

# Training, Support and Monitoring Mechanisms in Enhancing Quality Primary Health Care Services in North Central Nigeria: A Literature Review

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**Abstract:** *Improving the quality of healthcare, particularly primary healthcare has continued to take center stage not just in the North Central region of Nigeria but in Nigeria as a whole. The lack of adequate funding, infrastructure, organizational support and training and development program has continually impeded the delivery of quality healthcare across the all healthcare systems. This research offers a conceptual and theoretical review of the significant role played by training, organizational support and monitoring and how interwoven they are and how to have been influencing the delivery of quality healthcare. This conceptual review is primarily anchored on human capital theory, systems-oriented quality framework and organizational support. Literature for this conceptual and theoretical review were carefully sourced while relying majorly on recent literature in other to effectively treatise the topic and how human capital investment and organizational support influences the conduct of health workers, their capacity to function effectively and the outcome of health service delivery. This study conceptualizes training as a non-episodic element but a continuous professional development which has the capacity to drastically reduce clinical errors by improving the competence and adaptive capacity of healthcare professionals while monitoring the systems and utilizing them as organizational learning tools within the primary healthcare systems in the North region of Nigeria. This seminar paper presents a logical conceptual framework that elucidates empirical research and health sector policy reforms that addresses the lingering healthcare challenges in North central region and Nigeria as a whole.*

**Keywords:** training, support, monitoring mechanisms, quality primary health care services

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## INTRODUCTION

### Change, Capacity, and Quality in Primary Health Care Systems

Globally, primary care has been linked to improved health outcomes, increased accessibility to healthcare services, and a decline in emergency room trips and hospitalizations (WHO, 2019). likewise, primary care can help ameliorate the detrimental impact of economic strain on health. Individualized health care services and sustainability of care are the main goals of traditional primary care (WHO, 2019).

In countries like Nigeria and other low and middle income countries like Nigeria that is still struggling with poor healthcare funding, infrastructural deficit, and lack of equity when accessing care, Primary healthcare have been consistently recognized as the major backbone of effective and quality healthcare delivery (WHO, 2021). In Nigeria, the Primary healthcare serves as vast majority of Nigerians' primary point of contact and a means of accessing higher-quality medical care since Primary Healthcare plays a pivotal role in Nigeria's health policy frameworks. Fundamental deficiencies in organizational support frameworks, employee capability, and performance control procedures have caused the quality of Primary Healthcare services to remain disparate across geographical regions despite its strategic relevance (Kruk et al., 2019; WHO, 2021).

Recent scholarly works on health systems management have recorded a transitional shift from infrastructural driven reforms to capacity centered training and systems based approach which recognizes institutional support, monitoring and evaluation as essential mechanisms for improving the delivery of quality healthcare. However, Greenhalgh et al. (2020) noted that, all these aforementioned mechanisms are not standalone technical interventions; instead, they are interrelated and sequential elements of structured change management capable of of strategically influencing how healthcare reforms are understood and implemented and how they can be effectively sustained within the healthcare institutions to deliver quality healthcare.

This seminar paper advances academic arguments that mechanisms like monitoring, support, capacity building and training are the fundamental factors responsible for the delivery and improvement of quality healthcare in primary healthcare systems. A conceptual and theoretical review of these mechanisms and all other relevant elements while examining how these mechanisms interacts intricately within the context of health systems while employing key theories like the human capital, quality assurance, organizational behaviour and systems thinking theories to expand the scope of the conceptual and theoretical review being treatise.

The review is non-empirical and cautiously avoids empirical evidence. This review depends solely on academic literature to build a well-grounded analytical understanding of quality improvement in the delivery primary healthcare.

## **Conceptual Foundations**

### **Primary Health Care as a Quality-Sensitive System.**

PHC is a lot more than a services delivery mechanism; it's additionally a socio-technical structure that brings together human resources, organizational patterns, organizational norms, and accountability frameworks. In contrast to secondary care contexts, which frequently rely on specialized knowledge and cutting-edge technology, PHC delivery of quality healthcare is largely contingent on the primary health care workers' expertise, enthusiasm, and willingness to adapt, alongside the mechanisms and processes that facilitate and checkmate and regulate their effectiveness (Frenk et al., 2022).

