

Effect of inadequate Human Resources in Government: A Case Study of Ministry of Health

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ABSTRACT: *This research work focuses on the effect of inadequate human resources on the performance of government establishment a case study of health sector. The objectives are to determine the causes of this inadequacy of human resources, the effects of the inadequacy and what could be done to improve the human resources of government establishment especially in health sector. The research is an outcome of an intensive research. In the cause of this research, the researcher adopted descriptive method of analysis with frequency count and chi-square statistical instrument, the results shows that specialist doctors were grossly inadequate couple well trained nurse while the para-medical and nonmedical were averagely adequate compared to limited ratio of medical staff available in the sector, poor financial aids was discover to be the major causes inadequacy coupled with time and facilities required to train medical staffs in schools, several policy recommendation were made based on the findings of the results government should as a matter of urgency and sensitivity of the sector employ more qualified medical staffs in other to eradicate the hazardous effect of inadequacy in health sector also private sector should be encourage to partake in public health issues in the country.*

KEYWORDS: effect, inadequate, human resources, government

INTRODUCTION

The vast majority of individuals, in particular those in higher social strata, will be mystified as to why there are insufficient amounts of human resources on the performance of government establishments. In the context of a research supply, the query "what are the causes of the inadequate human resources on the performance of the health sector?" may appear as though it is asking an obvious question.

The literature has devoted a significant amount of attention to investigating the connection that exists between health status and economic growth. The findings of a number of research point to

the possibility that there is a beneficial connection between a nation's level of economic growth and its health status. Because of the widespread recognition of this connection, the Millennium Development Goals (MDGs) place a significant emphasis on health-related indicators. In point of fact, three of the goals are specifically related to health, while the remaining goals may all be seen as ways to improve one's health. Nevertheless, the lines of communication that underpin this partnership are plagued with acrimony. Although large health expenditures are often thought of as a means of improving a nation's health status, the actual effects of such spending can vary greatly between nations and areas. According to Olaniyan (2013), this means that the financing of health care expenditures (HCE) becomes increasingly critical in many countries where resources are limited.

The provision of health care is viewed as an essential component of any strategy that aims to encourage generalised economic growth. It is well known that the effects of disease burdens, such as HIV/AIDS, have a negative impact on the economic growth of developing nations. Because of this, every nation allocates large amounts of public funding to the provision of health care in the belief that doing so will enhance the health of the populace, allowing them to meaningfully contribute to the nation's economic growth and development. In a developing nation such as Nigeria, an increase in the budgetary allocation to social services is extremely desired; nevertheless, this alone is not sufficient to ensure an improvement in the quality of service delivery. According to research conducted by the World Bank in 1998, one of the primary causes for inefficient public expenditure in many developing nations is poor financial management of the budget.

Even if the government spends a significant amount of money on health services in some countries, such as Nigeria, the health status of the country's population constantly ranks poorly. According to the performance of a few different health indices, Nigeria was placed 74th out of 115 countries. According to National Health Policy (2004), the overall performance of the Nigerian health care system was ranked 187th out of the 191 Member States by the World Health Organisation (WHO) in the year 2000. The infant mortality rate in Nigeria is 91 per 1,000 live births, which places it among the highest rates in the world. As a result, it is very necessary to investigate whether or whether the effectiveness of Nigeria's health spending is influenced by the quality of government. The expenditure on health comes at a very high cost in terms of forgone opportunities, and as a result, there is a requirement for an explanation regarding the decision to raise or not increase spending on health in such countries. It should be mentioned that Sub-Saharan Africa (SSA) is undoubtedly the most undeveloped region in the world with all of the accompanying challenges that this entails. Therefore, it is difficult for either households or the government to provide sufficient funding for health care in an amount that is adequate. It has been suggested by a few writers that this might be one of the factors contributing to the poor health outcomes in the region. According to Onisanwa (2013), Bichaka and Gutema (2008), Kaseje (2006), and Jaunky and Khadaroo (2006) were all referenced.

According to the World Health Report from 2010, sub-Saharan Africa has the highest prevalence of communicable illnesses as well as the highest child mortality rate from diseases that are both preventable and curable. Therefore, in order to enhance the overall state of healthcare in the region, it is required to increase the funding available for the health sector. According to Christian and Reimer (2005), scholars and policymakers continue to focus their attention on the subject of what factors affect the amount of resources a nation allocates to its medical care system. This emphasis is predicated on the idea that a growth in the proportion of income spent on health care expenditures is either a direct consequence of the general rise in living standards or, at the very least, a natural consequence of the rise in living standards through time because health care is considered a luxury product. The health status of Nigerians is still rather poor and is far worse than that of the majority of other countries of the world.

