

Manpower Planning, Work Environment and Service Delivery in Ogun State Hospital Management Board

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Abstract: The problematic situation of developing societies to retain their medical personnel given their inability to institute viable manpower plan and conducive work environment that should be suitable for the fulfillment of the lofty aspirations of medical personnel is what necessitates the study. Hence, the study investigated the relationship between manpower planning, work environment and service delivery in Ogun State Hospital Management Board (OGHMB). Three hypotheses were formulated and tested for the study.

The main instrument used for this study was questionnaire and interview administered medical and non-medical personals of the board randomly selected from ten hospitals in five zones in Ogun State. This study adopted both quantitative and qualitative research designs, while Product Moment Correlation Coefficient (r) and regression to test the stated hypotheses.

The finding of this study revealed that in the ten hospitals of the zones in Ogun State the goal of hospital are clearly stated, they fulfill project requirement by deploying the required workforce in their area of specialization and manpower, there is also a positive relationship between manpower and service delivery in the selected hospitals. It was also revealed that manpower and work environment have significant effect on service delivery.

Based on these findings, it was recommended that the health sector must embark on radical reorganization of its objectives and aims which must primarily cater for the welfare of its personnel which is fundamental to service delivery and therefore redirect the public perception on the place of government hospitals as not just death traps but as a reliable solution to all form of health challenges.

Keywords: Manpower Planning, Work Environment, Service Delivery, Motivation, Recruitment, Promotion.

Introduction

Manpower planning is an essential cornerstone in the efficient management of personnel in an organization. Manpower planning for health is not all about number; it involves distribution, quality and productivity. In essence, man power planning for health is concerned with getting the right number of staff, in the right places, at the right time, doing the right job, with the right motivation, at the right cost. Within many health care systems worldwide, increased attention is being focused on human resources management (HRM). Specifically, human resource is one of the three principles of health system inputs, with the other two major inputs being physical capital and consumables.

Manpower planning becomes a necessity and a possibility for two reasons; first the education and training of medical personnel is a time consuming and costly affair. Medical personnel are highly educated and therefore highly specialized. Acquiring other skill is difficult, time consuming and signifies a waste of effort and money. Secondly, medical education and training is very costly, therefore educational planning and medical planning have to go hand in hand. Expansion includes the setting up of new medical schools and faculties and at least the increase of the existing capacity. A reduction of the trend is possible by imposing a numerous clause (student stop) in the existing faculties.

According to Ejumudo (2010), manpower, when pertaining to health care, can be referred to as the different kinds of clinical and non-clinical staff responsible for public and individual health intervention. As arguably the most important of the health system inputs, the performance and the benefits the system can

deliver depend largely upon the knowledge, skills and motivation of those individuals responsible for delivering health services. In the same vein, Erinoso (2008) sees Manpower planning as a process to measure and compare current manpower with future manpower relative to an organisation's strategy and business planning process. Therefore, an organisation operates most effectively when the right people with the right knowledge, skills and competencies are deployed appropriately. Manpower planning is expected to focus on the size and composition of manpower, its deployment across organisation, and the knowledge, skills and competencies necessary to pursue stated objectives. It includes all managed movement into, around and out of organisation including recruitment, promotion, secondment, transfer, redeployment, and retention. Manpower planning which is also known as human resource planning consists of putting right number of people, right kind of people at the right place, right time, doing the right things for which they are suited for the achievement of goals of the organization. The manpower planning process is an ongoing and continuous strategy which is undertaken through a systematic set of procedures (Oyibo, 2010).

The availability of manpower has been cited as the most important influence of service delivery in any organization (Clark, 2012). Institutional effectiveness was not remained unhindered when poor quality work environment thus causes employee dissatisfaction with job with the usual resultant high turnover which can force a reduction in job performance. The work environment can involve the social interactions at the workplace, including interactions with peers, subordinates, and managers. Generally, and within limits, employees are entitled to a work environment that is free from all forms of harassment.

Health care services include all services dealing with the diagnosis and treatment of disease or the promotion, maintenance and restoration of health (Oyibo, 2010). They include personal and non –personal health services. Health care services are the most visible functions of any health system, both to users and the general public. Service care provision refers to the way inputs such as money, human resource, equipment and drugs are combined to allow the delivery of health interventions. Improving access, coverage and quality of services therefore depends on the availability of these key resources; on the ways services are organized and managed and, on the incentives, influencing providers and users. In the healthcare delivery, effective planning is needed to ensure that quality services are provided to those in need. Effective health service delivery is also concerned with bringing about an acceptable level of coherent programmes that assist in bringing health care services to populations who would not have had sufficient or no access to health services.

Doctors and nurses are reluctant to relocate to remote areas and forest locations that offer poor communications with the rest of the country and few amenities for health professionals and their families. Urban areas in Nigeria are more attractive to health care professionals for their comparative social, cultural and professional advantages. For instance, medical personnel posted out from State hospital, Ijaye in Abeokuta are usually reluctant to comply, in some cases, such staff are queried before they eventually take up the posting. This is as a result of the fact that metropolitan centers in the country offer more opportunities for career and educational advancement, better employment prospects for health professionals and their family, easier access to private practice and lifestyle-related services and amenities, and better access to education opportunities for their children. In addition, the low status often conferred to those working in rural and remote areas further contributes to health professionals' preference for settling in urban areas, where positions are perceived as more prestigious. This has significant consequences on the health of inhabitants of rural areas as unavailability of physicians and nurses within close proximity often leads to delaying and postponing visits to health care facilities until the condition becomes unbearable. Transporting the patient on treacherous roads to urban facilities may take several hours and this may lead to death. In Nigeria, scarce data on the availability, distribution and trends in manpower for health has been a barrier to effective manpower planning. This situation couple with lack of conducive work environment usually results to poor service delivery in the hospitals.

Statement of the Problem

In the world over, the unending need for good health care is a primary need of everyone irrespective of societal placement and social status. This situation has however increased the need for medical personnel that on a general note is lacking in Africa and Nigeria in particular. Therefore, it becomes a problematic situation for developing societies to retain their medical personnel given their inability to institute viable

manpower plan and conducive work environment that was be suitable for the fulfillment of the lofty aspirations of medical personnel who for want of greener pastures leave their home-country for more developed societies thereby compounding the health challenge of their medically challenged citizens. This problem is fundamentally a result of failure of the managers of the institution of state to provide an enabling ground that will be suitable for the actualization of desired aspiration of workers.

According to Enebulele, (2013) only one in three registered Nigerian doctor's practices in the country, with the other two-thirds migrating abroad. He goes further to state that, of the 71,740 doctors registered with Medical and Dental Council; about 27,000 are practicing in Nigeria while others are practicing outside the shores of this country. According to him, up to 7000 Nigerian doctors combined work in British and American health sector, while some have left the medical profession on account of better working condition. The Nigeria's health system is in a poor state and this is traceable to several factors especially the gross under-funding of the health sector and shortage of medical personnel at the primary health care level. However, Nigeria is one of the several major health-staff-exporting countries in Africa; this fact is however due to poor manpower planning amongst the personal mangers and poor work environment which does not give room for self-actualization which is evidence in the number of health care workers who leave the country after their training for greener pastures abroad. As a result of inadequate infrastructure and poor compensation packages, a sizeable number of physicians, nurses and other medical professionals are lured away to developed countries in search of fulfilling and lucrative positions Enebulele (2013).

