

Review Article

Quality of health care in Nigeria: a myth or a reality

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ABSTRACT

The delivery of high quality health care is crucial to achieving enhanced health benefits, patient safety and a positive patient experience of health care. This article provides insight on the quality of the health care delivery in Nigeria and aim to uncover if quality health care in Nigeria is a reality or a myth. Relevant information was abstracted from included articles and used to provide both descriptive and analytical discourse on the subject. Discussions and reflections were carried out along an established quality framework of treatment effectiveness, acceptability, efficiency, the appropriateness of the means of delivery as well as equity. The slow pace of development of quality systems in health service delivery in Nigeria is evidenced by the poor quality of health services as well as the poor health status of the population. The pace of developing quality systems in health care delivery in Nigeria is unsatisfactory. There is a need to galvanise the efforts of relevant stakeholders including the patient in charting a new agenda for health care quality improvement in Nigeria.

Keywords: Challenges, Components of quality health care, Health care delivery in Nigeria, Quality of health care

INTRODUCTION

There is not yet a consensus on the definition of quality of care but there is a convergence of views that the definition of quality of care should include care attributes such as treatment effectiveness, acceptability, efficiency, the appropriateness of health interventions as well as equity.¹

Health is a multi-dimensional construct with diverse aspects as well as multiple determinants. Among factors that could influence the health outcome is the adequacy of health services which in many settings are designed to be available, affordable, accessible, appropriate as well as being equitably distributed. These services could be delivered from multi-tier system and from privately or publicly owned health facilities. For either public or private health facilities, there continues to be the concern of whether health services are delivered in a way that

guarantees optimal clients and other stakeholders' satisfaction with services provided.^{2,3}

A number of researches on the quality of health delivery have been undertaken over the years. Stakeholders have shown interest in ascertaining if the care provided to patients is appropriate and safe for the patient. This is based on the consideration that quality care should meet internationally best practices for the beneficiaries of the health care services.⁴

A critical goal of health care delivery in both developing and developed countries is the achievement of sustainable high quality of care at reasonable cost. This is premised on the assumption that quality can be measured, monitored and improved. The demand for high quality and affordable health care is spurred-up from the ever-evolving demographic, epidemiology and political systems in the world as well as greater complexities in

the pattern of diseases and the preferences of the health consumers. The satisfaction of the patient after a health care delivery encounter is now accepted as an indicator of quality health care delivery and this can act as a guide to the level of patient-centred health care that is provided by the health care facilities. Indeed, the relationship between the quality of health care services and satisfaction of the patients/clients with the services provided had been established in previous studies.^{4,5} Beside the burgeoning influence of consumerism in healthcare, other drivers of quality in health care include the knowledge and competence of health care providers; patient cooperation; health insurance; leadership and management styles in health facilities; collaboration; available referral system; job satisfaction of the health care providers etc.^{6,7}

This article aims to review available evidence on the quality of health care in Nigeria and to deduce if quality health care in Nigeria is a reality or still a myth. The review objectives were to describe quality health care, the indicators of quality health care as well as the level of quality health care along various indicators in Nigeria in terms of the various indicators of quality health care.

This review would answer the following research questions: what is quality health care? What are the indicators of quality health care? To what extent is quality health care in terms of treatment effectiveness, acceptability of the health care services, efficiency, the appropriateness of health care delivery and equity; available in Nigeria?

REVIEW OF LITERATURE

Literature search strategy

As a guide to literature search, the research questions of this study were first determined which included: what quality health care was all about; are there specific ways of achieving quality health care? Is quality health care being achieved in Nigeria or is its achievement, a myth?

Inclusion criteria

Studies included in this review were related to the quality of health care delivery generally and in the Nigerian context; the key quality criteria were treatment effectiveness, acceptability, efficiency, appropriateness and equity.

This article reviewed 85 relevant literatures which included retrospective studies, observational studies and reviews.

Quality health care

Awareness of the concept of quality of health services is on the increase in recent years on the part of the public and consequently on the Government, providers of health care and other emerging stakeholders. The need for

improved health care quality and increased efficiency in health care is driven by the incorporation of both product and process innovations into the health care delivery system. It has been reported that despite having a good number of innovations in the health care industry which are evidence-based, the problem of adequate dissemination of such innovations remains a problem. Quality of health care includes the following aspects of care: acceptability/patient centredness, the appropriateness of health care delivery, treatment effectiveness, efficiency of care as well as equitable distribution of the health care services.^{1,7,8}

