

Assessment of the Factors and Constraints Influencing Healthcare Services in Primary Healthcare (PHC) Centers in Abia State, Nigeria.

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ABSTRACT

The quality and accessibility of healthcare services in Primary Healthcare (PHC) centers are critical to the overall health outcomes of any region. This study assessed the factors affecting PHC services in Abia State, Nigeria. The study employed a descriptive cross-sectional survey designs to achieve the objectives. A semi-structured questionnaire which was self-administered was used to collect information from 486 healthcare providers in the selected PHCs across the zones. Data were cleaned, coded, and entered into SPSS version 26 and categorical variables were summarized using frequencies and proportions. From the study findings, some factors such as attitude of staff to patients and community participation that influenced healthcare services in the PHCs of the zones were significant, $p < 0.05$. PHC workers had constraints such as poor referral systems and constant conflicts with colleagues while providing services to individuals, $p < 0.05$. Poor staffing and remuneration for PHC workers were sources of their dissatisfaction with their services, $p < 0.05$. The study highlights the urgent need for policy reforms and increased investment in the PHC sector to address these challenges. Recommendations include enhancing funding mechanisms, implementing targeted recruitment and retention strategies for healthcare professionals, upgrading facilities, and ensuring regular training and capacity building. Addressing these factors is essential to improving the efficiency and effectiveness of healthcare services in Abia State's PHC centers, thereby contributing to better health outcomes for the population.

Keywords: Abia State, Factors and constraints, Healthcare services, Primary healthcare.

INTRODUCTION

One of the major challenges of the health sector in Nigeria is the weakness of the country's primary health care system in meeting the minimum standards for effective health service delivery (Quartz, 2018). As a result, primary healthcare service deliveries appear extremely poor. Studies showed that Nigeria's primary healthcare system remains top of the worst-performing health systems globally (Ananaba, 2018). This is because of the low coverage of the promotive, and preventive interventions in most primary healthcare centers due to the lack of adequate resources, including infrastructures and manpower. From the findings of the index of universal health service coverage, the average coverage of tracer interventions for essential universal health in Nigeria is a dismal 39% (Hafez, 2018). As a result, PHC (Primary Health Care) services in Nigeria have been termed as underperforming in the reduction of some key health problems. For an instance, the maternal mortality rate is 512 per 100,000, the under-five mortality rate (U5MR) is 132 per 1000 births, the neonatal mortality rate is 39 per 1000 and the proportion of births attended by skilled health

personnel is 58.6% (NDHS, 2018). The above indices are the results of a dysfunctional health system and poor PHC service delivery. The fact that Nigeria's primary health care system doesn't meet the minimum standards for effective health service delivery (Quartz, 2018) is one of the biggest problems in the country's health sector. As a result, primary healthcare service delivery appears to be atrocious. The index of universal health service coverage, the average coverage of tracer interventions for essential universal health in Nigeria is a dismal 39% (Hafez, 2018; NDHS, 2018).

According to Gyuse *et al.* (2018), the types and nature of healthcare services provided by most PHCs affect the rate of utilization of the services. Realizing that the goal of PHCs is to provide acceptable, accessible, and affordable health care services to individuals in their communities, the researchers suggested that PHCs should maintain the recommended service standards that will justify the efficiency and effectiveness of the services provided by the local PHCs in Nigeria. However, the extents to which the minimum standards for the effective and efficient provision of healthcare services to clients in primary healthcare centers are followed are not clear and not thoroughly studied yet. This is why it is necessary to assess the extent to which healthcare services provided in PHCs are utilized to achieve optimum health care and a reduction in mortality rates of preventable diseases in society. In Nigeria, inadequate financing often mars healthcare service delivery and management, resulting in lower levels of coverage and quality services (Abdulraheem *et al.*, 2012). As a result, many writers have criticized the effectiveness of Nigeria's health system for years. For example, studies conducted by Christian Aid in some selected states in Nigeria in 2015 found that some PHCs provide less than 20% of health care services to potential clients because some facilities are either in states of disrepair, absent, or obsolete (Ekenna *et al.*, 2020). The present study investigated the constraints of PHC workers have in providing healthcare services in the communities and the factors influencing healthcare services in PHCs in Abia State, Nigeria.