Across Nigeria, there is a national health manpower crisis marked by critical imbalances. In some states especially in Ogun State, Nigeria there is shortage of health practitioners, such as doctors, nurses, pharmacists, physiotherapists and other health workers. Enebulele notes that medical personnel in Ogun State South-West Nigeria, especially doctors are over stretched, for instance, a doctor is supposed to attend to about 20-30 patient per day but given the poor work condition that has occasioned mass exodus of health workers they attend to about 70-120 on a daily basis. This situation is however compounded by the insecurity situation and poor work condition that has forced many of them to relocate to places where their safety is guaranteed.

The ongoing underinvestment in the health sector, coupled with poor employment conditions and policies (such as exposure to occupational hazards, discrimination and physical and psychological violence; insufficient remuneration; unfavourable work-life balances; unreasonable workloads, limited career development opportunities) have resulted in a deterioration of working conditions for health professionals in many states. There is some fear that this may have serious negative impact on the recruitment and retention of health professionals, the productivity and performance of health facilities, and, ultimately, on service delivery to patients. Hence, the motivation for this study with emphasis on manpower planning, work environment and service delivery in Ogun state hospital management board.

Objective of the Study

The general objective of this study was to investigate the relationship between manpower planning, work environment and service delivery in Ogun State Hospital Management Board (OGHMB). The specific objectives were to:

- i. examine the impact of manpower planning on service delivery in Ogun State Hospital Management Board;
- ii. determine the causes of inadequate work environment on service delivery by hospitals in Ogun State Hospital Management Board;
- iii. appraise the effect of work environment on service delivery by hospitals in Ogun State Hospital Management Board;
- iv. interrogate the public perception of service delivery in Ogun State Hospital Management Board and
- v. recommend plausible solutions to enhancing administrative functions for constructive manpower planning and conducive work environment for efficient and effective service delivery in the health sector.

Statement of Hypotheses

The following hypotheses were tested at 0.05 level of significance

HO₁: There is no significant relationship between manpower planning and work environment in Ogun State hospital Management Board.

HO₂: There is no significant effect of manpower planning on service delivery of hospitals in Ogun State hospital management Board.

HO₃: There is no significant effect of work environment on service delivery of hospitals in Ogun State Hospital Management Board.

Conceptual Model Manpower Planning

Manpower Planning which is also commonly referred to as Human Resource Planning consists of putting right number of people, right kind of people at the right place, right time, doing the right things for which they are suited for the achievement of goals of the organization (*Management Study Guide*, 2016). It involves projecting or forecasting the number of personnel with different skills required over time or for a project and detailing how and when they will be acquired. Wicks (2015) opined that manpower planning is an essential cornerstone in the efficient management of personnel in an organization. Manpower planning entails getting the right number and type of personnel to do the required tasks for the fulfillment of the goals and objectives of the organization. The manpower planning process is an ongoing and continuous strategy which is undertaken through a systematic set of procedures. Manpower Planning has got an important place in almost every organization intended to serve a large number of people and is usually seen as a system with specific approach usually carried out in a set procedure. According to Management Study Guide (2016), the procedure is as follows: Analyzing the current manpower inventory; Making future manpower forecasts; Developing employment programmes; Design training programmes. Therefore, it is important to establish the fact that the most fundamental factor that will help any organization whose primary aim is maximum service delivery for its consumers is the ability to put in place a formidable plan that will ensure the good and productive use of manpower at its disposal.

The four managerial functions, i.e.; planning, organizing, directing and controlling are based upon the manpower. Human resources help in the implementation of all these managerial activities. Therefore, staffing becomes a key to all managerial functions; efficient utilization; efficient management of personnel becomes an important function in the industrialization world of today. Setting of large-scale enterprises require management of large-scale manpower. It can be effectively done through staffing function, Motivation; Staffing function not only includes putting right men on right job, but it also comprises of motivational programmes, i.e.; incentive plans to be framed for further participation and employment of employees in a concern. Therefore, all types of incentive plans become an integral part of staffing function; Better human relations; A concern can stabilize itself if human relations develop and are strong. Human relations become strong through effective control, clear communication, effective supervision and leadership in a concern. Staffing function also looks after training and development of the work force which leads to co-operation and better human relations. Higher productivity; Productivity level increases when resources are utilized in best possible manner. Higher productivity is a result of minimum wastage of time, money, efforts and energies. This is possible through the staffing and its related activities such as performance appraisal, training and development, remuneration.

Corroborating the forgoing position, elaborating the need for manpower planning, *Management Study Guide MSG* (2016) stated that, manpower Planning is a two-phased process because manpower planning not only analyses the current human resources but also makes manpower forecasts and thereby draw employment programmes. Manpower Planning is advantageous to firm in following manner: Shortages and surpluses can be identified so that quick action can be taken wherever where required; all the recruitment and selection programmes are based on manpower planning; it also helps to reduce the labour cost as excess staff can be identified and thereby overstaffing can be avoided; it also helps to identify the available talents in a concern and accordingly training programmes can be chalked out to develop those

talents; It helps in growth and diversification of business. Through manpower planning, human resources can be readily available and they can be utilized in best manner; it helps the organization to realize the importance of manpower management which ultimately helps in the stability of a concern.

A lot of consequences come from not putting manpower planning in place and the penalties for not being correctly staffed are costly including: Understaffing loses the business economies of scale and specialization, orders, customers and profits. Overstaffing is wasteful and expensive, if sustained, and it is costly to eliminate because of modern legislation in respect of redundancy payments, consultation, minimum periods of notice, etc. Very importantly, overstaffing reduces the competitive efficiency of the business.

Despite the limitless benefits that manpower plan gives in the actualization of organizational goal of good service delivery, the obstacles in manpower planning are enormous. Those challenges range from poor relational issues between human managers and the employee which affects service delivery. Corroborating the above, MSG (2016) listed the following as the main obstacles that organizations face in the process of manpower planning: Under Utilization of Manpower: The biggest obstacle in case of manpower planning is the fact that the industries in general are not making optimum use of their manpower and once manpower planning begins, it encounters heavy odds in stepping up the utilization. Degree of Absenteeism: Absenteeism is quite high and has been increasing since last few years. Lack of Education and Skilled Labour: The extent of illiteracy and the slow pace of development of the skilled categories account for low productivity in employees. Low productivity has implications for manpower planning.

In a bid to ascertain high level productivity and service delivery, it is important that Manpower is Controlled and Reviewed within acceptable international procedures and practices. This can be done bearing the following in mind: Any increase in manpower is considered at the top level of management. On the basis of manpower plans, personnel budgets are prepared. These act as control mechanisms to keep the manpower under certain broadly defined limits. Despite the recognition of the importance of training by management experts and government as expressed in white papers on various reforms in Nigeria, the experience of manpower training and development in the Nigeria public service has been more of ruse and waste (Okotoni and Erero, 2005). Many hospitals in Ogun state do not have sufficient records and information on manpower. Several of those who have them do not have a proper retrieval system. There are complications in resolving the issues in design, definition and creation of computerized personnel information system for effective manpower planning and utilization. Even the existing technologies in this respect is not optimally used which a common obstacle in Nigeria. This is a strategic disadvantage and its worth paying attention to.

Work Environment

The need to provide a safe work environment for employees has had a long history in human resource management. Spector and Beer (1994) acknowledged that work systems cannot only affect commitment, competence, cost effectiveness and congruence but also have long term consequence for workers' well being; there are some evidences to indicate that work systems designs may have effects on physical health, mental health and longevity of life itself. Conducive work environment ensures the well-being of employees which invariably was enable them exert themselves to their roles with all vigour that may translate to higher productivity (Akinyele, 2007).

