

# **MARKETING PRACTICES IN HEALTH INSTITUTIONS IN NIGERIA**

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**CERTIFICATION**

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## **DEDICATION**

This project work is dedicated to my parents Mr. R.N. Egwuelu and Mrs M.O. Egwuelu who have given me good and decent education.

## **ACKNOWLEDGEMENTS**

It is actually good to give honour and thanks to those who deserve them. I sincerely thank my children Edric Emma (Grandson), Nwamaka Emma A, Ifeyinwa, Usuochikanma, Omashior, Dr. Emuyemiken who were there to render one help or the other to me while carrying out this study. My thanks also go to my wife Mrs. P.O Egwuelu. For I know they missed me while I was very busy preparing and assembling this project work. I also thank my project supervisor Dr. E.P. Oseyomon and all the lecturers in the Department of Business Administration University of Benin for one help or the other given to me when the going was tough

## **ABSTRACT**

*The major focus of the study is to find out if there exist relationship between, the marketing practices and the benefits to the stakeholders of the Health Institution in Nigeria. Specifically, the objective of the study is to ascertain the effectiveness, extent, how to adopt and accept fully marketing practices in the activities of the hospitals in Nigeria. This study is important in order to improve the activities of Health Institution in Nigeria for the customers and client to benefit more than ever before. In the study the descriptive survey method was adopted for use and the questionnaire used to collect data for the study. The sample of 900 respondents were from some 50 hospitals from six states of the south-south zone of Nigeria. The sampling technique used to get the samples was the judgmental technique. Four hypotheses were formulated to test the data collected and analysed with chi-square. The findings showed that there was a positive and significant relationship between the marketing practices and the benefits to be derived by the customer and clients of the Health Institutions in Nigeria. And the main conclusion therefore is that the Health Institutions in Nigeria should accept and adopt fully the use of marketing practices in their activities for more successes and achievements in the duties of the Hospitals in Nigeria. This thesis recommends that hospitals should adopt and accept marketing practices fully in its activities. This, they can do by budgeting for marketing, planning for marketing, having trained marketing staff, having a marketing department and head of the department who should be professionally trained in marketing. They should follow the marketing methods as used by the profit-making organizations.*

**Keywords:** *Marketing, Marketing Practices, Health Institutions, Stakeholders, Non-Profit Organizations.*

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# CHAPTER ONE

## INTRODUCTION

### 1.1 Background to the Study

Health Institutions (also known as Hospitals) are Institutions that are built , staffed, and equipped for the diagnosis of disease ; treatment , both medical and surgical, of the sick, and injured ,for housing during the process (Donald ,Christopher, & Michael,2010).

Health Institutions are governmental, non-profit organizations . Non-Profit Organisation is also known as non-business , is also called not- for- profit organization or non-profit organization (NPO), is a group that has been organized for purposes other than profit making and no part of the organization income profit is shared to its members, directors or officers as dividend. Non-profit organization or corporations are also called “non-joint-stock corporations” (Lovette, 2018.). The non-profit establishment can take different forms. They can take the form of an individual enterprise, corporation, unincorporated association, partnership, foundation, churches, universities (Olanmi,2004)

Non-profit organization notwithstanding the form can be grouped into two major categories –governmental and non-governmental, in terms of ownership and control (LFN,2004). Governmental – these are government owned and they include amongst others the followings; Public Utilities(Nigeria Port authority, Nigeria Railway Cooperation etc), Regulatory Organizations (Law Courts,tribunals), the Nigeria Military (the Nigeria Army, Air Force ,and Navy), Nigeria Para-military (Nigeria Security and Civil Defence), the Nigeria Police Force (NPF), National University Commission (NUC), Nigerian Enterprises Promotion Board (NEPB), National Board for Technical Education (NBTE), National Business and Technical Education Board (NATEB); Social Services Organizations (Ministries, National Directorate of Employment etc); Health Institutions/organizations (Hospitals, Clinics, Maternities); Educational Organizations (Primary and Secondary Schools, Polytechnics, Colleges of Education, Colleges of Technology; Universities etc[LFN,2004]); Social Causes (War Against Indiscipline (WAI,1984&2016), Expanded Programme on

Immunization (EPI), National Programme on Immunization (NPI,2019) etc. Non-governmental Organisations - these are privately owned and they include amongst others the followings; Political organizations (Movement for Justice in Africa, Political Parties); Cultural Organizations(Dance groups, Tribal associations etc); Religious Organizations (the various religious denominations); Trade organizations (Employers Associations, Trade Unions etc); Social causes (Planned Parenthood Federation of Nigeria, Foundations); Social Organizations (Social clubs etc) Philanthropic Organizations (Red Cross society, Rotary Club, Full Gospel Businessmen Fellowship etc)(NBS,2019)

The definitions of marketing as given by some authorities in this field . Bennett (2005) defines Marketing as the process of planning and executing the conception, pricing, promotion, and distribution of ideas, goods, and services to create exchanges that satisfy individual and organizational goals. Pride and Ferrel (1980) defines Marketing as consisting of individual and organizational activities aimed at facilitating and expediting exchanges within a set of dynamic environmental forces. Marketing consists of individual and organizational activities designed to facilitate and expedite exchanges so as to achieve the goals of the producer /seller by sensing and satisfying consumer's needs.

Wentz (2009) has sub-divided marketing into three categories. First, commercial marketing which he says is the application of marketing arts in the pursuit of profit; that is, marketing is profit-oriented organizations. Second, social marketing and defined it as the use of marketing arts to further non- profit objectives. Wentz and the other proponents of social marketing see it as a special type of non-business marketing and further stated that social marketing is an approach to a planned social change. The same proponents identified four kinds of planned social change (Kotler, 2000) . The four kinds of social change are explained below as follows:

- Change in peoples cognitive attitude: This means the changing of target market knowledge of something for example, spurious analysis of somebody.

- Change in Action of people: This is making people to be involved in definite acts such as visiting the AIDS screening primary health centre for medical examination.
- Change in peoples behavior patterns: Making effort made to ensure that people change their behavior patterns. This may take the form of keeping ones environment clean and
- Change in value of individuals: This may mean making people to understand that foreign goods are not always better than the locally made ones. Social marketing aims at bringing about social change. The third, the non-business marketing referring essentially to the marketing related activities of the non-business organization that might include political parties, the Boys scout, religions organizations. Lovette (2018) defined the Non-Profit Organisation as a group organized other than for the purposes of making profit. This means that the profit or the income of the non-business is not shared to the members, directors or the officers of the organization as dividend. However, some of these may render services for sales in return for money on some other benefits enjoyed or received.

Marketing is the process that involves; product or service attributes; pricing; distribution and promotion (Kotler, 2005). This process essentially is aimed at meeting consumer needs, picking the right/appropriate price, access (place of getting the product or service), and effective promotion. To ensure that the above process is achieved satisfactorily, effectively and efficiently the following steps are usually put in place (Bush&Houston,2005). These are: having an approved marketing plan; having an approved budget; identifying and securing resources; and defining and establishing metrics that demonstrate marketing impact on the business. The above four steps are known as marketing practices(Lovette,2018).

The discipline, marketing, which was started in the United States of America in the early twentieth century has gone through many stages of evolutionary process, that resulted in the

modern day form and scope (Agbonifoh, Ogwo, Nnolim, Nkemnebe, 2007). Therefore, the definitions of marketing that were acceptable some forty years ago cannot be considered to be the same in form and scope today. Committee on definitions of terms of the American Marketing Association (AMA) [1960] see Marketing as the carrying out of business activities that direct the flow of goods and services to the consumer. This is pointing that marketing is being solely and conclusively for profit – oriented companies /firms/ organizations, in other words, it is referring that marketing is not and should not be for non-business organizations.

It is worthwhile to focus on non-business marketing to correct certain wrong impressions some people have created on marketing originally. One of them is that traditionally marketing focused on commercial organizations and transactions. There are good reasons that marketing can be applied in non-business organization. In the US in the 21<sup>st</sup> Century in terms of job creation, the NPO has grown faster than the profit sector (Bilzor,2007) thus, making up to 11percent of the total workforce.

NPOs contributed \$3.4billion in 2006 in four counties in Michigan City (Western Michigan Research Institute, 2007). Nevertheless, there is another very small number of people who refuse to accept a broadened view of marketing. This little number of people accept that an attempt to apply marketing to non-business firms means imperialistic domination and expansion of the traditional domain of marketing (Agbonifoh et al, 2007). There is also the issue of modification and adaptation of commercial marketing tools and the techniques in the non-business, also need to be emphasized in greater detail and then, it is only a special focus that will bring about the equitable justice to be made in this regard. Finally, a special focus is helpful in finding the ways to help managers of non-business organizations in achieving the desired effectiveness through marketing.

From the foregoing, the investigator has been motivated by way of contributing to knowledge to carry out a study on a governmental non-profit organization- the Health

Institutions in Nigeria. The study specifically ,addressed the roles marketing practices can play in adding to the benefits the stakeholders of health institutions in Nigeria can attain.

## **1.2 Statement of Problem**

Non –profit organization is a group organized for the purpose other than for the purpose of making profit (Levette, 2018), this means that the income or profit of the organization is not shared to the members, directors or officers as dividend. There is, therefore, the problem of raising funds in the NPOs. Funds of the NPOs may be raised from donors, volunteers, through lotteries, organized special events, rolled out public relations campaign, and grants (Levitt, 2018) . The means that all the people involved in the raising of money for the NPO activities are the target audience to be addressed in the operations of the Non –profit organization. Non –profit organization has been classified into two major categories – the governmental and non-governmental NPOs. Each of these two major categories are further classified into so many other subheads. It is very correct that the NPOs have very many publics which we have discussed above.

Then, to get their varied benefits and satisfactions cannot be easy, the necessary information that need to be gathered will not be easy too, knowing their competitors, opinion leaders are necessary and not easily come by to get the desired results needed. Marketing strategies that will appeal the customers have to be formulated. This is equally not very easy to do. In the NPO, the product, price, place, process, physical evidence, and even people cannot be the same, they may differ in some extent from those of the profit making organization(McCarthy,2005,Kotler,2014). The marketing strategies and plan for the church cannot be the same as that of the foundations, schools, the military, para-military and most others. There is marketing in all of them. Marketing practices are therefore very useful for both the NPOs and the commercial organizations. Customers need to be invited to inform them how to get the benefits and there by their satisfaction. These customers invited could be converted to agents of the NPOs. This may pave way to help recruit others.

Many literatures have shown that [so many researchers have been carried out in different studies](#); . Salamon (2007) studied about the performance of NPOs in the national

economies .The study found that NPOs in advanced countries contribute up to 4% of the nations GDP, one out every ten employees is employed by NPOs in most countries of the world. The NPOs also generate electricity and supply water in the countries in which they operate. Mohon (2009) studied about accountability and sustainability of the sector. Lovette (2018) studied about the various ways of generating funds in the NPOs. While this study to contribute to knowledge examined the relationship between, benefits/satisfaction, of stakeholders of health institutions in Nigeria a governmental NPOs( the dependent variable) and the marketing practices that are( the independent) variables of the study.

Non-application of marketing practices in the NPOs in Nigeria has no doubt caused some ineffectiveness and inefficiency in the sector. Thus, this study will add to knowledge by helping to closing some gaps between the earlier empirical findings and results. There has been no focus specially on non-business marketing because marketing has traditionally focused mainly on the commercial organizations and commercial exchanges or transactions (Agbonifoh et al,2007).

It is equally important to have special focus that will help the managers of the non-business organization to achieve effectiveness through marketing. For the fact that many especially in the non- business have the notion that marketing is not important in the non-business because they are not established to make profit.(Kotler & Lee 2015) There are many instances that can prove wrong the foregoing statement above. We may take examples below, the Universal church (Catholic church) had the issue of declining membership especially at the time the Pentecostal

churches were springing up. There was no sort of rescue until Catholic Charismatic Renewal came into existence to rescue the problem, Definitely marketing should have come openly and live to remedy the situation; Ambrose Alli University (formerly Bendel State University) Ekpoma in 1987 launched for one hundred million Endowment Fund. It could only realize three hundred thousand naira which was less than one third of the predetermined fund needed. People did not respond more positively because marketing and its tools were

not applied (Agbonifoh et al, 2007). Social causes and Social service organizations in Nigeria did not achieve the desired result because marketing was not applied specifically. War Against Indiscipline (WAI), which was aimed at political education and public policy in Nigeria (Agbaje & Junmi, 1998) , Mass Mobilization for Self-reliance, Social Justice and Economic Recovery (MAMSER)[Adokuru,2013] the Green Revolution; Operation; Feed the Nation (OFN) and the National Orientation Agency [NOA],2015)

The NOA is a Nigeria body tasked with communicating government policy staying abreast of public opinion and promoting national unity and the development of Nigerian society and some programmes embarked upon by the various regimes in Nigeria with little positive response or no success(National Bureau of Statistics [NBS], 2019) There should have been more positive responses or success if marketing has been applied in these programmes; there could have been more positive results from family planning and anti-smoking campaigns if marketing tools and its techniques were applied; so also the admission campaign's of most departments in the tertiary institutions in Nigeria. The instances mentioned above are not exhaustive, it can go on endless. Each of them calls for marketing activities and actions. The reason for making non- business or social marketing is to motivate and encourage non-business to adopt the scientific marketing knowledge to its advantage.

Furthermore, to the above listed problems of not using the marketing tools and techniques in the non-business organization; there is also the inadequate recognition of the marketing professionals in the non-business. As at the present, the year 2019, it is not obvious and clear that any non- business in Nigeria has a marketing unit or division or department or a qualified marketer.

And the promotion of the non-business has heavily dominated the other tools of marketing. In addition to that, the promotional activities do not have any support by any rudiment of the basic market research as well as lacking the expert input in the preparation of the messages. It is equally observed that the television jingles, talks and slogans have very little or no persuasive ingredient and knowledge.

Lastly, feedback which is a very good basis for assessing the previous performance of activities of promotion and other marketing tools is very absent. With all these it is very unlikely that the non-business can withstand the increased competition and the rising difficulty of attracting donors to contribute funds for social programmes and with improved education and understanding of the realities of modern times, non-business organizations will be distressed to start any meaningful modern marketing as a means of attracting consumers and donors of any project.

### **1.3 Research Questions**

1. How can marketing practices render better benefits to the customers of health institutions in Nigeria?
2. To what extent of relevance can the marketing practices satisfy the stakeholders of the health institutions in Nigeria?
3. How can the marketing practices be accepted and adopted fully in giving more benefits and satisfaction to the clients of the health institutions in Nigeria?
4. How can the marketing practices entirely improve satisfactions and benefits to the stakeholders of the health institutions in Nigeria?

### **1.4 Objectives of the study**

1. Ascertain how marketing practices can render better benefits to the customers of health institutions in Nigeria
2. Determine the extent of relevance marketing practices are satisfying the stakeholders of health institutions in Nigeria
3. Establish how marketing practices can be adopted and accepted fully in giving more benefits to the customers and clients of health institutions in Nigeria.
4. Identify how marketing practices can entirely improve upon the current level of benefits to the stakeholders of health institutions in Nigeria

### **1.5 Significance of the Study**

The sound knowledge and understanding of the marketing practices in the non-business organization will be of immense benefit to: the national economy; to the particular organization; other organizations in the economy; the general public; the individual citizens in the nation; the workers/employees; and other countries of the world.

To the national economy the respective non-business organizations, can help solve the problem of un employment and social development of any nation. Drucker (2005) maintained that civil society organizations are the power house towards progress and ensuring the development of the nation. In developing nations the development is seen as a progress where the government has to work for the people rather than people(HDR,1993). Kotler & Murray (2015) advocated that government cannot address the needs of the problems of the society, so the non- profit organizations have to come as partner in progress of development. Fazlon (2017) in other words had it that non- profit organisations have come to bale out the people in some instances . Sargeant (1999) has emphasized that NGOs make great impact on the relationship between all sectors involved in the economy.

On the part of the respective non-profit organizations it will help them to increase the benefits rendered to their clients and customers. This will bring about progress to the NPOs .And the stakeholders will not be left out of the benefits, and thus increasing their derivable satisfactions. Equally, the individual citizenries must enjoy the good services rendered by the NPOs to the nation especially in the supply of water and the generation of electricity. Finally, other nations of the world must have their fair share of the services of non-profit organizations. For example, Nigeria is enjoying from the tuberculosis and leprosy control of the German NGO.

Another significance of the study is that the general public is going to have a share of the benefit provided by the non-profit organization. The improved health services, educational service and infrastructures are for the general public. The Red Cross Services, and all the other non-business services provided are for the enjoyment and raising of the

standard of living of the general public. The individuals must not be left out. The reason is simple, for the public is made up of the individuals and equally important are the workers or the employees of the non-business organizations. Job security is there, better work-life and good pay too. Good habits must be learnt and improved working habits must be achieved by these employees. Finally, there are other organizations in the country that will learn from the other non-business organization. There must also be inter exchange of services rendered that will benefit each other non-business organizations.

