

THE ATTITUDE OF NIGERIAN HEALTH WORKERS TOWARDS EFFICIENT HEALTH SERVICE DELIVERY IN NIGER DELTA STATES

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ABSTRACT

The attitude of health workers towards efficient health care delivery, particularly in the ravaged Niger Delta states, has raised significant concerns regarding the life expectancy and economic development of these states. This study, therefore, investigates the effects of the attitude of health workers on efficient health service delivery in Niger Delta states. The study employed the survey method to conduct this research. Health workers and patients in government hospitals across the selected state capitals made up the population. The study employed the stratified random sampling method to select the sample size. The study demonstrated that the attitude of state health workers in Niger Delta states positively impacts the efficiency of health service delivery; a change in their attitude positively impacts the effectiveness of health services; and modifying their behavior positively impacts the productivity of health service delivery in Niger Delta. The study, therefore, proffers recommendations to improve service delivery among healthcare workers in the Niger Delta states with implications for other sectors in Nigeria.

Keywords: Health workers, Health Service, Attitude, Behaviour modification, Niger

1. INTRODUCTION

The importance of good health to human and economic performance cannot be overemphasized. It has implications for quality of human health (Momoh & Okwu, 2022; Habib et al., 2024; Ibrahim & Ditep, 2022; Efayena & Olele, 2020), labour quality (Buzugbe, 2024), financial development (Akintunde & Olaniran, 2020; Efayena, 2016), as well as household consumption level (Efayena & Olele, 2024). This has driven governments globally to embark on programmes and projects to enhance health outcomes (Esseau-Thomas et al., 2022; Ibukun, 2021). Therefore, there is need improve the healthcare sector in any economy. Right from the early colonial times to the time of independence in 1960, and from 1960 till date, attitudes of the Nigerian health workers have continued to be question to explained its effect towards efficient health service delivery (Nigerian Health Policy, 2014). Here, the study defines attitude as a fixed way of thinking, body position, informal uncooperative behaviour, informal individuality, and self-confidence (Coventry, 1999). The social environment encompasses the attitudes, desires, expectations, levels of intelligence and education, beliefs, and customs of individuals within each group or society (Koontz et al, 2000). This is particularly true for Nigerian health workers, which include doctors, pharmacists, nurses, laboratory workers, community health workers, and others. These workers work in teaching hospitals, state hospitals, private hospitals, and maternity homes, where they aim for efficient health service delivery. This entails doing the right things at the least cost possible in order to save the lives of the Nigerian citizens (Nigerian Health Policy, 2014).

The Niger Delta is a region of diverse challenges, including environmental degradation, poverty, and political instability. These issues have had significant impacts on public health, creating a high demand for healthcare services. Unfortunately, the healthcare infrastructure in the region has struggled to meet this demand, resulting in health disparities. Health workers, including doctors, nurses, and allied health professionals, are at the forefront of service delivery in these difficult conditions. Their attitude towards their work is crucial because it affects not

only the quality of care provided but also the overall perception of the healthcare system by the public. The Niger Delta faces unique health challenges, including high rates of infectious diseases, poor maternal and child health indicators, and limited access to healthcare facilities (WHO, 2024).

Several factors contribute to the attitudes of health workers towards efficient service delivery in the Niger Delta, and understanding these factors is essential for addressing any deficiencies. These factors include a poor work environment. The working conditions in many healthcare facilities in the Niger Delta are far from ideal. Many health workers operate in environments characterized by a lack of basic amenities, outdated equipment, and insufficient staffing. These challenges lead to frustration and burnout, which can negatively affect their motivation and attitude toward service delivery. Health workers in the Niger Delta, like in many parts of Nigeria, often face irregular payment of salaries and inadequate compensation. In some cases, incentives like hazard pay or rural area bonuses are either absent or delayed. This lack of financial motivation can demoralize healthcare professionals, leading to a lack of enthusiasm in their work (WHO, 2024).