A low life expectancy at birth, high rates of newborn and maternal mortality, and the prevalence of malaria and TB are some of the distinguishing aspects of the health status of Sub-Saharan Africans. The WHO African Region has the world's shortest life expectancy at birth of any region in the world. In 2007, this was predicted to be just 52 years, which is significantly lower than the 76 years seen in the WHO Region of the Americas. If we take into account just those from high-income groups, the infant's life expectancy would have been 46 years if it had been born in one of the other low-income nations (WHO 2010). The fact that the region also has the largest number of women who pass away as a result of difficulties during pregnancy or labour lends credence to this observation. Despite the fact that the worldwide maternal mortality ratio was 400 maternal deaths per 100 000 live births in 2005, the maternal mortality ratio for the African area is 900 per 100 000 live births, and there has been no discernible improvement between 1990 and 2005 (WHO, 2010). Humans have a fundamental desire for better health care. According to the World Health Organisation (WHO, 2005), the difference in economic growth rates between industrialised nations and developing nations may be attributed, in part, to the fact that developing nations have lower life expectancies and poorer health overall. Because of this belief, developed nations allocate a significant amount of their gross domestic product (GDP) to health care spending. These nations are of the opinion that the health of their populations may be a significant factor in economic activity and development. To this purpose, successive administrations in Nigeria have, over the course of several decades, exerted a great deal of energy and made a concerted effort to bring about an increase in the total amount of money spent by the public sector on health care. In 1970, the annual recurring cost of healthcare was 12.48 million Nigerian naira. This number shot up to an astounding N52.78 million in 1980 and N132.02 million in 1985, respectively, throughout the course of those years. This pattern persists as the expenditures continued their steady ascent from N575.3 million in 1989 to N68.20 million in 1991, and then further to N72290.07 million and N98.200 million in 2007 and 2008, respectively. The aforementioned scenario eloquently illustrates the point that Nigeria's expenditures on health care have been steadily rising over the course of the past several years.

However, despite all of these increases, not much progress has been achieved in the area of reducing baby, under-five, and maternal mortalities since 1970. This is despite the fact that there has been an increase in the number of people who are having babies. For instance, Nigeria had one of the highest rates of infant mortality in the world in 2005 (192 deaths per one thousand live births), and the country's immunisation coverage had dipped below thirty percent. Furthermore, the country had one of the highest rates of mortality for children under the age of five (91 deaths per one thousand in 2005). As of the year 2007, it was estimated that pregnancy-related problems had claimed the lives of more than 134 thousand women. In addition, over the course of the study, there has been an overall downward trend in the life expectancy ratio on average. However, it is important to highlight that despite the rise in the amount of money that the government spends on health care in Nigeria, the contribution that this has made to health is still somewhat low, but the scale of its influence on economic growth is unknown.

The scope of this paper was to identify the effect of inadequate human resources on the performance of government establishments.

METHODOLOGY

For the purpose of this research project two method of research were used, they are historical research method, and descriptive research method using survey. The topic of this research study was that which has historical background of the origin of the effect of inadequate human resources, one need to be cleared to understand the past that is why historical research was used. This study also used survey research method. The choice of survey method was premise on the fact that it is capable to sampling large population under a natural condition. It may be described as an attempt to research a large market by asking question to which a sample of persons who represents the research population will be answers. According to Wrong (2007), survey research is the collection and analysis of responses of large samples of people to poll and questionnaire designed to elicit their opinions, attitudes and sentiments about a specific topic.

The research method and design involved the use of questionnaire. The questionnaire designed is a close/open-ended form to enable the respondents to answer the question on aided. Data were collected through questionnaire published notes relating to the subject in question. In order to obtain the much needed information for a successful completion the empirical analysis of this research work. The primary methods of this research project were sourced from the questionnaire administered to the employees both medical and non-medical staffs of heath sector of the government establishments.

In this study, a random sampling technique is adopted in selecting 150 medical, para-medical and technician. A total of 150 questionnaire items were distributed. The medical got (83) eighty –three, the para-medical (42) forty-eight, top or specialist doctors got 5 and the others got 20. The

researcher used face to face technique to distribute the questionnaire in order to know who should be given, as for collection the researcher took it upon himself to collect it from each staffs of department out of 150 questionnaires, all were returned.

