

Evaluating Strategic Planning as Intervention Tool for Improving Healthcare Delivery in Private Hospitals in Ojodu, Lagos

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Abstract

The Nigerian healthcare sector is currently faced with various incapacitating problems making universal health coverage difficult and the healthcare workforce being poorly managed. In a bid to manage these problems effectively, it has become pertinent, more than ever, for healthcare managers to resort to use of strategic management tools to improve the overall health status of the teeming population of Nigeria as these tools have been proven effective in other non-health industries. This study, therefore, examines the influence of different aspects of strategic planning like facility planning, professional improvement planning, manpower planning, health services planning, and customer service planning on different components of healthcare delivery like patient safety, waiting time, medical staff retention, the effectiveness of health services, people-centeredness, and equitable service delivery. Cross-sectional and random sampling techniques were adopted to administer 123 copies of the questionnaire to a population of 178 managers of private hospitals in Ojodu, out of which 111 copies were validly filled and returned by the respondents representing a 90.24% response rate. Simple regression analysis was adopted to analyze the six hypotheses of this study, and the results showed that they were all statistically significant at a 5% significance level. Based on the findings of this study, it is concluded that strategic planning is a valuable tool that can be used to improve healthcare delivery in private hospitals. The study, therefore, recommends that managers of private hospitals should be trained in the use of strategic planning tools in order to fully exploit the benefits inherent in the strategic planning processes.

Keywords: *Healthcare delivery, Hospitals, Intervention, Strategic planning.*

Introduction

At the moment, there are a lot of nagging issues besetting the healthcare industry in Nigeria. Of particular note is the state of the health facilities in Nigeria: a lot of hospitals are poorly maintained. There are frequent and recurring incidences of equipment breakdown due to overuse and little or no maintenance. [1] Some of these healthcare facilities have become unsafe for patients care because of the dilapidations of the buildings and equipment. In some hospitals, patients have to wait for long hours in a crowded environment to access care. Due to overcrowding and poor segregation of

patients, it is difficult to prevent the spread of infectious diseases. The situation has degenerated to a level that some sick people get infected in the process of seeking healthcare.

Health workforce crises have been commonly reported in recent times: the reasons adduced include several months of unpaid salary, poor welfare, and a general sense of insecurity among the health workers. [2] The crises have also led to both external and internal brain drain. A lot of health professionals are moving out of the country to developed countries. There is also an internal brain drain: many promising young doctors are losing interest in clinical practice because of poor remuneration in bedside medical

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practice, preferring to go into non-governmental organizations and health management organizations, in which they may not be involved the actual care of the sick. This is one of the reasons for increased attrition in the healthcare industry.

The quality of knowledge and competence possessed by health workers determines the quality of healthcare provided. To improve the competence of the healthcare providers, there is a need for continuous professional development. While there is a government policy mandating continuous medical training, there is no policy targeted at building a health force in line with the future health needs of the nation. The health professional training providers are poorly regulated by the government; training is not done based on anticipated areas of need; hence even though health professional go for training, there is no guarantee of a significant improvement in healthcare services when training are not done to address areas of health needs of the population [3].

There is a general apathy to seeking healthcare in our hospitals, especially public hospitals, because of the long waiting time to access care. This has caused an increase in the practice of self-medication and the patronizing of quacks. Some critically ill persons have died in the process of waiting to receive healthcare. Customer service in a lot of health facilities in Nigeria has become poor because the ratio of health practitioners to sick people has become grossly inadequate. Health practitioners are overworked because of the number of sick people they have to attend to. This, in a way, is causing an increased incidence of burnout, leading to an increased incidence of medical errors and falling dedication and commitment to healthcare delivery.

Furthermore, different reforms in the healthcare sector introduced by different government regimes have created inequity and made health services more inaccessible to the poor. [4] A report [5] estimates that over 60% of Nigerians living below the poverty line cannot

access quality health services due to high costs. Demand has badly exceeded the supply of health resources: this has created a situation in which the poor majority without the wherewithal to get the attention of the people in authority are dangerously neglected. Under this environment, equitable delivery of quality healthcare becomes difficult if not impossible. This has led to the rural areas of Nigeria having poor health facilities and the poor presence of healthcare professionals. For this reason, the mortality rate is increasing especially in rural areas, and the government is taken a few steps to stem the negative trend. All in all, the health indices in Nigeria are not looking good: our life expectancy is among the lowest in the world.

Critically looking at the above-outlined problems, it becomes obvious that the root cause is a lack of proper planning in the Nigeria health sector. Therefore, it makes great sense that giving high priority and strategically planning healthcare delivery in Nigeria will reverse this negative trend in the health industry. Planning strategically requires that the nation formulates a strategy to regularly review and improve healthcare delivery. An important way to achieve this is by planning using the strategic planning processes. [6-8]. In the same vein, [9] point out that strategic management is the appropriate response to be adopted by healthcare managers to be able to manage the dynamism and complexity of the healthcare industry and achieve optimal outcomes. Various other researchers in different studies have shown that organizations that adopt and use strategic planning have above-average returns and last longer than organizations where strategic planning is not done. [10-12]. In an empirical analysis of some Spanish hospitals, [13] states that hospitals that display strategic behaviours in all their activities achieve better results. Findings in a study by [14] exploring marketing strategies in hospitals in Port Harcourt, Nigeria, also support the view that strategic planning improves hospital performance. [14] concludes in the study that “hospitals that adopt effective

marketing strategies perform better than those that do not”.