## **1.6 Research Hypotheses**

1. There is no significant relationship between the services rendered by the marketing practices and the benefit to the stakeholders in the health institutions in Nigeria.
2. There is no significant relationship between the extent of services provided by marketing practices and the benefits to the customers and clients of health institutions in Nigeria.
3. There is no significant relationship between the level of acceptance and adoption of marketing practices and the benefits to the stakeholders of health institutions in Nigeria.
4. There is no significant relationship between the improved services of the health institutions in Nigeria and the benefits realized by the stakeholders in the health institutions in Nigeria.

## **1.7 Scope of the Study**

There are researchers who have researched some areas of NPOs like the roles they have been playing in the national economies all over the world. Salamon (2007) studied about the performance of NPOs in the national economies. He found that NPOs in advanced countries contribute up to 4% of the nations GDP, one out every ten employees is employed by NPOs in most countries of the world. The NPOs also generate electricity and supply water in the countries in which they operate. Mohon (2009) studied about accountability and

sustainability of the sector. Lovette (2018) studied about the various ways of generating funds in the NPOs. The scope of this study can be the entire country Nigeria. But this will be too wide for a student research project to complete within the scheduled period of the study. Therefore the investigator will delimit the study to the South-South Zone of Nigeria. The zone include : Akwa-Ibom, Bayelsa, Cross Rivers, Delta, Edo, and Rivers. These states were successfully covered within the period of six to 12 months.

Having delimited the study to the South-South States (Zone), it could still be much to cover adequately, therefore the investigator will take one dependent variable amongst the many of the such variables in the non-profit organizations. This dependent variable selected for the study was the customers benefits/satisfactions. Again concentration of the study was only be on one of the Governmental Non-Profit Organisation, the Health Institutions (Hospitals) in Nigeria. And the health institutions surveyed in the study are as follows: Akwa Ibom State,6; Bayelsa State 5; Cross River State,6; Delta Stae,15; Edo State,6; and Rivers State,12. The investigator adopted a descriptive survey method and the judgmental sampling technique(Agbonifoh&Yomere,1999). This falls into the non-probability sampling technique. In this regards the investigator selects the samples that will give him the correct and appropriate data and adequate procedure to achieve 7the objectives of the study and adding to knowledge.

Other researchers have cover wider areas in the non-profit organization. These covered effectiveness of management of finance, performance of NPOs in the supply of water, electricity generation, sourcing of funds and some other areas. This study will examine the relationship which exists between the satisfactions and benefits of customers, clients, vendors, volunteers, donors and the various marketing practices in the operations and activities or services of the hospitals in Nigeria.

## **1.8 Limitations of the Study**

The most serious limitation of this study was most of the respondent attitude towards responding to the questionnaires. Some were not willing or ready to just tick the options of their choices. This was seriously quite frustrating to a student researcher that has limited time for the study. There is also the issue of some not returning the questionnaire in good time. The only way out to this was to make use of many friends in the different states of the zone under the survey to help monitor some of the respondents. And again the use of online was helpful. The researcher sent some of the questionnaire through the e-mail and good results were achieved through this means.

The study was also likely to face some problems which could affect generalization of the findings. The study could not totally avoid using the secondary source of data whose computation and analysis technique might be through correlation, multiple regression analysis or panel data analysis which might have serious adverse implication for the outcome of the study. These approaches have their draw backs and demerits for the many fact that they are sensitive to the results of their application, it focuses equally on the mean of the dependent variables and the test might be unreliable when data is not normally distributed. Nevertheless, these problems were solved or dealt with in this study by the use of fixed effect model to provide likely means of controlling omitted variable bias and equally employing dynamic panel estimator technique to correct endogeneity of variables

## CHAPTER TWO

### LITERATURE REVIEW

#### 2.1 Introduction

This chapter concentrated on the following subheadings: Conceptual Review of the study; Theoretical Review, Model Specification of the Study; Empirical Review; the Research Gaps ;and Summary of the Empirical Literature Review.

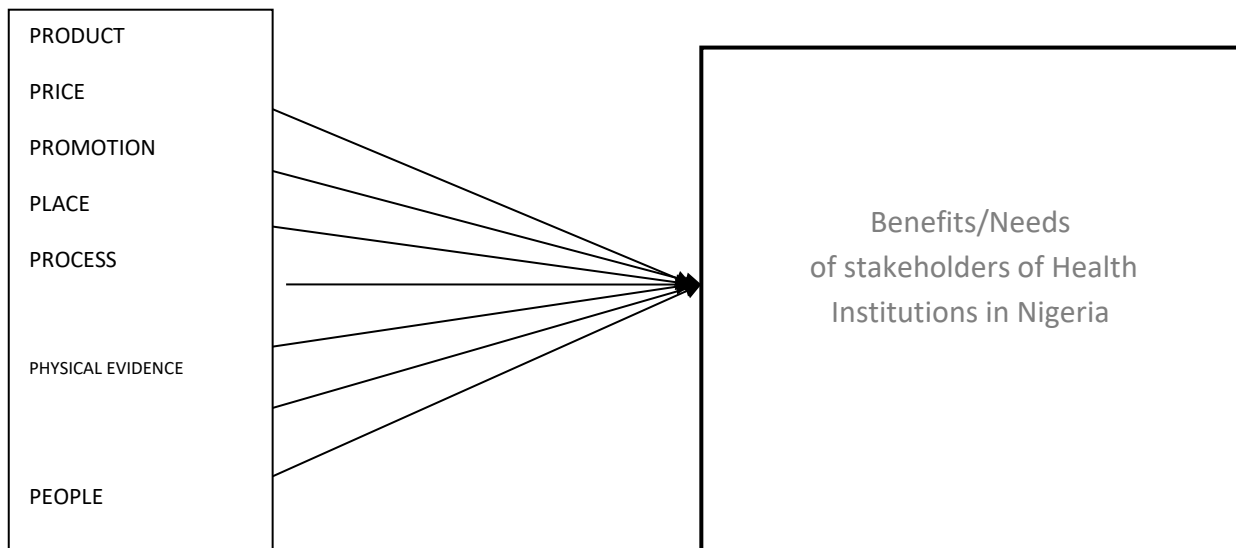
#### 2.2 Conceptual Review

A conceptual review is simply a review of the existing conceptual frameworks which is used to illustrate what the researcher expect to find through the research.This includes how the variables might relate to each other. There is no existing conceptual framework appropriately related to this study .Therefore, the researcher has to construct one as shown below:

**Fig. 1**

INDEPENDENT VARIABLES

DEPENDENT VARIABLE



SOURCE: RESEARCHER'S FIELDWORK CONSTRUCTION, 2020

### **2.2.1 Ascertaining How Marketing Practices Render Benefits to Stakeholders of Health Institutions in Nigeria.**

At this time it is necessary to have a look at the Marketing in Non-Profit Organizations. Basically, it is the same considerations and variables used in commercial marketing that is applied in the non-business marketing.(Agbonifoh, et al,2007). The investigator then focused at these considerations and variables. Top management of either profit or non-profit organization must show both in words or in deeds , its conviction of the very useful essence and applicability of marketing in both organizations .Ayodele,Habeeb,Ikechukwu,&Alimat (2013) emphasized that the other marketing activities needed in the organizations include; an analysis of the marketing environment and the market, the specification of clear and realistic marketing objectives, segmenting the market where it is worthwhile and the formulation of the service (product), the price, the promotion , and the distribution policies.

Environmental and Market Analysis are equally important to the non- business organization, that is, to monitor, analyze and interpret the environmental changes. The economic, socio-cultural, technical, legal and political changes in its environment must have tremendous consequences (adversely or favourably) on the activities of the non-business firm. Market analysis which refers to the monitoring, analyzing and interpreting the nature and the trends of the market. This becomes useful since the result attained would help the firm involved to determine the services to, the price to charge, the promotional efforts that is needed and the real objective to achieve. Boone &Kurtze(2012) noted that inquiring into the extent of demand and the supply of the service intended to be offered by the firm, the location of the consumers, economic nature of the important sections of the public like the population distribution according to geography, sex, age education, religion and income must constitute the necessary analysis of the potential market(Mulattahiri,2007) Marketing objectives must be stated in any marketing programme. In non-business the objectives could be stated in

terms of market entry, that is, how the firm can enter into the market, or the member of people patronizing the service, or enjoying the service or the programme.

Market segmentation according Michael & Thomas (2015), is the process of subdividing the heterogeneous market into more homogenous different markets using one or more variable so that a segment can be properly addressed with a specific and distinct mix. Non-business firms have the need to deal definitely with heterogeneous markets. Then market segmentation must be very useful and relevant in non-business organizations.

Kotler (2003) stressed that the heart of modern strategic marketing is Segmenting, Targeting and Positioning (STP). Kotler (2004) defines market segmentation as the act of identifying and profiling distinct groups of buyers who segmentation explains various means which a business firm can use to compete to enable it serve a small part of the total market better than if it decides to meet the needs of overall market. Segmentation is equally useful in the non-business as it is in the might require separate products and/or marketing mix. For example, the hospital may divide or segment the patients by age, sex, type of ailment-causes and treatment and prevention (William & Joseph).

### **2.2.2 Determining How Marketing Practices Activities are Satisfying the Stakeholders of Health Institutions in Nigeria**

Non-profit organizations perform an important and growing role within the global economy. Salamon et al (2007) provide the most comprehensive global data on the size and significant of the Non-profit organization sector. NPO account for nearly 4% of the global GDP increasing to over 5% when the value added by volunteers is included. Further, rationally, the contribution made by the sector is similar to the contribution of the construction and financial intermediation industries and much larger than the industries responsible for the provision of electricity, gas and water. In the U.S for example, the size and importance of the sector is evident, with over 2 million NPO and in the year 2007 public charities revenue reported at over \$1.4 trillion, expenses at nearly \$1.3 trillion, and assets nearly \$2.6 trillion (the urban

institute), moreover, Canada, the US, Japan have all exercised group in the NPO sector at a rate exceeding their general economic (Salamon et al, 2007).

In the past decade, in recognition of the importance of NPO to the fabric of society, many western governments have entered into compacts with the sector. Those compacts have all been framed around cooperation between government and the NPO sector, and the sustainability of the sector. In the UK, the Blair Compact in 1997 recognized that the infrastructure support for voluntary organs was critically low and that they could not sustain an “expanded role” in service delivery (Meville, 2018). Canada launched its voluntary sector initiative in 1998. This 5- year project had a budget of \$9.6 million (LeRoy, 2012), and resulted in an accord between Government and voluntary sector (Voluntary Sector Task force, 2015; Ball 2016)

In New Zealand, a Charities Commission was established in 2005, to oversee the regulations of the sector and provide education and assistance to the changeable sector (Charities Commission,2009). The Australian government is in the process of developing a National compact with NPO sector, and has identified sustainability as one of the set underlying principles (National Compact Consultation Paper, 2009). This is an acknowledgement of the need to streamline and reform Government requirements and regulation, to develop “more effective methods of evaluating organizations’ practices” to address the “financial viability” of the sector by reform of funding agreement and “identification and addressing of areas of particular unmet need, for example, capital investment” (National Compacts have focused on the availability of the sector and improved relationships between government and NPOs). However, little or no recognition has been given to the consultation financial reporting can make to the sustainability of the NPOs sector. Appropriate accounting standards based on a theoretically robust conceptual framework need to be developed, to resolve the many problematic NPO accounting issues and to ensure that as complete is and relevant an accounting as possible of NPOs financial realities is presented in financial reports. This sector cannot continue to be ignored. Recent debate surrounding the

conceptual framework and the objective of financial reporting provide a timely opportunities to the needs of the NPO sector to the fore. The ancient concept of stewardship has a number of defining characteristics, including religious connotations. This involve the proactive conservations and a cultivation of resources (Jeavons, 2014) since “all we have, even our lives, is a gift we hold in trust to use as wisely as possible to further God’s intention for the creation” (Jeavons, 2016) . However, to a greater extent the “word power” (Hardy, 2018,), and a long standing western and Christian, tradition of stewardship” have been largely just (Blomberg, 2016). More generally stewardships includes the responsibility to attend to another’s interest and a concern with matters that are more than merely economic. The stewardship is therefore in a trust relationship, where “there is a responsibility of diligence and faithfulness in the administration of resources” (Mohon, 2009).

The accounting focus on stewardship deluded markedly in the 2<sup>nd</sup> half of the 20<sup>th</sup> century (Ravenscroft & Williams, 2017), although corporate collapse and their related accounting scandals have stimulated renewed interest in the concept (O’ Connell, 2017). How stewardship and accountability are related therefore depends on the way the concept are understood. Those interpretations require expanded notions of accounting and financial reporting that move from more custodial reports to include “more general measures of performance” including both prospective and retrospective data” (Birnberg, 2018).

Now what implications can be drawn from the discussion for a conceptual framework for NPOs. Respondents usually linked stewardship as including a focus on corporate governance and risk management (European Financial Reporting Advisory Group [EFRAG], 2017). The omission of stewardship accountability would mean that financial reports would fail to meet “all the needs” of private entity investors and NPO entities shareholders (European Financial Reporting Advisory Group European, [EFRAG], 2017).

Two unique issue of NPO: (1) how contribution are reported (2) the issue of contributions which are not currently included in the financial reports is raised. These two examples highlight the deficiencies of current financial reporting. Practice to report meaningfully on

the activities of a NPO the way it has discharged its stewardship responsibilities, and whether its activities are sustainable.

There is no organization in any nation of the world today that does not need funds. To execute any activity of the organization there has to be money to achieve that objective. The overall performance of the non-profit organization is highly dependent on its ability to raise funds in order to fulfill the organizational mission and goals (Ritchi and Kolodinsky, 2013).

Also, it has been observed that the non-profit organizations do not fully apply marketing in achievement of its objectives. Hence Macedo and Pinho (2016) emphasized that the non-businesses are required to adopt more “market oriented” approaches to their organizational strategies in order to manage resources more efficiently.

There are challenges confronting the non-profit organization like other businesses. The challenges of the non-profit organizations have led to the development of a range of approaches to measuring fund raising performance, which usually involve indication of total funds needing to be raised, categories of donors that will provide the resources and the acceptable fund raising costs for the planned income (Sargeant et al,2010).

There exist obstacles to defining non-profit organization performance as exactly as in the profit sector. These include: Vast diversity of organizational missions and objectives make it very difficult for direct comparison (Sawhill and Williamson, 2011, Poster, 2012) Andreassen and Kotler, 2009); and Thus inherently oriented towards multiple constituencies (Sergeant, Foreman & Liano, 2012; Padanyi & Gainer, 2014).

### **2.2.3. Establishing Whether Marketing Practices Have Been Accepted and in Health Institutions in Nigeria.**

Top management of the non-business has the final say in the acceptance of the relevance and the usefulness of marketing to the non-business organization (Mullatahiri,2009). Once the top management has accepted marketing,, all other staff must embrace its adoption. The marketing manager is not only appointed but also has the same right and status as all other heads of department in the same firm(Tan,2000). This is to enable the marketing head of department to have the needed influence in achieving the objectives of the department.

The roles and functions of the marketing manager should be clearly identify and defined. In a non-business firm, like the computer service firm, the functions may include amongst others the following: the firm's customers and the target market (customers); the information needs of the customers and the target market; knowledge or information about the working hours – opening and closing times, services rendered by the firm, policies regarding the jobs to be done for clients and contracts to be done and how to carry it out(Stanton,2009).

Opening of new branches or offices and the staff to employed should be determined. The reporting of the performance of the firm's operations is equally to be encouraged. The marketer whether computer literate or not should be assisted by the experienced computer staff. Every non-business organization must adopt marketing and can decide the functions to be performed by the marketer in the organization(Cannon,2003).

The non- business in Nigeria can adopt and accept fully marketing practices, if all the ideas in the above literatures are applied in the activities of the non-business in Nigeria, which is not totally the case at present in Nigeria.

## **2.2.4 To Identify How Marketing Practices can Improve the Benefits to the Clients and Customers of Health Institutions in Nigeria**

Environmental and Market Analysis is equally important to the non-business organization. This means it must monitor, analyze and interpret the environmental changes. The economic, socio-cultural, technical, legal and political changes in its environment must have tremendous consequences (adversely or favourably) on the activities of the non-business firm. Market analysis refers to the monitoring, analyzing and interpreting the nature and the trends of the market (Ayodele et al, 2013). This becomes useful since the result getting would help the firm involved to determine the services to, the price to charge, the promotional efforts that is needed and the real render objective to achieve. Inquiring into the extent of demand and the supply of the service intended to offer by the firm, the location of the consumers, economic nature of the important sections of the public like the population, should be carefully considered for the stakeholders of Health Institutions to benefit maximally.

## **2.2.5 Marketing Mix Variables**

This will include the product (service), price (maybe money or non-monetary), promotion, and distribution. Today three others have been added. These are people, process (access) and physical evidence.

