

## **Organisational Restructuring and Performance Evaluation in Federal Ministry of Health, Abuja, Nigeria**

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**Abstract:** *Globalization has given rise to spread of ideas, principles, policies and paradigms which have rendered national boundaries artificial, penetratable and fast disappearing. The imperativeness of complete paradigm shift in service delivery is the leit motif behind restructuring. The paper takes a cursory look on effect of restructuring in the accomplishment of organisational goals and objectives through the evaluation of target performance of the ministry as a result of the adoption of certain innovative ideas which were hitherto unknown. The study was carried out in Abuja (FCT) with Two-hundred and sixty (260) questionnaire administered and distributed to staff of Health Ministry. Data collected were analyzed using frequency table and percentage while the non-parametric statistical test Chi-square was used to test the formulated hypothesis using STATA 10 data analysis package/software to examine the relationship between organisation restructuring and performance of government parastatals (Ministry of Health), and investigate if it has led to transformation of medical care service delivery.*

*The result of the findings revealed that there is correlation between organisational restructuring and performance but not strong enough to make a defective policy result oriented. The result of tested hypothesis show that there is significant relationship between Restructuring and Performance of Federal Ministry of Health in Nigeria but the combined effect does not lead to transformation in Health care service delivery. The finding is expected to be of tremendous importance to the government officials, corporate management policy makers and particularly stakeholders in health care service delivery.*

**Keywords:** *Globalization Human Capital, Organisation Restructuring, Firm Performance, Ministry of Health-Nigeria.*

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### **1. INTRODUCTION**

One of the daunting challenges confronting any organisation either public or private is that of improved performance. The disenchantment and dissatisfaction with the Classical Model of Public Administration (CMPA) are the desires that gave rise or lend credence to the yearnings and demand for restructuring. Restructuring in essence, is an idea, a theory, a rhetoric, a strategy, a political practice, a policy movement and process conceptualised to capture major socio-economic and administrative changes in several countries. (Owen 1999). The aim basically is to enhance overall entrepreneurial public sector performance. Restructuring is then a theory and process of accomplishing enhanced provisions and sustainable service delivery at reduced cost and with maximum efficiency. It is a way of replacing old ideas with new ones, traditionalism with modernism, inertia with dynamics, nostrums with innovations and desk governance with concrete results (Osborne and Gabriel, 1992).

In other words, traditional bureaucracy predicated on the Classical Weberian Principle (CWP) developed at a particular time of global industrial development and administrative growth; its system and technology are suited to that early age. Suffice it to note that as at that time, it was a great restructuring. However, the world has moved beyond it. There is now a greater focus on results than processes, on responsibility than buck passing or complete evasion, on accountability than on anonymity and on management than administration. The whole essence is in inculcating resourcefulness by cutting red tape and shifting from systems in which people are accountable to following rules for systems in which people are accountable for achieving concrete results. This new paradigm shift called restructuring perceives management as a determined effort at implementing the three 'E's of Management which are Economy, Efficiency

and Effectiveness. It is also predicated on the introduction and inclusion of the basic economic theories of market principles as well as the private sector practices in public service delivery. In other words, reminiscent of the manner it has produced results in the private sector, there should be cutting back to basics and producing better governance for less (Hood 1991).

However, it is apt to contend that restructuring is one thing, suitability; adequacy and relevance of the policy are other issues. There is no amount of restructuring that can make a defective policy result oriented. A falangist organisation that lacks proper and clear cut understanding of fundamental issues would often gravitate from 'patch up' to arcane and final prophylactic action. This is because restructuring is a factor in the superstructure while policy itself is a critical issue in the infrastructure or substructure. In other words, the Ministry of Health which superintends and implements governments' policies aimed at providing universal health care for all Nigerian citizens, merely supervises and coordinates the affairs of the Federal University Teaching Hospitals (FUTH) that is grossly underfunded. The total expenditure on health care as a percentage of Gross Domestic Product (GDP) is 4.6% while the percentage of Federal Government expenditure on healthcare is 1.5% (Olatunji, 2013)

