EVALUATION OF SERVICOM AND ITS IMPACT ON SERVICE DELIVERY IN PUBLIC SERVICE IN NIGERIA: A CASE STUDY OF UNIVERSITY OF BENIN TEACHING HOSPITAL, BENIN CITY, EDO STATE.

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A THESIS SUBMITTED TO THE INSTITUTE OF PUBLIC ADMINISTRATION AND HEALTH SERVICES MANAGEMENT FOR COLLEGE OF POST GRADUATE STUDIES UNIVERSITY OF BENIN
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NOVEMBER, 2025.

DECLARATION

I, **ROSELYN TOM-ETINOSA,** do hereby declare to the best of my knowledge that this thesis is entirely my work and composition. The work embodied in this thesis has not been submitted in candidature for any degree and is not concurrently being submitted for any other degree. All references made to work of other persons have been duly acknowledged.

ROSELYN TOM-ETINOSA **DATE**

APPROVAL

We approve that this work titled "Evaluation Of Servicom And Its Impact On Service Delivery In Public Service In Nigeria: A Case Study Of University Of Benin Teaching Hospital, Benin City, Edo State." By Roselyn Tom-Etinosa with matric number PG/IPAES 1918749 is adequate in scope and content for the award of PhD Health Administration, Institute of Public Administration and Health Service Management, University of Benin, Benin City.

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CERTIFICATION

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DEDICATION

This project is dedicated to the Almighty God, whose grace, wisdom, and strength enabled me to complete this work.

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ABSTRACT

SERVICOM (Service Compact with All Nigerians) was established to enhance accountability, transparency, and quality of service delivery in Nigeria's public sector. Despite its institutionalization in healthcare facilities, there are concerns about its visibility, awareness, and effectiveness in practice. This study evaluated the implementation and impact of SERVICOM on service delivery at the University of Benin Teaching Hospital (UBTH), Edo State, Nigeria. This study adopted a descriptive cross-sectional design using a mixed-methods approach. Both quantitative and qualitative data were integrated to provide a comprehensive analysis. The target population comprised staff and patients of UBTH. A total sample of 409 respondents was drawn using proportionate sampling, which included 296 staff, 98 patients, 9 staff for in-depth interviews, and 6 patients for in-depth interviews. Data were collected through structured questionnaires and interview guides. Quantitative data were analyzed using the Statistical Package for the Social Sciences (SPSS) version 27.0, while qualitative data were coded and thematically analyzed using NVivo version 11 software. Findings revealed that healthcare providers demonstrated high awareness (mean = 3.6) and positive perceptions of SERVICOM implementation (grand mean = 3.6), particularly in accountability, professionalism, and responsiveness. In contrast, patients reported poor awareness (mean = 2.4) and low ratings of SERVICOM implementation (grand mean = 2.3), with dissatisfaction regarding complaint mechanisms, feedback, and waiting times. From the qualitative analysis, five themes emerged from staff interviews (understanding and awareness, implementation in departments, challenges, effectiveness, and recommendations), while six themes were generated from patient interviews (awareness, accessibility, complaints process, service quality, access challenges, and recommendations). The study concludes that SERVICOM has made notable progress in promoting accountability among staff at UBTH but has not translated into improved patient awareness or satisfaction. The study recommends increased patient-focused awareness campaigns, regular training of staff, improved feedback and complaint systems, adequate funding, and strengthened monitoring and evaluation frameworks to ensure SERVICOM achieves its intended impact on healthcare service delivery.

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CHAPTER ONE

INTRODUCTION

1.1 BACKGROUND TO THE STUDY

The service industry plays an increasingly important role in the economy of many countries, including Nigeria. In today's global competitive environment, delivering quality service is considered an essential strategy for success and survival (Nneka, 2021). The information super highway has turned the world into a global village, and organizations are facing competition that was not envisaged a few years ago. No organization can afford to be competitive if it does not continuously improve its products or services, processes, and people. Therefore, to stay competitive, organizations must do away with work and processes that do not add value (Akinsanmi et al., 2022).

Services in general refer to intangible benefits provided to individuals or organizations through the performance of a variety of physical facilities or products. The purpose of a service delivery programme is to improve the quality of service by developing the skills and knowledge of service providers to enable them to provide quality service responsibly, confidentially, and independently (Ezeanolue & Chukwuemeka, 2024). The provision of services by public organizations to any society is seen as essential to the fabric of the Nigerian society. Quality is the heart of service delivery and dictates that the public sector provides services that are responsive to the needs of its primary customer, the public (Aligbe et al., 2024). Effective service delivery is widely recognized as a fundamental responsibility of government and a cornerstone of socioeconomic development. At its core,

service delivery refers to the processes and outcomes through which public institutions provide goods and services, such as education, healthcare, licensing, social welfare, and administrative functions to citizens (Ukwu et al., 2025). Globally, citizens increasingly expect public services to be efficient, transparent, timely, and responsive to their needs. However, in many countries, especially in developing contexts, deficiencies in public service delivery have undermined trust in government, limited opportunities for development, and negatively affected citizens' quality of life. Common challenges include bureaucratic inefficiency, corruption, lack of accountability, limited citizen engagement, and weak institutional capacity. (Aligbe, et al., 2024).

Public sector organizations have come under increasing pressure to deliver quality services and improve efficiencies (Okafor, 2023). Before the millennium era in Nigeria, public services were organizations established by government to provide services to people at cheap and affordable rates. However, after years of military dictatorship and economic mismanagement, Nigeria experienced a period of economic recession, rising poverty, growing unemployment, and a decline in public institutions (Ndema, 2022). Non-delivery of services enriches a few, wastes public resources, and deprives the masses of benefits accrued to them (Omigbodun, 2022). There are various studies discussing the performance of public service institutions which limited the scope, speed, and quality of services rendered (Egugbo et al., 2023). A country's public sector effectiveness and efficiency is imperative to the success of development. This is because public institutions are the growth sector of a modern economy, and their performance is directly tied to all sectors of the economy (Ibietan, 2023). It is also the world's largest service provider, and any incremental improvement positively impacts millions of people. All these factors are

making organizations change in order to survive, and it is clearly evident that only the fittest organizations succeed (Aligbe & Momoh, 2024).

In December 2003, a team of experts commissioned to review the state of service delivery in a report, titled "service delivery in Nigeria: A road map" concluded that:

> *Services are not serving people; they are inaccessible, poor in quality and indifferent to customers' needs. Public confidence is poor, inequality high and institutions management confusing and wasteful. There is need for a far reaching transformation of Nigeria society through a service delivery programme as a step in the process of moving government that is more in touch with its people ...*

In response to these service delivery challenges, governments and international organizations have introduced a variety of public sector reforms aimed at improving institutional performance. Among these reforms are citizen service charters, customer feedback mechanisms, performance management systems, and policies designed to institutionalize accountability and quality standards. One such policy initiative in Nigeria is the **Service Compact with All Nigerians (SERVICOM)**, launched in 2004 by the Federal Government to transform public service delivery by defining clear standards, promoting accountability, and ensuring that citizens receive services that meet established quality benchmarks.

SERVICOM was conceived as a contractual relationship between the Nigerian state and its citizens, aimed at enhancing efficiency, professionalism, and responsiveness in public institutions. The policy requires Ministries, Departments, and Agencies (MDAs) to develop **service charters** that specify the services they provide, expected time frames, procedures, and performance indicators. It also mandates the establishment of SERVICOM

units responsible for monitoring service delivery, handling customer complaints, educating staff, and promoting continuous improvement. By emphasizing citizens' rights and institutional responsibilities, SERVICOM seeks to create a service-oriented public sector culture and reduce the gap between policy aspiration and actual practice.

