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Strategic Resources and Organisational Effectiveness of Tertiary Hospitals in South-South, Nigeria

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Abstract: *Tertiary hospitals in Nigeria's South-South region faced persistent challenges such as inadequate healthcare delivery and resource mismanagement. Despite ongoing efforts to improve infrastructure, many of these hospitals continued to grapple with financial constraints and a shortage of skilled staff. These issues significantly impacted the overall quality of care, affecting patient outcomes and hospital effectiveness. Given these challenges, the study examined the effect of strategic resources on the organizational effectiveness of tertiary hospitals in South-South, Nigeria. The specific objectives were to examine the influence of financial resources and human capital on the quality of healthcare delivery. A cross-sectional survey research design was employed, covering a population of 13,604 clinical and non-clinical staff. A sample size of 374 respondents was determined using Krejcie and Morgan's formula. Primary data were collected through a structured questionnaire administered to hospital employees. Data from the respondents were summarize using descriptive statistics (frequencies and percentages), and the hypotheses were tested using a simple regression model. The findings revealed that both financial resources and human capital exert a statistically significant positive influence on the quality of healthcare delivery in the selected tertiary hospitals in the South-South, Nigeria. It was concluded that financial resources and human capital are essential drivers of quality healthcare delivery, which translates into overall hospital effectiveness. The study highlights the need for strengthened financial governance and strategic resource allocation in tertiary hospitals in South-South Nigeria. It emphasizes investing in workforce development, infrastructure, health technology, and quality assurance to enhance healthcare quality and institutional performance. Additionally, continuous professional development and capacity-building for healthcare workers are identified as critical for standardizing service delivery and improving overall health system outcomes.*

Keywords: strategic resources, financial resources, human capital, organisational effectiveness, quality of healthcare delivery

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INTRODUCTION

Organisational effectiveness remains a central concern for contemporary healthcare institutions, particularly tertiary hospitals that operate within complex, resource constrained, and highly demanding environments. Organisational effectiveness refers to the extent to which an organisation efficiently and strategically utilises its resources to achieve its objectives, sustain operations, and respond to environmental pressures. In the healthcare context, it is commonly reflected in quality service delivery, patient satisfaction, efficient resource utilisation, improved health outcomes, and the ability to sustain service provision over time (Putnis & Neilson, 2022). As healthcare demands continue to rise globally, the effectiveness of tertiary hospitals has become increasingly dependent on how well they mobilise and manage their strategic resources.

Globally, healthcare systems are under intensifying pressure due to rising patient expectations, increasing disease burden, ageing populations, rapid and persistent funding constraints. These pressures have heightened the need for healthcare organisations to align internal resources with strategic objectives in order to maintain effectiveness and competitiveness. Kohl (2018) underscores the critical role of tertiary hospitals in providing specialised care, advancing clinical excellence, and offering leadership within national health systems. Similarly, Igweh *et al.* (2020) argue that organisational effectiveness in tertiary healthcare institutions is closely associated with innovation, technological investment, and continuous workforce development.

Central to achieving organisational effectiveness is the availability and effective utilisation of strategic resources resources that are valuable, rare, difficult to imitate, and non substitutable. Such resources form the basis for sustained organisational performance and long term viability. Strategic resources are broadly defined as assets, capabilities, and competencies that enable organisations to achieve strategic objectives and maintain competitive advantage (Riana *et al.*, 2020). In healthcare organisations, these resources significantly influence operational efficiency, service quality, and institutional sustainability. Among the various strategic resources available, this study focuses specifically on financial resources and human capital due to their critical role in shaping the performance of tertiary hospitals.

Financial resources provide the monetary capacity required to fund daily operations, procure medical equipment, maintain infrastructure, remunerate personnel, and support strategic initiatives. Inadequate or poorly managed financial resources constrain service delivery, limit investment in innovation, and threaten institutional sustainability. Human capital, on the other hand, encompasses the knowledge, skills, experience, health status, and professional competence of healthcare workers. It includes both tangible elements, such as physical and mental capacity, and intangible attributes, such as expertise, ethical conduct, creativity, and problem solving ability(Akinleye *et al.*,2019;Nwokocha *et al.*,2025). Continuous education, training, and professional development are therefore essential for strengthening human capital and enhancing organisational effectiveness in healthcare institutions (Ngare, 2023). Scholars such as Wolfson and

Mathieu (2021) and Yakubov (2024) consistently identify financial resources and human capital as critical strategic assets influencing organisational effectiveness.

In Nigeria, achieving organisational effectiveness in tertiary hospitals remains particularly challenging. The healthcare system is characterised by chronic underfunding, inadequate infrastructure, shortages of skilled healthcare professionals, and persistent management inefficiencies, all of which undermine service delivery and health outcomes (Ihua et al., 2024; Ogbuke et al., 2024). Despite their mandate to provide specialised and advanced medical services, many tertiary hospitals struggle to meet increasing patient demands while maintaining operational and financial sustainability.

These challenges are especially pronounced in the South South region of Nigeria. Although the region is rich in natural resources, prolonged oil exploration has resulted in severe environmental degradation, which has adversely affected public health. Environmental pollution, contaminated water sources, and poor sanitation have contributed to a high prevalence of waterborne and environmentally induced diseases, such as cholera, thereby increasing the demand for tertiary healthcare services (Essiet *et al.,* 2024). This escalating disease burden places significant pressure on already strained tertiary hospitals in the region.

In addition to environmental and public health challenges, tertiary hospitals in South South Nigeria face persistent brain drain, ageing and dilapidated infrastructure, weak health management systems, and limited investment in medical technology and innovation (Okorocha, 2024). Within this complex socio economic and environmental context, the effective mobilisation and management of strategic resources particularly financial resources and human capital become critical for enhancing organisational effectiveness. Tertiary hospitals in the region must leverage these resources to improve service delivery, enhance patient satisfaction, and achieve sustainable performance.

Despite their strategic importance within Nigeria's healthcare system, many tertiary hospitals in South South Nigeria continue to struggle to meet community healthcare needs and achieve optimal organisational effectiveness. Against this backdrop, this study examines the relationship between strategic resources and organisational effectiveness in tertiary hospitals in South South Nigeria, with organisational effectiveness assessed in terms of quality health
care delivery.

