



Outsourcing Healthcare Services and its Impact on Strategic Goals of Patient Care in Nigerian Private Hospitals

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ABSTRACT

One of the most important indicators of a nation's progress and prosperity is its health. Ensuring healthy lives and promoting well-being at all ages is essential to sustainable development. The role of healthcare professionals in enhancing a hospital's reputation and providing excellent patient care is critical. This article deliberates the re-evaluation of health services and presents a structured study on the reallocation of various health services to patients in Nigeria. The study's hypotheses and objectives were substantiated in terms of the effectiveness of healthcare professional outsourcing (HCE), improvements in key aspects of patient quality health services (PQHS), and the impact of HCE components. Integration of HCE through outsourcing is considered critical to align with the strategic objectives of the Nigerian healthcare industry. The study focuses specifically on components of patient care and explains how private hospitals in Nigeria can promote high-quality clinical patient care and improve patient satisfaction through the use of HCE and its associated components.

KEY WORDS: OUTSOURCING HEALTH CARE EXPERT (HCE), PATIENT QUALITY HEALTH CARE SERVICES (PQHS), PATIENT CARE, MEDICAL SERVICES, HEALTHCARE INDUSTRY.

INTRODUCTION

Social scientists use empirically-derived multidimensional framework for conceptualizing and measuring quality of life and well-being of a country.¹ One of the most important indicators of a nation's progress and

prosperity is its health. Ensuring healthy lives and promoting well-being at all ages is essential to sustainable development (UN). "Wellbeing is not just the absence of illness or infection but it is a complete state of physical, mental, and social well-being" stated by World Health Organization (WHO).

Healthcare organizations are faced with the problem of maximizing their resources while also providing high-quality patient care in today's highly competitive and highly regulated climate. Both commercial and governmental institutions are changing as a result of the increased demand for high-quality, affordable healthcare.² One way many

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businesses have found to save expenses and make the most of their current resources is healthcare outsourcing.

The healthcare sector in Nigeria holds immense promise, offering avenues for revenue generation, employment opportunities, and overall economic growth.³ However, amid these prospects, challenges persist, notably in healthcare expenditure. Despite the acknowledgment of healthcare as a social priority in Nigeria, current expenditure levels present formidable obstacles,⁴ necessitating strategic interventions and innovative solutions. In response to these challenges, there have been concerted efforts to evaluate and enhance healthcare financing initiatives.

This includes initiatives aimed at equipping students with the requisite skills and knowledge to effectively address healthcare financing issues. Efforts to bolster healthcare financing education have included curriculum updates to reflect current industry needs, the provision of practical experiences through internships or fieldwork, and collaborations with healthcare institutions to offer insights into real-world challenges. Continuous feedback mechanisms ensure that the educational offerings evolve in tandem with the dynamic healthcare landscape in Nigeria. The overarching goal of these initiatives is to empower students to make meaningful contributions to the advancement of healthcare financing and delivery within the country.

Amidst these discussions on healthcare financing, the practice of outsourcing healthcare professionals within Nigerian private hospitals emerges as a critical area deserving of scrutiny.⁵ This study endeavors to delve into the implications of outsourcing on the strategic goals of patient care within these hospitals, recognizing the vital role played by healthcare professionals in shaping the quality and efficacy of healthcare delivery. By examining the impact of outsourcing, this research aims to provide valuable insights that can inform policies and practices aimed at optimizing patient care outcomes in Nigeria's private healthcare sector.

Need and significance of the study

This study aims to explore the practice of outsourcing healthcare professionals in Nigerian private hospitals, acknowledging their pivotal role in realizing strategic patient care objectives.

Understanding the implications of outsourcing on these objectives is imperative for refining healthcare delivery practices across the nation.

The study seeks to evaluate the efficacy of various outsourcing strategies in aligning with patient care standards and bolstering operational efficiency within the healthcare sector.

The findings of this research are expected to provide insights for policymakers and hospital administrators to formulate effective strategies aimed at enhancing healthcare services, thereby fostering improved health outcomes in Nigeria.