Modeled after the British example, Service Compact With All Nigerians (SERVICOM) came as an intervention measure in recognition of the fact that the Nigerian public was not benefiting from the services rendered by government agencies (Nwokwu & Nwankwo, 2023). This followed a retreat involving government leaders where the issue of poor services in the Nigerian public sector was extensively discussed. The outcome of the retreat was the realization that services rendered by the Ministries, Departments, and Agencies (MDAs) in the country lacked transparency, timeliness, urgency, cost-effectiveness, and responsiveness (Omigbodun, 2022). There was, therefore, a need to intervene if government services were to be of any relevance.

The study seeks to establish the degree to which individuals subscribe to the principles and goals of SERVICOM and the extent to which SERVICOM delivers what it promises (Ezeanolue & Chukwuemeka, 2024). . Such an evaluation will identify strengths and weaknesses in implementation, reveal the extent to which service standards are upheld, and provide evidence-based recommendations for strengthening service delivery reforms. Ultimately, understanding the impact of SERVICOM on service delivery will contribute to improved institutional performance, higher citizen satisfaction, and stronger public trust in government.

1.2 STATEMENT OF THE PROBLEM

Public services worldwide are designed to deliver quality services to citizens, and the Nigerian public service is no exception. The agency mandated to facilitate public service delivery in Nigeria is the civil service, known as the Nigerian Civil Service. Its primary purpose is to provide quality services to citizens, thereby improving their general well-being. To achieve this, the civil service is segmented into various sectors, including education, health, agriculture, judiciary, and sports, among others (Akinsanmi et al., 2022). However, for several decades, the Nigerian public service has deviated from its core mandate of serving the people effectively. It has been widely criticized for being lethargic, unresponsive, and inefficient, often failing to meet the needs and expectations of citizens (Eneanya, 2018). The Nigerian public service is plagued by systemic inefficiencies, including bureaucratic red tape, corruption, and a lack of accountability, which hinder citizens' access to essential services (Offu et al., 2018). Members of the public frequently complain about poor service quality, unprofessional attitudes, and a general lack of responsiveness from public servants. In addition, the Nigerian public service, particularly in the healthcare sector, continues to struggle with inefficiencies that hinder effective service delivery. These issues are pervasive across all sectors, including healthcare, where institution like the University of Benin Teaching Hospital (UBTH) is expected to provide critical medical services to the public.

In response to these challenges, the federal government established the Service Compact with All Nigerians (SERVICOM) in 2004. SERVICOM was introduced as a reform initiative to promote excellence, accountability, and transparency within the public service, with the ultimate goal of enhancing service delivery to citizens (Aligbe et al.,

2024). Despite its noble objectives, the impact of SERVICOM, particularly in healthcare institutions like UBTH, remains under-evaluated. While SERVICOM represents a significant step toward reforming the Nigerian public service, the service delivery landscape in Nigeria continues to face numerous challenges, (Omigbodun, 2022) and UBTH is no exception. Reports highlight persistent issues such as inadequate funding, bureaucratic resistance to change, and a lack of patient-centered care, which undermine the effectiveness of SERVICOM initiatives in public hospitals (Eneanya, 2018).

The implementation of SERVICOM policy at UBTH is further complicated by the hospital's dual mandate of providing high-quality patient care and training future healthcare professionals. This unique operational environment introduces additional complexities that can hinder the adoption and sustainability of SERVICOM reforms (Nwokwu & Nwankwo, 2023). For instance, resource constraints, such as inadequate funding and outdated medical equipment, pose significant barriers to effective service delivery. Additionally, bureaucratic resistance to change and a lack of political will have limited the success of SERVICOM initiatives in addressing these deep-rooted issues (Omigbodun, 2022). One of the key components of SERVICOM is the establishment of service charters, which are designed to standardize service delivery and ensure accountability. In UBTH, the implementation of service charters could potentially improve patient care by reducing variability in service quality and setting clear benchmarks for performance. However, the extent to which these charters have been effectively implemented and their impact on service delivery remains unclear. Furthermore, the lack of adequate feedback mechanisms and monitoring systems has limited the ability of

SERVICOM units to address patient complaints and improve service quality (Ezeanolue & Chukwuemeka, 2024).

Despite the introduction of SERVICOM, UBTH continues to face significant challenges in delivering quality healthcare services. Long waiting times, inadequate staffing, and poor infrastructure remain persistent issues that affect patient satisfaction and overall service delivery. These challenges highlight the need for a critical evaluation of SERVICOM's impact on service delivery within UBTH.

By examining the specific ways in which SERVICOM has been implemented and its effectiveness in addressing these issues, this study aims to provide insights into the barriers to successful SERVICOM implementation and propose strategies for improving service delivery in public healthcare institutions. While SERVICOM was introduced as a reform initiative to address these challenges, its impact in institutions like UBTH remains under-evaluated. This study seeks to fill this gap by critically assessing the implementation of SERVICOM in UBTH and its impact on service delivery. By doing so, it aims to contribute to the broader discourse on public sector reforms in Nigeria and provide actionable recommendations for improving service delivery in public healthcare institutions.

1.3 OBJECTIVES OF THE STUDY

1.3.1 General objective

The general objective of this study is to evaluate the effectiveness of SERVICOM policy and practice and its impact on service delivery in Nigeria public service.

1.3.2 Specific objectives

The specific objectives of this study are to:

1. Assess the level of implementation of SERVICOM policy at University of Benin Teaching Hospital
2. Assess the level of awareness of the principles of SERVICOM among healthcare providers and patients at University of Benin Teaching Hospital.
3. Identify the perceived challenges faced by healthcare providers and healthcare service delivery.
4. Identify the experiences of patients in services delivered through SERVICOM unit.
5. Evaluate the responsiveness of UBTH's SERVICOM unit to patient's complaints.
6. Proffer solutions and recommendations as appropriate.

1.4 RESEARCH QUESTIONS

The following questions are raised for this research:

1. What is the implementation level of SERVICOM policy at University of Benin Teaching Hospital?
2. What is the level of awareness of SERVICOM principles among healthcare providers and patients at University of Benin Teaching Hospital?
3. What are the perceived challenges faced by healthcare providers in the implementation of SERVICOM services?
4. What are the experiences of patients in services delivered through SERVICOM unit?
5. What is the responsiveness level of University of Benin Teaching Hospital's SERVICOM unit to patient complaints and service delivery issues?

1.5 RESEARCH HYPOTHESIS: H_0

1. There is no significant relationship in the level of awareness of SERVICOM principles between healthcare providers and patients at the University of Benin Teaching Hospital.
2. There is no significant relationship between the perceived challenges faced by healthcare providers in UBTH and their ages.
3. There is no significant relationship between the responsiveness of the UBTH SERVICOM unit to patient complaints and their gender.
4. There is no significant relationship between the perceived challenges faced by healthcare providers and their ward/unit
5. There is no significant relationship between the experiences of patients in services delivered through SERVICOM and the categories of patients.

RESEARCH HYPOTHESIS: H_1

1. There is significant relationship in the level of awareness of SERVICOM principles between healthcare providers and patients at the University of Benin Teaching Hospital.

2. There is significant relationship between the perceived challenges faced by healthcare providers in UBTH and their ages.

3. There is significant relationship between the responsiveness of the UBTH SERVICOM unit to patient complaints and their gender.

4. There is significant relationship between the perceived challenges faced by healthcare providers and their ward/unit.

5. There is significant relationship between the experiences of patients in services delivered through SERVICOM and the categories of patients.

1.6 SCOPE OF THE STUDY

This study is focused on evaluating the effectiveness of SERVICOM and its impact on service delivery in the public health sector. The study is specifically focused on University of Benin Teaching Hospital (UBTH), Benin City, Edo State, and the research is limited to assessing the level of implementation of SERVICOM, the awareness of its principles among healthcare providers and patients, the challenges encountered in its execution, and the responsiveness of the SERVICOM unit to service-related issues and patient complaints.