Although a direct correlation between formal strategic planning and performance is contested by some researchers, many managers agree that strategic planning is extremely useful in the workplace. [12, 15-17]. Some researchers, disputing the direct correlation between strategic planning and an organization’s performance, argue that formal strategic planning serves other purposes apart from improving performance. Some of these other purposes elucidated include accreditation, information purposes, public relation, consensus building, and direction and control. [16] [17]. While these other purposes may not immediately appear to improve performance, when they are critically examined, it will be seen that these other purposes encourage the acquisition of pertinent strategic information, which is vital for formulating effective strategies and creating the enabling environment for the implementation of the strategic plan. For example, if strategic planning is embarked upon for the purpose of building a consensus among groups with differing opinions, an eventual formulation of a plan will create a sense of ownership of the plan among the different groups. This will make implementation easier and more effective. If these other purposes of planning create an environment for easy implementation, it can be seen that effective strategic planning is a holistic process that not only leads to formulating a strategy but also creates an environment for its implementation and monitoring of the actual outcomes.

Every aspect of the healthcare delivery process can benefit from strategic planning, just like it has been shown in non-health industries that strategic planning is applicable in every business process. [18]. However, broken down to its basics, improving healthcare delivery is all about improving the quality of care; and to be able to monitor the improvement of care, it is necessary to define quality in healthcare. [19] defines the quality of care as “the extent to which

healthcare services provided to individuals and patient populations improve desired health outcomes. In order to achieve this, healthcare must be safe, effective, timely, efficient, equitable, and people-centered”. When hospital management teams are focused on improving the quality of care along these six criteria as defined by [19], it will be easier to generate practical and more achievable goals tailored to the need of the community and will positively impact the delivery of healthcare to that community.

Delivery of healthcare is a very dynamic process that lends itself to rapid changes, especially so because the healthcare environment has been described as a high-velocity environment. [20] [9] [21]. Peculiar to a high-velocity environment is the uncertainty and dynamic complexity of the prevailing environmental factors. Under such an environment, healthcare managers will need to be more open-minded, more adaptable, and consider more environmental factors in formulating strategies for their organizations if they want their organizations to stay afloat and deliver effective and efficient services. [22] [23]. At first, considering the complexity, the multiplicity, and the speed of change in healthcare environment, the task of strategic planning in hospitals appears very daunting, but [20] seems to offer some comfort to managers. [20] argue that the healthcare environment “is not a complete zoo but rather a fairly predictable field.” The researchers encourage managers to embark on quality strategic planning. [21] posits that strategic planning allows healthcare managers to “exert a greater degree of control or influence over the external factors and steer their organizations toward a new future, even though it may have many uncertainties”.

The predictability of a strategic environment is predicated on the number of environmental factors that are taken into consideration: the wider the scope of environmental factors considered, the more accurate the environmental changes that can be predicted and anticipated. [24]. The better the accuracy of environmental

prediction, the better the quality of the planning that is generated. Invariably, quality planning will create an effective implementation and better performance. [11] posit that “well-conceived and good quality strategy lead to flawless implementation, organizational competitiveness, and effectiveness.

Strategic planning involves four processes: these are environmental scanning, strategy formulation, strategy implementation, and evaluation and control. Any organization that can successfully go through these four processes and involves its stakeholders in the processes will be able to accumulate and use a lot of complex resources and capabilities both from the internal and external environments. Peculiar to the healthcare industry is the presence of multiple decision-makers who will prefer to have the final say in the decision-making process. Following the strategic planning processes will afford the healthcare organization the benefit of engaging these decision-makers and incorporating ideas from different stakeholders.

In the hospital business, there are always new inventions and changes in treatment protocols, so an effective and efficient hospital has to be a learning organization that is constantly reinventing itself in terms of its facility setup, equipment, and business processes. [25] [26]. There is also the need to train and retain its manpower to build up its skills and competencies in tune with modern development. Since the healthcare services are expected to be error-free as much as possible, planning the way services are rendered is a sine qua non for ensuring patient safety, efficiency, and effectiveness. Anything short of this will be disastrous for the health of the people. Also, to be taken into consideration is the fact that the health need of each individual or each community differs. Thinking along this line will ensure that healthcare services are tailored to the need of the people and made equitable.

This study particularly focuses on facility planning, health professional improvement

planning, service planning, and planning for delivery of healthcare without marginalization or discrimination based on age, economic status, religion, or ethnicity. The research question is: can strategic planning significantly improve healthcare delivery in private hospitals in Ojodu, Lagos?

Materials and Methods

[27] defines research as a step-by-step procedure for obtaining reliable information about existing problems through organized and systematic collection, analysis, and interpretation of data with the aim of making a significant contribution to an already known body of knowledge. Discussed here are the various methods used, as well the framework for research design, study population, sampling technique and size, source of data, instrument for data collection, validity and reliability, method of data analysis, measurement of variables, data presentation, and analysis.

Research Design

The method employed in this research is a cross-sectional survey method by means of distributing questionnaires. This is justified by obtaining essential information and insight into the association among the variables. Therefore, data related to the demographic background of the managers of private hospitals across Ojodu Berger in Lagos State such as gender, age bracket, highest educational qualification, employment status, years of experience, and years the hospitals have been in operation, and years in top management were obtained.

