Correlation between the quality of health care services and renumeration of health care workers in Ekiti State University Teaching Hospital, Ado-Ekiti, Nigeria

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Abstract: - Health care service is seen as intangible product that cannot physically be touched, felt, viewed, counted, or measured as manufactured products. When tangible goods are produced, it allows for quantitative measurement of quality, since they can be sampled and tested throughout the production process and in subsequent use. Remuneration can be described as the total amount of that which an employee receives for performing a job. It goes beyond the basic salary to include all other forms of financial compensations accrued to the employee per time. Remuneration currently includes a company's contribution to a retirement plan, consideration of tips, stock shares, bonuses and other financial compensations. The health care worker is the person that has acquired training and skill to care and render services to the sick and ailing either directly like doctors and nurses or indirectly as helpers, social workers, aides, laboratory technicians or even medical waste handlers. According to World Health Organization (WHO) in the recognition of the valuable input of health care workers declared the years 2006 to 2015 as "The decade of the human resources of health". Health care environment happens to be most exposed to hazardous agent and injury prone than most other working environments. It is observed that the workers in this industry of health were constantly exposed to extensive health and safety hazards ranging from biological exposure to disease causing organisms or chemicals with destructive elements. Certainly, as humanitarians, health care workers ignored their convenience to cater for the sick, the well, the vulnerable, the handicapped among others and even at the pressure of challenge to their own personal wellbeing. It is therefore morally expected of employers of this group of workers to ensure they are adequately remunerated. This research study assessed the correlation between the quality of health care services and remuneration of health care workers in Ekiti State University Teaching Hospital, Ado-Ekiti. It examined influence of remuneration on performance in health care service delivery in the facility, the correlation between qualities of health care services and remuneration of health care workers in Ekiti State University Teaching Hospital. A descriptive research design of survey type was used in conducting the study with population for the study made up of health care workers of the institution. Simple random and purposeful sampling techniques was used in the selection of eighty four ninety workers as sample sampled respondents and data for the study were collected using a self-structured questionnaire. The instrument was validated while reliability was carried out on the instrument and level of statistical significance was set at $p<0.05$ at confidence interval of 95% for all inferential analysis. Data was analyzed using SPSS 20.0 statistical package with descriptive and inferential statistics of Pearson's Product Moment Correlation and independent T-test. Findings revealed rewards have positive and significant effect on employees' performance, positive and significant level between quality of health care services and remuneration of health care workers in Ekiti State University Teaching Hospital, Ado-Ekiti; pay and income was a hygienic factor that affects ability to recruit and retain good quality workforce. Based on the findings, measures should be put in place to facilitate better and prompt payment of salaries, wages and all entitlements, motivating factors like super package, vacation bonus can be introduced to improve performance among health care workers.

Keywords: Correlation, quality, health care services, renumeration, health care workers, Ekiti State

I. Introduction

In any organization, tasks are performed with the help of resources; material, machine, money and most importantly, men. All other resources except for human beings described as employees are non-living. Employees make use of these resources to generate output, and without them, other resources will be useless, dormant and will be unable to produce anything. Therefore, human resource is the greatest asset any organization can have and should be given the highest priority (Ojeleye and Okoro, 2016).

Quality of care is a complex issue influenced by many factors. Some elements in the quality of care are easy to define and measure, while others are more difficult (Donabedian, 2018). Certainly, the complexity of the concepts and their measurements should be considered whenever quality of care is being assessed, either in general terms or in specific levels of health delivery (Cole et.al.(2015). It is imperative, therefore to agree on the elements that constitute quality of care prior to assessment of quality of health services (Donabedian, 2018). Perceptions of health care workers (HCWs), towards quality of care at their respective workplaces have gained more attention in recent years. Evidence from several studies have shown that HCWs suggestions help policy makers and planners to identify bottlenecks in the health system, to improve utilization and sustainability of health care services in the general population (Sajuyigbe et.al)2018).