Acceptability/patient centredness in the delivery of health services

Acceptability of health services can be described as provision of health services in a way or manner that conforms to the pre-conceived wishes and expectations of patients and their family members. When pre-conceived expectations are met by the health care provider, the patients and family members see the services as acceptable. The reverse is the case if these expectations are not met and a patient or the family members term the health services as unacceptable. Such negative experiences directly affect future utilization of the health services. Other factors known to affect the acceptability of health services include lack of trust and respect between the care provider and the patient (user of health service), poor inter-cultural relations etc.⁹⁻¹²

Part of the solution would require the health care provider to as much as possible provide patient-centred health care which gives the patient the power to make choices as to what health services to utilize as well as which health facility to utilize these services. The importance of the patient should be a key consideration in an optimal functioning health system. This is needful because of potential discordance between the expectations of the patient or family members and that of the health care providers. However, with patient-centred care, the health care provider is rest assured that the best possible health care which brings about improved health outcomes is rendered thus resulting in optimal acceptability of care by the patient; which in turn brews optimal satisfaction and perceived quality of care. This optimal satisfaction with health services as a result of patient-centred care will also improve the satisfaction of the care provider and their ability to continue to practice patient-centred care.¹³⁻¹⁵

In the Nigerian context, there are reports of poor acceptability of health care services as a result of poor access to care due to infrastructural and personnel deficiencies; physical and emotional discomforts etc; have been made. This in turn has affected the level of utilization of Nigerian health services by the populace as evidenced by the increased patronage of trado-medical practitioners. This shows the need for better patient-centred health care initiatives in health planning, policy-making for health as well as the delivery of health care

programmes and services to the populace through the provision of necessary material and human resource for health, investment in health infrastructure and reinforced actions to ensure that health care providers adhere to ensuring respect for the patient, patient safety and ensuring justice in the process of delivering health care services.¹⁵⁻¹⁷

The appropriateness of health care

Appropriate health care has been described as the “right care, provided by the right providers, to the right patient, in the right place, at the right time, resulting in optimal quality care”. Everyone must be given access to effective care which may or may not be utilized. This care must be provided by the right professional who has been trained to deliver such health care to the right patient as this will provide opportunity for proper patient education where needed. This care should also be provided efficiently at the right centres or venues which assure the safety of the patient and should be provided at the right time without delays.^{18,19}

Health care is described as appropriate when the expected health benefits exceeds the expected adverse effects by a sufficiently wide or safe margin that justifies the care being provided while excluding monetary considerations. Appropriateness in healthcare can be of 2 types. The first include appropriateness of a service which is expected to do more good than harm for a patient having a given indication and secondly, appropriateness of the setting in which care is provided which is related to the cost effectiveness of the care being provided. Example of the latter is that for reasons of poverty, certain individuals choose rather to opt for the wrong care, provided by the wrong providers, at the wrong place and usually at the wrong time, thus resulting in poor quality, unsafe care and higher risk of morbidities and mortalities.¹⁸⁻²⁰

In the Nigerian context, although the right care is often made available by the right providers at the right place and at the right time by those who can afford such services. However, the high prevalence of the practice of out-of-pocket payments for health coupled with low government investment in the health financing system of Nigeria, disproportionate distribution of health care funds, regional inequity in health care expenditure and a high level of poverty are making the right care not to get to the right patient at the right time.^{10,19,20} This is so because the patient chooses to opt for alternative medicine choices which oftentimes worsens their health status.²¹ By the time such individuals are redirected or advised to seek professional medical care (to seek care at the right place), a number of complications may have set in which could result in permanent disabilities or death even under appropriate care. Efforts should thus be targeted at strengthening the health care financing system in Nigeria and pursuing universal coverage under the National Health Insurance Scheme (NHIS). If this is done, individual who currently lack the ability to pay for

a health care service who still be able to receive appropriate care from the system and equity as well as quality would be enhanced.^{22,23}

Equitable distribution of health care services

This has been described as the provision of health care in such a way that its quality does not vary based on personal characteristics which include geographic location, ethnic background, gender and socio-economic status. “Equity in health care requires that patients who are alike in relevant respects be treated in like fashion and that, patients who are unlike in relevant respects be treated in appropriately unlike fashion”.^{24,25}

Equity in the delivery of health care was one of the goals of primary health care (PHC). The 2008 world health report on primary health care describes primary health care as a population strategy geared at developing a population-oriented set of primary health care services in the context of other levels and types of services. Major parts of the Primary Health Care policy include efforts to ensure equitable distribution of health care services across the entire population to meet their respective health needs, provision of comprehensive health care services, ensuring low or no co-payments for services provided through primary health care, entrenching a progressive financing model for the local health system which ensures that even though an individual lacks the ability to pay for a health care service which he/she is able to access, the health care service should not be denied to such an individual. This financing model should be adequately regulated to ensure transparency and sustainability. Equitable health care delivery and availability of health care providers have been shown to improve access to essential health services, provision of quality health care and thus improve the health status of a populace. When health care however becomes inequitable, the reverse has also shown to be the case.^{26,27}

