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ADMINISTRATIVE BOTTLENECKS AND THE OPERATIONS OF TERTIARY HEALTH CARE INSTITUTIONS: A STUDY OF USMANU DANFODIYO UNIVERSITY TEACHING HOSPITAL, SOKOTO - NIGERIA

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Abstract

The study investigates the effects of administrative bottlenecks on the operations of health care institutions, with special reference to Usmanu Danfodiyo University, Sokoto. Survey design was used for collecting data from the cross-section of the respondents, through the use of questionnaire which was employed to generate data for the research. The population of the study covered all staff of the Hospital. The current population of staff in the Hospital stood at 4,050, out of which 1,005 are Medical Doctors, 1,150 are Nurses/Midwives, 880 are Pharmacists, and 1,015 are other Paramedical/Administrative Staff. The sample of the research was arrived at using Yamani (1968) Formula, with one hundred and five (105) respondents. Data was analyzed using both descriptive and inferential statistics. The results showed that, administration was pivotal for the smooth operations of health institutions. The study also identified some of the administrative bottlenecks in health institution's operations and possible measures to reduce these bottlenecks. The study equally discovered ways to improve productivity and optimal performance among staff. There was also interlink between the administrative staff and medical staff in the Hospital, as established in the study. The study recommends the need for increase human resource and development for effective management and administration in the health institutions' operations. Use of safety measures to reduce occupational hazards to the best minimum and employee motivation enhanced for better productivity.

Keywords: *Administrative Bottlenecks; Healthcare; Institutions; Operations; Tertiary.*

Introduction

The quest for proper health care delivery has brought about to a great extent diverse professionalism aside from the medical profession, which inevitably involves administrative positions and skillful workforce in health institutions. Thus, the impact of administrative bottlenecks on the operation of health institutions relates to the factors that hamper smooth administrative systems with their attendant influence. The successful operations of medical institutions as well as sustaining development of effective health services can only be realistic through effective collaboration between the management staff who are mainly the administrative staff and the medical personnel of the hospital. Doctors, nurses, and other health officers or health-related practitioners are accorded more recognition than administrative personnel, thereby debasing the non-clinical professionals. As a result, the enthusiasm and morale of the administrators are dashed.

It is important to point out here that provision of effective health care services is a task every responsible government must fulfil. This addressthe dream of every nation, argued Oyibocha, Irinoye, Sagua, Ogungide-Essien, Edeki&Okome, (2014), for the government to provide and improve the quality of lives of its populace, as good health improves the quality of life of the people. The World Health Organization (2018), defines health as a state of complete physical, mental and social well-

being and not merely the absence of disease or infirmity and the ability to live a socially and economically productive life.

Staff Description of the Hospital

Health administration is the coordination of the health services in any state or country. Administration just like management is necessary for the coordination of people, resources and other healthcare services necessary in the healthcare sector. The health team is comprised of several professionals, which includes: clinical and non-clinical staffs that are also referred to as support staff of the health sector, with the doctor as the head and leader of the health team.

The clinical staff is made up of different categories of healthcare professionals which include doctors, nurses, pharmacists, physiotherapists, laboratory scientists and technicians, anesthetic technicians, dental technologists and technicians, radiographers, occupational therapists and various categories of medical practitioners. The non-clinical staffs are usually staff without any medical training but work in a healthcare facility. They have trainings in various aspects of administration, management, catering, transportation, security and in larger hospitals there are in charge of biomedical engineering maintenance of hospital equipment and buildings.

The administration and management staff include secretaries, accountants, clerical officers, finance and pension staff, human resource managers, lawyers in the legal department, etc. Some other non-clinical staff of the hospital are artisans in charge of security and physical structure of the hospital buildings including the ambulance drivers and drivers of staff in managerial positions, plumbers, carpenters, store-keepers, electricians and security personnel. All these categories of staff require some form of administrative skills in order to carry out their tasks and duties effectively. The various categories of healthcare workers have their professional associations and unions which the healthcare workers automatically become a member of, on being employed. For instance, all doctors and dentists are members of the Nigerian Medical Association; all dentists are members of the Nigerian Dental Association (NDA). All consultant doctors are members of the Medical and Dental Consultants Association of Nigeria (MDCAN). All resident doctors and medical officers below the rank of principal medical officers are members of the Nigerian Association of Resident Doctors (NARD). The essence of these specializations differentials is to ensure an all-encompassing health care delivery in all hospitals. This agrees with (Abe, Omo-Aghoja, Onowhakpor, 2013). Government plays an important role in the provision of healthcare services in Nigeria, not just for health citizens but for national security.