**2.2.5.1 Product** ---The *Economic Times* (2020) defines product as an item (tangible or service offer for sale. Kotler and Keller (2006); Sergeant (1999) see product as complex benefits that satisfy customers' needs. Majority of the non-business organizations render services rather than tangible products. Product, trademarks and branding as well as product differentiation are very important in the provision and offering the services. In the non-business organizations these are carefully carried out. For example, universities and churches

seek to build up the knowledge and character of its students, a church will help to develop peoples' moral, character and to save souls.

**2.2.5.2 Price – is the amount of** money that your customers have to pay in exchange for your product or services. Price indicates the cost of a product and organizations profits(Sargeant,1999 p8;Salamon & Anheier, 1997).Most times people think of price only in financial terms. Such notion is not correct since price could be monetary or it could be in kind. We learnt in economics. Merriam-Webster(2018) defined price as the [charge] amount asked or given in payment for something.

Monetary price in non-business exchange transactions are the offerings for example, given by members of the church at church services. In political parties it is the donations of immunization and the importance of completing the doses required; trace mothers who defaults in turning up to complete the specified doses; locating all eligible babies into have not been immunized through visits to homes, churches, schools and some other public places.

**2.2.5.3 Promotion –** Investopedia (2019) see promotion as that which entails the features through advertising and/or discounted price of a particular product or service .Promotion comprises of advertising, personal selling, public relations and sales promotion. Promotion is the live wire of non-business organization, it is most commonly used for their activities. Political parties; government's programmes like HIV/AIDs prevention NAFDAC's fake and counterfeit drug campaigns; religious organizations and educational institution; depend mostly on advertisements and publicity(NBS,2019) The religions organizations are now very good in their preaching and crusades with the use of posters, television and stickers for promotional activities. Jehovah's witnessed sect-members move from door-to-door canvassing every Sunday. In support of this they also use their pamphlets "the Awake" to advertise their religious teachings apart from the Holy Bible. In health services, a department

of the EPI/ORT perform certain functions like those of the salesmen in the commercial marketing. Their duties include amongst others visiting mothers in their homes and telling them the need of immunization and the importance of completing the doses required; trace mothers who default in turning up to complete the specified doses; locating all eligible babies who have not been immunized through organizing programme to such effects. Government-owned institutions rely mainly on publicity. Mass media organizations give maximum publicity to programmes. These may include operation feed the National (OFN), Green revolution, Expanded Programme on Immunization (EPI) Oral Rehydration Therapy (ORT), MAMSERR .All of them were sponsored by government. All these are sales promotion and publicity which are comfortably used by non-businesses.

**2.2.5.4 Place (Distribution):** Dictionary.com(2012) defines place as a portion of space designated or available for or being used by someone or something. Non-business organization products are essentially services. As far as distribution is concerned here is bringing the services nearer and closer to the individuals needing them. One thing unique here with non-business is that the distribution is direct. This means that there are no intermediaries. The open university system which uses correspondence tuition and the delivery of lectures via the mass media is a new innovation for more effective distribution of the educational services of the universities operating it.

**2. 2.5.5 People who Work in Organization:** Cambridge Advanced English Dictionary & Thesaurus(2020) define people as everyone or informally to the group that you are. In the service industry workers or employees drive every process of the operations in the organization. This has been the reason for accepting “people” as the 5<sup>th</sup> “P”. So in the services industries the employees are employed in every department of the business firm. People cannot be neglected. There is no area of the non-business that human labour is not required. So also is the marketing in the non-business as in the profit making organization. In fact all the considerations and marketing practices variables in the profit-marketing firms are

also present in the non-business firms. It is true that there were 4Ps models in use before McCarthy originated the other 3Ps and thus bringing the number to 7Ps. Many other notable authorities have since followed him. (McCarthy, 1960 and 1964; Bitners and Booms, 1981; Agbonifoh, et al. 2007; Annmarie, 2018).

**2. 2.5.6 Process:-** is another element of the services of the marketing mix . Some see process as a means of achieving an outcome ,for example , to achieve 30% market share a company implements a marketing planning process. Process is seen again as a use as in controlling mix . That is, therefore it measures the achievement of marketing objectives for the purpose of marketing mix . Process is perceived as an element or means of achieving the outcomes , in the context of marketing mix process it is an element of services that sees the customer experiencing an organizational offerings . Marketing.com.(2019) defines process as a flow of activities and mechanism that take place when there is an interactions between the customers and the business. Cambridge Advanced English Dictionary & Thesaurus(2020) defines process as series of activities or steps taking in order to achieve a particular end. Truly, marketing practices do exist in the non-profit organisations as in the profit-marketing

**2. 2.5.7 Physical Evidence:** Hitesh Bhasin(2018) in Encyclopadia.com.>physical refers to physical evidence as elements which are incorporated into a service to make it tangible and some what measurable . In the non-business the various branches or department are used as the physical evidence of their market presence. The other examples of physical evidence might be essential here as the non-business attaches cars to their branches. The cars are used by the managers and the account officers to visit in order to transact, marketing services to their clients. In conclusion, the marketing practices applied in the profit-marketing organizations are also applied for work process in the non-profit organizations as well. .It is true that there were 4Ps models in use before McCarthy originated the other 3Ps and thus bringing the number to 7Ps. Many other notable authorities

have since followed him.(McCarthy,1960 and1964;Bitners and Booms,1981;Agbonifoh,et al.2007; Annmarie, 2018).

Non-profit organizations have their clients as their members or the public at large are their only beneficiaries in theory, where as in the profit organizations owners are the chief beneficiaries of the business enterprises (Pride & Ferrell, 1980).

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#### **2.2.6 Performance of Non-Profit Organizations**

Non-profit organizations play an important and growing role within the global economy. Salamon et al (2007) provide the most comprehensive global data on the size and significant of the Non-profit organization sector. NPO account for nearly 4% of the global GDP increasing to over 5% when the value added by volunteers is included. Further, rationally, the contribution made by the sector is similar to the contribution of the construction and financial intermediation industries and much larger than the industries responsible for the provision of electricity, gas and water. In the U.S for example, the size & importance of the sector is evident, with over 2 million NPO and in the year 2007. Public charities revenue reported at over \$1.4 trillion, expenses at nearly \$1.3 trillion, and assets nearly \$2.6 trillion (the urban institute), moreover, Canada, the US, Japan have all exercised group in the NPO sector at a rate exceeding their general economic (Salamon et al, 2007).

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2016) . However, to a greater extent the “word power” (Hardy, 2018,), and a long standing western and Christian, tradition of stewardship” have been largely just (Blomberg, 2016). More generally stewardships includes the responsibility to attend to another’s interest and a concern with matters that are more than merely economic. The stewardship is therefore in a trust relationship, where “there is a responsibility of diligence and faithfulness in the administration of resources” (Mohon, 2009).

The accounting focus on stewardship deluded markedly in the 2<sup>nd</sup> half of the 20<sup>th</sup> century (Ravenscroft & Williams, 2017), although corporate collapse and their related accounting scandals have stimulated renewed interest in the concept (O’ Connell, 2017). How stewardship and accountability are related therefore depends on the way the concept are understood. Those interpretations require expanded notions of accounting and financial reporting that move from more custodial reports to include “more general measures of performance” including both prospective and retrospective data” (Birnberg, 2018).

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Two unique issue of NPO: (1) how contribution are reported (2) the issue of contributions which are not currently included in the financial reports is raised. These two examples highlight the deficiencies of current financial reporting. Practice to report meaningfully on the activities of a NPO the way it has discharged its stewardship responsibilities, and whether its activities are sustainable.

There is no organization in any nation of the world today that does not need funds. To execute any activity of the organization there has to be money to achieve that objective. The

overall performance of the non-profit organization is highly dependent on its ability to raise funds in order to fulfill the organizational mission and goals (Ritchi and Kolodinsky, 2013).

Also, it has been observed that the non-business organizations do not fully apply marketing in achievement of its objectives. Hence Macedo and Pinho (2016) emphasized that the non-business organizations are required to adopt more “market oriented” approaches to their organizational strategies in order to manage resources more efficiently.

There are challenges confronting the non-profit organization like other businesses. The challenges of the non-profit organizations have led to the development of a range of approaches to measuring fund raising performance, which usually involve indication of total funds needing to be raised, categories of donors that will provide the resources and the acceptable fund raising costs for the planned income (Sargeant et al,2010).

There exist obstacles to defining non-profit organization performance as exactly as in the for profit sector. These include: Vast diversity of organizational missions and objectives make it very difficult for direct comparison (Sawhill and Williamson, 2011, Poster, 2012); 3; Andreasen and Kotler, 2009); and Thus inherently oriented towards multiple constituencies (Sergeant, Foreman & Liano, 2012; Padanyi & Gainer, 2014).

### **2.2.7 Sources and Characteristics of Funding of the Non-profit Organizations**

Organizations are not isolated, but rather represent elements of a broader system involving external and internal factors whose interactions need to be managed (Mcgee and Donoghue, 2009). Resources are unstable, inadequate and uncertain which sometimes lead to the fund raising success imperative being impoid over other performance dimensions. As organizations adopt themselves to the requirements of important resources providers (Froelich, 2013) Hwang and Powell (2011) see missions drafts as a departure from the idealistic and voluntary nature of an organization and the replacement of the initial, intrinsic motivation by professionalism and wide accepted management practices.

Lovette (2018) advance the sources of funds for non-profit organization. These, according to her are as follows:

**Applying for Grants:** Find areas Federal, state and local agencies that award grants for the type of non-profit business you are into. Look for organizations and foundations that might be interested in your work or may have vested interest in sponsoring your cause. After identifying these then find the people and establish a business relationship with them obtain and make a careful study of the requirements for obtaining a grant and complete the application required.

If there is insider who can monitor or write for the grant do so, but if no one then find out a professional or expert in this type of work, the least error or mistake can make you fail or get a grant so do it carefully.

**-Organizing Special Event(s) to Raise Money:** popular types of events for raising funds include tournaments, goals, silent actions offer the sponsors marketing opportunities on signs and marketing materials for the event, to make for the donated money, services, products, and money given.

**-Request for potentials donors for donations:** Create a schedule of fund-raising letters, postcards and emails that go out to the data base to request a donation.

**-Initiate and/or plan and roll out a public relations campaign:** Compile a list of local media outlets such as newspaper, magazines, TV, radio stations that may be interested in covering stories about the cause of your organization. Finally publish the information. This is to draw new and old donors to your organization support.

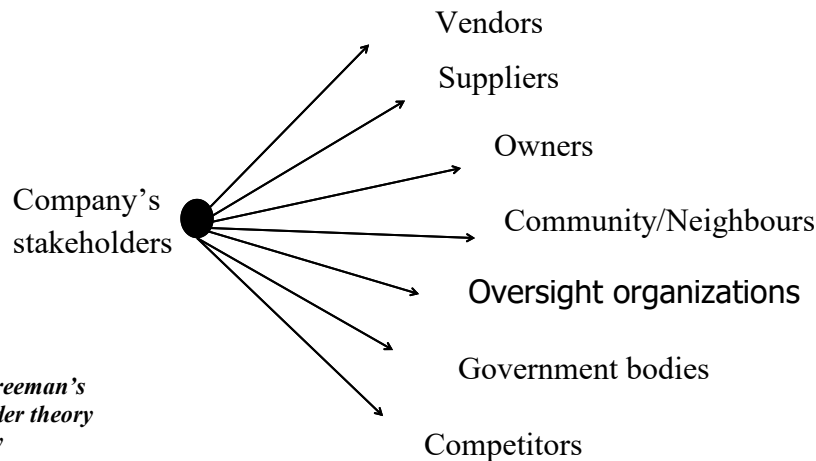
## **2.3 Theoretical Review**

### **Stakeholders theory**

Stakeholders hold that the organization stakeholder is merely one of the many stakeholders in an organization. This theory involves any person invested and is involved in, or effected by the organization or company: employees, vendors governmental agencies and more. This theory believes that a company's or organization's real success is in satisfying all the stakeholders. This theory is Edward Freeman's View on stakeholder theory in the 21<sup>st</sup> century. This theory is the one this investigator will apply in this study.

This is penitent because all these various groups interests, benefits, satisfactions and needs have to be carefully attended to and subsequently satisfied for goodwill and sustainability.

Fig 1



*Source: Edward Freeman's  
View on stakeholder theory  
In the 21<sup>st</sup> century*

## 2.4 Empirical Review

Opheri, Tula, Azih, Okojie and Ikpo (2014) carried out a study throughout the entire country – the 36 states and Abuja in Nigeria. This means that it covered the six geo-political zones in Nigeria; north west, North Central and North east, South West, South East and South. The study was aimed to review the recent National Immunization Programme. The expanded Programme on Immunization was first launched in Nigeria in 1978. At the end only 9% success was achieved. This made the National Programme on Immunization to adopt some measures to curb the menaces of the six killer diseases of children age between 0-5 years. These diseases include polio, measles, diphtheria, whooping cough, tuberculoses and yellow fever. The findings of the study revealed the followings: between the year 1995-2005, 81.5% success was achieved in the country. However, some states especially in the northern part recorded little success. This was attributed to the factors such as; influence of religion (particularly Muslin) never accepted immunization of children, inadequate cold chain equipment political problems. Some states in the north byecotted the polio vaccination, and rejection of routine immunization. This may be due to fear and confusion, low confidence

and lack of trust. There was also the issue of shortages of vaccines and immunization supplies. The intervention of UNICEF by the year 2003 made vaccines available and were supplied and more children were immunized.

There came huge benefit; children health improved and good health was achieved in most parts of the country that co-operated with the NPI in the immunization and vaccination for the different six killer diseases.

Adegboye, Danelle & Olasukanmi (2013) carried out a study of Childhood Immunization Update and Coverage in Nigeria. An indicator of child health, below 5-years mortality was aimed at reducing the rate, by two thirds for the period 1990-2015. The multi-year trend analysis was carried out with the alternating logistic regression on 46,130 children born by 17,380 mothers in 1938 societies in Nigeria and health survey from 1990 to 2008.

The findings revealed that mother –level and society-level variability are significantly associated with immunization are significantly associated with immunization update in Nigeria. Also that the children delivered at home have lower chance of being immunized than children delivered in the hospitals. The children of educated parents have higher chances of being immunized than those whose parents are not educated.

Mullatahiri (2019) carried out a study on marketing management in non-governmental non-profit organization in five regions of Kosovo. The main data for the study were collected from the primary source for a period of ten months. The non-governmental organization used were seventy-one.

The questionnaire comprised of general information on respondents and the organizations covered. Twelve questions covering the position of the respondent and the years of experience with the community. This is important for marketing plan. These questions were on the sources of funds for the non-governmental organization as well as those on organizational structure, planning processes of the organization marketing research, knowledge, evaluation of both services and employees. The theoretical background

introduces the benchmark for the analysis with the statistical finding and analysis showed that the NPO in Kosovo does not totally adopt marketing in their activities and operations. The research, however found that there is importance of marketing orientation, segmentation and planning on the NPO sector.

Dolnicar& Lazarevski (2019) carried out study on marketing in non-profit organizations: an international perspective. In the study three hypotheses were formulated and tested: the first hypothesis was; non-profit organizations follow a customer centred approach to marketing. The second hypothesis was; marketing is better managed by marketing trained staff and the third, cross continental difference is the adoption of marketing in United Kingdom, United States of America, and the Australia which exist because of the differences in operating environment. The methodology used in conducting the study was with non-profit managers and the total was 136 respondents; 36 from the United Kingdom, 33 from the United States of America, and 67 from Australia.

The study revealed the findings that; NPO managers found that the most important marketing activities are promotional in nature; the importance of marketing research and strategic marketing was only acknowledged by small proportion of NPO, supporting Andresen and Kotler (2003) assertion that NPOs have “organizational centred” mindset. Only 1/5 of the marketing staff are trained in marketing. NPOs in the UK, US and Australia and not in their use of marketing operations thus suggesting that the similarity of market pressures may be more influential than differences in the operating environments. Then, it is more advantageous to NPOs to shift from “organizational centred” to “customer centred” and to increase the use of marketing trained staff.

Lecy, Schmitz and Swedhind (2011) carried out a study on the effectiveness of NPOs over 10 years. They employed structured literature review that used the computer software that was developed by of the researchers. This means that the study was conducted by using a correlation regression analysis.

The review was arranged in three sections the first section dealt with the organizational effectiveness which was under business administration. The second section is where they provided an over-view that reviewed the methodology, the third section, and the last section of the review was employed to summarize the key trends uncovered by the method. To this end they were convinced that they were able to prove and show the areas which can bring effectiveness to the NPOs. Nevertheless some authorities (like Forbes, 1998; Edward, 1999; Herman Renz, 2004,) did not agree with the above findings and results.

NUBC Global NPO Management Team (2013) carried out a study aimed at examining NPO marketing strategy through semi-structured interview with stakeholders working for various NPOs in the following 15 countries Austria, Belgium, Chile, China, Finland, France, Germany, Ghana, Japan, the Netherlands, Portugal, Taiwan, Switzerland, the UK and the USA.

