



Research Article

Health services management: patients care management in Nigeria

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Abstract

Consumers of health care in Nigeria are now much more sophisticated with regard to their health needs and rights and anxious to become more involved. They appear to want: (1) optimum available health care as a basic human right, rather than a privilege determined by ability to pay; (2) a more efficient system of health care delivery that, it is hoped, will preserve freedom of choice and the traditional patient-doctor relationship; (3) knowledge about preventive medicine as well as treatment and rehabilitation; (4) prepaid comprehensive health insurance, even if this entails compulsory health assurance. Communities are faced with a war against illness and poor health as well as poverty, social troubles, group conflict, individual greed, hunger, and hopelessness. These are the elements against which the health care system must fight to achieve the goal of adequate health care for all.

Keywords: Consumers, patient care, management, and health services.

INTRODUCTION

The progressive Director for example not only must be familiar with the best procedures and tools for the discharge of his or her daily responsibilities within the hospital but must have extensive knowledge of the many environmental factors which influence, or could influence, what she and the hospital can undertake. The health care professional must be both informed and motivated toward understanding the rapidly changing scene in the delivery of health care, as plans are made for patients and their needs.

Professionals, consumers and Governmental concerns

Health care professionals, consumers of care, and the federal government recognize that the delivery of health care services is a major concern to all. Their efforts are being directed toward developing a more effectively, efficiently, and economically organized health care system. As a nation we must provide better quality, more convenient health care for all the people, at reasonable cost, and in a manner in keeping with human dignity. This must be done because we accept one basic, irreducible principle: Health care is an inherent right of each individual and of all the people of Nigeria (Bergen and Schatzki, 2000)

Our current national health policy is spelled out in the declaration of purpose, which states: (1) that the national purpose depends on promoting and assuring the highest level of health attainable for every person, in an environment conducive to healthful individual and family living; (2) that the attainment of this goal depends on an effective partnership between various elements in the health care system; and (3) that federal financial assistance must be directed to support the marshaling of all health resources national, state, and local - and the providing of health services of high quality for every person.

Comprehensive health care needs

Health services are being requested to meet the comprehensive health care needs of the community. Comprehensive care is a system of person and family-centered service rendered by a well-balanced, well-organized group of professional, technical, and vocational personnel, who, using facilities and equipment that are physically and functionally related, can deliver effective service at a cost that is compatible with individual, family, community, and national economic resources. The comprehensive approach may be perceived as including health care, medical care, and patient care (AHA, 1970)

Health care

The primary focus of health care is on the quality of life in general and on maintaining a healthy population. Health care encompasses preventive supervision, patient care, medical care, and rehabilitation or the maintenance of the individual at his maximum level of functioning. Health care includes social as well as physical health factors - adequacy of nutrition, housing, sanitation, the population's level of health knowledge, the supply of health personnel and health facilities, and their distribution. The hallmark of health care is comprehensiveness, with major emphasis on completeness and continuity. Care need not be delivered solely by a physician; it may draw upon the whole spectrum of the health disciplines (ILN, 2013).

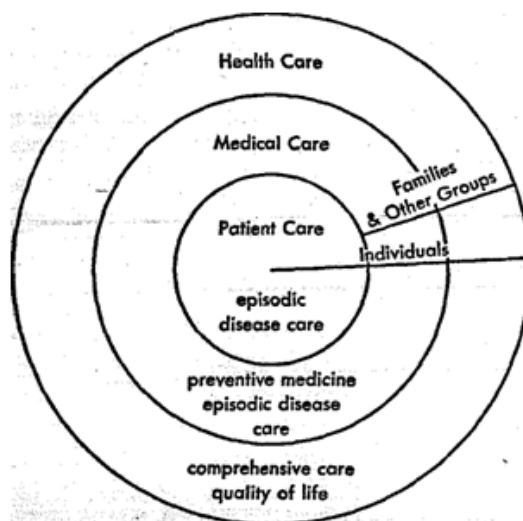


Figure 1. Types of care services (Reproduced from Hospital Administration, the quarterly journal of the American College of Hospital Administration)

Medical care

Medical care is concerned with the arrest of a pathological process and involves early diagnosis and physical rehabilitation when needed; the focus is on disease and the medical aspects of the care process. The terms medical care and health care include the concept of patient care but emphasize the appropriateness, availability, accessibility, and acceptability of a full range of services to prevent illness and disease and to maintain and restore health. Medical care and health care also include the social, economic, political, and organizational aspects of the delivery of care not only to individuals but to families and other groups.

