Chapter 3
The Nexus of Tamed Bureaucracy and Better Health Outcomes for Consumers in Nigeria's Health Institutions

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ABSTRACT

Health institution is a typology of formal organization that is designed manifestly to ensure the diagnosis, treatment, and rehabilitation of the sick and the wounded. There are three levels of health institutions in Nigeria: the primary, secondary, and the tertiary/specialist care organizations. Their clienteles range from the infants, very young, adolescents, middle-aged, and the very old afflicted with acute or chronic health conditions, contagious or non-communicable disorders. A number of healthcare workers are involved in the process of patients/clients' care and treatment. The process and the divergent human resources in the healthcare industry tend to throw up "red-tapism" and complex bottlenecks resulting from specialization, hierarchy of authority, and chains of command of bureaucracy. The chapter relying on guided participant observation, desk research, and key informants interrogated this phenomenon. The chapter concludes that if bureaucracy is tamed, there is bound to be better health outcome for health consumers in health institutions in Nigeria.

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INTRODUCTION

Many diseases afflict human species and several attempts are deployed to seek and utilize known remedies, indigenous and foreign. Health outcome is influenced by the perception of the illness or disease, steps taken to redress the disease and the quality of services rendered by the health workers. Health Outcome is also measured by evidence-based healthcare parameters that the patients get the positive and desired goal of the healthcare intervention to the right health consumer at the right time in the most cost-effective, conducive and therapeutic environment. As Williams and Torrens (2008: 317) indicate, 'outcome reflects what happened to the patients. Quality of health care is seen in this paper as the degree to which health services for individuals, families, groups and communities, operationally tagged health consumers, increase the likelihood of desirable health outcome and consistent with current professional service. The indices of the health quality include morbidity, mortality, functional status, and other measures reflecting clinical outcomes, quality of life, patient satisfaction and related issues.

Donabedian (1966) had come up with three yardsticks of quality evaluations: the structure of care, the process of care and the outcome of care.

The Structure of care involves the environment within which the care and services are provided, organization of the building, facilities available and the personnel working therein; Location of the facility whether rural or urban, ownership, private or government; level of care, primary, secondary or tertiary are important considerations.

The Process entrenches what is done for the patient by the healthcare providers such as tests and investigations for accurate diagnosis; in this vein, mammography and a fine-needle aspiration biopsy *(*FNAB) may be requested by a surgeon for a patient suspected to have benign or malignant tumour of the breast and *trucut* may also be done which may not reveal any pathology different from the FNAB but the patient and his relation may bear the cost while the patient alone bears the pain. The radiographer may have issues with the test and the interpretation of the radiologist may be trenchant; Plain Chest Xray may be requested for patient suspected to have pulmonary tuberculosis beyond sputum test for microscopy, culture and sensitivity; barium meal and endoscopy may be ordered for patients with duodenal ulcer. These tests are not easy to pick for the patients. They are also not cheap.

Healthcare Outcome

Many factors are known to influence the healthcare outcome. These factors include: the number of healthcare workers available and the skill and dexterity possessed by the health workers, the specialization of the health workers, the cost of the health services, gender of the consumer, educational attainment of the patients, location