It is imperative to note that, for Usmanu Danfodiyo University Teaching Hospital, Sokoto, to attain effective administration in health institutions and the achievement of optimal health care delivery, there is need for complete overhauling of the system. Good public health especially the tertiary type is vital in any country, not only for the purpose of maintaining a healthy populace, but also as a matter of national security. A healthy country is a wealthy country, with a thriving human resource that can invest in, to move the nation to greater heights. There are over 20 teaching hospitals in Nigeria including Usmanu Danfodiyo University Teaching Hospital, Sokoto, and these teaching hospitals are affiliated to the Medical Schools of the various universities in the country where they are situated. Current statistics shows that health institutions rendering health care services in Nigeria are 33,303 general hospitals, 20,278 primary health centers and posts, and 59 teaching hospitals and federal medical centers (Medical Journal, 2022).

Proper administration has helped the Nigerian health sector in so many ways, some of which include: management of human resources; management of financial resources; management of client care/patient care experience; management of health informatics; and overseeing compliance with medical and legal regulations/policies (Doyle, 2019).

Every health organization wants to work with people that are adequately skilled and productive; the concept of human resource management cut across recruitment/hiring, evaluation, promotion, retiring and firing of

personnel. This requires that human resource management in the health sector is taken with all seriousness in order to deliver effective health care services to the people. For instance, the process of personnel recruitment, alone, is not a process of gamble or chance, as it requires deep scrutiny and thorough evaluation of applicants (American Society of Clinical Oncology, 2008). Hiring an efficient, motivated and competent team of employees in the health sector is very challenging, more especially, because hiring wrong personnel can spell a big doom due to the peculiarity of the sector – a sector that deals directly with human lives.

Furthermore, in some situations, some under-performing or non-performing staff needs to be fired or retired, as the case may be. All these processes (i.e. the recruitment/hiring, evaluation, promoting, retiring and firing of personnel) involve a lot of expertise, and those professionals responsible for these daunting tasks in the Nigerian health sector are healthcare administrators (Doyle, 2019; Omeleke&Taleat, 2017).Therefore, the objectives of this research is to find out the administrative bottleneck experienced in the Hospital, and second to examine the impact of those bottlenecks on the management of Usmanu Danfodiyo University Teaching Hospital, Sokoto.

Literature Review

The concept of administration has been viewed in different ways by different authors; Theo Haimann (2017), sees administration as the overall determination of policies, setting of major objectives, the identification of general purposes and laying down of broad programs and projects. It refers to the activities of higher level. It lays down basic principles of the enterprise. Newman (2019), argued that administration means guidance, leadership and control of the efforts of the groups towards some common goals. Whereas, management involves conceiving, initiating and bringing together the various elements; coordinating, actuating, integrating the diverse organizational components, while sustaining the viability of the organization towards some pre-determined goals. In other words, it is an art of getting things done through and with the people in formally organized groups. Management has been described as a social process involving responsibility for economical and effective planning and regulation of operation of an enterprise in the fulfillment of given purposes. It is a dynamic process consisting of various elements and activities. These activities are different from operative functions like marketing, finance, purchase etc. Rather these activities are common to each and every manager irrespective of his level or status.

Experts have classified functions of management, as follows George and Jerry (2018), states that, there are four fundamental functions of management i.e., planning, organizing, actuating and controlling. Fayol (2014), sees management to mean forecast and plan, to organize, to command, and to control. Whereas Luther Gullick (2011) gave keyword 'POSDCORB' where P stands for Planning, O for Organizing, S for Staffing, D for Directing, Co for Co-ordination, R for reporting and B for Budgeting. But the most widely accepted are functions of management given by Koontz and O'Donnell (2005) that includes, Planning, Organizing, Staffing, Direc ting and Controlling. It should be stressed therefore, for theoretical purposes, it may be convenient to separate the function of management from administration but practically these functions are overlapping in nature i.e., they are highly inseparable. Each function blends into the other and each affects the performance of others.