Two major types of research techniques were identified by [28], and they are qualitative technique and quantitative technique. Qualitative methods include the Delphi method, market research, and historical analogy, and these are where facts and knowledge interact to form a judgment about issues [28]. However, the quantitative technique is a research method for the analyses of numerical data using a statistical or mathematical formula to relate variables,

identify the degree of relationship, development of mathematical models that could be used for the prediction of the effect of a change on one or more variables on the other variables [28]. Therefore, this study used a quantitative research method as it provides a better option in this research work against the qualitative research method.

Description of the Study Population

The research population of this study covered 178 managers of hospitals across Ojodu Berger in Lagos State, Nigeria at the time this study was carried out. The researcher got the data on the population of managers of hospitals from the Health Facility Monitoring and Accreditation Agency of Lagos State at the time this study was carried out. The choice of the population for this study was therefore driven by the need to elicit relevant information from the population of 178 from private managers of hospitals across Ojodu Berger in Lagos State. The managers include doctors, nurses, pharmacists, accountants, facility managers, human resource managers, laboratory scientists, and security chiefs, all of whom constitute the top management team of different hospitals.

Sample Size and Sampling Techniques

The sample size of this study was drawn from a population of 178 managers of private hospitals across Ojodu, Lagos State. The probability sampling technique through simple random sampling was adopted in this study to make sure every respondent has an equal chance to be part of the selection. It is in this recognition that the questionnaire was designed to ensure accurate capture of data and a high response rate.

Random sampling, which is an unbiased sampling technique, was used by administering 123 copies of the questionnaire to the private operators of hospitals across Ojodu, Lagos State.

Sources of Data

Data were obtained from a primary source through the use of the questionnaire. This is referred to as the field source due to the fact that

it is the process of obtaining the information directly from those on which the study is conducted. Questionnaire and personal observation are mostly used for the primary data. Basically, the researcher used questionnaires to gather the primary source of data.

Description of Data Collection Instrument

The questionnaire data collection instrument was self-structured multiple-choice questions for primary data collection. The instrument was divided into 2 parts: Section A and Section B. Section A contains demographic details about each respondent, such as gender, age bracket, highest educational qualification, employment status, years of experience, years the hospitals have been in operation, and years in top management, while section B contains items relating to the research questions and hypotheses.

Validity and Reliability of the Research Instrument

Need to ensure that the questionnaire used for the primary data collection for this study is valid, a validity test was conducted. The Cronbach's alpha (α) statistical method was used to carry out the analysis. Cronbach's alpha (α) measures the coefficient of reliability. It is commonly used as a measure of the internal consistency or reliability of a psychometric test score for a sample of examinees. Hypothetically, alpha varies from 0 to 1 since it is the ratio of two variances. Empirically, alpha can take on any value that is less than or equal to 1. Higher values of alpha are more desirable. Some professionals, as a rule of thumb, require reliability of 0.70 or higher (obtained on a substantial sample) before the instrument is accepted to be reliable (Devellis, 1991).

The test of reliability (Table 1) shows that the questionnaire is reliable with the developmental sample of the 15 selected managers of private hospitals across Ojodu in Lagos State (N=15), with a calculated Cronbach alpha which

indicates internal consistency. A Cronbach's alpha of 0.8 or above is appropriate to be assumed highly acceptable for homogeneity of items and acceptability limit of 0.7. [29]. For this

reason, this research accepted an alpha of 0.7 as appropriate for the reliability of the data used in this study.

Table 1. Validity/Reliability Test

Variables	No of Item	Cronbach's Alpha (α)
Strategic facility planning and improved patient's safety	15	.712
Professional improvement planning and effectiveness of health service delivery	15	.863
Strategic service planning and patient's waiting time	15	.899
Manpower planning and retention of healthcare professionals	15	.896
People-centred customer service and efficient healthcare service delivery	15	.723
Equitable service delivery and strategic planning	15	.731

Method of Data Analysis

Data was collected through the use of a questionnaire and subjected to descriptive statistics. The hypotheses were tested using simple regression analysis. Each result from the analysis of the hypotheses was tested at 5% level of significance and at the calculated degree of freedom.

Measurement of Variables

In order to measure the variables and the responses to each question on the questionnaire by each of the respondents, numerical weights were assigned by using Likerts' five-point scale as given below:

Weights.

Strongly Disagree (SD) = 1.

Disagree (D) = 2.

Neutral (N) = 3.

Agree (A) = 4.

Strongly Agree (SA) = 5.

Data Presentation and Analysis

This section forms chapter four, and the analysis of the results gotten from the primary data collected was processed by the statistical

package for social science (SPSS). The results were presented in tabular form. The analysis covers respondents' demographic details, research questions, and research hypotheses stated, while simple regression statistical analysis was employed to test the study hypotheses.

Results

This study evaluates strategic planning as an intervention tool for improving healthcare delivery in private hospitals across Ojodu in Lagos State. The study covers the managers of private hospitals in Ojodu in Lagos State. The study adopts cross-sectional and random sampling techniques to administer 123 copies of the questionnaire to the population of 178 managers of hospitals legally registered at Ojodu in Lagos State. This study therefore presents and analyses the data collected through a primary survey of 111 copies of questionnaire that were validly filled in and returned by the respondents representing a 90.24% response rate. Based on this, the presentation and analysis were done using frequency distribution tables to present the respondents' demographic data, and to answer

the research questions, while descriptive statistics and simple regression were employed to test the research hypotheses. These were achieved with the use of the Statistical Package for Social Sciences (IBM Statistics SPSS 23).