Lack of training and development, feedback mechanisms that effectively addresses prevalent health issues, inadequate funding and infrastructure has consistently compounded the delivery of quality healthcare in North Central Nigeria and Nigeria as a whole. To address this, there is a need to adequately fund the healthcare sector, improve infrastructure, training and developmental initiatives introduced or revitalized to erase the long era of episodic interventions.

### **Conceptualizing Quality in Primary Health Care Delivery**

Primary healthcare is the first level of care individuals, families and communities access in the National Health Systems Framework (WHO, 2026). From an exclusively narrow clinical focus, Primary Healthcare delivery has broadened into a strategic multifaceted health concept that incorporates technical expertise, relationships with patients, organizational versatility, and equity. According to the World Health Organization (2026), Primary health care is an integrated approach that is designed to effectively manage and develop national health systems with the sole objective to deliver all relevant healthcare services. The World Health Organization (2025) further posit that Primary Healthcare is made up of three explicit components which includes the multisectoral planning and implementation that addresses broader factors that influence health, integrated health services that handle the healthcare requirements of individuals throughout their lives and the empowering of groups, families and individuals to take total control of their own health.

Quality healthcare delivery refers to the consistent delivery of healthcare that is not only secure and safe for patients but also very timely, effective, equitable, and person-centered. It is worthy to note that quality of healthcare must not only be timely, safe and effective but must be sustained across all levels of care and across encounters. In global practice, this implies that, all healthcare and clinical standards must be embedded in everyday routine of healthcare centers thereby making healthcare performances more visible while strategically altering processes that could halt healthcare services from meeting both public and clinical needs. Healthcare centers that strategically align all healthcare and managerial delivery processes while complying with all regulatory frameworks tends to deliver more consistent and comprehensive results because all clinical roles, resources, and accountability are crystal clear (World Health Organization, 2023; Okoli, Aina, & Oladipo, 2023).

### **Standards (clinical, managerial, regulatory)**

Clinical standards determine what is considered quality healthcare in terms of prevention of infections measures, procedure for treatment, bedside evaluation standards, and hand-off procedures. They prevent unnecessary variance and anchor actions on evidence; compliance is monitored by complication prevalence, prescription or procedure-associated harm, and healthcare that is in line with guidelines (World Health Organization, 2023).

The structuring of services, including data use, staffing norms and supervision, management of inventory, maintenance of all relevant equipments, and escalation rules, are laid out by managerial standards. These ensures that the teams have the requisite time, resources, and proficiency necessary to fulfill clinical standards by transforming intentions into reliable workflows. Response times, stock-out rates, demand for theater, bed flow, and the reliability and accuracy of routine data are frequently used in measurement (Ogah, Gidado, Ajayi, & Abiodun, 2024).

Quality Healthcare regulatory standards specify the lowest possible standards for healthcare centers, waste disposal, confidentiality, negative incident reporting, safe and ethical care licensing, and external monitoring of quality. For the purpose of ensuring conformity while safeguarding workers and patients, regulators often employ performance reviews and inspections. Facilities can concentrate on consistent improvement instead of periodic conformity when clinical, management, and regulatory standards are synergized, they tend to drastically reduce conflicting demands (World Health Organization, 2023; Okoli et al., 2023).

### **Expectations**

Effective communication, respect, understanding, privacy, short waiting time and quality care across all medical referrals are some of the expectations of patients whenever they visit healthcare centers. Excellent service scores, patient complaints and all informed-consent quality are some of the practical indicators employed in developed countries to meet and exceed patient expectations. Ogah et al. (2024) states that, whenever the expectations of patients are met, it builds trust, adherence and continuity which practically impacts quality of care.

