
Globalization and Health Care Service Delivery in Lagos State University Teaching Hospital (LASUTH)

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Abstract

The study examined the effect of globalization on Health Care Service Delivery in Lagos State University Teaching Hospital (LASUTH), Lagos State Nigeria. It observed that the process of globalization in Nigeria has not been able to take cognizance of the desired effective service delivery in the health sector. The identified problem notwithstanding, Nigeria's health care service has been engulfed with global practices such as e-record keeping, e-health care, e-payment system to mention but a few. It is on this basis that this study probed into the process of globalization practice in health care service delivery in Nigeria with specific reference to Lagos State Ministry of Health by examining the level of compliance in LASUTH. Three hypotheses were formulated and tested. The descriptive survey research method was adopted. One hundred and four (104) respondents were sampled from the Staff of LASUTH through a carefully structured questionnaire and the responses were complemented with In-Depth Interview (IDI). The findings of the study revealed that there is a strong relationship between structures of globalization and health care service delivery in LASUTH. The study also observed that it is not every aspect of public health that should be left to the external forces or be guided by corporate methods, rather governments have a vital role in creating an effective legal regulatory framework in which the public sector is enabled to operate. The study recommended among others that there is need for partnership between the private sector and government so as to be able to take advantage of a very good human resource in information technology as well as medicine in order to come up with appropriate solutions to the problems associated with healthcare delivery system in Nigeria. It is also necessary to have a state-of-the-art electronic health record system in place that can assist in attracting and retaining doctors and nurses to public health institutions in the country. The study concluded that when these suggested solutions proffered are implemented properly, Nigeria, health care system will stand the chance of providing effective and efficient service for health administration that can engender national development.

*Keywords: Globalization, Health care, Health Administration,
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Background to the Study

The world today is increasingly assuming the position of a 'global village'. Although countries have well-articulated boundaries and their citizens live in separate apartments and neighbourhoods in their areas, yet there has been an alarming rate of human proximity across national boundaries over the years (Nwankwo, 2015). The increased movement of people and items driven by globalization has created a complex equation of pluses and minuses for every society. Lee (2004) argued that it would be overly simplistic and inaccurate to describe globalization as either “good” or “bad” for health. For instance, globalization in terms of spatial change is leading to increased migration of people throughout the world. The implication of this situation is that richer countries fear the potential financial burden and health risk of unhealthy populations migrating from the developing world. Thus, globalization has led to a sharing of both risks and responsibilities in public health. It is becoming increasingly possible for infectious diseases to spread with ease within the global community as a result of the speed associated with modern travel and trade.

Asuzu (2002) however observed that the increase in modern technology which is also a benefit of globalization potentially enables the health community to respond more quickly to such emergencies. The use of Information Communication technology (ICT) in the last one or two decades or so provides solutions to the problems in healthcare management systems in both developed and developing countries. These include a wide spectrum of issues such as patient safety, dietary management, telemedicine, digital imaging, document management etc. There is no doubt in the fact that developing countries like Nigeria can exploit these to give better healthcare services as well as health education (Burney, Mahmood & Abbas, 2010).

The adoption of ICT in the healthcare industry has been relatively slow in developing country. Health care is clearly in information intensive sector which could benefit from information and communication technology and the potential has always been noted (Ranta, 2010). Burney, Mahmood & Abbas, (2010) observed that one very common form of e-health ICT is patient self care and education including for instance interactive websites and medical devices for self motivating. It will also allow the patients to be involved more and more in their own health processes. More and more people will become more interested in looking for health information in internet. Modern ICT will also make the communication between health professionals and patients as well as other actors to be faster than ever, even real-time. Besides, the use of health IT will assist in electronic data storage, e-record keeping and e-payment as well as data sharing across providers (Christensen & Remler, 2007).

There is no doubt in the fact that the Nigerian health care system over the years has been poorly developed and as a result the primary healthcare system has virtually collapsed in the country. It is generally believed that the way out of the present predicament is the adoption of ICT in healthcare delivery system. ICT is seen as a possibility to cope with the rising health challenges in developing countries like Nigeria.

