



The Need For Upgrade Of Medical Infrastructure Of Tertiary Institutions In Bayelsa State

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ABSTRACT

The study investigated the need for upgrade of medical infrastructure of tertiary institutions in Bayelsa State. Two research question and one hypothesis was used in the study. The study used the descriptive survey research design. The population consists of three hundred and fifty four (354) medical consultants and management staff in various tertiary institutions in Bayelsa State. Random sampling technique was used to sample out one hundred (100) respondents used for the study. The study developed an instrument titled “Need for Upgrade of Medical Infrastructure of Tertiary Institutions” (NUMITI). The instrument was analyzed using simple mean, standard deviation, pie charts and Z-test. The findings obtained from the study showed that clinical unit requires more bed space infrastructure, standard surgical operating room for severe cases on campus, standard laboratory session for carrying out test and large environment to receive random patience to accommodate both staff and students at once for tertiary institutions in Bayelsa State. Another finding obtained from the study showed that tertiary institution clinical session are usually small, have limited bed space for students, clinical unit do not have standard laboratories and clinical units do not have surgical or intensive care units in Bayelsa State. From the findings obtained from the study, it was recommended that school management should invest and upgrade medical and clinical infrastructure in their institutions to accommodate the pressing needs of students and staff in the school.

Keywords: Upgrade, Medical, Infrastructure, Tertiary, Institutions

INTRODUCTION

Medical units require standard infrastructure to meet up public demands. Infrastructure according to Online Oxford English Dictionary is defined as the basic physical and organizational structures needed for the operation of the society or an enterprise. This means that infrastructure is an essential ingredient for the smooth function of any economy and the development of any nation. According to structuralist /functionalist theorists, the progress or otherwise of a society depends largely on the functional structures of that society. What this means is that structures in the societies will largely determine the economic development (Ademola, Ajayi, Yahya Jammeh, and Gambia, 2003). A review of the literature shows that several ideas have been used to explain infrastructure. Among such concepts are the “school plant”, “learning resources”, “physical resources” and “educational resources”, to mention but a few (Subair, 2008). One of the essential structure need in an educational environment is the school medical unit.

The medical structure is very significant as it serves as a life saver to sick staff and students during emergency. According to Ehiametalor, (2001) infrastructure can be described as the operational inputs of every instructional program and constitutes elements that are necessary for teaching and learning. Such include buildings, laboratories, machinery, furniture, and electrical fixtures. These must be functional

about other aspects of the community, such as health centers, libraries, and good roads, and must be large enough to allow for expansion as enrolments expand.

Following the opinion of Osagie, (2003) that infrastructure represents the aesthetic picture of the school conveyed by the position of structures about one another. It also represents the empirical relevance of the totality of the school environment for the realization of the school business (teaching/learning). He asserted in specific terms that school plant is made up of landscape, trees, lawns, hedges, and accompanying paths, playgrounds, buildings, security facilities, and utilities. However, a well-equipped and well-maintained physical plant can make learning a more pleasant experience and discourage early drop-outs. It can as well attract better quality teachers. In summary, therefore, infrastructure can be viewed as the totality of all that goes into education such as classrooms, lecture theatres, laboratories, libraries, electricity, water, health center, sports and recreation centers, ICT, machines, and furniture put there-in, to facilitate teaching-learning.

Health centres should be established to encourage easy accessibility of medical services by people in the neighborhood. The health sector of the Nigeria Economy is statutorily established to provide essentially health care services to Nigerians irrespective of their locations within the territorial jurisdiction of Nigeria. In short, the health sector belongs to the concurrent legislative list which empowers the Federal, the State and the Local Governments to legislate on health matters. So, the health care delivery services in Nigeria, as well as the National Health Policy, aim at addressing the provision of intensive, effective and efficient health care services to the people of Nigeria in order to allow them achieve laudable goals of health standard such that everyone will enjoy life at all levels of human endeavor.

Observation shows that most health infrastructure in tertiary institutions are built to the standard of a sick bay. This has limited the potential for the school clinic to carry out complex functions. This statutory provision lends credence to the popular adage of "Health is Wealth" and of course, this is an irrefutable statement of fact as for example, if the rich have health challenges, his wealth is of no use to him. This assertion buttresses the significance of the health sector in any nation. The health sector's principal concern is the safety of lives and good health and decent environment. However, its activities involve governmental and non-governmental institutions in a multi-sectorial approach as well as individuals and groups for effective planning and implementation of health care delivery services in the country.