In addition, the Niger Delta has been known for security challenges, including militant activities and kidnapping for ransom. Health workers in the region often face threats to their personal safety, particularly in rural and conflict-prone areas. This risk of harm can lead to low morale and reluctance to work in high-risk areas. Moreover, the attitude of the public toward health workers also plays a significant role. In the Niger Delta, there is often a strained relationship between health workers and the communities they serve. Many patients, frustrated by the inefficiencies of the healthcare system, direct their anger and dissatisfaction at the workers themselves. This lack of appreciation can lead to disengagement and a poor attitude toward service delivery (Nkem et al., 2024).

The impact of health care providers' attitude toward working in Nigeria's public and private hospitals is particularly worrisome. Years of poor attitudes, particularly in the public sector, have further endangered the lives of patients, many of whom are already in critical condition. There is no exemption. All healthcare providers are prone to this negative attitude, even when faced with the smallest provocation. Regrettably, Nigerians seeking medical care in various hospitals often exhibit this concerning tendency, even during the most critical life-threatening emergencies. It does not follow that whether a dying patient is in for emergency room treatment, a routine doctor's appointment, a laboratory test, or any appointment for that matter, the negative attitude seems to have become a way of life, doing more harm than good to the health sector.

Arguments have arisen about the legitimate expectations of health workers for improved service conditions, yet this approach only places the patient at risk. It appears health workers tend to quickly forget they are in business only because of the patient – to care for patients, to ensure that the human person is maintained in the best possible state of good health in terms of their mental, physical, and spiritual wellbeing. Has there ever been a time when health workers went on strike for the sake of the patient, either to protest the long waiting hours at the outpatient department or the lack of drugs? No. In most other countries of the world, the patient is central to health policy. Whether it is about the basic package of care that is guaranteed, or the waiting times .

But in Nigeria, a patient is more likely to die of a heart attack as a result of the despicable rudeness by health workers than from the ailment that brought him or her to the health facility in the first place. Critical observers believe that health institutions are abandoning their genuine concern for patients in favour of employers focusing on material possessions. They now consider the patient a nuisance. They see them as too demanding, a bother, and a waste of their

time. Perhaps this explains why Nigeria records a significant number of patient deaths even before they are attended to at the various hospitals. It is therefore necessary to determine the level of awareness among health workers in the healthcare system.

Overtime, poor service delivery from healthcare providers has resulted in deaths, long waiting hours, decay, and poor patients' perceptions about service delivery across government hospitals in the Niger Delta States, with cases abounding about the consequences of such actions on the part of health workers who, out of negligence, frustration, and low morale, have negated the principle of service delivery to teeming patients who visit government hospitals for medical care. Also, it is worrisome to understand the reasons why there have been observed ineffectiveness in service delivery visibly recorded by these healthcare givers. One therefore wonders why such action is becoming a reoccurring decimal even in the face of abundance considering the region it's coming from. Similarly, behaviour modification is a function of job satisfaction, which will either be positive or negative. There is therefore the task of determining this behavioural pattern, if any. This lack of gateway in determining these behavioural patterns poses a challenge in the delivery system.

Therefore, this study, among other things, aims to determine the effect of the attitude of state health workers on efficient health service delivery; to ascertain the effect of the attitude change of Niger Delta States health workers on effective health service delivery; and to evaluate the effect of behaviour modification of state health workers on productive health service delivery. Following the introductory section, Sections 2 and 3 present the literature review and methodology of the study. Section 4 discusses the empirical findings, while Section 5 concludes the study.

2. LITERATURE REVIEW

2.1 Theoretical Literature

Several theories exist that attempt to explain the factors that determine the quality-of-service delivery. These include:

2.1.1. Herzberg's Two-Factor Theory

Herzberg's two-factor theory distinguishes between motivational factors that contribute to job satisfaction, such as educational opportunities, a sense of achievement, intrinsic interest in the work, and involvement in decision-making, and hygiene factors that, when absent, lead to job dissatisfaction, such as salary, good working conditions, recruitment policies, and administrative practices (Herzberg, 1968). Herzberg identified hygiene factors as the demotivators, given their prevalence in the work environment. According to the two-factor theory, motivational factors can be intrinsic or extrinsic to the individual, whereas factors linked to job dissatisfaction (i.e., hygiene factors) are contextual factors that are extrinsic to the individual. The principle of the theory is that improving motivation factors increases job satisfaction, whereas the presence of hygiene factors decreases job dissatisfaction.

