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REVIEW ARTICLE

A SYSTEMATIC REVIEW OF THE CHALLENGES OF HOSPITALS AS BUREAUCRATIC ORGANIZATIONS IN NIGERIA

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ABSTRACT

Hospitals are unavoidably seen as bureaucratic organizations because they ensure compliance with bureaucratic policies and procedures in the management of patients' ill health through a combination of formal rules. This paper therefore, examined the challenges of hospitals as bureaucratic organizations in Nigeria. The specific objectives include identifying the attributes of bureaucracy, examining the hospitals as bureaucratic organizations and bringing to light the effects of bureaucracy on Nigerian hospitals. By employing Max Weber's theory of bureaucracy, the paper utilized secondary sources of data. Meanwhile, the findings revealed among others that the attributes of bureaucratic processes includes impersonality dimension, division of labour, administrative procedures, rules and policies and waiting time among others are manifests in public hospitals as bureaucratic organizations. The paper further revealed that factors such as bureaucratic redtapism, resistant to change, rigid hierarchy, inefficient service delivery and absenteeism among others are the major challenges of bureaucratic processes in the public hospital organizations. The paper therefore, concludes among others that bureaucratic tendencies in the Nigerian healthcare system is preventing the productive ability of the healthcare workers in hospitals and have engendered inflexibility and rigour, as formal rules and regulations in the bureaucratic management of hospitals are too rigid. Therefore, it was recommended that emotional intelligence training should be given to all healthcare workers as it will help in their awareness and management of patients' emotions, no doubt, this will assist health or hospital workers develop right attitude to treatment of patients. Government at all levels should motivate healthcare workers by making the work environment conducive. The paper also recommended that government at all levels should partner with foreign and Non-Governmental Organizations (NGOs) in areas of job recruitment and monitoring to improve on the disciplinary measures on healthcare workers.

KEYWORDS

Health, Healthcare, Patients, Public Hospitals, Bureaucracy, Challenges, Bureaucratic Organizations

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Introduction

The hospital, as a healthcare organization in every society is expected to perform three fundamental functions of improving the health of the population, respond to people's healthcare expectations, and provide financial protection against the cost of ill-health (Feyisara, 2023). The effectiveness and efficiency of the hospital in healthcare delivery system is hinged, among other things, on how well the facility can deliver qualitative and affordable healthcare services to patients and health seekers. Consequently, the role of hospitals, in the healthcare service delivery system cannot be overemphasized (Ojo & Popoola, 2015). However, the measure of the capability of a hospital in providing adequate healthcare may depend on how effective and efficient is its bureaucratic settings.

The term bureaucracy refers to a complex organization that has multilayered systems and processes. The systems and processes that are put in place effectively make decision-making slow. They are designed to maintain uniformity and control within the organization. Bureaucracy describes the methods that are commonly established in governments and large organizations, such as corporations. Bureaucracy is pivotal in the administration of every entity's rules and regulations (Banton, 2022).

However, bureaucracy could negatively affect the running of every formal organization, including the hospitals. For example, in Nigerian hospitals, irrespective of the nature of health issues, the first point of call is the record unit, where patients' information is taken. And in most cases patients are not attended to until they have paid and obtained record cards. From the point of examination by medical doctors and laboratory tests down to the pharmacy where drugs are administered to patients, are usually characterized by an ineptitude service offering and delay bureaucratic processes. This ineptitude nature and delay have its root in bureaucratic management dimensions of the hospitals. Besides, these hospitals are usually hierarchically managed, at times, requiring young/junior professionals taken instructions from their superiors before attending to a patient (Feyisara, 2023).

Consequently, due to bureaucratic tendency, majority of the healthcare workers have developed a poor attitude to work and this has an overbearing adverse effect on the quality of service delivery to patients. Therefore, understanding the relationship between bureaucracy and service delivery in general hospitals will help in gaining adequate insight into how hospitals are operating in healthcare service delivery and it is against this backdrop that this paper sought to analyze the problems of hospitals as bureaucratic organizations in Nigeria.