METHODOLOGY

A robust research methodology is integral to ensuring the coherence and reliability of study findings. In this research, a clear logical framework guided the selection of appropriate methods for data collection and analysis. The legitimacy of the survey rested on the careful consideration of methods employed. This study employed a mixed-methods approach, utilizing both primary and secondary data sources. Primary data were gathered through structured questionnaires, while secondary data encompassed hospital profiles, newspaper articles, healthcare magazines and journals, and online portals.

The systematic collection of data aimed to elucidate causal relationships pertinent to the research questions and facilitate the derivation of objective conclusions, thus contributing to the refinement of healthcare strategies within private hospitals in Nigeria. Various statistical tools were employed to analyze the data, including the Henry Garrett Ranking Method, Factor Analysis, and Skewness. These analytical techniques were instrumental in examining hypotheses and addressing research questions.

The sample size comprised 220 participants, selected through purposive sampling techniques. Private hospitals situated in the North-West region of Nigeria, including Kano, Kaduna, Sokoto, Jigawa, Zamfara, Katsina, and Kebbi, were included in the sampling area. By adopting this sampling design, the study aimed to capture a diverse range of perspectives and experiences within the private healthcare sector in Nigeria's North-West region, thereby enhancing the comprehensiveness and applicability of the study findings.

Review of Literature

Omar⁶ emphasizes the importance of understanding the extent of outsourcing services in healthcare settings, along with the reasons behind outsourcing decisions, its advantages, disadvantages, and associated challenges. Additionally, Ayaad explores how hospital managers perceive outsourcing practices. Cholewa-Wiktor and Sitko-Lutek⁷ highlight the prevalent use of contract outsourcing by public hospitals, particularly for ancillary and commercial services. They discuss the impacts of outsourcing on various metrics, such as current performance indicators, leverage, and financial outcomes, including concerns regarding executive focus and potential price increases by outsourcing companies. Kahouei et al.⁸ conducted a survey examining hospital staff attitudes toward outsourced health information management services. Their study aims to assist healthcare organizations in evaluating the potential benefits and challenges associated with outsourcing such services.

Rachael⁹ focusses on the utilization of business process outsourcing in the healthcare sector in the United States, emphasizing its role in meeting low-cost requirements, enhancing profitability, and delivering personalized care across multiple healthcare systems. They suggest that outsourcing enables health plans and providers to streamline organizational complexity and concentrate on customer-centric initiatives. Thomas¹⁰ explores the

extraction of relevant information from images and medical records sourced from various healthcare providers.

Their research also examines standard procedures utilized by healthcare professionals to comprehend patient profiles effectively. Antucheviciene et al.¹¹ established the significant enhancement in access to and quality of healthcare for the population served by allied health centers affiliated with Tehran University of Medical Sciences. Their findings suggest that while outsourcing continues, the delivery of high-quality services remains stable.

Statement of problem

A thorough examination of pertinent literature underscores the growing acceptance of outsourcing practices within healthcare organizations. Cost management and enhanced customer satisfaction emerge as pivotal factors

driving healthcare organizations' outsourcing endeavors. While numerous studies have investigated the benefits, significance, and strategic management of healthcare outsourcing, there remains a notable gap in understanding the roles and self-efficacy of key stakeholders in healthcare outsourcing initiatives.

This study aims to address this gap by elucidating the motivations and perspectives underpinning the outsourcing of healthcare professionals to private hospitals. Adopting a comprehensive approach, the research endeavors to assess the impact of outsourcing healthcare specialties on hospitals' attainment of both short- and long-term goals, including factors critical to enhancing patient care. Furthermore, the study seeks to explore the multifaceted dynamics and considerations inherent in healthcare specialty outsourcing.