The team conducted a study of 27 individual NPOs in 15 countries, 6 from France, 4 from Japan, 2 from Finland, the USA, the UK, and Taiwan, One (1) from Austria, Belgium, Chile, China, Hong Kong Switzerland, Ghana, the Netherland, Portugal. Interview method was used to get data within the period between June and July 2013. The number of employers and volunteers from these various countries varied from 03-10,000 with a median of 300. The interview questionnaire was tailored to find out whether the questionnaire was tailored to find out whether the organizations prefer any marketing and the importance of marketing within the organization. The second question was if anyone was dedicated to marketing plans and goals. The third questions asked if they can identify and expound on their competitors and finally, what limitation their organizations have in marketing.

The result finding was that out of 27, 25 agreed that their organization prioritised marketing in the following order: advertise and expound on their own competitors. Marketing plan according to Modi and Mishra, (2010) is very necessary in knowing more about your competitors.

Herman and Renz (1997a) carried out a survey study on the non-profit organizations effectiveness on financial management, fund raising, programme delivery, public and media relations. They also surveyed the effectiveness of volunteers, human resource management, government relations and board compliance. Others aspects or areas of NPO effectiveness were not reviewed.

This survey was carried out in Kansas city, in the United States of America. They developed a survey instrument to measure judgements of NPO effectiveness. They tested the reliability of their instrument using the Cranach's alpha which measured the interrelationship of the items and got the value of 0.85. This means that the instrument was reliable. The objective of their survey was to help them know more about what NPO effectiveness is all about. The finding revealed that they drew attention on small literature focusing on NPO effectiveness to present theses that some were on theoretical and conceptual, some others on theoretical and empirical. This made them to arrive at a conclusion of considering three possible futures for NPO effectiveness research.

Iwu, Kapondoro, Twum-Darko, Tengeh (2015) carried out the study on criteria for organizational effectiveness in non-Profit Organizations (NPOs) in Cape Town in South Africa. The Study aimed at determining how the factors involved in effectiveness are suitable within the criteria. The questionnaire and interview methods were adopted in collecting the needed data from respondents in the NPO management and /or Board of directors, employees, volunteers. The findings of the study revealed that NPO has more regards for non-financial criteria than financial. Another finding of the study was that effectiveness of the NPO should be seen in two ways – (1) full attainment of its mandate, and (2) the business must be run with the ability to make profits to cover costs.

## **2.5 Research Gaps**

Many researchers have reviewed literatures on the topic of marketing practices in NPOs and related topics. Forbes (1998); Edward (1999); Renz (2004) did not find any positive relationship between marketing practices and NPO effectiveness. While Lecy et al (2011) found a positive relationship between marketing practice and Non-Profit Organization (NPO) effectiveness. Dolincar and Lazareviski (2019) in their study found that the most important marketing activities are promotional in nature. The importance of marketing research and strategic marketing was only acknowledged by a small proportion of Non-Profit Organization (NPO) and thus supporting Andreasen and Kotler (2003) assertion that Non-profit organizations are "organizational centered" and that only 1 out of 5 staff are trained in marketing in their study carried out in 5 regions in Kosovo.

Mullatahiri (2019) in a study found that funds have a very positive relationship between management performance and success and benefits to the owners and beneficiaries.

## 2.6

## Summary of Empirical Literature Review

Table 2.1

Authors	Year	Title of study	Country	Methodology	Buildings
Mullatahiri	2009	Marketing management in non-governmental non-profit organization	Kosovo	Simple regression analysis and correlation	The find revealed that the greet importance of marketing orientation, segmentation and planning in the NPO sector
Dolnicar and Lazarevski	2009	Marketing in non-profit organizations: an international perspective	United kingdom United states of America Australia	Correlational analysis	The finding was that only small proportion of NPO acknowledged the importance research and strategic management orga centred mindset In mindset izational centred mindset.
Lacy, Schmitz and swathing	2011	Organizational and methodology effectiveness in the NPO	USA	Statistical package in social sciences	The issues studied actually bring effectiveness to NPO
NUBC Global NPO management team	2013	Examination of NPO marketing strategy	UK, US, Taiwa Chile, Austria, Belgium China, Hong Kong Switzerland, Ghana Portugal and Netherland France, Finland	Multiple regression analysis	The finding was that 25 out of 27 advertising, expound on their own competitors
Opheri, Tula, Okojie, and Ikpo	2014	The expanded programme of immunization in Nigeria	Nigeria	Survey method visiting, checking and mocking immunization vaccination of children 0.5 years very compulsory	The result was very successful. Nigeria is getting rid of the six children killer diseases
Adegboye, Danel and Olasukanmi	2013	Childhold immunization up date	Nigeria	Logistic regression 46130 children born by 17,380 mothers or 1938 communication in Nigeria	The finding shows that mother-level and society-leave variability are significantly associated with immunization update in Nigeria
Herman and Renz	1997a	Non-profit organizations effectiveness on financial management, fund raising, programme delivery, public and media relations. The survey also crocheted effectives of volunteers, human resource agent and government relations and board	United states of America	Correlational analysis and multiple regression analysis	Finding was on a small literature focusing on NPO effectiveness and that some were conceptual and theoretical and while others were on theoretical and empirical. Also that 3 problems future NPO research should be considered

		compliance			
Iwu, Kapondora, Twum-Darko, Tegeh	2015	Criteria for organizational effectiveness in NPO and how the factors were suitable within the criteria	South Africa	Correlational analysis regressional analysis	The findings were, one that NPO has more regards for non financial than financial matter, and two that NPO should be seen in two ways 1. Full attainment of its mandates Must aim at making profit to cover costs

*Source: Researcher's Fieldwork Compilation, 2019*

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.1 Introduction**

This chapter three has been carefully planned that it will deal with the following sub-headings: the research design; the population of the study; the sample and sampling techniques; the research instrument; the validation of the instrument; the reliability of the instrument; the method of data collection; and the method of data analysis.

#### **3.2 Research Design**

The research design to be adopted in this study will be that of descriptive survey method. It will be designed to obtain the opinions of the representative sample of the target population.

This is therefore, to determine the extent marketing practices and applied in the non-business or non-profit organization (NPO) or not for – profit firms [NPF]) in Nigeria.

#### **3.3 Population of the Study, Sample and Sampling Techniques**

The population of the study is the major non-profit organizations and the sub-sets of each of the major non-profit organizations in Nigeria. The population for the study is large. Therefore, it becomes very clear and obvious that an appropriate sample size should be chosen

The sample of the study is the South-South Zone of Nigeria. This include, Edo, Delta, Bayelsa, Rivers, Akwa-Ibom, Cross River. Fifty(50) Health Institutions (Hospitals) were used in the six states in the sample zone. The health institutions surveyed in the six states of the zone are as follows:

##### **1) Akwa-Ibom State:**

- (a) University Teaching Hospital Uyo
- (b) Ibom Multi-Specialist Hospital Uyo
- (c) General Hospital Eket
- (d) General Hospital Etina

- (e) General Hospital Ikot Ekpe
- (f) General Hospital Oruko Akwa-Ibom

**2) Bayelsa State:**

- a) Niger Delta University Teaching Hospital
- b) Federal Medical Centre Yenagoa
- c) General Hospital Okolobiri
- d) General Hospital Otuoke
- e) General Hospital Odi

**3) Cross-River State:**

- (a) University of Calabar Teaching Hospital Calabar
- (b) Calabar Specialist Hospital Calabar
- (c) General Hospital Calabar
- (d) General Hospital Bekwara
- (e) General Hospital Ogoja
- (f) Police Clinics, Calabar Municipality.

**4) Delta State:**

- (a) Delta State University Teaching Hospital, Oghara
- (b) Federal Medical Centre, Asaba
- (c) Central Hospital, Warri
- (d) Central Hospital, Sapele
- (e) Central Hospital, Agbor
- (f) Central Hospital, Ughelli
- (g) Baptist Medical Centre (Missionary), Eku
- (h) General Hospital, Ekpan
- (i) General Hospital, Okwe Asaba
- (j) General Hospital, Abraka
- (k) General Hospital, Abavo

- (l) Kings Agholor Central Hospital, Warri
- (m) ) General Hospital, Obiaruku
- (n) ) General Hospital, Ogwashi-Uku
- (o) St Luke Hospital Asaba.

**5) Edo State:**

- (a) University of Benin Teaching Hospital, Benin City
- (b) Irrua Specialist Teaching Hospital Irrua
- (c) Central Hospital, Benin City
- (d) General Hospital , Abudu
- (e) General Hospital, Ubiaja
- (f) General Hospital, Auchi.

**6) Rivers State:**

- (a) University of Port Harcourt Teaching Hospital PortHarcourt
- (b) Firs Rivers Hospital Ltd PortHarcourt
- (c) Save a Life Mission Hospital Port Harcourt
- (d) Okirika General Hospital, PortHarcourt
- (e) Ogoni General Hospital Ogoni
- (f) Omoku General Hospita Omoku
- (g) General Hospital Opobo
- (h) General Hospital Bodo
- (i) ) General Hospita Buguna
- (j) ) General Hospital, Abua
- (k) ) General Hospital, Nchia
- (l) ) General Hospital Isiokpo.

The sampling technique used was the judgmental, which falls into the non-probability sampling method or technique. This is the method that allows the researcher to select the sample units from the research population, its elements that will enable the attainment of the objectives of the research. In other words, the selection of the sample units was based solely on the researcher. Again, the study concentrated only be on one of the Governmental

Non-Profit Organisation, the Health Institutions(Hospitals) in Nigeria .The sample size of the study was selected as shown above.

Other researchers have cover wider areas in the non-profit organization. These covered amongst others include; effectiveness of management of finance, performance of NPO in the supply of water, electricity generation, sourcing of funds and some other areas. This study examined the relationship which exists between the satisfactions/ benefits customers, clients, vendors, volunteers, donors and the various marketing practices in the operations and activities or services of the hospital in Nigeria.

### **3.4 Sources of Data**

The data for this study was from both the primary and secondary and sources .The study used primary data obtained from questionnaires that were administered to the respondents. Other sources included oral interviews. While the secondary data were from the literatures, empirical reviews and other already published journal materials.

#### **3.4.1 Validation of the Instrument**

The instrument will be subjected to face validation by three experts in the department of marketing; in the University of Benin, Benin City. To enable the experts do a very good assessment, the instrument constructed was presented to them along side with the objectives of study, research questions and the hypotheses of the study. They were requested to kindly offer their valuable assistance on the face validation of the instruments. Any necessary amendments by them were appreciated and subsequently used for the study.

### 3.4.2. Reliability of the Instrument

The reliability of the instrument was established by using a pilot test in non-profit organizations (Hospital) Delta State, which is inside the sample area for the study was used for the pilot study and pilot test. Five (5) female and fifteen (15) male respondents were used for the pilot test. The data collected from the twenty (20) respondents in this pilot test were subjected to the Cronbach Procedure (Coefficient Alph,  $\alpha$ )

$$\text{where } \alpha = \frac{k}{k-1} (1 - \frac{\sum v_i}{v_t})$$

k = Number of items

$v_i$  = variance of individual item

$v_t$  = variance of the total questionnaire.

The procedure for the determination of the reliability of the instrument is shown in the appendix.

After calculating and substituting the values in the equation of Cronbach, Procedure, gave a value of 0.94. The interpretation is, if the value, is equal to or greater than 0.60 means that the instrument is reliable.

### 3.4.3 Method of Data Collection

The data for this study were collected through the use of questionnaire method. The questionnaire was made up of two sections, A and B. Section A dealt with the demographic data or bio-data of the respondents and section B dealt with the marketing practices in non-business questionnaire (MPNQ). The questionnaire was administered by the investigator personally by visiting the respondents in the organizations concerned (particularly the stakeholders of Health Institutions in Nigeria) or telephone calls and use of e-mails where possible. This helped in ensuring proper administration of the questionnaires and better results were achieved.

## Data Type and Sources

The study used mostly primary data that were obtained from questionnaires that was administered to the respondents. Other sources used included oral interviews and e-mail messages.

### 3.5 Model Specification

For a proper investigation of the impact of the Marketing Practices on the Governmental non-profit Organization – Health Institutions in Nigeria (a Non-profit Organizations) empirically a marketing practice model was developed for this study which is now specified mathematically as:

$$NN_{bs} = f(PT, PC, PE, PR, PM, PA, PP) \dots \dots \dots (1)$$

Where  $NN_{bs}$  is the benefits and/or satisfactions of the non-profit customers and is the dependent variable. The independent variables are; PT, which is the services types; PC, which is the price of the services PE, which is the Physical evidence; PR, which is the process; PM, which is the promotion; PA, which is the place; PP, which is the people. For a good comparism to be made in this study , equation(1) above was converted into a Chi – Square,  $X^2$ , Test Equation(a Mathematical Formula) and is stated below as :

$$X^2 = \sum \left\{ \frac{(O - E)^2}{E} \right\} \dots \dots \dots (2)$$

Where O = observed frequency  
E = expected frequency

This formula may also be stated as:

$$X^2 = \sum \left\{ \frac{(fo-fe)^2}{fe} \right\} \dots \dots \dots (3)$$

Where fo and fe are the observed and expected frequency respectively.

## The Chi – Square ( $X^2$ ) Test

The chi-square ( $X^2$ ) test is used to determine whether there is any significant difference between the observed and the expected theoretical frequencies obtained from a distribution. In other words, it enables us to determine whether the aggregate discrepancy between the observed and the theoretical frequencies can be attributed to chance or not.

The appropriate null hypothesis is stated and the value of  $X^2$  computed from the above formula. The decision rule is that: if the computed value is greater than the table value at the appropriate level of significance and degrees of freedom, we reject the null hypothesis. The number of degrees of freedom depends on the number of constraints imposed on the data. For contingency table having  $r$ - rows and  $c$ -columns, the number of degrees of freedom is given by  $R-1)(C-1$

### 3.6 Operationalisation of Variables

Table 3.1

Variable(s)	Notation	Measurements	Sdources	Apriori expectation
Dependent variable: Benefits/satisfaction of customers of the health institution	NN <sub>bs</sub>	Measures what will give satisfaction customers	Sergeant (1999) Kotler and Keller (2006)	Nil
Independent variable: price of product/service	PC	Value given out to receive service /product	Sergeant (1999)	+
Product/service types	PT	Varied products or services that give utility	Sergeant (1999) Koller and Koller (2006)	+
Physical evidence	PE	The environment of the performance of service/products	Sargeant (1999)boom and Bitrer (1981)	+
Process	PR	Stages followed to get the desired services/products	Lovette (2018)	+
Promotion	PM	How to make customers to be aware of existing services	Sergeant (1999) Kotter and keller (2006)	+
Place	PA	Where to get the needs of customers	Sergeant (1999)	+
People	PP	Worker, employee on volunteer to do some required jobs for customers in the work station	George and Barrd (1981)	+

### **3.7 Method of Data Analysis**

The data collected were be analyzed using the mean, and the Chi-Square Statistic Test. This allowed the investigator to compare the table values and the calculated values. And then enable rejecting or accepting the null hypotheses formulated for the study. The calculated value less than the table value showed that there is no significant difference. This guided the researcher in accepting or retaining the null hypothesis, otherwise rejecting or not retaining the null hypothesis formulated.

## **CHAPTER FOUR**

### **RESULTS**

The results of the data analysis based on the four research questions and four hypotheses that guided the study are presented in this chapter. For the research questions the mean was used to determine the responses from the respondents regarded to agree or not to the questionnaires constructed. Weights were assigned to the choices of the respondents. The four point scale, like the Likert scale was used. Thus, used strongly agree (SA) 4 points, agree (A) 3 points, disagree (D) 2 points and strongly disagree (SD) 1 point. Then, a criterion mean was computed using the weights assigned ( $4+3+2+1=10\div 4$ ) and getting a criterion mean of 2.5. Means up to 2.5 and above were regarded as agreed to the question and means below 2.5 were regarded as not agreeing to the question.

#### **4.1 Presentation Of Data**

**4.2** The detailed calculations are presented in the appendix. The results only are shown in the tables on the main study as will be seen in the tables that are shown below.

### **Research Questions**

#### **Research Question One**

How can Marketing Practices be more Effective in Rendering better Benefits to the customers of the Health Institutions in Nigeria?

**Table 4.1: Mean Rating of Marketing Practices Effectiveness in Rendering Better Benefits to the customers and clients of the Health Institutions in Nigeria.**

S/N	SA 4	A 3	D 2	SD 1	TOTAL NO.	TOTAL VALUE	INDIVIDUAL MEAN	REMARKS
1	630	150	75	45	900	3210	3.57	Agreed
2	539	240	88	33	900	3096	3.44	Agreed
3	435	375	61	39	900	2988	3.32	Agreed
4	355	446	82	17	900	2943	3.27	Agreed
5	402	372	65	61	900	2916	3.24	Agreed
6	537	257	76	30	900	3109	3.45	Agreed
7	488	269	98	67	900	3024	3.36	Agreed
8	501	291	66	42	900	2389	2.65	Agreed
9	597	262	25	16	900	3051	3.39	Agreed
10	409	339	92	60	900	2889	3.21	Agreed

Note: “S/N” represents the research questionnaire serial numbers (see appendix). “Total No” represents the total number of respondents of the study. Total value” represents total value represents the summation of the choices of respondents multiply by the weights assigned to the choices.