The study covers selected departments within UBTH where direct interactions between staff and patients occur, such as the outpatient department, medical wards, emergency units, and administrative offices linked to the SERVICOM unit. Respondents include both healthcare providers (doctors, nurses, and administrative staff) and patients receiving care at the facility.

1.7 SIGNIFICANCE OF THE STUDY

This study is significant as it provides valuable insights into the effectiveness of SERVICOM policy in enhancing service delivery within the Nigerian public health sector, specifically at the University of Benin Teaching Hospital (UBTH). By evaluating the level of implementation, awareness, and responsiveness of the SERVICOM unit, the study helps to identify gaps between policy and practice. It also sheds light on the

challenges faced by both healthcare providers and patients in the actualization of SERVICOM's objectives.

The findings of this research will be beneficial to hospital administrators and policymakers by highlighting areas that require improvement for better service delivery. It will also serve as a feedback mechanism for the SERVICOM unit at UBTH to assess its impact and improve its operations. Furthermore, the study contributes to the existing body of knowledge on public service reform in Nigeria and may inform future policies aimed at strengthening accountability, transparency, and efficiency in public institutions.

In addition, this research will be useful to students, researchers, and academics who are interested in public administration, health administration, health service delivery, and institutional reforms, providing a foundation for further studies and policy discourse on service delivery improvement in the health sector and beyond.

1.8 LIMITATIONS OF THE STUDY

Data collection was difficult to obtain as UBTH management and respondents found it difficult to give information as a result of lack of trust to divulge sensitive information as regards their performances on the job. The issue of honesty and detailed answers to the questions during the interview from some of the participants affected the reliability of information. This is so because, senior officers, teams of administrators, who were interviewed did not want people to know the actual impact of SERVICOM in their organization, because it may be used against them if it is not yielding any positive outcome.

1.9 DEFINITION OF TERMS

SERVICOM: An acronym for *Service Compact with All Nigerians*, SERVICOM is a Nigerian government initiative launched in 2004 aimed at improving the quality and efficiency of public service delivery. It sets out the obligations of public institutions to provide prompt, efficient, and effective service to citizens and ensures accountability and transparency in service delivery.

EVALUATION: A systematic process of assessing the design, implementation, and outcomes of a program or policy to determine its effectiveness, impact, and areas for improvement. In this study, evaluation refers to the critical assessment of SERVICOM's implementation and performance in UBTH.

SERVICE DELIVERY: The process through which public institutions provide services to citizens. It involves planning, managing, and executing services in a manner that meets the needs and expectations of service users.

PUBLIC SERVICE: Services provided by government agencies or public institutions to meet the needs of the population. These include healthcare, education, transportation, and other welfare-oriented services managed by the government.

SERVICE: An intangible activity or benefit offered to consumers that fulfil a need or provides value without resulting in the ownership of a physical product.

QUALITY: The degree to which a service meets established standards, satisfies customer expectations, and delivers value. It includes factors such as timeliness, reliability, responsiveness, and professionalism.

EFFICIENCY: The ability to achieve maximum productivity with minimum wasted effort or expense. In public service delivery, efficiency implies providing timely and cost-effective services using available resources.

IMPACT: The long-term effect or influence of a policy, program, or initiative. In this context, it refers to the positive or negative outcomes resulting from the implementation of SERVICOM in UBTH.

REFORM: A deliberate change or improvement in policies, procedures, or systems to enhance performance and address existing challenges. Public service reform aims to modernize institutions for better accountability and service delivery.

CUSTOMER: In the context of public service, a customer refers to any individual or group that receives or is entitled to receive services from a public institution, such as patients, clients, or citizens.

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAME WORK

2.1 INTRODUCTION

This chapter presents a comprehensive review of relevant literature pertaining to the evaluation of SERVICOM policy and its impact on service delivery within public service institution in Nigeria, with particular emphasis on the healthcare sector. The literature review is organized to provide a clear understanding of the conceptual, theoretical, and empirical foundations that underpin the study. The chapter begins with a conceptual review, which explores key concepts such as public service delivery, the origin and objectives of SERVICOM, its guiding principles, and how it is implemented in public health institutions. This section sets the stage for understanding the importance of effective service delivery mechanisms and the role SERVICOM is expected to play in enhancing public service performance. Following the conceptual review, the theoretical framework is discussed. This part highlights the theories that support the study, including the SERVQUAL Model which is crucial in accessing service quality, the New Public Management Theory, which advocates for efficiency, accountability, and customer-centered service in the public sector and the Systems Theory which views service delivery as an interconnected system of inputs, processes, outputs and feedback.

The empirical review presents findings from previous studies conducted on SERVICOM's implementation and impact across various sectors, particularly in healthcare. It examines studies that have investigated levels of awareness, responsiveness, and the challenges facing SERVICOM, as well as its influence on service quality. Finally,

the chapter identifies gaps in the literature that this study seeks to address. These gaps include the lack of sufficient research focused specifically on SERVICOM's implementation and responsiveness within tertiary healthcare institutions such as the University of Benin Teaching Hospital (UBTH), as well as the limited exploration of perspectives from both healthcare providers and patients.

2.2 CONCEPTUAL REVIEW

2.2.1 CONCEPT OF PUBLIC SERVICE

Public service refers to the organized system through which government delivers goods and services to citizens in order to promote social welfare, economic development, and national stability. It encompasses institutions, personnel, rules, and processes designed to implement government policies and provide essential services such as healthcare, education, security, justice, and infrastructure. In Nigeria, public service functions as the administrative machinery of the state and remains central to governance and development outcomes (Olaopa, 2009; Nnoli, 2014).

The Nigerian public service is largely executed through the civil service, which acts as the permanent bureaucracy responsible for policy formulation support, policy implementation, and service delivery. As the largest service provider in the country, the public service plays a critical role in shaping citizens' perceptions of government effectiveness and legitimacy (Offu et al., 2018). Consequently, the quality of public service delivery directly influences public trust, national productivity, and socio-economic development (Okafor, 2023).

However, over the years, Nigeria's public service has been criticized for inefficiency, excessive bureaucratization, corruption, and weak accountability structures, which have constrained its capacity to deliver quality services to citizens (Eneanya, 2018; Omigbodun, 2022). These shortcomings necessitated a series of public service reforms aimed at improving efficiency, professionalism, and service delivery.

2.2.2 CHARACTERISTICS OF PUBLIC SERVICE

Public service institutions exhibit distinct characteristics that differentiate them from private sector organizations. These characteristics shape how services are delivered and how accountability is enforced.

Permanence and Continuity: One defining characteristic of public service is permanence. Unlike political office holders whose tenure is time-bound, public servants remain in service irrespective of changes in government. This continuity ensures stability in governance and policy implementation (Olaopa, 2009).

Neutrality and Anonymity: Public servants are expected to maintain political neutrality and serve any government in power without bias. Anonymity implies that public servants work behind the scenes, while political leaders take public responsibility for policy decisions (Nnoli, 2014).

Rule-Bound Operations: Public service operates strictly within established rules, regulations, and procedures. This rule-based structure promotes fairness, consistency, and equity but often results in bureaucratic delays and rigidity (Offu et al., 2018).

Public Accountability: Public servants are accountable to the government and ultimately to the citizens. This accountability is enforced through legal frameworks, administrative regulations, and institutional oversight mechanisms (Tali & Emmanuel, 2020).

Service Orientation: Unlike profit-driven private organizations, public service institutions are primarily service-oriented. Their core mandate is to serve the public interest and ensure equitable access to essential services (Nneka, 2021).

2.2.3 FUNCTIONS OF PUBLIC SERVICE

The public service performs several interrelated functions critical to national development.

Policy Formulation and Advisory Role: Public servants provide expert advice to political leaders during policy formulation by conducting research, analyzing policy options, and offering technical guidance (Olaopa, 2009).

Policy Implementation: Once policies are approved, the public service is responsible for translating them into actionable programmes and services. Effective implementation determines the success or failure of government policies (Eneanya, 2018).