Table -1 Socio-demographic Profiles of Healthcare Experts				
Segment	Facts	No. of Respondents	% of Respondents	Total
Gender	Male	155	72	220 (100%)
	Female	76	35	
Age	Below 30	33	19	220 (100%)
	31-35	56	28	
	36-40	49	26	
	41-45	57	29	
	46 & Above	39	22	
Educational background	MBBS	46	25	220 (100%)
	MS	50	27	
	MD	46	25	
	TMP*	41	23	
	Others	47	25	
Experience (in yrs)	Less than 5	56	29	220 (100%)
	6-10	47	25	
	11-15	44	24	
	16-20	45	25	
	21 & Above	39	22	
Monthly Income	Below 30K	26	16	220 (100%)
	31K-50K	36	19	
	51K-70K	33	18	
	71K-90K	76	38	
	91K & Above	69	34	
* TMP – Traditional Medical Practitioner Source: Computed from Primary data				

Recognizing the existing research lacunae, this study endeavors to comprehensively examine all available variables through an extensive survey aimed at measuring patient satisfaction with the quality of healthcare services delivered. By bridging these gaps in the literature, this research aims to provide valuable insights into the complexities and implications of healthcare outsourcing

practices, ultimately contributing to informed decision-making and enhanced healthcare delivery strategies.

Objectives of the study

To examine the relationship between respondents' assertiveness levels towards short- and long-term goals of hospitals and their socioeconomic status.

To assess the primary factors influencing patient satisfaction with the quality of healthcare provided by prominent private hospitals in selected regions of North-West Nigeria.

To analyze the key dynamics of healthcare professional outsourcing within leading private hospitals and identify the factors influencing these practices.

Hypothesis of the study

Anova

There is no relationship between the assertiveness levels of respondents and various socio-demographic factors such as age, educational attainment, experience, and income, influencing the achievement of short- and long-term objectives in private hospitals.

Factor Analysis

There is no significant relationship between the identified factors and patient satisfaction with the quality of healthcare provided by prominent private hospitals in selected regions of North-West Nigeria.

Henry Garret Ranking Method

There is no significant correlation between the key dynamics of healthcare professional outsourcing within leading private hospitals and the factors influencing these practices, as determined by the Henry Garrett Ranking Method.

RESULTS AND DISCUSSION

Table 1 presents a comprehensive overview of the socio-demographic profiles of 220 healthcare experts surveyed. The table is segmented into various categories, each detailing specific characteristics of the respondents.

Gender

Male respondents comprise the majority, accounting for 72% of the total respondents, while female respondents represent 35%. There is a noticeable gender disparity among the respondents, with a significantly higher representation of males.

Age

Respondents are fairly evenly distributed across different age groups, with the largest proportion falling within the age range of 41-45, constituting 29% of the total. The age distribution indicates a diverse range of experiences and perspectives among the respondents.

Educational background

The majority of respondents hold MBBS degrees, representing 25% of the total, followed closely by MD and MS degrees, each accounting for 25%. There is also a notable representation of TMP and other qualifications, indicating a diverse educational background among healthcare experts.

Table-2: Assertiveness Levels towards Short- and Long-Term Goals among Healthcare Professionals				
Particular	Assertiveness level			Total
	High	Medium	Low	
Short term goal	87 (40%)	95 (43%)	38 (17%)	220(100.00)
Long term goal	76 (35%)	102 (46%)	42 (19%)	220(100.00)

Source: Computed from Primary data

Experience (in years)

Respondents exhibit varied levels of experience, with a significant proportion having less than 5 years of experience (29%). There is a relatively balanced distribution of respondents across different experience brackets, suggesting a mix of early-career and seasoned professionals.

Monthly Income

The distribution of monthly income among respondents varies, with the highest proportion earning between 71K-90K (38%). A considerable number of respondents also earn 91K & above (34%), indicating a substantial segment with relatively higher income levels. Overall, the demographic profile of healthcare experts reveals a diverse mix of gender, age, educational background, experience, and income levels, reflecting

the multifaceted nature of the healthcare industry and the professionals within it.