METHODOLOGY

The study was conducted in the PHCs in the Abia State of Nigeria. Abia State is one of the thirty-six (36) states located in the southeast part of Nigeria. The capital is Umuahia. Abia state has a total land area of 4,900 Km² (Wikipedia, 2021). Abia State has three (3) senatorial zones, namely, Abia South, Abia Central, and Abia North, with seventeen (17) local government areas (LGAs) scattered across the senatorial zones. However, within the 17 LGAs, there are 571 PHCs in these zones. Specifically, the Abia South senatorial zone comprises the Aba North local government area (9 PHCs), the Aba South local government area (32 PHCs), the Obingwa local government area (35 PHCs), the Osisioma local government area (25 PHCs), the Ugwunagbo local government area (19 PHCs), the Ukwu East local government area (22 PHCs), and the Ukwu West local government area (30 PHCs). Abia Central comprises the entire geographical areas of Ikwo Local Government Area (36 PHCs), Isiala-Ngwa North Local Government Area (37 PHCs), Isiala Ngwa South Local Government Area (37 PHCs), Umuahia North Local Government Area (39 PHCs), and Umuahia South Local Government Area (33 PHCs), with a total of 182 PHCs within these LGAs. While Abia North comprises the entire geographical areas of Arochuku Local Government Area (69 PHCs), Bende Local Government Area (29 PHCs), Isuikwuato Local Government Area (41 PHCs), Ohafia Local Government Area (37 PHCs), and Umu-Nneochi Local Government Area (31 PHCs), with a total of 217 PHCs within its LGAs (Nigeria Health Facility Registry, HFR, 2021).

A cross-sectional descriptive survey study was used to assess the factors that affect the functionality of healthcare services in PHCs as well as examine the constraints healthcare workers have in providing services to clients. The population for the study consists of all the PHC centers and their healthcare workers in Abia State. Only public primary health care centers were selected for the study. The study excluded health posts, clinics, and private primary health care centers as there may be challenges in implementing government standards and guidelines in the private sector. The sample for the study is made up of 486 healthcare workers, comprising a total of six healthcare workers in each of the selected PHCs. The

techniques for selecting the sample were simple random sampling procedure and quota. From the 3 senatorial zones studied, simple random sampling by balloting was used to select 3 LGAs in each of the zones. A semi-structured questionnaire was used to obtain information the 486 healthcare workers on the conditions of healthcare services in their respective PHCs.

The research instrument was subjected to face, content, criterion, and construct-related validity to determine whether the instrument will collect the required information. Thereafter, clarity and appropriateness of the questions to elicit accurate information that enabled the researcher to address the research questions were done to ascertain the reliability of the instrument. Twenty sets of the questionnaire were self-administered to the 20 healthcare workers. The questionnaire was analyzed, and all ambiguities noticed in the questions were fine-tuned for clarity. Thereafter, the fine-tuned questions were also self-administered to another 20 healthcare workers not part of the study group. The data collected were compared with the initial one to see the consistency in the responses. The two scores obtained were used to compute the correlation co-efficient which gave the estimate of the reliability of the instrument. The questionnaire for the healthcare workers was self-administered. The semi-structured questionnaire completed by the healthcare workers, collected information on demographic characteristics, motivating factors to healthcare workers, and others. Quantitative data collected was analyzed with the aid of the Statistical Package for Social Sciences (SPSS) version 26. Relevant descriptive statistics were used. The frequency distributions of all relevant variables were represented in tables and charts. Mean and standard deviation were calculated, and the test of significance was carried out using the appropriate statistical test with statistical significance set at a p-value of less than 0.05.

RESULTS AND DISCUSSIONS

Table 1: Factors that influence healthcare workers services in the PHCs by zones.