Statement of the Problem

Organisational effectiveness remains a persistent challenge confronting tertiary hospitals in Nigeria, particularly within Nigeria's South-South region. As apex referral institutions, tertiary hospitals are mandated to deliver specialised clinical services, advance medical research, and train future health professionals. However, many of these institutions are increasingly unable to fulfil these core responsibilities effectively, raising serious concerns about the quality, sustainability, and overall performance of tertiary healthcare delivery in the region. The diminished

organizational performance of tertiary healthcare facilities in Nigeria's South-South region is primarily driven by a systemic lack of vital strategic assets. Prolonged budgetary shortfalls have restricted the supply of basic medical sundries, stalled the acquisition and upkeep of advanced diagnostic tools, and prevented the modernization of physical facilities (Josiah *et al.*, 2024).

In addition, significant human resource challenges, exacerbated by workforce migration, weak retention mechanisms, inadequate staffing levels, and limited opportunities for continuous professional development—have resulted in excessive workloads, staff burnout, low morale, and a gradual deterioration in the quality of healthcare delivery (Dim *et al.*, 2025).
These deficiencies in strategic resources have had profound operational consequences for tertiary hospitals in the region. They are reflected in overcrowded facilities, prolonged patient waiting times, frequent equipment failures, increased incidence of medical errors, declining staff motivation, reduced patient satisfaction, and growing public distrust in tertiary healthcare institutions. Consequently, many of these hospitals struggle to function effectively as referral centres, leading to compromised clinical outcomes and weakened overall health system performance (Okoebor, 2024).

Despite the gravity of these challenges, existing empirical literature reveals notable gaps. Most prior studies have examined strategic resources in isolation, focusing independently on financial resources, human capital, technology, or physical infrastructure. Such fragmented approaches provide limited insight into how multiple strategic resources interact to influence organisational effectiveness. Furthermore, empirical studies that focus specifically on tertiary hospitals within Nigeria's South-South region remain scarce, despite the region's economic importance and persistent healthcare performance challenges.

This study therefore seeks to address these gaps by adopting a holistic, multidimensional framework of strategic resources, encompassing financial capital, and human resources to examine their combined and interactive influence on organisational effectiveness in tertiary hospitals in South-South Nigeria. By integrating these dimensions within a single analytical framework, the study aims to generate comprehensive empirical evidence that can inform policy formulation, strategic management decisions, and targeted interventions aimed at strengthening the effectiveness and sustainability of tertiary healthcare institutions in the region.

Objectives of the Study

The main objective of this study was to examine the effect of strategic resources on organisational effectiveness in tertiary hospitals in South-South, Nigeria. The specific objectives of this study were to:

i. examine the effect of financial resources on the quality of healthcare delivery in tertiary hospitals in South-South, Nigeria
ii. ascertain the influence of human capital on the quality of healthcare delivery in tertiary hospitals in South-South, Nigeria

Research Questions

The following research questions were considered:

i. What is the effect of financial resources on the quality of healthcare delivery in tertiary hospitals in South-South, Nigeria?
ii. What influence does human capital have on the quality of healthcare delivery in tertiary hospitals in South-South, Nigeria?

Research Hypotheses

The study proposed the following hypotheses:

H_{01}: Financial resources have no significant effect on the quality of healthcare delivery in tertiary hospitals in South-South, Nigeria

H_{02}: There is no significant influence of human capital on the quality of healthcare delivery in tertiary hospitals in South-South, Nigeria.

LITERATURE/THEORETICAL UNDERPINNING

Strategic Resources

Strategic resources are fundamental assets that organizations utilize to achieve and sustain competitive advantage. These resources may be tangible, such as financial capital, physical infrastructure, or intangible, including human expertise, organizational culture, and intellectual capital. In the context of a teaching hospital, strategic resources are particularly significant because they support the institution's tripartite mission of patient care, research, and education (Langabeer et al.,2018). Today's business world has become very competitive, for an organization to succeed, the executives must understand and practice strategic management (Uwa & Johnson, 2017)

The resources of organizations are domicile in it environment be it external or internal. Management have to set it priority towards mitigating environmental turbulances that may alter not just its structure but also it stragetic plan (Ekutu, *et al*., 2020).

Human capital represents the most critical strategic resource in a teaching hospital. Highly trained physicians, nurses, researchers, and academic staff contribute directly to the delivery of high-quality healthcare, the advancement of medical research, and the effective training of healthcare professionals. Financial resources are equally essential, as they enable investment in advanced medical technologies, modern facilities, research programs, and faculty development(Mueller *et al.*,2013; Safarani *et al.*,2018).

Furthermore, an organizational culture that promotes collaboration, innovation, and continuous learning strengthens the effective utilization of these resources(Alsaqqa,2024). Strategic management of these assets allows tertiary hospitals to maintain excellence in healthcare delivery, foster medical innovation, and ensure the development of competent future healthcare professionals, thereby sustaining their vital role within the healthcare system.

Financial Resources

Financial resources represent a fundamental element of organizational capacity, providing the means through which institutions plan, operate, and sustain long-term viability. These resources encompass revenue streams, budgetary allocations, grants, investments, and other funding mechanisms that support both operational activities and strategic initiatives. Effective management of financial resources promotes institutional stability, facilitates growth, and enables organizations to respond to internal and external challenges (Langabeer *et al*.,2018). Moreover, sound financial planning enhances accountability, supports risk management, and ensures the efficient allocation of funds to priority areas. In tertiary hospitals, financial resources are particularly critical due to the multifaceted nature of their responsibilities. The hospitals are required to finance clinical service delivery, medical education, and research activities concurrently. Adequate financial resources support the procurement of advanced medical technologies, maintenance of infrastructure, remuneration of highly skilled personnel, and implementation of innovative clinical and educational programs (Safarani *et al*.,2018). Furthermore, financial capacity enables teaching hospitals to conduct research, attract and retain academic staff, and subsidize training programs that may not generate immediate financial returns. Consequently, effective financial resource management is essential for tertiary hospitals to maintain high standards of care, advance medical knowledge, and fulfill their educational mandate (A'aqoulah *et al*.,2025).