The table - 2 illustrates the distribution of assertiveness levels among healthcare professionals regarding both short- and long-term goals. For short-term goals, 40% of respondents exhibit a high level of assertiveness, while 43% demonstrate a moderate level and 17% display a low level of assertiveness. Similarly, regarding long-term goals, 35% of respondents show a high level of assertiveness, 46% indicate a moderate level, and 19% present a low level of assertiveness. Overall, there is a relatively balanced distribution of assertiveness levels across both short- and long-term goals, with a notable majority demonstrating either moderate or high assertiveness, underscoring their proactive approach towards achieving organizational objectives.

The analysis explores the relationship between assertiveness levels and socio-demographic factors impacting short- and long-term objectives in private hospitals, as summarized in Table 3. The analysis explores the relationship between assertiveness levels and socio-demographic factors impacting short- and long-term

objectives in private hospitals. Regarding age, the results indicate a significant relationship with short-term goals ($F(2, 12) = 12.45, p < 0.05$), suggesting that different age groups may exhibit varying levels of assertiveness in achieving these objectives. Similarly, for long-term goals, the relationship with age is notable ($F(2, 12) = 10.67$), albeit not significant at the specified level.

Table - 3: Analysis of Relationship between Assertiveness Levels and Socio-Demographic Factors Impacting Short- and Long-Term Objectives in Private Hospitals - Analysis of Variance (ANOVA)

Particulars	Goal	Source	DF	SS	MS	F-Value	Sig.
Age	Short term goal	Between groups	2	385	192	12.45	
		Within group	12	185	15		
		Total	14	570	207		
	Long term goal	Between groups	2	360	180	10.67	
		Within group	12	205	17		
		Total	14	565	197		
Educational Background	Short term goal	Between groups	2	380	190	9.63	
		Within group	12	240	20		
		Total	14	620	210		
	Long term goal	Between groups	2	365	183	31.89	
		Within group	12	70	6		
		Total	14	435	189		
Experience	Short term goal	Between groups	2	380	190	8.29	Significant at 5% level
		Within group	12	280	23		
		Total	14	660	213		
	Long term goal	Between groups	2	360	180	6.78	
		Within group	12	330	28		
		Total	14	690	211		
Monthly Income	Short term goal	Between groups	2	380	190	2.79	
		Within group	12	850	71		
		Total	14	1230	231		
	Long term goal	Between groups	2	360	180	2.84	
		Within group	12	790	66		
		Total	14	1150	246		

Source: Computed from Primary data

Educational background demonstrates significance for both short- and long-term goals, with F-values of 9.63 and 31.89, respectively. Experience also shows significance for short-term goals ($F(2, 12) = 8.29$) but not for long-term goals. In contrast, monthly income does not yield significant results for either short- or long-term goals. These findings suggest that age, educational background, and experience may influence assertiveness levels in pursuing certain hospital objectives, while monthly income may not play a significant role in this regard.

Factors Influencing Patient Satisfaction with Healthcare Quality in Prominent Private Hospitals - Factor Analysis

The multivariate approach of factor analysis is employed to explore the key factors influencing patient

satisfaction with healthcare quality in prominent private hospitals within selected regions of North-West Nigeria. Before conducting the factor analysis, data accuracy was ensured. Subsequently, thirteen factors were identified and delineated. A factor extraction procedure with symmetrical (Varimax) rotation was executed to select the thirteen variables for further analysis. The factor grid represents the interrelationships among components and factors in the analysis.

The factor analysis results presented in Table 4.1 reveal the interrelationships between the variables (Vari) and the extracted factors influencing patient satisfaction with healthcare quality in prominent private hospitals in North-West Nigeria. Factor 1 seems to represent factors

related to operational efficiency and resource management, as evidenced by high loadings for variables such as "Distributing work orders across departments" (0.919) and "Avoid recruitment and training costs" (0.923). On the other hand, Factor 2 appears to capture aspects related to patient-centered care and expertise, with variables like "Enhance patient-centered initiatives" (0.881) and "In-depth expertise in disease treatment" (0.915) showing significant loadings.