### **Research Question 2**

To what Extent can the Marketing Practices be Satisfying the Stakeholders of the Health Institutions in Nigeria?

**Table 4.2: The Mean Rating of the Extent Marketing Practices can be satisfying the stakeholders of the Health Institutions in Nigeria.**

S/N	SA 4	A 3	D 2	SD 1	TOTAL NO.	TOTAL VALUE	INDIVIDUAL MEAN	REMARKS
11	543	261	64	32	900	3115	3.46	Agreed
12	339	448	82	31	900	2895	3.22	Agreed
13	490	290	92	28	900	3042	3.38	Agreed
14	512	268	64	56	900	3036	3.37	Agreed
15	530	231	72	67	900	3014	3.35	Agreed
16	426	336	81	57	900	3031	3.37	Agreed
17	421	336	86	57	900	2921	3.25	Agreed
18	414	339	87	30	900	2967	3.30	Agreed
19	446	335	80	19	900	3028	3.36	Agreed

### Research Question 3

**How can Marketing Practices be Accepted and Adopted Fully in vining more Benefits and Satisfaction to the Customers and Clients of Health Institutions in Nigeria**

**Table 4.3: The Mean Rating of how can Marketing Practices be Accepted and Adopted Fully In Order to be Giving more Benefits and Satisfactions to the Customers and Clients of Health Institutions in Nigeria.**

S/N	SA 4	A 3	D 2	SD 1	TOTAL NO.	TOTAL VALUE	INDIVIDUAL MEAN	REMARKS
20	502	260	106	32	900	3032	3.37	Agreed
21	424	340	108	28	900	2962	3.29	Agreed
22	434	326	95	45	900	2951	3.28	Agreed
23	412	379	84	25	900	2978	3.31	Agreed
24	300	460	86	54	900	2806	3.12	Agreed
25	464	326	60	50	900	3006	3.34	Agreed
26	360	360	116	14	900	2816	3.13	Agreed
27	472	286	98	44	900	2986	3.32	Agreed
							26.16÷8 Grandmean =3.28	Agreed

## Research Question 4

**How can Marketing Practices be Improved to Provide better Satisfactions/Benefits to the Stakeholders of Health Institutions in Nigeria.**

**Table 4.4: The Mean Rating of how can Marketing Practices be Improved to provide better Satisfactions/Benefits to the Stakeholders of Health Institutions in Nigeria.**

S/N	SA 4	A 3	D 2	SD 1	TOTAL NO.	TOTAL VALUE	INDIVIDU AL MEAN	REMARKS
28	468	316	76	40	900	3012	3.35	Agreed
29	432	323	83	62	900	2925	3.25	Agreed
30	428	402	43	27	900	3033	3.37	Agreed
								9.97÷3
								Grand mean 3.32

## Research Hypotheses

### Ho 1

There Is No Significant Relationship Between The Services Rendered By The Marketing Practices And The Benefits To The Stakeholders In The Health Institutions In Nigeria.

To test this hypothesis the chi- square test equation was applied. The level of significance is at  $P \leq 0.05$  and the degree of freedom is  $(30-1) (4-1) = 87$ . The results are presented in table 4.5 as shown below. The detailed calculation is presented in the appendix at the end of this study.

**Table 4.5: Summary Table showing the data collected Showing the Data collected from Respondents about the Relationship between Marketing Practices and the Benefit Rendered to the Stakeholders of Health Institutions in Nigeria.**

<b>1 S/A</b>	<b>2 A</b>	<b>3 D</b>	<b>4 SD</b>	<b>5 Total No of Respondents</b>
630	150	75	45	900
539	240	88	33	900
425	375	61	39	900
355	446	82	17	900
402	372	65	61	900
537	257	76	30	900
488	269	98	67	900
501	291	66	42	900
597	262	25	16	900
409	339	92	60	900
<b>4883</b>	<b>3001</b>	<b>728</b>	<b>410</b>	<b>900</b>

### 4.3 Analysis of Data

**Table 4.6: Summary Table Showing the Calculated Expected Frequencies (fe) for, X2, Computation for Hypothesis One. Note: fo = Observed Responses (Frequencies), fe = Expected Responses (Frequencies)**

Fo	Fe	fo	Fe	Fo	fe	fo	fe	Total
630	488.0	150	300.0	75	73.0	45	41	900
539	488.0	240	300.0	88	73.0	33	41	900
425	488.0	375	300.0	61	73.0	39	41	900
355	488.0	446	300.0	82	73.0	17	41	900
402	488.0	372	300.0	65	73.0	61	41	900
537	488.0	257	300.0	76	73.0	30	41	900
488	488.0	269	300.0	98	73.0	67	41	900
501	488.0	291	300.0	66	73.0	42	41	900
597	488.0	262	300.0	25	73.0	16	41	900
09	488.0	339	300.0	92	73.0	60	41	900
4883		3001		728		410	41	900

Note: Expected Responses is calculated as :  $\frac{RT \times CT}{OT}$  where RT = Row total; CT = Column total and OT = Overall total. For example, the first column of expected frequency ( responses ) was obtained as follows:

$$\begin{aligned} R_t &= 4883 \\ C_t &= 900 \\ O_T &= 900 \end{aligned}$$

$$F_{ii} = \frac{4883 \times 900}{900} \text{ ie } 488.3 . \text{ For full detailed computations of the rest others see appendix}$$

**Table 4.7: Table showing the Calculated Chi-square ( $X^2$ ) to Determine if there is Relationship between Marketing Practices and Benefits provided to the Customers of Health Institutions in Nigeria (Ho1)**

fo(Observed frequencies)	fe(expected frequencies)	fo – fe	(fo-fe) <sup>2</sup>	(fo-fe) <sup>2</sup> /fe
630	488	142	20169	41.00
539	488	51	2601	5.33
425	488	-63	3969	8.13
355	488	-133	17689	36.25
402	488	-86	7396	15.16
537	488	49	2401	4.92
488	488	00	0000	0.00
501	488	13	169	0.35
597	488	109	11881	12.79
409	488	79	6241	12.79
150	300	150	22500	75.00
240	300	60	6000	12.00
375	300	75	5625	18.75
446	300	146	21316	71.05
372	300	72	5184	17.25
257	300	-3	9	0.03
269	300	-31	961	3.20
291	300	-9	81	0.27
262	300	-38	1444	4.81
339	300	39	1521	5.01
75	73	-2	4	0.03
88	73	15	225	3.08
61	73	12	144	1.97
82	73	9	81	1.11
65	73	-8	64	0.88
76	73	3	9	0.02
98	73	25	625	8.56
66	73	-9	81	1.11
25	73	46	2304	31.56
92	73	19	36	4.95
45	31	14	196	6.22
33	31	-2	400	0.13
39	31	8	1	2.06
17	31	14	1296	29.03
61	31	30	900	41.81
30	31	1	1	3.90
67	31	36	1296	7.23
42	31	11	121	$X^2_{87,0.05} = 381.94$
16	31	15	225	
60	31	29	841	

From table 4.7 above it is seen that the chi-square calculated is 281.94 and the table or critical value is 43.773. This value is under the highest degree of freedom 30 on the table

hence the degree of freedom got from the study (R-1) (C-), that is, (30-1) (4-1) which gives 87 was not used.

From the foregoing since the calculated  $X^2$  (281.94) is greater than the table value of 43.773, the hypothesis should be rejected. That is to say that there exist greater relationship between marketing practices and the benefits derived from the Health institutions in Nigeria.

Ho<sub>2</sub>:

There is no significant relationship between the extent of services provided by marketing practices and the benefits derivable by the customers and clients of the Health institutions in Nigeria?

The chi-square test statistic equation was applied in testing this hypothesis. The level of significance is at  $P \leq 0.05$  and the degree of freedom is (R-1) (C-1). This substituted gave  $(9-1) (4-1) = 24$ . The results are presented in table 4.8 and table 4.9 as shown below. The detailed computation is presented in the appendix at the end of the report.

**Table 4.8:** Summary Table showing the Calculated Expected Frequencies (Responses) for  $X^2$  computation for Hypothesis 2.

	<b>Fo</b>	<b>fe</b>	<b>Fo</b>	<b>fe</b>	<b>fo</b>	<b>fe</b>	<b>fo</b>	<b>fe</b>	<b>Total</b>
11	543	458	261	332	64	79	32	42	900
12	339	458	448	332	82	79	31	42	900
13	490	458	290	332	92	79	28	42	900
14	512	458	268	332	64	79	56	42	9020
15	530	458	231	332	72	79	67	42	900
16	426	458	336	332	81	79	57	42	900
17	421	458	336	332	86	79	57	42	900
18	414	458	369	332	87	79	30	42	900
19	446	458	255	332	80	79	19	42	900
Total	4121		3894		708		377		8100

**Table 4.9:** Table showing the computation of chi-square ( $X^2$ ) on how to fully accept the satisfaction and the much need benefits derivable by the customers and clients of health Institutions in Nigeria.

fo	fe	fo – fe	(fo-fe) <sup>2</sup>	(fo-fe) <sup>2</sup> /fe
513	471.00	42.00	1764	3.75
339	471.00	132.00	17424	36.99
490	471.00	19.00	361	0.77
512	471.00	41.00	1681	3.57
261	361.00	55.75	3108	7.81
448	361.00	131.25	11227	54.39
290	361.00	-26.75	716	2.26
268	361.00	-48.75	2377	7.49
64	75.50	-11.50	132	1.75
82	75.50	10.50	42	0.56
92	75.50	16.50	272	3.60
64	75.50	-11.50	132	1.75
32	36.99	-4.79	23	0.63
31	36.99	-5.79	34	0.92
28	36.99	-8.79	77	2.09
56	36.99	19.21	369	10.03
530	447	83	6889	15.41
426	447	-21	441	0.99
421	447	-26	676	1.51
414	447	-33	1089	2.44
446	447	-1	1	0.00
231	325	94	8836	27.19
336	325	11	121	0.37
336	325	11	121	0.37
369	325	44	1936	5.96
355	325	30	900	2.77
72	81	9	81	1.00
81	81	0	0	0.00
86	81	5	25	0.31
87	81	6	36	0.44
80	81	-1	1	0.01
67	46	21	441	9.59
57	46	11	121	2.63
67	46	21	441	9.59
30	46	-16	356	5.57
19	46	-27	729	15.85
				$X^2_{24,0.05} = 242.92$

The chi-square test statistic equation was applied in testing the hypothesis. The level of significance is at  $P \leq 0.05$  and the degree of freedom is  $(R-1) (C-1)$  substituting R and C with numerical figures we have  $(9-1) (4-1)$  ie  $(8) (3) = 24$ . The results are shown in table 4.9 above.

**Ho3:**

**There is no Significant Relationship between Acceptance and Adoption of Marketing Practices fully to giving more Benefits and Satisfaction to the Clients and Customers of the Health Institutions in Nigeria?**

The appropriate test statistic to test this hypothesis is the chi-square ( $X^2$ ) test. The chi-square test was applied in testing the hypothesis. The level of significance is at  $P \leq 0.05$  and the degree of freedom is  $(R-1)(C-1)$  and substituting R and C for the numerical numbers which they represent gave  $(4-1)(4-1)$  that is  $(3 \times 3)$  giving 9. That is the degree of freedom is 9.

**Table 4.10: Summary Table showing the Calculated Expected Frequencies (Responses) for,  $X^2$  Computation for Hypothesis 3.**

	<b>Fo</b>	<b>fe</b>	<b>Fo</b>	<b>fe</b>	<b>Fo</b>	<b>fe</b>	<b>fo</b>	<b>Total</b>
502	421	260	342	106	94	32	43	900
424	421	340	342	108	94	28	43	900
434	421	326	342	-95	94	45	43	900
412	421	379	342	84	94	25	43	900
300	421	460	342	86	94	54	43	900
464	421	326	342	60	94	50	43	900
360	421	360	342	116	94	64	43	900
472	421	386	342	98	94	44	43	900
<b>3368</b>		<b>2737</b>		<b>753</b>		<b>342</b>		<b>7200</b>

**Table 4.11: Table Showing the Calculation of the Chi-square (X<sup>2</sup>) to Determine how Marketing Practices can Improve the Satisfaction and Benefits of the Stakeholders of the Health Institutions in Nigeria.**

fo	fe	fo – fe	(fo-fe) <sup>2</sup>	(fo-fe) <sup>2</sup> /fe
502	421	81	6561	15.58
424	421	3	9	0.02
434	421	13	169	0.40
412	421	-9	81	0.19
300	421	-121	14641	34.78
464	421	43	1849	4.39
360	421	-16	3721	8.84
472	421	51	2601	6.18
260	342	161	25921	75.79
340	342	2	4	0.01
326	342	-95	9025	26.39
379	342	37	1369	4.00
460	342	118	13924	40.71
326	342	16	256	0.75
360	342	61	3721	8.84
286	342	56	3136	9.17
106	94	12	144	0.42
108	94	14	196	0.57
95	94	1	1	0.00
84	94	-10	100	0.29
86	94	-8	64	0.19
60	94	-34	1156	3.38
116	94	22	484	5.15
98	94	4	16	0.17
32	43	-11	121	2.81
28	43	-5	225	5.23
45	43	2	4	0.09
25	43	-18	324	7.53
54	43	11	121	2.81
50	43	7	49	1.14
64	43	21	441	10.26
44	43	1	1	0.02
				X <sup>2</sup> 21, 0.5 = 276.20

Table 4.11 above shows that the calculated chi-square of 276.20 is much greater than the table or critical value of 43.773. This is pointing out that the null hypothesis should be rejected. In another way of interpreting the chi-square result is that there is great relationship between the benefits the stakeholders of the Health institutions will be receiving if the marketing practices are fully accepted and adopted in the activities of the Health Institutions in Nigeria.

**H<sub>04</sub>:**

**There is no Significant Relationship Between the Improved Services of the Marketing Practices and the Benefits realised by the Stakeholders of the Health Institutions in Nigeria.**

This hypothesis was tested applying the chi-square test statistics of significance was at  $P \leq 0.05$  and the degree of freedom is  $(R-1)(C-1)$ . This substituted gives the result of  $(4-1)(4-1)$ , that is  $(3)(3) = 9$ . The results are presented in tables 4.11 and 4.12 as shown below. The full detailed computations for some not shown in the tables are presented in the appendix at the end of the report of this study.

**Table 4.11: Summary table Showing the Calculated Expected Frequencies (Responses) for the Chi-square Computation for Hypothesis 4.**

<b>Fo</b>	<b>Fe</b>	<b>fo</b>	<b>Fe</b>	<b>fo</b>	<b>fe</b>	<b>fo</b>	<b>fe</b>	<b>Total</b>
468	443	316	347	76	67	40	43	900
432	443	323	347	83	67	62	43	900
428	443	402	347	43	67	27	43	900
1328		1041		202		129		900

**Table 4.12: Table Showing the Calculated Chi-square ( $X^2$ ) to determining if there is Relationship between the Improve services of the Marketing Practices and the Benefits Realizable by the Stakeholders of the Health Institutions in Nigeria.**

fo	fe	fo – fe	(fo-fe) <sup>2</sup>	(fo-fe) <sup>2</sup> /fe
468	443	25	625	1.41
432	443	-11	121	0.27
428	443	-15	225	0.51
316	347	-31	961	2.77
323	347	-24	576	1.66
402	347	55	3025	8.72
76	67	9	81	1.21
83	67	16	256	3.82
43	67	-24	576	8.60
40	43	-3	9	0.21
62	43	21	441	10.26
27	43	16	256	5.95
				$X^2_{9,0.05} = 44.89$

The calculated chi-square for hypothesis four is 44.89 as against 16.92 for the table or critical value. The rule in this instance is that if the calculated  $X^2$  is greater than the table value the null hypothesis must be rejected. Since the calculated  $X^2$  is greater than the table we reject the null hypothesis. In other words, this is saying that there is positive relationship between the

improved service of the marketing practices and the benefits realizable by the stakeholders of the Health Institutions in Nigeria

## Results and Discussions of Finding

Based on the results presented in tables 4.1 to 4.13 above, the major findings of the study can be summarized as follows:

1. There is significant positive relationship between services rendered by the marketing practices and the benefits to the stakeholders of the Health Institutions in Nigeria. The result findings of hypothesis one supported the findings of Adeboye, Dannelle & Olanusanmi (2003);s Opheri, Tula, Azih, Okojie & Ikpo (2014). Their findings revealed that when vaccines and immunization of children between 0-5 years were made available the children six killer diseases – polio, measles, diphtheria, whooping cough, tuberculoses and yellow fever were kept on check. This was because of UNICEF intervention in 2003 by helping supply vaccines and immunization kits to Nigeria (NPI), for children. This brought about good health to Nigerian children. When National Programme on Immunization was first launched by the Expanded Programme on Immunization in 1978 in Ondo State only 9 percent success was achieved. Adeboye et al and Opheri et al study covered the entire country of 36 states and Abuja. This study was carried out only in the South-South Zone of Nigeria in 2019.
2. There was significant positive relationship between the extent of services provided by the marketing practices and the benefits derivable by the customers and clients of Health Institutions in Nigeria. This hypothesis two supported the findings of Mullatahiri (2019). His findings revealed that in Kosovo where he carried out the study that marketing was
3. not totally adopted in Kosovo by the NPOs. Another finding was that the importance of marketing orientation, marketing segmentation, and marketing planning was greatly recognized in the activities of the NPOs.