Statement of the Problem

Primary healthcare, like most facets of our life, collapsed long ago and the evidence is the preference for foreign medical attention by Nigeria's elite who can afford it. They do not have confidence in our medical personnel to handle even basic ailments, from toothache to headache, and more serious medical conditions. Many public officials in the country have had cause to travel out for medical treatment in recent past (Eme, Uche & Uche, 2014). According to Chukwunwike (2005), many health facilities at primary, secondary and tertiary levels in Nigeria are dilapidated, totally dysfunctional or operating below average capacity.

There is also the problem of poor remuneration and low motivation among health personnel in the country. In fact, many health workers have also left the country to work elsewhere on account of poor remuneration. Besides, globalization has brought with it unhealthy lifestyles. Health has been damaged by the promotion of fashionable drugs, foods and other consumer products such as tobacco, alcohol, melatonin and vigra (Sitthi-Amorn, Samrongthong & Janjaroe, 2001). The obvious victims of ill state of health care services as argued by Ebigwei (2012) are the health consumers, most especially the poor, who have become disillusioned and dissatisfied with low quality of health care delivery system.

Environmental pollution has also created more challenges for health care delivery system across the globe most especially in urban areas. There is the problem of inadequate treatment of new sewage and air pollution in industrial cities (Chretnut, Ostro & Vichit-Vadakan, 1997) like Lagos. Environmental degradation and disruption of the ecosystem have led to frequent floods and changes in disease vector behavior. There are also concerns about new infections and resurgence of old ones which have been on the increase in recent time. International trade and travel are shaping the patterns of epidemics. Cholera outbreak has inflicted enormous costs on developing countries like Nigeria. Besides, the costs associated with controlling HIV infection is on the increase, so also Ebola disease, Zika virus etc. The movement of about two million people each day across national borders due to the ease of rapid international travel and the growth of international commerce are inevitably associated with transfers of health risks (Tu, Huong & Diep, 2004). For instance, World Health Organization (WHO) recently confirms the importation of zika virus strain from America into Cape Verde in Africa even as a British report warned that drug resistance could kill 10 million people yearly if nothing was done urgently to address the situation. The report further revealed that the zika virus currently circulating in Cape Verde is the one circulating in the Americas-the Asian type-and was most likely imported from Brazil (Muanya, 2016).

Marutha & Ngulube (2012) opined that health workers in both public and private institutions in most developing countries especially medical doctors and nurses were either not able or were struggling to render timely and effective health services to citizens due to lack of effective record and payment management systems. Ineffective record and payment management systems in their opinion usually lead to long patient waiting times before making payment or receiving health service. Most health workers proceed to treat

patients without enough information on them because health records of the patients are not found in their medical files. Thus, health workers, more often than not, ended up not rendering certain services. Ojo (2009) argued that ICT can reduce some of these problems associated with payment and retrieval of information. Also, Robek, Brown & Stephens (1995) observed that the problem of missing files and/ or misfiled records associated with the traditional record management is not conducive to the efficient functioning of the health sector.

Various attempts have been made to examine the impact of globalization on health care service delivery system. Notable among them are Khan (2003), Lee (2004), Jary & Jary (2000), Giddens (2002) & Waters (1995). While there is abundance of literatures on how globalization has affected health service delivery in the third world countries, there are very few literatures on ICT, e-record keeping and e-payment system that explores similar phenomenon in the Nigerian context. These attempts were made by Adamu (2005), Asuzu (2002), Aguba (2002), Nwankwo (2007), and Ajiboye (2007). The contribution of these scholars notwithstanding, there appears to be a number of gaps in the current relevant literature. This study is part of the efforts to fill the identified gaps in the available literature. It is against the backdrop of above highlighted problems and the gaps in the extant literature that this study interrogates the effects of globalization processes on the health service delivery system in Nigeria.

Objectives of the Study

1. To examine the extent to which Information Communication Technology (ICT) can improve efficiency and effectiveness in the health care service delivery.
2. To determine whether there is a relationship between e- record keeping and health care service delivery.
3. To investigate the extent to which e-payment can improve efficiency in health care service delivery in Nigeria.

Research Questions

The following are the research questions of this study.

1. Can Information Telecommunication Technology (ICT) influence efficient and effective health care service delivery?
2. Is there any significant relationship between e-record keeping and health care service delivery?
3. Has e-payment system improved the level of efficiency in the health care service delivery?