Remuneration is traditionally seen as the total income of an individual and may comprise of a range of separate payments determined according to different rules. For example, the total remuneration of medical staff may comprise a capitation fee and a fee for services, or it may include a salary and shared financial risk (Babagana, & Dungus 2015). Organizations need highly performing individuals in order to meet their goals of delivering the products and services they specialized in, and finally to achieve competitive advantage. Accomplishing tasks and performing at a high level can be a source of satisfaction, with feelings of mastery and pride. Low performance and inability achieve expected goals might be summarized as dissatisfying or even as a personal failure (Rosenthal, & Frank, 2016). Moreover, performance if it is recognized by others within the organization is often rewarded by financial and other benefits.

Performance is a major prerequisite for future career development and success in the labour market. This study is driven by this state of mind with the aim of understanding the correlation between qualities of health care services and remuneration of health care workers in Ekiti State University Teaching Hospital, Ado Ekiti

Statement of the Problem

Health care service is seen as intangible product that cannot physically be touched, felt, viewed, counted, or measured as manufactured products. When tangible goods are produced, it allows for quantitative measurement of quality, since they can be sampled and tested throughout the production process and in subsequent use. Remuneration can be described as the total amount of that which an employee receives for performing a job. It goes beyond the basic salary to include all other forms of financial compensations accrued to the employee per time. Remuneration currently includes a company's contribution to a retirement plan, consideration of tips, stock shares, bonuses and other financial compensations.

A bonus can be used as a reward for achieving specific goals set by the company, or for dedication to the company. Bardot (2014) reported that a bonus is a payment which is backward-looking and usually discretionary or at least not expected from the employee(s). A decision is made to pay it to one, a group or all employees, based on criteria decided by management to reward past achievements, such as reaching a specific profit or some important milestones for the organization, or in a totally discretionary manner but defined an incentive as a plan which is forward-looking

It has been observed that the expected beneficiary of services in the institution seemed weary of making the hospital their first point of call when faced with health challenge.

Remuneration systems should provide basic attraction to employees to perform job efficiently and effectively. Salaries affect the employees' productivity and work performance. Thus, the amount and method of remuneration are very important for both management and employees (Armstrong, 2018).

Quality health care simply mean the degree to which health care services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge. This much desired level of service delivery seemed unavailable in the hospital as ability to retain expertise may be difficult. The performance at top of skill may be impossible without adequate motivation of these health care workers leading to below expected level performance observed in the hospital. In Ekiti State University Teaching Hospital, the workers of the institution were observed to be seemingly unsatisfied with their remunerations like any other health worker whose output increase daily with renumeration that is not commensurate. The effect of poor-quality health care services in this place will portend a great danger to the health of the citizenry, hence prevention of such avoidable consequence led to this study.

II. Methodology

A simple random sampling techniques was used to determine the sample of respondents for the study. The population consisted of all the 210 members of the Management, Technical staff which includes medical officers, nurses, occupational therapists, nutritionists, laboratory technologists, dentists, radiographers social workers and public health officers and lower level management/ support staffs which includes clerical officers, subordinate staffs, drivers, cooks, tailors and secretaries. Using Cochran Formula, eight-four workers were selected to get the sample size from different departmental sections in Ekiti State University Teaching Hospital, Ado Ekiti, Ekiti State

that make up the population required for the study.Questionnaire was used for data collection is a questionnaire made up of thirty (30) question items. The reliability of the instrument was determined using test re-test method on twenty respondents which was not part of the sample selected for the study. The reliability coefficient obtained using Pearson's Product Moment

correlation was 0.81 which showed high level of reliability. Completed questionnaire was collected and collated by the researcher and the research assistants. Data was analyzed using SPSS 20.0 (IBM, 2021). Descriptive and Inferential statistics was used. Level of statistical significance was set at $p < 0.05$ at confidence interval of 95% for all inferential analysis.

III. Findings

Socio-demographic characteristics of respondents

Table 1 Socio-demographic Characteristics of Respondents

Description of variables	Frequency (n)	Percentage (%)
Age range of respondents (n =84)		
20-30	17	20.2
31-40	24	28.6
41-50	23	27.4
51-60	11	13.1
60 above	9	10.7
Total	**84**	**100.0**
Sex (n=230)		
Male	35	41.7
Female	49	58.3
Total	**84**	**100.0**
Marital status(n=230)		
Single	26	31.0
Married	58	69.0
Total	**84**	**100.0**
Tribe(n = 230)		
Yoruba	71	84.5
Hausa	2	2.4
Igbo	11	13.1
Total	**84**	**100.0**
Religion (n = 230)		
Islam	27	32.1
Christianity	52	61.9
Traditional	5	6.0
Total	**84**	**100.0**
Level of Education (n = 230)		
Primary	5	6.0
Secondary	12	14.2
Tertiary	67	79.8
Total	**230**	**100.0**