In similar veins, only ₦264.46 billion was earmarked for health in the 2014 federal budget out of ₦4.69 trillion, even less than ₦279.53 billion or 5.7% earmarked from the ₦4.92 trillion in the 2013 budget. Moreover, worse still is that about 80% of this is spent on recurrent items, leaving over 20% for infrastructure in a system that has 20 ill-equipped Teaching Hospitals, 22 Federal Medical Centres and 13 Specialist Hospitals across the country. The World Health Organisation faulted the 4.6% of Nigeria's Gross Domestic Product contributed by the health sector in 2011 as incapable of reversing the deplorable condition of health services in the country. The NMA claimed in 2012 that 5,000 Nigerians travelled abroad each month (mostly to India) for medical treatment, costing the country \$500 million annually, with India alone raking in \$260 million of this. Like the centre, most of the 36 states also fail to adequately fund health care (Sikeade, 2009). This is deliberate gross underfunding which vitiates whatever wonders and results that structural and organisation restructuring can produce (Amosun, 2010; Adeyemo, 2005; Akande, 2004)

Furthermore, the Federal Ministry of Health usually spends about 70% of its budget in urban areas where 30% of the population resides. This is an indication that health care is inversely related to the needs of patients. In other words, in terms of availability and quality of facilities in relation to needs, the health care system in Nigeria has displayed spatial variation. Nigeria has over 1000 Federal and States health care institutions and countless number of private health care facilities, but majority of these institutions cannot boast of any meaningful amount of modern medical equipments. This gross under-capitalization, under-equipping and lack of skilled manpower have produced an atmosphere of frustration and stress even to the best of medical personnel. This element of disconnect is what has led the country to lose \$500m or ₦81billion yearly to medical tourism abroad. The capital flight represents the sum spent on medical treatment, expenditure of patients, relatives and the earnings of Nigerian medical personnel seeking greener pastures abroad (Pate, 2013) (Mange, 2003) (Oyedeji, Gureje and Lawal 2004).

## **2. STATEMENT OF THE PROBLEM**

Studies over the year have shown the impact of restructuring on organisation operational activities (Okunade, 1993: Shapiro, 1990: Oni and Akinbinu, 2005). The success of a restructuring in any organisation is determined by measurement of the goal defined at the beginning of the process. The extent to which Organisation restructuring can improve performance of Health Sub-Sector has not been greatly explored in Nigeria. Most consolidated studies focus more Manufacturing Firm; Financial Sector and other department of government parastatals. This paper aims to examine the functional linkage between Organisation Restructuring and Performance, as well as investigate if the combined effects of the Organisation Restructuring and performance of the Health Sub-Sector have led to transformation of medical care service delivery with Federal Ministry of Health, Abuja as the focus of the study.

## **3. RESEARCH HYPOTHESIS**

The hypothesis for this study stated in the null form

**Ho:** There is no significant relationship between Restructuring and Performance of Federal Ministry of Health in Nigeria.

#### **4. LITERATURE REVIEW AND CONCEPTUAL UNDERPINNINGS**

The literatures considered on performance have been grouped into that of the post bureaucratic / post Weberian principles, the structural functionalist scholars and the psycho-social paradigm. This is in line with the principle of taxonomy. The post-Weberian scholars hold positions that are ludicrously at variance to that of Max Weber. They contend that performance can be measured in public management and that public enterprise cannot eternally be funding deficit. Government can still be treated as an enterprise in the sense that demand can be separated from supply when government is embarking on service delivery. They do not only pontificate hypothetically, solutions were highlighted in that the idea of monopoly is to be rejected and Public-Private Sector Partnership (PPP) should be encouraged (Meggisen& Nelther, 2001). Government involvement in service delivery does not necessarily mean government provision through bureaucratic means. Other alternatives, particularly liberal market approaches of outsourcing, queuing and user changes can also be introduced and incorporated. The government controls provision of services but does not necessarily have to provide services through bureaucratic means. Moreover, there could be competition in supply; the implication being that any form of excess rent in government business is eliminated because a competitor will definitely underbid (Pollit, 2003; Zifeak,1994: Barzelay, 1992).