Healthcare workers across the different tiers of healthcare demand safe staffing, stable and efficient supplies, reliable equipment to carry out tasks, fair workload and learning that is flexible and non-punitive which tremendously reduces errors while enhancing quality of care across all levels of care. The works of Okoli et al., (2023) suggested the utilization of staffing ratios, case studies, coaching and mentoring coverage and the availability of all required supplies as effective metrics. Also, Healthcare regulators demand reporting, adherence to the law, and remedial action when hazards are identified. Frequent release of a succinct dashboard that addresses safety of care, timeliness, effectiveness of care, equity of care, and experience enables appropriate oversight and promotes focused assistance as opposed to general sanctions (World Health Organization, 2023).

Quality of healthcare improves when standards and patient expectations are made visible and harmonized across all levels of care. Furthermore, academics like Ayanian and Markel (2020) contend that rather than being an immovable endpoint, superb Primary Healthcare delivery is best perceived and understood as a collaborative outcome that is shaped by continuous interactions among healthcare professionals and the institutional framework of healthcare delivery (Ayanian & Markel, 2020). Considering the immediate impact they have on healthcare processes and outcomes throughout time, this study centers quality discourse around training, support, and monitoring of healthcare.

### **Training as a Structural Foundation for Quality PHC Delivery.**

Traditionally, training in healthcare has been viewed as a cornerstone and strategic way by which safety and quality of care is delivered across the different healthcare management systems. For healthcare workers, training plays a pivotal role in their development while aiding their. One of the most significant benefits of training healthcare workers is the potential for them to acquire new skills that are mutually beneficial to both the profession and their career development since it has the potentials to impact both of them sequentially.

Team (2020) states that an organization's training and development programs have the propensity to attract and retain employees. According to Salami et al (2022), organizations that have a well thought-out training and development program earned 218% more per employee than organizations that do not

have institutionalized and structured training and development program. The authors further postulated that organizations with training and development programs had a 24% increase in profit margin than organizations that failed to invest in the training and development of their workforce.

Similarly, Gutierrez (2017) posits that organizations should invest in training and development of staff even during economic downturns as research have shown that it is the most strategic and sensible thing to do. Swanson et al (2020) evidenced in their work that workers tend to show unwavering commitment and dedication when they are trained and their training is prioritized continually as this increases employee work satisfaction. When health workers are adequately trained it drastically reduces clinical risks and all errors that may occur during the delivery of healthcare. In healthcare, training has a direct link with competence since it strengthens their knowledge and skills required to carry out clinical tasks which in turn impact patient outcomes while boosting employee confidence (Kulju et al., 2024). leadership, clinical practice, communication and employee adaptability to new technologies are some of the critical facets that are most affected by training of health workers.

A study by Alsaqer et al (2024) aimed at evaluating the effectiveness of training programs in advancing the knowledge and professional growth of healthcare professionals across several healthcare centers in Jordan found that training of healthcare professionals in some strategic health programs increased their competencies in communicating with patients, transdisciplinary cooperation and culturally sensitive treatment and care. Furthermore, Awad et al (2021), stated that, when employees are continually trained, their expertise increases thereby enabling them to be innovative and creative the delivery of care which eventually enhances both patient outcome and quality of care. In Primary healthcare, training of healthcare professionals should always address the utilization of data, community interaction, teamwork and communications and not clinical skills alone.

### **Continuous Professional Development and Organizational Learning.**

Globally, continuous professional development has been consistently gaining traction especially in the healthcare sector where lives are at stake, it becomes pertinent that healthcare professionals are equipped with the right credentials to effectively practice in the health sector. Merry (2023) defined continuing professional development as the continuous education and capacity building of healthcare workers for beyond their prior training for the sole purpose of improving and advance their skills and the knowledge for proficiency. There is a growing number of people who view continuous professional development as one of the most valuable element of organizational learning that continually aids health system to effectively adapt to epidemiology, change in policies and technological advancements. Continuous professional development enhances the

Continuous professional development (CPD) is increasingly conceptualized as a pillar of organizational learning, enabling health systems to respond to epidemiological transitions, technological innovations, and policy reforms. According to Davis et al. (2020), stated that continuing professional development improves the establishment of evidence-based procedures while drastically reducing the numerous variations in the delivery of quality care among different healthcare facilities. However, it should be noted that the effectiveness of continuous professional development is heavily dependent on the commitment, support and the holistic integration of broader change management strategies. It is on organizational commitment and integration into broader change strategies. Harphazard

or donor driven training program most times fail to achieve the needed improvement in the delivery of quality healthcare thus necessitating the need to have a robust system wide training programs that is well structured.

