.

2.0   OBJECTIVES

By the end of this unit, you should be able to:

• 	state the meaning and functions of leadership
• 	discuss theories of leadership
• 	state the qualities of effective leadership.
.

3.0   MAIN CONTENT

3.1   Definitions of Leadership

A leader is a person who leads and leadership is a scientific art of leading.

Leaders and leadership have been variously defined within different situations. We shall look at a few of these definitions.

According to Cecil A. Gibb, in his book, *The Principles and Traits of Leadership*, four definitions of a leader were given, viz:

• An individual in a given office.

• The central person of a group, whose personality is incorporated in the "ego ideals" of his followers.

• The person considered most to advise the group towards its goals, and

• The person who is most effective in creating a structure or consistency in the interaction of the group members.

Gibb was of the opinion that in some groups, one person may satisfy all the five definitions, while in other groups; the status of a leader may be attributed to as many as five different persons according to the definitions.

To Mooney and Relly, leadership is the supreme coordinating power. It is the activity of influencing people to strive willingly for group activities.

It is important to note that leadership is something more than just personality or accident or appointment, but intimately linked with human behaviour. It is essentially a human process at work in organisations. Hence, it can be described as a dynamic process in a group whereby one individual influences or induces others to contribute voluntarily to the achievement of group tasks in a given situation.

SELF ASSESSMENT EXERCISE

Discuss the different theories of leadership.

3.2   Classification of Leadership Style

Leadership style is the way in which a manager or leader exercises his leadership role. Leadership style can be classified into four categories.

(a)   **Authoritarian:** This depicts the leader who behaves like a dictator and is constantly harassing his staff and using orders with little or no explanation.

(b)   **Benevolent:** While sometimes taking into account the views of his subordinates, this type of leader likes to consider that he knows what is best for his staff and usually takes all the decisions himself.

(c)   **Consultative:** This leader tends to explain his action to staff and invite discussions however, this can create problems because, this approach may end up in disagreement because the manager's view may be contested.

(d)   **Participative:** This involves the manager in sharing the decision making process with his staff in the fullest sense. He invites staff to put forward their ideals.

It should be recognised that leadership styles are not necessarily classified into water tight compartments. The different styles perhaps fall between two main extremes;

- being only interested in achieving the goal, irrespective of the view and feelings of the staff concerned, or

- being only concerned with being nice and understanding to staff, possibly at the expense of achieving the goals or tasks.

The choice of style of leadership depends on a number of factors, including:

(i)   The goal to be achieved.

(ii)   The nature, personality and background of the leader.

(iii)   The nature, personality and background of the staff or group who must undertake the work to achieve the goal.

(iv)   The environment.

3.3   Theories of Leadership

We shall be looking at two basic theories to explaining leadership viz:

(i)   The trait theory,

(ii)   The situational theory, and

(iii)   The McGregor contribution.

3.3.1 The Trait Theory

Early studies in the field of leadership attempted to split leadership ability into its components by identifying the traits of character and personality that make the leader. If it could be shown that all leaders possessed certain traits in common, then it might be concluded that those traits added up to natural leadership ability.

The exponents of this theory are of the opinion that leadership is inherent and there are certain qualities which are necessary to make a person a leader, and those qualities and characteristics are; honesty, loyalty, ambition, initiative, drive, etc. They believe that these qualities are inborn.

Traits are carried in genes and the persons endowed with leadership traits could only become leaders and lead others in a better way. It then means that leadership is a quality that cannot be acquired and that leaders are born, not made.

The major drawback of this theory is the reality that not all leaders possess all the traits, and many non-leaders may possess most or all them, and hence it was not a successful theory to the question of leadership.

3.3.2 The Situational Theory

The unsuccessful research for universally agreed qualities of leadership led to the Situationist Approach. This school of thought is of the opinion that leadership is purely situational. The circumstances and the situations in which leaders work make them what they are. In other words, leadership is purely a function of the environment or the society around which the leader is working.

Critically, both the traits and situational theories failed to appreciate that leadership is a complete process which neither trait nor situational

theories could cover comprehensively. A harmonising view is provided in the next section.

3.3.3 The McGregor Contribution

McGregor had come out with a conclusion which harmonises both the trait and situational theories. He was of the opinion that leadership is a relationship having the following as its main variables:

(i)   The characteristics of the leader,

(ii)   Attitudes, needs and personal characters of the followers,

(iii)   Characteristics of the organisation, such as its basic purpose, habits, custom, structure and nature of the tasks performed.

(iv)   Social, political and economic conditions.

To McGregor, all the above variables combine to make a leader.

3.4   Qualities for Effective Leadership

For leadership to be effective, the following qualities are a must:

(i)   **Leadership must be full of energy.** This is the power of doing mental and physical work and the stamina to work under a normal condition. Spiritual energy is also necessary.