Presentation of Respondents' Demographic Characteristics

This section shows the frequency distribution of respondent demographics questions of 111 copies of the questionnaire with variables: gender, age bracket, highest educational qualification, employment status, number of years working in a hospital, years of the hospital in operations, and years in top management level, marital status, educational sector, number of years of working in the present hospital and number of years of being management position.

Table 2 shows the demographic distribution of sampled respondents by showing the gender of the respondents, with 47.7% of male, while the majority of the respondents, 52.3% were female. The distribution of respondents in terms of the respondents' age bracket showed that 5.4% were within 21-30 years, 51.4% of the respondents representing the majority, were within the age bracket of 31-40 years, 23.4% of the respondents were within the age bracket of 41-50 years, 19.4% of the respondents revealed 51 years and above. The distribution in terms of the highest educational qualification of the respondents showed that 26.1% have OND/HND, 27% of the respondents have

RN/RM, the majority of the respondents with 29.7% have attained B.Sc./MBBS, 9% of the respondents have masters, while the remaining 8.1% of the respondents have FWACP/FWACS/FWACOG.

The distribution of respondents based on employment status showed that the majority of the respondents were employed, while the remaining 12.6% of the respondents were employers. The distribution of respondents based on the number of years the respondents have been working within their respective hospitals showed that 5.4% of the participants had less than one year, 21.6% of the respondents were between 1-3 years, 16.2% of the respondents were 4-6 years, 10.8% of the respondents were between 7-9 years, while the majority of the respondents with 54.9% have 10 years and above experience. The distribution of respondents based on years of operation of the hospitals where the respondents work: 25.2% were between 1-5 years, 13.5% were between 6-10 years, 21.6% were between 11-15 years, 14.4% were between 16-20 years, while another set with 25.2% was above 20 years. The distribution of respondents based on years in the top management level showed that the majority of the respondents, 53.2%, have been in the top management level within 1-5 years, and 25.2% of the respondents have been in the position for 5-10 years, while 21.6% showed greater than 10 years in the position of top management.

Table 2. Respondents Demographic Characteristics

Characteristics	Status	Frequency	Valid Percent	Cumulative Percent
Gender	Male	53	47.7	47.7
	Female	58	52.3	100.0
	Total	111	100.0	
Age (In Years)	21-30	6	5.4	5.4
	31-40	57	51.4	56.8
	41- 50	26	23.4	80.2
	51 & above	22	19.8	100.0
	Total	111	100.0	
	OND/HND	29	26.1	26.1
	RN/RM	30	27.0	53.2

Highest Educational Qualification	B.Sc./MBBS	33	29.7	82.9
	Masters	10	9.0	91.9
	FWACP/FWACS/FWACOG	9	8.1	100.0
	Total	111	100.0	
Employment Status	Employed	97	87.4	87.4
	Self-employed	14	12.6	100.0
	Total	111	100.0	
No of years working in the present hospital	Less than 1	6	5.4	5.4
	1-3	24	21.6	27.0
	4-6	18	16.2	43.2
	7-9	12	10.8	54.1
	10 and above	51	54.9	100.0
	Total	111	100.0	
Years of the hospital in operation	1-5	28	25.2	25.2
	6-10	15	13.5	38.7
	11-15	24	21.6	60.4
	16-20	16	14.4	74.8
	Above 20	28	25.2	100.0
	Total	111	100.0	
Years in top management	1-5	59	53.2	53.2
	5-10	28	25.2	78.4
	Greater than 10	24	21.6	100.0
	Total	111	100.0	

Responses in Table 3 show that all the respondents (100%) agreed that planning a hospital layout can improve patient safety; also, all the respondents agreed that a hospital facility needs to be planned to allow for effective workflow. Similarly, all the respondents

representing 100%, agreed that facility planning ensures that safety measures are put in place, and 94.6% of the respondents agreed that facility planning could help reduce the incidence of the spread of infectious diseases among patients.

Table 3. Presents the Respondents' Opinion on Facility Planning and Patient's Safety

Item	SA (%)	A (%)	N (%)	D (%)	SD (%)	Total (%)
Planning a hospital layout can improve patients' safety	107 (96.4)	4(3.6)	–	–	–	111 (100.0)
Hospital facility needs to be planned to allow for effective workflow thereby preventing mix up of patient's record	91 (82.0)	20 (18.0)	–	–	–	111 (100.0)
Facility planning ensures that safety measures are put in place.	92 (82.9)	19 (17.1)	–	–	–	111 (100.0)

Facility planning can help reduce the incidence of spread of infectious diseases among patients	79 (71.2)	26 (23.4)	4 (3.6)	2 (1.8)	–	111 (100.0)
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Responses in Table 4 reveal that all the respondents (100%) agreed that every hospital needs to plan for training and retraining of their employees. Also, all the respondents agreed that professional improvement planning helps to regularly evaluate workers' skills and competencies, thereby identifying ways to improve overall hospital's effectiveness. Similarly, all the respondents agreed that

planning for workers' training is a way to improve health services delivery, and they agreed as well that professional improvement planning is a good approach to add value to the hospital while 97.8% of the respondents agreed that professional improvement planning involving all cadres of employees leads to an overall improvement in hospital's services.