Patient care

Owen(1999) is of the view that patient care refers to the elements, procedures, and consequences of applying a number of inputs, including labor, capital and materials, knowledge, skills, and judgment, to the care of individual patients by caregivers. The physician has a direct professional responsibility for each patient, and he may or may not be assisted by other medical, paramedical, or nonmedical persons. Patient care may be provided in a variety of settings: the home, the

clinic, the office, the hospital, the extended-care facility, or the nursing home. Patterns of referral and consultation with other health professionals are taken into consideration.

Hospital role

A noticeable change can be seen in the role of hospitals. There is no such thing today as the hospital - there are hospitals. In programs, sizes, goals, resources, and histories, their differences are greater than their similarities. Hospital goals have gradually shifted over the years in response to changes in philosophy, scientific knowledge, and perceptions of the varied hospital services possible. In 1860 "the hospital" may have been described as an institution primarily concerned with charitable care of persons in need. Today the word hospital must be modified in order to know what is meant, for shifts in goals have brought about specialization. There are general hospitals for care of the acutely ill, providing short-term care; chronic disease hospitals, providing long-term care; hospitals for specific illnesses; small community hospitals; large medical centers; government hospitals; and nonprofit voluntary hospitals. In its broadest modern meaning, the hospital is a social instrument whose purpose is to serve the whole community, the sick and the well. Service to the members of the community is not the hospital's only role, but one of a complex of services - education, research, and preventive and rehabilitative medicine as well (Hospital Programme, 2013)

A theme that seems to prevail in current health care literature is the concept of the hospital as the central core around which the community health center can develop. The hospital is beginning to act as the coordinating center for the community's total health care needs. Although experts recognize that the hospital as such does not have all the significant services necessary to provide comprehensive care, they believe that it is better equipped than any other institution to coordinate these services in a community setting.

In response to community needs, hospitals are to broaden their vision and collaborating with one another in order to chart an effective course. The dimensions of the problem are so large that no one hospital has the physical or financial ability to carry the burden of comprehensive care alone. As social institutions functioning as health centers, hospitals are being asked to become the center of a configuration, a community pattern of health services. They will continue to command respect in their communities if they are genuine health centers rather than acute illness centers (Toomey, 2011).

Role of the federal government

The federal government has designed health care programs in response to the needs of the Nigerian people. The government, through its programs, continuously seeks to bring closer the day when high quality care will be equally available and equally utilized throughout the country without major federal programs like Medicare and Medicaid. The question in the minds of many involved in the delivery of health care is what effects these programs will have on hospitals. French (2010) believes that some experts in the field believe the answer lies in an extremely constructive relationship and evolving interdependence between the hospital and its community. Solving the problems of health care cost, quality, and equality of medical care requires joint consideration of the hospital and the community (Wolf and Darley, 2012).

The Partnership for Health program has brought about state and area-wide health planning groups. In order to bring comprehensive health services to the community, hospitals are participating in planning activities and are providing leadership. Consequently, a major impact of federal programs on hospitals during the next decade will be escalation of the hospital planning function from the construction level to the full-scale, three-dimensional community service level. Comprehensive health planning, which includes all institutional and manpower personnel and all community health care needs, must be meshed with overall community planning if health care is to be effective. The hospital is being asked to support area-wide planning in cooperation with all other health care institutions in the community, because only through planning can the present and future health needs of the community be determined. Once this determination is made, each institution can identify its role, define its service area, and plan to meet its share of the community's health needs. Such action will prevent fragmentation, avoiding gaps as well as duplication of services. The planning aims at making a full range of services available for patient care.

The ultimate role of hospitals in relation to the delivery of health care is not yet clear. Will the hospital become a complex circle of comprehensive and continuing health services? Health care responsibilities are not yet well defined. Hence the need for study and research to identify a structural framework to coordinate health needs of the people, resources, materials, and heterogeneous workers.