Management has been described as a social process involving responsibility for economical and effective planning and regulation of operation of an enterprise in the fulfillment of given purposes. It is a dynamic process consisting of various elements and activities. These activities are different from operative functions like marketing, finance, purchase etc. Rather these activities are common to each and every manager irrespective of his level or status. Different experts have classified functions of management. It deals with chalking out a future course of action and deciding in advance the most appropriate course of actions for achievement of pre-determined goals. According to Koontz (2002), planning is deciding in advance - what to do, when to do and how to do it. It bridges the gap from where we are and where we want to be. A plan

is a future course of actions; it is an exercise in problem solving and decision making. Planning is determination of courses of action to achieve desired goals. Thus, planning is a systematic thinking about ways and means for accomplishment of pre-determined goals. Planning is necessary to ensure proper utilization of human & non-human resources. It is all pervasive, it is an intellectual activity and it also helps in avoiding confusion, uncertainties, risks, wastages etc. **Manpower Planning** (estimating man power in terms of searching, choose the person and giving the right place).

Theoretical Framework

The rapid development of market economy has brought great influence to the medical and health industry, as a result, the competition between medical institutions is getting fiercer. The key issue is focused on how to train staffs passionate about the health management career. The problem of health management professionalization has been for years, for example, some staffs don't have titles even when working at the posts, and some talents can't even find posts, instead they are more of redundant staffs.

Generally, health management staffs without titles are usually poorly treated, and have difficulty gaining recognition from the health system leadership. This is bound to affect the choice of practitioners, who may not regard this profession as a lifelong career. In the long run, the professionalized development of health management will be affected. Therefore, this problem must be attached with great attention which could be with a reform. Connotation of Health Management Professionalization Health management professionalization is a trend in the development of health care industry around the world. However, many people in the domestic health care industry don't think this post is important. Some people even think that part-time staff is qualified for this position, and team with professional training is not required.

It's no secret that experts often work part-time at the management position of medical institutions, but the resulting problem is that some experts have to study the medical specialties, and focus on the administrative management, which will inevitably lead to the phenomenon of attend to one thing but lose another. On one hand, administrators under such management mode don't have the energy to learn the theoretical knowledge of health management, who are not familiar with the basic knowledge and skills about health management, and can only implement the management according to their previous experience, which is unfavorable for the long-term development of hospitals; on the other hand, the majority of hospital backbones and technical elites have assumed the management responsibilities, but the hospital's medical technology upgrade will inevitably be affected if they put their mind on the management decide to acquire knowledge instead of the medical knowledge. Therefore, such part-time type of expert management model can't give full play to the talents. Health management professionalization is the foundation to achieve the scientific management of hospitals. The impact of the market economy to the medical industry is obvious, so the hospital's management model should also be market-oriented.

It is important to note that, saving the dying patient is a primary task to the hospital, while administrators also need to consider how to compete for market share, reduce costs and strengthen management, in order to achieve further development of hospitals. This issue is placed in front of every hospital administrator, which is considered as more critical. Generally speaking, health management plays a very important role in the daily management of the hospital, it is also a direct reflection of the level of hospital management. Health management leaders are required to strictly fulfill the planning, leadership and organizational functions, and to solve problems in time.

Health Management Professionalization is the Requirement of Public Hospitals Reform of the medical and health industry to be mainly concentrated in public hospitals, and the reform usually focuses on the operation mechanism and management system. Hospital director, as a leader and practitioner, bears a great responsibility for the success of hospital reform. Experts and administrative cadres who grew up under traditional administrative system are mostly the maintainers of the old

operating mechanism and management system, and their management perspectives are mostly focused on departments and clinics. However, professional administrators are required to have scientific management philosophy and solid knowledge reserves, as well as open thinking and innovative vision. Allowing professional administrators to bear the hospital and health management, is the development direction in health care industry. In Australian hospitals, which are major difference between Nigeria and health management abroad.

Bottlenecks for the Development of Health Management Professionalization

The professionalized construction of health management team in Nigeria started from the 1880s, when a large number of medical colleges and universities set up the major of health management, thus the first batch of professional health management personnel of new China was cultivated. However, through relevant investigation and study, it was found out that the vast majority of professionals that studied the health management knowledge did not engage in health management in the medical health industry. These talents who possessed with health management background are either engaged in other posts, or are not valued in the other management positions (Ejiofor, 1985).

Meanwhile, administrators trained by adult education and professional training rarely work in the professional positions, but put more energy on the clinical business. The reason for the bottleneck of health management professionalization mainly lies in the insufficient title coefficient. During the process of training of health management talents, the training way and form keep innovating, which had achieved some results, but the key objective is for the trained professionals to display their capacities, and make contribution on health management posts.