In Nigeria, the first major point of contact of the populace with the health care is the Primary Health Care facilities nationwide. In essence, the pivot of health care delivery services is the Primary Health Care under the Administration of Local Government Councils in the country. Its mission or central focus is basically on preventive care. The secondary and tertiary health institutions provide curative care and render supervisory and complementary services. They also receive referral cases from the Primary and Secondary levels as the case may be. The Federal Ministry of Health formulates health policies and ensures that there is compliance in form of implementation by the Hospitals Management Boards, hospitals and health institutions/agencies. We would like to recall that the concept of health is still with multifarious problems/challenges in Nigeria and to this end, an attempt will be made to identify some of the major problems and challenges militating against the Nigeria contemporary health sector performance.

Purpose of the Study

The study investigated the need for upgrade of medical infrastructure of tertiary institutions in Bayelsa State. Specifically, the study sought to:

1. Find out the required standard infrastructure needed for medical installations in Bayelsa State?
2. Find out the perception of medical consultants and school management on the state of health infrastructure in tertiary institutions in Bayelsa State?

Research Questions

The following research questions were used as a guide for the study:

1. What is the required standard infrastructure needed for medical installations in Bayelsa State?
2. What is the perception of medical consultants and school management on the state of health infrastructure in tertiary institutions in Bayelsa State?

Hypothesis

The null hypothesis stated below was tested at 0.05 level of significance.

HO₁: There is no significant difference between the perception of medical consultants and school management on the state of health infrastructure in tertiary institutions in Bayelsa State.

Scope of the Study

The study is limited to the need for upgrade of medical infrastructure of tertiary institutions in Bayelsa State. It is also limited to the perception of medical consultants and school management on the state of health infrastructure in tertiary institutions in Bayelsa State.

LITERATURE REVIEW

Health Facility in Tertiary Institutions

Weak Facilities/Infrastructure may lead to poor health services. Most tertiary institutions do not have budgetary allocations and plans for the development of standard school hospitals for tertiary institutions. Arising from the gross underfunding of the health sector institutions is the weak infrastructure and logistic supports which are weak, obsolete and defective. This is due to inadequate maintenance of buildings, medical equipment and vehicles, shortage of drugs, faulty compounding of drugs, poor management of drugs, the expiry of drugs and vaccines and other essential requirements for patients care.

In some cases, the utility Boards in Nigeria often make the problem worse by engaging in irregular supply of water, erratic or rather epileptic supply of electricity and poor telecommunication services. There is the need to create an effective management system to checkmate the cause of these poor services. Absence or inadequacy of equipment had been found deficient in most of Nigerian Hospitals especially in tertiary institutions (Omoleke, 2005). Some of the public hospitals visited sometimes ago had no x-ray machine. Worse still, the poor network of roads and neglect of roads transportation do not make accessibility easy. Hence, most patients referred from the primary level of care, or secondary find it difficult to get to where they can obtain a respite for their ailment and most times worsen the case that ordinarily requires minor treatment.

In spite of the challenges/problems and the new challenges of today in Nigeria, hope is not lost in overhauling the system to meet the standard that citizens can benefit from. However, in order to build a sustainable, reliable, accessible and standard health sector, hospitals, medical centres, health centres, health post, clinics and other health institutions should be brought to the required standard of the World Health Organization at both curative and preventive levels of health administration. These institutions must also be well equipped with modern medical gadgets, structural facilities and uninterrupted electricity supply, portable water, internet provision, and good communication system across all the wards, offices and hospital environment (The Constitution of the Federal Republic of Nigeria, 1999).

The health system has been designated to save lives of people. As life-saving institutions, it is a trite fact and of course irrefutable that hospitals require service specialization in various health fields such as medicine, surgery, gynecology, obstetrics, psychiatry, pediatrics, cardiology, public health among others. To this end, there is need for meticulous selection/recruitment of hospitals staff. It is also necessary to train and retrain the human resources on the ground for health technological updating as knowledge get rotten and obsolete if not renewed.

Hospital activities are numerous and require daily funding to keep it running. There is also a need to depoliticize allocation of funds to tertiary health institution and should be based on the approved appropriation Act/the needs of each hospital. Training of medical experts is a complex one which requires specialized training in Universities Teaching Hospitals. The various State Governments and private organizations have also established Nursing Schools and Health Technology for the training of middle level manpower in the Health Sector. To this end, the Federal, State and Local Governments must be ready and willing to finance these institutions generously.