Table 1 above shows the socio-demographic characteristics of respondents. The ages of respondent revealed that 17 (20.2%) of the respondents fall between the ages of 20- 30 years. Respondents who were between ages 31 -40 years represented as 24 (28.6 %) of the sample size. Only 9(10.7) % were of ages from 60 above while 23(27.4%) and 11(13.1%) respondents were between the age of 41-50 years and 51-60 years respectively. More than half 49(58.3 %) of the

respondents were female while 35(41.7%) were males, majority 58(69.0 %) of the respondents were married while 26 (31.0%) were single. About 5(6.0%) of the respondent had attained primary level of education, 12(14.2%) had secondary education and 67(79.8 %) had tertiary education. Furthermore, larger population of the respondents 71(84.5%) belonged to the

Yoruba speaking ethnic group. Similarly, 11(13.1%) of the respondents were of Igbo ethnic group, while the Hausa speaking workers constituted 2(2.4%) of the entire population of the respondents. Five in every ten 52(61.9%) of the respondents were Christians, while 27 (32.1%) were Muslim and the rest 5(6.0%) belong to other religion.
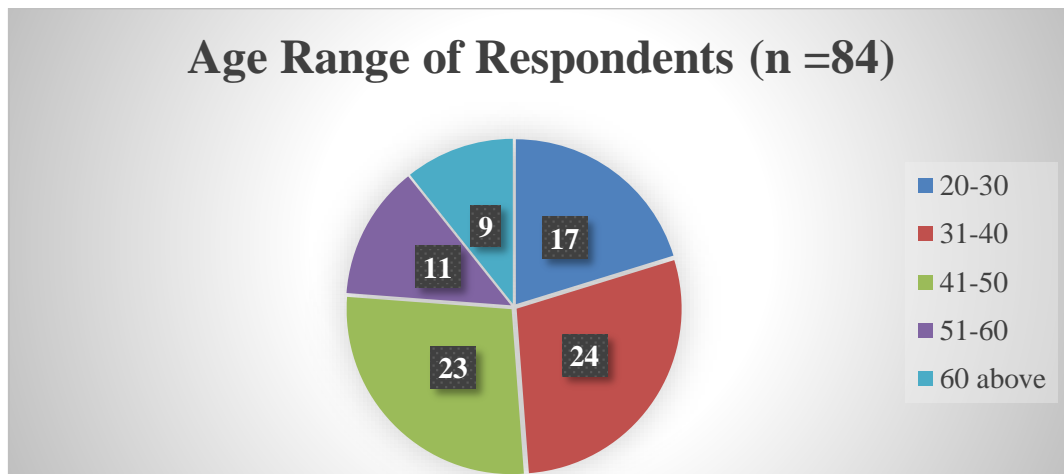
Figure 4.0: Age range of respondents (n =84)

Table 2: Occupational History of the Respondents

Description of variables	Frequency (n)	Percentage (%)
Number of Years of working in Hospital		
1-5 years	12	14.3
6-10 years	30	35.7
11-15 years	21	25.0
16-20 years	13	15.5
20 years above	8	9.5
Total	**84**	**100.0**
How many days do you work in a week	**Frequency (N)**	**Percentage (%)**
2	5	5.95
3	12	14.3
4	35	41.7
5	22	26.2
6	10	11.9
Total	**84**	**100.0**
How many hours do you work in a day	**Frequency (N)**	**Percentage (%)**
1-5	9	10.7
6-8	31	36.9
9-10	44	52.4
Total	84	**100.0**
Main job description of the respondent	**Frequency (N)**	**Percentage (%)**
Doctor/Nurse	46	54.8
Pharmacist	19	22.6
Medical Lab Scientist	12	14.3
Others	7	8.33
Total	**84**	**100.0**