## **Organizational Support as a Mediating Mechanism**

### **Conceptualizing Support in Healthcare Organizations**

Primary Health remains the cornerstone of Nigeria's healthcare systems as it serves as the first point of care for individuals, communities and families spread across the North Central Nigeria. Despite the critical role played by primary healthcare in reducing maternal and child health needs, treatments of non-communicable diseases and infections which has attracted donor agencies participation in the delivery of quality healthcare in the region coupled with government reforms like the Primary Healthcare Under One Roof (PHCUOR) have yielded no concrete result as the delivery of quality healthcare services within the North-Central region of Nigeria still remains ineffective and uneven. The works of Kruk et al. (2019), Abimbola et al. (2021) and WHO (2022) highlighted that while the Nigerian healthcare sector is grossly underfunded, they noticed a staggering inadequacy in primary healthcare organizational support systems.

Support in healthcare organization especially as it affects the North Central region strategically encompasses both relational and structural processes like managerial support, leadership engagement, capacity building programs and continuous training which are often utilized by relevant authorities to continually improve the quality of care. Theories like the organizational support theory gave credence to the efficacy of the aforementioned structural processes and how it impacts employee productivity especially when they feel appreciated and valued for their contributions thus impacting the quality of care (Eisenberger et al., 2020; De Simone et al., 2021). Nigeria operates a decentralized health system. However, the efficacy has been a thing of concern due to the lack of effective feedback mechanism, coaching and collaborative workplace that normally improves not only the confidence of healthcare professionals but also their adherence to laid down rules and guidance. Studies from other decentralized health system as evidenced in the work of Bradley et al. (2019), opined that collaborative and supportive supervision across healthcare systems increases experimentation and adherence of health workers to ethical standards while reducing clinical errors across systems with a ripple effect on the quality of care.

## **Monitoring Mechanisms and the Governance of Quality**

### **Monitoring as a Learning and Accountability Tool**

Monitoring plays a central role in both management and governance function especially in the different levels of primary healthcare while strategically serving as mechanism for learning and an accountability instrument that enhances the delivery of quality healthcare across the primary healthcare systems. Monitoring in healthcare particularly in primary healthcare encompasses the meticulous, methodological and practical experimentation of data to effectively assess performances and ensure compliance with ethical standards of the healthcare sector. However, it must be noted that all data that are collected through the various data collection techniques must be very valid, timely and must be acted on swiftly. Data must be valid, timely, and simple to act on. In Nigeria, monitoring of healthcare

facilities and procedures is very crucial given the paucity of funds, shortage of healthcare personnel and decaying infrastructures (Kruk et al., 2019; WHO, 2022).

Monitoring as a learning tool in healthcare right from conception has supported the improvement and delivery of quality healthcare by identifying issues stagnating performances within the healthcare sector and proffer credible solutions and practices that could improve performance. Some of the ways through which these could be achieved is by introducing and sustaining feedback mechanisms, reflection, teamwork and collaborations. The works of Peter et al. (2019) and Braithwaite et al. (2023) all emphasized the need for monitoring especially as a learning tool while evidencing in their research that healthcare facilities that consistently carryout review and make use of collected data effectively delivered quality healthcare because healthcare personnel avoided clinical errors by adhering to healthcare ethical standard and guidelines. The World Health Organization (2022) stated that the District Health Information Systems report that 80% of primary health centers in Nigeria report a constant routine data into their database but only about 40% often utilize this data to make critical decision capable of impacting the quality of healthcare in Nigeria.

One of the key benefit of monitoring healthcare facilities is its ability to boast organizational learning by converting collected data and information into shared knowledge. These data must be effectively reviewed, health professionals supervised, supported and when possible, visit health facilities as doing these enable healthcare professionals and managers to not only reflect on the needs and wants of healthcare systems and facilities but to adjust where necessary.