Research Hypotheses

This study is geared towards testing the following hypotheses.

1. Information Communication(ICT) cannot enhance effective and efficient health care service delivery in Nigeria
2. There is no significant relationship between e-recording and health care service delivery.
3. E-payment system has not improved the level of efficiency in the health care service delivery.

Conceptual and Theoretical Framework

The word globalization may mean different things to different people. There is no unanimity among the users regarding the meaning of the term globalization. Some consider it as emergence of a new global order while others consider it as imperialism in a new garb while some others consider globalisation as creation of Transnational Corporations (TNCs) which perceive the whole world economy as a single unit by integrating the regional and national economies with the world economy through neo-liberal programmes (Rajan, 2014).

According to Giddens (2010) the concept of globalization embraces the transformation of social, cultural, economic, political, religious, and educational and health practices between nations, states, institutions, groups and individuals and the universalization of certain practices, identities, structure and cultures. Kottak (2000) also defined globalization as "the accelerating interdependence of nations in a world system that is linked economically and through the mass media and modern transportation systems. Asakitikpi (2006) notes the significance of this definition in terms of defining globalization as primarily economically driven and the conveyance and transmission of culture into a global village through the instrumentality of the mass media.

The major characteristic of globalization is that it accelerates the connectivity of people the world over. Thus, people who live in different regions of the world are easily brought together for different purposes by the click of the button. Such connectivity ensures that people from diverse places engage in business transactions that were hitherto impossible as well as cultural exchanges that are mutually beneficial. Just as people become connected by the internet, air plane and telephone, and other media, the barriers that once separated people have become insignificant due to technological advancement (Asakitikpi, 2006). Health is broadly defined as a state of complete physical, social and mental well-being and not merely an absence of disease or infirmity (World Health Organization, 2014). It is a state of optimum capacity for effective performance of valued tasks in which the individual is well and free from disease, defects and pains etc. Healthcare delivery system is defined as the totality of arrangements put in place by a social system for preventive, curative, rehabilitative and health promotion services in their environment. By social system, we mean different social collectives or groups, communities, nation states etc. Health care system could also be conceptualized as a system of institutions, people, technologies and resources designed to improve health of the population (WHO, 2014). Health system in the view of Asuzu (2002) is an organizational framework for the distribution of health care needs of a given community. It is a fairly complex system of inter-related elements that contribute to the health of people - in their homes, educational institutions, in work places, the public (social or recreational) and the psychological environments as well as in health and health-related institutions. An effective and efficient health service is one that achieves set goals. Such health system is accessible, acceptable and affordable to majority of the population, particularly the poor.

Information communication technology in the view of Gokhe (2011) refers to the combination of informatics technology with other related technologies, specifically communication technology. The implication of this definition according to him is that ICT will be used, applied and integrated in activities of working and learning on the basis of conceptual understanding and methods of informatics. ICTs are basically information handling tools- a varied set of goods, applications and services that are used to produce, store, process, distribute and exchange information (United Nations Development Programme, (UNDP), 2003). ICTs are often associated with the most sophisticated and expensive technologies (Reddi, 2012). It is a technology that supports activities involving information. Such activities, according to Gokhe (2011) include gathering, processing, storing and presenting data.

According to National Archives & Records Service of South Africa (2006), electronic records can be defined as information which is generated electronically and stored by means of a computer technology. Tafor (2003) also defines electronic records as records that are dependable on relevant machine for access or reading i.e. computer hardware such as e-mails, database and word processing. It is an intangible soft record created and preserved through the usage of an ICT system (Marutha, & Ngulube, 2012). In the view of MacDonald (2006), electronic records are the evidence, in digital form, of transactions undertaken by individuals or by organizations. The major difference between e-records and traditional paper record is that its components do not physically exist but are kept in different parts of the system (Duranti, 1999).

Electronic payment or E- payment includes any payment to businesses, banks or public services from citizens or businesses, which are executed through a telecommunications and electronic networks using modern technology (Sumanjeet, 2009). Asaolu, Ayoola & Akinloye (2011) describes an electronic payment system as a subset of an e-commerce transaction which include payment for buying and selling of goods and services offered through the internet. The forms of e-payment according to them include cards, internet, financial service kiosks, biometric payments network etc.