Table 2 shows the occupational history of the respondents. The respondents duration of working experience revealed that 12(14.3%) had worked between 1 and 5 years, 30(35.7%) had worked between 6-10 years, 21(25.0%) had worked between 11-15 years, 13 (15.5%) worked between 16-20 years while 8(21.7%) had spent more than 20 years working in the hospital. 35(41.7%) of the respondents work for 4 days in a week, while 22(26.2%) work for 5 days in a week, 10 (11.9%) respondents work for 6 days in a week while only five respondents (5.9 %) spent 2 days in a week. However, majority 44(52.4 %) of the respondent revealed that they do spend between 9-10 hours working in a day, while about 31(36.9%) of the respondent spent between 6-8 hours in a day at work while only 9 (10.7%) of the respondent spent between 1-5 hours at work.

Furthermore, the main job description of the respondents revealed that 46(54.8%) are either Doctor or Nurse, 19(22.6%) were Pharmacist, 12(14.3%) are medical Lab scientist and the rest 7(8.33%) belonged to other professionals working in the hospital.

Table 3. Perceptions about physical infrastructure, availability of equipment and staffing Level.

Description of variables	Yes (%)	No (%)
Does remuneration play any vital role in motivating you to perform well at work	74 (88.1)	10(11.9)
Are you satisfied with the working condition in your hospital	35(41.67)	49(58.33)
Did you perceived the following as the extrinsic factors influencing the delivery of quality of services in health centers Physical Infrastructure Availability of Medical Equipment Staffing Levels	 47(55.9) 80(95.24) 76(90.5)	 37(44.1) 4(4.76) 8(9.52)
Were you satisfied with the presences current status of the hospital physical Infrastructure Physical Infrastructure Availability of adequate Medical Equipment Staffing Levels	 29(34.5) 31(36.9) 45(53.6)	 61(72.6) 53(63.1) 39(46.4)

About 74(88.1%) of the health workers reported that remuneration play any vital role in motivating them to perform well at work while only 10(11.9%) are against it. Similarly, 49(58.3%) of the workers reported that they are not satisfied with the working condition in this hospital. The health care workers perceived that the status of physical infrastructure 47(55.9%), availability of medical equipment 80(95.24%) and staffing levels 76(90.5%) are key extrinsic factors that influenced the delivery of quality of services.

Generally, respondents were not satisfied with the current status of the hospital physical infrastructure 61(72.6%) while 53(63.1%) of the respondents reported non-availability of adequate medical equipment. Participants raised the issue of understaffing as another factor that contributes to the low quality of care delivered in the hospital as 45(53.6%) reported that they are short staff at work.

Table 4: Correlation between qualities of health care services and remuneration of health care workers in Ekiti State University Teaching Hospital, Ado Ekiti.

S/N	Questions	SA	A	D	SD
1	Shortages of functioning medical equipment and/or essential consumables impacts on the delivery of quality of health care	45(54.6)	34(40.5)	5(5.9)	
2	Delays in payment to the suppliers of drugs and equipment is impacting on the delivery of quality of good care	31(36.9)	40(47.6)	13(15.5)	0
3	Long procedures to request for out-of -stock consumables impacts on the delivery of quality of care	25(29.8)	50(59.5)	9(10.7)	
4	The existing equipment used in the hospital was old and outdated	34(40.5)	32(38.1)	18(21.4)	0
5	University Teaching Hospital paid salary as at when due	12(14.3)	21(25)	31(36.9)	20(23.8)
6	Salaries paid in public hospitals are much than private hospital	32(38.1)	41(48.8)	11(13.1)	0

7	Lack of timely promotion and limited opportunities for upgrading skills influences quality of care at work	65(77.38)	19(222.6)	0	0
8	HCWs working in public hospitals are paid low salaries compared to their counterparts in private Hospitals	12(14.3)	32(38.1)	40(47.6)	0
9	Lack of timely promotion of HCWs of different cadres is a factor influencing quality of care	29(34.52)	41(48.8)	14(16.7)	0
10	Limited opportunities to attend courses to upgrade skills as a factor influencing quality of care	34(40.5)	38(45.2)	12(14.3)	0
11	Are you satisfy with the hospital management, particularly in decision-making, on-the-job training and an existing workers organization	22(26.2)	3(3.6)	32(38.1)	27(32.1)
12	Salary earned matched your standard	12(14.3)	17(20.2)	41(48.8)	14(16.6)
13	You were well compensated when exposed to hazard at work	19(22.6)	22(26.2)	37(44.0)	6(7.1)