The challenges of hospitals in its bureaucratic processes affect the timely treatment of patients and this requires urgent attention which have also attracted scholarly discourse recently. For example, Segel (2017) argues that bureaucracy is deterring healthcare in hospitals from getting better. Indeed, inefficiency in healthcare services is pervasive in public tertiary hospitals in Nigeria. According to Iloh et al., (2013), factors such as patient-related, health worker-associated and employer-associated interrelated and adversely negate the quality of healthcare services being obtained in Nigerian hospitals. The main challenge in hospitals across the country, has being poor response and attention to patients requiring urgent attention. Indeed, many patients have lost their lives due to delay in giving prompt attention usually as a result of strict adherence to bureaucracy. In some cases, the bureaucratic process is extended more than necessary and often resulted in negligence and/or abuse of professional ethics by most health workers in hospitals (Kuye & Akinwale, 2020).

Consequently, studies have revealed that bureaucratic processes in hospitals often take too much time and lead to unproductivity, prevent innovative ideas and improvement, frosty and unconcerned, hindered hierarchical control, permeated with red-tapism, and subject to considerable goal displacement which is termed "bureaucratic dysfunction" (Feyisara, 2023). Indeed, this routinized operating structure, most times, adversely influence quality healthcare service delivery in hospitals.

Though, scholars like Feyisara (2023), Kuye and Akinwale (2020), Banton (2022), Ojo and Popoola

(2015) among others have expounded on the attributes of bureaucracy as manifest in the hospital settings but little have been elaborated on how bureaucratic tendencies are problems to the aim and objectives behind establishing hospitals. Hence this paper closes the gaps in the body of literature by examining how bureaucratic procedures, which are put in place to enhance effectiveness and efficiency in service delivery in hospitals, have become a major clog in the wheel of emergency healthcare service delivery in the Nigerian general hospitals.

Aim and Objectives

The aim of this paper is to examine the challenges of hospitals as bureaucratic organizations. Thus, the specific objectives are as follows:

1. To look at bureaucracy and its attributes in Nigerian public hospitals.
2. To examine what makes the hospitals bureaucratic organizations.
3. To bring to light the challenges of bureaucracy in Nigerian hospitals.

Methodology

This review followed a systematic approach to literature selection and analysis. It involved searching major academic databases (e.g., Web of Science, Scopus, IEEE Xplore) for peer-reviewed articles published between 2020 and 2024. Search terms included combinations of "Bureaucracy," "Challenges of Bureaucratic Organizations" "Hospital Management" "Healthcare," and "Attributes of Bureaucracy". After screening for relevance and quality, 50 articles were included and content analyzed in the final review.

Literature Review

The review of relevant and related literature for this paper was thematically done in accordance with the aim and objectives of the paper under the following subheadings:

Conceptual Review

This section clarifies the major concepts as used in this review article as follows:

Hospital

A hospital is a healthcare institution that provides specialized medical treatment to patients with the help of healthcare staff and medical equipment. Hospitals have an organized physician staff and provide continuous nursing services under the supervision of registered nurses (Rockman, 2020). The author further asserts that most common type of hospital is the general hospital, which typically has an emergency department to treat urgent health problems ranging from fire and accident victims to sudden illnesses. District hospitals typically have many beds for intensive care and additional beds for patients who need long-term care. Specialized hospitals include trauma centers, rehabilitation hospitals, children's hospitals, seniors' (geriatric) hospitals, and hospitals for dealing with specific medical needs such as psychiatric treatment. Hospitals may be classified by type of service, ownership, size by number of beds, and length of stay.

Brief Origin of Bureaucracy

The concept of bureaucracy dates back to the Han dynasty in China, but the modern interpretation originates from 18th century France. The term "bureaucracy" is a hybrid word composed of the French word "bureau" meaning desk or office, and the Greek word "kratein" meaning to rule. Together, the term loosely means ruling by or from a desk or office. The word was first officially used in France after the French Revolution and then spread throughout the rest of the world.