Currently, the system hasn't set up the corresponding health management title system, resulting in many professionalized administrators not to be promoted even when the displayed excellent performance become glaringly. As a result, their wage remain unchanged, and the gap between clinical positions is significant; on the other hand, the health system does not recognize professionalized administrators, whose status is far lower than clinical. In this way, the enthusiasm and initiatives of many health administrators are affected, and many people who chose to learn health management have to switch to another job. Few people consider the health management as a lifelong career, not to mention the professionalized development. Therefore, the system is urged to set up a special title for the health management positions, and the specific settings can refer to the clinical positions, for example, the hierarchy standard settings from assistant health administrator to chief health administrator.

Therefore, the system needs to improve the relevant laws and regulations for support to professionalism. To ensure effective placement of professional title positions in the hospital, two major issues are imminent: First, professional training is necessary for strong technical work; Second, such highly professional discipline should be divided into several categories in curriculum settings in universities and research departments.

Empirical Literature on the effect of Administrative Bottlenecks in Health Care Institutions

Operational planning of interventions defines roadmaps, timelines and resources necessary for translating policies into expected health outcomes along the evidence-policy-implementation continuum. However, bottlenecks often hinder the attainment of objectives and the timely delivery of intervention packages leading to sub-optimal performance of health systems. Bottleneck identification, analysis and removal approaches to planning, which requires key stakeholders' participation, have been recommended to improve health system outcomes in LMICs. This study demonstrates how integration of participatory action research (PAR) within a quality improvement model can help navigate the complexities of health system bottleneck analyses, planning and performance improvement in a Nigerian sub-national context. The study is based on data collected between June 2016 and June

2017, from Chikun LGA in Kaduna State Nigeria. PAR was integrated into a quality improvement model called DIVA (Diagnose-Intervene-Verify-Adjust) applied across selected interventions (Antenatal care, skilled birth attendance, immunization and Integrated Management of Childhood Illnesses). PAR was used to identify and analyze health system bottlenecks, as well as develop, monitor implementation and follow-up on action plans to address them. Evaluations were conducted involving 2 cycles of DIVA. The outputs (bottleneck analysis charts, driver diagrams, operational plans, M/E reports, etc.) from each cycle of the DIVA process were collated and analysed. Bottlenecks identified include availability of human resources for health, availability of health commodities as well as geographical accessibility.

These had implications on acceptability and quality of services. Mean Improvements recorded were 20.4%, 14.0% and 10.8% and 11.2%, 7.5%; 5.5% (across eMTCT, maternal health and child health interventions) in the 1st and 2nd DIVA cycles respectively. This study highlights processes and outcomes of integrating PAR in quality improvement design and operations in health intervention programs with a focus on health systems strengthening in a Nigerian context. Implementing the DIVA model using a PAR approach may be considered an effective strategy for planning and implementing health interventions in comparable settings.

Methodology

The research design used in this study is the survey research design. The survey research design is appropriate for collecting data from the cross-section of population in social research. The use of survey design involves the use of appropriate sampling technique to draw a representative sample from the population of interest. A survey design may either be static or dynamic. In a dynamic survey, the same subset of the population of interest is surveyed continuously over specific time intervals while in static survey, a subset of the population is surveyed only once for a specific purpose.

The survey research design adopted by this study is static in nature given the nature and objectives of the study. One advantage of using the survey design is that it will allow for the quantitative description of the characteristics of the sample. It will also allow for the objective analysis of individual level of satisfaction among the Hospital Staff. Using appropriate descriptive and or inferential statistics, the survey research design will permit the generalization of the study's findings to the entire population from which the sample was drawn.

The population of the study therefore, covers all staff of the Hospital who are currently serving in Sokoto excluding those on posting to branches of the Hospital, such as Kware and Argungu in Kebbi State. The current population of staff in the Hospital is 4,050 staff in the Hospital, 1,005 are Doctors, 1,150 are Nurses/Midwives, 880 are Pharmacists, and 1,015 are other Paramedical/Administrative Staff.

Accessing all the staff of Usmanu Danfodiyo University Teaching Hospital, Sokoto would be practically impossible because some might be on leave while others might be unavailable due to other official or personal reasons. Thus, the proposed sample of the research is arrived at using Yamani (1968) Formula:

$$N = \frac{N}{1+N(e)^2} \quad \text{.....} \quad (1)$$

- n = Sample
- N = Population size
- 1 = Constant
- e = Confidence level at 5% or 0.05

The research adopts a non-probability purposive sampling technique which focused on the staff of the hospital who are currently working in the main Hospital in Sokoto. The selection process involves de-facto distribution of the research instruments among the staff as they are found in the various departments.