### **Feedback Loops and Continuous Quality Improvement**

Feedback loops are processes wherein a single action sets off a series of events that simultaneously amplify or negate the initial course of action. Recognizing feedback loops is crucial for comprehending evolving system behavior in various forms of healthcare systems. According to Greenhalgh et al. (2020), academic works on the improvement of quality have continue to lay emphasis of the significance of feedback loops and with many concluding that without effective and efficient feedback, the monitoring of the numerous processes organizations struggle to improve performance.

By highlighting out shortages of skills, deficiencies in the system, and standard procedures, feedback mechanisms integrate training and support to outcomes, thus ensuring cycles of quality improvement.

### **Theoretical Perspectives**

#### **Human Capital Theory and PHC Quality.**

Human capital theory emphasizes on the need for organizations to invest in the education of their people by training and developing them effectively as this potentially increases the productivity and performance of employees. (Becker et al., 2019). although, human capital theory was initially designed as an economic theory to cater for economic needs of organizations that are into production of goods. However, it has over the years gained prominence within health sector as the scholarly works of Kruk et al. (2019), Frenk et al. (2020), and WHO (2022) have consistently evidenced the role of human capital theory in the delivery of quality healthcare and how it determines health outcomes.

According to the World Health Organization (2022), human capital theory plays a critically essential role in the delivery of primary healthcare as it focuses on the analytical aspects of human capital theory

and how the skills, knowledge, training and development of health professionals impacts the delivery of quality healthcare services. Furthermore, the report by WHO (2022), also attributed about 50% of healthcare inefficiencies to lack of investment in human capital while suggesting that healthcare agencies invest in their workforce since the delivery of quality healthcare in primary healthcare is heavily dependent on the quality of its workforce. Scholarly works that are opposing the human capital theory opine that human capital spending has no correlation on economic growth and development or, more frequently, they opine that education and growth are unconnected thus suggesting that educational reform shouldn't be considered the go-to cover for economic initiatives to promote growth (Brown, Lauder, and Cheung 2020)

### **Organizational Support Theory**

The process by which that motivation, dedication, and its ripple effect on productivity and performance are impacted by apparent support from institutions is well explained by organizational support theory. In primary healthcare and all health system support mechanisms there is an endless emphasis on sustaining engagements with health professionals, which often acts as a confluence between training and the delivery of quality service (Eisenberger et al., 2020).

While the concept of organizational support is not entirely recent, it is growing more and more relevant throughout this 21st century (Dursun 2015). Professionals embody the organization, thus they consider the conduct exhibited by those who reflect it as being those of the organization itself, according to organizational support theory (Eisenberger et al. 2020; Cilito et al. 2019). Accordingly, an employee's impression of the company, and this could vary from gratitude for their hard work and care for their welfare, often defines perceived organizational support (Eisenberger et al. 1986). Eisenberger et al. (1986) relies on Blau's social exchange theory (1964) with Gouldner's norm of reciprocity (1960) to corroborate their assertion that employee interaction with an organization are distinguished by a sense of reciprocity.

In healthcare, organizational support is very essential element because when healthcare professional are supported by health agencies and policy makers in the health sector, it increases the level of employee commitment and dedication. According to Poghosyan (2023), when healthcare professionals like nurses are not supported, the level of job dissatisfaction, clinical stress, clinical errors and burnouts skyrockets.

### **Donabedian's Structure–Process–Outcome Model**

The Donabedian's (2005) framework is often utilized by policy makers and relevant health professional managers measure the quality of care and improvements. These frameworks are structure, process and outcomes. The Donabedian's model also utilizes balancing measures alongside the three prominent three frameworks. Donabedian opined and hold strongly that structure measures impacts process measures and outcome measures simultaneously. These factors collectively lays a foundation for elements that are mandatory for effective and efficient measurement of quality. The current reality on the ground remains that the relationships between cause and effect are becoming increasingly complex, especially in the Nigeria's health sector, because patients can vary so greatly. For any successful quality improvement program or initiative to be successful, it must have expected outcome, well thought out process, effectively laid out structure and balancing measures. At the structural level Donabedian