Kohun (1992), defines work environment as an entirety which comprises the totality of forces, actions and other influential factors that are currently and, or potentially contending with the employee's activities and performance. Work environment is the sum of the interrelationship that exists within the employees and the employees and the environment in which the employees work. Brenner (2004) was of the opinion that the ability to share knowledge throughout organisations depends on how the work environment is designed to enable organisations to utilise work environment as if it were an asset. This helps organisations to improve effectiveness and allow employees to benefit from collective knowledge. In addition, he argued that work environment designed to suit employee's satisfaction and free flow of exchange of ideas is a better medium of motivating employees towards higher productivity.

However, work environment when appropriately designed, motivates employees toward higher productivity. Work environment, according to Opperman (2002), is a composite of three major sub-environments via: the technical environment, the human environment and the organisational environment. Technical environment refers to tools, equipment, technological infrastructure and other physical or

technical elements. The technical environment creates elements that enable employees perform their respective responsibilities and activities.

The human environment refers to peers, others with whom employees relates, team and work groups, interactional issues, the leadership and management.

This environment is designed in such a way that encourages informal interaction in the work place so that the opportunity to share knowledge and exchange ideas could be enhanced. This is a basis to attain maximum productivity. Organisational environment includes systems, procedures, practices, values and philosophies. Management has control over organisational environment. Measurement system where people are rewarded on quantity, hence workers was having little interest in helping those workers who are trying to improve quality. Thus, issues of organisational environment influence employee's productivity.

Kyko (2005) posited that there are two types of work environment. These are identified as Conducive Work Environment and Toxic Work Environment. Conducive work environment gives pleasurable experience to employees and enable them to actualize their abilities and behaviour. It also reinforces self-actualizing behaviour. For instance, an irresponsible employee changing into a responsible employee in a conducive work environment. Toxic environment according to him brings about unpleasant experiences and at the same time, deactualize employees' behaviour. It reinforces low self-actualizing behaviours and it leads to the development of negative traits of the employees' behaviour. However, in a toxic work environment, responsible and sensible employee can change into irrational and irresponsible employee as a survival strategy (Kyko, 2005). He identified six factors which contribute to a toxic work environment hence contributing to low productivity of workers.

These factors are opaque management, biased boss, and company's policies, working conditions, interpersonal relationship and pay.

According to Yesufu (1984), the nature of the physical condition under which employees work is important to output. Offices and factories that are too hot and ill-ventilated are debilitating to effort. There should be enough supply of good protective clothing, drinking water, restrooms, toilets, first aids facilities etc. Both management and employees should be safety conscious at all times and minimum or requirement of the organisations act must be respected. These factors may be important; yet believing that the attitude and management style of mid-level managers are what really influence employee productivity.

Though one of the primary tasks of the managers is to motivate people in the organisation to perform at high levels (Steers & Porter, 2000; Christensen, 2002).

It is generally agreed that the more manager can answer the question of what motivates their employees accurately, the more effective they will be at enhancing performance and advancing the notion of organisational accountability (Chernis & Kane, 2004). Lambart (2005) opines that labour productivity is rarely measured directly but inferred from changes in employees' attitude and behaviour such as organisation commitment, organisational citizenship behaviour and job satisfaction . An effective work environment management entails making work environment attractive, creative, comfortable, satisfactory and motivating to employees so as to give employees a sense of pride and purpose in what they do (Brenner, 2004).

A hostile work environment exists when one's behavior within a workplace creates an environment that is difficult for another person to work in. Common complaints is [sexual harassment](#) lawsuits include fondling, suggestive remarks, sexually-suggestive photos displayed in the workplace, use of sexual language or off-colour jokes. Small issues, annoyances, and isolated incidents typically are not considered to be illegal. To be unlawful, the conduct must create a work environment that would be [intimidating](#), [hostile](#), or offensive to a [reasonable person](#). These make understanding what hostile work environment is especially in Nigeria where getting a job is more important than the environment where the job is done. An employer can be held liable for failing to prevent these workplace conditions, unless it can prove that it attempted to prevent the [harassment](#) and that the employee failed to take advantage of existing harassment counter-measures or tools provided by the employer. A hostile work environment may also be created when management acts in a manner designed to make an employee [quit](#) in [retaliation](#) for some action. For example, if an employee reported safety violations at work, was injured, attempted to join a [union](#), or reported regulatory violations by management, and management's response was to harass and pressure the

employee to quit. Employers have tried to force employees to quit by imposing unwarranted discipline, reducing hours, cutting wages, or transferring the complaining employee to a distant work location.

Most labour laws in Nigeria do not prohibit simple teasing, offhand comments, or isolated incidents that are not extremely serious. Rather, the conduct must be so objectively offensive as to alter the conditions of the individual's employment. The conditions of employment are altered only if the harassment culminates in a tangible employment or is sufficiently severe or pervasive (Pellicciotti, 1998).

So what constitutes a hostile work environment? Some employees believe that a [bad boss](#), an unpleasant work environment, a rude co-worker, or the lack of [perks](#), privileges, benefits, and recognition can create a hostile work environment. But, the reality is that for a workplace to be hostile, certain legal criteria must be met. A hostile work environment is created by a boss or co-worker whose actions, [communication](#), or behavior make doing your job impossible (Baillon & Wanta, 2016). This means that the behaviour altered the terms, conditions, and/or reasonable expectations of a comfortable work environment for employees. Additionally, the behaviour, actions or communication must be [discriminatory](#) in nature. So, a co-worker who talks loudly, snaps her gum, and leans over your desk when she talks with you, is demonstrating inappropriate, rude, obnoxious behavior, but it does not create a hostile work environment. On the other hand, a co-worker who tells sexually explicit jokes and sends around images of nude people, is guilty of [sexual harassment](#) and creating a [hostile work environment](#). A boss who verbally berates you about your [age](#), your [religion](#), your gender, or your race may be guilty of creating a hostile work environment. This is especially true if you asked the individual to stop and the behavior continues (Baillon & Wanta, 2016).

Where a hostile environment is alleged, the legality of behaviors must be determined on a case by case basis. In the workplace, such a claim focuses on the working conditions that must be endured by the victim as a condition of employment, rather than on tangible job changes. To establish whether the situation is actionable the totality of circumstances must be weighed with an eye to determining that the harassment affected a term, condition, or privilege of employment in that it was sufficiently severe or pervasive to alter the condition of the victim's employment and create an abusive working environment (Pellicciotti, 1999). To rise to the level of hostile environment, the behavior must be frequent, severe and pervasive. It is not enough that a single such incident, or a few isolated incidents, have occurred, or that only one employee engages in such conduct (unless that employee is in a [supervisory](#) capacity).

To establish a [Prima facie](#) case for hostile work environment sexual harassment, Baillon and Wanta (2016) pointed out that the alleged victim must prove the following five elements: He or she suffered intentional, unwanted discrimination because of his or her sex; the harassment was severe *or* pervasive; the harassment negatively affected the terms, conditions or privileges of his or her work environment; the harassment would detrimentally affect a reasonable person of the same sex; management knew about the harassment, or should have known, and did nothing to stop it.

Corroborating the above position, Equal Employment Opportunity Commission EEOC (1998) established that a hostile work environment is not an independent legal claim. That is, an employee cannot file a lawsuit on the basis of a hostile work environment alone. Instead, an employee will have to prove that she or he has been treated in a hostile manner *because* of her or his protected class, such as gender, age, race, national origin, disability status, and similar protected traits. Importantly, the hostile work environment is gender neutral, that is, men can sexually harass men or women and women can sexually harass men or women.