In essence, this often guarantees that government business becomes stronger, it then ceases to be the prey of its own employees and develops immunity against graft and corruption.(Hughes, 1998) (Osborne and Gaebler, 1992) (Shapiro and Williams, 1990; Bosten,1996). Some further elucidation on their position hinge performances on accountability which holds officials responsible for their conduct in office as opposed to when heads can be buried in the sand like an emu hiding under the canon principles of neutrality and anonymity. It is a position highlighting the imperativeness for accomplishment of results through the adoption of private sector practices and the replacement of bureaucratic idealisms with economic theories of market principles.

Nevertheless, the idea of extolling the virtues of privatization and market principles to the level of doctrinal sanctity is academically jaundiced and controversial. It is not only the market place that is the centre piece of performance. Moreover, attendant societal polarization and the growing immiseration of the masses as a result of the syndrome of 'private gain and public loss' is a factor that cannot be downplayed (Okunade, 1993). Moreover in Third World Societies where the state is the means of production, when government enterprises are being privatised, it is simply the people's money that is either directly or indirectly being used to buy the people's property (Fawehinmi, 2006).

On the other hand, the Structural Functionalist Scholars (SFS) were primarily concerned with structures, roles, functions, duties, processes and mechanics of organisations as being the bases of performance. Yaloukwu (2006) contends that organisational structure is the formal pattern of working relationships and coordination designed by management to link the activities and assignment of individuals and groups so as to foster the attainment of organisational goals. Consequently, performance is enhanced and guaranteed the moment there is a framework in which the organisation defines how tasks are to be divided, resources deployed, departments coordinated and supervision outlined.

Daft (2006) was more pungent in outlining the structures thrice fold. The first refers to the set of formal tasks assigned to individuals, groups and teams. The second is the formal reporting relationship including lines of authority, decision-responsibility, number of hierarchical levels and span of management control. The third refers to the design of systems to ensure effective coordination of employees across departments (Weihrich and Koontz, 2003). The flaw in this school of thought is its lack of originality. It has not really said anything new apart from borrowing ideas from the Classical Approach to Management. This has been garnished with simple economic principle of scarcity and administrative theories of specialization, departmentalization and delegation of authority which posits that performance/effectiveness

arises when there is the achievement of concrete objectives. The organisation pursues multiple goals that are achievable in the face of competition, limited resources and conflict of interest among management and workers.

Furthermore, the Social Psychologists (SP) focus on the human factors; that certain psychosocial attributes enhance human motivation, group relationship and leadership. (Fernandes and Awanleh 2003) (Valente 2000). The crux of every management lies in the job-holders capacity to obtain the commitment of people to objectives of the organization. Leadership then is something more than just an aspect of personality, tradition, opportunism or appointment. It is intimately connected with actual behaviour and attitudes towards oneself and others. The way this is carried out is influenced strongly by cultural factors. Leadership is a dynamic process whereby one individual in a group is not only responsible for the group's results, but actively seeks the collaboration and commitment of all the group members in achieving group goals in a particular context and against the background of a particular national culture. (Adeyemo and Ogunyemi 2007) (Akanbi, 2005) (Bass, Avolio, Jung and Berson 2003) (Charlton and Johnson 2001)