For the nurse director and her staff this means greater participation with other health disciplines in contributing toward solutions for meeting health care needs. Together they must try to identify and understand the various and ever-

changing systems of health care and determine how nursing is related to them. Thus sound nursing leadership at the service level is of paramount importance.

While hospitals strive to accommodate and adjust to rapid changes, to complex care programs, and to outside pressure to expand their role, they must still furnish a proper environment in which the needs of patients can be met. The operation of a hospital must be directed toward providing for a patient's needs—physical, diagnostic, therapeutic, emotional, spiritual, and those connected with continuing care.

PATIENT NEEDS

Care

The patient needs to be assured of adequate medical care while in the hospital. The medical staff is the heart of the hospital, and the degree to which the physicians are organized determines the quality of patient care. The medical staff should be organized into essential committees which assume the responsibility of advising, disciplining, and evaluating performances of the members of the staff.

Emergency care

As the medical center of the community, the hospital stands for service in any time of need. It has, for example, a moral obligation to provide a special unit for emergencies. The emergency service should furnish care and treatment for people requiring emergency measures. It should also be available as an information center for emergency questions from the community, especially concerning antidotes for poisons. The service may be used as a receiving area for the evaluation of acute-trauma accident cases, intoxication, and poisoning. Good medical coverage is necessary for good emergency service.

Outpatient care

The recognition of health care as a right rather than a privilege implies the goal of a coordinated system of comprehensive health care. Adequate outpatient programs constitute an increasingly important part of that goal. They should include: multiphasic screening, preventive services, diagnostic and treatment services, home care programs, health-related social services, and a network of relationships with other health care programs. Providing such services may involve the hospital in operating satellite units of various types.

Drug therapy

As a result of progress in the physical and medical sciences, numerous new drugs are available to treat the sick. These new drugs are extremely potent and widely used and have profound physiological and toxic effects upon patients. A wide variety of therapeutic agents are prescribed by physicians for patient care, and a knowledgeable pharmacist can be of inestimable help to hospital physicians in suggesting the best possible agents. Since the average inpatient of today receives large dosages of expensive drugs, the safety of the hospital and the patient demands that pharmacy personnel be acquainted with the stability, action, and toxicity of these agents.

Patient protection

The hospital assumes a heavy responsibility to the people who commit themselves to its care. It accepts the obligation to protect the patient's person, his property, and his reputation. His physical body must be guarded from injury, both physical and mental. He must be safe from exposure to known or suspected infectious disease and from known, suspected, or unforeseeable hazards. Protection of property extends to the worldly goods that the patient may bring to the hospital. Protection of reputation extends to such confidential information as the patient may have revealed to his physician or members of the hospital staff for the purposes of obtaining treatment. This also includes his right of privacy.

DeGeyndt (2013) opined that the hospital must further shield the patient by ensuring accommodations which are safe and capable of providing the security and quality of care that his condition calls for. The administration must also be certain that the equipment used in the hospital is safe, adequate to the needs of the patient, and in accordance with up-to-date medical knowledge. Supplies have to be sufficient quantity, modern, safe, and capable of meeting the needs of patient care, diagnosis and treatment.

Careful consideration to the selection of physicians, hospital employees, volunteers, students, or others who will render services to patients is required. It is essential that personnel have the knowledge, the experience, and the general ability to carry out their respective tasks. The hospital has as great a responsibility to keep incompetent persons from caring for the patient as it does to guard against a short circuit in the electrical wiring. In addition, the hospital must protect the patient from doing injury to himself or from being injured by others.

Nursing services

The central focus of all nursing service activities is providing for the patient. This requires taking into account each patient's needs such as movement and exercise, spiritual well-being, hygiene, comfort, nutrition, safety, communication, and learning and then basing the plan of care on these needs. While nursing cannot furnish everything the patient requires, nurses have the coordinating responsibility of working with members of allied disciplines medical staff, dietitians, social workers, pharmacists, and others to supply a comprehensive program of hospital care. The nursing service department is maintained throughout the 24-hour period to implement that program.

Spiritual care

The spiritual needs of patients are often apparent during illness, and the hospital should provide pastoral care. To offer a patient spiritual counsel is in keeping with treating the whole person. Many personal questions become urgent at a time of illness; the patient finds himself with time to think about himself and the world around him. The hospital chaplains and clergy of the community contribute significantly to meeting patients' spiritual concerns.