Service Delivery and Health Care provision in Nigeria

Good service delivery provides clients with an increase in value. Good service providers work to clearly define the content of services, clearly define the roles and responsibilities of the customers and users, clearly define the roles and responsibilities of the service providers and set service quality expectations as well as availability and timeliness (Servicefutures.com, 2016). Service delivery can be found in many different professions and company structures, such as medical hospitals. Each profession has its own set of standard service delivery practices that are followed. In these practices, service level management is as important as service level delivery. Service delivery provides a framework where services are defined and levels of service support are agreed upon. There are service level agreements and operational level agreements that are created and costs are also developed to fulfil services.

Health information delivery is a prerequisite for sound decision-making and planning in the health care field. Personal observation of population-based health data system in Ogun state reveals that there are wide variations in service delivery, utilization of services and expenditures among patients. Wadinga (2009) observed that variations in medical service utilization indicate that there is considerable uncertainty about the effectiveness of different patronage received by hospitals as well as specific kinds of health services. Informed choices in the public regulation of the health care sector require knowledge of the relation between medical care systems and the population groups being served, and they should take into account the effect of regulation on quality and effectiveness. When population-based data on small areas are available, decisions to expand hospitals, currently based on institutional pressures can take into account a community's perception of medical services delivery and utilization rates. Population-based health information systems are necessary because they can provide information on the performance of health care systems and medical centres and their agencies and serve as an important step in the development of rational public health policy in Nigeria.

Healthcare provision in Nigeria is a concurrent responsibility of the three tiers of government in the country (Akhtar, 1991). Private providers of healthcare have a visible role to play in health care delivery. In terms of health infrastructure, the federal government's role is mostly limited to coordinating the affairs of the University Teaching hospital, Federal Medical Centres (tertiary healthcare) while the state government manages the various general hospitals (secondary healthcare) and the local government focus on dispensaries (primary healthcare) (Federal Medical Centre, Abeokuta, 2011) which are regulated by the federal government through the NPHCDA. A long run indicator of the ability of the country to provide food sustenance and avoid malnutrition is the rate of growth of per capita food production; from 1970–1990, the rate for Nigeria was 0.25% (Vogel, 1993). Though small, the positive rate of per capita may be due to Nigeria's importation of food products.

On insurance, health insurance in Nigeria can be applied to a few instances: free health care provided and financed for all citizens, health care provided by government through a special health insurance scheme for government employees and private firms entering contracts with private health care providers (Vogel, 1993). However, there are few people who fall within the three instances. In May 1999, the government created the National Health Insurance Scheme (NHIS), the scheme encompasses government employees, the organized private sector and the informal sector. Legislative wise, the scheme also covers children under five, permanently disabled persons and prison inmates. In 2004, the administration of Obasanjo further gave more legislative powers to the scheme with positive amendments to the original 1999 legislative act (Monye, 2016).

Theoretical Consideration **Herzberg's Two-Factor Theory**

The two-factor theory (also known as Herzberg's motivation-hygiene theory and dual-factor theory) states that there are certain factors in the workplace that cause job satisfaction, while a separate set of factors cause dissatisfaction. It was developed by psychologist Frederick, who theorized that job satisfaction and job dissatisfaction act independently of each other (Frederick, 1959). Attitudes and their connection with industrial mental health are related to Abraham Maslow's theory of motivation. His findings have had a considerable theoretical, as well as a practical, influence on attitudes toward administration (Frederick, 1959 and Frederick, 1966).

According to Herzberg, individuals are not content with the satisfaction of lower-order needs at work; for example, those needs associated with minimum salary levels or safe and pleasant working conditions. Rather, individuals look for the gratification of higher-level psychological needs having to do with achievement, recognition, responsibility, advancement, and the nature of the work itself. However, Herzberg added a new dimension to this theory by proposing a two-factor model of motivation, based on the notion that the presence of one set of job characteristics or incentives leads to worker satisfaction at work, while another and separate set of job characteristics leads to dissatisfaction at work. Thus, satisfaction and dissatisfaction are not on a continuum with one increasing as the other diminishes, but are independent phenomena. This theory suggests that to improve job attitudes and productivity, health care administrators must recognize and attend to both sets of characteristics and not assume that an increase in satisfaction leads to decrease in unpleasurable dissatisfaction.

The two-factor theory developed from data collected by Herzberg from interviews with 203 engineers and accountants in the Pittsburgh area, chosen because of their professions' growing importance in the business world. From analyzing these interviews, he found that job characteristics related to what an individual does-that is, to the nature of the work one performs-apparently have the capacity to gratify such needs as achievement, competency, status, personal worth, and self-realization, thus making him happy and satisfied. However, the absence of such gratifying job characteristics does not appear to lead to unhappiness and dissatisfaction. Instead, dissatisfaction results from unfavorable assessments of such job-related factors as company policies, supervision, technical problems, salary, interpersonal relations on the job, and working conditions.

Thus, if management wishes to increase satisfaction on the job, it should be concerned with the nature of the work itself- the opportunities it presents for gaining status, assuming responsibility, and for achieving self-realization. If, on the other hand, management wishes to reduce dissatisfaction, then it must focus on the job environment- policies, procedures, supervision, and working conditions (Frederick, 1959). If management is equally concerned with both, then managers must give attention to both sets of job factors. Two-factor theory distinguishes between:

Motivators (e.g., challenging work, recognition for one's achievement, responsibility, opportunity to do something meaningful, involvement in decision making, sense of importance to an organization) that give positive satisfaction, arising from intrinsic conditions of the job itself, such as recognition, achievement, or personal growth (Hackman, Richard; Oldham, Greg, 1976) and

Hygiene factors (e.g. status, job security, salary, fringe benefits, work conditions, good pay, paid insurance, vacations) that do not give positive satisfaction or lead to higher motivation, though dissatisfaction results from their absence. The term hygiene is used in the sense that these are maintenance factors. These are extrinsic to the work itself, and include aspects such as company policies, supervisory practices, or wages/salary Hackman, Richard; Oldham, Greg, 1976). Herzberg (1968) often referred to hygiene factors as KITA factors, which is an acronym for kick in the ass, the process of providing incentives or threat of punishment to make someone do something.

According to Herzberg, hygiene factors are what causes dissatisfaction among employees in a workplace. In order to remove dissatisfaction in a work environment, these hygiene factors must be eliminated. There are several ways that this can be done but some of the most important ways to decrease dissatisfaction would be to pay reasonable wages, ensure employees job security, and to create a positive culture in the workplace. Herzberg considered the following hygiene factors from highest to lowest importance: company policy, supervision, employee's relationship with their boss, work conditions, salary, and relationships with peers. Net MBA (2014) pointed out that eliminating dissatisfaction is only one half of the task of the two-factor theory. The other half would be to increase satisfaction in the workplace. This can be done by improving on motivating factors (Mindtools, 2014). Motivation factors are needed to motivate an employee to higher performance. Herzberg also further classified our actions and how and why we do them, for example, if you perform a work related action because you have to then that is classed as movement , but if you perform a work related action because you want to then that is classed as motivation . Herzberg thought it was important to eliminate job dissatisfaction before going onto creating conditions for job satisfaction because it would work against each other (Mindtools, 2014).

According to Schultz, Duane, Schultz, Sydney (2010) the Two-Factor Theory there are four possible combinations:

1. High Hygiene + High Motivation: The ideal situation where employees are highly motivated and have few complaints.
2. High Hygiene + Low Motivation: Employees have few complaints but are not highly motivated. The job is viewed as a pay check.
3. Low Hygiene + High Motivation: Employees are motivated but have a lot of complaints. A situation where the job is exciting and challenging but salaries and work conditions are not up to par.
4. Low Hygiene + Low Motivation: This is the worst situation where employees are not motivated and have many complaints.