One of the first scholars to expand the influence of the bureaucracy concept was the 19th-century German sociologist Max Weber. He described bureaucracy in a positive, idealized sense, viewing it as an efficient and rational organizational structure with clearly defined roles for individuals. For Weber, bureaucracy was crucial for the rise of capitalism, as it allowed organizations to persist even as individual employees came and went.

The Concept of Bureaucracy and its Attributes

Bureaucracy literally refers to a management structure characterized by specialization of functions, adherence to fixed rules, and a hierarchy of authority. It is a system of administration marked by officialism, red tape, and proliferation. Bureaucratic organization on the other hand is a type of business structure characterized by a specific hierarchy, rules, and regulations that govern every aspect of the organization. Bureaucratic organizations can be found in both public and private institutions, and they are often criticized for their rigidity and focus on procedures over efficiency. However, they can also provide stability and ensure that tasks are carried out consistently and according to established rules. Key attributes of a bureaucratic organization as highlighted by Rockman (2020) includes the following:

- i. **Hierarchy:** Bureaucratic organizations have a well-defined hierarchy with multiple levels of management, starting with the top executive (e.g., president or CEO) and followed by vice presidents, directors, managers, supervisors, and workers as the case may be.
- ii. **Impersonal:** Bureaucratic organizations tend to be formal and highly organized, with strict adherence to procedures and policies rather than on the basis of favouritism and ties.
- iii. **Slow decision-making:** The complex hierarchy and strict adherence to rules can slow down decision-making processes.
- iv. **Policies and procedures:** Bureaucratic organizations have thorough policies and procedures that govern most tasks carried out by employees, and managers are responsible for interpreting these policies for their staff.
- v. **Control:** Control is absolute, and employees are expected to follow the rules and procedures without question.

However, bureaucratic process lends itself to criticism and is synonymous with redundancy, arbitrariness, and inefficiency. People often use terms like bureaucrat, bureaucratic, and bureaucracy in a negative context. For instance, calling someone a bureaucrat implies they're a government official while the term bureaucratic implies that procedures are more important than efficiency. One common use of the word bureaucracy is the ability to make impossibilities a reality.

But there is a more balanced way to look at the concept of bureaucracy. From a structural standpoint, Banton (2022) opined that bureaucracy stems from the effort to lead organizations through closed systems. These systems are meant to be formal and rigid in order to maintain order. Perhaps the single most identifiable characteristic of a bureaucracy is the use of hierarchical procedures to simplify or replace autonomous decisions. A bureaucrat makes implicit assumptions about an organization and how it operates. One assumption is that the entity cannot rely on an open system of operations, which is either too complex or too uncertain to survive. Instead, a closed and rationally reviewed system should be implemented and followed.

Moreover, bureaucracy has been criticized in many ways. For instance, bureaucratic structures tend to be backward-looking, identifying procedures that worked well in the past. This backward perspective creates a conflict with entrepreneurs and innovators who prefer forward-looking concepts and attempt to identify ways in which processes could be improved rather than redundant. For example, agile processes that make improvements through an iterative process characterized by self-organization and accountability. Over time, a rigid bureaucracy reduces operational efficiency, particularly compared to rival organizations without large bureaucracies. Losses in efficiency are most pronounced in circumstances where bureaucracy is also used to insulate established power structures from the competition.

What Makes the Hospitals a Bureaucratic Organizations?

According to Kuye and Akinwale (2020), hospitals are referred to as bureaucratic organizations because it is a government agency or commercial business with a heavily enforced chain of command and tightly regulated operating procedures. These authors further stressed that hospitals are administrative system that relies on policies, rules and hierarchy in both public and private sector environments. Consequently, Nigerian public hospitals ensure compliance with bureaucratic policies and procedures through several methods, which are highlighted by Kuye and Akinwale (2020) as follows:

Formal rules and standard operating procedures:

Hospitals in Nigeria have a set of formal rules and standard operating procedures that guide the functioning of the institution. These rules are designed to maintain order and ensure that healthcare services are delivered efficiently and effectively.