Table 4. Presents the Respondents' Opinion on Professional Improvement Planning and Effectiveness of Health Services

Item	SA (%)	A (%)	N (%)	D (%)	SD (%)	Total (%)
Every hospital needs to plan for training and retraining of their employees in order to improve the hospital's effectiveness	102 (91.9)	9(8.1)	–	–	–	111 (100.0)
Professional improvement planning helps to regularly evaluate workers' skill and competencies thereby identifying ways to improve overall hospital's effectiveness	84 (75.7)	27 (24.3)	–	–	–	111 (100.0)
Planning for workers' training is a way to improve health services delivery.	99 (89.2)	12 (10.8)	–	–	–	111 (100.0)
Professional improvement planning is a good approach to add value to the hospital	85 (76.6)	26 (23.4)	–	–	–	111 (100.0)
Professional improvement planning involving all cadres of employees leads to overall improvement in hospital's services.	93 (83.8)	16 (14.4)	–	2(1.8)	–	111 (100.0)

Responses in Table 5 show that the majority of the respondents with 97.3% agreed that patient's waiting time can be reduced by planning hospital's service delivery, and 92.8% of the respondents agreed that causes of delay in attending to patients can be identified through service delivery planning, 76.5% of the

respondents agreed that involving patients in service planning is a way to identify ways of improving on waiting time, and 89.2% of the respondents agreed that involving business process experts in health services delivery planning can reduce the prolonged patient's waiting time.

Table 5. Presents the Respondents' Opinion on Strategic Service Planning and Waiting Time in the Hospital

Item	SA (%)	A (%)	N (%)	D (%)	SD (%)	Total (%)
Patient's waiting time can be reduced by planning hospital's service delivery.	64 (57.7)	44 (39.6)	3(2.7)	–	–	111 (100.0)
Causes of delay in attending to patients can be identified through service delivery planning	46 (41.4)	57 (51.4)	8(7.2)	–	–	111 (100.0)
Involving patients in service planning is a way to identify ways of improving on waiting time	51 (45.9)	34 (30.6)	15 (13.5)	8 (7.2)	3 (2.7)	111 (100.0)
Involving business process experts in health services delivery planning can reduce prolonged patient's waiting time	35 (31.5)	64 (57.7)	9 (8.1)	3 (2.7)	–	111 (100.0)

Responses in the Table 6 show that the majority of the respondents with 91% agreed that quality manpower planning could improve staff retention, 99.1% of the respondents agreed that workers are likely to stay employed in a hospital when they know there is an adequate

plan for their welfare, 90.1% of the respondents agreed that manpower planning could give workers a sense of security, and 82.8% of the respondents agreed that manpower planning is a way to identify reasons for high staff attrition.

Table 6. Presents the Respondents' Opinion on Manpower Planning and Staff Retention

Item	SA (%)	A (%)	N (%)	D (%)	SD (%)	Total (%)
Quality manpower planning improves staff retention	65 (58.6)	36 (32.4)	7 (6.3)	3 (2.7)	–	111 (100.0)
Workers are likely to stay employed in a hospital when they know there is adequate plan for their welfare	73 (65.8)	37 (33.3)	1 (0.9)	–	–	111 (100.0)
Manpower planning gives workers a sense of security.	74 (66.7)	26 (23.4)	5 (4.5)	6 (5.4)	–	111 (100.0)
Manpower planning is a way to identify reasons for high staff attrition	43 (38.7)	49 (44.1)	17 (15.3)	2 (1.8)	–	111 (100.0)

Responses in Table 7 show that the majority of the respondents with 71.1% agreed that tailoring a hospital's customer service to the need of the patients can reduce medical error,

81% of the respondents agreed that a people-centered customer service could improve patient's satisfaction, and 90.1% of the respondents agreed that people-centered

customer service makes the process of healthcare delivery more efficient. Also, 87.4% of the respondents agreed that people-centered customer service improves the relationship

between patients and healthcare providers, and 72.9% of the respondents agreed that people-oriented customer service makes healthcare delivery cost-effective.

Table 7. Presents the Respondents' Opinion on People-Centered Customer Service and Operational Efficiency

Item	SA (%)	A (%)	N (%)	D (%)	SD (%)	Total (%)
Tailoring hospital's customer service to the need of the patients can reduce medical error.	53 (47.7)	26 (23.4)	8 (7.2)	21 (18.9)	3 (2.7)	111 (100.0)
A people-centered customer service improves patient's satisfaction.	67 (60.4)	34 (20.6)	3 (2.7)	4 (3.6)	3 (2.7)	111 (100.0)
People-centered customer service makes the process of healthcare delivery more efficient	62 (55.9)	38 (34.2)	4 (3.6)	4 (3.6)	3 (2.7)	111 (100.0)
People-centered customer service improves the relationship between patients and healthcare provider.	75 (67.6)	22 (19.8)	5 (4.5)	6 (5.4)	3 (2.7)	111 (100.0)
A people-oriented customer service makes healthcare delivery cost-effective.	51 (45.9)	30 (27.0)	9 (8.1)	13 (11.7)	9 (8.1)	111 (100.0)

Responses in Table 8 show that the majority of the respondents 91.9% agreed that engaging in strategic planning can reduce the incidence of discrimination in health service delivery, and 97.3% of the respondents agreed that equitable service delivery could be attained by considering health needs of people of different social status in healthcare decision making. Also, 93.7% of

the respondents agreed that having a strategic plan in place can make health workers conscious of the need to provide services without discrimination, while 50.8%, representing the majority disagreed that involving stakeholders from a diverse socio-cultural background in planning health services can encourage equitable healthcare delivery.