(1966;1988) considers the setting through which healthcare is delivered like healthcare infrastructure, expertise of healthcare professionals and the different equipment used to provide healthcare. also the process level involves all that is done providing and receiving care like activities that radiates around the patient and doctors and information and interactions between the patient and the doctor. The outcome is the result of the medical care that was administered (Example are, cost, health status and healthcare satisfaction). however, it must be noted that all these three quadrants must be linked together to achieve the desired results. To put succinctly, Donabedian stated that “A good structure increases the likelihood of good process, and good process increases the likelihood of good outcomes.”

### **Policy and Management Implications**

The Health sector must strengthen the healthcare sector in other to be able to provide its over 200 million growing population. Policy makers and health managers must continue to invest in healthcare professionals by putting in place health systems that enhances capacity building and training backed by unwavering leadership support and commitment while monitoring all the health systems for efficiency.

### **Research Gaps and Future Directions**

Considering little theoretical integration of training, support, and monitoring strategies, the scholarship still remains disparate. Notably in Nigerian primary healthcare environments, there is a need for future studies on the treatise topic to empirically and experimentally test the conceptual linkages suggested in this conceptual and theoretical review.

### **CONCLUSION**

This conceptual and theoretical review strategically concludes that training, support, and monitoring mechanisms plays a very pivotal role in the delivery of quality in North Central region and by extension Nigeria. The conceptual and theoretical review offers an exhaustive analytical framework for understanding quality improvement in Primary healthcare systems via the integration of human capital, organizational support, quality-of-care, and systems theories.

### **REFERENCES**

- Abimbola et al. (2021). Addressing power asymmetries in global health: Imperatives in the wake of the COVID-19 pandemic. *PLoS Medicine*, 18(4), e1003604.  
<https://doi.org/10.1371/journal.pmed.1003604>
- Allen et al (2019), Categorising the broad impacts of continuing professional development: a scoping review. *Med Educ*. 2019;53(11):1087–99. <https://doi.org/10.1111/medu.13995>
- Alsaqer, K., & Bebis, H. (2022). Self-care of hypertension of older adults during COVID-19 lockdown period: a randomized controlled trial. *Clinical Hypertension*, 28(1), 21.  
<https://doi.org/10.1186/s40885-022-00204-7>
- Alsaqer et al. (2025). Effectiveness of a continuous training program on knowledge and professional development of healthcare providers in healthy community clinics in Jordan: a quasi-experimental study. *BMC Nursing*, 24(1), 566. <https://doi.org/10.1186/s12912-025-03046-4>