Hierarchy and division of labour: The bureaucratic structure of Nigerian hospitals is characterized by a clear hierarchy and division of labour. This structure helps to ensure that tasks are assigned and completed according to the established policies and procedures.

Administrative procedures: Hospitals in Nigeria follow a set of administrative procedures that govern various aspects of healthcare service delivery. These procedures are designed to guide healthcare workers in their day-to-day tasks and ensure compliance with bureaucratic policies.

Training and orientation: Healthcare workers in Nigerian hospitals receive training and orientation on the bureaucratic policies and procedures that govern their work. This helps to ensure that employees understand and adhere to the established rules and procedures.

Monitoring and evaluation: Hospitals in Nigeria conduct regular monitoring and evaluation exercises to assess the effectiveness of their bureaucratic policies and procedures. These exercises help to identify areas for improvement and ensure that the policies and procedures are updated as needed.

Disciplinary actions: In cases where healthcare workers do not comply with bureaucratic policies and procedures, hospitals in Nigeria may take disciplinary actions, such as warnings, demotions, or dismissals. This serves as a deterrent for non-compliance and helps to maintain the integrity of the bureaucratic system.

Challenges of Bureaucratic Processes in Nigerian Hospitals

The challenges of bureaucracy are manifest in its attributes which includes impersonality, division of labour, administrative procedures, rules, and policies, and patients' waiting time/turnaround period. These are issues are discussed as follows:

i. Bureaucratic Impersonality

The dysfunctional feature of bureaucracy is evident in the Nigerian situation and it has eaten deep into the fabrics of public hospitals. This dysfunctional nature has branded public healthcare service with hatred, loathing and jealousy, rather than fostering a spirit of oneness, cooperation and teamwork to achieve a goal of delighting members of the public when it comes to offering healthcare services delivery. This attitude of hatred and loathing occur among peers, superiors and subordinates in Nigeria public hospitals (Maduabum, 2014), and this precludes the workers from giving quality services to the members of the public. In addition to this, the Nigeria bureaucracies are marred with corruption, inefficiency and overstaffed offices (Lawal & Balarabe, 2013). This confirms the report of Udoji of 1974 in Nigeria which reproaches Nigerian bureaucracies of prejudice and favouritism, ethnic fidelity and affinity, dishonesty, incompetency of boss to entrust and assign tasks and duties to subordinate, incompetence among young staff in carrying out delegated assignments, lack of necessary skills, knowledge in coordinating public services, inability to stick to deadlines and ineptitudes in productivity (Maduabum, 2014 as cited in Kuye & Akinwale, 2020).

ii. Separation and Division of Labour

The concept of separation and division of labour is an integral element of bureaucracy. It shows a stable corporate organization, managing individuals or teams that are working on different but integrated tasks. The origin of division of labour has its root in classical political economy, the precedent to contemporary economics (Gupta & Khemani, 2015). The division of healthcare personnel has a hierarchical component inherently fused in the hospital organization. One purpose of separation of health workers or dividing job functions according to skill sets and experience is to apportion work to people who have the competence and can better handle such a job function effectively. Studies have shown the merits of careful consideration of the efficient separation of medical workers and workflow (Hughes, 2015).

Regarding division of labour in healthcare management, it would appear that the delivery of healthcare service in hospital is susceptible to striking a balance between public demand for quality service and the supply of the right workforce (Hughes, 2015). Division of labour is appropriate but a situation whereby an aspect of the workforce is posing a challenge in giving timely attention to a patient will cause dissatisfaction and patients with urgent medical needs may develop complication or their condition might worsen due to delay in giving prompt attention from a division of the workforce. The delay in progress as a result of division of labour is connected with the service delivery in healthcare has made bureaucracy unacceptable to members of the public in hospitals. It is this delay that has made the division of health workers' tasks in the hospital becoming too cumbersome and challenging for patients to be satisfied with the management of hospitals and this has rendered quality service inaccessible.