Nine groups of people who appear to be in need of pastoral care are: (1) patients who are lonely and seldom have visitors, (2) those who express fear and anxiety, (3) those whose illness is directly related to emotions or to religious attitudes, (4) those who are scheduled for surgery, (5) those who have to change their pattern of life as a result of illness or injury, (6) those who are concerned about the relationship between their religion and their health, (7) those who are unable to have their pastor visit or who would not normally receive pastoral care, (8) those whose illness has social implications, and (9) those who are dying.

Dietary requirements

Goals of the hospital's service with regard to dietary needs of patients are: (1) optimum nutrition of the patient, (2) maintenance of morale, (3) dietetic education of patients, and (4) achievement of these goals with maximum efficiency and resulting economy. Proper nutrition requires knowledgeable purchasing of equipment and foods, professional planning of standard and therapeutic diets, scientific food production, and a well-planned system of food distribution from kitchen to patient. The morale function calls for consideration of the aesthetics of food service including color, consistency, and temperature. The timing of meals is also important.

The dietary service staff has a significant contribution to make toward the education of patients and their families about their dietary requirements. Meals that are soundly planned, prepared, and served are in themselves an education to patients. This is particularly the case as they and their families get together for an explanation and discussion about special diets.

Social service

The social factors which have helped to make the patient ill, the social problems which his illness creates for him, and the obstacles which may limit his capacity to make use of what medicine has to offer are of importance to his physicians and the health team. The physician and the hospital personnel are concerned with understanding the patient's social setting, his relationship with the family group, and his socioeconomic as well as emotional resources. This type of understanding helps ensure integrated help for the patient.

To enhance the usefulness of medical care and to help the hospital achieve its purpose in medical treatment, a social service program should be provided. The social service department represents a logical and hopeful course of action which the patient can understand, accept, and use to attain and maintain the fullest possible physical and social functioning. Achievement of this result, which involves treating each patient as a unique person, brings into focus a major responsibility of social work in the hospital. Increased knowledge of the close relationships of the physical, social, cultural, and emotional factors in health and disease has helped to bring about social work participation in collaborative responsibilities.

Kozier and DuGac(2011), opined that each patient reacts in an individualized way to a given situation, according to his

personality as well as his social and emotional needs. The social worker's knowledge and skill, therefore, are applied primarily through interviews with the patient and the family, in collaborative planning and sharing of information with the physician and other professional persons concerned and with community agencies with regard to the use of their services on behalf of the patient.

Recreational service

Recreation is generally recognized as a basic human need because it contributes to well-being and is therefore therapeutic. A recreational service for hospitalized patients does contribute to the therapeutic environment through refreshment and renewal of mind, body, and spirit. Programs must be adapted to the needs and interests of the patient, and they require approval of his physician. Recreational programs may include such activities as art, crafts, dancing, dramatics, hobbies, music, entertainment, nature and outing activities, and various kinds of social activities.

Therapeutic environment

A therapeutic environment helps a patient grow, learn, and return to health. It is an atmosphere in which the patient is supported in his perception of himself as a person of worth. The therapeutic environment is oriented to the patient's needs, to his importance as a person capable of solving problems and making decisions. In such an environment patients are encouraged to participate as much as they are able. Psychological independence is promoted by: (1) encouraging the patient to participate in his own plan of care; (2) encouraging him to assume responsibility and make life decisions for himself within his limitations; (3) helping him develop patterns of response to stressful stimuli that are compatible with physical and psychological growth; (4) helping him to function in his sociologically defined roles within his family and the community; (5) helping him make realistic plans for the future.

CONCLUSION

Leaders in Nigerian health-care organizations must have to be thinking about patients when they design their operations. That way they can cater many of their design principles to individual patients. Hospitals need a structured approach to doing things correctly and they need to collect data to measure their progress. Unless they are doing that, they're not going to learn anything, But we don't want to lose sight of the patients, who are often treated as commodities these days. We feel it would be helpful for government officials to introduce legislation that has a dual emphasis on patient safety and patient-centered health care to reduce the chances for this tradeoff in the first place.

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