In the Nigerian context, inequalities in the distribution of health care services, programs, resources as well as personnel have persistently remained the case. There are clear indications of disproportionate allocation of health care resources. The resulting under- or over-utilizations is best represented when a comparison is made between the availability of these services in rural areas compared to urban areas which should not be the case if equity is to be maintained. It is suggested that all rural communities should have local access to primary care, emergency health and public health services rather than having to transport themselves all the way to urban areas to access such. Certain times, these disparities surface as a result of absence of community participation during the planning and implementation of health care initiatives and interventions. The consequent effects of these disparities can be best imagined including the inability to meet up with the Sustainable Development Goals (SDGs) initiatives and programs. All these are however preventable issues as far as evidence-based planning and

proper organisation of community health services are taken seriously.²⁷⁻²⁹

Treatment effectiveness

This has been described as providing health care services which are based on scientific knowledge to the public rather than providing services which are less likely to benefit from the services. Treatment effectiveness involves avoiding under-usage or over-usage of health care services relative to the needs of the care recipients. This brings to play the issue of equitable distribution of health care services. It has been documented that majority of individuals who are down with illness, especially the financially disadvantaged individuals; do not have access to timely effective treatment.^{7,24}

Factors including poor perception of quality by individuals, groups or communities, poor perceptions of causes of an illness in which illnesses are usually related to supernatural causes, poor perception of drug effectiveness and issues of trust in health care providers.^{7,30} These are also some of the predisposing factors in utilization of health care services. Poverty as well as the unavailability of other enabling factors that could increase the actual utilization of health care services has also been identified as pertinent issues.^{31,32} Also, the availability and accessibility of quality health care services to the communities that actually need them is a factor that results in low treatment effectiveness.

Solutions to the problem of poor or no access to health care services can be addressed by rooting out physical and economic barriers by providing these services locally by having good primary health care provision, application of home-visitation as a client-engagement approach, improving access to private health insurance. Issues of cultural competence and acceptability can be addressed by the use of indigenous health care professionals, building clinical relationships which are based on trust and respect for one another, putting the interest of the patient first, applying the proper communication styles as well as community participation. These help in facilitating accessible, effective health care for culturally-diverse populations.³²⁻³⁴

In the Nigerian context, these factors affecting treatment effectiveness including poor or delayed access to quality care, poverty, poor perceptions regarding quality care, unavailable enabling factors, unavailability of medicines and quality care, shortage of health personnel as well as non-functional health policies have also been reported.³⁰⁻³² The solution to this is however to continue health education initiatives and awareness creation so as to deal with wrong perceptions of care. The gap of inequitable distribution of opportunities, services, benefits, employment, empowerment etc.; should also be closed further in the Nigerian state. More commitment to health care on the side of the Nigerian government is also advocated. There should be a balanced application of the

inputs of public health professionals at all levels of governance both within and outside the health facilities to ensure that areas requiring health care interventions receive them adequately and thus ensuring fairness and equitable distribution of health care services.^{14,31,33}

Efficiency of care

Efficiency of care in the health care system has been described as the generation of maximal output in terms of life expectancy, reduced mortality etc; for a given level of input (which could be amount spent on health care, physical inputs etc). It is also described as “the allocation of available resource inputs in a way that provides the best outcomes for the community”.⁷

Studies had revealed a number of inefficiencies and wasteful use of resources in health systems around the globe. These inefficiencies include suboptimal implementation and use of private and public funding for health, wasteful and unnecessary use of specialist health facilities and hospital care, a mismatch and thus under-utilization of staff skills, wasteful and inappropriate application of manpower and infrastructural resources, inadequate primary health care services relative to available secondary and tertiary health care services, poor governance of health systems, inefficient collection of data from available records, insufficient use of modern technology trends in the collection of health data needed to foster decision making and health planning amongst others. It is not far-fetched that when these inefficiencies are tackled squarely, there would be a drastic improvement of health systems and thus improvements in the quality of life as well as average life expectancy of the populace of a country.^{34,35} For better resource allocation and improved efficiency however, continuous evaluation (clinical audit) must become an important activity for health care planners and policymakers and service providers. The provision of equitable health care services has also been linked to improved efficiency as this creates a balance in the unbalanced proportions of primary, secondary and tertiary health care services available to a populace.³⁶