Service Delivery: The most visible function of the public service is the delivery of essential services such as healthcare, education, security, and infrastructure. The quality of service delivery directly affects citizens' quality of life (Offu et al., 2018).

Regulation and Enforcement: Public service institutions regulate activities within the economy and society to ensure compliance with laws, standards, and ethical practices (Tali & Emmanuel, 2020).

Maintenance of Law and Order: Through agencies such as the police and judiciary, the public service ensures public safety, justice administration, and social order (Olowe et al., 2018).

2.2.4 PUBLIC SECTOR CHALLENGES

Akinsanmi et al. (2022) provided a systemic analysis of Nigeria's public sector challenges, identifying political interference and funding shortfalls as key constraints. Eneanya (2018) further emphasized that weak performance management systems undermined SERVICOM's objectives. A five year study on Administrative Staff College of Nigeria (ASCON) carried out on five hundred people randomly selected from various middle and senior level training programmes revealed that some of the factors that limited the public service from achieving improved service delivery include: Inadequate motivation, poor leadership style, non commitment to work, bad time management, inadequate working tools, policy inconsistency, slow budget implementation, non existence of state of the art technology, poor attitude and wrong values (Dada, 2016).

PUBLIC SECTOR REFORM

Reform in the public sector is a commonly used expression because it has become a global phenomenon. Without public sector reform, good governance and efficient administration can be looked upon as wishful thinking (Ake, 2016). Public sector reform is about improving government department or agencies functions internally, how they interact with each other, with their political bosses, and with the citizens they purport to serve, and ultimately how they deliver public goods and services (Oloapa, 2009). It is in this latter sense that public sector plays a crucial role in promoting sustainable

development. According to Maidoki (2012), the public sector reform (PSR) is about strengthening the way that the public sector is managed. The reform process could also be conceptualized as involving all activities geared toward instituting new values, structures and modes of behavior in place of the old order within an organizational context. Its objective is to ensure that the public service continues to serve its purpose to the best of its ability. Issues that affected performance in the public sector are identified and actions to address these issues are determined, planned and implemented in a logical manner.

Over the years, Nigeria has witnessed a number of public sector reforms. The aim of these reforms was to reposition the sector for improved effective and efficient service delivery. The reforms spanned both the colonial and post-colonial era.

Public service reforms in Nigeria emerged as responses to inefficiency, corruption, and declining service quality. These reforms were largely driven by commissions and panels set up to review and restructure the civil service.

Hunt Commission: The Hunt Commission was one of the earliest reform efforts aimed at improving efficiency and professionalism in Nigeria's public service. It focused on remuneration and conditions of service to enhance productivity and morale (Anazodo et al., 2012).

Gorsuch Commission: The Gorsuch Commission addressed issues related to structure and administrative efficiency in the colonial civil service, laying early foundations for a professional bureaucracy (Olaopa, 2009).

Morgan Commission: The Morgan Commission emphasized wage standardization and improved working conditions, recognizing the link between employee welfare and service efficiency (Anazodo et al., 2012).

Eldwood Commission: The Eldwood Commission further reviewed salary structures and recommended reforms aimed at reducing disparities within the public service (Olaopa, 2009).

Adebo Commission: The Adebo Commission of the 1970s examined public service performance and recommended improvements in remuneration, training, and organizational efficiency to enhance service delivery (Anazodo et al., 2012).

Udoji Commission: The Udoji Commission marked a major turning point in Nigerian public service reforms. It introduced modern management techniques, result-oriented performance systems, and emphasized efficiency and professionalism. However, its implementation faced significant challenges (Ogunrotifa, 2012).

Dotun Philips Commission: The Dotun Philips Commission focused on rationalizing public service structure, reducing waste, and improving accountability. It sought to align the public service with principles of efficiency and cost-effectiveness (Olaopa, 2009).

Decree No. 43 Commission (1988 Reform): The 1988 Civil Service Reform, enacted through Decree No. 43, introduced politicization of top civil service positions and aimed to enhance efficiency. However, it weakened neutrality and professionalism, leading to mixed outcomes (Maidoki, 2012; Ogunrotifa, 2012).

Fourth Republic Reform Initiatives (1975–2002): Reform efforts during this period focused on restructuring, downsizing, and introducing performance management systems. Despite these efforts, deep-rooted bureaucratic inefficiencies persisted (Ake, 2016).

Olusegun Obasanjo Panels : The Obasanjo reform panels emphasized service delivery, accountability, and institutional performance. These reforms reinforced citizen-centered governance and contributed to initiatives such as SERVICOM (Omigbodun, 2022; Aligbe et al., 2024).

Table 1: Public Service Reform

NAME OF REFORM	YEAR OF REFORM
Morgan Commission	1963
Eldwood Commission	1966
Adebo commission	1971
Udoji Commission	1972
Dotun Philips	1985
Decree No 43	1988
Ayida Review Panel	1994
Civil Service Reform under President Olusegun Obasanjo	1999-2007
Steven Oronsaye Panel	2010-2012

Source: Ogunrotifa, 2012.

2.2.5 SERVICE DELIVERY

2.2.5.1 Meaning of Service Delivery

Service delivery refers to the process by which public or private organizations provide services to their clients or citizens in a manner that meets established standards of quality, timeliness, and efficiency. In the context of public administration, service delivery is often seen as the practical manifestation of government policies and programmes, ensuring that the intended benefits reach the target population (Akinsanmi et al., 2022). Effective service delivery is a cornerstone of good governance and is critical for building public trust and satisfaction (Offu, et al, 2018).

2.2.5.2 Components of Service Delivery

Service delivery is a multifaceted concept that encompasses several key components. These include accessibility, quality, timeliness, equity, responsiveness, and accountability. Accessibility ensures that services are available to all segments of the population, including vulnerable groups. Quality refers to the degree to which services meet professional standards and client expectations. Timeliness is concerned with the speed at which services are rendered, while equity ensures fair treatment of all clients regardless of background. Responsiveness involves the ability of service providers to address client needs and feedback promptly. Finally, accountability ensures that service providers are answerable for the outcomes of their services (Eneanya, 2018; Nneka, 2021).

2.2.5.3. Service Delivery and the Contemporary Public Sector

Service delivery has become a critical determinant of organizational relevance and national development in both developed and developing economies. Globally, the service sector now constitutes the backbone of modern economies, and its effectiveness is often used as a yardstick for measuring governance performance. In Nigeria, the demand for efficient, timely, and citizen-oriented service delivery has intensified due to increasing public awareness, globalization, and technological advancement (Nneka, 2021). The rapid expansion of the information superhighway has transformed the world into a global village, exposing public institutions to heightened scrutiny and comparisons with international best practices (Akinsanmi et al., 2022).

In this competitive and transparent environment, organizations particularly those in the public sector can no longer afford to operate inefficiently or rely on obsolete bureaucratic procedures. Continuous improvement in processes, people, and service outcomes has become imperative for institutional survival and public trust. Consequently, public organizations are increasingly required to eliminate non value adding activities and adopt systems that enhance accountability, responsiveness, and customer satisfaction (Aligbe & Momoh, 2024).

2.2.5.4 Service Delivery in the Health Sector

The health sector provides a clear illustration of the complexities and importance of service delivery. In Nigeria, the delivery of health services is shaped by factors such as resource availability, staff competence, infrastructure, and the regulatory environment. Studies have shown that the introduction of frameworks like SERVICOM has led to

improvements in certain aspects of health service delivery, such as patient satisfaction and staff responsiveness (Nwokwu & Nwankwo, 2023; Ezekwe & Sunday, 2023).

For instance, Nwokwu and Nwankwo (2023) found that the implementation of SERVICOM in the Alex Ekwueme Federal University Teaching Hospital, Abakaliki, resulted in more structured patient care and enhanced accountability among healthcare workers. However, challenges such as inadequate funding, insufficient training, and bureaucratic bottlenecks continue to affect the consistency and quality of health services (Ezekwe & Sunday, 2023; Oyelude, 2023).