4. There is significant positive relationship between the level of acceptance and adoption of marketing practices and the benefits received by the stakeholders of the Health Institutions in Nigeria. This third hypothesis is in agreement with the work or study of Dolnicar and Lazarevski (2019). They carried out the study in UK; US; and Australia. They found out that the NPOs favoured customer centred approach to marketing. Their findings also revealed that marketing staff were not trained to help customers get what will benefit them. That study supported Andreason and Kotler (2003) that ascertained that NPOs are organizational centred mindset.
5. There is significance positive relationship practices and the benefits/satisfaction realized by the stakeholders of the Health Institutions in Nigeria. The Hypothesis four supports the findings of the study of Iwu el at (2015). Their finding was that more regards should be paid to non-financial criteria than financial. Another one of their findings was ensuring full attainment of its mandate and that business should be men with the ability to make profit and cover costs.

## CHAPTER FIVE

### SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

#### Summary

The study was set out to determine, if there exist a significant relationship between the marketing practices and the benefits to the stakeholders of the Health Institutions in Nigeria. The study actually focused on the effectiveness, extent, how to adopt and accept fully the marketing practices in the Health institutions in Nigeria.

The study adopted the descriptive survey method and employed the questionnaires to collect the data for the study. The sample of the study consists of the 900 respondents from 50 Hospitals from six states that make up the South-South Zone of Nigeria.

Four Hypotheses were formulated to test the data collected, and analysis of the data was done by the use of the mean and the chi-square. The findings were that there exists significant positive relationship between the effectiveness, extent, how to accept and adopt and improve the services of the marketing practices and the benefits the stakeholders of the Health institutions can derive or benefit. The non-profit organizations particularly the Hospitals can improve their services and activities by applying marketing practices fully therefore, from the foregoing it is recommended that the Health Institutions in Nigeria should fully accept and adopt marketing practices in their activities. This means using staff trained in marketing to perform marketing activities, have to budget for marketing planning for marketing, have marketing departments that

is headed by the marketing professional. Lastly, to try carry out marketing researches and marketing activities as the profit making organizations.

## **Conclusions**

All non-profit organizations in all nations of the world are very important and are necessary in the nation's economic, social, political and good morals development of their citizens. In the area of national employment in most nations the NPOs, have employed up to one in every ten employed. In most advanced nations of the world NPOs have contributed up to 4 percent of the nations GDP (Salamon, 2009).

In new Zealand a charities commission was established in 2005, to oversee the regulations of the sector. Australian government developed charities commission in 2009. In the U.K, the Blair compact in 1997 recognized that the infrastructure support to voluntary organs was critically low for substantial expansion (Meville, 2018). Canda Launched its Voluntary sector initiative in 1998. For the period of 5 years the project had a budget of \$9.6 million (LeRoy, 2012), and resulted in an accord with government and voluntary sector (Voluntary Task Force, 2015; Ball, 2016).

Nigeria should borrow a leaf from these countries mentioned above. In Nigeria the Health institutions deserve to be supported greatly, because the poor health situation of the of the people is alarming. There are many people who should not have died in Nigeria if there were good health care services. There is the death of health professionals because some of them prefer going to work abroad because of better treatment, health facilities drugs, accommodations and other health content factors.

## **Implication of Marketing Practices in Nonprofit Organizations**

1. For a successful consumer oriented market service provider should work as psychologist to produce consumers by keeping in mind affecting factors, things that can be made favourable so that the goals of consumer satisfaction can be achieved.
2. Adopting marketing practices full in making decisions regarding new product development, repositioning of existing products, creating advertising campaigns, as well as in understanding general pattern of consumer needs and satisfaction. Thus an understanding of what a customer needs is, how it is organized, what functions it performs, how the organization can apply marketing to change the existing attitude which is very important for a service of organization to successfully combat competition.
3. In the space of competitive and globalised world the importance of consumer who is recognized as the focal point of modern marketing is increasing day to day. The NPO should be very much aware of this fact.
4. Non-Profit organizations can also segment their market (customers) with those who share the same values based on a common experience, similar life style in general.
5. Non-profit organizations should use Marketing practices to match advertisement to induce consumers to act.
6. Marketing communication should be developed in non-profit organizations to address the reference groups factors from both domestic and global perspective. This is the Levin stranss maxim to think globally, but act locally.

7. Non Profit organization need to understand that the timing in which consumers need particular goods and/or services are very crucial and very important to meet their needs and satisfaction
8. Non-profit organizations should need a very purposeful marketing research team. This will enable them know the kind of innovations that are in the minds of the consumers at various times and periods
9. Not-for-Profit firms must improve on their cost of marketing combination's which includes both advertising, publicity and sales promotion costs amongst others.

### **Recommendations**

Based on the summary and conclusions above the following recommendation's have been advanced.

1. Sufficient and the needed drugs should be made available in all the hospitals in the country. Since in most case most needed drugs are not available.
2. There are very many poor people in this country, this becomes the reason why most people cannot afford to buy the needed or even go to the hospitals. Therefore hospitals should charge moderately or affordably.
3. Some hospitals do not let their customers and clients know the names of drugs recommended. This, is an attempt for the hospitals to force patients buy their drugs. This making customers to pay through their noses. This attitude should change
4. In most of the hospitals surveyed the hospital, drugs, feeding and accommodation are too costly and not affordable by most clients and customers So it is here recommended that the hospital overall charges should be lowered. This a way of bringing marketing practices into play. On other words accepting and adopting marketing practices in the Health institutions (NPOs).

5. In most central or specialist or Teaching Hospital the most experienced professionals are not always there to attend to patients, they let the junior ones to do most of their jobs. This attitude should change. This is to teach the junior ones better and patients get better attention and treatment.
6. In some hospital they lack the most needed experienced doctors. The hospital management and government should come to their aids, to enable customer get the required and needed benefits.
7. There are also the issue of physical evidence which are grossly inadequate. This means that good environment and other medical equipment should be provided for the activities of the hospitals
8. There is also the issue of the customers (patient) having to queue for consultation and collection of drugs in the pharmacy for longer periods. The queuing problems could be resolve if marketing practices are fully accepted and adopted in the hospitals. It is here recommended that applying (or fully adopting and accepting the marketing
9. practices) in the activities of the hospitals drugs, medical equipment and facilities must be easily met for the benefits of the stakeholders of the Health Institutions.
10. In the hospitals there may be some staff who do not have medical knowledge, but can work in area of hospital marketing. They may be volunteers that are very useful and needed in the hospitals. Such people should be welcome. Marketing practices in the non-business are as important as it is in the profit-making organizations.

### **Contribution to Knowledge**

Most importantly we must be aware and understand that marketing can be carried out in many different ways in different occupation and firms. This is why how the manufacturer or producers of drugs, automobile, food items and so many other commodities do their

marketing will not be the same way Health personnels and other people who render services for example, will carry out their marketing. In the hospitals; fixing days of clinics, who and how to attend clinics and even how to attend clinics and even how and when to take drugs involve marketing. Conclusively, non-business and profit- making firms are all equally involved in marketing and should be fully engaged in marketing.

Many researchers have carried out studies in the area of marketing in non-profit organizations have made very important and useful findings that are being used now in one way or the other in learning in marketing and thus adding to knowledge. Adeboye et al (2013) study finding, revealed that mother-level variability are significantly associated with immunization update in Nigeria. Mullatahiri (2019) study finding showed that NPOs in Kosovo do not totally adopt marketing in their activities and operations. Their other finding was that there is acceptance of the importance of marketing orientation, segmentation and planning for marketing in NPO sector. United Kingdom, United States of America . Dolnicar and Lazarevski (2019) carried out studies in and Australia and found out that NPO managers found that the most important marketing activities are promotional in nature, the importance of marketing research and strategic marketing was only acknowledged by small proportion of NPOs. Iwu et al (2015) carried out a study in South Africa and found that NPO has more regards for non-financial criteria than financial and also found that NPO should be seen as in two ways – full attainment of its mandate and business should be run to make profit and cover costs. In these studies cited and many not cited here one can find that some support some others while others did not support the studies of others. In all there is the truth that NPOs are very important to the national economy. Most importantly all NPOs should adopt, accept, apply and embrace marketing practices in their activities for better results and benefits to the stakeholders of the non-profit organizations in Nigeria.

This study was carried out in the six states of the south-South zones. Some prominent hospitals in the zone have been selected for the survey. The study has the following findings:

1. There is significant positive relationship between marketing practices (product/service and price) and the benefits/satisfaction of customers of Health, Institutions in Nigeria.
2. There is significant positive relationship between marketing practices (market segments) and the customers and clients of Health Institutions in Nigeria.
3. There is significant positive relationship between marketing practices (Process and physical evidence) and the benefits derived by the stakeholders of Health Institutions in Nigeria
4. There is significant positive relationship between marketing practice (Physical Evidence and people) and the benefits and satisfactions to the stakeholders of Health Institutions in Nigeria. The study concentrated on one specific area of the non-profit organization which has not been done before. Thus this study thereby has actually contributed to knowledge.

### **Recommendations for Further Studies**

The Marketing practices for the non-profit organization is a very wide area which a student research project cannot cover adequately. In the light of the foregoing I am making a suggestion for further studies to cover marketing practices in many other specific areas of the non-profit organization. This will help give more knowledge for the need for more knowledge in marketing in non-profit organization. The NPOs are contributing to the GDP of most nations, solve unemployment problems of most nations and provision of electricity and other areas of human endeavours in the national economy.

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**APPENDICES**

**APPENDIX 1**

**DEPARTMENT OF BUSINESS ADMINISTRATION  
FACULTY OF MANAGEMENT SCIENCES  
UNIVERSITY OF BENIN, BENIN CITY**

Dear Sir/Madam,

**REQUEST FOR COOPERATION IN COMPLETING THIS QUESTIONNAIRE**

I am a postgraduate student undergoing the full-time M.Sc programme of the University of Benin. As part of the requirements of the programme, I am undertaking a study on the Marketing Practices in the Non-business organisations in Nigeria. In this regard you have been duly selected as a member of the sample of this study.

I wish to appeal to you to assist this study by kindly sparing a few minute, to complete this questionnaire. You are not required to disclose your identity. I also wish to assure you that your answers will be treated in strict confidence and used for the stated academic purpose only.

.....

**Egwuelu, J.G**

*(Msc Student)*

## **APPENDIX II**

**Department of Business Administration  
Faculty of Management Sciences  
University of Benin, Benin City  
29th October 2018**

**Dear Sir/Madam,**

### **REQUEST FOR VALIDATION OF INSTRUMENT**

I am a post graduate student in the above department currently carrying out a research on a study of Marketing Practices in Non-Profit Organisations in Nigeria.

Attached is a draft of the questionnaire, the purpose, research questions, and the hypotheses of the study. Please, kindly vet the items for appropriateness and workability of the items in measuring what they are expected to measure.

Could you please put down your comments and suggestions where necessary to improve the quality of the validation of the instrument.

Thank you for your anticipated co-operation in this regard.

**Egwuelu, J.G.**

## APPENDIX III

### INSTRUCTIONS

The instructions for completing the questionnaire are general guidelines directing the respondent on how to answer the questions. Different types of questions will, as it is to be expected, be guided by different kinds of instructions. An example of such instructions is as follows:

For each of the statements, please indicate the extent to which you agree or disagree with each of them by ticking (✓) the answer which most correctly answers the question using the key:

- |                     |       |           |
|---------------------|-------|-----------|
| 1. Strongly Agree   | (SA ) | (4points) |
| 2 Agree             | (A)   | (3points) |
| 3 Disagree          | (D)   | (2points) |
| 4 Strongly Disagree | (SD)  | (1point)  |

### Section A: Demography

1. Gender Male [ ] Female [ ]
2. Age bracket
  - 20-30 years [ ]
  - 31-40 years [ ]
  - 41-50 years [ ]
  - 51-60 years [ ]
  - Above 60 years [ ]
3. Marital Status
  - Single [ ]
  - Married [ ]
  - Separated [ ]

Divorced [ ]

Widow [ ]

4. Number of years of working (working experiences)

1-5 years [ ]

6-10 years [ ]

11-15 years [ ]

16-20 years [ ]

Above 20 years [ ]

5. The income bracket you belong to

N18,000 – N25,000

N26,000 – N35,000

N46,000 – N55,000

N56,000 and above

6. Age bracket

20-30 years [ ]

31-40 years [ ]

41-50 years [ ]

51-60 years [ ]

Above 60 years [ ]

7. Marital Status

Single [ ]

Married [ ]

Separated [ ]

Divorced [ ]

Widow [ ]

8. Number of years of working (working experiences)

1-5 years [ ]

6-10 years [ ]

11-15 years [ ]

16-20 years [ ]

Above 20 years [ ]

## Section B: Main Questionnaire

### Statement about the Questionnaire

A	<b>Ascertaining the effects of product/service on customers benefits/satisfactions</b>	SA 4	A 3	D 2	SD 1
1	Meeting the drug needs of customers will bring benefits to customers and clients of health institutions in Nigeria.	[ ]	[ ]	[ ]	[ ]
2	Meeting the drug needs of customers of health institutions can raise the needs as well as the standard of living of the customers and their satisfaction	[ ]	[ ]	[ ]	[ ]
3	Making vaccine available in the hospitals will improve the health of the customer of health institutions in Nigeria.	[ ]	[ ]	[ ]	[ ]
4	Fulfilling item 3 above can raise the ego and satisfaction of the customers of the health institutions in Nigeria.	[ ]	[ ]	[ ]	[ ]
5	There will be improved and good maintenance of the health of customers of health institutions in Nigeria if the drugs are very affordable.	[ ]	[ ]	[ ]	[ ]

6	Good health of customers will help meeting the needs and benefits of the customers of health institutions in Nigeria.	[ ]	[ ]	[ ]	[ ]
B	<b>Rating the price and pricing on the customers' benefits and satisfaction</b>				
7	Fair prices to drug purchases by customers must help them meet their satisfaction	[ ]	[ ]	[ ]	[ ]
8	Low prices of drugs and services charges in hospitals will make customers or encourage them to get more benefits for the health institutions.	[ ]	[ ]	[ ]	[ ]

9	High prices of health charges in the hospitals can lower the benefits of customer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Price control of the various hospital charges will increase the benefits and satisfaction of customers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<b>Different channels of reaching the different market segments to be made available to enable customers more benefits.</b>				
11	Different clients are found in the health institutions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Treatment of different ailments should be decentralized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Health personnel should also be grouped according to area of specializations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Time period before consultations for the clients must be highly reduced in each channel for more benefits to the customers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<b>Promotion of the services must be clearly spelt out for customers to understand</b>				
15	Clear and simple and understandable promotion should be made to customers of health institutions in Nigeria.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Ambiguous statements in the promotion must be highly reduced if not totally eliminated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Health personnels should try to tolerate the customers to the health institutions for the benefit to these customers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	The promotion where possible should be in different languages or dialetes for understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Promotions should go in line with times suitable for the customers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	<b>Process for the achievement of experiencing organizations offerings must be clear and simple enough to the customers</b>				
20	Stages for achieving the outcomes of the organization by customers should be as few as possible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Each stage time duration should be equally short as possible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Well trained staff should handle each of the activities involved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23	The products/services must be readily available and timely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	<b>Physical Evidence must be kept neat spacious and highly ventilated</b>				
24	Health environment must be conducive for the customers to give them the desired benefits and satisfaction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	The environment should not be such which will add other ailments to those already suffering from one ailment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	All the areas must be kept clean, neat and attractive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Comfortable chairs or waiting spaces should be made available for the customers during their stay in the health institutions awaiting consultations and treatments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G	<b>Different groups of people must be made to work in health institution either as employer or volunteers</b>				
28	All types of people whose services are needed should be employed as well as being present during the work periods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Each health worker must know what he/she is there to do and must be doing the right thing for the benefits of the customers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	The people must all be highly dedicated to duty for higher efficiency and effectiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Appendix IV

### RESULTS

The results of the data analysis based on the four research questions and four hypotheses that guided the study presented in chapter four.