The data collection instrument and technique are through the use of structured questionnaires. The questions contain sections that collect the respondents' bio-data and also questions that address the objectives of the research. The questionnaire administered using a face-to-face approach to ensure a high

collection rate and also to guide the respondents in understanding the questions and its usefulness. The questionnaires are divided into two sections. Section A collects information on the demographic characteristics of the respondents, section B collects information on job experience and likely bottleneck witnessed in the course of their duty. The questionnairesadministered to the identified sample respondents' staff of Usmanu Danfodiyo University Teaching Hospital, Sokoto to obtaininformationonbio-data of respondents, some bottleneck experienced in the course of work, the use of published and unpublished materials, journals hand-outs, textbooks, relevant articles, magazines and past research works in relation to the study were also collected. A combination of descriptive and inferential techniques of analysis were employed in analyzing the collected data. The use of charts and frequencies was employed for the descriptive statistics.

Results and Discussion

This section presents bio-data analysis of the respondents which includes the age, gender, qualification, profession and years of working experience of respondents in the health sector.

Table 1: Distribution of respondents based on age and gender

Age Category	Number of Male	Percentage of Male	Number of Female	Percentage of Female	Total	Cumulative Percentage (%)
26 - 35	12	11.43	9	8.57	21	20.00
36 - 45	14	13.33	36	34.29	50	47.59
46 – 55	11	10.48	9	8,57	20	19.05
56 - 65	8	7,62	6	5.71	14	13.33
Total	**45**	**42.86**	**60**	**57.14**	**105**	**100%**

Source: Field Survey, (2023)

Table 1 indicates the distribution of respondents based on age and gender. In all, one hundred and five respondents were selected and administered with the questionnaire, out of this number forty-five (45) were male, representing forty-two point eighty six (42.86%) percent. Sixty (60) respondents were female, representing fifty-seven point one-four (57.14%) percent. This shows that Usmanu Danfodiyo University Teaching Hospital, Sokoto, is gender affirmative in its employment drive.

On age distribution, twenty-one (21) respondents representing twenty (20%) percent are within the age range of 26-35 years, fifty (50) respondents representing forty-seven point five-nine (47.59%) percent are within the age range of 36-45 years. Twenty (20) respondents, representing nineteen point zero-five (19.05%) percent are within the range of 46-55 years, while fourteen (14) respondents, representing thirteen point three-three (13.33%) percent are within the age range of 56-65 years. This shows that middle aged respondents (36-45 years) dominates the workforce of Usmanu Danfodiyo University Teaching Hospital, Sokoto. This is in line with public service regulations and shows the agility of the workforce.

Table 2: Professional cadre of the respondents

Professional Cadre	No. of Male	% of Male	No. of Female	% of Female	Total number of respondents	Total Percentage (%)
Administrators	26	24.76	34	32.38	60	57.14
Nurses/Midwives	7	6.67	18	17.14	25	23.8
Medical Doctors	12	11.43	8	7.62	20	19.05
Total	**45**	**42.86**	**60**	**57.14**	**105**	**100%**

Source: Field Survey, (2023)

Table 2 indicates the distribution of respondents based on their professional cadre. Sixty (60) respondents are from administrative cadre, representing fifty-seven point one-four (57.14%) percent. Twenty-five (25) respondents representing twenty-three point eight (23.8%) percent are Nurses/Midwives, and twenty (20) respondents were Medical Doctors, representing nineteen point zero-five percent. This shows that the researcher is akin to the fact that, administrators who represents fifty-seven point one-four (57.14%) percent can best offer explanations as regard to administrative bottlenecks in Usmanu Danfodiyo University Teaching Hospital, Sokoto, compared to Nurses and Medical Doctors who are busy giving health care to the patients.