Theoretical Framework

This study is anchored on modernization theory. Some of proponents of modernization theory include W.W.Rostow, David Apter, Martin Lipset, David McClelland and Edward Said. The term modernization theory refers to a theory which states that development in developing worlds can be attained through following the processes of development that are used by currently developed nations (Rostow,1960). The aim of modernization theory is to dichotomize between traditional and modern society. It argues that there is a wide gap between developed and underdeveloped countries which could be closed by diffusing the characteristics of developed societies to underdeveloped ones (Ajiboye, 2011).

Modernization theory submits that underdeveloped nations must jettison their traditional characteristics which are considered as encumbrances to their development and embrace modern characteristics typified by western models. Globalization,

urbanization, industrialization, western education, advances in information technology etc are all by products and indicators of modernization (Ajiboye, 2011). Technology according to Wikipedia (2016) is a major source of social change. Technology makes it possible for a more innovated society and broad social change. For example the cell phone technology has made it possible for widely dispersed populations to be linked together and the remote areas can easily be connected through internet access.

It is instructive to note that modernization of the health sector of developing nations recognizes that transiting from 'traditional' to 'modern' is not merely the advancement in technology and the introduction of western practices, but implementing modern health care requires the re-organization of the political agenda, and, in turn, an increased funding by feeders and resources towards public health (Wikipedia, 2016). Though it carries some strength, the modernization theory has received widespread disapproval especially from African scholars. Its biasness towards Europe and America, its failure to locate social and cultural aspects in development are among many reasons why it failed to explore and describe the development phenomena fully.

Empirical Review

A study conducted by Olayiwola, Soyibo & Atinmo (2005), on the impact of globalization on food consumption, health, and nutrition in Nigeria, revealed that there appears to be a limited direct impact of globalization through the usual roots of trade, migration and information technology at the household level, care-providing activities; and the nature of the health environment, including access to health services. The purpose of the study was to examine the extent to which globalization has impacted on food consumption, health and nutrition in Nigeria and how the country can take advantage of globalization to improve the health and nutrition status of its people. The result of the study showed that the impact of globalization on food, nutrition and health in Nigeria has improved with democratic governance. However, in the area of trade, migration, ICTs and capital inflows, there is a lot still to be accomplished.

In a study embarked upon by Lister (2014) titled "Globalization and health system change", observed that the last 30 years of globalization have had an uneven and unequal impact not only on the economies and living standards of the developed and developing countries, but also on their health systems and on the possibilities of establishing universal and comprehensive health services alongside public health policies. Inequalities in access to health care and in the resourcing of health systems have widened, with the US alone, with just 5 per cent of the world's population, now spending 40 per cent of the world health budget on a costly, inefficient, exclusionary and bureaucratic system. By contrast, many of the poorest countries facing the greatest burden of disease, spend a tiny share of their much lower GDP on health care.

Globalization and Healthcare Service Delivery: The Nexus

Globalization in the context of health may be viewed as a concerted global effort towards prevention, elimination and eradication of diseases, and the promotion of human health worldwide. This brings a lot of issues to mind: from the ever-growing mobility of people

and the public health consequences of such a change in peoples movement patterns, to concerns about ethical standards in international health research, as well as ethical analyses critiquing the continuing existence of the 10/90 gap in health research. Intellectual property rights and affordable access of the world's poor to patent-protected essential AIDS drugs, as well as immigration ethics, have been high on international agendas (Berman, 2000).

There are many social determinants of health. This is because health is a product of multiple levels of influence. The multidimensional nature of health is shaped by factors that are of physical, environmental, biological, socio-cultural, psychological, political, economic, and religious/spiritual backgrounds etc. Globalization manifests economic, social and political ramifications. It constitutes one of the key social determinants that affect healthcare delivery systems in both developed and developing nations. Nonetheless, the magnitude and exact nature of influence of globalization on health system of different nations depends on specific circumstances of such nation states either as key player, passive participant or as mere major consumer of goods and services at the global market. Globalization also has implications for the state of health of individuals and social groups irrespective of their location as goods and services with diverse health implications criss-cross the face of the earth and is consumed in some places like Nigeria without adequate considerations to their side effects (United Nations, 2014).