RESULTS

This chapter aim at presentation, analysis and interpretation of data collected from respondents of the research. The response collected though using questionnaires which are presented in tabular form. A total of (150) one hundred and fifty questionnaires were administered to the staffs of the ministry of health (136) one hundred and thirty-six was returned, (14) fourteen was rejected or returned not filled and 136 was used for this research.

Table 1: To determine if poor financial incentive contributes to inadequate human resources in health sector.

Options	Frequency	% Frequency
Yes	83	61.03
No	48	35.29
I don't know	5	3.68
Total	136	100

From the above table it shows that eight three (83) of the respondents accepts that poor financial incentive contributes to inadequate human resources and it shows 61.03 percent, forty eight of the respondents also did not agree that poor financial incentive don't contribute to inadequate human resources and their percentage was 35.29 percent and only five (5) do not know whether poor financial incentive contribute to inadequate human resources on the performance of health sector. The result was that data was collected from sample size mentioned in the scope and limitations of this research they include yes with 61.03% and 35.29% respectively as against only 5 respondents from I don't know showing 3.63%.

Table 2: To find out the major causes of inadequacy.

Option	Frequency	Percentage
Poor management	33	24.2
Inadequate motivation	21	15.44
Lack of qualify employees	15	49.27
Poor remuneration	15	11.03
Total	136	100

Table above has shown clearly with facts and figures that were exist human resources inadequacy in health sector. Now is the right time to identify the major causes of thee inadequate.

Table 3: Major Causes of the Inadequacy

Responses	Frequency	Percentage
(A) poor management	33	24.2
(B) inadequate motivation	21	15.54
(c) lack of qualified and well train health workers	67	49.27
(D) poor remuneration	15	11.03
Total	136	100

The researcher find out from above that the major causes of the inadequacy of human resources in health sector is that Nigeria sector are producing ill-equipped graduate that are not employable with a total of sixty seven (67) respondents having 49.27 this was followed by poor management of human resources by the government with thirty-three (33) respondents given also 24.2% others include inadequate motivation with only fifteen (15) respondents showing 11.03% therefore we can stand out to say that inadequate of qualified and well trained doctors, nurses and others was the major causes of human resources inadequate plaguing the health sector.

Table 4: Level perceived the inadequacies exist.

Options	Frequency	Percentage
(A) medical staffs	106	77.94
(B) para-medical staffs	15	11.03
(c) others	15	11.03
Total	136	100

In a bid to find out actually in what staffs categories this inadequacies are existing, the above table summarized it as follows. Those who said that it exists in the medical staffs were hundred and six (106) giving 77.94% of the total respondents. There are equal numbers of respondents who said that the inadequacies existed in the para-medical and others categories of human resources respectively. There number stood at fifteen (15) respondents only leaving us with 11.03% each side.

Figure 5: Area in which the inadequacy were having effect

Option	Frequency	Percentage
On staffs only	20	14.91
On patient only	32	23.53
On both	84	61.76
Total	136	100

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The information above shows that the inadequate in human resources plaguing the health sector. The inadequacies were having more effects on both the staffs and hospital patient with a total figure of eighty-four (84) respondents given a percentage of 61.76. This was followed by its effect on only patient with a percentage of 23.53% given the fact that many patient were dying because of inadequacy in health sector and on staffs only was 20 respondent which gives us only 14.91% based on the issues that many doctors and Nurses were losing their family(home) as a result of their allegiant to their profession many were fall victims of accident, robbery when they were called in night for their work.

The result of the above was on both staffs and patient we see from the above figure before us, that it was followed by the effect on employees. This was because anything that affects human resources (staffs) has affected patient seriously. This is because it is the staffs that treat patient in which case anything that affect them (staffs) will definitely affect output (Patients).

Table 6: To find out what prevent government from employing more staffs in health sector

Option	Frequency	Percentage
government does not want to employ	23	16.91
she has enough	0	0
They cannot manage them.	67	49.27
inadequate financial backup	46	33.83
Total	136	100

From the above information, we can clearly see and make an unbiased decision as regard the reason why government refuse to employ staffs in health sector. The most outstanding reason was because government cannot be able to manage the ones they have let alone to employ more, the figure before us stood at sixty-seven (67) respondent giving as 49.27% followed by lack of financial backup with fourth-six (46) respondent of 33.83% and that she does have enough human resources was zero response, which means that government have never had enough let alone having it now. Also that government does not want to employ, having only twenty-three (23) respondents giving 16.91% because of the level of corruption in the country, health sector must be invest on and not less than 20% annual budgetary allocation.