## **5. THE RELATIONSHIP BETWEEN ORGANISATION HUMAN CAPITAL AND FIRM PERFORMANCE**

Organisation human capital focuses on two main components which are individuals and organizations. This concept have further been described by (Fayana, 2002) that human capitals have four key attributes which are: (1) flexibility and adaptability (2) enhancement of individual competencies (3) the development of organizational competencies and (4) individual employability. It shows that these attributes in turn generate added values to individual and organizational outcomes. There are various findings that incorporate human capital with higher performance and sustainable competitive advantage (Mandaza, 2000); higher organizational commitment and enhanced organizational retention (Robertson et al., 1991).Hence, all this debates fundamentally focuses on individual and organizational performance. (Farnham & Hertton, 1995) From the individual level perspective, point out that the importance of human capital depends on the degree to which it contributes to the creation of a competitive advantage. From an economic point of view, transaction-costs indicate that firm gains a competitive advantage when they own firm-specific resources that cannot be copied by rivals. Thus, as the uniqueness of human capital increases, firm have incentives to invest resources into its management and the aim to reduce risks and capitalize on productive potentials. Hence, individuals need to enhance their competency skills in order to be competitive in their organizations.

The human capital theory has undergone a rapid development. Within its development, greater attention has been paid to training related aspects. This is much related to the individual perspective. Human capital investment is any activity which improves the quality (productivity) of the worker. Therefore, training is an important component of human capital investment. This refers to the knowledge and training required and undergone by a person that increases his or her capabilities in performing activities of economic values.( Zifeak,1994)

Some recent literature shows the importance of training. In any case, it is logical to point out that the workforce's lack of training is related to low competitiveness (Green, 1993). In turn, a greater human capital stock is associated with greater productivity and higher salaries Likewise, training is linked to the longevity of companies (Bates, 1990) and greater tendency to high performance and economic growth (Huang et al, 2002)

## **6. METHODOLOGY**

The Staff of Federal Ministry, Abuja constitutes the population of study. Survey research was adopted through the administration of structured questionnaire to elicit information on whether or not there is improvement in their performance as a result of restructuring. The current population of the Ministry could not be ascertained in view of the challenges of irregular staff and ghost workers peculiar to Nigerian Civil Service. Nevertheless, it was estimated to be roughly between 14000-15000 even when the staff of various parastatals was included. (Source: Federal Ministry of Health, – Information Bureau, 2013)

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In view of the fact that the ministry’s various parastatals were spread across the country, we narrowed down on the Head Office at Abuja. 400 questionnaire were randomly administered in all the various departments. Two hundred and Sixty (260) questionnaires were found useful for the purpose of the study, representing 65% of the total questionnaire administered. The major instrument used in the collection of data for this research work is questionnaire. The questionnaire consists of questions that are related to Organisational Restructuring and Workers Performance in the Nigerian Ministry of Health as identified in the literature. Likert five point scales ranging from 1-5(1=Strongly Agree and 5=Strongly Disagree) were used as a basis of the questions. Data collected was coded and analyzed using frequency table, percentage and mean score analysis while the non-parametric statistical test (Chi- square) was used to test the formulated hypothesis using STATA 10 data analysis package/software.

**7. RESULTS AND DISCUSSIONS**

**7.1. Analysis of Organisational Restructuring Effect on Workers Performance in Federal Ministry of Health**

Table 1 reveals that majority of the respondents that is (76.92%) of the total respondents agreed; 16.92% of them strongly agreed, and 6.16% of the respondent are undecided to the notion that introduction of restructuring is well known to staff in ministry of health. Hence these show that the introduction of restructuring are well known to staff in ministry of health. Similarly, the table indicate that large number of respondents, i.e.(57.69%) of the respondents strongly agreed that the introduction of new processes (restructuring) have brought about improved organizational performance,(19.23%) of them agreed, while (19.23%) also disagreed to the notion; and (3.85) undecided. Also, the table indicates that a large number of respondents, i.e.(33.08%) of the respondents, strongly agree that Ministry of Health is a role model for other ministries in Nigeria,(41.92%) of them agreed, while (3.08%) also disagree, 6.54% strongly disagreed while 15.38 undecided. Also table 1 reveals that 29.23% strongly agree, 49.23% agreed, 9.62% strongly disagreed, 6.15% disagreed while 5.77% were undecided to the opinion that Organisational restructuring influence the service rendered by the Nigeria in Ministry of Health. Hence, these indicate that Organisational restructuring influence the service rendered by the Nigerians in Ministry of Health. Furthermore the table1 show that 7.69% of the respondents strongly agreed, 1.92% agreed, 33.08% disagreed,41.92% strongly disagreed while 15.38% were undecided that Restructuring in Ministry of Health has led to the transformation of Medical care service delivery. Hence, this shows that majority believed that Restructuring in Ministry of Health has not led to transformation of Medical care service delivery.