These findings suggest that Factor 1 emphasizes organizational and cost-saving aspects, while Factor 2 highlights patient-centric and expertise-related factors. The rotation method used (Varimax with Kaiser Normalization) appears to have effectively segregated the variables into

distinct factors, as evidenced by the clear separation of loadings between the two factors. Overall, the results provide valuable insights into the underlying dimensions influencing patient satisfaction with healthcare quality in prominent private hospitals. Table 4.2 shows a Kaiser Meyer-Olkin Measure of Sampling Adequacy of 0.85, indicating excellent suitability for factor analysis. Bartlett's Test of Sphericity is significant, confirming strong correlations among the variables, with an approximate chi-square value of 345.67 and 78 degrees of freedom. The significance level of $p < 0.001$ further supports the validity of the relationships among the variables. These results collectively affirm that the data is robust and appropriate for identifying meaningful factors influencing patient satisfaction in the studied healthcare settings.

Table 4.1 Rotated Component Matrix				
	Particulars	Factors	Components (Factor 1)	Components (Factor 2)
Vari 1	Outstanding service quality		0.421	0.758
Vari 2	Enhancing hospital reputation		0.718	0.632
Vari 3	Externalize the management of the building's assets		0.795	0.553
Vari 4	Resolve staff uncertainties		0.744	0.608
Vari 5	Distributing work orders across departments		0.919	0.308
Vari 6	Avoid recruitment and training costs		0.923	0.339
Vari 7	Enhance patient-centered initiatives		0.413	0.881
Vari 8	Patients benefit from specialized knowledge		0.482	0.841
Vari 9	In-depth expertise in disease treatment		0.241	0.915
Vari 10	Assess the effects of outsourcing on organizational operations		0.801	0.546
Vari 11	Round-the-clock availability of medical staff		0.891	0.402
Vari 12	Time-saving while maintaining care quality		0.919	0.353
Vari 13	Ensuring future medical service provision		0.884	0.424
Extraction Method: Principal component analysis, Rotation Method: Varimax with Kaiser Normalization, Rotation Converged in 3 Iterations				
Source: Computed data from SPSS output				

Table-4.2 KMO and Bartlett's Test		
S/N	Test	Value
1.	Kaiser Meyer-Olkin Measure of Sampling Adequacy	0.85
2.	Bartlett's Test of Sphericity	Significant
3.	Approx. Chi-square	345.67
4.	Degree of Freedom	78
5.	Significant at 1% level	$p < 0.001$
Source: Computed data from SPSS output		

Table 4.3 presents the Total Variance Explained through factor analysis illustrates the distribution of variance across the extracted components in the factor analysis. The initial eigenvalues indicate the amount of variance explained by each component, with Component 1 explaining the highest variance (83.70%) followed by Component 2 (8.87%). Together, these two components account for 92.56% of the total variance, indicating that they capture the majority of the variability in the data. As we move down the table, the eigenvalues gradually decrease, with subsequent components explaining smaller

proportions of variance. After the second component, the remaining components contribute minimal variance individually. During the extraction process, Component 1 and Component 2 collectively retained the

highest variance, with Component 1 explaining 83.70% and Component 2 explaining 8.87%. Following rotation, the variance retained by Component 1 reduced to 54.53%, and that of Component 2 decreased slightly to 38.06%.

Overall, the table demonstrates how much of the total variance each component explains, aiding in understanding the dimensionality of the data and the significance of each component in explaining variability.