The introduction of health institutions is to develop personnel with adequate experience to handle clinical activities in the country. For effective human resources development and utilization, the owners and managers of the hospitals must not wait until doctors, pharmacists, nurses, image scientists, laboratory

technologists and hospital administrations go on industrial strikes before their grievances are addressed. This is a more civil manner to handle issues that affect human life and well-being. Intra and inter union conflicts bothering on inferiority and superiority complex among health professionals should be put to rest bearing in mind that health care delivery services are a team work involving all and sundries.

Most institutions are experiencing shortage of workers that can maintain shift during work hours. Hence harmonious relationship is a sine-qua-non for effective health care delivery services anywhere in the world. To this end, it is our opinion that training facilities in the universities, tertiary health institutions and teaching hospitals be adequately expanded and funded generously.

Additionally, state and federal government should expand hospitals, medical centres and health clinics to absorb the newly trained and inducted doctors, pharmacists etc., as it may be a waste of fund, time and human resources if health professionals are trained by Nigeria Government only to be utilized by other countries (Brain Drains). The situation calls for the urgent attention of the Federal Government of Nigeria.

It has been noted that religion, cost of health services, distance of health facilities, waiting time and quality of care, were found to be contributory to the non-utilization of health facilities. According to Adekunle, Oloyede, and Okanlawon, (2006) in a study of some factors affecting utilization of health services, in the University of Benin, Alakija (2000) stated that easy accessibility to the medical centre, time spent in waiting for treatment, students-medical staff relationship and availability of essential drugs were among factors affecting utilization of services. Alakija (2000) stated that patient satisfaction has received little research attention, and it is unclear whether the issue is being addressed in university health clinic.

In Nigeria, studies on students' utilization of health services are sparse. The aim of the study therefore is to determine the factors affecting utilization of university health services in south west Nigeria.

METHODS

The study used the descriptive survey research design. The population consists of three hundred and fifty four (354) medical consultants and management staff in various tertiary institutions in Bayelsa State. Random sampling technique was used to sample one polytechnic and two universities in the Bayelsa State. The sample size is fifty five (55) from Niger Delta University, thirty four (34) persons from Federal University, Otueke and eleven (11) respondents from Federal Polytechnic, Ekowe, Bayelsa State. This number makes a total of one hundred (100) respondents sampled out for this study. The study developed an instrument titled "Need for Upgrade of Medical Infrastructure of Tertiary Institutions" (NUMITI). The instrument is a four point rating scale consisting of Strongly Agree (SA), Agree (A), Disagree (D) and Strongly Disagree (SD). The response options were weighed as 4, 3, 2 and 1. The instrument had a total of eight (8) items arranged accordingly. The instrument was subjected to face and content validation by two experts in the medical unit of Isaac Jasper Boro College of Education, Sagbama, Bayelsa State. The expert corrected the language content of the questionnaires. The instrument was analyzed using simple mean, standard deviation, pie charts and Z-test.

ANALYSIS

Research Question 1

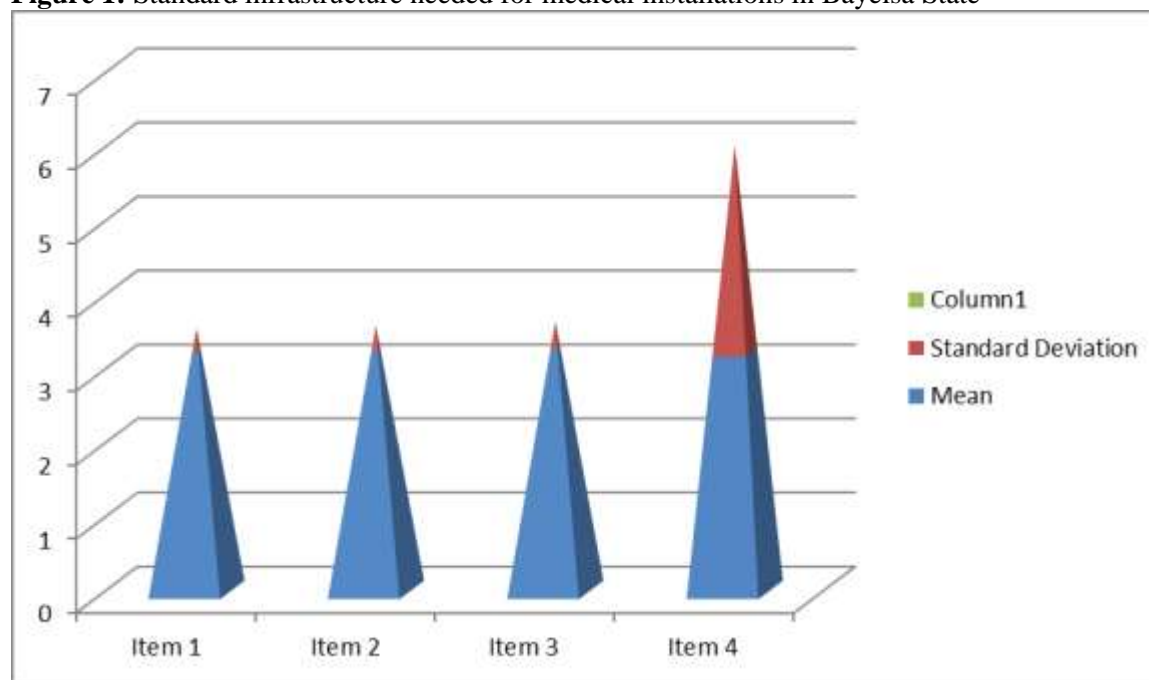
What is the required standard infrastructure needed for medical installations in Bayelsa State?