iii. Administrative Procedures, Rules and Policies

Another major characteristic of bureaucracy usually being adopted in hospital is the administrative procedure. Indeed, administrative procedures, rules and policies in the management of hospitals as healthcare organizations, especially tertiary hospitals, could have significant impact on the quality of service provided to patients. However, these administrative procedures, rules and policies are usually found in all bureaucratic organizations. They are crucial such that virtually every healthcare worker manifests the

administrative designation in their job descriptions (Kuye & Akinwale, 2021). Carefully constructed policies are fashioned-out, maintained, and passed on to all healthcare workforce and strict adherence is authorized. Regular orientation to these administrative procedures of bureaucratic processes is mandated and job task is frequently defined by these policies and rules (Feyisara, 2023).

Administrative procedures, rules and policies aspect of bureaucracy is argued by several contemporary thinkers as being diametrically opposed to innovation and creativity. However, administrative rules and policies are not sufficed to elicit quality service delivery in healthcare management. Such a situation needs flexibility in attending to patients as different strokes for different folks. Within bureaucratic firms, rules are the major features of formal organizations, where formal rules and regulations are employed to stipulate what individuals in corporate firms have to do (Feyisara, 2023).

iv. Waiting Time/Turnaround Period

Waiting time is expressed as the amount of time a patient spends in the clinic before being attended to by any of the clinic health worker (Oche & Adam, 2013 as cited in Feyisara, 2023). It is another challenge of bureaucratic processes in the management of government hospitals because patients visiting hospitals for medical attention invariably exhaust an extensive period of time in the clinics waiting for services to be delivered by physicians and other health-related professionals. The rate at which health seekers are not satisfied with the care obtained is strongly associated with the waiting time experience

Patients clinic waiting time is a critical pointer of quality services delivered by hospitals. The amount of time it takes a patient to wait before being attended to is a determinant element that influences the utilization of healthcare services (Kuye & Akinwale, 2021). Consequently, patients may see protracted waiting time as a challenge to offering quality services in hospitals. Keeping patients waiting pointlessly may lead to tension and anxiety for patients and their relatives. Waiting time is one of the parameters in

which health workforce quality service delivery is determined, even more than their competence, knowledge, and skills.

Moreover, some specific effects and challenges of bureaucratic processes in Nigerian hospitals as highlighted by Feyisara (2023), include but not limited to the following:

Inefficient service delivery: Bureaucratic processes in Nigerian hospitals have been reported to negatively impact service delivery, leading to adverse experiences for patients.

Red tape: Patients and their families may face numerous bureaucratic obstacles, such as lengthy procedures and delays, when trying to access healthcare services in government hospitals.

Rigid hierarchy: The bureaucratic structure of Nigerian hospitals can create a rigid hierarchy, with healthcare workers and managers following strict rules and procedures, which may hinder efficient and effective decision-making.

Resistance to change: Bureaucratic organizations can be resistant to change, making it difficult for hospitals to adopt new technologies and practices that could improve patient care.

Corruption: Corruption in the Nigerian healthcare system can lead to inefficiencies and hinder the provision of quality healthcare services to the population.

Absenteeism: Medical personnel in Nigerian hospitals may abandon their official duties to attend to patients in private hospitals or work on contract at multiple hospitals, leading to poor service delivery in their original places of employment. These attributes demonstrate how bureaucratic processes in Nigerian hospitals can negatively impact healthcare service delivery and hinder the provision of quality care to patients.