SA-Strongly Agree, A-Agree, U-Undecided, D-Disagree, SD-Strongly Disagree

($p < 0.05$, $X^2 = 94.69$, p value= 0.000, df=3)

Table 4 shows the significant correlation between qualities of health care services and remuneration of health care workers in Ekiti State University Teaching Hospital, Ado Ekiti. The null hypothesis states there is qualities of health care services and remuneration of health care workers ($p < 0.05$, $X^2 = 94.69$, p value= 0.000, df=3). Perceptions on intrinsic factors influencing quality of care showed that majority of the respondents 45(54.6%) strongly agree that Shortages of functioning medical equipment and/or essential consumables is impacting on the delivery of quality care while 40(47.6%) agree that delays in payment to the suppliers of drugs and equipment is impacting on the delivery of good quality of care. Also, 50(59.5%) of the respondents reported that long procedures to request for out-of-stock consumables/medicines is impacting on the delivery of quality care while 34 (40.5%) stated that the existing equipment used in the hospital was old and outdated. And will require outright replacement will new high-tech equipment. In another development, about 65(77.8%) of the respondents strongly agree that lack of timely promotion and limited opportunities for upgrading skills is influencing quality of care at work while 41(48.8%) agree that lack of timely promotion of HCWs of different cadres is also a factor influencing quality of care in the hospital. Similarly, 38(45.2%) of the respondents agree that limited opportunities to attend courses needed to upgrade skills is a factor influencing care while 41(48.8%) reported that the salary earned did not match their standard (Table 4).
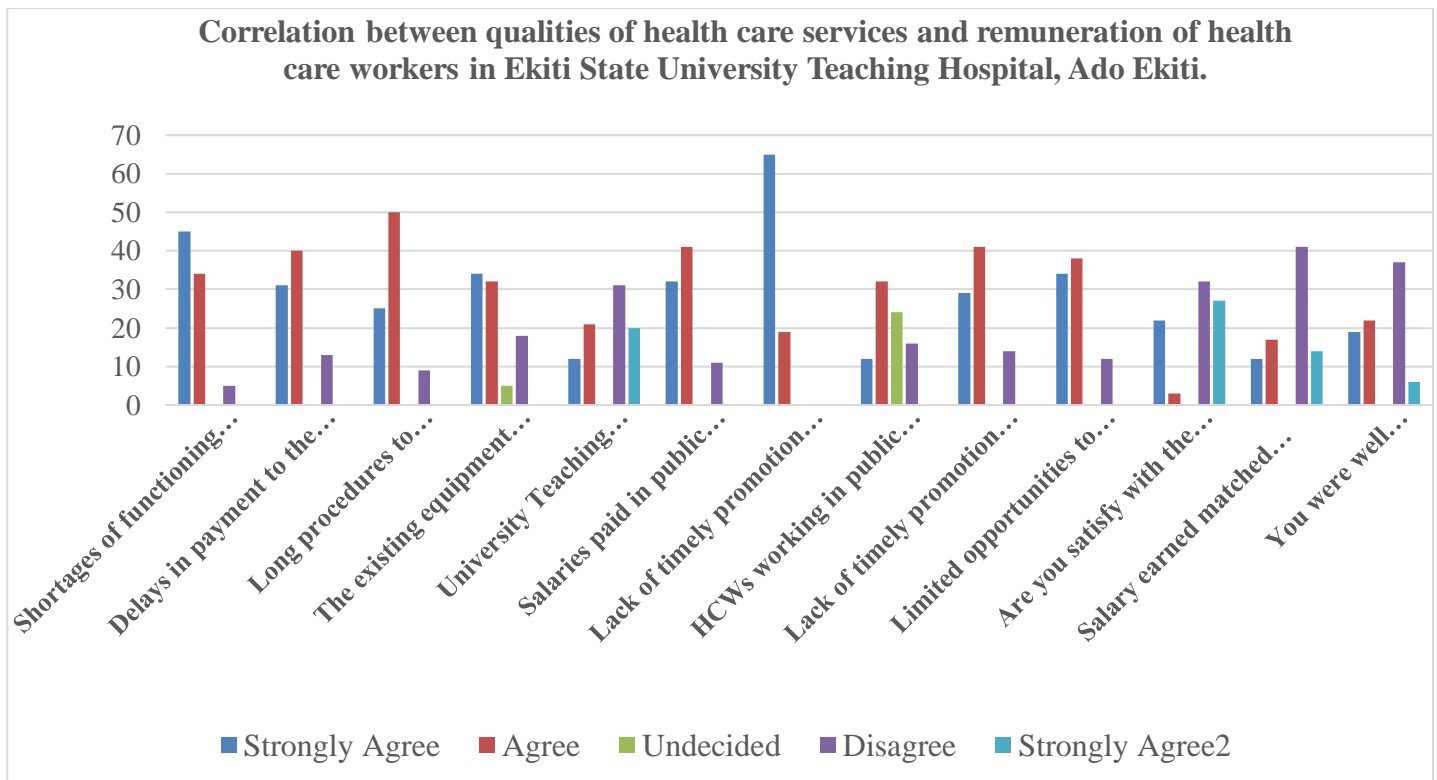