Table 1: Standard infrastructure needed for medical installations in Bayelsa State

S/N	ITEMS	Mean	SD	Remark
1	Clinical unit require more bed space infrastructure for tertiary institutions in Bayelsa State	3.22	0.32	Agree
2	Clinical unit require a standard surgical operating room for severe cases on campus	3.24	0.33	Agree
3	Clinical unit require standard laboratory session for carrying out test	3.27	0.36	Agree
4	Clinical unit require a large environment to receive random patience to accommodate both staff and students at once	3.21	0.30	Agree
	Grand Mean	3.24	0.33	

Findings obtained from research question 1, table 1, revealed that item 1, 2, 3 and 4 all agreed that clinical unit require more bed space infrastructure, standard surgical operating room for severe cases on campus, standard laboratory session for carrying out test and large environment to receive random patience to accommodate both staff and students at once for tertiary institutions in Bayelsa State.

Figure 1: Standard infrastructure needed for medical installations in Bayelsa State



Findings obtained from figure 1 showed that response items 1, 2, 3 and 4 had a mean and standard deviation scores of 3.22;0.32, 3.24;0.33, 3.27;0.36 and 3.21;0.30 respectively. This shows that there are no standard medical infrastructures to accommodate clinical activities in tertiary institution in Bayelsa State.

Research Question 2

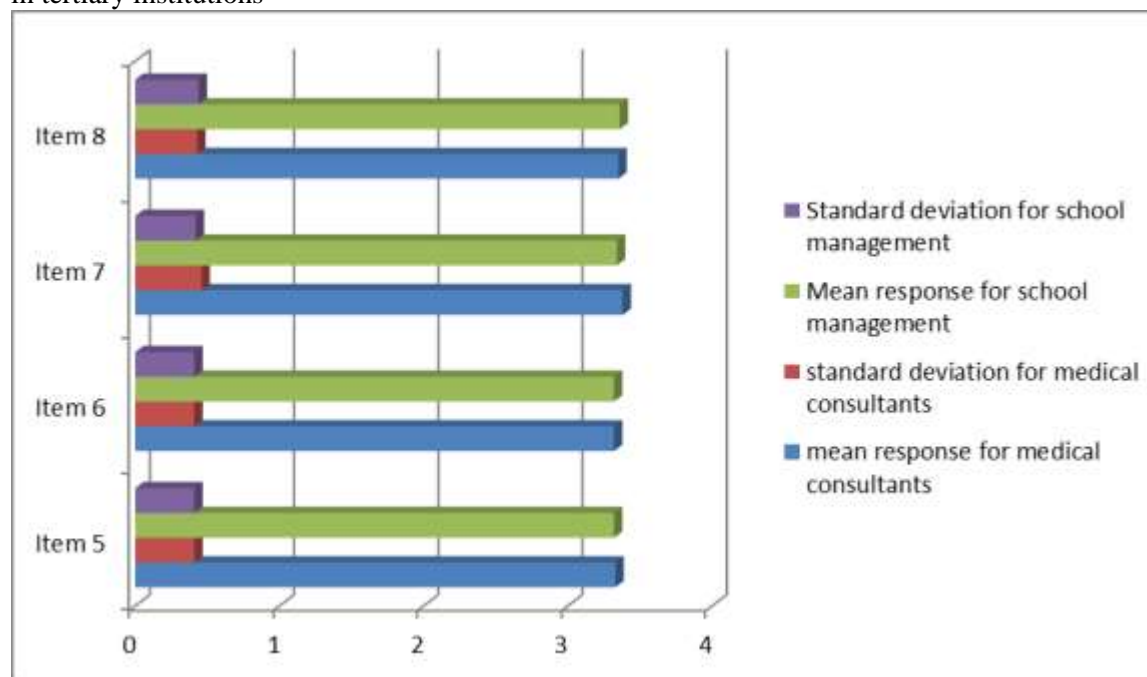
What is the perception of medical consultants and school management on the state of health infrastructure in tertiary institutions in Bayelsa State?