Empirical Reviews

Feyisara (2023) examined service delivery by bureaucrats in accident and emergency units of selected hospitals in Ekiti State. The author employed both primary and secondary sources. The author got its primary data through structured in-depth interview with the medical staff, administrative staff and patients of the selected hospitals on bureaucratic procedures adopted in the management of patients in their

Accident and Emergency unit of the hospitals. The secondary data was from government publications, journals and articles. Data from the interview were qualitatively analyzed using content and discursive analysis to understand the trend of bureaucratic procedures and quality of healthcare services in Ekiti State. The study found that bureaucratic tendencies in the healthcare system have been a cog in the wheel of speedy care of patients. The cost and volume of bureaucratic directives has reduced the confidence of patients in public hospitals. The study recommended that emotional intelligence training should be given to all healthcare employees. This will entail awareness and understanding of emotions and applying them to behaviour and decision making in the hospitals, government partnership and collaboration with foreign organizations should be encouraged in order to improve on the quality of service given in the Accident and Emergency unit of Nigeria Hospitals.

Following the same trend of thought, Kuye and Akinwale (2021) investigated the conundrum of bureaucratic processes and healthcare service delivery in government hospitals in Nigeria. The author surveyed 600 outpatients and attendees visiting tertiary and government hospitals in Nigeria using descriptive design to obtain data from the respondents. A research instrument, questionnaire, was used to gather data. Out of the 600 outpatients visiting the 20 hospitals in government and tertiary hospitals, 494 responses were returned from the attendees. The study employed random sampling strategy to collect the information. The findings of this study were that service delivery in government hospitals were in adverse position on all the four constructs of bureaucratic dimensions as against quality of service delivery in Nigerian hospitals. It discovered that bureaucratic impersonality cannot impact on the quality of service delivery in government hospitals in Nigeria. Separation and division of labour among health workers have no significant effect on quality service delivery in government hospitals. Formal rules and regulations (administrative procedure, rules, and policies) prevent quality service delivery in government hospitals in

Nigeria. Also, patient's waiting time was not significant to the quality of service delivery in government hospitals.

Okafor (2023) on the other hand assessed the effects of hospital bureaucracy on the effective implementation of National Health Insurance Scheme (NHIS) in FCT, Abuja. The study adopted neo-bureaucratic theory which de-emphasized the harsh effects of the Weberian bureaucratic theory as theoretical framework. The survey study utilized questionnaire instrument to elicit data from Health workers and NHIS enrollees in nine health institutions spread across four Area Councils in Abuja, namely, AMAC, Gwagwalada, Kuje and Kwali. The data were analyzed using Statistical Package for Social Science (SPSS). The study observed that inefficient bureaucracy affects the effective implementation of NHIS in FCT to a high extent. The study concludes that hospital bureaucracy affects the effective implementation of NHIS in the FCT and the views of NHIS enrollees and health workers vary significantly regarding it. It recommended among other things that NHIS documentation processes in the health facilities should be done prior to falling ill and coming to access care.

Theoretical Framework

This paper utilized bureaucratic theory of Max Weber as discussed as follows:

Theory of Bureaucracy

The bureaucratic was postulated by Max Weber in (1958). The proposition of Weber is that for any vast and complex organization to operate very well, formalized rules and procedures are necessary (Jatoi et al., 2018). However, the proposition of Max Weber is that what makes bureaucratic organization is that, it carries elements of essentials that include, operating under a hierarchical control, authority, underscoring meritocracy and not inherited rights or ownership, while the decision-making process follows a well-defined chain of command. Weber postulated that, given the complexities enmeshed in the operations of contemporary firms, the bureaucratic theory is the most logical and model solution to the administration of such, organizations (Oyelaran-Oyeyinka, 2006).

Ujo (2008), however, present features of the concept of a logical bureaucratic theory conceived by Weber as follows: (1) official business is operated on a regular term; (2) an administrative agency tasks in line with specified rules and is considered by three inter-associated features: the powers of the tasks of each official is delimited in terms of impersonal measures; the official is given corresponding authority to perform his duties; and the means of compulsion at his disposal are largely restricted and conditions that authenticate their contract is well stipulated. (3) every individual member in the office is part of hierarchical authority, higher officials or offices supervise while sub-offices and officials have access to appeal; (4) bureaucrats do not have the resources required for performing the duties, yet they are responsible for official resources. Official business and private undertakings, official and private profits are largely divided; (5) offices cannot be adopted by the official as private property which can be sold; and (6) the administration is concluded on the basis of written documents (Ujo, 2008).