Table 4: Years of working experience of the respondents

Working experience	No. of Male	% of male	No. of Female	% of Female	Total number of respondents	Total Percentage (%)
1 - 10	7	6.67	8	7.62	15	14.29
11 - 20	17	16.19	24	22.86	40	38.1
21 - 30	13	12.38	18	17.14	30	28.57
31 - above	8	7.62	10	9.52	20	19.05
Total	**45**	**42.86**	**60**	**57.14**	**105**	**100%**

Source: Field Survey, (2023)

Table 4 shows distribution of respondents based on their years of working experience in Usmanu Danfodiyo University Teaching Hospital, Sokoto. From the table fifteen (15) respondents, representing fourteen point two-nine (14.29%) percent are within the range of 1-10 years of working experience. Forty (40) respondents, representing thirty-eight point one (38.1%) percent are within the range of 11 - 20 years of working experience. Thirty (30) respondents, representing twenty-eight point five-seven (28.57%) percent are within the range of 21–30 years of working experience. While, twenty (20) respondents, representing nineteen point zero five (19.05%) percent are within 31 years above of working experience in the hospital. The analysis is a proof that the respondents have the required years of working experience in the health sector to respond meaningfully to the effects of administrative bottlenecks in the operations of health institutions. Similarly, about seventy (70%) percent of the respondents works for 11–30 years in the hospital, giving them an edge to explain the administrative bottlenecks experienced in the course of their work in the hospital.

Table 5: Distribution of respondents based on their ranks

Rank of Respondents	No. of Male	% of male	No. of Female	% of Female	Total number of respondents	Total Percentage (%)
Nursing Officer I	20	19.05	25	23.81	45	42.82
Nursing Officer II	15	14.28	20	19.05	35	33.36
Principal Nursing Officer	10	9.52	15	14.29	25	23.82
Total	**45**	**42.85**	**60**	**57.15**	**105**	**100%**

Source: Field Survey, (2023)

Table 5 indicates the distribution of respondents based on their ranks. Forty-five (45) respondents are Nursing Officer I representing forty-two point eighty-two (42.82%) percent out of which 20 are male representing nineteen point zero five (19.05%) percent and 25 female representing twenty-three point eighty-one (23.81%) percent. Total of thirty-five (35) personnel representing thirty-three point thirty-six (33.36%) percent representing Nursing Officer II with the ratio of 15 male and 20 female representing fourteen point twenty-eight (14.28%) percent and nineteen point zero five (19.05%) percent respectively. Out of total of 25, twenty-three point eight-two (23.82%) which are Principal Nursing Officer represents 10 male and 15 female respondents representing nine point fifty-two (9.52%) percent and fourteen point twenty-nine percent (14.29%) percent being cumulative of twenty-three point eighty-two (23.82%) percent. This analysis is a clear evidence of shortage of manpower as one of the administrative bottlenecks in Usmanu Danfodiyo University Teaching Hospital, Sokoto.

Analysis of responses based on the critical issues

Under this, the basic issues are discussed such as; availability of working tools, utilization of capital resources etc.

Table 6: Distribution of respondents based on the availability of working tools

Ratio of equipment supply	No. of Male	% of male	No. of Female	% of Female	Total number of respondents	Total Percentage (%)
Adequate	20	19.05	10	9.53	30	28.58
Inadequate	25	23.81	30	28.57	55	52.38
Fair	12	11.43	8	7.61	20	19.04
Total	**57**	**54.29**	**48**	**45.71**	**105**	**100%**

Source: Field Survey, (2023)

Table 6 shows distribution of respondents based on the availability of working tools. Out of one hundred and five (105) respondents, fifty-seven (57) were male making up fifty-four point twenty-nine (54.29%) percent. Forty-eight (48) number of female made up forty-five point seventy-one (45.71%) percent. According to the cumulative percentage ratio in the table, twenty-eight point fifty-eight (28.58%) percent shows adequate supply of equipment, fifty-two point thirty-eight (52.38%) percent shows inadequate supply, while nineteen point zero four (19.04%) percent indicates a fairly supply of equipment. The overall analysis shows obviously that there is inadequate supply of equipment in the hospital which can hamper smooth administrative function if not attended to.