2.1.2. Adams' Equity Theory

This theory focuses on a person's perception of fairness as a motivator (Adams, 1963). It asserts that when employees perceive fair treatment, their motivation increases, leading to positive work attitudes and behaviors. On the other hand, workers who feel unfairly treated are predisposed to be dissatisfied and display negative work attitudes and behaviors, which manifest as increased absenteeism and low commitment (Yean & Yusof, 2016). Adam's theory introduced the idea of social comparison, wherein motivation is based on what employees consider fair when compared with others. In this sense, employees assess organizational

fairness by comparing, for example, their own remuneration and/or recognition for performance with those of their peers. According to this theory, contextual factors that influence employees' perceptions of organizational justice include the availability of resources (human and material), development opportunities, and leadership styles.

2.1.3. Bandura's Self-Efficacy Theory of Motivation

Self-efficacy, a major component of Bandura's social cognitive theory, is the belief in one's capacity to complete a task rather than the relevant skills possessed (Bandura, 1997). Effective functioning requires both self-efficacy and self-esteem, with the former influencing the course of action, effort applied, perseverance in the face of adversity, strengths of negative affects experienced, and accomplishment level (Bandura, 1995). Bandura (2006) distinguishes self-efficacy, which is a judgement of capability, from self-esteem, which is a judgement of self-worth, from locus of control, which is a belief in the determination of outcomes, and from outcome expectancies, which is a judgement of likely outcomes from performance. Perceived self-efficacy affects thought processes, the level and persistence of motivation, and affective states (Bandura, 1997).

2.2. Empirical Literature

Numerous studies, both domestically and internationally, have examined the impact of Nigerian health workers on the efficiency of health service delivery. For instance, Walker and Olaitari (2021) investigated the attitude and practice of health promotion activities among community health workers during the COVID-19 pandemic in Bayelsa State. The study adopted the descriptive survey research design. We analyzed the collected data using statistical tools such as mean, standard deviation, ANOVA, and Z test. The result from the study revealed that community health workers' attitudes towards health promotion activities during COVID-19 in Bayelsa State were positive, but their attitudes towards motivating others for health promotion were negative. Therefore, the study recommended formulating policies to mandate all community health workers to schedule health education as a routine activity at the health facility.

Odunaiya et al. (2019) explored healthcare professionals' perceptions of the quality of care of patients with heart disease at a tertiary hospital in Nigeria. This study employed a mixed-method design. The study sampled twenty-eight healthcare professionals, including cardiologists, nurses, physiotherapists, and dieticians, using the purposive sampling technique. The data were analyzed using descriptive statistics of percentages and graphs. The qualitative data were analyzed using thematic analysis. The study assessed the quality of care using the structure, process, and outcome of care indices. The study found that even though there were treatment guidelines for cardiac disease management, there was no system for internal quality assurance. The study also revealed that the application of treatment guidelines was either non-existent or irregular during treatment. Other areas that were perceived as poor were poor teamwork, poor staff strength, inadequate equipment, and insufficient consultation with staff during the procurement of medical supplies. Therefore, the perceived suboptimal quality of care for cardiac patients in a Nigerian tertiary hospital underscores the need to enhance service delivery.

Arukwe et al. (2020) investigated the relationship between medical workers' level of education and their attitude towards efficient and effective service delivery in Nnewi community, Anambra State. They randomly selected and studied 516 respondents. In addition, cluster sampling and stratified random sampling were adopted. An in-depth interview supplemented the major data collection instrument, a questionnaire. The findings reveal a statistically significant difference in medical workers' attitudes toward efficient and effective healthcare

delivery based on their educational level, suggesting a relationship between their level of education and these attitudes.

Ejeh et al. (2020) evaluated HCWs' knowledge, attitude, and practice toward COVID-19 in Nigeria. They carried out a cross-sectional survey among HCWs during the COVID-19 outbreak in Nigeria from March to June 2020. The study assessed 346 HCWs for knowledge, attitude, and practice by using an online (Google Form) self-administered questionnaire based on a convenience sampling technique. We used the chi-square and one-way ANOVA to measure the association and difference among demographic variables. Spearman's rho correlation test measured the relationship between knowledge, attitude, and practice. The study found that there was a significant positive correlation between knowledge and attitude. In all, the study showed that HCWs in Nigeria had excellent knowledge and possessed a positive attitude and favourable practice towards COVID-19. However, there were areas where poor knowledge, negative attitudes, and unacceptable practices were observed.