#### Research Question One

How can marketing practices be more effective in rendering better and quality benefits to the customers of health institutions in Nigeria.

#### Section B: Main Questionnaire

**Table 1:** Mean rating of effectiveness of marketing practices on the customers benefit in Health Institutions in Nigeria.

	Statement about the Questionnaire	Mean ( $\bar{x}$ )	Remark
A	Ascertaining the effects of product/service on customers benefit/satisfaction		
1	Meeting the drug needs of customers will bring benefits to customers	3.57	Agreed
2	This can raise the standard of living of the customers and their satisfaction	3.44	Agreed
3	Availability of vaccine in hospital will improve the health of the customer of health institutions	3.32	Agreed
4	It can raises the ego of the customer	3.27	Agreed
5	There will be improved and good maintenance of the health of customers	3.24	Agreed
6	Good health of customers will help meeting the pleasure needs of the customers	3.45	Agreed
B	Rating the price and pricing on the customers' benefits and satisfaction	3.36	Agreed
7	Fair prices to drug purchases by customers must help them meet their satisfaction	3.65	Agreed
8	Low prices of drug services charges in hospitals will make customers or encourage them to get	3.39	Agreed

	more benefits for the health institutions.		
9	High prices of health charge in the hospitals can lower the benefits of customer	3.39	Agreed
10	Price control of the various hospital charges will increase the benefits and satisfaction of customers	3.21	Agreed
11	Different clients are found in the health institutions	3.46	Agreed
12	Treatment of different ailments should be decentralized	3.22	Agreed
13	Health personnel should also be grouped based on specializations	3.38	Agreed
14	Time periods for the clients must be highly minimized in each channel for more benefits to the customers	3.47	Agreed
15	Clear and simple and understandable promotion should be made to customers of health institution	3.35	Agreed
16	Ambiguous statements in the promotion must be highly reduced if not totally eliminated.	3.37	Agreed
17	Health personnels should try to tolerate the customers to the health institutions for the benefit to these customers	3.25	Agreed
18	The promotion where possible should be in different languages or dialetes for understanding	3.30	Agreed
19	Promotions should go in line with times suitable for the customers	3.36	Agreed
	How can marketing practices be adopted and accepted fully in giving more benefits/ satisfaction to the clients and customers of Health Institutions in Nigeria?		
20	Stages for achieving the outcomes of the organization by customers should be as few as possible	3.37	Agreed
21	Each stage time duration should be equally short as possible	3.29	Agreed

22	Well trained staff should handle each of the activities involved.	3.28	Agree
23	The products/services must be readily available and timely	3.31	Agreed
24	Health environment must be conducive for the cus give them the desired benefits and satisfaction	3.12	Agreed
25	The environment should not be such which will add other ailments to those already suffering from one ailment	3.34	Agreed
26	All the areas must be kept clean, neat and attractive	3.13	Agreed

#### Research Question 4

How can marketing practices be improved to provide better benefits/satisfactions to the stakeholders of the Health Institutions in Nigeria

27	Comfortable chairs or waiting spaces should be made available for the customers during their stay in the health institutions awaiting treatment.	3.32	Agreed
28	All types of people whose services are needed should be present during the work periods	3.35	Agreed
29	Each heath worker must know what he/she is there to do and must be the right thing for the benefits of the customers.	3.25	Agreed
30	The people must all be highly dedicated to duty for higher efficiency and effectiveness	3.37	agreed

## Appendix V

### Calculations of the Mean Ratings of the Research Questions

1. SA A D SD  
NR W NR WR W NRXW NRXW NRXW NRXW/TR  
 $630 \times 4 + 150 \times 3 + 75 \times 2 + 90 \times 1 = 2520 + 450 + 150 + 90 = 3213/900 = 3.57$
2.  $551 \times 4 + 240 \times 3 + 88 \times 2 + 45 \times 1 = 2156 + 720 + 176 + 45 = 3097/900 = 3.44$
3.  $425 \times 4 + 375 \times 3 + 61 \times 2 + 39 \times 1 = 1700 + 1125 + 122 + 39 = 2986/900 = 3.32$
4.  $355 \times 4 + 446 \times 3 + 82 \times 2 + 17 \times 1 = 1420 + 1338 + 164 + 17 = 2939/900 = 3.27$
5.  $402 \times 4 + 372 \times 3 + 65 \times 2 + 61 \times 1 = 1608 + 1116 + 130 + 61 = 2915/900 = 3.24$
6.  $537 \times 4 + 257 \times 3 + 76 \times 2 + 30 \times 1 = 2148 + 771 + 152 + 30 = 3101/900 = 3.45$
7.  $488 \times 4 + 269 \times 3 + 98 \times 2 + 67 \times 1 = 1952 + 807 + 196 + 67 = 3033/900 = 3.36$
8.  $501 \times 4 + 291 \times 3 + 66 \times 2 + 42 \times 1 = 2004 + 873 + 132 + 42 = 2389/900 = 2.65$
9.  $597 \times 4 + 262 \times 3 + 25 \times 2 + 16 \times 1 = 1636 + 1017 + 184 + 60 = 3051/900 = 3.39$
10.  $409 \times 4 + 339 \times 3 + 92 \times 2 + 60 \times 1 = 1636 + 1017 + 184 + 60 = 2887/900 = 3.21$
11.  $543 \times 4 + 261 \times 3 + 64 \times 2 + 32 \times 1 = 2172 + 783 + 128 + 32 = 3115/900 = 3.46$
12.  $339 \times 4 + 448 \times 3 + 82 \times 2 + 31 \times 1 = 1356 + 1344 + 164 + 31 = 2895/900 = 3.22$
13.  $490 \times 4 + 290 \times 3 + 92 \times 2 + 28 \times 1 = 1960 + 870 + 184 + 28 = 3042/900 = 3.38$
14.  $512 \times 4 + 268 \times 3 + 64 \times 2 + 56 \times 1 = 2048 + 804 + 128 + 56 = 3036/900 = 3.37$
15.  $530 \times 4 + 231 \times 3 + 72 \times 2 + 67 \times 1 = 2120 + 693 + 144 + 67 = 3014/900 = 3.35$
16.  $466 \times 4 + 336 \times 3 + 81 \times 2 + 57 \times 1 = 1704 + 1008 + 162 + 57 = 3031/900 = 3.37$
17.  $421 \times 4 + 336 \times 3 + 86 \times 2 + 57 \times 1 = 1684 + 1008 + 172 + 57 = 2921/900 = 3.25$
18.  $414 \times 4 + 369 \times 3 + 87 \times 2 + 30 \times 1 = 1656 + 1107 + 174 + 30 = 2967/900 = 3.30$
19.  $446 \times 4 + 355 \times 3 + 80 \times 2 + 19 \times 1 = 1784 + 1065 + 160 + 19 = 3028/900 = 3.36$
20.  $502 \times 4 + 260 \times 3 + 106 \times 2 + 32 \times 1 = 2008 + 780 + 212 + 32 = 3032/900 = 3.37$
21.  $424 \times 4 + 340 \times 3 + 108 \times 2 + 28 \times 1 = 1696 + 1020 + 216 + 28 = 2960/900 = 3.29$
22.  $434 \times 4 + 326 \times 3 + 95 \times 2 + 45 \times 1 = 1736 + 978 + 190 + 45 = 2949/900 = 3.28$

$$23. 412x^4 + 379x^3 + 84x^2 + 25x^1 = 1648 + 1137 + 168 + 25 = 2978/900 = 3.31$$

$$24. 300x^4 + 460x^3 + 86x^2 + 54x^1 = 1200 + 1380 + 172 + 54 = 2806/900 = 3.12$$

$$25. 464x^4 + 326 + 60x^2 + 50x^1 = 1856 + 978 + 120 + 50 = 3006/900 = 3.34$$

$$26. 360x^4 + 360x^3 + 116x^2 + 64x^1 = 1440 + 1080 + 232 + 64 = 2816/900 = 3.13$$

$$27. 472x^4 + 286x^3 + 98x^2 + 44x^1 = 1888 + 858 + 196 + 44 = 2986/900 = 3.32$$

$$28. 468x^4 + 316x^3 + 76x^2 + 40x^1 = 1872 + 948 + 152 + 40 = 3012/900 = 3.35$$

$$29. 432x^4 + 323x^3 + 83x^2 + 62x^1 = 1728 + 969 + 166 + 62 = 2925/900 = 3.35$$

$$30. 428x^4 + 402x^3 + 43x^2 + 27x^1 = 1772 + 1206 + 861 + 27 = 3033/900 = 3.37$$

## Appendix VI

### Calculation of Expected Frequencies

**Table 4.6**

There are rows and columns in this table 4.6 (Hypothesis 1) to enable the calculation of the expected frequencies for computation of the chi-square  $X^2$  Test.

In Hypothesis one we have ten columns and four rows so we have a table as the one below which shows the 900 respondents. Their responses were categorised as: Strongly Agree (SA = 4) points; Agree (A=3 points); Disagree (D = 2 points) and Strongly Disagree (SD = 1 point)

	<b>fo (observed)</b>	<b>fo (observed)</b>	<b>fo(observed)</b>	<b>fo (observed)</b>	
<b>Questionnaire</b>	1	2	3	4	5
S/No.	SA 4	A 3	D 2	SD 1	TOTAL
1	630	150	75	45	900
2	539	240	83	33	900
3	425	375	61	39	900
4	355	446	82	17	900
5	402	372	65	61	900
6	537	257	76	30	900
7	488	269	98	67	900
8	501	291	66	2	900
9	597	262	25	16	900
10	409	339	92	60	900
<b>TOTAL</b>	<b>4883</b>	<b>3001</b>	<b>728</b>	<b>410</b>	<b>9000</b>

To calculate the expected frequencies, use the formula  $\frac{CT \times RT}{OT}$  Where, CT = Column total; RT = Row total and OT = Overall total

(1)	(2)	(3)	(4)
$fe_1$	$fe_2$	$fe_3$	$fe_3$
48	300	73	41
48	300	73	41
48	300	73	41
48	300	73	41
48	300	73	41
48	300	73	41
48	300	73	41
48	300	73	41
48	300	73	41
48	300	73	41
48	300	73	41
48	300	73	41

Calculation of the Expected Frequencies:

$$\text{Column 1 } \frac{4883 \times 900}{9000} = 488.3$$

$$\text{Column 2 } \frac{43001 \times 900}{9000} = 300.1$$

$$\text{Column 3 } \frac{728 \times 900}{9000} = 72.8$$

$$\text{Column 4 } \frac{410 \times 900}{9000} = 41$$

Note: Each of the four columns has the same value because row totals and overall totals for calculating are the same value (by coincidence) and degree of freedom  $(10-1) (4-1)$  i.e  $(9 \times 3) = 27$  and level of significance is at  $p \leq 0.05$  ie 5 percent.

**Table 4.8 Calculation of the Expected Frequencies ( $H_0$ )**

Here there are nine columns and four rows for computing the  $X^2$ . There are same number of respondents (900) and the same weighting used

	<b>Fo<sub>1</sub> (observed)</b>	<b>Fo<sub>2</sub> (observed)</b>	<b>Fo<sub>3</sub> (observed)</b>	<b>Fo<sub>4</sub> (observed)</b>	
<b>Questionnaire</b>	(1)	(2)	(3)	(4)	(5)
S/No	SA	A	D	SD	Total
	4	3	2	1	
11	543	261	64	32	900
12	339	448	82	31	900
13	490	290	92	28	900
14	512	268	64	56	900
15	530	231	72	67	900
16	426	336	81	57	900
17	421	336	86	57	900
18	414	269	87	30	900
19	446	355	80	19	900
	4121	3894	708	377	8100

(1) fe <sub>1</sub>	(2) fe <sub>2</sub>	(3) fe <sub>3</sub>	(4) fse <sub>4</sub>
458	322	79	42
458	322	79	42
458	322	79	42
458	322	79	42
458	322	79	42
458	322	79	42
458	322	79	42
458	322	79	42
458	322	79	42
458	322	79	42
458	322	79	42
458	322	79	42
458	322	79	42

Column 1  $\frac{412 \times 900}{8100} = 458$

Column 2  $\frac{359 \times 900}{8100} = 322$

Column 3  $\frac{708 \times 900}{8100} = 79$

Column 4  $\frac{377 \times 900}{8100} = 42$

Note: Coincidentally the Row totals and the Overall totals are the same, hence also each of the columns have the same value. The level of significance is 5 percent ( $P \leq 0.05$ ) and the degree of freedom (df) is  $(9-1) (4-1)$  ie  $(8) (3) = 24$ . The level of significance and the degree of freedom must be known and used to get the table value. Thereafter check which is greater – the table or the calculated. Then follow the rule procedure.

**Table 4.10, Calculation of the Expected Frequencies (for Ho<sub>3</sub>)**

Questionnaire	(1)	(2)	(3)	(4)	(5)
S/No	f <sub>o</sub>	F <sub>o</sub>	F <sub>o</sub>	F <sub>o</sub>	Total
20	502	260	106	32	900
21	424	340	108	28	900
22	434	326	-95	45	900
23	412	379	84	25	900
24	300	460	86	54	900
25	464	326	60	50	900
26	360	360	116	64	900
27	472	386	98	44	900
	3368	2737	753	342	7200

(1) f <sub>e1</sub>	(2) f <sub>e2</sub>	(3) f <sub>e3</sub>	(4) f <sub>e4</sub>
421	342	94	43
421	342	94	43
421	342	94	43
421	342	94	43
421	342	94	43
421	342	94	43
421	342	94	43
421	342	94	43
421	342	94	43
421	342	94	43
421	342	94	43
421	342	94	43
421	342	94	43
421	342	94	43

Calculations of expected frequencies.

$$\text{Column 1 } \frac{3368 \times 900}{7200} = 421$$

$$\text{Column 2 } \frac{2737 \times 900}{7200} = 342$$

$$\text{Column 3 } \frac{753 \times 900}{7200} = 94$$

$$\text{Column 4 } \frac{342 \times 900}{7200} = 43$$

Here the Columns are 4 and the rows are 8 so the degree of freedom is (4-1) (8-1) ie (3) (7) = 21 and the level of significance is 5 percent.

**Ho<sub>4</sub>**

**Table 4.11**

**Calculations of Expected Frequencies for the Computation of the Chi-Square, X<sup>2</sup>**

	<b>f<sub>01</sub></b>	<b>f<sub>02</sub></b>	<b>f<sub>03</sub></b>	<b>f<sub>04</sub></b>	<b>Total</b>
<b>Questionnaire</b>	(1)	(2)	(3)	(4)	
28	468	316	76	40	900
29	432	323	83	62	900
30	428	402	43	27	900
	1328	1041	202	129	2700

( There are 3 columns and 4 rows in this hypothesis 4 (Ho<sub>4</sub>). The same number of respondents and the same weighting for the columns).

## Calculations of the Expected Frequencies for $H_0$

1	2	3	4
$fe_1$	$fe_2$	$fe_3$	$fe_4$
443	347	67	43
443	347	67	43
443	347	67	43

$$\text{Column 1 } \frac{1328 \times 900}{2700} = 443$$

$$\text{Column 2 } \frac{1041 \times 900}{2700} = 347$$

$$\text{Column 3 } \frac{202 \times 900}{2700} = 67$$

$$\text{Column 4 } \frac{129 \times 900}{2700} = 43$$

Here the columns are three (3) the rows are 4 four. Then, the degree of freedom is 3-1) (4-1)

ie (2) (3) = 6

## Appendix VI

### The formula for calculation of variance

The formula for the computation of variance is given by the equation given below:

$$S = \sqrt{\frac{n\sum x^2 - (\sum x)^2}{n(n-1)}}$$

Where X      S= Variance

N = No. of questionnaire items

x = Score or mark

x<sup>2</sup> = square of the score

Σ = sigma (summation sign)

√ = Square root

We can now calculate the individual variances for the various questionnaire item for the study. The calculations are simple enough to understand.