Unfortunately, although there are interventions that could address disparities in social determinants of health (SDH), including those arising from globalization, such interventions aimed at increasing the social resources of neighbourhoods, communities, or nations in order to attain a positive and measurable impact on health outcomes are yet to gain grounds in Nigeria. Few examples of interventions that address the disparity of social determinants of health are training of health manpower, building and equipment of health facilities, adequate remuneration and incentives to health workforce, affordable housing program for the masses, increasing neighbourhood safety, promotion of community development to increase economic opportunities. Poverty, unemployment or low income negatively affects the level of health attainment of an individual. Furthermore, enhancement of literacy level of the people is a very important intervention. Education has positive correlation with level of health attainment. The absence or poor performance of above mentioned interventions in Nigeria compounds the negative effects of globalization in her area (Nwankwo 2007).

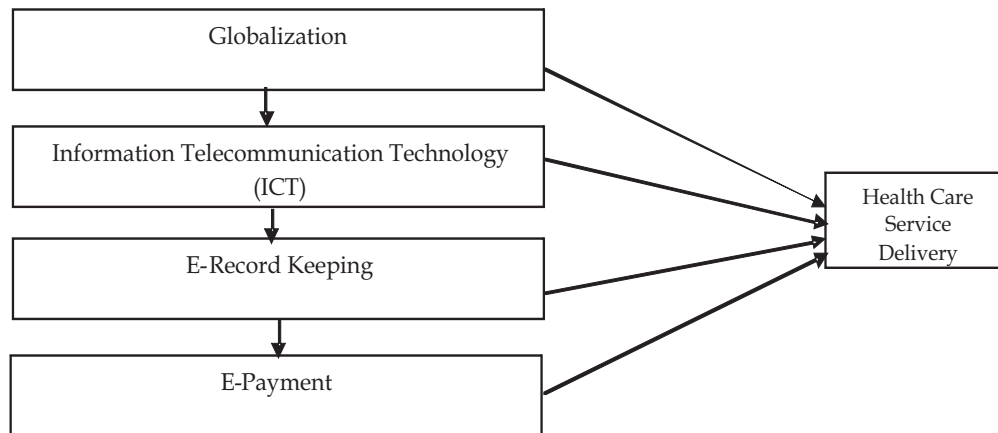
Methodology

Survey research design is employed in this study. The target population consists of employees of Lagos State University Hospital (LASUTH) estimated at 520, as well as residents who patronize them. Because the population of clients of LASUTH is infinite, the Walpol formular for determining sample size was employed. Thus, at a standard score corresponding to 5% significance level and a sample error of 0.04, a sample size of 104 was obtained. The combination of stratified and accidental sampling was used in this research. A total of 104 copies of the questionnaire were administered among the staff and clients of the hospital. A total of 100 valid responses were received, representing a

97.1% response rate. The main instrument of this research was an anonymous questionnaire. To procure consent from participants, a letter of introduction was sent to the Hospital Management. Detailed information about this research, the research objectives, and the eligibility of participants were included in the letter. Participation was on an entirely voluntary basis and the questionnaire did not require participants to divulge personal details. A participant information sheet was attached to each questionnaire assuring the confidentiality of the collected data. Instructions were provided to guide correct completion of the questionnaire, and the contact details of the researcher were also provided in case participants required more information about the survey. The questionnaire was in two sets, one for the clients and the other for the staff of the hospital. The questionnaire was close ended and in form of 5 point Likert scale which is a technique for measurement of attitudes. Copies of the questionnaire were self-administered by the researcher to respondents. The questionnaire was distributed to respondents on working days through the assistance of the Administrative Department of the hospital. Questionnaire copies were retrieved from respondents at closing hours between 4pm-5pm. Duration of field work lasted for one week.