Human Capital Theory

Human capital is a term popularized by Gary (1993) an economist from the University of Chicago and Jacob Mincer that refers the stock of knowledge, habits, social and personality attributes, including creativity, embodied in the ability to perform labour so as to produce economic value. Alternatively, Human capital is a collection of resources all the knowledge, talents, skills, abilities, experience, intelligence, training, judgment, and wisdom possessed individually and collectively by individuals in a population. These resources are the total capacity of the people that represents a form of wealth which can be directed to accomplish the goals of the nation or state or a portion thereof. It is an aggregate economic view of the human being acting within economies, which is an attempt to capture the social, biological, cultural and psychological complexity as they interact in explicit and/or economic transactions. Many theories explicitly connect investment in human capital development to education, and the role of human capital in economic development, productivity growth, and innovation has frequently been cited as a justification for government subsidies for education and job skills training (Ankerl, 1996)

Gary (1964, 1993) and Ceridian UK Ltd (2007) described Human capital as a term that has been and continues to be criticized in numerous ways. Michael Spence offers signalling theory as an alternative to human capital. Samuel Bowles and Herbert Gintis (1975) offered a nuanced conceptual alternative to human capital that includes cultural capital, social capital, economic capital, and symbolic capital. These critiques and other debates, suggest that human capital is a reified concept without sufficient explanatory power. It was assumed in early economic theories, reflecting the context, i.e ; the secondary sector of the economy was producing much more than the tertiary sector was able to produce at the time in most countries – to be a fungible resource, homogeneous, and easily interchangeable, and it was referred to simply as workforce or labour, one of three factors of production (the others being land, and assumed-interchangeable assets of money and physical equipment). Just as land became recognized as natural capital and an asset in itself, human factors of production were raised from this simple mechanistic analysis to human capital. In modern technical financial analysis, the term balanced growth refers to the goal of equal growth of both aggregate human capabilities and physical assets that produce goods and services. However it is broken down or defined, human capital is vitally important for an organization's success (Crook et al; 2011); human capital increases through education and experience (Jamil, 2004). Human capital is also important for the success of cities and regions: a 2012 study examined how the production of university degrees and R&D activities of educational institutions are related to the human capital of metropolitan areas in which they are located.

Review of Empirical Literature

Manpower planning like human resources planning is also the personnel process that attempt to provide adequate HR to achieve future organizational objectives. It includes forecasting future needs for employees of various types, comparing these needs with the present workforce and determining the numbers and types of employees to be recruited or phased out of the organization's employment group. Human resource planning is the system of matching the supply of people, internally (existing employees) and

externally (those to be hired and searched for) with over a given time frame (Watters cited in Byars & Rue, 1991).

Human resource or manpower has been identified as wealth of nation as well as a cardinal element of all aspect of management. As a wealth of a nation, it is argued that the economic development of a country depends largely on the quantity and quality of its manpower resource, the state of technology and the efficient deployment of resources in both the production consumption processes (Fapohunda, 2012). In other words, manpower is to both national development and organizational management. It is the manpower that must develop and manage the national resources into finished products and services.

Okotoni and Erero (2005) examined the experience of Nigerian public services on manpower training and development with a view to understanding the problems being faced. It makes appropriate recommendations on how to ameliorate the situation. They opined that the importance of training and development is more obvious given the growing complexity of the work environment, the rapid change in organizations and advancement in technology, among other things. According to them, training and development helps to ensure that organizational members possess the knowledge and skills they need to perform their jobs effectively, take on new responsibilities, and adapt to changing conditions. However, consequent upon good manpower planning is the place of good work environment which facilitates attainment of organizational goals and objective especially as regards service delivery and maximization of profit or provision of needed services when it involves state-owned agencies or corporation. Therefore, without good work environment that guarantees workers satisfaction and self-fulfillment manpower plan becomes a wasted effort.

Corroborating the above, Asigele (2012) notes that, an attractive and supportive work environment can be described as an environment that attracts individuals into the health professions, encourages them to remain in the health workforce and enables them to perform effectively. The purpose of providing attractive work environments is to create incentives for entering the health professions (recruitment) and for remaining in the health workforce (retention). In addition, supportive work environments provide conditions that enable health workers to perform effectively, making best use of their knowledge, skills and competences and the available resources in order to provide high-quality health services.

One survey conducted by Brill in particular has suggested that improvements in the physical design of office buildings may result in a 5-10 percent increase in productivity and eventually increase performance. Other studies have examined the effect of physical work environment on workers' job satisfaction, performance, and health.

For example, Scott, (2000) reported that working conditions associates with employees' job involvement and job satisfaction. Strong et al (1999) in a study observed that social, organizational and physical context serve as the impetus for tasks and activities, and considerably influence workers performance. Researches on quality of work life have also established the importance of safe and healthy working conditions in determining employees' job performance

Average prescription turn-around times are approximately 25 minutes each day or less. Delays in provision of chemotherapy have fallen from around 60% to less than 5% of patients each day. Clinical pharmacists see approximately 98% of available inpatients each day and on average 92% of patients have their medicines reconciled within 24hrs of admission. The Trust Medicines Management Improvement Group has also run a number of successful improvement projects to improve medicines safety. The use of common change management techniques are applicable to hospital pharmacy and can result in measurable improvement in service delivery. It also indicates that the small size of a department is not necessarily a handicap to achieving better quality and efficiency in dispensary and chemotherapy production units or in measurably addressing local and national patient safety concerns without the need for additional staffing resources.

Akinyele (2010) examined the influence of work environment on workers' productivity: A case of selected oil and gas industry in Lagos, Nigeria. According to him, many enterprises limit their productivity enhancement of employees to the acquisition of skills. However, about 86% of productivity problems reside in the work environment of organizations. The work environment has effect on the performance of employees. The type of work environment in which employees operate determines the way in which such enterprises prosper. The study revealed that factors in both the external and internal work environment as

well as employment policies as they currently obtain are unfavorable to the enhancement of labour productivity. T-test was used to test the research hypotheses. The respondents were randomly chosen from four selected oil and gas industry in Lagos metropolis. The results of T-test indicate that employee productivity problems are within the work environment. Conducive work environment stimulates creativity of workers. Improvement in work environment and bad working conditions contribute to low productivity of employees.

Ayodele (2011) examined empirically the factors hindering adoption of hospital information systems in Nigeria. The study was focused on the perceived paucity of health information technology policy in Nigeria and the causes of poor implementation of hospital information systems in the country. The findings of the literature review highlighted hindrances to the adoption of hospital information systems to include; the high cost of full implementation of a hospital information system, inadequate human capital, corruption, and problems associated with poor infrastructure in Nigeria. The recommendations were that the Nigerian government needs to provide stable electricity, basic communication infrastructures, and Internet access to boost private initiatives in the adoption of health information technology across the country.

Rizwan, Farooq and Ullah (2010) investigated the effect of perceived organizational support and work environment on organizational commitment, as well as analyzes the mediating role of self-monitoring in this relationship in the service sector of Lahore, Pakistan. Methodology: Self-administered survey was conducted for the collection of responses from employees working in service sector. Total 680 questionnaires were distributed among employees from which 355 questionnaires were completely filled that were used for further analysis. Results of this study revealed that work environment has significant and positive association with organizational commitment whereas insignificant association is found between perceived organizational support and organizational commitment. Results further exposed that self-monitoring plays mediating role in the association between perceived organizational support and work environment with organizational commitment. This study divulged that work environment and perceived organizational support help enhance the organizational commitment and self-monitoring mediates this association. This attempt contributes in academic literature and helps to fill the gap in current literature.