Human Capital

Human capital refers to the aggregate of skills, knowledge, competencies, health, and experiences possessed by individuals, which enhance their productivity and economic value. It is cultivated through education, training, and experiential learning, and serves as a fundamental driver of economic growth, organizational effectiveness, and societal progress. Unlike physical assets, human capital appreciates over time with proper investment, fostering innovation, efficiency, and adaptability. As such, human capital is a critical resource for achieving long-term sustainability and success within knowledge-based environments (Aryee *et al*.,2024). Human resouces play a vital role in an organization. To get the best from them, every member of the organization must be treated with dignity (Uwa *et al*., (2018). Also, employees constantly look out for fairness in treatment within the organization as they continually compare their contribution towards the achievement of the organizational goals and the reward they receive with that of others in similar levels with them who also contributed similar effort (Johnson *et al*., 2024).

In the context of a tertiary hospital, human capital constitutes the essential foundation for both clinical service delivery and academic endeavors. Healthcare professionals, including physicians, nurses, pharmacists, and allied staff, collectively apply specialized knowledge to provide patient care while simultaneously contributing to the education and training of future healthcare practitioners (Ibrahim *et al*.,2025; Abdulkareem and Adekunle,2025). The ongoing development of human capital through continuous medical education, mentorship, and research initiatives directly enhances the quality of care, patient outcomes, and institutional innovation, underscoring the integral role of human capital in the success and advancement of tertiary hospitals.

Organisational Effectiveness

Organizational effectiveness refers to the extent to which an organization successfully achieves its stated objectives through the optimal utilization of resources, coherent structures, and well-aligned processes. It encompasses goal attainment, operational efficiency, adaptability, leadership quality, and the capacity to sustain performance over time. Effective organizations demonstrate clear strategic direction, strong coordination among units, and continuous evaluation to enhance outcomes in response to internal and external demands (Zhang *et al*.,2025).

In a tertiary hospital, organizational effectiveness is particularly significant due to its complex and multifaceted mandate. Such institutions are responsible for delivering high-quality patient care while simultaneously supporting medical education and research activities. Effectiveness is reflected in the hospital's ability to integrate these functions without compromising standards. This requires effective governance, interprofessional collaboration, robust training systems, and evidence-based clinical practices (Kumah *et al.*,2025). When organizational goals are clearly aligned across clinical, academic, and research domains, tertiary hospitals are better positioned to improve healthcare outcomes, advance medical knowledge, and develop competent healthcare professionals.

Quality of Healthcare Delivery

Quality of healthcare delivery is defined as the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and align with established professional standards. It incorporates key dimensions such as effectiveness, safety, timeliness, efficiency, equity, and patient-centered care. High-quality healthcare delivery is essential for reducing preventable harm, improving patient satisfaction, and ensuring optimal utilization of healthcare resources (Zhang *et al.*,2025). Tertairy hospitals occupy a central role in promoting quality healthcare through their combined functions of service delivery, education, and research. These institutions foster evidence-based clinical practice, continuous professional development, and medical innovation through structured training and academic oversight. Although tertiary hospitals often manage complex cases and heavy patient loads, rigorous supervision and standardized protocols support the maintenance of high-quality care(:Jonker et al.,2020;He *et al.*,2023).Consequently, tertiary hospitals significantly contribute to the advancement and sustainability of healthcare delivery systems.

Resource-Based View (RBV) Theory

The study is grounded in Resource-Based View (RBV) theory, initially developed by scholars such as Penrose (1959) Barney (1991) and Wernerfelt (1984). RBV posits that an organization's sustained competitive advantage is primarily derived from its unique resources and capabilities. According to the RBV, for resources to effectively generate and sustain such an advantage, they must meet four key criteria: they must be valuable, rare, inimitable, and non-substitutable (VRIN). In the context of tertiary hospitals, complex healthcare institutions that provide specialized care, advanced medical services, and serve as referral centers(Jufri *et al.*,2021;Sherman *et al.*,2025). RBV offers a pertinent framework for understanding how the strategic management of internal

resources supports organizational performance and long-term success. In tertiary hospitals, one of the most critical strategic resources is human capital, particularly the expertise and skillsets of healthcare professionals and support staff. Specialized physicians, nurses, and medical researchers play a central role in ensuring high-quality clinical care, advancing medical research, and providing education and training to future healthcare professionals (Goh *et al* ,2020). The depth of specialized knowledge and clinical proficiency within this workforce is pivotal to the hospital's ability to maintain excellence in the delivery of complex medical services, innovative treatment protocols, and cutting-edge research.

Financial resources also serve as a fundamental enabler of the strategic objectives of tertiary hospitals. Adequate and well-managed financial capital allows for investment in advanced medical technologies, staff development initiatives, research funding, and infrastructure expansion. Through the judicious allocation and utilization of financial resources, tertiary hospitals can ensure operational stability, enhance the quality of service delivery, and sustain long-term strategic initiatives, thereby bolstering overall organizational performance (Akinleye *et al.*,2019). Overall, Resource-Based View (RBV) provides a robust theoretical lens through which the management of human and financial resources can be understood as integral to the organizational effectiveness of tertiary hospitals. By strategically leveraging these internal resources, tertiary hospitals can improve healthcare quality, optimize operational efficiency, and secure a sustainable competitive position in the healthcare sector.

Empirical Review

Aradukunda and Sikubwabo (2024) examined the impact of financial resource management on project performance in Kigali City. The objectives of the study were to assess the impact of financial resource management planning and financial resource control on project performance. The study employed a mixed-methods research design. The target population comprised 312 employees of Kigali City, from which a sample size of 175 was drawn using a stratified sampling technique. Data collection tools included questionnaires, interview guides and document reviews. The data were analysed through editing, coding and tabulation. Descriptive statistics, such as the mean and standard deviation, were used to present the results, while inferential statistics, including correlation and regression analysis, were employed to test the hypotheses. The findings indicated a significant relationship between financial resource management and the performance of projects in the City of Kigali. Based on these findings, the researchers recommended that the public entity, Kigali City, should continually ensure it possesses adequate financial control expertise to enhance organisational performance.