2.2.5.5 Quality Assurance and Continuous Improvement

Quality assurance is a vital component of service delivery in the health sector. It involves systematic processes to ensure that health services consistently meet established standards. Nneka (2021) emphasizes the need for enhanced quality assurance systems to drive continuous improvement and better patient outcomes. The role of training and capacity building for health workers is also crucial, as highlighted by Ugwueze and Nnaji (2024), who found that targeted staff training led to measurable improvements in service efficiency.

2.2.5.6 Challenges to Effective Service Delivery

Nigeria's public sector has historically faced significant challenges in delivering efficient and effective services. Prior to the millennium era, public services were established to provide affordable and accessible services to citizens. However, prolonged military rule, weak institutional frameworks, corruption, and economic mismanagement contributed to a steady decline in public sector performance (Ndema, 2022). This decline

manifested in service inefficiencies, lack of accountability, bureaucratic bottlenecks, and growing public dissatisfaction.

The failure of public service delivery not only results in wastage of scarce public resources but also exacerbates inequality and erodes public confidence in government institutions (Omigbodun, 2022). Several empirical studies have documented limitations in the scope, speed, and quality of services rendered by public institutions in Nigeria, thereby constraining national development efforts (Egugbo et al., 2023). Given that the public sector remains the largest service provider and a major driver of socio-economic development, any inefficiency within it has far-reaching implications for all sectors of the economy (Okafor, 2023).

2.2.6 The Role of Policy and Innovation

Policy frameworks such as SERVICOM play a significant role in shaping service delivery by setting standards and expectations for public service providers. Aligbe et al., (2024) noted that SERVICOM's journey in Nigeria has highlighted both achievements and the gaps in service delivery. Additionally, innovations such as the adoption of digital tools and artificial intelligence are beginning to transform health service delivery, making it more efficient and responsive (Hassan, et al, 2023).

2.3 OVERVIEW OF SERVICOM

2.3.1 Origin of SERVICOM

The Service Compact with All Nigerians (SERVICOM) was established in 2004 as a presidential initiative in response to widespread dissatisfaction with public service

delivery in Nigeria. The genesis of SERVICOM can be traced to the realization by the Nigerian government that the quality of public services was declining, resulting in eroded public trust and inefficiency across ministries, departments, and agencies (Aligbe, et al 2024; Ezeanolue & Chukwuemeka, 2024). SERVICOM was launched as part of a broader public sector reform agenda aimed at repositioning the civil service to better meet the needs and expectations of Nigerian citizens (Akinsanmi et al., 2022).

2.3.2 Vision and Mission of SERVICOM

The vision of SERVICOM is to ensure that Nigerian citizens receive quality, timely, and efficient services from all government agencies. Its mission is to drive improvements in service delivery by holding public officials accountable and fostering a culture of customer focus, transparency, and responsiveness (Aligbe, et al, 2024). SERVICOM envisions a public service that is people-centered, where the rights of citizens to good service are recognized and respected (Nwokwu & Nwankwo, 2023).

2.3.3 Objectives of SERVICOM

The primary objectives of SERVICOM are multifaceted. First, it aims to improve the quality of public services through the establishment of clear service standards and performance benchmarks. Second, SERVICOM seeks to increase accountability and transparency in government operations by introducing service charters and complaint redress mechanisms (Ezekwe & Sunday, 2023; Eneanya, 2018). Third, it is designed to foster a culture of continuous improvement in public institutions by encouraging regular monitoring and evaluation of service delivery processes (Ajila & Ibukun, 2021).

Additionally, SERVICOM strives to empower citizens by informing them of their rights to quality services and providing them with channels to report grievances and seek redress (Aligbe, et al, 2024). This citizen-centric approach is intended to bridge the gap between government and the governed, thereby restoring public confidence in the civil service (Offu, et al, 2018).

2.3.4 Mandate of SERVICOM

The mandate of SERVICOM is grounded in its role as a watchdog and catalyst for service delivery transformation within the Nigerian public sector. SERVICOM is mandated to:

a. Develop and enforce service charters across Ministries, Departments, and Agencies (MDAs).
b. Monitor and evaluate the performances of MDAs against set service standards.
c. Facilitate training and capacity building for public servants to enhance service delivery skills.
d. Provide platforms for citizens to lodge complaints and receive timely feedback (Nwokwu & Nwankwo, 2023; Aligbe, et al, 2024).
e. Promote best practices in customer care and ethical conduct among public officials (Ezeanolue & Chukwuemeka, 2024).

SERVICOM's mandate also includes advocacy for policy reforms that support effective service delivery and the institutionalization of performance management systems in the public sector (Eneanya, 2018). By focusing on these areas, SERVICOM aims to create a sustainable framework for public service excellence.

2.3.5 Principles and Pillars of SERVICOM

The principles of SERVICOM guide how public services should be delivered to citizens.

(a) Quality Service Delivery

At the heart of SERVICOM's philosophy lies the unwavering commitment to effective and people-centered service delivery. The initiative was designed to address the chronic inefficiencies and poor customer orientation that characterized Nigeria's public sector before its introduction. SERVICOM mandates public institutions to prioritize the needs and expectations of citizens, ensuring that services are accessible, reliable, and responsive (Ezeanolue & Chukwuemeka, 2024; Aligbe, et al 2024). By establishing clear service charters and performance benchmarks, SERVICOM aims to institutionalize a culture of customer care and continuous improvement in all government agencies (Nwokwu & Nwankwo, 2023).

(b) Timeliness

Timeliness is a core pillar of SERVICOM, emphasizing the importance of delivering services within agreed timeframes. Delays in service provision have historically undermined public trust and satisfaction in government institutions. SERVICOM addresses this by requiring agencies to set realistic timelines for service delivery and to communicate these timelines transparently to the public (Sunday & Olatunde, 2020). The enforcement of timeliness helps reduce bureaucratic bottlenecks, enhances efficiency, and ensures that citizens receive prompt attention to their needs (Olowe, et al 2018).

(c) Quality Assurance

Quality assurance is integral to SERVICOM's mission, as it seeks to uphold high standards in public service delivery. SERVICOM units in various ministries and agencies are tasked with monitoring compliance with service standards, evaluating performance, and identifying areas for improvement (Ajila & Ibukun, 2021). Continuous training and capacity building for public servants are encouraged to maintain and elevate service quality (Ugwueze & Nnaji, 2024). The implementation of robust quality assurance systems leads to greater customer satisfaction and organizational effectiveness (Nneka, 2021; Ewuim et al., 2020).

(d) Accountability

Accountability is a foundational value underpinning all SERVICOM activities. The framework seeks to make public servants answerable for the quality and timeliness of the services they provide. Mechanisms such as complaint redress systems, regular performance reviews, and transparent reporting are embedded within SERVICOM's operational guidelines (Eneanya, 2018; Ezekwe & Sunday, 2023). These mechanisms empower citizens to voice their grievances and demand better service, thereby fostering a culture of responsibility and ethical conduct in the public sector (Offu, et al, 2018; Glory & Christiana, 2023).

Interdependence of the Pillars

The effectiveness of SERVICOM's principles is rooted in their interdependence. For instance, timely service delivery is closely linked to quality assurance and accountability; without clear standards and mechanisms for redress, timeliness alone

cannot guarantee satisfaction. Similarly, accountability reinforces the drive for quality and timeliness, as public servants are held responsible for meeting established benchmarks (Aligbe, et al, 2024).