Figure 4.1: Correlation between qualities of health care services and remuneration of health care workers in Ekiti State University Teaching Hospital, Ado Ekiti.

IV. Discussion of Findings

The result showed that remuneration is a source of motivation on employee's performance. This is in similar with the work of Babagana *et al.* (2015), Edirisooriya (2014). Hameed *et al* (2014) and Sajuyigbe (2014) which also showed that rewards have positive and significant effects on employees' performance. The result also revealed that there is a positive and significant level between qualities of health care services and remuneration of health care workers in Ekiti State University Teaching Hospital, Ado Ekiti which reinforces the reinforcement and expectancy theory. The finding of this study also agrees with Goodman et. al. (2018) that pay and income was an hygienic factor that affect motivation, performance, morale and the ability of employers to attract and retain staffs. In the findings of Nsoedo and Ojukwu, (2020) which wholesomely agreed that to make employees become effectively committed to their institution, the institution on its own part will ensure that employees get rewarded after acquiring new skills as well as receiving salary upgrade; the finding of this study is further strengthened. The perceived lack of essential medical equipment, consumables and/or drugs observed by discussants is crucial, because it is an important factor influencing quality of health services observed in several studies in other settings (Khori *et al*., 2012; Penfold *et al.*, 2013).

The delay in payments to suppliers by the hospital management has been implicated as a factor contributing to the shortage of medical equipment, consumables and essential medicines. In this study participants lay emphasis on several intrinsic factors claimed to have contributed to low morale, and which has negative impacts on the quality of health care services. It is well documented that poor intrinsic motivation among health workers particularly in the public health sector is an obstacle to quality service delivery (Songstad *et al.*, 2011). Low salaries particularly in public health facilities were mentioned by most participants as a key factor contributing to poor quality of care.

V. Conclusion

The findings of this study provide evidence that remuneration is one important factor to improve health care workers and especially nursing workforce performance and a potential for quality nursing service delivery which can be compared favorably with global practices. It is therefore not farfetched that poor consideration of Nurses take home in Africa generally, and Nigeria in particular is likely to be one major reason for poor quality of service delivery; and loss of Nurses to better economies. There is no doubt that a Nurse satisfied with the working conditions and remuneration will be diligent and efficient in the approach to duties at patients bedside. Since quality nursing practice implies greatly over patient outcome, priority must be given to their remuneration by nurse managers and nursing administrators.

VI. Recommendations

The following recommendations are forwarded

1. Prompt payment of salaries, wages and all entitlements to staff as this act has a booster effect on the ability to recruit and retain good quality workforce which is an essential raw material for quality care.
2. The employees' participation in pay determination is hereby recommended. The payment of salaries, wages, bonuses and other incentives should be discussed to prevent negative effects on performance of employees and issues of equity in pay.
3. It is recommended that motivating factors like super pay package, full drugs coverage, vacation bonus among others be introduced to improve performance among health workers.
4. The health care workers should be trained and retrained for update on the current trends in service delivery.
5. Nursing administrators must design or adopt globally accepted pay package while making recommendation for recruitment of nursing workforce.

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