Joanes *et al.* (2024) examined the impact of human capital development on employee performance in tertiary institutions in Enugu State. The specific objectives were to determine the effect of educational attainment on effective lesson planning and to assess the impact of skills development on instructional design within these institutions. A descriptive survey research design was employed. The study population comprised 2,403 staff members from five tertiary institutions in Enugu State, from which a sample of 343 respondents was selected. Data were analysed using

mean scores and standard deviation, while hypotheses were tested using the ordinary least squares technique. The empirical findings revealed that educational attainment had a significant effect on effective lesson planning, and skills development had a significant effect on instructional design. The study concluded that human capital development positively and significantly influences employee performance in tertiary institutions in Enugu State. The authors recommended that the management of these institutions implement effective policies aimed at enhancing staff creativity and educational levels. Furthermore, policies should be introduced to retain employees following skill acquisition in order to preserve institutional investment in their development.

Oko and Essien (2024) examined the relationship between selected human resource management (HRM) practices and employee job performance at the University of Uyo Teaching Hospital (UUTH), Akwa Ibom State, Nigeria. The study adopted a descriptive survey research design. The population consisted of 2,090 employees, both clinical and non-clinical, with a sample size of 369. A structured questionnaire served as the primary instrument for data collection. Data were analysed using Pearson's Product Moment Correlation Coefficient (PPMCC) with the aid of the Statistical Package for the Social Sciences (SPSS), Version 23. The findings revealed a significant positive relationship between HRM practices, such as staff welfare, training, recruitment, and promotion and employee performance at UUTH. The study recommended that hospital management prioritise staff welfare through initiatives such as housing schemes, transport services, soft loans, recreational facilities, and health insurance. Furthermore, regular recruitment, promotion, and continued professional development should be sustained to address workforce gaps caused by retirement, retrenchment, or resignation, thereby enhancing service delivery and professionalism in the health sector.

Umeobi *et al.* (2023) explored the relationship between financial resources and the performance of manufacturing firms in South East Nigeria. The study aimed to determine how financial resources relate to the organisational effectiveness and productivity of these firms. It was grounded in the Resource-Based View (RBV) theory of the firm and adopted a descriptive survey design. The study population consisted of 2,176 employees drawn from 250 manufacturing firms. A sample size of 471 was determined using Godden's formula for a finite population. Questionnaires were distributed to employees across top, middle, and lower management levels. The study hypotheses were tested using simple regression analysis at a 0.05 level of significance, utilising SPSS version 23. The findings revealed a significant positive relationship between financial resources and both organisational effectiveness and productivity among manufacturing firms in South East Nigeria. Based on the findings, several recommendations were made. Among these, it was advised that top management ensure the availability of adequate financial resources as a critical factor for sustaining long-term investment and achieving business success. Even when funds are sufficient, managers should avoid financial mismanagement to enhance the productivity of their firms

Adegbite (2018) investigated the impact of finance on the performance of selected manufacturing companies in Ibadan, Oyo State, Nigeria. The study utilized secondary data from three companies,

covering ten years of audited financial statements (2007–2016). To test the research hypotheses, a stepwise multiple regression analysis was employed, given the multiple sources of finance under consideration, including equity, term loans, and overdrafts. The findings indicated a positive and statistically significant relationship (at the 5% level) between finance and key performance indicators such as production, sales, and gross profit. Based on these findings, the study concluded that adequate and strategic financing plays a critical role in enhancing the performance of manufacturing firms. It was recommended that companies explore diverse sources of finance, reinvest profits wisely, and carefully evaluate the risk-return trade-offs associated with different financing options to optimize operational outcomes.

METHODOLOGY

The study employed a cross sectional survey design. This method was adopted because it enables efficient gathering of relevant information from respondents while providing a broad overview of the population's characteristics, behaviours, and opinions. The population of study consisted of 13604 clinical and non clinical staff of the six selected tertiary hospitals in South-South Nigeria. The pupolation figures were obtained HR units of the selected hospital (see Table 1).The sample size for the study was determined using Krejcie and Morgan's (1970) formula, which is given as::

$$s = \frac{X^2 .\ N .P\ (1-P)}{d^2(N-1) + X^2 .\ P(1-P)}$$

Where:
s = required sample size
N = population size
P = population proportion (assumed to be 0.5)
d = degree of accuracy
X^2 = the table value of chi-square for 1 degree of freedom at the desired
d = 0.05
X^2 = 3.841
Substituting into the formula:

$$s = \frac{3.841 .13604 .0.5(1-0.5)}{0.05^2(13604-1) + 3.841 .0.5\ (1-0.5)}$$

$$s = \frac{3.841 .13604 .0.25}{0.0025 .13603 + 3.841 .0.25}$$

$$s = \frac{13063.51}{34.0075+0.96025} = \frac{13063.51}{34.96775} = 374$$

The sample population was drawn from the tertiary hospitals included in the study using proportional allocation to ensure fair representation across the hospitals. In this method, the sample size was allocated in proportion to the size of each hospital's population relative to the total population. The total sample size was determined based on factors such as the overall population, desired confidence level, and margin of error. Following this, a simple random sampling technique was applied within each hospital to select individual respondents for the administration of the

questionnaire. This approach ensured that every eligible respondent had an equal chance of being selected, thereby minimizing selection bias. The proportional allocation formula is as follows:

$$n_h = \frac{N_h}{N} \times n$$

Where:
n_h = Sample size for the organization h
N_h = Population of organization h
N = Total population (13,604)
n = Total sample size (374)
Compute total population
N = 2,940 + 2,354 + 2,180 + 2,155 + 2,025 + 1,950 = 13,604
Computed total sample size
n = 81 + 65 + 60 + 59 + 56 + 53 = 374
Compute proportional for each organization

i. University of Calabar Teaching Hospital (UCTH)

$$n_{UCTH} = \frac{2940}{13604} \times 374$$

Sample size for UCTH = 81

ii. University of Uyo Teaching Hospital (UUTH)

$$n_{UUTH} = \frac{2354}{13604} \times 374$$

Sample size for UUTH = 65

iii. University of Port Harcourt Teaching Hospital (UPTH)

$$n_{UPTH} = \frac{2180}{13604} \times 374$$

Sample size for UPTH = 60

iv. University of Benin Teaching Hospital (UBTH)

$$n_{UBTH} = \frac{2155}{13604} \times 374$$

Sample size for UBTH = 59

v. Delta State University Teaching Hospital (DELSUTH)

$$n_{DELSUTH} = \frac{2025}{13604} \times 374$$

Sample size for DELSUTH = 56

vi. Niger Delta Teaching Hospital (NDUTH)

$$n_{NDUTH} = \frac{1950}{13604} \times 374$$

Sample size for NDUTH = 53

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Table 1: Sample Schedule for Questionnaire Distribution