**Table I.** *Distribution of Responses on Staff’s Perception Organisational Restructuring Effect on Workers Performance in the Nigerian Ministry of Health*

QUESTIONS	SA	A	D	SD	U	TOTAL
The introduction of restructuring is well known to staff in Ministry of health	145 (55.77)	55 (21.15)	20 (7.69)	24 (9.23)	26 (6.15)	260 (100)
The introduction of new processes (restructuring) have brought about improved organizational performance	150 (57.69)	50 (76.92)	20 (84.62)	30 (11.54)	10 (3.85)	260 (100)
Ministry of Health is a role model for other ministries in Nigeria	86 (33.08)	109 (41.92)	8 (3.08)	17 (6.54)	40 (15.38)	260 (100)
Organisational restructuring influences the service rendered by the staff in Ministry of Health	76 (29.23)	128 (49.23)	25 (9.62)	16 (6.15)	15 (5.77)	260 (100)
Restructuring in Ministry of Health has led to the transformation of medical care service delivery	20 (7.69)	5 (1.92)	86 (33.08)	109 (41.92)	40 (15.38)	260 (100)
There is no correlation between organisation restructuring and service delivery in the Nigeria Teaching Hospitals.	16 (6.15)	18 (6.92)	128 (49.23)	36 (13.85)	62 (23.85)	260 (100)

Source: *Data Analysis (2015).*

Similarly, from the table 1, 6.15% of the respondents strongly agreed that there is no correlation between organisation restructuring and service delivery in the Ministry of Health, 6.92% agreed, 49.23% disagreed, 13.85% strongly disagreed to it, while 23.85% were undecided. Hence, majority of the respondents believed that there is correlation between organisation restructuring and service delivery in the Ministry of Health. The Analysis reveal that there is a functional linkage between Organisation Restructuring and Performance in which the combined effects of the Organisation Restructuring and performance have not led to transformation of medical care service delivery in Health Sub-Sector.

**7.2. Test of Hypothesis**

**Ho<sub>1</sub>:** There is no significant relationship between Restructuring and Performance of Federal Ministry of Health in Nigeria.

Decision: Since the chi-squares calculated ( $X^2$ -cal) are greater than chi-square tabulated ( $X^2$ -tab) this makes all the figures to be highly statistically significant with the probability of  $F = 0.000$ . Furthermore in table III, the result of breusch-fagan test for Heteroskedacity support the significant of the model with relationship between Restructuring and Performance established since  $prob > chi^2$  is 0.000 with  $chi^2(3) = 206.21$ . Collectively; we reject null hypothesis stated earlier: There is no significant relationship between Restructuring and Performance of Federal Ministry of Health in Nigeria. Due to the result shown in table II. Thus, we accept alternative hypothesis that: There is significant relationship between Restructuring and Performance of Federal Ministry of Health in Nigeria.