Variables		Proportion	PHCs zone 1	PHCs zone 2	PHCs zone 3	Total	Asymptotic significance	
Irregular and unpaid salaries	Agree	Frequency	152 (98.1%)	147 (90.7%)	145 (96.0%)	444 (94.8%)	0.005	
		Percentage	34.2%	33.1%	32.7%	100.0%		
	Disagree	Frequency	3 (1.9%)	15 (9.3%)	6 (4.0%)	24(5.2%)		
		Percentage	12.5%	62.5%	25.0%	100.0%		
Total		Frequency	155(100.0%)	162 (100.0%)	151(100.0%)	468(100.0%)		
		Percentage	33.1%	34.6%	32.3%	100.0%		
Poor funding of the PHC	Agree	Frequency	141 (91.0%)	138 (87.4%)	130 (87.2%)	407(88.5%)		0.003
		Percentage	34.6%	33.9%	31.5%	100.0%		
	Disagree	Frequency	14 (9.0%)	20 (12.6%)	19 (12.8%)	55 (11.5%)		
		Percentage	25.5%	36.4%	34.1%	100.0%		
Total		Frequency	155(100.0%)	158(100.0%)	149(100.0%)	462(100.0%)		
		Percentage	33.5%	34.2%	32.3%	100.0%		
Lack of basic amenities	Agree	Frequency	152 (98.0%)	147 (96.0%)	145 (96.0%)	444 (94.9%)	0.000	
		Percentage	38.7%	31.2%	30.1%	100.0%		
	Disagree	Frequency	3 (1.9%)	15 (9.3%)	6 (4.00%)	24 (5.2%)		
		Percentage	12.5%	62.5%	25.0%	100.0%		
Total		Frequency	155(100.0%)	158(100.0%)	149(100.0%)	462(100.0%)		

	Percentage	33.5%	34.2%	32.3%	100.0%	
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Findings on Table 1 shows factors that majority of the healthcare workers 444 (94.9%) agreed that both irregular and unpaid salaries as well as lack of basic amenities negatively influence healthcare workers' services output, $p < 0.05$.

Table 2: Factors that negatively affect PHCs services by zones.

Variables		Proportion	PHCs zone 1	PHCs zone 2	PHCs zone 3	Total	Asymptotic significance	
Poor maintenance of infrastructure	Agree	Frequency	131 (84.5%)	144 (88.8%)	139 (47.0%)	414 (88.5%)	0.002	
		Percentage	31.6%	34.8%	33.6%	100.0%		
	Disagree	Frequency	24(15.4%)	18 (11.2%)	12 (8.0%)	54 (7.1%)		
		Percentage	44.4%	33.3%	22.3%	100.0%		
Total	Frequency	155(100.0%)	162(100.0%)	151(100.0%)	468(100.0)			
	Percentage	33.1%	34.6%	32.3%	100.0%			
Inadequate accommodation and space	Agree	Frequency	118 (76.1%)	123 (57.7%)	115 (76.2%)	356 (51.5%)		0.048
		Percentage	31.1%	34.6%	32.3%	100.0%		
	Disagree	Frequency	37 (23.8%)	39 (24.1%)	36 (23.8%)	112 (24.0%)		
		Percentage	33.0%	34.8%	32.2%	100.0%		
Total	Frequency	155(100.0%)	162(100.0%)	151(100.0%)	468(100.0%)			
	Percentage	33.1%	34.6%	32.3%	100.0%			
Unavailability of some equipment	Agree	Frequency	128 (82.6%)	151 (92.2%)	136 (90.0%)	415 (88.6%)	0.000	
		Percentage	30.8%	36.4%	32.8%	100.0%		
	Disagree	Frequency	27 (17.4%)	11 (6.8%)	15 (9.9%)	53 (11.3%)		
		Percentage	50.9%	20.8%	28.3%	100.0%		
Total	Frequency	155(100.0%)	162(100.0%)	151(100.0%)	468(100.0%)			
	Percentage	33.1%	34.6%	32.3%	100.0%			

Findings in Table 2 shows that 415 (88.6%) healthcare workers agreed that unavailability of some equipment negatively influence healthcare services in the PHCS by zones, $p < 0.05$.

Table 3: Work conditions that negatively affect healthcare workers productivity by zones.

Variables		Proportion	PHCs zone 1	PHCs zone 2	PHCs zone 3	Total	Asymptotic significance
Inadequate supply of essential drugs	Agree	Frequency	126 (81.3%)	136 (84.0%)	131 (86.7%)	393 (84.0%)	0.017
		Percentage	32.1%	34.6%	33.3%	100.0%	
	Disagree	Frequency	29 (18.7%)	26 (16.0%)	20 (13.2%)	75 (16.1%)	
		Percentage	38.6%	34.6%	26.8%	100.0%	
Total	Frequency	155(100.0%)	162(100.0%)	151(100.0%)	468(100.0%)		
	Percentage	33.1%	34.6%	32.3%	100.0%		