Questionnaire		x	x <sup>2</sup>	
S/No 1	SA	12	144	$S = \sqrt{\frac{20(208 - (20)^2)}{20(20-1)}}$
	A	08	64	
	D	00	00	
	SD	00	00	$= \sqrt{\frac{4160 - 400}{20(19)}}$
	Σ	20	208	$= \sqrt{\frac{3760}{380}}$
				$= \sqrt{9.89}$
				$= 3.13$

x            x<sup>2</sup>            Use the formula

S/No	2	SA	10	100	$S = \sqrt{\frac{n\sum x^2 - (\sum x)^2}{n(n-1)}}$ $= \sqrt{\frac{20(154) - (20)^2}{20(19-1)}}$ $= \sqrt{\frac{3080 - 400}{380}}$ $= \sqrt{7.05}$ $= 2.66$
		A	07	49	
		D	02	04	
		SD	01	01	
		Σ	20	154	

			x	x <sup>2</sup>	$S = \sqrt{\frac{n\sum x^2 - (\sum x)^2}{n(n-1)}}$ $= \sqrt{\frac{20(154) - (20)^2}{20(19)}}$ $= \sqrt{\frac{2400 - 400}{380}}$ $= \sqrt{\frac{2000}{380}}$ $= 2.29$
S/No	3	SA	8	64	
		A	6	36	
		D	4	16	
		SD	2	04	
		Σ	20	120	

			x	x <sup>2</sup>	$S = \sqrt{\frac{n\sum x^2 - (\sum x)^2}{n(n-1)}}$ $= \sqrt{\frac{20(250) - (20)^2}{20(2-1)}}$ $= \sqrt{\frac{5000 - 400}{20(19)}}$ $= \sqrt{\frac{4600}{380}}$ $= \sqrt{12.105}$ $= 3.48$
S/No	4	SA	15	225	
		A	05	25	
		D	00	00	
		SD	00	00	
		Σ	20	250	

		x	x <sup>2</sup>	
S/No 5	SA	07	49	$S = \sqrt{\frac{n\sum x^2 - (\sum x)^2}{n(n-1)}}$ $= \sqrt{\frac{20(140) - (20)^2}{20(20-1)}}$ $= \sqrt{\frac{2800 - 400}{20(19)}}$ $= \sqrt{\frac{2400}{380}}$ $= \sqrt{6.31578}$ $= 2.5131234$
	A	09	81	
	D	03	09	
	SD	01	01	
	Σ	20	140	

		x	x <sup>2</sup>	
S/No 6	SA	10	100	$S = \sqrt{\frac{n\sum x^2 - (\sum x)^2}{n(n-1)}}$ $= \sqrt{\frac{20(168) - (20)^2}{20(19)}}$ $= \sqrt{\frac{3360 - 400}{380}}$ $= \sqrt{7.789}$ $= 2.80$
	A	08	64	
	D	02	04	
	SD	00	00	
	Σ	20	120	

		x	x <sup>2</sup>	
S/No 7	SA	07	49	$S = \sqrt{\frac{n\sum x^2 - (\sum x)^2}{n(n-1)}}$ $= \sqrt{\frac{20(118) - (20)^2}{20(20-1)}}$
	A	07	49	
	D	04	16	
	SD	02	04	
	Σ	20	118	

$$= \sqrt{\frac{2360 - 400}{380}}$$

$$= \sqrt{5.1578}$$

$$= 2.27$$

S/No		x	x <sup>2</sup>	Calculate variance with formula
8	SA	13	169	$S = \sqrt{\frac{n \sum x^2 - (\sum x)^2}{n(n-1)}}$ $= \sqrt{\frac{20(118) - (20)^2}{20(20-1)}}$ $= \sqrt{\frac{4360 - 400}{20(19)}}$ $= \sqrt{10.42}$ $= 3.23$
	A	07	49	
	D	00	00	
	SD	00	00	
	Σ	20	218	

S/No		x	x <sup>2</sup>	
9	SA	09	81	$S = \sqrt{\frac{20(154) - (20)^2}{n(n-1)}}$ $= \sqrt{\frac{3080 - 400}{20(19)}}$ $= \sqrt{\frac{3080 - 400}{3800}}$ $= \sqrt{2.66}$ $= 2.29$
	A	08	64	
	D	03	09	
	SD	60	00	
	Σ	20	154	

S/No		x	x <sup>2</sup>	To compute the variance use the fomular
10	SA	8	64	$S = \sqrt{\frac{n\sum x^2 - (\sum x)^2}{n(n-1)}}$ $= \sqrt{\frac{20(166) - (20)^2}{20(20-1)}}$ $= \sqrt{\frac{3320 - 400}{20(19)}}$ $= \sqrt{\frac{7.68}{19}}$ $= 2.27$
	A	6	36	
	D	4	16	
	SD	2	04	
	Σ	20	120	

S/No		x	x <sup>2</sup>	
11	SA	12	144	$S = \sqrt{\frac{n\sum x^2 - (\sum x)^2}{n(n-1)}}$ $= \sqrt{\frac{20(178) - (20)^2}{20(20-1)}}$ $= \sqrt{\frac{3560 - 400}{380}}$ $= \sqrt{8.31578}$ $= 2.88$
	A	05	25	
	D	03	09	
	SD	00	00	
	Σ	20	120	

S/No		x	x <sup>2</sup>	Calculate variance using the formular
12	SA	15	225	$S = \sqrt{\frac{n\sum x^2 - (\sum x)^2}{n(n-1)}}$ $= \sqrt{\frac{20(236) - (20)^2}{20(20-1)}}$ $= \sqrt{\frac{4720 - 400}{20(19)}}$ $= \sqrt{\frac{4720 - 400}{20(19)}}$ $= \sqrt{11.369}$ $= 3.37$
	A	03	09	
	D	01	01	
	SD	01	01	
	Σ	20	236	

S/No		x	x <sup>2</sup>	Use Formula
13	SA	12	144	$S = \sqrt{\frac{n\sum x^2 - (\sum x)^2}{n(n-1)}}$
	A	08	64	
	D	00	00	
	SD	00	00	
	Σ	20	308	
				$\sqrt{\frac{6160 - 400}{20(19)}}$
				$\sqrt{\frac{5760}{380}}$
				$\sqrt{15.15789}$
				$= 3.29$

S/No		x	x <sup>2</sup>	Compute variance using formula
14	SA	14	196	$S = \sqrt{\frac{n\sum x^2 - (\sum x)^2}{n(n-1)}}$
	A	05	25	
	D	01	01	
	SD	00	00	
	Σ	20	222	
				$= \sqrt{\frac{20(222) - (20)^2}{20(20-1)}}$
				$= \sqrt{\frac{4440 - 400}{20(19)}}$
				$= \sqrt{10.63}$
				$= 3.26$

		x	x <sup>2</sup>	Apply the formula
S/No 15	SA	13	169	$S = \sqrt{\frac{n\sum x^2 - (\sum x)^2}{n(n-1)}}$ $= \sqrt{\frac{20(218) - (20)^2}{20(20-1)}}$ $= \sqrt{\frac{20(218) - (20)^2}{20(20-1)}}$ $= \sqrt{\frac{3960}{380}}$ $= \sqrt{10.42}$ $= 3.23$
	A	07	49	
	D	00	00	
	SD	00	00	
	Σ	20	218	

		x	x <sup>2</sup>	Apply the variance formula
S/No 16	SA	10	100	$S = \sqrt{\frac{n\sum x^2 - (\sum x)^2}{n(n-1)}}$ $= \sqrt{\frac{20(200) - (20)^2}{20(20-1)}}$ $= \sqrt{\frac{4000 - 400}{20(19)}}$ $= \sqrt{\frac{3600}{380}}$ $= \sqrt{9.47}$ $= 3.08$
	A	10	100	
	D	00	00	
	SD	00	00	
	Σ	20	200	

		x	x <sup>2</sup>	Apply the variance formula
S/No 17	SA	11	121	$S = \sqrt{\frac{n\sum x^2 - (\sum x)^2}{n(n-1)}}$ $= \sqrt{\frac{20(202) - (20)^2}{20(19)}}$ $= \sqrt{\frac{4040 - 400}{20(19)}}$ $= \sqrt{\frac{3640}{380}}$ $= \sqrt{9.58}$ $= 3.09$
	A	09	81	
	D	00	00	
	SD	00	00	
		20	202	

		x	x <sup>2</sup>	Apply the formula for computing variance
S/No 18	SA	12	144	$S = \sqrt{\frac{n\sum x^2 - (\sum x)^2}{n(n-1)}}$ $= \sqrt{\frac{20(208) - (20)^2}{20(20-1)}}$ $= \sqrt{\frac{4160 - 400}{380}}$ $= \sqrt{9.89}$ $= 3.15$
	A	08	64	
	SD	00	00	
	D	00	00	
	Σ	20	208	

	x	x <sup>2</sup>	
S/No 19	SA	15	225
	A	05	25
	D	00	00
	SD	00	00
	Σ	20	250

$$S = \sqrt{\frac{n\sum x^2 - (\sum x)^2}{n(n-1)}}$$

$$= \sqrt{\frac{20(208) - (20)^2}{(20(250) - (20)^2)}}$$

$$= \sqrt{\frac{5000 - 400}{20(19)}}$$

$$= \sqrt{12.11}$$

$$= 3.48$$

	x	x <sup>2</sup>	
S/No 20	SA	09	81
	A	09	81
	D	02	04
	SD	00	00
	Σ	20	166

Apply the variance formula

$$S = \sqrt{\frac{n\sum x^2 - (\sum x)^2}{n(n-1)}}$$

$$= \sqrt{\frac{20(166) - (20)^2}{(20 - (20))}}$$

$$= \sqrt{\frac{3320 - 400}{20(19)}}$$

$$= \sqrt{7.67}$$

$$= 2.77$$

	x	x <sup>2</sup>	
S/No 21	SA	10	100
	A	10	100
	D	00	00
	SD	00	00
	Σ	20	200

$$S = \sqrt{\frac{n\sum x^2 - (\sum x)^2}{n(n-1)}}$$

$$= \sqrt{\frac{20(250) - (20)^2}{20(20-1)}}$$

$$= \sqrt{\frac{4000-400}{380}}$$

$$= \sqrt{\frac{3600}{380}}$$

$$= \sqrt{9.47368}$$

$$= 3.08$$

S/No		x	x <sup>2</sup>	Apply the formula for computing variance
22	SA	14	196	$S = \sqrt{\frac{n\sum x^2 - (\sum x)^2}{n(n-1)}}$
	A	06	36	
	D	00	00	
	SD	00	00	
	$\Sigma$	20	232	

$$= \sqrt{\frac{20(218) - (20)^2}{20(20-1)}}$$

$$= \sqrt{\frac{43600 - 400}{20(19)}}$$

$$= 3.34$$

S/No		x	x <sup>2</sup>
23	SA	13	169
	A	07	49
	D	00	00
	SD	00	00
	$\Sigma$	20	218

$$S = \sqrt{\frac{n\sum x^2 - (\sum x)^2}{n(n-1)}}$$

$$= \sqrt{\frac{20(218) - (20)^2}{20(19)}}$$

$$= \sqrt{\frac{43600 - 400}{20(19)}}$$

$$= \sqrt{10.42}$$

$$= 3.23$$

		x	x <sup>2</sup>	Apply the formula for computing
S/No 24	SA	12	144	$S = \sqrt{\frac{n\sum x^2 - (\sum x)^2}{n(n-1)}}$ $= \sqrt{\frac{20(208) - (20)^2}{20(20-1)}}$ $= \sqrt{\frac{4160 - 400}{20(19)}}$ $= \sqrt{\frac{3760}{380}}$ $= \sqrt{9.89}$ $= 3.15$
	A	08	64	
	D	00	00	
	SD	00	00	
	Σ	20	280	
	variance			

		x	x <sup>2</sup>	
S/No 25	SA	16	256	$S = \sqrt{\frac{n\sum x^2 - (\sum x)^2}{n(n-1)}}$ $= \sqrt{\frac{20(272) - (20)^2}{20(20-1)}}$ $= \sqrt{\frac{5440 - 400}{20(19)}}$ $= \sqrt{\frac{5040}{380}}$ $= \sqrt{13.26}$ $= 3.64$
	A	04	16	
	D	00	00	
	SD	00	00	
	Σ	20	272	

		x	x <sup>2</sup>	
S/No	26	SA	10	100
		A	00	100
		D	00	00
		SD	00	00
		Σ	20	200

$$S = \sqrt{\frac{n\sum x^2 - (\sum x)^2}{n(n-1)}}$$

$$= \sqrt{\frac{20(200) - (20)^2}{20(20-1)}}$$

$$= \sqrt{\frac{3600}{380}}$$

$$= \sqrt{10.42}$$

$$= 3.08$$

		x	x <sup>2</sup>	
S/No	27	SA	13	169
		A	07	49
		D	00	00
		SD	00	00
		Σ	20	218

$$S = \sqrt{\frac{n\sum x^2 - (\sum x)^2}{n(n-1)}}$$

$$= \sqrt{\frac{20(218) - (20)^2}{20(20-1)}}$$

$$= \sqrt{\frac{4360 - 400}{20(19)}}$$

$$= \sqrt{\frac{3960}{380}}$$

$$= \sqrt{10.42}$$

$$= 3.23$$

Applying the formula calculate the variance

			x	x <sup>2</sup>	
S/No	28	SA	15	225	$S = \sqrt{\frac{n\sum x^2 - (\sum x)^2}{n(n-1)}}$ $= \sqrt{\frac{20(202) - (20)^2}{20(20-1)}}$
		A	05	25	
		D	00	00	
		SD	00	00	$S = \sqrt{\frac{4040 - 400}{380}}$ $= \sqrt{9.56}$ $= 3.09$
		Σ	20	250	
			x	x <sup>2</sup>	
S/No	29	SA	09	81	$S = \sqrt{\frac{n\sum x^2 - (\sum x)^2}{n(n-1)}}$ $= \sqrt{\frac{20(202) - (20)^2}{20(20-1)}}$
		A	11	121	
		D	00	00	
		SD	00	00	$= \sqrt{\frac{4040 - 400}{20(19)}}$ $= \sqrt{3.09}$ $= 3.48$
		Σ	20	202	
			x	x <sup>2</sup>	
S/No	30	SA	08	64	$S = \sqrt{\frac{n\sum x^2 - (\sum x)^2}{n(n-1)}}$ $= \sqrt{\frac{20(202) - (20)^2}{(20)(19)}}$
		A	09	81	
		D	03	09	
		SD	00	00	$= \sqrt{\frac{3080 - 400}{20(19)}}$ $= \sqrt{\frac{2680}{3800}}$ $= \sqrt{7.05}$ $= 2.66$
		Σ	20	250	

## Appendix VII

### Calculation Of The Reliability Value Of The Instrument Used

To test the reliability of the instrument constructed a pilot test was carried out. Data collected were presented, arranged and computed using the Cronach procedure (coefficient Alpha,  $\alpha$ ). The formula is shown below as follows:

$$\alpha = \frac{k}{k-1} \left( 1 - \frac{\sum v_i}{v_t} \right)$$

Where: K = the number of items of questionnaire

Vi = the variance of the individual item of the questionnaire.

Vt = the variance of the total questionnaire

Raw Data for the Calculations of the Reliability of the Instrument

Item	4	3	2	1		
	SA	A	D	SD	Total	Variances Computed
1	12	08	00	00	20	3.13
2	10	07	02	01	20	2.66
3	08	06	04	02	20	2.29
4	15	05	00	00	20	3.48
5	07	09	03	01	20	2.51
6	10	08	02	00	20	2.80
7	07	07	04	02	20	2.27
8	13	07	00	00	20	3.23
9	09	08	03	00	20	2.66
10	08	10	01	01	20	2.77
11	12	05	03	00	20	2.88
12	15	03	01	01	20	3.37
13	12	08	00	01	20	3.89
14	14	05	01	00	20	3.26
15	13	07	00	00	20	3.23
16	10	10	00	00	20	3.08
17	11	09	00	00	20	3.09
18	12	08	00	00	20	3.15
19	15	05	00	00	20	3.48
20	09	09	02	00	20	2.77
21	10	10	00	00	20	3.08
22	14	06	00	00	20	3.34
23	13	07	00	00	20	3.23
24	12	08	00	00	20	3.15
25	16	04	00	00	20	3.64
26	10	10	00	00	20	3.08

27	13	07	00	00	20	3.23
28	11	09	00	00	20	3.09
29	09	11	00	00	20	3.09
30	08	09	03	00	20	2.66
						<b>91.59</b>

**Scores of the 20 Respondents for the Pilot Study**

56	66	74	70	71
82	90	75	71	79
45	55	88	72	66
54	68	74	55	81

Class interval	X	f	Fx	X <sup>2</sup>	fx <sup>2</sup>
45-55	50	4	200	2500	10,000
56-65	55	2	110	12100	24,200
66-75	65	10	650	4225	42,250
76-85	75	2	150	5625	11,250
86-95	85	2	170	7225	14,450
		20	1280		102,150

$$\begin{aligned}
 V_t &= \frac{\sum fx^2}{N} - \left( \frac{\sum fx}{N} \right)^2 \\
 &= \frac{102150}{20} - \left( \frac{1280}{20} \right)^2 \\
 &= \frac{10215}{20} - \frac{1638400}{400} \\
 &= 5,107.5 - 4,096.0 \\
 &= 1,011.5
 \end{aligned}$$

Applying the Cronbach Apha Coefficient

$$\begin{aligned}
 \alpha &= 1 - \frac{k}{k-1} \left( \frac{1 - \sum v_i}{vt} \right) \\
 &= \frac{30}{30-1} \left( \frac{1 - 91.59}{1011.5} \right) \\
 &= \frac{30}{29} \left( \frac{1 - 91.59}{1011.5} \right) \\
 &= \frac{30}{29} (1 - 0.0905488) \\
 &= 1.0344827 (0.9094512) \\
 &= 0.9408115
 \end{aligned}$$