Table 7: Respondents opinion based on utilization of capital resource in the Hospital

Utilization of capital resources	No. of Male	% of male	No. of Female	% of Female	Total number of respondents	Total Percentage (%)
Appropriate	15	14.28	10	9.53	25	23.81
Inappropriate	20	19.05	15	14.28	35	33.33
Constraint	25	23.81	20	19.05	45	42.86
Total	**60**	**57.14**	**45**	**42.86**	**105**	**100%**

Source: Field Survey, (2023)

Table 7 indicates respondents based on utilization of capital resource in the hospital. In all, one hundred and five were selected and administered with questionnaire, out of which 60 were male representing fifty-seven point fourteen (57.14%) percent, forty-five respondents were female representing forty-two point eighty-six (42.86%) percent. Total of 25 respondents making twenty-three point eighty-one (23.81%) percent shows appropriate utilization of capital resource in hospital, total of 35 respondents making thirty-three point thirty-three (33.33%) percent shows inappropriate utilization of capital resource in hospital whereas total of 45 respondents – forty-two point eighty-six (42.86%) percent indicated that there is constraint in the utilization of capital resource in hospital which poses administrative bottleneck in Usmanu Danfodiyo University Teaching Hospital Sokoto being a federal government hospital.

Table 8: Distribution of respondents based on staff motivation in training and development

Ratio of training & development	No. of Male	% of male	No. of Female	% of Female	Total number of respondents	Total Percentage (%)
Satisfactory	7	6.67	18	17.14	25	23.8
Fairly	26	24.76	34	32.38	60	57.14
Poor	12	11.43	8	7.14	20	19.05
Total	**45**	**42.86**	**60**	**57.14**	**105**	**100%**

Source: Field Survey, (2023)

Table 8 reflects the distribution of respondents based on training and development. Total of forty-five number of male - forty-two point eight-six (42.86%) percent and sixty female - fifty-seven point one four (57.14%) made up one hundred and five (105) respondents. From the table analysis, total of twenty-three point eight (23.8%) percent shows satisfactory motivation in terms of training and development, fifty-seven point fourteen (57.14%) percent shows that employees are fairly satisfied with the level of training and development while nineteen point zero five (19.05%) percent showed that the rate of training and development is not satisfactory. Evidently on the analysis, there is fairly satisfactory motivation of the employees in training and development which constitute great impact on the employees' output in the hospital.

Table 9: Distribution of respondents based on maintenance of working equipment

Maintenance status	No. of Male	% of male	No. of Female	% of Female	Total number of respondents	Total Percentage (%)
Difficult to maintain	9	8.57	12	11.43	21	20
Highly difficult to maintain	36	34.29	14	13.33	50	47.59
Easy maintenance	9	8.57	11	10.48	20	19.05
Not repairable	6	5.71	8	7.62	14	13.33
Total	**60**	**57.14**	**45**	**42.86**	**105**	**100%**

Source: Field Survey, (2023)

Table 9 specifies the distribution of respondents based on the maintenance of working equipment. Out of the 105 respondents, sixty (60) representing fifty–seven point fourteen (57.14%) percent were male while fort-five (45) representing forty-two point eighty-six (42.86%) percent were female. The cummulative percentage shows that twenty (20%) percent of respondents agreed that the working equipment are difficult to maintain, forty-seven point fifty-nine (47.59%) percent indicates that these machines are highly difficult to maintain due to high sensitivity, 20 respondents representing nineteen point zero five (19.05%) percent however, indicates that the machines are easy to maintain while fourteen respondents representing thirteen point thirty-three (13.33%) indicates that these machines are entirely not repairable. Analytically, 50 (47.59%) of the total respondents indicates that working equipment are difficult to maintain which is one of the administrative hiccups in Usmanu Danfodiyo University Teaching Hospital, Sokoto.

Table 10: Distribution of respondents based on administrative response to occupational hazards

Admin response to occupational hazards	No. of Male	% of male	No. of Female	% of Female	Total number of respondents	Total Percentage (%)
Average	20	19.05	25	23.81	45	42.82
Above average	15	14.28	20	19.05	35	33.36
Excellent	10	9.52	15	14.29	25	23.82
Total	**45**	**42.85**	**60**	**57.15**	**105**	**100%**

Source: Field Survey, (2023)

Table 10 shows the distribution of respondents based on administrative response to occupational hazards. Twenty-five (25) representing (42.85%) male, while Sixty (60) representing fifty-seven point fifteen (57.15%) percent are female. Total percentage reveals forty-two point eighty-two (42.82%) percent are in agreement that administrative response to occupational hazard is on the average, thirty-three point thirty-six (33.36%) percent of the respondents on the contrary shows that administrative response to occupational hazards is above average while twenty-three point eight-two (23.82%) percent indicates that administrative response to occupational hazard is excellent. In conclusion on the analysis, thirty-five (35) number representing thirty-three point thirty-six (33.36%) percent of the total respondents indicated that administrative response to occupational hazards is on the average which signifies a hitch in the administrative services of the hospital.