(ii)   **Emotional Stability:** He should be free from violence, anger, resentment, fear and other negative emotions and reactions.

(iii)   **Knowledge of Human Relations:** He must know his subordinates and the relationship existing between them. This is necessary for him to be able to respond constructively to their behaviors.

(iv)   **Empathy:** He must have the ability to look at things and understand them from others' point of view. He should not take decisions solely at his own level. He must look at things objectively from the subordinate's point of view.

(v)   **Objectivity:** Leaders should be objective in all their doings, words and actions.

(vi)   **Personal Motivation: A** leader must have drive and initiatives. He must have new ideas that he wants to put into

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practice. The leader must always have enthusiasm and be a self-starter.

(vii)   **Communicative Ability:** He should be good in both oral and written communication.

(viii) **Teaching Ability:** He should know many things about the work his followers will do and he should point/show the way out for achieving results.

(ix)   **Social Skill:** This is the ability to work, associate and interact with others. He should be friendly and approachable.

(x)   **Technical Competence:** An effective leader must know his job thoroughly. He should have sufficient knowledge and insights on the work operations under his guidance and supervision. He should be able to plan, coordinate, lead and control.

4.0   CONCLUSION

From our discussion in this unit, it is clear that no matter how good plans are, how skillful the personnel of an organisation are, there is a need for an arrow head - the leader who must influence the personnel to willingly and enthusiastically strive towards the attainment of the organisation's objectives.

5.0   SUMMARY

This unit lets you appreciate the place of leadership as a core function of management. We have examined diverse opinions as to what it is, various types, and theories that have tried to explain what leadership entails.

However, effective leadership entails certain qualities, a number of which been discussed.

6.0   TUTOR-MARKED ASSIGNMENT

1.   Critically examine the trait and situational theories of leadership.
2.   Identify and discuss the qualities of effective leadership.

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UNIT 6   DEALING WITH CONFLICTS

CONTENTS

1.0   INTRODUCTION

The possibility of occurrence of face-offs or disagreements among workers in a work environment cannot be ruled out. Conflict may negatively affects the ability of workers to work together as a team towards the achievement of the set goals of an organisation. However, if well handled, it may result in strengthening cooperation and mutual understanding among workers. It is therefore important for the management of an organisation to be equipped with the necessary skill set for amicable resolution of conflicts that may arise among workers in the in the work environment.

In this unit, we shall be looking at the concept of conflict, the possible causes of conflict in a work environment as well as ways of resolving conflict and restoring trust among conflicting individuals.

2.0   OBJECTIVES

By the end of this unit, you should be able to:

• explain the concept of conflict in a work environment
• identify the common causes of conflict among workers
• explain the steps for resolving conflict among workers.

3.0   MAIN CONTENT

3.1   Conflict in a Work Environment

Conflict is a state of disagreement, misunderstanding or opposition between two individuals or groups of people usually, due to difference in ideas, interests, attitude or thought process. It is a common daily occurrence that takes place when groups of people try to work together in the same wok environment over a given period of time. Conflict can have either constructive or destructive effect on the process of

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achievement of the goals of an organization, depending on the way it is being handled. If it is allowed to linger, it may increase work stress, hostility, sleep or relationship disorders and also reduce overall job performance of an individual worker or group of workers.

3.2   Causes of Conflict Among Workers

There are several factors that have been identified to cause conflict among workers in a work environment. These are:

3.2.1   Scarcity of resources

Unavailability of adequate work-related resources which may include equipment, disposables or even work space is likely to trigger competition and a struggle to gain control of such limited resources by one worker before another. If such situation is not well handled with effective communication and good understanding, it may result in conflict between individual or group of workers.

3.2.2   Increased work demand

An increase in a health worker's work load may also increase the stress level of such individual. It may also trigger a sense of impatience and resentment if such an individual perceives that he/she is being treated unfairly compared to other workers.

3.2.3   Competition between workers

Unhealthy rivalry among workers may occur due to several factors such as: poor work attitude, scarcity of resources, favouritism, etc.

3.2.4   Differences in cultural beliefs

Cultural differences may result in communication challenge among workers; this may also result in conflict in the work place.

3.2.5: Multiple job roles

Assignment of multiple work roles to an individual may create an atmosphere of confusion and disagreement among workers.