The theory of bureaucracy of Max Weber's classic formulation of bureaucratic philosophy serves as the point of departure for those skewed towards a documentation-driven to understand the hierarchy that lies in the process of record keeping establishments. The work of administration involves establishing and re-establishing institutional objectives, resolving conflict on the use of authority, and managing the outcome of policy variabilities. This entails the application of rules and guidelines in making informed decisions. In spite of their divergent dimensions, several scholars who have studied administrative processes whether sociologists, analysts of public administration, political scientists, or historians have confirmed Weber's work on bureaucracy (Feyisara, 2023).

While the administrative function has been a persistent attribute of all societies (ancient, primitive and contemporary), Weber was one of the earliest advocates to spot the distinguishing feature of bureaucracy in the contemporary period. Weber was a pioneering movement that conceptualizes a model for analyzing administrative

systems and he serves as a forecaster in echoing the concern regarding the psychological penalties to any individual found in the pool of contemporary corporate organizations. Till today, Weber's inventions are still relevant and significant in helping organizations to better understand the all-encompassing political-economic systems: capitalist, socialist, and communist (Styhre, 2007). This theory resonates this paper succinctly on the premise of the dimensions of bureaucracy. It is a good fit for the identified variables of this paper.

Max Weber's theory of bureaucracy is highly relevant to understanding the structure and functioning of hospitals as bureaucratic organizations manifesting in its features like hierarchy of authority, division of labour/specialization, rules and regulations, impersonality, technical competence and records keeping causing rigidity and dehumanization.

Discussion of Findings

This paper examined the challenges of hospitals as bureaucratic organizations. In view of the submission of Kuye and Akinwale (2021), the paper revealed that Nigerian hospitals ensure compliance with bureaucratic policies and procedures in their operational services through several methods, including slow decision making, formal rules and standard operating procedures, hierarchy and division of labour, administrative procedures, monitoring and evaluation, disciplinary actions and training and retraining of healthcare workers making the hospitals as bureaucratic settings.

Equally consolidating on the views and submissions of scholars such as Lawal et al., (2013), Kuye and Akinwale (2021) among others, this paper posits that the adoption of bureaucratic procedures in the management of general hospitals in Nigeria are likely to negatively impact on the desirable quality service delivery. Thus, in view of the explanation under this review, we can infer that bureaucracy does not favourably impact on quality healthcare service delivery in Nigerian public hospitals.

The paper further revealed in congruence with the stance of Oche and Adam (2013), Feyisara (2023) that the division of labour and impersonality as features of bureaucracy among

Nigerian public hospital are challenges that give room for over-dependence on a particular division especially when the team is not available at a given time when a patient wants to access them. A hypothetical example in support of this is the record units of hospitals. At times, when the staff on duty is absent for a known reason and a patient is willing to consult a medical doctor, without the record unit to fetch-out the patient file, accessing medical treatment becomes difficult. Also, if a medical doctor is not on the desk when a patient's file is passed forward, to see a doctor may also be quite difficult for such a patient. Therefore, this paper revealed that the concept of division of labour and impersonality as features of bureaucracy in hospitals hinders progressive service delivery in hospitals in Nigeria.

Furthermore, in tandem with the submission of Hughes (2015) and Feyisara (2023) also, the paper revealed that the idea of adhering to formal rules and policies streamlines the chances open to healthcare staff not only to be involved in the formulation of objectives and goals but also to use their own initiative on the possible means of conducting their job task. As the rules have its attendant difficulty on health employees so also it may hamper the satisfaction of patients and attendees visiting the hospitals. For this reason, healthcare workforce in bureaucratic firms could be inhibited by the bureaucratic practice of control, which impede the multiplicative tendencies of the workforce and suppress their capabilities in producing innovative ideas and this has a resultant effect on the delivery of quality service to patients visiting the hospitals. Thus, it could be argued that administrative procedure, rules and policies in the management of public hospitals in Nigeria may likely deter quality service delivery.