Table 2: Perception of medical consultants and school management on the state of health infrastructure in tertiary institutions

S/N	ITEMS	Response from Medical consultants			Responses from School management		
		Mean	SD	Remark	Mean	SD	Remark
5	Tertiary institution clinical session are usually small in Bayelsa State	3.33	0.41	Agree	3.32	0.41	Agree
6	Clinical units have limited bed space for students	3.32	0.41	Agree	3.32	0.41	Agree
7	Most clinical unit do not have standard laboratories	3.38	0.46	Agree	3.34	0.42	Agree
8	Most clinical units do not have surgical or intensive care units	3.35	0.43	Agree	3.36	0.44	Agree
	Grand Mean	3.35	0.43		3.34	0.42	

Finding obtained from research question 2, table 2, revealed that items 5, 6, 7 and 8 all agreed to the fact that tertiary institution clinical session are usually small, have limited bed space for students, clinical unit do not have standard laboratories and clinical units do not have surgical or intensive care units in Bayelsa State.

Figure 2: Perception of medical consultants and school management on the state of health infrastructure in tertiary institutions



Data obtained from figure 1 showed that medical consultants on item 5, 6, 7 and 8 had a mean and standard deviation value of 3.33; 0.41, 3.32; 0.41, 3.38; 0.46 and 3.35; 0.43 respectively. Similarly, School management had a mean and standard deviation value for items 5, 6, 7, and 8 as 3.32; 0.41, 3.32; 0.41, 3.34; 0.42 and 3.36; 0.44 respectively. This is indicative that the clinical session in most tertiary institutions are operating below standard in Bayelsa State.

Hypothesis

There is no significant difference between the perception of medical consultants and school management on the state of health infrastructure in tertiary institutions in Bayelsa State.

Table 3: Z-test Analysis of difference between the perception of medical consultants and school management on the state of health infrastructure in tertiary institutions in Bayelsa State

S/N	Items	N	Mean	SD	Df	Z-cal	Z-tab	Decision
1	Medical consultants	100	3.35	0.43	198	2.28	1.667	Significant
2	School management	100	3.34	0.42				

Findings obtained from the hypothesis revealed that Z-calculated value of 2.28 is higher than z-critical value of 1.667 at 0.05 level of significance with 198 degree of freedom. This implies that the null hypothesis was rejected based on the decision rule. This implies that there is significant difference between the perception of medical consultants and school management on the state of health infrastructure in tertiary institutions in Bayelsa State.

DISCUSSION OF FINDINGS

The findings obtained from the study showed that clinical unit requires more bed space infrastructure, standard surgical operating room for severe cases on campus, standard laboratory session for carrying out test and large environment to receive random patience to accommodate both staff and students at once for tertiary institutions in Bayelsa State. This is in line with the opinion of Ayis, (2006) opined that clinical units should be well equipped and prepared to handle lots of emergency cases.

Another finding obtained from the study showed that tertiary institution clinical session are usually small, have limited bed space for students, clinical unit do not have standard laboratories and clinical units do not have surgical or intensive care units in Bayelsa State. This is also in line with the view of Osagie, (2003) observed that tertiary institutions in Nigeria lack basic medical facilities needed for their optimal functionality.

CONCLUSION

The study revealed that clinical units in most tertiary institution are not built properly to the required standard needed to accommodate both students and staff. the medical consultants and school management also affirm that bed spaces are limited and there are no major operating rooms and laboratory to run test for sick patience.

RECOMMENDATIONS

From the findings obtained from the study, it was recommended that school management should invest and upgrade medical and clinical infrastructure in their institutions to accommodate the pressing needs of students and staff in the school.

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