3.3   Steps for Resolving Conflict

The following steps can be taken to resolve a conflict situation in a work place so as to arrive at a constructive outcome:

j.   Identification of the cause of conflict

The first step towards resolving conflict among workers is to find out the root cause of the disagreement. This may involve digging beyond emotional resistance of the individuals involved in the conflict.

ii.   Development of possible solutions

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upon identification of the cause of the conflict, members of the management should generate possible solutions towards resolving the conflict. The individuals involved in the conflict should also be carried along in the process of proffering solutions to the problem.

iii.   Implementation of the best solution

The best of the suggested solutions should be selected and implemented.

iv.   Evaluation of the situation

After the best solution has been implemented, the situation should be evaluated to see whether it has been solved or not. This may involve taking feedbacks from the concerned individuals and also from other workers.

v.   Repeat the process

If the conflict is not resolved by the first attempt of proffered solutions, the process should be repeated with greater attention until it is eventually resolved.

SELF ASSESSMENT EXERCISE

Explain the concept of conflict in relation to a work environment

4.0   CONCLUSION

In this unit, you have been exposed to the concept of conflict as it relates to a work environment, the possible causes of conflict among workers as well as the steps that can be taken to resolve a conflict situation in the workplace.

5.0   SUMMARY

Conflict is a common occurrence in every workplace. It may result from various factors such as competition, increased workload and limited resources etc. If conflict is well handled, it will yield a constructive outcome. Conversely, if poorly handled, it may reduce staff performance and oppose the achievement of organizational goals.

6.0   TUTOR-MARKED ASSIGNMENT

1.   **Outline the causes of conflict in a work environment**
2.   **What are the steps that can be taken to resolve conflict in a work environment.**

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UNIT 7   THE DRUG REVOLVING FUND (DRF)

CONTENTS

1.0   INTRODUCTION

One of the major challenges in health care delivery in developing nations like Nigeria is high cost of drugs and its unavailability. Apart from this, there is the uneven distribution of these drugs between the urban and rural areas of the country.

The situation above has thus created a scenario in which the health care delivery at all levels is poor. It is in recognition and determination to find a lasting solution to these challenges that the Alma Atta resolution was passed by the World Health Organisation (WHO) in 1978. It was at this session that the august body resolved that all member nations should endeavour to make essential drugs accessible at all levels of their health care delivery service. It was to implement this resolution that the concept of drug revolving fund evolved.

In this unit, we shall be looking at the concept of this fund. The meaning and modus-operandi will be examined with a view to providing a theoretical knowledge of the workings of the fund.

2.0   OBJECTIVES

By the end of this unit, you should be able to:

*   explain the meaning of the drug revolving fund concept
*   state the conditions for its realisation
*   list the benefits of the concept.

3.0   MAIN CONTENT

3.1   The Drug Revolving Fund Concept

The Drug Revolving Fund concept is essentially a component of the Essential Drug Programme (EDP). It had long been approved by the World Health Organisation (WHO) Assembly at Alma Atta in 1978. The main resolution at the assembly was that all member nations should endeavour to make essential drugs available/accessible at all levels of the health care delivery service. The first model list of drugs was produced in 1977 by the World Health Organisation (WHO).

Essential drugs are defined as those drugs that satisfy the health care needs of the majority of the population. It was an attempt to implement the essential drug programme that the drug revolving fund scheme emanated.

3.2   The Drug Revolving Fund Concept in Nigeria

Drug sales programme in which consumer/patient contribution covers the cost of drugs received are frequently conceptualised as "revolving funds". Start-up money in form of capital is provided to purchase an initial supply which is then sold. The cycle can be repeated indefinitely without further financier's contribution/allocations as long as the funds recovered from sales are sufficient to purchase replacement stock.
The concept entails that after an initial capital investment, drugs supplies are replenished with monies collected from the sale of drugs.

3.3   The Funding of the Fund in Nigeria

The federal government of Nigeria is a signatory to the Alma Atta protocol. In realisation that the quality of health care system the government could provide is closely linked with availability of drugs, and discovering that the initial capital outlay to entrench the policy is beyond governments at all levels, the federal government approached the World Bank to provide loanable funds for the states as well as the Federal Ministry of Health's (FMoH) scheme.

The Federal Government of Nigeria, the states and the local governments are partners in this venture and are therefore expected to make counterpart funding available. This counterpart contribution is to enable the project to set in place such things that are part of the conditions precedent to loan effectiveness and loan drawn-down, and to make available seed stock to states and local governments to update the medical stores and those of health institutions in readiness for receiving the drugs.

3.4   The Objectives of the Fund

There are two main objectives of the fund:

(i)   To ensure that the public has access to a sustainable supply of safe, effective and affordable drugs and

(ii)   To establish cost recovery mechanism at all levels of health care system that could guarantee that the fund so recovered are retained in order to, on continuous basis, guarantee the replenishment of depleted stock.