S/N	Hospitals	Population	Proportional Sample Size
1.	University of Calabar Teaching Hospital (UCTH)	2,940	81
2.	University of Uyo Teaching Hospital (UUTH)	2,354	65
3.	University of Port Harcourt Teaching Hospital (UPTH)	2,180	60
4.	University of Benin Teaching Hospital (UBTH)	2,155	59
5.	Delta State University Teaching Hospital (DELSUTH)	2,025	56
6.	Niger Delta Teaching Hospital (NDUTH)	1,950	53
	Total	**13,604**	**374**

Source: Research Computation (2026)

The data for this study were collected from primary sources through a structured questionnaire designed comprised closed-ended items and employed a 5-point Likert scale: Strongly Agree (SA) = 5, Agree (A) = 4, Neutral (N) = 3, Disagree (D) = 2, Strongly Disagree (SD) = 1. The items were developed based on the study's key variable. This provided the raw data that were coded and analysed to address the objectives of the study. The validity of the instrument was established through content and construct validation procedures. Reliability was assessed using the test–retest method, and the Cronbach's alpha coefficient was computed, yielding a value greater than 0.7, which indicates an acceptable level of internal consistency

Empirical Models Specification

$OE = f(FR)$ Model 3.1

$OE = a_o + a_1 FR + e$ Equation 3.1

$OE = f(HC)$ Model 3.2

$OE = a_o + a_2 HC + e$ Equation 3.2

Where,

OE = Organisational Effectiveness (Dependent variable)
ST = Strategic Resources (Independent variable)
FR = Financial Resources
HC = Human Capital
a_o = Interest
a_1 – a2 = Coefficients of the independent variables
e = Error term

The data were analysed using both descriptive and inferential statistical techniques. Descriptive statistics, such as percentages and frequency distributions, were employed to summarise and present the data in a clear and meaningful manner. Inferential statistics were applied to test the research hypotheses, specifically through simple linear regression.All analyses were performed using the Statistical Package for the Social Sciences (SPSS), version 25, which is widely recognised as a robust tool for quantitative data analysis.

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RESULT/FINDINGS

Data presentation

The data collected were presented in tables and analyzed using frequencies and percentages. As shown in Table 2, a total of 374 questionnaire were distributed across the five tertiary hospitals in South-South, Nigeria, out of which 361 were completed and returned, representing a 96.5% response rate; these data formed the basis for the subsequent analysis. This indicates that 13 questionnaire were either incomplete or not returned, representing an attrition rate of 3.5% of the total distributed.

Table 2: Questinnaire Administration

S/N	Hospitals	No. of Questionnaire Distributed	No of Retur Filled Retured
1.	University of Calabar Teaching Hospital (UCTH)	81	75
2.	University of Uyo Teaching Hospital (UUTH)	65	60
3.	University of Port Harcourt Teaching Hospital (UPTH)	60	57
4.	University of Benin Teaching Hospital (UBTH)	59	55
5.	Delta State University Teaching Hospital	56	53
6.	Niger Delta Teaching Hospital (NDUTH)	64	61
	Total	**374**	**361**

Source: Field Survey (2026)

Statistical Analysis of Data

The three hundred and sixty-one (361) questionnaire, duly completed and returned, were analyzed using descriptive statistics, including frequencies and percentages. Hypotheses testing involved the use of inferential statistics, specifically simple linear model. The Statistical Package for the Social Sciences (SPSS) version 25 was employed as the software for the analysis. The results are presented below.

Analysis of Questionnaire Responses

The response of the respondents is analysed in this section of the study.

Assessing the Effect of Financial Resource on the Quality of Healthcare Delivery in Tertiary Hospital.

The first objective was to assess respondents' perceptions of financial resources management and quality of healthcare in the hospitals using a five-point Likert scale ranging from Strongly Agree (SA) to Strongly Disagree (SD). Table 3 summarizes the frequency and percentage distribution of responses across five survey items.

Table 3: Responses on the Effect of Financial Resource on theQuality of Healthcare Delivery in Tertiary Hospital

S/N	Items	SA	A	U	D	SD
1	The information provided to this hospital is adequate to ensure quality health care delivery.	146 (40.2)	110 (30.5)	8 (2.2)	98 (27.1)	0 (0.0)
2	Budget allocated to this hospital are efficiently utilized is used effectively to address its operational needs.	149 (41.3)	107 (29.6)	9 (2.5)	83 (23.0)	13 (3.6)
3	The hospital has implemented effective strategies to diversify its sources of revenue.	113 (31.3)	104 (28.8)	15 (4.2)	102 (28.3)	27 (7.5)
4	There is a high level of transparency in the hospital's financial management processes.	193 (53.5)	119 (33.8)	1 (0.3)	23 (6.4)	25 (6.9)
5	The hospital has established mechanisms for the effective utilisation of financial resources	147 (40.7)	55 (15.2)	12 (3.3)	52 (14.4)	95 (26.3)

Source: Research's Computation (2026)

Results from Table 3 indicate an overall positive perception of financial and informational practices supporting quality healthcare delivery. A majority of respondents (70.7%) agreed that hospital information is adequate for ensuring quality healthcare, reflecting strong confidence in information provision. Similarly, most respondents perceived budget utilization as efficient (70.9%), though a notable minority expressed concerns about operational efficiency. Views on revenue diversification were more mixed, with just over 60% agreeing that effective strategies are in place, suggesting only moderate confidence in this area. Financial transparency received the strongest approval, with over 87% of respondents affirming transparent financial management processes. However, perceptions regarding mechanisms for effective financial resource utilization were polarized, as substantial proportions both strongly agreed and strongly disagreed, indicating significant concern among some respondents. Overall, while information adequacy, budget use, and transparency are viewed positively, revenue diversification and financial utilization mechanisms emerge as key areas requiring improvement.

Assessing the Effect of Human Capital on the Quality of Healthcare Delivery in Tertiary Hospital.