A draft of the questionnaire was given to other experts in the field of Management Sciences for content and construct assessment. The corrections and suggestions that were made were used to improve on the instrument, hence the instrument was validated. The instrument was subjected to Cronbach's Alpha reliability test. Using Pilot-Scale method, the questionnaire was pre-tested among 5 individuals before using it on the sampled population to check for its reliability and the result obtained was above 70% which confirms the reliability of the instrument. The data obtained were analyzed using frequencies and percentages. Pearson Product Moment Correlation Coefficient and Chi-square statistical techniques were used in testing the hypotheses at 95% confidence interval. In order to ascertain the claims that was made by the staff of the Hospital, the researcher also interviewed ten (10) clients of the Hospital. The interview was conducted using accidental sampling technique. The Pearson Product Moment Correlation Coefficient is considered suitable for the purposes of the present study since the study attempted to describe the relationship between globalization and employee's performance, effective service delivery and accountability and transparency in Lagos State University Teaching Hospital.

Model Specification



Source: Developed by the Researcher

Our definitional models for this study can be specified as follows:

$$HCD = f(GB, ICT, ER, EP)$$

Where:

HCD= Health Care Delivery; GB = Globalization; ICT = Information Telecommunication Technology; ER = E-Record Keeping; EP = E-Payment.

Following from our theoretical perspective, the models are specified such that we can be able to test for the relationships as stated in the objectives of the study.

Analysis and Discussion

The key demographic information of the respondents was analyzed using frequencies and simple percentage while the relevant hypotheses were tested using Pearson Product moment coefficient and Chi-square no parametric technique of hypothesis testing. Hypotheses 1 and 3 were tested using chi-square while hypothesis 2 was tested using Pearson Product Moment Correlation coefficient.

Testing of Hypothesis I

Hypothesis One

Ho: Information Communication Technology (ICT) cannot enhance effective and efficient health care service delivery in Nigeria

H1: Information Telecommunication Technology (ICT) tends to enhance effective and efficient health care service delivery in Nigeria

The data from table I was used to test this hypothesis using SPSS the Chi Square extract is shown below;

Table 1: Chi-Square Extract

Question	Responses	%	X^2_c	X^2_t	DF	Remark
1	Strongly Agreed	36				
	Agreed	37				
	Undecided	12				
	Disagreed	10				
	Strongly Disagreed	5				
Total			10.4	9.488	4	Sig

NPAR TESTS

/CHISQUARE = quest 1

/EXPECTED = EQUAL

/MISSING ANALYSIS

NPar Tests

Chi-Square Test Hypothesis I

Test Statistics

	1.	ICT enhances health care service delivery
Chi-Square		
df		
Asymp. Sig.		

a. 0 cells (.0%) have expected frequencies less than 5. The minimum expected cell Frequency is 38.6

$X^2_{Cal} = 10.4$, $X^2_{table} = 9.488$, Degree of Freedom (df) = 4 at 0.05 Level of significant (LS)

Interpretation

Table above represents the Chi-square analyses of the responses on hypothesis I. The result revealed that the Chi Square calculated (X^2_c) is 10.4 while Chi Square table (X^2_t) is 9.488 with 4 degree of Freedom (df) at 0.05 Level of Significance (LS). From the above analysis, it is observed that Chi Square (X^2_c) is greater than the Chi-Square tabulated (X^2_t). Thus, we reject the null hypothesis (HO) and accept the alternative hypothesis (HI). The implication of this decision is that Information Communication Technology (ICT) enhances effective and efficient health care service delivery in Nigeria.

Testing of Hypothesis II

Ho: There is no significant relationship between e-recording and health care service delivery.

Hi: There is significant relationship between e-recording and health care service delivery.

Using SPSS the Correlation extract is as shown below;
Pearson Moment Correlation Extract

Correlations		Consumers' Perception	Insurance Service
Health Care E-Record Keeping	Pearson Correlation	1	.766
	Sig. (2-tailed)		.000
	N	100	100
Health Care Service Delivery	Pearson Correlation	.766	1
	Sig. (2-tailed)	.000	
	N	100	100

Partial Corr Hypothesis II
Correlations

Control Variables		10. E-Record Keeping would enhance effective health care service delivery in Nigeria
12. E-Record Keeping would not improve health care service delivery	13. Giving Preference to E-Record Keeping will bring about efficiency in health care service delivery	Correlation Significant (2-tailed) Df .766 .000 100

The result; $r = 0.766$ shows that the correlation is significant at the 0.05 level (2-tailed)

Interpretation

From the table the results of Pearson's Product Moment Correlation shows that there is significant correlation between E-record keeping and efficiency in health care service delivery with $r = 0.766$, $p < 0.05$ which indicate that there are positive correlation between the two variables (E. Record Keeping and efficiency of health care service delivery). Hence, we reject the null hypothesis (H₀) and accept alternative hypothesis (H₁) and conclude that there is positive relationship between e-recording and health care service delivery in Nigeria.