In the Nigerian context, certain inefficiencies have also been identified. Ranging from non-adoption of modern information technology methods in health care, poor maintenance cultures, inadequate primary health care services relative to available secondary and tertiary health care services, poor governance of health systems, to under-utilization of health personnel skills, poor staff motivation and unhealthy rivalry between various categories of health workers; it is evident that the efficiency of health care delivery within the Nigerian health system is grossly inadequate.^{23,37} For improved efficiency, taking a cue from similar health systems around the globe; the need to adopt modern information technology trends is highly advocated, the use health administrators knowledgeable in the practice of medicine would also be beneficial to improve managerial and

governance of Nigerian health facilities. This is because organizations having weak governance structures usually have difficulty in improving efficiency or quality of health service(s) delivery. The skills of health personnel should be adequately harnessed through sufficient capacity building as well as staff motivation to ensure optimal health care delivery.^{12,33,37,38}

DISCUSSION

Quality health care in Nigeria: a reality or a myth?

The continuous desire for high quality health care from health service recipients; combined with the system's push for effective and efficient resource application, has mounted much pressure on health care professionals, practitioners and organizations to ensure that their delivery of health services and clinical practice in general are based on sound evidence-base. This would also result in health outputs measured in terms of increased life expectancies and quality of life.^{39,40}

Quality of care should never be a myth for any populace but should indeed be a reality made possible by the enabling efforts of all stakeholders responsible for such. The populace should also accept current practices and drop old norms that re-enforces beliefs and attitudes that are laden with errors and result in high morbidity and mortality rates. Health care is often considered a merit good, being seen as a commodity that an individual or society should have based on need, rather than on the ability or the willingness to pay. In this sense, equitable access to health care without excessive burden on people becomes an ethical obligation of society. Despite being a necessary human right and social good, it is reported that the achievability of health care is still far below required standards in most developing nations.⁴¹⁻⁴³

The pace of development of quality health care services in Nigeria as earlier highlighted in this review remains quite unsatisfactory. Nigeria, a highly populous nation has a world health system ranking of 187 of 200 countries; still has weak or non-existent health care standards and accreditation systems, poor quality health care services, inequitably-distribution and insufficient health care service delivery. Despite the investments into primary, secondary and tertiary health care, coverage for basic health care services is especially for the rural populace of the country is yet to be attained. These provide stronger imperative to validate and fast-track implementation of national health plans and on-going health reforms.^{44,45}

In considering the issue of health reforms, it is pertinent to know the contribution of poor quality of health care to this conundrum despite national and international inputs into the Nigerian health system. This review reveal some of the factors responsible for poor quality of health care in Nigeria to include: declining government expenditure on health despite increasing health care needs, non-

availability, non-functional or insufficient basic medical equipment, inadequate health facilities, lack of basic drugs as well as unavailability of prescribed drugs, long waiting time at the health facilities.^{7,46,47} Others include unfriendly, rude and poor attitudes of health care personnel towards patients, cost of health care services coupled with a high margin of out-of-pocket payment for health services over health insurance.^{23,46} High cost of full implementation of a hospital information system, inadequate power supply and poor infrastructural development, corruption at all levels of governance, unavailability or outright absenteeism of health care providers, incessant strike action by health personnel as well as non-compliance with required existing standards were more factors discovered to be responsible for poor quality health care in Nigeria.^{47,48}

Implications of the review

There is an apparent need for concerted efforts to be made in the improvement of the quality of health care delivered to the Nigerian populace. Identified push-factors to achieving and sustaining high quality care in Nigeria should be comprehensively examined with a view to providing urgent interventions. No doubts, this will require inputs not just from the government at all levels but also from health care administrators, providers (private and public) as well as the recipients of health care. This review has shown the need for re-orientation of the populace to bring about needed changes in their health and illness behaviours. Further implications are the need for re-orientation of health care providers to provide patient-centred care which considers respect for the patient, safe care, justice and equity in health services delivery as uncompromising tenets.⁴⁹ Complete implementation, monitoring and evaluation of existing health policies in Nigeria to ensure that the purpose for these policies is fully achieved in the Nigerian health system. There also needs for deeper commitment on the part of the different tiers of government in Nigeria to diligently provide vital health care infrastructure and resources (human, financial, equipment, commodities etc.) required to strengthen the Nigerian health system.

CONCLUSION

This review has provided a Nigerian picture of the level of quality of health care services provision with respect to respective indicators of quality care. It has shown that there is a void that needs to be filled by all relevant stakeholders in the Nigerian health care system if provision of quality health care is to be attained to its fullest capacity. The 'Great Fix' is of absolute importance at this stage of development of the Nigerian State so that in reality, Nigerians can say that they indeed abide in a state of complete physical, mental and social wellbeing while remaining economically productive and viable. Finally, such moves will lead to the evolution of a sustainable and resilient health system in Nigeria.

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