3.5   Conditions for the Realisation of the Second Objective

For a full realisation of the objective of a cost recovery system (whose aspiration is to put back into the system for the purpose of sustaining the scheme) funds generated, there must be firm policy decisions on the following from the onset viz:

(i)   Amount to be invested

(ii)   Percentage of cost to be recovered

(iii)   Availability of exemption

(iv)   Price determination

(v)   Operational policies

(vi)   Accounting/control mechanism

(vii)   Monitoring/reporting to facilitate feedback

3.5.1 Amount to be invested

What is required here is the "working capital", a sum for initial stocking. It should take into account of the following:

(i)   **Potential market:** e.g. Number of clinics/population to be served.

(ii)   **Drugs cost** i.e. basic drugs cost plus related requisition cost such as freight, insurance, duties, port charges and etc.

(iii)   **Operating cost:** salaries, distribution cost, allowances for expiration, pilferage, breakages, spoilage and etc.

(iv) **Lead time analysis:** i.e. the interval between the decision to order stock and medical stores indication that the stock is available for distribution.

(v) **Drug supply** "pipeline" i.e., the time it takes for drug to flow to facilities and the flow of funds back to the central procurement unit. Without the return of funds, new procurement cannot be made, supply then becomes erratic, and the system soon fails.

3.5.2 Percentage (%) of cost to be recovered

Unlike a commercial pharmaceutical distributor who must recover all his expenses and make some profit, a publicly sponsored DRF can be designed with the objective of recovering any of the following combination of costs:

(i)   All costs including repayment of the capital invested.

(ii)   Drug and operating costs only.

(iii)   Drug costs only, while public service, and contribute to pay operating expenses.

(iv)   Partial drug costs.

3.5.3 Will there be exemption?

If the scheme is to be run on commercial basis, there should be no room for exception. Since an element of social service must be reflected in all that government does, however, where exception orders are made, there should be some budgetary allocation to cover cost of such exempted patients. An advance deposit must be made for settling exempted patient's drug bills.

3.5.4 Price determination

A standard selling price must be established for each drug. The price should cover replacement cost of the drug, plus other expenses of getting it to warehouse and distribution/sale centres. For government institutions however, the drug price should not be higher than those obtainable in the open market and/or elsewhere. In fixing the price, the following must be taken into consideration:

(i)   Cost to be recovered
(ii)   Effective procurement policies
(iii)   Dynamics of pricing

There are, however, two types of pricing that may be chosen from:

☐   Cost plus certain percentage (%)

- Percentage (%) below market price

3.5.5 Operational policies

The operation of DFR must be self-sufficient, demand-led trading accounts, using the principle of "Cash and Carry" for sales and retaining all proceeds from drug sales fully separated from government finances.

3.5.6 Accounting/Control mechanism

DRF scheme should be self-accounting and its fund should not to be mixed up with any other. It has to maintain therefore, separate accounting records that are capable of providing fast, the cost, revenue and consumption data necessary for management decisions.

Stock–Keeping and cash responsibility must be separated. Double-entry system of accounting is considered most ideal for the financial record of the scheme.

3.5.7 Monitoring and reporting

The establishment of drug revolving fund puts a greater demand on accounting and stores staff to maintain accurate and comprehensive records of both the drug inventory and monetary transactions. There is also the need to from time to time, check performance or output against set goals and ensure that required actions proceed as planned. This is necessary as a prelude to taking timely and appropriate measure to correct deviations and/or defaults.

3.6 Benefits of the Concept

Revolving funds are attractive because the concept:

- is theoretically self-financing, once start-up cost have been provided.
- has particular appeal to foreign-aid donors because of the ease of maintenance once commenced.
- offers the guarantee of regular supplies of high quality drugs to the populace.
- drugs are cheaper.
- encourages transparency and accountability in drug management.

SELF ASSESSMENT EXERCISE

Outline the benefits of the Drug Revolving Fund and suggest ways of sustaining the programme in Nigeria.

4.0   CONCLUSION

In this unit, you have been exposed to the Drug Revolving Fund concept with a view to understanding its basics. The drug revolving fund concept is a novel idea to provide drugs and medical supplies to the generality of the populace, through cost recovery mechanism. For the cost recovery objective to be sustained however, certain decisions must be considered. Though this scheme is a lofty one, the practical application may be fraught with problems, if adequate monitoring and reporting system is not put in place.

5.0   SUMMARY

The Drug Revolving Fund concept has been discussed. Effort has been made to trace the history of the fund in Nigeria. We have discussed the meaning, funding, and the modus-operandi of the scheme. Conditions that will make for the cost recovery objective of the scheme have also been highlighted as well as the benefits of the scheme.

6.0   TUTOR-MARKED ASSIGNMENT

3.   What do you understand by the Drug Revolving Fund concept?
4.   What are the firm decisions to be taken for the realisation of thecost recovery objective of the scheme?
5.   What are the benefits of the concept?

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