Inadequate manpower & staffing	Agree	Frequency	137 (88.4%)	127 (78.4%)	136 (74.8%)	400 (85.4)	0.000	
		Percentage	34.2%	31.8%	34.0%	100.0		
	Disagree	Frequency	18 (11.6%)	35 (21.6%)	15 (10.1%)	68 (14.5%)		
		Percentage	26.9%	51.0%	22.1%	100.0%		
Total		Frequency	155(100.0%)	162(100.0%)	151(100.0%)	468(100.0%)		
		Percentage	33.1%	34.6%	32.3%	100.0%		
Inadequate training of staff	Agree	Frequency	134 (89.9%)	122 (75.3%)	138 (91.4%)	394 (85.3%)		0.000
		Percentage	34.0%	31.0%	35.0%	100.0%		
	Disagree	Frequency	15 (10.1%)	40 (24.7%)	13(8.6%)	68 (14.2%)		
		Percentage	26.0%	58.8%	19.2%	100.0%		
Total		Frequency	149(100.0%)	162(100.0%)	151(100.0%)	462(100.0%)		
		Percentage	32.3%	35.1%	32.7%	100.0%		
Poor supervision	Agree	Frequency	78 (39.4%)	127 (78.4%)	88 (23.2%)	267 (57.1%)	0.022	
		Percentage	23.2%	41.4%	35.4%	100.0%		
	Disagree	Frequency	79 (49.7%)	59 (26.5%)	63 (38.4%)	201 (42.9%)		
		Percentage	39.3%	29.4%	31.3%	100.0%		
Total		Frequency	155 (100.0%)	162 (100.0%)	151 (100.0%)	468 (100.05)		
		Percentage	33.1%	34.6%	32.3%	100.0%		
Poor attitude of staff to patients	Agree	Frequency	100 (65.8%)	100 (62.9%)	101 (69.7%)	301 (66.0%)		0.002
		Percentage	33.2%	33.2%	33.6%	100.0%		
	Disagree	Frequency	52 (34.2%)	59 (37.1%)	44 (30.3%)	155 (24.0%)		
		Percentage	33.5%	38.1%	28.4%	100.0%		
Total		Frequency	152(100.0%)	159(100.0%)	145(100.0%)	456(100.0%)		
		Percentage	33.3%	34.9%	31.8%	100.0%		
Poor community participation	Agree	Frequency	155(100.0%)	128(79.0%)	144 (95.3%)	427 (91.2%)	0.000	
		Percentage	36.3%	30.0%	33.7%	100.0%		
	Disagree	Frequency	0(0.0%)	34(21.0%)	7(4.6%)	41(8.8%)		
		Percentage	0.0%	82.9%	17.1%	100.0%		
Total		Frequency	155 (100.0%)	162 (100.0%)	151 (100.0%)	468 (100.0%)		

	Percentage	33.1%	34.6%	32.3%	100.0	
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Findings on Table 3 shows inadequate supply of essential drugs, manpower and staffing, training of staff, poor supervision, attitude of staff to patients and community participation negatively affects healthcare workers' productivity by zones. These were statistically s $P < 0.05$.

Table 4: Healthcare workers and administrative constraints encountered by zones.