Table 8. Presents the Respondents' Opinion on Strategic Planning and Equitable Service Delivery

Item	SA (%)	A (%)	N (%)	D (%)	SD (%)	Total (%)
Engaging in strategic planning can reduce the incidence of discrimination in health service delivery	44 (39.6)	58 (52.3)	9 (8.1)	–	–	111 (100.0)
Equitable service delivery can be attained by considering health needs	56 (50.5)	52 (46.8)	3 (2.7)	–	–	111 (100.0)

of people of different social status in healthcare decision making.						
Having a strategic plan in place can make health workers conscious of the need to provide services without discrimination	57 (51.4)	47 (42.3)	7 (6.3)	–	–	111 (100.0)
Involving stakeholders from diverse socio-cultural background in planning health services can encourage equitable healthcare delivery	21 (18.1)	27 (23.3)	9 (7.8)	12 (10.3)	47 (40.5)	116 (100.0)

Testing of Hypotheses

The hypotheses formulated for the purpose of this study were tested via means of regression with the use of the Statistical Package for Social Sciences (SPSS). This will help to determine their statistical effects and the significant relationship that exists between the variables.

Hypothesis One

H₀₁: Strategic facility planning cannot improve patient's safety

The regression analysis of the Table 9 revealed that the R coefficient equal to 0.355 established a relationship between strategic facility planning and improved patient safety with reference to the private hospitals at Ojodu

Berger in Lagos State. The R-Square value of 0.126 showed that only a maximum of 12.6% of improved patient's safety could be explained by strategic facility planning, while 87.4% could be due to other factors not captured in this study. The F-statistic value of 15.739, $p < .05$ showed the model's goodness of fit to explain the variations and to consider the alternative hypothesis. Therefore, this confirms the alternative hypothesis that strategic facility planning can improve patients' safety. The Beta (β) values of .355 also confirmed a positive relationship between the variables. The value of $t = 3.967$, $p < .05$ showed that strategic facility planning could significantly improve patient safety in Lagos State.

Table 9. Testing of Hypothesis One

Model	R	R Square	Adjusted R		Std Error of the Est.	
1	.355 ^a	.126	.118		.435	
ANOVA^a						
Model	SSq	df	Mean Sq	F		Sig.
Regression	2.984	1	2.984	15.739		.000 ^b
Residual	20.668	109	.190			
Total	23.652	110				
Coefficients						
Model	Unstandardized Coefficients			Standardized Coefficient	t.	Sig.
	B	Std Error		Beta		
	1.548	.698			2.220	.029

Constant	.574	.145		.355	3.967	.000
Facility Planning						

Dependent Variable: Patient's safety (P<0.05)

Hypothesis Two

H₀₂: Professional improvement planning cannot influence the effectiveness of health service delivery.

The regression analysis of the Table 10 revealed that R coefficient equal to 0.586 established a relationship between professional improvement planning and effectiveness of health service delivery with reference to private hospitals across Ojodu Berger in Lagos State. The R-Square value of 0.343 showed that only a maximum of 34.3% of operational efficiency of

the effectiveness of health service delivery could be explained by professional improvement planning, while 65.7% could be because of factors not captured by this study. The F-statistic value of 57,001, p<.05, showed the model's goodness of fit to explain the variations and to consider the alternative hypothesis. The Beta (β) values of .586 revealed a positive relationship between the variables. The value of t=.7.550, p<.05 showed that professional improvement planning significantly influences the effectiveness of health service delivery.

Table 10. Testing of Hypothesis Two

Model	R	R Square	Adjusted R		Std Error of the Est.	
1	.586 ^a	.343	-.337		.377	
ANOVA^a						
Model	SSq	df	Mean Sq	F		Sig.
Regression	8.122	1	8.122	57.001		.000 ^b
Residual	15.530	109	.142			
Total	23.652	110				
Coefficients^a						
Model	Unstandardized Coefficients			Standardized Coefficient	t.	Sig.
	B	Std Error		Beta		
Constant	1.628	.723			2.220	.029
Facility Planning	.867	.683		.586	7.550	.000

Dependent Variable: Effectiveness of health service delivery (P<0.05)

Hypothesis Three

H₀₃: Strategic service planning cannot significantly reduce patient's waiting time.

The regression analysis of the Table 11 revealed that R coefficient equal to 0.604 established a relationship between strategic service planning and reduction in patient waiting time with reference to the private hospitals across Ojodu Berger in Lagos State. The R-Square value of 0.365 showed that only a

maximum 36.5% of patients' waiting time could be explained by strategic service planning, while 63.5% may be due to factors not taken into account by this study. The F-statistic value of 62.743, p<.05 showed the model's goodness of fit to explain the variations and to consider the alternative hypothesis.

Therefore, this confirms the alternative hypothesis that strategic service planning can influence the reduction in patient waiting time. The Beta (β) values of .604 also confirmed a

positive relationship between the variables. The value of $t=7.921$, $p<.05$ showed that strategic

service planning can significantly reduce patients' waiting time.