Dapaah (2016) discusses how health workers relate to and communicate with clients of VCT and ART treatment. It also looks at how health worker practices—in the form of attitudes and behaviours toward clients—influence the use of these services. In-depth interviews, informal conversations, and participant observation were used to collect data from health workers providing VCT and ART and clients who access these services in two Ghanaian hospitals. The study found that health workers who provided these services, with the exception of a few, generally showed positive attitudes and behaviors toward clients during clinical encounters. Health workers warmly received clients at the facilities, addressing them with courtesy, advising them on a wide range of issues, sometimes supporting them financially, and comfortably interacting with them.

Agu et al. (2022) evaluated the attitude of healthcare professionals towards the aged patients seeking socio-emotional healthcare services at selected university teaching hospitals in southeast Nigeria. The study employed a cross-sectional descriptive survey research design with a sample of 322 healthcare professionals from university teaching hospitals in southeast Nigeria. The findings of the study revealed that healthcare professionals hold negative attitudes toward older patients, which implicates them in the socio-emotional problems of the elderly patients who seek healthcare services in university teaching hospitals in southern Nigeria. The study recommends the prioritization of a positive attitude toward the elderly by both healthcare professionals and their student counterparts in university teaching hospitals in Nigeria.

Agba et al. (2021) assessed awareness of the attitudes of health workers and outpatients' recovery in public hospitals in Nigeria. Specifically, the study examined how negligence and aggressive behaviour by health workers affected outpatients' recovery in public hospitals. The study was carried out in public hospitals in Calabar Metropolis, Nigeria. The cross-sectional design method was adopted to collect empirical data from outpatients in the hospitals for three months. The study adopted purposive and volunteer sampling techniques in identifying 400 respondents for the study. Data collected were analysed using simple percentages and Chi-squared statistical tools. The results revealed that there is a significant relationship between negligence by health workers and outpatients' recovery and that health workers' aggression significantly affects outpatients' recovery. These findings recommended, among other things, that public hospital management implement measures to curb staff's negligence toward patients, such as installing closed-circuit television (CCTV) cameras specifically along service points. The management of public hospitals should impose stiff and stringent penalties on staff found to be aggressive toward patients.

Efe (2013) worked empirically on health care problems and management in Nigeria. The study examined rural health care problems and management in Nigeria with a focus on Delta State.

The study employed a literature search and survey design, distributing questionnaires to fifty-two health establishments, two in each local government area. In each local government area of Delta State, 26 general hospitals are located in urban areas, and another 26 medical health centres are located in rural communities, all within the shortest distance from the selected general hospitals. The data were presented in tables and analyzed with multiple regression analysis. The study revealed that Nigeria's health care services operate at a poor standard due to factors such as insufficient skilled human resources and personnel, insufficient funding from local government, corruption, insufficient commitment from local authorities, remote location, climate, self-interest, insufficient information, and inadequate health services.

Odusanya et al. (2018) conducted a study on the impact of service quality on community members' perception of healthcare workers (HCWs), thereby influencing their utilisation. Specifically, the study assessed the perception of health workers in both public and private facilities among residents of Lagos State. The study found that a larger proportion of respondents had a significantly better perception of workers in private facilities than those in government facilities. In other words, the perception of health workers was higher and better in privately owned facilities.

Osahon (2017) investigated the influence of primary health care training on health workers and the community in Edo State. This study also examined the impact of these trainings, both past and current, on the quality of health care services offered in the health care centers. It assessed the issues and proposed potential solutions to mitigate them in the Esan West local government area. Three hundred questionnaires were randomly distributed. The study discovered that the community had not received primary health care trainings, despite their potential to enhance health care delivery services and combat diseases and conditions. While Kudrakhmis and Njau (2016) looked at healthcare workers' perceptions of the quality of healthcare at the outpatient department in Mwananyamala Hospital in Dar es Salaam, Tanzania. The study showed that there is a negative perception of healthcare quality.