Alagboni, Afolabi, Bamidele and Aliyu (2013) investigated the perception of students on the causes and management of poor healthcare services delivery in Kwara State, Nigeria. Primary data were collected from 360 students in the higher institutions meant for training healthcare professionals in Kwara State. A cross sectional survey using 200 students from College of Health Sciences, University of Ilorin and 80 students each from School of Nursing, Ilorin and College of Health Technology, Offa randomly recruited, participated in the study. Low salary, shortage, dissatisfaction and burnout of healthcare givers, etc. were found to be the causes of poor healthcare in the state. Management strategies including increasing salary, continuous recruitment, flexible scheduling of duties and decentralizing decision making by bedside care givers etc. were also identified. In conclusion, Hospital management, governmental and non-governmental organizations have various specific roles to play in improving the quality of healthcare services delivery in Kwara State.

It is however important to establish that, irrespective of organizational plan process and conduciveness of environment, the high point of all these is the actualization of service delivery and optimal use of work force for the overall benefit of the organization. In the event of any eventuality as seen in the Nigerian health sector efflux of skilled professional is the outcome. Therefore, job satisfaction and service delivery are inter-twined.

Methodology

This chapter presents the research design, study population, sampling size and sampling technique, assumptions about the population, data collection method, structure of the questionnaire, reliability of data collection instrument, questionnaire administration and collection and data analysis.

Research Design

This study adopts survey research design. By this method, the researcher used both interview and questionnaire to obtain data from a sample of population in order to make generalization on the population of the study. The survey design is used because the opinion of the participants was required and the most

convenient method of reaching them is through structured questionnaires administration. The interview method provided more opportunity to understand the information provided in the questionnaire better. The main independent variables in the study are manpower planning and work environment. The dependent variable is service delivery.

Population

The population of the study is 832 medical personnel in Ogun State Hospital Management Board in the categories of doctors, nurses, pharmacists, medical laboratory scientists, physiotherapists, radiologists.

Table 3.1: List of Sampled Hospitals in Ogun State

S/N	Zones	Hospitals
1	Abeokuta Zone	State Hospital Ijaye
		Oba Adedamola Maternity
		Olikoye Memorial Hospital, Asero Abeokuta.
2	Ijebu-Ode Zone	State Hospital Ijebu-Ode
		Ijebu Igbo General Hospital
		Alaidowa General Hospital
3	Remo Zone	Isara General Hospital
		Ikenne General Hospital
		Iperu General Hospital
4	Ota Zone	General Hospital Ota
		Ifo General Hospital
5	Ilaro Zone	General Hospital Ilaro
		Itori General Hospital

Source: Field Survey, 2021

3.3 Sample size and sampling Technique

Multistage sampling technique was used to select 302 participants for this study. The first category of the sample size for the survey was derived by using random sampling technique to select two hospitals from each of the five health zones. Random sampling technique was used because it was help overcome the issue of prejudices and subjective selection of sample area by the researcher. Therefore, the selection was done based on objectivity and the reported situation of the hospitals.

Table 3.2: List of selected Hospitals in each zones in Ogun State

S/N	Zones	Hospitals	Number of Personnel	Sample taken in each hospital
1	Abeokuta Zone	State Hospital Ijajye	223	$223/832 \times 300=81$
		Oba Ademola Maternity Hospital	54	$54/832 \times 300=20$
2	Ijebu-Ode Zone	State Hospital Ijebu-Ode	200	$200/832 \times 300=72$
		Ijebu Igbo General Hospital	45	$45/832 \times 300=16$
3	Remo Zone	Isara General Hospital,	35	$35/832 \times 300=13$
		Ikenne General Hospital	35	$35/832 \times 300=13$
4	Ota Zone	General Hospital Ota	150	$150/832 \times 300=54$
		Ifo General Hospital	40	$40/832 \times 300=15$
5	Ilaro Zone	General Hospital Ilaro	30	$30/832 \times 300=11$
		Itori General Hospital	20	$20/832 \times 300=7$
		Total	832	302

Sources: Field work, 2021

A simple random sampling technique was used to select medical personnel in various units of each of the two hospitals in each zone in each of the categories of doctors, nurses, pharmacists, radiologists, medical laboratory scientists. These respondents were selected to establish the role and function of institutional manpower planning and conducive work environment for service delivery in the Ogun State Hospital Management Board.

Research Instrument

The instrument used for this study was a standardized self-report questionnaire, comprising of 34 items which were sub-divided into four sections and interview schedule. The structure of the questionnaire is given below:

Section A measured background information of the respondents in terms of sex, age, marital status, educational qualification, job title and department.

Section B measured manpower planning. It was used to measure manpower planning in operations of Ogun state Hospital Management Board. The measure was developed by the researcher who generated items to measure manpower planning. These items were generated after extensive literature review was done on the concept of manpower planning. More than 17 items were initially generated but were later reduced to 10 after face validity was conducted on them. These items were then collated and presented to experts for further face and content validity. The scale has ten items with 5-point response format ranging from strongly agree (scored as 5), agree (scored as 4), undecided (scored as 3), disagree (scored as 2), strongly disagree (scored as 1). All items are positive statements. The highest score an individual can obtain on the scale is 50 while the lowest score obtainable on the scale is 10. High scores indicate high practice of manpower planning.

Section C measured Work Environment within which medical personnel in Ogun state Hospital Management Board work. It was used to measure the conditions and facilities within which medical personnel perform their duties. The measure was developed by the researcher who generated items to measure work environments. These items were generated after extensive literature review was done on the concept of work environments. More than 15 items were initially generated but were later reduced to 8 after face validity was conducted on them. These items were then collated and presented to experts for further face and content validity. The scale has eight items with 5-point response format ranging from highly favourable (scored as 5), favourable (scored as 4), undecided (scored as 3), unfavourable (scored as 2), highly unfavourable (scored as 1). All items are positive statements. The highest score an individual can obtain on the scale is 40 while the lowest score obtainable on the scale is 8. High scores indicated high preference for their current working environment.

Section D measured service delivery of medical personnel in Ogun state Hospital Management Board. It was used to measure the service delivery of the hospitals under the Ogun State Hospital Management Board. The measure was developed by the researcher who generated items to measure service delivery. These items were generated after extensive literature review was done on the concept of service delivery in the medical field. More than 15 items were initially generated but were later reduced to 10 after face validity was conducted on them. These items were then collated and presented to experts for further face and content validity. The scale has ten items with 5-point response format ranging from strongly agree (scored as 5), agree (scored as 4), undecided (scored as 3), disagree (scored as 2), strongly disagree (scored as 1). All items are positive statements. The highest score an individual can obtain on the scale is 50 while the lowest score obtainable on the scale is 10. High scores indicates high level of medical service delivery.

Pilot Study

The pilot study of this work was done by distributing thirty copies of the questionnaire which was about the ten percent of the sample (302) in each of the two hospitals of the five health zones. This pilot study was carried out in State Hospital Abeokuta in order to spot errors, language anomalies and ambiguity as well as to ensure consistency and relevance of the research instrument.

Validity and Reliability Instruments

The questionnaire was subjected to both face and content validity. The researcher's supervisor, senior academic and other authorities in Public Administration and human resources carefully studies the questionnaire and validated it. This was to ensure that the face and content validity were ascertained and the objectives words, phrase were carefully removed.

Reliability of Research Instrument

Reliability dealt with the extent to which the research instrument was consistent. To ensure this is pilot study was carried out at state hospital Ijaye Abeokuta. The questionnaire was administration on 50 respondents which is 10% of the sample size as part of the reliability test. This was done to ascertain the consistency and reliability of the instrument. The three major variable of the study which are manpower planning 0.803, work environment 0.615 and 0.619 for service delivery. This showed that the instrument is not only consistent but also reliable.