Table 11:Testing of Hypothesis Three

Model	R	R Square	Adjusted R		Std Error of the Est.	
1	.604 ^a	.365	.360		.371	
ANOVA^a						
Model	SSq	df	Mean Sq	F		Sig.
Regression	8.641	1	8.641	62.743		.000 ^b
Residual	15.011	109	.138			
Total	23.652	110				
Coefficients^a						
Model	Unstandardized Coefficients			Standardized Coefficient	t.	Sig.
	B	Std Error		Beta		
Constant	2.057	.287			7.177	.000
Service Planning	.525	.066		.604	7.921	.000

Dependent Variable: Patient's waiting time ($P<0.05$)

Hypothesis Four

H_{04} : Manpower planning cannot increase the retention of healthcare professionals.

The regression analysis of the Table 12 revealed that R coefficient equal to 0.652 established a relationship between manpower planning and an increase in the retention of healthcare professionals with reference to the private hospitals across Ojodu Berger in Lagos State. The R-Square value of 0.425 showed that only a maximum of 42.5% of retention of healthcare professionals could be explained by manpower planning, while 57.5% could have

been due to factors not captured by this study. The F-statistic value of 80.679, $p<.05$, showed the model's goodness of fit to explain the variations and to consider the alternative hypothesis. Therefore, this confirms the alternative hypothesis that manpower planning can increase the retention of healthcare professionals. The Beta (β) values of .652 also confirmed a positive relationship between the variables. The value of $t=8.982$, $p<.05$, showed that manpower planning could significantly increase the retention of healthcare professionals.

Table 12. Testing of Hypothesis Four

Model	R	R Square	Adjusted R		Std Error of the Est.	
1	.652 ^a	.425	.420		.353	
ANOVA^a						
Model	SSq	df	Mean Sq	F		Sig.
Regression	10.060	1	10.060	80.679		.000 ^b
Residual	13.592	109	.125			
Total	23.652	110				
Coefficients^a						
Model	Unstandardized Coefficients			Standardized Coefficient	t.	Sig.
	B	Std Error		Beta		

	B	Std Error		Beta		
Constant	1.745	.288			6.067	.000
Manpower Planning	.576	.064		.652	8.982	.000

Dependent Variable: Retention of healthcare professionals (P<0.05)

Hypothesis Five

H₀₅: People-centered customer service planning cannot improve efficient healthcare service delivery.

The regression analysis of the Table 13 revealed that the R coefficient equal to 0.454 established a relationship between people-centered customer service planning and efficient healthcare service delivery with reference to the private hospitals across Ojodu Berger in Lagos State. The R-Square value of 0.206 showed that only a maximum 20.6% of efficient healthcare service delivery could be explained by people-

centered customer service planning; 79.4% could be due to factors not taken into account by this study. The F-statistic value of 26.158, p<.05, showed the model's goodness of fit to explain the variations and to consider the alternative hypothesis. Therefore, this confirms the alternative hypothesis that people-centered customer service planning can enhance efficient healthcare service delivery. The Beta (β) values of .454 also confirmed a positive relationship between the variables. The value of t=6.260, p<.05, showed that people-centered customer service planning could significantly enhance efficient healthcare service delivery.

Table 13. Testing of Hypothesis Six

Model	R	R Square	Adjusted R		Std Error of the Est.	
1	.454 ^a	.206	.201		3.169	
ANOVA^a						
Model	SSq	df	Mean Sq	F		Sig.
Regression	5.545	1	5.545	26.158		.000 ^b
Residual	23.107	109	.212			
Total	23.652	110				
Coefficients^a						
Model	Unstandardized Coefficients			Standardized Coefficient	t.	Sig.
	B	Std Error		Beta		
Constant	3.973	.215			3.268	.000
Facility Planning	.617	.050		.152	6.260	.000

Dependent Variable: Efficient healthcare service delivery (P<0.05)

Hypothesis Six

H₀₆: Equitable service delivery cannot be attained through strategic planning.

The regression analysis of the Table 14 revealed that the R coefficient equal to 0.361 established a relationship between equitable service delivery and strategic planning with reference to the private hospitals across Ojodu

Berger in Lagos State. The R-Square value of 0.130 showed that only a maximum of 13.0% of equitable service delivery could be explained by strategic planning, while 87% may be due to factors that this study did not capture. The F-statistic value of 20.679, p<.05, showed the model's goodness of fit to explain the variations and to consider the alternative hypothesis. Therefore, this confirms the alternative

hypothesis that equitable service delivery could be attained through strategic planning. The Beta (β) values of 0.361 also confirmed a positive relationship between the variables. The value of

$t=4.753$, $p<.05$, showed that equitable service delivery could be significantly attained through strategic planning.

Table 14. Testing of Hypothesis (7th Paragraph)

Model	R	R Square	Adjusted R		Std Error of the Est.	
1	.361 ^a	.130	.124		1317	
ANOVA^a						
Model	SSq	df	Mean Sq	F		Sig.
Regression	6.641	1	6.641	20.679		.000 ^b
Residual	24.109	109	.321			
Total	24.451	110				
Coefficients^a						
Model	Unstandardized Coefficients			Standardized Coefficient	t.	Sig.
	B	Std Error		Beta		
Constant	4.982	1.212			6.606	.000
Strategic Planning	.574	.065		.361	4.753	.000

Dependent Variable: Equitable service delivery ($P<0.05$)

Discussion

This study evaluates strategic planning as an intervention tool for improving healthcare delivery in private hospitals across Ojodu Berger in Lagos State. The null proposition which states that strategic facility planning cannot improve patient's safety, was not considered based on the result from the responses of the measuring variables. Therefore, the alternative hypothesis was considered because the responses of the respondents revealed that planning a hospital layout can improve patient safety, and facility planning can help reduce the incidence of the spread of infectious diseases among patients. This finding supports the works of [30-33]. All these researchers express the position that facility planning has a significant positive effect on safety.