Testing of Hypothesis III

H₀: E-payment cannot improve efficiency in health care service delivery

H₁: E-payment can improve efficiency in health care service delivery

Chi Square Extract

Question	Responses	%	X^2_c	X^2_t	DF	Remark
14	Strongly Agreed	37				
	Agreed	29				
	Undecided	6				
	Disagreed	18				
	Strongly Disagreed	10				
Total			37.026	9.488	4	Sig

Test Statistics

	1. E-payment can improve efficiency in health care service delivery.
Chi-Square Df Asymp. Sig.	

a. 0 cells (.0%) have expected frequencies less than 5. The minimum expected cell frequency is 38.6

X^2 Cal = 37.026, X^2 table = 9.488, Degree of Freedom (df) = 4 at 0.05 Level of significant (LS)

Interpretation

The table above represents the Chi-square analyses of the responses on hypothesis III. The result showed that the Chi Square calculated (X^2_c) is 37.026 while Chi Square table (X^2_t) is 9.488 with 4 degree of Freedom at 0.05 Level of Significance (LS). From the above computation, it is observed that Chi Square (X^2_c) is greater than the Chi-Square tabulated (X^2_t), thus, we reject the null hypothesis (H₀) and accept the alternative hypothesis (H₁). The implication of this decision is that e-payment can improve the level of efficiency in health care service delivery system in Nigeria.

Discussion of Findings

From generated results, the finding of the first hypothesis revealed that ICT enhances effective and efficiency service delivery in Nigeria. ICT has pave way for easy health information system through electronic devices. The finding here support the view of Kassier (2000) who proposes that the use of telecommunications could considerably help physicians who are dissatisfied with the conditions. The problem of large patient loads, burdening administrative tasks, frustrating requirements, and the loss of control of patient care decisions in Kassier's view could be at least partly overcome with the help of technology. Thus, ICT offers opportunities to overcome the workloads by for instance, increasing patient independency. There is a growing desire among health consumers to be more involved and informed of their treatment as more and more people are proactively seeking for information online about their health conditions.

The result of the second hypothesis revealed that there is a significant relationship between e-recording and health care service delivery. Record keeping in the health care sector is now service as globalization has enhanced e-recording system in LASUTH. Burney Mahmood & Abbas (2010) observed that document management is one of the areas where bar code technology and radio-frequency identification can be used effectively to manage paper documents and files. According to them, most health management system in developing countries use bar coding of patient medical record folders to keep accurate file locator systems. The case of e-health care system has also eliminated carrying files and bulk documentations from one department to another. However, Chukwunwike, (2005) observed that adequate measures have not been put in place in developing countries like Nigeria for effective e-record keeping in the health sector in order to attain international best standard. This indicates that little remarkable improvement was recorded in Nigeria compared to international standard performance in the area of e-recording in the Nigerian health sector.

From generated results, the finding of the third hypothesis shows that e-payment system can improve health care service delivery. Roger (2001) argues that as a result of globalization, bar code technology is now being used with the patient billing statements and whenever a patient submits a payment, it is easily verifiable and provides accurate data. Other findings of the study revealed that a poorly motivated workforce will not put in their best effort and performance at work. In Nigeria, many health facilities at primary, secondary and tertiary levels are dilapidated, totally dysfunctional or operating below average capacity. The health referral system, to say the least, is simply not efficiently operational and poor remuneration and low motivation of health personnel prevail. The training exercise and programmes of health care have not been encouraged. Training affords the workers the opportunity to improve on their knowledge, skills, attitude and performance. WHO (2014) noted that this is necessary in the workplace because of the dynamic nature of the health sector. Unfortunately, the training program in the sector has remained static, thereby making the workers to lag behind in skills development, reorientation of attitude and acquisition of knowledge.