Table 11: Distribution of respondents based on their contribution to reduce administrative bottlenecks in the hospital

Reduction of administrative bottlenecks	No. of Male	% of Male	No. of Female	% of Female	Total number of respondents	Total Percentage (%)
Admin Officers	26	24.76	34	32.38	60	57.14
Confidential Secretaries	7	6.67	18	17.14	25	23.8
Executive Officers	12	11.43	8	7.62	20	19.05
Total	**45**	**42.86**	**60**	**57.14**	**105**	**100%**

Source: Field Survey, (2023)

Table 2 indicates the distribution of respondents based on their professional cadre. Sixty (60) respondents are from administrative cadre, representing fifty-seven point one-four (57.14%) percent. Twenty-five (25) respondents representing twenty-three point eight (23.8%) percent are confidential secretaries, and twenty (20) respondents were Executive Officers representing nineteen point zero-five percent. The respondents who represents fifty-seven point one-four (57.14%) percent gave more contribution on how to reduce administrative bottlenecks in Usmanu Danfodiyo University Teaching Hospital, Sokoto.

Table 12: Distribution of respondents based on management readiness to take advice to reduce administrative bottlenecks in the hospital

Rank of Respondents	No. of Male	% of male	No. of Female	% of Female	Total number of respondents	Total Percentage (%)
Nursing Officer I	20	19.05	25	23.81	45	42.82
Nursing Officer II	15	14.28	20	19.05	35	33.36
Principal Nursing Officer	10	9.52	15	14.29	25	23.82
Total	**45**	**42.85**	**60**	**57.15**	**105**	**100%**

Source: Field Survey, (2023)

Table 12 indicates the distribution of respondents based on their contributions on management readiness to take advice to reduce administrative bottlenecks in the hospital. Forty-five (45) respondents are Nursing Officer I representing forty-two point eighty-two (42.82%) percent out of which 20 are male representing nineteen point zero five (19.05%) percent and 25 female representing twenty-three point eighty-one (23.81%) percent. Total of thirty-five (35) personnel representing thirty-three point thirty-six (33.36%) percent representing Nursing Officer II with the ratio of 15 male and 20 female representing fourteen point twenty-eight (14.28%) percent and nineteen point zero five (19.05%) percent respectively. Out of total of 25, twenty-three point eight-two (23.82%) which are Principal Nursing Officer represents 10 male and 15 female respondents representing nine point fifty-two (9.52%) percent and fourteen point twenty-nine percent (14.29%) percent being cummulative of twenty-three point eighty-two (23.82%) percent. There is clear evidence that management is ready to yield to those advice that will reduce administrative bottlenecks in Usmanu Danfodiyo University Teaching Hospital, Sokoto.

Conclusion

The research study found out that administration is pivotal for the smooth operations of health institutions. The study also identified some of the administrative bottlenecks in health institution's operations and possible measures to reduce these bottlenecks. The study gave the management, administrators, medical practitioners and other category of staff the insight to the performance of the day-to-day running of the health institution.

The research equally discovered ways to improve productivity and optimal performance among staff of health institutions. There is also interlink between the administrative staff and medical staff in UsmanuDanfodiyo University Teaching Hospital, Sokoto as was established in the research.

Effective administrative operation in health institutions is dependent on the structural capacity as well as regulations and policies guiding its operations which can be improved for better health care delivery, since it is evident that administration is an inevitable factor in the health sector. However, despite the administrative bottlenecks, measures such as adequate utilization of capital resources, availability of working tools, human resource training and development, compliant to innovation strategies can reduce these bottlenecks and improve performance.

Recommendations

Based on the findings of the research, the following recommendations are drawn, with a view to finding solution to the administrative bottlenecks that exist in the operation of Usmanu Danfodiyo University Teaching Hospital, Sokoto, and other health care institutions:

- There is the need for increased human resource development for effective management and administration in the health institutions' operations.
- The hospital management must address issues related to corruption and misappropriation of generated funds by the hospital to ensure more productivity.
- Safety measures should be put in place to reduce occupational hazards to the bare minimum and employee motivation should be enhanced for better productivity.
- Hospitals' budget allocation should be upwardly reviewed to meet the huge financial demand for smooth running of the health institutions.
- The hospital management should encourage hard work by commending and rewarding staff that perform excellently well and punish accordingly the earing staff to ensure efficiency and productivity.

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