Therefore, we can say that government refuses to employ more human resource because they cannot manage and guarantee effectiveness and efficiency of health workers this is aggravated by expensive salary scale, this stood at sixty-seven (67) of the respondents 49.27%.

Table 7: To determine what government would do to increase her human resource in health sector

Option	Frequency	Percentage
Government should employ more qualify workers	35	25.74
To start managing her man power effectively	47	34.56
Sanitize top officials	20	14.71
Improve remuneration	18	13.83
All of the above	16	11.76
Total	136	100

The data presented above represent the opinion of this question. In respect of what government would do to increase her human resources in order to save it from the inadequate means in human resource plaguing the health sector. We can see that many respondents were in support on were suggesting strongly for the government to start managing her human resource effectively with the total number of fourth-seven (47) respondents which gives us 34.56%. This was followed by another suggestion which was advising the government to start employing qualified and well trained health workers. Their supporting figure stood as follows. Thirty-five (35) respondents with 25.74% though there were established fact that government has stopped mass employment for a long time now and some employed were based on political connection. But some are still suggesting that the top officials in the ministry should be sanitize, their figures was twenty (20) respondent with 13.23% were in support of it which shows it has more to do with the problem under review only sixteen (16) respondents were of the view that all the above should be combined in order to solve the problem under review the percentages was 11.76%.

Therefore government managing here human resources effectively together with employing qualify well trained health workers was the two (2) prominent suggestions supported by majority of respondents.

SUMMARY OF FINDINGS

This research work after a protracted work had been carried out; the researcher find out that poor financial incentive is a contributory factor to inadequate human resources in health sector. The researcher equally discovered that inadequate human resources in ministry of health is caused by several factors such a regular recruitment, poor management, inadequate motivation, lack of qualified personnel, lack of planning and lack of tanning of personnel etc. Furthermore, the researcher found out that this inadequacy of human resources is more prevalent within medical staffs and para-medical staffs. Also worthy of adding here is that the inadequacy of human resources grossly affect patients in particular and the citizens at large in addition to my findings I discovered that the government is unwilling to employ more human resource due shortage of

skilled personnel in health services. They have been trained like auxiliary nurse and auxiliary nurse without adequate supervision kills patients.

CONCLUSION

To what extent insufficient human resources hinder health sector performance was the purpose of this study's research. The researcher exhausted every possible means to guarantee the project's goal was met. Inadequate human resources are a major issue because they lower the sector's productivity and drive up unemployment. To address this issue, the Ministry of Health must hire more people and provide them with extensive training.

Recommendations

The essence of this research was not only to identify some existing problems, but also to recommend some ways of solving the problem. Some measures to be taken in solving the existing problem are:

1. The government should make it a priority to hire qualified health professionals, and the recruiting process should not be based on favouritism in the health ministry. This will guarantee that jobs are not awarded based on connections or family ties, and will prevent meritocracy from being sacrificed to mediocrity.
2. The government should make it such that any unqualified workers now in positions of authority leave the ministry so that those who do have the necessary training and experience may be promoted.
3. The government should make sure that the ministry personnel does not have any traces of ethnicism, religious intolerance, bribery, or corruption.
4. Government should compensate personnel to encourage them to work more, which would improve the ministry's overall performance.
5. The government should make available a training and development hub for staff to use; this is an essential aspect of management. The goal of the company's training programme is to improve the quality and efficiency of service provided to customers.
6. To keep their employees engaged, the government should raise their compensation. This involves timely wage payments on a consistent basis.
7. The government should diversify its crude oil exports by investing large sums of money in the health sector. This would improve the health and energy of the labour force, which is what propels the economy ahead.
8. The government should promote private sector involvement to increase output. In order to encourage healthy competition among private establishments in the sector and bring down the costs borne by individuals, it is necessary to construct hospitals with better equipment.
9. To lessen the likelihood of riots and political crises that might affect the health of the people, security measures should be increased across the board throughout the country.

10. The government should pay quick attention to the health of the working population in order to promote the economy. This will aid in lowering the loss from the insurgency of boko haram and illegal killings of people and disruptions to people's health.

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