2.4. SERVICOM CHARTER

2.4.1 Purpose of the SERVICOM Charter

The SERVICOM Charter is a foundational document designed to articulate the standards, expectations, and commitments of public institutions to the citizens they serve. Its primary purpose is to ensure that government agencies deliver services efficiently, transparently, and responsively, thereby bridging the gap between public expectations and actual service delivery (Aligbe et al., 2024; Ezeanolue & Chukwuemeka, 2024). By clearly outlining service standards and the rights of service users, the Charter seeks to foster a culture of accountability and continuous improvement within the Nigerian public sector (Eneanya, 2018).

Charter also provides a framework for monitoring and evaluating service delivery, enabling both citizens and oversight bodies to assess whether agencies are meeting their obligations (Nwokwu & Nwankwo, 2023). In essence, the SERVICOM Charter is a social contract that enhances public trust and confidence in government institutions by making service commitments explicit and enforceable (Offu, et al, 2018).

2.4.2 Structure of SERVICOM Charter

The structure of SERVICOM Charter is standardized across public institutions, although it is tailored to reflect the unique mandates and service offerings of each agency. Typically, the Charter contains the following key components:

(a) Mission and Vision Statements: These articulate the agency's overarching goals and its commitment to quality service delivery (Aligbe, et al, 2024).

(b) Service Standards: Clear benchmarks are set for timeliness, quality, and accessibility of services, specifying what citizens can expect from the agency (Ajila & Ibukun, 2021).

(c) Rights and Responsibilities: The Charter outlines the rights of service users as well as their responsibilities in the service delivery process. (Ezeanolue & Chukwuemeka, 2024).

These rights include: Courtesy, Respect & Professionalism, Clear, Accurate, and Complete Information, Efficient and Prompt Service Delivery, Advance Notice of Costs, Service Standards, Timeliness, Receipt for Financial Transactions, Right to redress, Guidance on how to obtain services, Timely acknowledgement upon arrival. The responsibilities are: Cooperate with public service staff in good faith. Provide accurate documentation and information to aid processes. Not offer bribes or inducements, nor attempt to influence staff improperly. Report any attempts at extortion or solicitation of bribes immediately. Give honest feedback on service delivery through available channels. (Ezeanolue & Chukwuemeka, 2024).

(d) Complaint and Redress Mechanisms: Procedures for lodging complaints and seeking redress are detailed, ensuring that citizens have channels to report grievances and obtain timely feedback (Ezekwe & Sunday, 2023).

(e) Performance Monitoring: The Charter includes provisions for regular monitoring, evaluation, and reporting on service delivery outcomes (Nwokwu & Nwankwo, 2023).

This structured approach ensures uniformity in service delivery expectations while allowing for flexibility in addressing the specific needs of different sectors, such as health, education, and security (Olowe, et al, 2018).

2.4.3 Operationalisation in Public Institutions

The operationalization of the SERVICOM Charter within public institutions involves several critical steps, these include:

(a) Establishment of SERVICOM Units

Each ministry, department, and agency (MDA) is required to set up a SERVICOM Unit responsible for implementing the Charter's provisions. These units act as focal points for promoting service excellence, monitoring compliance, and coordinating capacity-building initiatives (Aligbe, et al, 2024; Ugwueze & Nnaji, 2024).

(b) Staff Training and Sensitisation

For the Charter to be effective, staff at all levels must be trained and sensitised about its content and objectives. Regular workshops and seminars are organized to instill a customer-centric mindset and to familiarize employees with service standards and complaint management procedures (Ajila & Ibukun, 2021; Nneka, 2021).

(c) Service Charter Display and Communication

Public institutions are mandated to display their Service Charters prominently in offices and on official websites. This ensures that citizens are aware of the standards they should expect and the processes for seeking redress if those standards are not met (Eneanya, 2018).

(d) Monitoring, Evaluation, and Feedback

Routine monitoring and evaluation are integral to the operationalization of the Charter. SERVICOM Units collect data on service delivery performance, analyze complaints and feedback, and report findings to management for corrective action (Ezekwe & Sunday, 2023). This feedback loop enables institutions to identify gaps, implement improvements, and demonstrate accountability to the public (Nwokwu & Nwankwo, 2023).

(e) Continuous Improvement

The SERVICOM Charter is not a static document; it is periodically reviewed and updated to reflect emerging challenges, technological advancements, and evolving public expectations. This continuous improvement approach ensures that Charter remains relevant and effective in driving service delivery reforms (Oyelude, 2023; Nneka, 2021).

2.5 SERVICOM IMPLEMENTATON STRATEGIES

Successful implementation of SERVICOM in government establishments across Nigeria requires a series of coordinated strategies and actions. These strategies are designed to embed the principles of service excellence, accountability, and citizen-centric governance into the core operations of public institutions (Aligbe et al., 2024; Ezeanolue & Chukwuemeka, 2024). The following major steps and actions have been taken to operationalise SERVICOM. Strategies:

(a) Establishment of SERVICOM Units

A foundational step in implementing SERVICOM is the establishment of dedicated SERVICOM Units or desks within Ministries, Departments, and Agencies (MDAs). These units are charged with overseeing the adoption of SERVICOM principles, monitoring compliance, and serving as the main point of contact for service delivery issues (Nwokwu & Nwankwo, 2023; Aligbe, et al, 2024). The presence of these units ensures a structured approach to driving reforms and enables continuous engagement with both staff and service users (Ezeanolue & Chukwuemeka, 2024).

(b) Development and Dissemination of Service Charters

Each government establishment is required to develop a Service Charter—a document that clearly outlines the standards of service delivery, timelines, and the rights and responsibilities of both the agency and its clients (Ajila & Ibukun, 2021; Eneanya, 2018). These charters are widely disseminated and displayed in public offices to promote transparency and inform citizens of what to expect (Ezekwe & Sunday, 2023). Service Charter serves as a contract between the service provider and the public, making service commitments explicit and measurable (Nwokwu & Nwankwo, 2023).

(c) Staff Training and Capacity Building

Effective implementation of SERVICOM depends on the skills and orientation of public servants. Comprehensive training programmes are organised to sensitise staff on the principles of SERVICOM, customer service standards, and complaint handling procedures (Ugwueze & Nnaji, 2024; Oyelude, 2023). Continuous professional

development ensures that employees are equipped to deliver quality services and adapt to evolving expectations (Nneka, 2021).

(d) Establishment of Complaint and Redress Mechanisms

To ensure accountability and responsiveness, SERVICOM mandates the creation of accessible complaint and redress mechanisms in all MDAs (Eneanya, 2018; Ezekwe & Sunday, 2023). These mechanisms allow citizens to report grievances, seek redress, and provide feedback on service delivery. The prompt resolution of complaints not only builds public trust but also provides valuable data for performance improvement (Sunday & Olatunde, 2020).

(e) Performance Monitoring and Evaluation

Regular monitoring and evaluation are central to SERVICOM's implementation strategies. SERVICOM Units are responsible for collecting and analyzing data on service delivery performance, tracking compliance with service standards, and identifying areas for improvement (Nwokwu & Nwankwo, 2023; Ezeanolue & Chukwuemeka, 2024). Performance reviews and public reporting foster a culture of transparency and continuous improvement (Ajila & Ibukun, 2021).

(f) Stakeholder Engagement and Public Awareness

Engaging stakeholders (including service users, civil society organizations, and the media) is crucial for the sustainability of SERVICOM initiatives (Aligbe, Ainabor & Momoh, 2024). Public awareness campaigns are conducted to educate citizens about their rights under SERVICOM and to encourage active participation in monitoring service delivery (Offu, et al, 2018).

(g) Leveraging Technology and Innovation

Implementation strategies have emphasized the adoption of technology to streamline service delivery and enhance efficiency. The use of digital platforms for feedback collection, online complaint submission, and performance tracking has improved accessibility and responsiveness in several MDAs (Hassan, Fatile & Ashade, 2023; Abah,et al, 2020). Innovations such as artificial intelligence and e-governance tools have been well integrated to support SERVICOM's objectives (Oyelude, 2023).