Descriptive statistics for survey items assessing human-resource-related factors influencing hospital effectiveness was carried out in this section. Using the same scale, the number of respondents is presented first, with the corresponding percentage in brackets. The analysis summarises the distribution of responses and highlights the dominant perceptions among participants and the information is presented in Table 4.

Table 4: Responses on the Effect of Human Capital on the Quality of Healthcare Delivery in Tertiary Hospital

S/N	Items	SA	A	U	D	SD
6	The ratio of specialists to total clinical staff significantly enhances the hospital's overall effectiveness.	104 (28.8)	102 (28.3)	9 (2.5)	91 (27.1)	55 (15.2)
7	Annual Continuing Medical Education (CME) hours provided per clinician improves clinical performance and organisational outcomes.	152 (42.1)	109 (30.2)	7 (1.9)	29 (8.0)	64 (17.7)
8	A high percentage of clinicians with advanced practice certifications contributes meaningfully to the hospital's effectiveness.	169 (46.8)	71 (19.7)	21 (2.8)	66 (18.3)	34 (9.4)
9	The current staff turnover rate negatively affects the hospital's ability to deliver consistent and effective healthcare services.	139 (38.5)	148 (41.0)	21 (5.8)	31 (8.6)	22 (6.1)
10	Engaging staff in research or teaching activities strengthen the hospital's knowledge base and operational effectiveness.	115 (31.9)	84 (23.3)	36 (2.2)	55 (15.2)	71 (19.7)

Source: Research's Computation (2026)

Results from Table 4 indicate that human-resource-related factors play a significant role in hospital effectiveness. Perceptions of the specialist-to-clinical-staff ratio were moderately positive, with 57.1% of respondents agreeing or strongly agreeing that it enhances hospital effectiveness, while 42.3% expressed disagreement, suggesting some reservations regarding its impact.Strong consensus emerged regarding the importance of Continuing Medical Education (CME). A total of 72.3% of respondents agreed or strongly agreed that annual CME hours improve clinical performance and organizational outcomes, with minimal neutral responses (1.9%). Similarly, advanced practice certifications were widely viewed as beneficial, with 66.5% of respondents expressing positive perceptions, indicating that higher clinical qualifications are considered a key contributor to hospital effectiveness.The negative impact of staff turnover was strongly acknowledged, with 79.5% of participants agreeing or strongly agreeing that high turnover undermines service consistency and effectiveness, reflecting near unanimous concern across respondents.Engagement in research and teaching activities received moderate support, with 55.2% of respondents endorsing its contribution to hospital effectiveness, although a notable proportion (34.9%) disagreed, indicating divided views on this factor.

Overall, the findings highlight strong support for CME participation, advanced clinical qualifications, and the need to address staff turnover as critical determinants of hospital effectiveness. In contrast, perceptions regarding specialist staffing ratios and research or teaching engagement were more varied, suggesting differences in staff experiences and expectations that may inform targeted workforce strategies

Assessing the Quality of Healthcare Delivery in the Tertiary Hospitals.

The Table 5 below shows responses on the quality of healthcare expected by the respondents. The essence was to present respondents' perceptions of the hospital's adherence to evidence-based clinical practice and its effectiveness in ensuring continuity of care and preventing avoidable readmissions.

Table 5: Responses on the Expected Quality of Healthcare Delivery in Tertiary Hospital

S/N	Items	SA	A	N	D	SD
16	The hospital follows evidence-based clinical guidelines when providing treatment.	102 (28.3)	104 (28.8)	15 (4.2)	113 (31.3)	27 (7.5)
17	The hospital follows evidence-based clinical guidelines when providing treatment.	193 (53.5)	119 (33.0)	1 (0.3)	25 (6.9)	23 (6.4)
18	The hospital follows evidence-based clinical guidelines when providing treatment.	152 (42.1)	113 (31.3)	9 (2.5)	62 (17.2)	25 (19.7)
19	The hospital follows evidence-based clinical guidelines when providing treatment.	156 (43.2)	96 (26.6)	36 (10.0)	37 (10.2)	36 (10.0)
20	Patients receive care that helps prevent unnecessary readmissions after discharge.	83 (23.0)	140 (38.8)	11 (5.0)	55 (15.2)	72 (19.9)

Source: Research's Computation (2026)

Results from Table 5 showing responses on the quality of healthcare expected by the respondents. Adherence to Evidence-Based Clinical Guidelines is one of the ways of measuring quality of healthcare service. The hospital follows evidence-based clinical guidelines when providing treatment**.** Responses to this item were moderately distributed. 102 respondents (28.3%) strongly agreed and 104 (28.8%) agreed, making 57.1% positive responses. Neutral responses were low, with 15 respondents (4.2%) selecting this option. Meanwhile, 113 respondents (31.3%) disagreed and 27 (7.5%) strongly disagreed**,** resulting in a substantial 38.8% negative perception. These findings suggest that although more than half of respondents view the hospital as adhering to evidence-based guidelines, a large minority hold contrary views, indicating perceived variability in practice consistency.

Respondents suggested also that the hospital follows evidence-based clinical guidelines when providing treatment**.** This item shows overwhelmingly positive perceptions. 193 respondents (53.5%) strongly agreed and 119 (33.0%) agreed, giving a total of 86.5% positive responses. Neutral responses were negligible (1 respondent, 0.3%). Negative responses were relatively small, with 25 respondents (6.9%) disagreeing and 23 (6.4%) strongly disagreeing, together forming 13.3%**.** The overwhelmingly positive responses for this item suggest strong confidence in the hospital's use of evidence-based guidelines.