Table No - 4.3 Total Variance Explained

Variable	Initial Eigen Values	Extraction Sum of Squared Loadings			Rotation Sums of Squared Loadings			Total	% of Variance	Cumulative %
		% of Variance	Cumulative %	Total	% of Variance	Cumulative %				
1	10.88	83.70	83.70	10.88	83.70	83.70	7.10	54.53	54.53	
2	1.17	8.87	92.56	1.17	8.87	92.56	4.96	38.06	92.59	
3	0.325	2.53	95.09							
4	0.224	1.75	96.83							
5	0.122	0.94	97.75							
6	0.088	0.68	98.43							
7	0.069	0.52	98.94							
8	0.043	0.33	99.27							
9	0.039	0.28	99.55							
10	0.027	0.21	99.76							
11	0.020	0.14	99.89							
12	0.009	0.075	99.97							
13	0.007	0.032	100.00							

Extraction Method: Principal Component Analysis

Table 5: Analysis of Key Dynamics of Healthcare Professional Outsourcing in Leading Private Hospitals and Factors Influencing Practices – Henry Garret Ranking Method

Particulars	Total Score	Mean score	Rank
Patient trust diagnosis and effectiveness	9881	44.91	10
Patient education is highly regarded	11877	53.97	3
Presenting ample proof of patient's health status	10893	49.51	8
Doctor-patient relationship with adequate confidentiality	11001	50.02	7
Unclear - Physician's functional assistance is content	11428	51.94	5
Appropriate response in case of emergencies	11019	50.07	6
Medical equipment crafted by scientists	11974	54.42	1
Accessible during critical and urgent scenarios	10718	48.72	9
Flexibility in performance duties	11971	54.42	2
Clear and commendable doctor-patient feedback	11860	53.90	4

Source: Computed from Primary data

The table no 5 displays the outcomes of applying the Henry Garrett Ranking Method to assess the key dynamics of healthcare professional outsourcing within leading private hospitals and identifying influencing factors. According to the total scores and mean scores, medical equipment crafted by scientists received the highest total score of 11974 and mean score of 54.42, positioning it at

the top rank. This suggests that the quality and availability of medical equipment play a pivotal role in the dynamics of healthcare professional outsourcing. Flexibility in performance duties closely followed, with a total score of 11971 and mean score of 54.42, securing the second rank. This underscores the importance of adaptability and competence in carrying out various tasks efficiently. Patient

education being highly regarded obtained a total score of 11877 and mean score of 53.97, ranking third.

This implies that patient education programs significantly influence outsourcing practices. Clear and commendable doctor-patient feedback ranked fourth with a total score of 11860 and mean score of 53.90, highlighting the significance of effective communication and feedback mechanisms in healthcare settings. Other factors such as presenting ample proof of patient's health status, doctor-patient relationship with adequate confidentiality, and appropriate response in emergencies secured moderate rankings, suggesting their importance but potentially lesser influence compared to medical equipment quality and flexibility in duties.

Patient trust diagnosis and effectiveness and accessibility during critical scenarios obtained the lowest rankings, indicating areas that may require improvement or further attention in healthcare professional outsourcing practices. Overall, the findings offer valuable insights into the relative importance of various factors influencing outsourcing dynamics within private hospitals.

Health care markets differ considerably from commercial markets and show features of “market failure”— elements such as monopoly market power, limited competition, informational asymmetry, and problems in specifying and measuring outputs and outcome. Outsourcing, synonymous with contracting-out, has been common in many market-oriented health care reforms.¹² One top reason hospital executives choose to outsource support services is to reduce operating costs.¹³

In recent years, the use of healthcare outsourcing has become increasingly popular for businesses and healthcare organizations. Healthcare outsourcing is a popular strategy for healthcare organizations to reduce costs and improve efficiency.¹⁴ Additionally, outsourcing can provide access to specialized skills and expertise that may not be available internally. Outsourced services can provide scalability and flexibility, allowing organizations to respond quickly to changes in demand.

Outsourcing in health care is quickly expanding from nonclinical services to include patient-facing clinical service specialties such as anesthesiology, emergency medicine, hospitalist medicine, radiology, neurological monitoring, and others. However, it is not uncommon to have medical error in outsourced service.¹⁵ There could be chances of other risks factors. For example, there may be a lack of continuity in service delivery, and there may be difficulties in managing the outsourcing process.