(h) Addressing Challenges and Ensuring Sustainability

Despite notable progress, SERVICOM implementation faces challenges such as inadequate funding, resistance to change, and entrenched bureaucratic practices (Akinsanmi et al., 2022; Omigbodun, 2022). Addressing these issues requires strong leadership, ongoing policy reforms, and a commitment to fostering a results-oriented public service culture (Eneanya, 2018; Oyelude, 2023).

The implementation of SERVICOM in government establishments is a dynamic and continous process that requires strategic planning, institutional commitment, and active citizen participation. When these strategies are effectively executed, they lead to significant improvements in service quality, accountability, and public satisfaction (Aligbe et al., 2024; Ezeanolue & Chukwuemeka, 2024).

2.6 ROLE OF SERVICOM IN THE HEALTH SECTOR

The health sector in Nigeria, like many public service domains, has long faced challenges related to inefficiency, ineffectiveness, poor responsiveness, and inadequate

patient care. The introduction of SERVICOM was a strategic intervention aimed at transforming service delivery in hospitals and health ministries by embedding principles of accountability, timeliness, and patient-centredness (Nwokwu & Nwankwo, 2023; Aligbe et al., 2024).

2.6.1 Application of SERVICOM in Hospitals

SERVICOM is being applied in Nigeria hospitals to improve service delivery, accountability and patient satisfaction. This is achieved by:

(a) Establishment of SERVICOM Units

One of the primary ways SERVICOM has been operationalized in the health sector is through the establishment of SERVICOM Units within hospitals and health agencies. These units are tasked with monitoring service delivery, ensuring compliance with service charters, and acting as a bridge between health workers and patients (Nwokwu & Nwankwo, 2023; Ezekwe & Sunday, 2023).

(b) Service Charters and Standards

Hospitals are required to develop and display service charters that clearly outline the services provided, expected timelines, and standards of care. These charters empower patients by informing them of their rights and the level of service to expect, thus fostering transparency and accountability (Ezekwe & Sunday, 2023; Eneanya, 2018). The charters also provide mechanisms for lodging complaints and seeking redress, which has helped to reduce incidents of neglect and malpractice.

2.6.2 APPLICATION OF SERVICOM IN MINISTRY OF HEALTH

2.6.2.1 Policy Formulation and Oversight

Health ministries leverage SERVICOM principles to guide policy formulation and oversight of public health institutions. By setting clear expectations for service delivery and monitoring compliance, ministries of health ensure that hospitals adhere to national standards for quality and patient safety (Aligbe, et al, 2024). SERVICOM also supports the ministries in evaluating the effectiveness of health programmes and identifying areas for improvement (Akinsanmi et al., 2022).

2.6.2.2 Capacity Building and Training

Continuous training and capacity-building initiatives are promoted under SERVICOM to enhance the skills and attitudes of healthcare workers. Such programs focus on customer service, ethical conduct, and efficient management of patient complaints (Ugwueze & Nnaji, 2024; Oyelude, 2023). This has led to measurable improvements in staff professionalism and patient satisfaction in several public hospitals.

2.6.2.3 Advancing Patient-Centered Care

SERVICOM has played a transformative role in the Nigerian health sector by introducing structured service standards, fostering accountability, and promoting patient-centered care. Its application in hospitals and ministries has led to improved service delivery, greater transparency, and enhanced patient satisfaction, although challenges remain in achieving uniform implementation across institutions (Nwokwu & Nwankwor, 2023; Ezeanolue & Chukwuemeka, 2024).

A core contribution of SERVICOM in the health sector is the shift towards patient-centered care. By emphasizing the rights of patients to timely, respectful, and high-quality services, SERVICOM has helped to reposition patients as key stakeholders in the healthcare process (Nneka, 2021; Ezeanolue & Chukwuemeka, 2024). Studies show that hospitals with active SERVICOM Units report higher levels of patient satisfaction and better communication between staff and patients (Nwokwu & Nwankwo, 2023).

2.6.2.4 Complaint Resolution and Feedback

SERVICOM has institutionalized the process of receiving, investigating, and resolving patient complaints in health facilities. This feedback mechanism not only addresses individual grievances but also provides valuable data for systemic improvements (Ezekwe & Sunday, 2023). The prompt handling of complaints has contributed to increased trust in public health institutions.

2.7 AWARENESS OF SERVICOM AMONG HEALTH WORKERS AND PATIENTS

Awareness of SERVICOM principles and practices among health workers and patients is a critical factor in achieving improved service delivery within Nigeria's health sector. The extent to which both groups understand SERVICOM's objectives, standards, and complaint mechanisms determines how effectively hospitals and health ministries can deliver patient-centred, accountable care (Nwokwu & Nwankwo, 2023; et al, 2024).

2.7.1 Extent of Awareness Among Health Workers

Research indicates that awareness of SERVICOM is relatively high among health workers in tertiary hospitals and federal health institutions, especially where SERVICOM

units are active and visible (Nwokwu & Nwankwo, 2023; Ezekwe & Sunday, 2023). For example, Nwokwu and Nwankwo (2023) found that a significant proportion of staff at the Alex Ekwueme Federal University Teaching Hospital, Abakaliki, were familiar with SERVICOM's service standards and complaint procedures. However, awareness tends to decline in lower-tier health facilities and rural areas, where training and outreach are less frequent (Akinsanmi et al., 2022).

Factors Influencing Awareness

The level of SERVICOM awareness among health workers is influenced by the frequency and quality of institutional training, the presence of SERVICOM units, and the visibility of service charters within health facilities (Ugwueze & Nnaji, 2024; Ajila & Ibukun, 2021). Staff who have participated in SERVICOM training sessions or who work closely with SERVICOM officers demonstrate higher knowledge and are more likely to apply the principles in their daily duties (Oyelude, 2023).

2.7.2 Extent of Awareness Among Patients

Patient awareness of SERVICOM varies widely. In many tertiary hospitals, patients are increasingly aware of their rights to quality service and the existence of complaint channels, due in part to visible signage, service charters, and periodic sensitization campaigns (Ezekwe & Sunday, 2023; Eneanya, 2018). Nonetheless, studies reveal that a significant portion of patients especially those with lower literacy levels or from rural backgrounds remain unaware of SERVICOM's provisions and how to seek redress (Nwokwu & Nwankwo, 2023).

Barriers to Patient Awareness

Barriers to patient awareness include language differences, low literacy, limited outreach in rural communities, and inadequate dissemination of information by health institutions (Akinsanmi et al., 2022). Where service charters and complaint procedures are not prominently displayed or explained, patients are less likely to utilize these mechanisms (Ezeanolue & Chukwuemeka, 2024).

2.7.3 Means of Awareness: Training, Outreach, and Sensitization

Staff Training and Capacity Building

Training programmes are the cornerstone of SERVICOM awareness among health workers. Regular workshops, seminars, and on-the-job training sessions are organized to educate staff on SERVICOM's core values, service standards, and complaint management systems (Ugwueze & Nnaji, 2024; Nneka, 2021). These programmes are most effective when they are interactive and tailored to the specific needs of different categories of healthcare workers (Oyelude, 2023).

Outreach and Sensitization Campaigns

Health institutions and SERVICOM units employ various outreach strategies to raise awareness among both staff and patients. These include:

- Displaying service charters and rights information in waiting areas and wards (Ezekwe & Sunday, 2023).
- Organizing community sensitization events and health talks, especially in rural areas (Nwokwu & Nwankwo, 2023).

- Using mass media, posters, and leaflets to communicate SERVICOM principles and complaint procedures (Aligbe, et al, 2024).

Feedback and Complaint Mechanisms

The establishment of clear feedback and complaint channels is another means of raising awareness. Suggestion boxes, hotlines, and SERVICOM desks provide patients and staff with accessible ways to report issues and seek redress (Eneanya, 2018). The responsiveness of these mechanisms further reinforces the visibility and credibility of SERVICOM in health facilities.