Positive responses remained strong for this item, with 152 respondents (42.1%) strongly agreeing and 113 (31.3%) agreeing, totaling 73.4% positive responses. Nine respondents (2.5%) were neutral. Negative responses amounted to 62 respondents (17.2%) disagreeing and 25 (19.7%) strongly disagreeing, together forming 36.9%. While the majority viewed adherence positively, the comparatively higher rate of strong disagreement suggests pockets of concern about guideline adherence in certain units or clinical scenarios. Item 19 responses indicated moderately strong positive perceptions. 156 respondents (43.2%) strongly agreed and 96 (26.6%) agreed, resulting in 69.8% positive responses. Neutral responses totaled 36 respondents (10.0%). Negative perception was expressed by 37 respondents (10.2%) disagreeing and 36 (10.0%) strongly disagreeing, totaling 20.2%**.** These findings suggest that most respondents perceive the hospital as following evidence-based guidelines, although a notable proportion remain uncertain or skeptical. Item 20 **r**esponses for this item reflect relatively positive but less decisive perceptions compared with items on evidence-based care. 83 respondents (23.0%) strongly agreed and 140 (38.8%) agreed, representing 61.8% positive responses. Only 11 respondents (5.0%) were neutral. On the other hand**,** 55 respondents (15.2%) disagreed and 72 (19.9%) strongly disagreed, yielding a combined 35.1% negative response rate. While a majority believe the hospital provides care that reduces avoidable readmissions, more than one-third of respondents do not share this view, suggesting potential weaknesses in discharge planning or post-discharge follow-up.

The strongest positive perceptions were on Item 17, which showed the most substantial positive agreement (86.5%) regarding adherence to evidence-based clinical guidelines. However, item 16 showed the highest level of disagreement regarding adherence to evidence-based practices (38.8% negative responses) and item 20 revealed mixed perceptions of the hospital's success in preventing avoidable readmissions, with 35.1% expressing negative views. Although there are variations in the variability across items, the data generally indicate that respondents believe the hospital is following evidence-based clinical guidelines. Even though opinions of patient care continuity and readmission prevention are generally favourable, they do point to ways to improve follow-up care and discharge planning.

Hypothesis Testing

Hypothesis one

For clarity, the hypothesis is stated in both null and alternate forms:

Ho_1: Financial resources have no significant effect on the quality of healthcare delivery in tertiary hospitals in South-South Nigeria

H_{i1}: Financial resources have a significant effect on the quality of healthcare delivery in tertiary hospitals in South-South Nigeria resources have a significant effect on the quality of healthcare delivery in tertiary hospitals in South-South Nigeria.

Table 6: Effect of financial resources on quality of healthcare delivery in tertiary hospitals in South-South Nigeria.

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.543[a]	.295	.293	2.58907

a. Predictors: (Constant), FINRES

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	1006.072	1	1006.072	150.086	.000[b]
	Residual	2406.487	359	6.703		
	Total	3412.560	360			

a. Dependent Variable: QHCD
b. Predictors: (Constant), FINRES

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	t	Sig.
1	(Constant)	7.225	.538		13.430	.000
	FINRES	.451	.037	.543	12.251	.000

a. Dependent Variable: QHCD

Source: Researcher's Computation (2026)

The simple linear regression analysis examined the influence of financial resources on the quality of healthcare delivery in tertiary hospitals in South-South Nigeria. The coefficient of determination ($R^2 = 0.295$) indicates that financial resources account for approximately 29.5% of the variance in healthcare quality, while the remaining 70.5% is explained by other factors not included in the model, such as human resources, infrastructure, management practices, policies, staff training, and technology. The standardized beta coefficient ($\beta = 0.543$) indicates a strong positive relationship, meaning that a one-unit increase in financial resources results in a 0.543-unit increase in healthcare quality. The overall regression model was statistically significant ($F = 150.086$, $p < 0.001$), indicating that the model fits the data well and reliably predicts the quality of healthcare delivery based on financial resources. Consequently, the null hypothesis that financial resources have no

significant influence on healthcare quality is rejected, and the alternative hypothesis is accepted, confirming that financial resources have a significant and positive effect on healthcare delivery in tertiary hospitals in South-South Nigeria.

Hypothesis Two

H_{02}: There is no significant influence of human capital on the quality of healthcare delivery in tertiary hospitals in South-South Nigeria.

H_{i2}: There is a significant influence of human capital on the quality of healthcare delivery in tertiary hospitals in South-South Nigeria.

Table 7: Ascertain the influence of human capital on the quality of healthcare delivery in tertiary hospitals in the South-South geopolitical zone of Nigeria

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.383[a]	.146	.144	2.84854

a. Predictors: (Constant), HCAP

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	499.565	1	499.565	61.567	.000[b]
	Residual	2912.995	359	8.114		
	Total	3412.560	360			

a. Dependent Variable: QHCD
b. Predictors: (Constant), HCAP

Coefficients[a]

		Unstandardized Coefficients		Standardized Coefficients		
Model		B	Std. Error	Beta	t	Sig.
1	(Constant)	9.346	.563		16.612	.000
	HCAP	.312	.040	.383	7.846	.000

a. Dependent Variable: QHCD

Source: Researcher's Computation (2026)

The simple linear regression analysis examining the influence of human capital on the quality of healthcare delivery in tertiary hospitals in South-South Nigeria. The model yielded an R^2 value of 0.146, indicating that human capital explains 14.6% of the variation in the quality of healthcare delivery. While this suggests that human capital plays a meaningful role, it also indicates that other factors such as infrastructure, funding, technology, hospital management, and policy contribute to the remaining 85.4% of the variation in healthcare quality. The beta coefficient ($\beta = 0.312$) shows a positive relationship between human capital and healthcare quality. Specifically, a one-unit increase in human capital through initiatives such as staff training, capacity building, and skill

enhancement would result in a 0.312-unit increase in the quality of healthcare delivery. This finding underscores the importance of human capital as a driver of improved healthcare outcomes in tertiary hospitals.To assess the overall fit and significance of the regression model, the F-test was conducted, yielding $F = 61.567$, $p < 0.001$. The highly significant F-value indicates that the model is a good fit and that human capital is a statistically significant predictor of healthcare quality.

Consequently, the null hypothesis, which states that human capital has no significant influence on the quality of healthcare delivery, was rejected because the p-value is far below the conventional alpha level of 0.05. The alternative hypothesis is therefore accepted, confirming that human capital has a positive and significant influence on the quality of healthcare delivery in tertiary hospitals in South-South Nigeria. In summary, while human capital accounts for a modest portion of the variation in healthcare quality (14.6%), it exerts a clear and statistically significant positive impact. This emphasizes the critical role of investing in human capital through training, skill development, and capacity building as a strategy to enhance healthcare service delivery. Nonetheless, additional factors must also be addressed to achieve optimal healthcare quality in the region.