In agreement with the submissions of Ballini et al., (2015), Kuye and Akinwale (2021) among others, the paper further revealed that the amount of time it takes a patient to wait before being attended to is a determinant element that influences the utilization of healthcare services. Consequently, patients see protracted waiting time as a challenge to offering quality services in hospitals. Keeping patients waiting endlessly may lead to tension and anxiety

for patients and their relatives. So, waiting time as a feature of bureaucratic enigma. All the characteristics of bureaucracy in hospitals is one of the parameters in which bureaucratic processes mentioned show insignificant health workforce quality service delivery is determined and values, impersonality, separation and division of labour; measured, even more than their competence, knowledge and formal rules and regulations, as well as patients' waiting skills.

The reviews in the paper also revealed that several times in public hospitals, patients have to wait for a very long period of time before getting the attention of doctors and pharmacists. This may not be unconnected with the paucity of the employees available to the hospitals at a given time.

Moreover, the theory of bureaucracy by Max Weber as used to buttress the paper further supports the revelations in this paper as it addresses bureaucratic impersonality, division of labour, administrative procedural rules and waiting time of processing quality services which are all elements of administrative processes in the hospitals as bureaucratic organizations.

Conclusions

Healthcare services are contingent on time or less waiting time for patients to see the doctor and get succour on their health challenge. Bureaucratic tendencies in the Nigeria healthcare systems is preventing the productive ability of the health workers. Bureaucratic processes in Nigeria hospitals have engendered inflexibility and rigour, as formal rules and regulations in the bureaucratic management of hospitals are too rigid. Consequently, this compliance with formal rules and regulations rather put-off innovative ideas and introduces avenues for accepting responsibility for the failures of healthcare employees.

This is why, often times, when error occurs in hospitals, they never accept that the mistake was as a result of the negligence of the staff on duty. Also, impersonality in bureaucracy stresses a mechanical means of getting work done faster while organizational rules and regulations are given high precedence over an individual's emotions. The overall revelations of this paper largely indicates that patients are not invariably delighted and satisfied with the service provided in especially government-owned hospitals observing bureaucracy. The overall outpatients' experience with services offered are often inadequate on the basis of a

bureaucratic enigma. All the characteristics of bureaucratic processes mentioned show insignificant values, impersonality, separation and division of labour; formal rules and regulations, as well as patients' waiting time at the hospitals, were all insignificant with quality patients' experience from the reviews. Thus, this paper concludes that excessive bureaucracy could negatively affect the running of the hospitals because the features of bureaucracy are "unholy marriage" in the management of hospitals in Nigeria.

Recommendations

In view of the foregoing reviews, the paper makes the following recommendations to improve the state of healthcare position amidst bureaucratic tendencies of hospitals in Nigeria:

1. The management of both public and private hospitals in Nigeria should allow and encourage patients' feedback after they have received medical treatment and attention, to enable the management have a clearer understanding of where improvement is required in healthcare service delivery.
2. Emotional intelligence training should be given to all healthcare workers. This entails awareness and understanding of emotions and applying them to behaviour and decision making. This will help in awareness and management of their own emotions and patients' emotions. In the end, they will leave the patients better-off by treating them well with the right attitude and right spirit.
3. The hospital management should leverage on technology and data-driven insights by investing in modern, integrated healthcare information systems that can seamlessly share data and facilitate communication across different departments. Implement robust data analytics capabilities to identify patterns, bottlenecks, and opportunities for optimization using data-driven insights to inform decision-making, resource allocation, and the development of targeted interventions to address bureaucratic challenges. They should explore the use of artificial intelligence and automation technologies to automate repetitive administrative tasks, freeing up staff to focus on higher-

value activities and regularly review and update the hospital's technology infrastructure to ensure it remains efficient, secure, and aligned with evolving healthcare industry standards.

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