2.3. Gaps in the Literature and Value Addition

The review showed that there is dearth of empirical studies on the attitude of Nigerian health workers towards efficient health service delivery in Niger delta states. This study is poised to fill this important gap.

3. METHODOLOGY

3.1. Theoretical Framework

This study hinges on the Bandura's Self-Efficacy Theory of Motivation. Maduxx (2013) cited Albert Bandura's 1977 self-efficacy psychological theory of motivation as the foundation for this study. The term 'self-efficacy' theory was used as a personal judgement of "how well one can execute courses of action required to deal with prospective situations." He defined self-efficacy as people's belief in their ability to control their functioning and events that affect their lives. That is to say that one's sense of self-efficacy can provide the foundation for motivation, well-being, and personal accomplishment. He further asserted that four primary sources of influence, namely mastery experiences, vicarious experiences, social persuasion, and emotional states, shape people's beliefs in their efficacy. High self-efficacy has numerous benefits to daily life, such as resilience to adversity and stress, healthy lifestyle habits, improved employee performance, and educational achievement. Hence, this study is relevant to the extent to which self-conceptions, attitudes, and behaviors affect service delivery in the healthcare sector.

3.2. Model Specification

The study is a survey which addresses empirically the objectives stated therein in the research. Data were collected using a questionnaire which was administered to the staff of the selected health workers across these states to find out the attitude of Nigerian health workers towards efficient health services delivery in Niger Delta states. There were oral face-to-face interviews with medical directors and a cross-section of patients to enable the researcher to have robust data for proper analysis. The areas to be covered are the BRACED states (Bayelsa, Rivers, Akwa-Ibom, Cross Rivers, Edo and Delta) where each Central Hospital (Government) in each state capital were used. The population of the study is 1124 employees from these health establishments.

Using the sample size calculation formula developed by Taro Yamani in 1968, the sample size was established as:

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

Where;

n = the required sample size to be captured;

N = the total number of members in the population;

e = the tolerable error margin for the selection of an appropriate representative unit of the population.

$$n = \frac{1124}{1 + 1124(0.05)^2}$$

$$n = \frac{1124}{3.81} = 295$$

Data collected via the questionnaire administration were analysed using multiple regressions with the aid of the statistical package for Social Science (SPSS) software version 23.

3.3. Data Analyses

In order to examine the hypotheses, linear regression and correlation analysis was used as analytical methods. The study's hypotheses are tested using the p-values listed in the tables of regression coefficients.

3.4. The Decision Rule

The null hypothesis is rejected while the alternate hypothesis is accepted, and vice versa, if the estimated probability value is less than the critical threshold of significance, which is (5% or 0.05). For instance, we may infer that the supplied parameter is statistically significant if the probability value of 0.00 is less than the critical value of 5% (i.e., $0.00 < 0.05$).

4. RESULTS AND DISCUSSION OF FINDINGS

Table 1 shows the extent to which the attitude of Nigerian health workers accounted for efficient health service delivery. Attitude of Nigerian health workers indicators are (attitude of state health workers, attitude change of state health and workers and behaviour modification of state health workers) indicated by the adjusted R square, which shows that 91% (.914) of efficient health service-delivering brought about by attitude of Nigerian health workers.

Table 1. Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.914 ^a	.799	.649	1.5617

Source: Author’s compilation

a. Predictors: (Constant)

The correlation coefficient R is 0.799. Therefore, we can conclude that the attitude of Nigerian health workers has a positive correlation with efficiency of health service delivery, and the relationship is strong since it is about 49%. While the R² of 0.649, which means about 48% of the variance in efficient health service delivery explained by attitude of Nigerian health workers.

