



SDI Review Form 1.6

Journal Name:	Advances in Research
Manuscript Number:	Ms_AIR_40368
Title of the Manuscript:	IMPACT OF TECHNOLOGICAL INFRASTRUCTURE ON QUALITY OF SERVICE IN THE NIGERIAN HEALTH SECTOR
Type of the Article	Original article

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound. To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Compulsory REVISION comments	<p>Title: OK</p> <p>Abstract: Did you obtain written consent from the participants in the study? How did you sample the participants?</p> <p>What is the response rate when you gave questionnaire? Give meaningful summary of results and revise the conclusion.</p> <p>There seems to be some bias in this study with heterogeneous participants, do you agree?</p> <p>Methods: Did you obtain written consent</p> <p>Results: A small summary of the findings would greatly enhance the study article.</p> <p>Discussion: There is heterogeneous mix of the participants. You say significant impact on "Quality of Services", Patients say "they are happy with services".</p> <p>Conclusion: Needs revision, stick to your study objectives.</p> <p>Recommendations: OK</p> <p>Tables: OK</p> <p>References: Revise as per Vancouver Style</p>	<p>Abstract: Written and informed consent was taken from all the participants before the study was conducted. Failure to give consent automatically disqualifies from participating in the study.</p> <p>Two states out of six states in south western Nigeria were selected. Fifteen hospitals were randomly selected from the two states. There were three tertiary/teaching hospitals, six secondary and six primary health care facilities. Two sets of questionnaires were administered to elicit information on patients' and workers' perception of the level of infrastructure and the quality of service. Twenty questionnaires were distributed (ten for health workers and ten for the patients) in each hospital. Distribution of the questionnaires was by convenient sampling method (every consecutive health worker / patient. Out of 300 questionnaires, 250 were returned. The little bias was due to the background level of knowledge between the health workers and the patients as regards what they know as ideal level of functional health care system.</p> <p>Methods: Yes</p> <p>Result (Summary): There were 207 respondents made up of 92 health workers and 115 patients that returned the questionnaire. Inadequacy of manpower and utilities was generally reported by the health workers. The overall mean for manpower adequacy (Doctors, Nurses, Ward aids and Laboratory staffs adequacies) were 1.31, 1.31, 1.49 and 1.21 respectively. The laboratory staffs were the most inadequate followed by doctors/nurses. Also, among the diagnostic facilities, laboratory equipment is very inadequate (mean of 1.06) followed by ECG (1.27). Perception by patients also shows gross inadequacy of manpower with overall mean of 1.94, 1.88, 1.65 and 1.50 for doctors, nurses, ward aids and laboratory staffs respectively. The laboratory staffs were also the most inadequate similar to the perception by the hospital workers.</p> <p>Level of patients' satisfaction with services rendered by health workers indicated that majority (44.3%) of the patients were satisfied with the services rendered by medical doctors, 50.4% of the patients were satisfied with the care services rendered by the nurses, but a weighted average of 1.82 shows that they were not satisfied with the services rendered by the laboratory staff. Similarly, a weighted average of 1.87 shows that patients were not satisfied with the total time taken before medical care was given.</p> <p>Concerning mode of payment through National Health Insurance Scheme (NHIS), majority (92.2%) did not respond possibly due to their non-awareness of the scheme or their aversion to it. However, most (51.3%) of the patients made payment by self but a weighted average of 1.87 shows general dissatisfaction with it.</p> <p>To examine the impact of staff/infrastructure inadequacy on quality of service, it shows statistical significant relationships ($p<0.05$) with gross mismatch of patients and workers. Therefore, staff inadequacy and equipment non-availability have negative impact on quality of service of the workers. On regression analysis about impact of</p>



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		<p>infrastructure on the quality of service, the effect is 48% of the total variation in gross mismatch, and F value is high (7.324) with p-value of 0.00. Therefore, there is a significant impact of the mentioned infrastructure (staff inadequacy, non-availability of equipment and large patient population) on the quality of health workers' service.</p> <p>Conclusion: There are inadequacies of manpower and facilities/equipment in Nigerian health sector. However, health workers especially nurse and doctors provide some level of patients' satisfaction in the discharge of their duties. There is a need to improve on the quality and quantity of modern health infrastructure provided for Nigerian health care centres.</p>
Minor REVISION comments		
Optional/General comments		