Variables		Proportion	PHCs zone 1	PHCs zone 2	PHCs zone 3	Total	Asymptotic significance	
Unreasonable scheduling	Agree	Frequency	126 (84.6%)	88 (54.4%)	102 (67.5%)	316 (68.4%)	0.000	
		Percentage	40.0%	27.8%	32.2%	100.0%		
	Disagree	Frequency	23 (15.4%)	74 (45.6%)	49(32.4%)	146 (31.6%)		
		Percentage	15.8%	50.7%	33.5%	100.0%		
Total		Frequency	149(100.0%)	162(100.0%)	151(100.0%)	462(100.0%)		
		Percentage	32.3%	35.1%	32.7%	100.0%		
Difficulty in dealing with aggressive patient	Agree	Frequency	72 (46.5%)	67 (41.4%)	76(50.4%)	215 (46.0%)		0.002
		Percentage	33.5%	31.2%	35.3%	100.0%		
	Disagree	Frequency	83 (53.5%)	95 (58.7%)	75 (49.7%)	253 (54.0%)		
		Percentage	37.8%	41.9%	20.3%	100.0%		
Total		Frequency	155(100.0%)	162(100.0%)	151(100.0%)	468(100.0%)		
		Percentage	33.1%	34.6%	32.3%	100.0%		
Poor referral system	Agree	Frequency	87 (56.2%)	85 (52.5%)	70 (46.4%)	242 (51.67%)	0.000	
		Percentage	36.0%	35.1%	28.9%	100.0%		
	Disagree	Frequency	68 (43.8%)	77 (34.0%)	81 (35.8%)	226 (48.3%)		
		Percentage	30.1%	18.4%	36.0%	100.0%		
Total		Frequency	155(100.0%)	162(100.0%)	151(100.0%)	468(100.0%)		
		Percentage	33.1%	34.6%	32.3%	100.0%		
Inability to address constant conflict with colleagues	Agree	Frequency	116 (77.3%)	110 (67.9%)	114 (45.7%)	340 (73.4%)		0.010
		Percentage	34.1%	32,3%	33.6%	100.0%		
	Disagree	Frequency	34 (22.6%)	52 (32.1%)	37 (24.5%)	123(26.6%)		
		Percentage	27.6%	42.3%	30.1.7%	100.0%		
Total		Frequency	150 (100.0%)	162 (100.0%)	151 (100.0%)	463 (100.0%)		
		Percentage	32.4%	35.0%	32.6%	100.0%		
Giving of unilateral instruction and orders by superior officers	Agree	Frequency	120(77.5%)	130(80.2%)	119(78.8%)	369 (78.8%)	0.000	
		Percentage	32.6%	35.2%	32.2%	100.0%		

	Disagree	Frequency	0(0.0%)	2(1.2%)	8(5.3%)	10(2.1%)	
		Percentage	0.0%	20.0%	80.0%	100.0%	
Total	Frequency		155(100.0%)	162(100.0%)	151(100.0%)	468(100.0%)	
	Percentage		33.1%	34.6%	32.3%	100.0%	
Irregular assignment of critical and unstable patients	Agree	Frequency	85 (55.9%)	94 (59.1%)	103 (71.0%)	282 (28.1%)	0.000
		Percentage	30.1%	33.3%	36.6%	100.0%	
	Disagree	Frequency	67 (40.8%)	65 (40.1%)	42 (29.0%)	204 (71.9%)	
		Percentage	38.5%	37.4%	24.1%	100.0%	
Total	Frequency		152(100.0%)	159(100.0%)	145(100.0%)	456(100.0%)	
	Percentage		33.3%	34.9%	31.8%	100.0%	

Findings in Table 4 shows numerous constraints that were encountered by healthcare workers. About 316 (68.4%) encountered unreasonable scheduling duties. $P < 0.05$.

Tables 5: Patients’ constraints that limit healthcare workers performances by zones.

Variables/zone		Proportion	PHCs zone 1	PHCs zone 2	PHCs zone 3	Total	Asymptotic significance
Patients’ inability to pay for healthcare services	Agree	Frequency	50 (32.9%)	80 (50.3%)	36 (24.5%)	166 (36.2%)	0.000
		Percentage	30.0%	48.2%	21.8%	100.0%	
	Disagree	Frequency	102 (67.1%)	79 (49.7%)	111 (75.0%)	292 (63.7%)	
		Percentage	43.8%	28.1%	28.1%	100.0%	
Total	Frequency		152 (100.0%)	159 (100.0%)	147 (100.0%)	458 (100.0%)	
	Percentage		33.2%	34.7%	32.1%	100.0%	
Dissatisfaction of patients with PHC services	Agree	Frequency	90 (39.4%)	86 (53.1%)	85 (56.3%)	261 (55.8%)	0.000
		Percentage	34.5%	33.0%	32.5%	100.0%	
	Disagree	Frequency	65 (41.9%)	76 (46.9%)	66 (43.7%)	207 (100.0%)	
		Percentage	31.4%	36.7%	31.9%	100.0%	
Total	Frequency		155(100.0%)	162(100.0%)	151(32.3%)	468(100.0%)	
	Percentage		33.1%	34.6%	32.3%	100.0%	