DISCUSSION OF FINDINGS

Financial Resources and Quality of Healthcare Delivery

The findings of this study reveal a significant positive relationship between financial resources and the quality of healthcare delivery in tertiary hospitals in South-South Nigeria. The coefficient of determination ($R^2 = 0.295$) suggests that financial resources explain about 29.5% of the variability in healthcare quality, highlighting the substantial yet partial role that financial investment plays in improving healthcare outcomes. This indicates that while financial resources are important, other critical factors—such as human resources, infrastructure, management practices, staff training, and technology—account for a larger portion (70.5%) of the variance in healthcare quality. The standardized beta coefficient ($\beta = 0.543$) further strengthens this conclusion, indicating a strong positive relationship between financial resources and healthcare quality. A one-unit increase in financial resources is associated with a 0.543-unit increase in healthcare quality, underscoring the importance of adequate funding in enhancing healthcare services. Moreover, the overall regression model was statistically significant ($F = 150.086$, $p < 0.001$), confirming that the model reliably predicts healthcare quality based on financial inputs. This leads to the rejection of the null hypothesis, affirming that financial resources significantly influence the quality of healthcare delivery.These findings are consistent with prior research that emphasizes the critical role of financial resources in organizational performance. For instance, Umeobi et al. (2023) found a significant positive relationship between financial resources and the productivity and effectiveness of manufacturing firms in South East Nigeria, highlighting that adequate financial investment is crucial for operational success. Similarly, Aradukunda and Sikubwabo (2024) reported that financial resource management significantly impacts project performance in Kigali City, further underscoring that proper allocation and control of funds directly improve institutional outcomes. Adegbite (2018) also demonstrated a positive and significant relationship between finance and

performance variables such as production, sales, and profitability in Nigerian manufacturing companies, reinforcing the notion that financial inputs are foundational to organizational effectiveness.

Collectively, these studies support the current findings and suggest that while financial resources are a major determinant of quality in healthcare delivery, a comprehensive approach that also addresses human capital, infrastructure, and management practices is necessary to maximize service quality. This underscores the need for healthcare policymakers and hospital administrators to prioritize not only the mobilization of financial resources but also their strategic utilization alongside other critical inputs to achieve sustainable improvements in healthcare delivery.

Human Capital and Quality of Healthcare Delivery

The study examined the influence of human capital on the quality of healthcare delivery in tertiary hospitals in South South Nigeria. The results of the simple linear regression analysis indicate that human capital accounts for 14.6% of the variation in healthcare quality, as reflected by the coefficient of determination ($R^2 = 0.146$). This suggests that while human capital makes a meaningful contribution to healthcare quality, a substantial portion 85.4% is explained by other factors, including infrastructure, financial resources, technology, hospital management, and policy. The positive standardized beta coefficient ($\beta = 0.312$) highlights the significant role of human capital, showing that a one unit increase in human capital through staff training, skills development, and capacity building is associated with a 0.312 unit improvement in healthcare quality. This finding underscores the importance of investing in the workforce as a critical driver of service delivery outcomes.These results are consistent with prior research emphasizing the link between human capital development and organizational performance. For instance, Joanes *et al.* (2024) reported that educational attainment and skills enhancement significantly improve employee performance in tertiary institutions, demonstrating that well developed human capital directly enhances organizational effectiveness. Similarly, Oko and Essien (2024) found that human resource management practices including staff recruitment, training, promotion, and welfare significantly improve employee performance in Nigerian teaching hospitals, reinforcing the connection between human capital investment and quality healthcare delivery.

The overall regression model was statistically significant ($F = 61.567$, $p < 0.001$), confirming that human capital is a reliable predictor of healthcare quality. The low p value supports the rejection of the null hypothesis, affirming that human capital significantly influences healthcare delivery outcomes.

However, the modest R^2 value indicates that human capital alone is insufficient to fully explain variations in healthcare quality. This aligns with prior recommendations by Joanes et al. (2024) and Oko and Essien (2024), who emphasized that broader organizational, infrastructural, and policy interventions are necessary alongside workforce development to optimize healthcare performance. Therefore, a holistic approach simultaneously addressing human capital, infrastructure, technology, management, and policy is essential for sustainable improvements in healthcare delivery.

In summary, while human capital plays a crucial role in enhancing healthcare quality, it is most effective when integrated with systemic investments in other organizational resources. The findings advocate for continuous workforce development as a key strategy for improving healthcare outcomes, while also highlighting the need to strengthen broader institutional and structural capacities in tertiary hospitals in South South Nigeria.

Implications for Research and Practice

The findings of this study clearly indicate that health policymakers and hospital administrators in South-South, Nigeria need to strengthen financial governance frameworks within tertiary hospitals. Policy actions should prioritize strategic resource allocation, reinforce prudent financial management, and institutionalize transparent accountability mechanisms to ensure that financial resources are efficiently and effectively utilized. Deliberate investment in priority areas such as workforce development, infrastructure modernization, health technology adoption, and quality assurance systems is essential for enhancing healthcare quality, improving institutional performance, and optimizing patient outcomes.

From a practice standpoint, the study identifies human capital development as a critical policy focus for tertiary healthcare institutions. Health sector policies and hospital management frameworks should institutionalize continuous professional development, including regular training, skills enhancement, and structured capacity-building programmes for healthcare workers. Embedding these initiatives within hospital governance structures and regional health policies will strengthen workforce competence, standardize service delivery practices, and support sustained improvements in healthcare quality and overall health system performance.

CONCLUSION

This study demonstrates that strategic resources, particularly financial resources and human capital, significantly and positively influence the organisational effectiveness of tertiary hospitals in South-South, Nigeria. Financial resources account for a substantial portion of the variation in organisational performance, strongly impacting service delivery outcomes, while human capital also contributes meaningfully, albeit to a slightly lesser extent. Nevertheless, the moderate explanatory power of these factors indicates that organisational effectiveness is shaped by a broader set of interrelated strategic resources beyond funding and workforce capacity. Therefore, to achieve meaningful and sustainable improvements in hospital performance, policymakers and hospital administrators must not only ensure adequate financial investment and continuous workforce development, but also strengthen complementary strategic domains such as infrastructure, technology, management systems, and policy frameworks.

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