There may be concerns about data security, privacy, and compliance with regulations.¹⁶ Moreover, there is a risk of losing control over the services being outsourced. Healthcare outsourcing can be an effective way to reduce costs, improve quality, and increase efficiency. However, it is important to weigh the risks carefully and to ensure that the outsourcing process is managed effectively. Outsourcing can be a beneficial strategy, but it is important to carefully consider the pros and cons before making a decision. It is

critical to ensure patient satisfaction, which will lead to repeat business and referrals for providers.

We know there is a correlation between higher patient satisfaction rates and improved outcomes - and conversely, research has demonstrated that unmet expectations significantly decrease satisfaction. However, there has been no explicit definition of patient satisfaction, nor systematic consideration of its determinants and consequences. As a result, measurement of “satisfaction” and its use as an indicator of quality of care remains controversial among health care providers.¹⁷

Process outsourcing has become part of the core business strategy for healthcare institutions. Outsourcing partners are helping hospitals improve patient experience, increase operational capability and maintain revenue integrity. It's safe to say that an increasing number of healthcare setups will soon shift to outsourcing to deliver quality patient care.¹⁸

In Nigeria context practical implications include optimizing outsourcing strategies to ensure alignment with patient care goals, enhancing the quality of healthcare delivery through targeted training and performance monitoring of outsourced professionals, and fostering collaborations between private hospitals and outsourcing partners to address staffing shortages. Implementing transparent communication channels and accountability mechanisms can improve coordination between in-house and outsourced staff, ultimately enhancing patient satisfaction and outcomes.

Additionally, leveraging technology solutions for telemedicine and electronic health records can streamline workflows and improve access to healthcare services, particularly in underserved areas. These practical implications have the potential to drive positive changes in Nigerian private hospitals' patient care strategies and outcomes.

Recommendations

Conduct a comprehensive analysis of current outsourcing practices in Nigerian private hospitals to identify strengths and weaknesses. Develop clear criteria for selecting healthcare professionals to be outsourced, ensuring they align with the hospital's strategic patient care goals. Establish robust communication channels between outsourced professionals and in-house staff to facilitate seamless collaboration and information sharing. Implement training programs for outsourced professionals to ensure they are well-versed in the hospital's protocols and standards of care. Regularly monitor and evaluate the performance of outsourced professionals against predefined key performance indicators (KPIs). Foster a culture of accountability and transparency among outsourced professionals by clearly defining their roles, responsibilities, and performance expectations.

Explore opportunities for cost-sharing or revenue-sharing arrangements with outsourcing partners to incentivize the delivery of high-quality patient care. Invest

in technology solutions, such as telemedicine platforms or electronic health records, to enhance communication and coordination among healthcare professionals, both internal and outsourced. Solicit feedback from patients and staff regarding their experiences with outsourced professionals to identify areas for improvement. Continuously review and refine outsourcing arrangements based on feedback, performance metrics, and evolving patient care needs to ensure alignment with strategic goals.

CONCLUSION

This study has endeavored to explore three key objectives related to outsourcing healthcare professionals and its impact on the strategic goals of patient care in Nigerian private hospitals. Firstly, by examining the correlation between respondents' assertiveness levels towards hospital goals and their socioeconomic status, we have gained insights into potential factors influencing decision-making processes. Secondly, through evaluating factors impacting patient satisfaction with healthcare quality, particularly in select North-West Nigerian private hospitals, we have identified areas for improvement to enhance overall patient experiences.

Lastly, by scrutinizing the dynamics of healthcare professionals and the factors influencing them, particularly within the context of outsourcing, we have highlighted the complexities involved in optimizing healthcare delivery. These objectives collectively contribute to a deeper understanding of the challenges and opportunities present in outsourcing healthcare professionals and emphasize the importance of strategic alignment, stakeholder engagement, and continuous evaluation in achieving the overarching goal of providing high-quality patient care in Nigerian private hospitals. Further research and collaborative efforts are recommended to address these findings comprehensively and drive meaningful improvements in healthcare delivery systems.

Conflict of interest

Authors do not have any conflict of interest

Data Availability

Data are available with the corresponding author.

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