Also, many scholars such as Nwankwo (2014), Aremu (2006) and Robinson (2009) have argued that administration of health care service in Nigeria is characterized by skirmishes which have blurred its efficiency viz-a-viz its perception by the people which it service. In spite of this, it has been observed that with better technology, health care employees in Nigeria are experiencing better working conditions as a result of globalization compared to what was obtainable in the past which has led to a significant improvement in productivity level in the health sector. This suggests that modern technology has improved working environment, terms and conditions of work and other work-related factors are now in favour of the health care sector employees. This, in the view of Ogunlela (2011) and Afolayan, (2014) tends to enhance improved productivity.

Conclusion

From the foregoing it is obvious that globalization has been part of human history for long. The advantages and problems of globalization as it relates to health care service delivery system are numerous. The impact of global forces on health management, however, is remarkably different among countries. National health care administration responds differently to global forces, while the international environment is also increasingly affecting national health care delivery system.

This study examined globalization and health care service delivery in Nigeria using LASUTH as reference point. It revealed that globalization has contributed significantly to improvement in productivity and performance of health care workers. Globalization has also enhanced the level of efficiency and effectiveness in the delivery of health care services in the country. Notwithstanding the above findings, there are still some challenges associated with globalization and its effects on health care service in Nigeria. For instance, health care professionals ought to embrace globalisation and ensure that their communities benefit optimally from it in terms of improved health care delivery. There is no doubt that advancement in technologies have paved way for provision of cost-effective e-services to the people around the globe (Istepanian, Javanov & Zhang, 2004) however, there are several risks associated with presenting information over networks and the internet. There is the risk of being attacked with viruses or even loss of significant data which may lead to disaster. Also, security and private policy are required to handle this problem. Another important issue in the opinion of Burney Mahmood & Abbas (2010) is health risk because patient life is at stake and any little mistake in the system is a threat to human life.

Recommendations

The full impact of globalization in the health sector is yet to be realized, but as health care administration embraces this trend and become more diverse, certain changes are emerging. While many of these changes are good, others may not be as positive as envisaged. It is on this background that the following recommendations are made to the problems of globalization of health care administration in Nigeria. Experience has shown that governments have a vital role in creating an effective legal regulatory framework in which the Public sector is enabled to operate. It is therefore important to have in place enforceable legislation for health sector through appropriate rules and regulations. The role of the State in this respect is to establish the rules of the game for the operation of the public health sector and at the same time to perform the role of arbitrator. Anti-trust policies should be elaborated and implemented to protect the citizens.

It is also recommended that in order to turn globalization into an opportunity for all, the Nigerian government needs to make conscious policy choices for the new globalized system to work for maximum human welfare. It is on this basis that the study suggested that our health administration should learn from the lessons of China, India, Indonesia, Singapore, South Korea, etc which were faced with poor health care system in the 1930s, but today are major player's centers of health system and technology in the globalized world. This study is of the opinion that there is need for partnership between the private

sector and government so as to be able to take advantage of a very good human resource in information technology as well as medicine in order to come up with appropriate solutions to the problems associated with healthcare delivery system in Nigeria. Therefore, there is an urgent need for decision makers, policy makers as well as other stakeholders in the health sector to set the steps and guidelines to be followed that can engender effective health care policy in the country.

Modernizing and reforming the health sector is a key component in the promotion of health development agenda of any country. Thus, improving and reforming health care systems and institutions, including strengthening health sector capacity, is crucial in achieving the United Nations Millennium Declaration and its development goals, such as Free Health System. The way institutions operate should be reformed in order to have an appropriate strategy for human resources development. It is impossible to have efficient institutions without competent people and vice-versa. Therefore, there is an urgent need to upgrade skills in the health sector. It is also necessary to have a state-of-the-art electronic health record system in place that can assist in attracting and retaining doctors and nurses to public health institutions in the country. The record management system adopted in public hospitals should cover not only all patient details but personal as well as their financial details. To realize this, policy and decision makers in the health sector can facilitate communication between hospitals with substantial experience and those that are just beginning their electronic health record system because there are already many lessons and best practices which can be learned from the pioneers by others hospitals in order to avoid reinventing the wheel. Policy makers and public agencies can partner with other organizations like hospital associations, foundations, and other stakeholders in providing technical assistance through workshops for the staff of those hospitals that are just starting the electronic record system.

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