- Auerbach, P., & Green, F. (2024). Reformulating the critique of human capital theory. *Journal of Economic Surveys*, 39(5), 1839–1851. <https://doi.org/10.1111/joes.12675>
- Awad et al (2021). Connected healthcare: Improving patient care using digital health technologies. *Advanced Drug Delivery Reviews*, 178, 113958. <https://doi.org/10.1016/j.addr.2021.113958>
- Ayanian, J. Z., & Markel, H. (2016). Donabedian’s lasting framework for health care quality. *New England Journal of Medicine*, 375(3), 205–207. <https://doi.org/10.1056/nejmp1605101>
- Bradley, E. H., Brewster, A. L., Fosburgh, H., Cherlin, E. J., & Curry, L. A. (2019). Development and psychometric properties of a scale to measure hospital organizational culture for cardiovascular care. *Circulation Cardiovascular Quality and Outcomes*, 10(3). <https://doi.org/10.1161/circoutcomes.116.003422>
- Braithwaite et al (2023). Improving patient safety governance and systems through learning from successes and failures: qualitative surveys and interviews with international experts. *International Journal for Quality in Health Care*, 35(4), 0. <https://doi.org/10.1093/intqhc/mzad088>
- Becker, G. S. (2019). *Human capital: A theoretical and empirical analysis, with special reference to education* (3rd ed.). University of Chicago Press. (Original work published 1964)
- Braithwaite et al (2023). Improving patient safety governance and systems through learning from successes and failures: qualitative surveys and interviews with international experts. *International Journal for Quality in Health Care*, 35(4), 0. <https://doi.org/10.1093/intqhc/mzad088>
- Ciliato et al. (2019), O suporte organizacional como precedente para o comprometimento dos colaboradores. *Revista Eletrônica Científica do CRA-PR-RECC* 5: 64–84. Available online: <https://revista.crapr.org.br/index.php/recc/article/view/158> (accessed on 10 Feb 2026).
- Donabedian, A. (1988). *The quality of care. How can it be assessed?* JAMA. Retrieved February 28, 2026, from <https://pubmed.ncbi.nlm.nih.gov/3045356/>
- Donabedian, A. (2005). Evaluating the quality of medical care. *Milbank Quarterly*, 83(4), 691–729. <https://doi.org/10.1111/j.1468-0009.2005.00397.x>
- Egriboyun, D. (2015). The relation between organizational trust, organizational support and organizational commitment. *AFRICAN JOURNAL OF BUSINESS MANAGEMENT*, 9(4), 134–156. <https://doi.org/10.5897/ajbm2014.7623>
- Eisenberger, R., Armeli, S., Rexwinkel, B., Lynch, P. D., & Rhoades, L. (2001). Reciprocation of perceived organizational support. *Journal of Applied Psychology*, 86(1), 42–51. <https://doi.org/10.1037/0021-9010.86.1.42>
- Eisenberger, R., Huntington, R., Hutchison, S., & Sowa, D. (1986). Perceived organizational support. *Journal of Applied Psychology*, 71(3), 500–507. <https://doi.org/10.1037/0021-9010.71.3.500>
- Eisenberger, R., Shanock, L. R., & Wen, X. (2019). Perceived organizational support: Why caring about employees counts. *Annual Review of Organizational Psychology and Organizational Behavior*, 7(1), 101–124. <https://doi.org/10.1146/annurev-orgpsych-012119-044917>
- Frenk et al. (2020). Health professionals for a new century: Transforming education to strengthen health systems in an interdependent world. *The Lancet*, 376(9756), 1923–1958. [https://doi.org/10.1016/S0140-6736\(10\)61854-5](https://doi.org/10.1016/S0140-6736(10)61854-5)