Inadequate supply of essential drugs	Agree	Frequency	126 (81.3%)	95 (58.6%)	90 (59.6%)	311 (66.4%)	0.000	
		Percentage	40.5%	30.5%	29.0%	100.0%		
	Disagree	Frequency	29 (18.5%)	67 (41.4%)	61 (40.4%)	157 (33.5%)		
		Percentage	16.2%	49.5%	34.2%	100.0%		
Total	Frequency	155 (33.1%)	162 (100.0%)	151 (100.0%)	468 (100.0%)			
	Percentage	33.1%	34.6%	32.3%	100.0%			
Inadequate facility for waste disposal	Agree	Frequency	78 (50.3%)	104 (64.2%)	69 (45.7%)	251 (53.7%)		0.001
		Percentage	31.1%	41.4%	29.5%	100.0%		
	Disagree	Frequency	77 (49.7%)	58 (35.8%)	82 (54.4%)	217 (46.3%)		
		Percentage	29.1%	32.3%	38.6%	100.0%		
Total	Frequency	155 (100.0%)	162 (100.0%)	151 (100.0%)	468 (100.0%)			
	Percentage	33.1%	34.6%	32.3%	100.0%			

Findings on Table 5 shows that several constraints encountered by patients. About 90 (59.6%) healthcare workers agreed that inadequate supply of essential drugs was the main constraint of the patients, $p < 0.05$.

From the study, a good number of the healthcare workers 444 (94.9%) salaries were either irregularly paid or unpaid shows that majority of the healthcare workers were not sufficiently motivated. This lack of motivation could result to poor service output. These findings collaborate with the studies in Niger State Nigeria by Koce *et al.* (2019) and in Iran, by Hamed *et al.* (2022) where lack of timely payment of salaries negatively affected service performances in PHCs. Findings from this study also show that several poor healthcare services including inadequate supply of essential drugs, manpower, staff training, lack of supervision, poor staff-patient relationships, lack of functional ambulances, irregular power and water supply, difficulty in dealing with aggressive patients and inability to resolve healthcare workers' constant conflicts influence health services in the PHCs negatively. These were confirmed by 415 (88.6%) healthcare workers studied. These findings collaborate with that of Dassah, *et al.* (2018) where poor, socio-physical amenities negatively affect healthcare services in the PHCs.

Findings in this study show that several constraints were encountered by healthcare workers in the performance of their duties. These were confirmed by 311 (66.4%) healthcare workers who reported that inadequate supply of essential drugs, 316 (68.4%) reported unreasonable scheduling, 242 (51.7%) reported poor referral system, 215 (46.0%) reported difficulty in dealing with aggressive patient, 340 (73.4%) reported inability to address constant conflict with colleagues, 369 (78.8%) reported giving of unilateral instructions and orders by superior officers, 282 (61.8%) irregular assignment of critical and unstable patients as well as lack of training and retraining for serving staff were among some of the constraints encountered by the healthcare workers including payment of irregular payment of monthly salary. This finding agrees with those of Kurfi *et al.*, (2018), Weber *et al.*, (2019), Elsadig *et al.*, (2019) and Merkouris *et al.*, (2018) where a good proportion of healthcare workers stated that poor amenities in PHCs constitute

limitations to their service deliveries. They suggested the need for providing essential amenities to motivate the healthcare workers for effective healthcare service.

Other important findings in the study were the fact that patients also encountered some constraints in the services provided to them, these were confirmed by 324 (71.0%) healthcare workers who enumerated that patients' inability to pay for healthcare services, unhygienic condition of most PHC environments and out of stock for treatment and preventive drugs were the main constraints patients faced in the services they receive in the PHCs.

CONCLUSION

This study comprehensively assessed the factors and constraints influencing healthcare services in Primary Healthcare (PHC) centers in Abia State, Nigeria. The study found that the most preferred constraints experienced by the healthcare providers that influence effective healthcare services across the three Zones in the State are overtime work/ having to work for hours, job interfering with family life and unreasonable scheduling. There was an indication that the nature/structure of work-related factors were the main constraints faced by healthcare providers in the delivery of healthcare services in the study area. The study also found some factors that negatively influence healthcare delivery in Abia state to include; irregular and unpaid salary, lack of basic amenities, poor funding of the PHC by the government, unavailability/ non-functionality of equipment and inadequate manpower/staffing, poor maintenance of infrastructure, poor and inadequate supply of essential drugs, inadequate training and retraining of staff, inadequate accommodation and space; and poor working condition across the Zones in the State. The study has identified the key factors affecting the delivery of primary healthcare services in Abia State. This information will be valuable for policymakers as they develop strategies and policies to address these challenges. For example, policymakers may need to increase funding for primary healthcare services, improve the infrastructure of healthcare facilities, and invest in the training and education of healthcare workers.

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