Table 3.3: Reliability Test

Variables	Cronbach's Alpha
Manpower Planning	0.803
Work Environment	0.715
Service Delivery	0.819

Source: Field work, 2021

Sources of Data

The study made use of primary and secondary data. The study was conducted through structured interview and questionnaire with the respondents in the category of medical personnel. An interview schedule was used to obtain information on how effective manpower planning affect service delivery in Ogun State Hospital Management Board, the causes of inadequate work environment in Ogun State Hospital Management Board, the challenges associated with manpower planning in Ogun State Hospital Management Board, extent to which work environment affects service delivery of hospitals in Ogun State Hospital Management Board and the public perception of service delivery in Ogun State Hospital Management Board.

Method of Data Collection

The study employed self-administered questionnaire method and structured interview method because most of the participants could read and understand the items on the questionnaire and understand interview questions. The participants were asked to indicate the extent to which the items of the questionnaires apply to them. The participants were met in their various hospitals and were asked to fill the questionnaires. The purpose of the study and how they are meant to respond to the questions on the questionnaire were communicated with them. For participants that were interviewed, the interview schedule served as a guide on the questions that they were asked. Using a combination of both primary and secondary data served as a means of systematic comparison and thorough investigation. Interviews in general allow researchers to study complex situation in great depth and provide opportunity that may not be possible through other means. The answers to the interview questions provided evidence of the extent to which manpower planning existed in the hospitals sampled and the level to which positive work environment were attested to. Moreover, a lot of clarification on the quality and extent of service delivery were made evident because the people involved in the management of the hospitals under the Ogun State Hospital Management Board were interviewed. Interviewing top level managers of hospitals provided first-hand information on various behaviours assessed through the study. The structure interview help generated appropriate and most sought responses useful for the analysis of the study. The researcher made use of the Inclusion and Exclusion method at selecting participant for this research. Based on this, participant in the study were doctors, nurses, pharmacists, medical laboratory scientists, physiotherapists and radiologists. They were asked to respond to items in the questionnaire on manpower, work environment and service delivery as they perceive it to be in their hospitals where they work. Moreover, part of the interview participants were doctors that work with Ogun state hospital management board. They were asked to respond to questions on the practices for manpower planning, work environment and service delivery in their hospitals.

Method of Data Analysis

The data collected through questionnaires were analysed using Statistical Package for Social Sciences (SPSS). The researcher utilized descriptive statistics (Simple Frequency and Percentages) to describe the respondents' demographic information. The hypotheses were tested through correlation analysis and regression analysis to show relationships and effect among the groups of participants respectively. The interview data were transcribed and analysed through thematic analysis. Responses were analysed qualitatively by theme, domain, sub-domain whereby common themes expressed by the participants were identified to provide information on manpower planning, work environment and service delivery in Ogun State Hospital Management Board.

Results and Discussions

Table 4.1: Responses on Demographic Characteristics of Respondents

S/N	Variables	Categories	Frequency	Percentage (%)
1.	Marital Status	Single	78	28.8
		Married	73	72.2
		Separated	2	.7
		Divorced	4	1.3
			302	100
2.	Age	21-30 years	157	52.0
		31-40 years	94	31.1
		41-50 years	50	10.3
		51-60 years	1	.7
			302	100
3.	Academic Qualifications	NCE/OND	28	10.2
		B.Sc./HND	99	32.8
		B.Ed/MBBS	125	41.1
		M.Sc./M.Ed	50	16.6
			302	100
4.	Length of service	1-9 years	118	39.1
		10-19 years	96	45.8
		20-29 years	88	11.9
		30 years & above	8	2.6
			302	

Source: Field Survey, 2021

Table 4.2 is shown in Table 4.5, 218 respondents representing 74.1% were married, formed the majority. 70 respondents representing 23.2% are single while 2 and 7 respondents representing 0.7% and 1.4% are separated and divorced respectively.

As shown in Table 4.3, it is evident that over 45.7% of the respondents have worked for their hospital for 1-9 years, 31.8% of the entire population has worked for their respective hospital for 10-19 years, 14.0% have worked for 20- 29 years of age and the remaining 2.6% have worked for their respective hospital for 30 years and above. This showed that majority of the medical workforce has put in between 0-9 years of service, the implication is that majority of the respondent have not really worked with their respective hospital for long and still have more years before retiring.

Table 4.4 shows the education qualification of the respondent. It reveals that majority of the respondent are educated with the least qualification of NCE with 8 respondent representing 2.9% of the total respondent. 20 representing 7.1% possess OND, 99 persons representing 35.4% possess HND and the majority of the respondent possess BSc/B Ed. 28 respondent representing 9.3% of the total respondent possess MSc/ M Ed, the highest qualification. This implies that the respondent are literate enough to understand the questionnaire and how well to answer it.

As shown in Table 4.3, it is evident that over 45.7% of the respondents have worked for their hospital for 1-9 years, 31.8% of the entire population has worked for their respective hospital for 10-19 years, 14.0% have worked for 20- 29 years of age and the remaining 2.6% have worked for their respective hospital for 30-39 years. This shows that majority of the medical workforce has put in between 0-9 years of service, the implication is that majority of the respondent have not really worked with their respective hospital for long and still have more years before retiring

Test of Hypotheses

The hypotheses of this research were tested using Pearson Product Moment of Correlation (PPMC) and regression analysis

Hypothesis 1: There is no significant relationship between manpower planning and work environment in Ogun State hospital Management Board.

Table 4.2: Correlation analyses between Manpower Planning, Work Environment and service delivery

		Manpower planning	Work environment	Service delivery
Manpower planning	Pearson Correlation	0.01	.247**	.463**
	Sig. (2-tailed)		.000	.000
	N	295	293	287
Work condition	Pearson Correlation	.247**	0.01	.192**
	Sig. (2-tailed)	.000		.001
	N	293	298	290
Service delivery	Pearson Correlation	.463**	.192**	0.01
	Sig. (2-tailed)	.000	.001	
	N	287	290	292

Source: Researcher’s Field Survey (2017)

Table 4.12 shows that there is a significant positive relationship between manpower planning, work environment ($r = 0.247$, $p < 0.05$) and service delivery ($r=0.46$, $p < 0.05$). It implies that when there is increase in manpower there would also be an increase in service delivery and when there is an improvement in working environment, there would also be an increase in service delivery.

Hypothesis 2: There is no significant effect of manpower planning on service delivery of hospitals in Ogun State hospital management Board.

Table 4.3: Regression Summary

Model	Unstandardized Coefficients	t	Sig.	R2	ANOVA			
					B	Std. Error	F	Prob.
1	(Constant)	19.001	4.535	4.190	.000	0.280	10.500	.003 ^b
	Manpower	.502	.155	3.240	.003			

a. Dependent Variable: Service Delivery

The result for hypothesis revealed that the coefficient of manpower is positive, implying a positive relationship between manpower and service. That is, it has a positive significant effect or influence on service delivery. The R² shows the coefficient of determination, which reveals the strength of the independent variable on the dependent variable. From the table shows, 28% variation or changes on the dependent variable is explained by the independent variable. This implies that manpower has 28% influence of the organization service delivery. While the F-statistics which is also the ANOVA result shows that the parameters of the independent variable have significant effect of the dependent variable at 0.003, which is less than 0.05. Hence, the alternate hypothesis is accepted.

Hypothesis 3: There is a significant effect of working environment on service delivery of hospitals in Ogun State hospital management Board.