Table 2. ANOVA^a

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	185.255	3	62.581	52.244	.002 ^b
	Residual	195.632	90	2.271		
	Total	360.887	93			

Source: Author’s computation

a. Dependent Variable: Constant

b. Predictors: (Constant), Plan Attitude of State Health Workers, Attitude Change of State Health and Workers and Behaviour modification of state health workers

The *F*-ratio in Table 2 tests whether the overall regression model is a good fit for the data. Attitude of Nigerian health workers strongly predicts efficient health service delivery, according to the table, $F(3,90) = 52, 224 P < .005$. This suggests that the data and the regression model suit each other well. Additionally, the findings of the ANOVA study demonstrate that the independent attitude of state health workers, attitude change of state health and workers and behaviour modification of state health workers and statistically predict the dependent variables (efficient health service delivery).

Table 3. Coefficients^a

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
1 (Constant)	2.680	1.387		.715	.522
Attitude of State Health Workers	.373	.074	.235	3.951	.001
Attitude Change of State Health Workers	.291	.092	.342	6.045	.002
Behaviour modification of state health workers	.283	.087	.381	.847	.001

Source: Author’s compilation

a. Dependent Variable: Constant

Table 3 exhibited the multiple regression analysis result for attitude of Nigerian health workers and efficient health service delivery. It was indicated that attitude of state health workers, which is the first variable has positive effect on efficient health service delivery ($\beta = .373, p < 0.001$). This implies that the p-value critical 0.05 (5%) level of significance is greater than the calculated level of significance ($0.05 > 0.001$). Therefore, the null hypothesis which states that

there is no significant relationship between attitude of state health workers and efficient health service delivery is rejected, while the alternate is accepted, implying that there is a significant statistical relation between attitude of state health workers and efficient health service delivery.

From the table above, attitude change of state health workers, which is the second variable has positive effect on efficient health service delivery ($\beta = .291, p < 0.002$). This is evidenced by the p-value critical 0.05 (5%) level of significance which is greater than the calculated level of significance ($0.05 > 0.002$). Therefore, the null hypothesis which states that there is no significant relationship between attitude change of health workers and efficient health service delivery is rejected, while the alternate is accepted implying that there is a significance statistical relation between attitude change of health workers and efficient health service delivery.

The third variable which is behaviour modification of state health workers has a positive effect on efficient health service delivery ($\beta = .283, p < 0.001$). This shows that the p-value critical 0.05 (5%) level of significance is greater than the calculated level of significance ($0.05 < 0.001$). Therefore, the null hypothesis which states that there is no significant relationship between behaviour modification of state health workers and efficient health service delivery value is rejected while the alternate is accepted implying that there is a significance statistical relation between behaviour modification of state health workers and efficient health service delivery. The findings of this study corroborated those Walker and Olaitari (2021), Odunaiya et al. (2019), Arukwe et al. (2020), and Ejeh et al. (2020)

5 . CONCLUSION AND POLICY RECOMMENDATIONS

The study critically investigated the attitude of Nigerian health workers toward efficient health service delivery in Niger Delta states. The attitude of Nigerian health workers is a critical factor influencing the efficiency of health service delivery. Positive attitudes lead to better patient satisfaction, improved quality of care, and a more supportive work environment. However, addressing systemic issues within the healthcare system is crucial for health workers to consistently maintain a positive attitude and create a conducive working environment.

The attitude of health workers is a pivotal factor in the efficient delivery of healthcare services in the Niger Delta states of Nigeria. While the region's healthcare challenges are multi-faceted, addressing the factors that negatively influence health workers' attitudes can lead to significant improvements in healthcare outcomes. The Niger Delta's health sector can undergo the necessary transformation for efficient service delivery by improving working conditions, offering appropriate incentives, and investing in professional development. A motivated, well-trained, and adequately supported workforce is key to building a robust and responsive healthcare system in this critical region.

Additionally, the successful service delivery by health workers in Niger Delta states has a significant impact on the wider Nigerian federation, a critical sector in any human colony. Therefore, it is imperative to engage in regular training programs that emphasize the importance of a positive attitude, empathy, and effective communication. This should include both preservice and in-service training sessions. There is an urgent need to implement systems to recognize and reward outstanding performance and positive attitudes. This could include awards, public recognition, and financial incentives. Provide opportunities for career advancement and professional development to keep health workers motivated and engaged in their roles. In addition, Niger Delta states should advocate for policies that address systemic issues such as inadequate funding, poor infrastructure, and workforce shortages. The conditions under which health workers work closely influence their attitudes.

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