- Frenk et al. (2010). Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. *The Lancet*, 376(9756), 1923–1958. [https://doi.org/10.1016/s0140-6736\(10\)61854-5](https://doi.org/10.1016/s0140-6736(10)61854-5)
- Greenhalgh et al (2020). *Beyond adoption: A new framework for theorizing and evaluating nonadoption, abandonment, scale-up, spread, and sustainability (NASSS) of health and care technologies*. *Journal of Medical Internet Research*, 19(11), e367. <https://doi.org/10.2196/jmir.8775>
- Greenhalgh et al. (2017). Beyond Adoption: a new framework for theorizing and evaluating nonadoption, abandonment, and challenges to the Scale-Up, spread, and sustainability of health and care technologies. *Journal of Medical Internet Research*, 19(11), e367. <https://doi.org/10.2196/jmir.8775>
- Gutierrez, K. (2017). *Mind-blowing statistics prove the value of employee training - shift e-learning*. <https://www.shiftelearning.com/blog/statistics-value-of-employee-training-and-development>
- Kruk et al (2019), *High-quality health systems in the Sustainable Development Goals era: Time for a revolution*. *The Lancet Global Health*, 6(11), e1196–e1252. [https://doi.org/10.1016/S2214-109X\(18\)30386-3](https://doi.org/10.1016/S2214-109X(18)30386-3)
- Kruk et al (2018a). High-quality health systems in the Sustainable Development Goals era: time for a revolution. *The Lancet Global Health*, 6(11), e1196–e1252. [https://doi.org/10.1016/s2214-109x\(18\)30386-3](https://doi.org/10.1016/s2214-109x(18)30386-3)
- Kruk et al (2018b). High-quality health systems in the Sustainable Development Goals era: time for a revolution. *The Lancet Global Health*, 6(11), e1196–e1252. [https://doi.org/10.1016/s2214-109x\(18\)30386-3](https://doi.org/10.1016/s2214-109x(18)30386-3)
- Kruk et al (2018c). High-quality health systems in the Sustainable Development Goals era: time for a revolution. *The Lancet Global Health*, 6(11), e1196–e1252. [https://doi.org/10.1016/s2214-109x\(18\)30386-3](https://doi.org/10.1016/s2214-109x(18)30386-3)
- Kruk, et al (2018d). High-quality health systems in the Sustainable Development Goals era: time for a revolution. *The Lancet Global Health*, 6(11), e1196–e1252. [https://doi.org/10.1016/s2214-109x\(18\)30386-3](https://doi.org/10.1016/s2214-109x(18)30386-3)
- Kulju et al (2024a). Educational interventions and their effects on healthcare professionals' digital competence development: A systematic review. *International Journal of Medical Informatics*, 185, 105396. <https://doi.org/10.1016/j.ijmedinf.2024.105396>
- Kulju, et al. (2024b). Educational interventions and their effects on healthcare professionals' digital competence development: A systematic review. *International Journal of Medical Informatics*, 185, 105396. <https://doi.org/10.1016/j.ijmedinf.2024.105396>
- Martins et al (2024). Organizational Support in Career Self-Management: A Systematic Literature Review. *Administrative Sciences*, 14(11), 286. <https://doi.org/10.3390/admsci14110286>
- Mausner et al (1993). *The motivation to work*. Transaction Publishers.
- Ogah, P. O., et al. (2024). Primary health care in Nigeria: Best practices and quality of care in Nigeria. *BMC Health Services Research*. <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-024-11406-0>
- Okoli, U., Ojo, O., Hill, K., & Adoghe, A. (2023). Continuous measurement of quality is vital for improving care for women, newborns and children in Nigeria. *BMJ*, 383, p2874. <https://www.bmj.com/content/383/bmj.p2874>

- Okoli, U., et al. (2023). Continuous measurement of quality is vital for improving care for women, newborns, and children in Nigeria. *BMJ*, 383, p2874.  
<https://www.bmj.com/content/383/bmj.p2874>
- Swanson et al (2019). The effect of leader competencies on knowledge sharing and job performance: Social capital theory. *Journal of Hospitality and Tourism Management*, 42, 88–96.  
<https://doi.org/10.1016/j.jhtm.2019.11.004>
- Team, E. (2020). Why Employee Training & Development Is an Effective Retention Strategy.  
<http://hrnews.co.uk/why-employee-training-development-is-an-effective-retention-strategy>
- World Health Organization: WHO. (2019a, June 18). *Primary health care*.  
[https://www.who.int/health-topics/primary-health-care#tab=tab\\_1](https://www.who.int/health-topics/primary-health-care#tab=tab_1)
- World Health Organization: WHO. (2019b, June 18). *Primary health care*.  
[https://www.who.int/health-topics/primary-health-care#tab=tab\\_1](https://www.who.int/health-topics/primary-health-care#tab=tab_1)
- World Health Organization: WHO. (2020, July 21). *Quality of care*. <https://www.who.int/health-topics/quality-of-care>
- World Health Organization. (2020). *State of the world's nursing 2020: Investing in education, jobs and leadership*. World Health Organization.
- World Health Organization. (2021). *Quality health services: Planning guide*. World Health Organization.
- World Health Organization. (2022). *Health workforce policy and management in the context of the COVID-19 pandemic response*. WHO. [https://www.who.int/publications/i/item/WHO-2019-nCoV-health\\_workforce-2022.1](https://www.who.int/publications/i/item/WHO-2019-nCoV-health_workforce-2022.1)
- World Health Organization & World Bank. (2021). *Operational framework for primary health care: Transforming vision into action*. WHO.  
<https://www.who.int/publications/i/item/9789240017832>
- World Health Organization (WHO). (2019). *Primary health care: Closing the gap between public health and primary care through integration*. WHO Press.
- World Health Organization (WHO). (2021). *World health report 2021: Quality and safety in primary health care*. WHO Press.