The null hypothesis which states that professional improvement planning cannot influence the effectiveness of health service delivery, was not considered based on the results from the responses of the measuring variables. Therefore, the alternative hypothesis was

considered because it is established in this study that every hospital needs to plan for training and retraining of their employees in order to improve the hospital's effectiveness, and professional improvement planning can help to regularly evaluate workers' skill and competencies thereby identifying ways to improve overall hospital's effectiveness. This finding is supported by the studies done by [34] [35]. These various researchers agreed that improving the competencies and skills of the workforce improves the overall performance and effectiveness of an organization.

The null hypothesis which states that health services planning cannot significantly reduce patient waiting time was not considered based on the results from the responses of the measuring variables. This finding shows that patient waiting time can be reduced by planning the hospital's service delivery and causes of delay in attending to patients can be identified through service delivery planning. This finding is supported by the submissions of [36] [37]. The researchers variously opined that planning

health services have a significant positive impact in reducing patient's waiting time.

The null hypothesis, which states that manpower planning cannot increase the retention of healthcare professionals was not considered based on the results from the responses of the measuring variables. For this reason, the alternative hypothesis was considered because it was revealed in this study that quality manpower planning can improve staff retention, and workers are likely to stay employed in a hospital when they know there is an adequate plan for their welfare. This finding corroborates the study of [38], who submits that retaining employees is dependent on having an internalized and effective talent management program that is accepted across the board of the organization.

The null hypothesis which states that people-centered customer service planning cannot improve efficient healthcare service delivery, was not considered based on the results from the responses of the measuring variables. For this reason, the alternative hypothesis was considered because it was established that tailoring a hospital's customer service to the need of the patients can reduce medical error, and people-centered customer service can make the process of healthcare delivery more efficient. This finding corroborates the study of [39] who submit that patient engagement and involvement in healthcare decision-making improves patient's satisfaction with the care received and the cost-effectiveness of the health system.

The null hypothesis which states that equitable service delivery cannot be attained through strategic planning was not considered based on the results from the responses of the measuring variables. The alternative hypothesis was therefore considered because it was discovered in the findings of this study that engaging in strategic planning can reduce the incidence of discrimination in health service delivery, and equitable service delivery can be attained by considering the health needs of people of different social status in healthcare

decision making. This finding corroborates the study done by [40] in which they posit that achieving health literacy, one of the components of patient engagement, is vital to "improving the health of the disadvantaged and tackling health inequalities". This position is also re-echoed in the research done by Liang, in which they submit that patient's engagement improves patient, organization and health system outcomes. Findings from this study also revealed that the majority of respondents (representing 50.8%) believe that involving stakeholders from a diverse socio-cultural backgrounds cannot encourage equitable healthcare delivery. This finding is supported by the studies of [41].

Equations

[43] The sampling method was considered to arrive at a sizable sample size, while the cross-sectional survey method was used to distribute the copies of questionnaires as illustrated below:

$$n = \frac{N}{1 + N(e)^2}$$

Where:

n = Sample size

N = Targeted Population

e = Margin of error (5%)

Therefore.

$$n = \frac{178}{1 + 178(0.05)^2}$$

$$n = \frac{178}{1 + 0.445}$$

$$n = \frac{178}{1.445}$$

$$n = 123.18$$

Therefore, the sample size for this study = 123

Conclusion

Universal health coverage is the responsibility of every government, but the failure of the Nigerian government to adequately discharge this responsibility and other situations in the country has made the citizens rely on the services of the private owners of the hospitals. Even with the efforts of both the private owners

of hospitals and the government, equitable and universal health coverage is largely unachieved, mainly because all these efforts are poorly coordinated. Consequently, strategic planning as an approach in the healthcare system has become a veritable instrument through which quality service delivery can be enhanced in the sector. Strategic planning is a direction and scope of the organization over the long term which deliver a competitive edge for the firm amidst an ever-changing business environment. Effective Strategy configures a firm's resources and core competencies so it must adequately meet the firm's goals and objectives. It creates a culture in which firms only focus on the value-adding priorities to the target market.

It was found out in this study that facility planning can facilitate safety measures, and facility planning can help in reducing the incidence of the spread of infectious diseases among patients. It was also established in this study that professional improvement planning is a good approach to adding value to the hospital, and improvement planning involving all cadres of employees can deliver an overall improvement in the hospital's services. Similarly, it is statistically proved in this study that involving business process experts in health services delivery planning can reduce the prolonged patient waiting time, and causes of

delay in attending to patients can be identified through service delivery planning.

The results of this study statistically revealed that manpower planning is a way to identify reasons for high staff attrition, and workers are likely to stay employed in a hospital when they know there is an adequate plan for their welfare. Again, the findings of this study showed that people-oriented customer service can make healthcare delivery cost-effective, and people-centered customer service can improve the relationship between patients and healthcare providers. In addition, involving stakeholders from a diverse socio-cultural backgrounds in planning health services can encourage equitable healthcare delivery, and having a strategic plan in place can make health workers conscious of the need to provide services without discrimination. Based on these findings, this study concludes that strategic planning can serve as an intervention tool for improving healthcare delivery in Lagos State.

Conflict of Interest

No conflict of interest with previous research or any organization declared.

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