**Table II.** Chi-square Analysis table of Organisational Restructuring Effect on Workers Performance in the Nigerian Ministry of Health

S/N	Relationship	Pearson Chi-Square (Value)	Pr (Value)	Remark
1	Q1VS Q2	317.4068	0.000	Significant
2	Q1VS Q3	259.9953	0.000	Significant
3	Q1 VS Q4	560.9969	0.000	Significant
4	Q1 VS Q5	602.5423	0.000	Significant
5	Q2 VS Q6	363.7423	0.000	Significant
6	Q3 VS Q4	376.8301	0.000	Significant
7	Q3 VS Q5	620.6456	0.000	Significant
8	Q4VS Q2	480.0902	0.000	Significant
9	Q4 VS Q5	269.5469	0.000	Significant
10	Q5 VS Q6	968.3042	0.000	Significant

Source: Data Analysis, 2015

**Table III.** Heteroskedasticity Test

Ho: constant

Variable Q1 Q5 Q6

Chi2(3)	206.21
Prob> chi2	0.000

Source: Data Analysis, 2015

**8. CONCLUSION AND RECOMMENDATION**

The study concludes that restructuring of the Federal Ministry of Health is one thing while transformation of the Teaching Hospitals is another thing. In other words, Restructuring even though has led to improved Performance but it does not tantamount to the transformation of the Teaching Hospitals. There can be restructuring in the mother Ministry which may not necessarily affect the adjunct agencies of the Ministry. As long as a policy guidelines that guides the daily operations/ activities of the Ministry has not undergone fundamental changes, restructuring of the ministry becomes an exercise in futility. There can be no amount of transformation that can make a deficient policy result oriented. Health care policy is neither aimed at achieving national medical service delivery system with standardized approach for equality of access, quality concept, strategic management, funding and marketing, individual and organisational accountability, hospital workforce, recruitment, training and development; nor does it aims for respective states to channel their own courses without any connection to the

centre. The disjointed coordination and divorce between the Federal Ministry of Health activities and that of the Teaching Hospitals have contributed to the systemic decay of Health Care Service Delivery in Nigeria.

In a nutshell, the song of Health Care Service Delivery is a dirge; completely out of tune with the beat of the music of the service delivery. It continues to sound more like rhetoric with so much promises but little guarantees for realization. At the moment health care delivery is like a game of lottery where only the few lucky ones can have access to healthcare service at the mercy of a NGO, Governors, Presidents, Vice President, their wives and other members of the ruling elite who live in affluence and grotesque pleasure. The most significant health debilitating factors are total lack of political will, gross inadequate material and financial resources, weak supervisory roles and the complete collapse of the referral system.

In the light of the above, the following suggestions maybe useful for effective and efficient national medical service delivery; First, let there be complete overhaul of the policy guidelines that would improve Health Care funding in Nigeria. For realistic restructuring of health care delivery, Clinical activities and medical care have to be positioned as a fundamental public service directed and focused at every member of the populace. There should also be a realistic policy based on clear evidence that it is going to be a national agenda mirrored and anchored on international standard and benchmark.

Second, there should be a reversal of the Teaching Hospital spatial variation locations which is inversely related to the needs of the people. Instead of concentrating the teaching hospitals in cities where a smaller number of people live, it should be decentralized in favour of rural areas where the majority of Nigerian live. A circumstance whereby the primary health care programme caters for less than 20% of the potential patients is unacceptable in a society that believes that health is wealth.

Third, Let there be integration between the activities of the Federal Ministry of Health and the Teaching Hospitals. Every level of medical care systems should operate in synergy lending credence and respect to referral ethics. There should be communal involvement and the basic health data of the people should not really be a major constraint.

Finally, the calculated Indian National Policy directed at positioning the country as destination number one in global medical/health care can also be done if the Nigerian government musters the morale and political will. The government should stop the cavalier attitude of renegeing on premises. There should be an emergency programme to bring back many of the estimated 15,000 Nigerian doctors practising abroad to join the 25,000 at home. With a doctor-to-patient ratio of 1:6,400 and only about 3,000 doctors produced locally each year, efforts should be made to reach the WHO standard of 1:600.

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