Table 4.4: Regression Summary

Model		Unstandardized Coefficients		t	Sig.	R ²	ANOVA	
		B	Std. Error				F	Prob.
1	(Constant)	48.546	5.012	9.685	.000	0.256	9.281	.005 ^b
	Working environment	-.684	.225	-3.047	.005			

a. Dependent Variable: Service Delivery

The result for hypothesis revealed that the coefficient of working environment is negative, implying a negative relationship between working environment and service delivery. That is, it has a negative significant influence on service delivery. The R² shows the coefficient of determination, which reveals the strength of the independent variable on the dependent variable. From the table shows, 25.6% variations on the dependent variable is explained by the independent variable. This implies that manpower has 25.6% influence of the organization service delivery. While the F-statistics which is also the ANOVA result, shows that the parameters of the independent variable have significant effect of the dependent variable at 0.003, which is less than 0.05. Hence, the alternate hypothesis was accepted.

Discussion of Findings

The discussion of findings made in the presentation above begins with an evaluation of characteristics of the respondents. This is in order to show the degree to which data obtained from this study can be depended upon to serve the purpose for which it stands. The analysis of the respondent was followed by discussion of finding in consonance with the objective of the research and questions posed.

Research Objective One examined how manpower planning affects service delivery in Ogun state hospital management board. Combination of responses from items one to nine in section B of the questionnaire for the personals provided the answer to this research question. A pragmatic consideration of the data generated in this section of the questionnaire showed that there was relative relationship between manpower planning, work environment and service delivery in Ogun state hospital management board. It was seen from the table, the goal of hospital are clearly stated, they fulfil project requirement by deploying the required workforce in their area of specialization and manpower is planned based on the hospital capability to meet its stated objectives. This position informed the need for policy makers to look into the standard requirement for optimal work delivery especially in the health sector as this is of great consequence in the actualization of the goals and objective of any organization and without it, the chances of getting the best of employee is bleak (Ejumodo, 2010).

Objective two which aimed to determine the causes of inadequate work environment on service delivery by hospitals in Ogun State Hospital Management Board. From the responses provided by the respondents, it was discovered that work environment though had little effect on service delivery, it determines to a very large extent the rate at which employee give their best in the discharge of task assigned and how they feel comfortable in their duty place. This condition is explained by the sorry-state of almost all

the facilities in the state health sector which to an appreciable extent has affected service delivery and work satisfaction in the health sector (Erinoso, 2008). Therefore, to achieve quality service delivery for customer satisfaction and to bridge the gap between government function especially Public Corporation, there is need for government and its institution to create an enabling environment for the comfort of the workers and by extension their discharge of assigned function. (Clark, 2012). The effect therefore of work environment when improved will go a long way at improving service delivery in the sector, and the implication is vice-versa when not given good attention by managers of manpower.

Research Objective Three which appraised the effect of work environment on service delivery by hospitals in Ogun State Hospital Management Board. The data obtained from the questionnaire showed a position of poor work condition, poor incentives, unplanned manpower recruitment procedure and excessive use of available manpower in the state health sector which accounted for uncontrolled departure from the state at the sight of slightest opportunity to where personals feel they can get greener pasture. This situation therefore has led to over-stretch of the few personals left in the health sector. At a very high degree of significant difference, the research revealed that, across the state there is shortage of manpower which is a product of factors that makes working condition not worth the pain. Therefore it is important that recruitment exercises be done to fill the vacant space of medical personals and when that is done it should be done by employing the needed hands that will contribute to the development of service delivery in the state health sector and by implication the country's health sector which is at the point of extinction. Therefore, there is a significant relationship in work environment and mass efflux of personals from the health sector across all cadre which is due largely to the perceived hazards associated with working in the health sector without significant steps check any eventuality when they arise as instances of neglected health officials exist that have at one time or the other been victim of job related hazards. (Oyibo, 2010).

Research Objective Four which aimed to interrogate the public perception of service delivery in Ogun State Hospital Management Board. From the opinion obtained from the respondent, it was discovered that public perception of service delivery varies especially as regards from the perspective from which the respondents are answering from. Therefore, the general view about service delivery in Ogun state hospitals is that service delivery is poor with about 97% of the respondent giving answers in the affirmative which is attributed to poor manpower planning and unconducive work environment which slows the pace of work carried out every organization.

Research Objective Five which aimed to recommend plausible solutions to enhancing administrative functions for constructive manpower planning and conducive work environment for efficient and effective service delivery in the health sector. Responses reflected that to solving the above identified challenges; it is important that good work environment and optimal utilization of human resources in the health sector which will serve as drive for good service delivery and by implication meet the expectation of the customers be put in place for hospital personal. This problem solved will change public perception about public health sector and reduce medical tourism which has further weaken the progress of having a dependable health sector that everybody can rely on and patronize for their various health needs. (Clark, 2012).

Conclusion

From all data provided, manpower planning and work environment are of utmost importance to the actualization of organizational objectives of customer satisfaction and service delivery. The overall situation was on serious and envisaged organizational success which is determined by the quality of services rendered to the people. This was of particular reference to patient who patronizes the health sector and who are the recipient of good manpower planning and good work environment. Though the findings showed not too distant influence of manpower planning and work environment on service delivery, it is important to establish the fact that for any organization to record optimal customer satisfaction it must consider not only manpower planning and conducive work environment, it is look critically at human resource planning and management. It is therefore believed that these considered, customer was not only get the best of personals, it was also determine the level of success in organizations and by extension guarantee self-actualization for workers which the hallmark of human existence. Finally, establishment of good and conducive work environment will help reduce the problem of medical tourism and mass efflux of personnel in the health sector in Ogun State Hospital and by implication the country's health sector.

Recommendations

Consequent upon conclusions of this research, the following recommendations were proffered to improve on manpower planning and work environment as a consequential determinant for service delivery in Ogun State Hospital Management Board:

- I. The health sector must embark on radical reorganization of its objectives and aims which must primarily cater for the welfare of its personnel which is fundamental to service delivery and therefore redirect the public perception on the place of government hospitals as not just death traps but as a reliable solution to all form of health challenges.
- II. It is of utmost importance that organizations especially the health sector take into cognizance the modalities employed in planning for manpower and human resources management because the success or otherwise of every organization is dependent on their ability to put into good use the capabilities of person under their management as that will go a long to boast organization image and enhance the actualization of objectives.
- III. Also of paramount importance in manpower planning is human resource planning which help Human Resources Manager determine the immediate human resource that an organization requires for actualization of goals. This should be done bearing in mind best standard practice as it will determine who is hired and for what and why such is hired especially in the health sector which has the tendency for state owned health sector to hire labours that are not of priority.
- IV. Furthermore, it is important that a work friendly environment be put in place that will cater for and encourage workers in the health sector put in their best for the satisfaction of patient and for the actualization of the objectives of health organization.
- V. Government and its agent should make the satisfaction of personals in the health sector a major task as this will determine their attitude to work and will also serve as drive for the attainment of good health condition for people irrespective of class or status. This factor has accounted for poor attitude to work by medical personal who sees government financed health sector as secondary project while their private activities is more appealing to them.
- VI. Policy makers should see to the current challenge of medical tourism currently going on in the country as an end-product of poor work environment which has forced the citizens to see government health sector as not good enough to cater for their health challenges thereby seeking refuge in more organized societies that prioritize their country's health sector.
- VII. Government should give more attention to the plight of workers in the health sector and motivate their effort as this is the major cause of mass efflux of medical personnel to other countries where their satisfaction is paramount and by implication their undivided loyalty to work is earned.
- VIII. There is need for corruption and a bureaucratic tendency which is common to public institution be put in proper check because this problem is one of the major challenges to service delivery in every public sector.

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