2.8 PERCEPTION OF SERVICOM SERVICES

The perception of SERVICOM services among stakeholders including public sector employees, service users, and institutional leaders plays a crucial role in determining the initiative's effectiveness and sustainability. Stakeholder perceptions are shaped by the visibility of SERVICOM activities, the quality of service delivery improvements, and the responsiveness of complaint mechanisms (Ezeanolue & Chukwuemeka, 2024; Aligbe et al., 2024).

2.8.1 Perception Among Public Sector Employees

Research reveals that many public sector employees recognize SERVICOM as a catalyst for improved service delivery and professional conduct. For instance, Ezeanolue and Chukwuemeka (2024) found that staff at the University of Nigeria, Nsukka and Nnamdi Azikiwe University, Awka reported greater clarity in service expectations and accountability after SERVICOM implementation. Similarly, SERVICOM's presence has

encouraged a more customer-focused culture in health institutions and government agencies (Ajila & Ibukun, 2021; Nwokwu & Nwankwo, 2023).

Concerns About Sustainability and Bureaucratic Resistance

Despite these positive shifts, some employees remain skeptical about the long-term impact of SERVICOM, citing persistent bureaucratic bottlenecks, inadequate funding, and inconsistent enforcement (Oyelude, 2023; Akinsanmi et al., 2022). Omigbodun (2022) notes that excessive rhetoric and vague implementation guidelines sometimes undermine SERVICOM's credibility among frontline workers.

2.8.2 Perception of SERVICOM Among Service Users (Patients, Citizens, and Clients

Service users, particularly in institutions with active SERVICOM units, have become more aware of their rights and the standards they should expect. In the health sector, patients at facilities like the Alex Ekwueme Federal University Teaching Hospital, Abakaliki, report higher satisfaction with complaint resolution processes and improved staff responsiveness (Nwokwu & Nwankwo, 2023; Ezekwe & Sunday, 2023). The visible display of service charters and the availability of feedback channels have raised expectations for quality and timeliness (Eneanya, 2018).

Mixed Experiences and Persistent Gaps

However, the perception of SERVICOM's effectiveness is not uniformly positive. Some service users, especially in rural or under-resourced settings, feel that SERVICOM's impact is limited by lack of awareness, slow complaint resolution, and occasional indifference from staff (Akinsanmi et al., 2022; Ezeanolue & Chukwuemeka, 2024). Sunday and Olatunde (2020) highlight that in the Nigerian Police Force, gaps

remain between customer expectations and actual service delivery, despite SERVICOM's presence.

2.8.3 Institutional Leaders and Policy Makers

Institutional leaders and policymakers generally view SERVICOM as a valuable framework for driving public sector reforms. Aligbe et al., (2024) argue that SERVICOM has helped institutionalise service standards and fostered a culture of accountability in many government agencies. The regular monitoring and reporting requirements mandated by SERVICOM have also enhanced transparency and performance management (Eneanya, 2018).

Calls for Deepening Reforms

Nonetheless, leaders acknowledge that SERVICOM's visibility and impact could be further strengthened through increased funding, continuous staff training, and more robust enforcement mechanisms (Oyelude, 2023; Akinsanmi et al., 2022). There is also a call for leveraging technology to make SERVICOM's complaint and feedback systems more accessible and efficient (Hassan, et al, 2023).

2.9 SERVICOM VISIBILITY IN PUBLIC INSTITUTIONS

SERVICOM's visibility is highest in sectors and institutions where management is committed to its principles and where SERVICOM units are well-resourced (Nwokwu & Nwankwo, 2023). The regular display of service charters, staff badges, and public awareness campaigns have contributed to a strong SERVICOM presence in federal teaching hospitals and some universities (Ezeanolue & Chukwuemeka, 2024).

Variability Across Regions and Agencies

However, the visibility of SERVICOM varies significantly across regions and institutions. In some local government offices and rural health centres, SERVICOM activities are less prominent, leading to lower awareness and weaker perceptions of its effectiveness (Akinsanmi et al., 2022; Oyelude, 2023).

Overall, the perception of SERVICOM services among stakeholders is generally positive where the initiative is actively implemented and well-resourced. Stakeholders appreciate the improvements in service standards, accountability, and complaint resolution. However, challenges such as uneven visibility, bureaucratic resistance, and resource constraints continue to affect SERVICOM's perceived effectiveness. Addressing these issues through sustained reforms, enhanced training, and technological innovation will be key to strengthening SERVICOM's impact and reputation in Nigeria's public sector (Aligbe et al., 2024; Nwokwu & Nwankwo, 2023; Ezeanolue & Chukwuemeka, 2024).

2.10 CHALLENGES OF SERVICOM IMPLEMENTATION

Despite the transformative vision and framework of SERVICOM, its implementation across Nigeria's public sector has encountered persistent challenges. These obstacles, ranging from bureaucratic bottlenecks and inadequate funding to staff apathy and systemic corruption have limited the full realization of SERVICOM's objectives in many government establishments (Akinsanmi et al., 2022; Omigbodun, 2022; Ezeanolue & Chukwuemeka, 2024).

Bureaucratic Bottlenecks

One of the most significant impediments to SERVICOM's effectiveness is the entrenched bureaucracy within Nigerian public institutions. Bureaucratic bottlenecks manifest as rigid administrative procedures, excessive paperwork, and slow decision-making processes, all of which delay service delivery and frustrate both staff and service users (Ukeje et al., 2019; Nwokwu & Nwankwo, 2023). According to Eneanya (2018), these bureaucratic hurdles often result in a lack of flexibility and innovation, making it difficult for SERVICOM units to respond swiftly to emerging service delivery challenges.

Furthermore, Omigbodun (2022) highlights that the persistence of indeterminate bureaucratic practices and excessive rhetoric around reform have contributed to a culture of inertia, where genuine change is slow and often superficial. This is echoed by Okafor (2023), who notes that the legacy of traditional public administration continues to undermine the implementation of new public service approaches like SERVICOM.

Lack of Adequate Funding

Financial constraints are another major challenge confronting SERVICOM implementation. Many SERVICOM units and public institutions operate with limited budgets, which restricts their ability to conduct staff training, sensitisation campaigns, and regular monitoring and evaluation (Akinsanmi et al., 2022; Aligbe et al., 2024). As noted by Oyelude (2023), insufficient funding often leads to inadequate facilities, poor working conditions, and an inability to sustain awareness programmes, all of which weaken the impact of SERVICOM initiatives.

In some cases, the lack of financial autonomy for SERVICOM units within ministries and agencies further complicates resource allocation and hinders the timely execution of planned activities (Ezeanolue & Chukwuemeka, 2024).

Staff Apathy and Resistance to Change

Staff apathy and resistance to change are recurring issues in SERVICOM implementation. Many public servants view SERVICOM as an additional administrative burden rather than an opportunity for professional growth and improved service delivery (Olowe, et al, 2018; Sunday & Olatunde, 2020). This lack of enthusiasm is often rooted in inadequate incentives, poor leadership, and limited understanding of SERVICOM's long-term benefits (Oyelude, 2023).

Ezekwe and Sunday (2023) found that in some health institutions, staff compliance with SERVICOM standards was superficial, with little genuine commitment to the principles of accountability and customer care. Akinsanmi et al. (2022) argue that without sustained efforts to motivate and engage staff, SERVICOM risks becoming a "box-ticking" exercise rather than a driver of meaningful reform.

Corruption and Poor Accountability

Corruption remains a pervasive challenge in the Nigerian public sector, undermining SERVICOM's objectives of transparency and accountability. Omigbodun (2022) documented how ambiguous implementation guidelines and weak oversight mechanisms have allowed corrupt practices to persist, even in agencies that have adopted SERVICOM charters. This erodes public trust and discourages citizens from utilizing feedback and complaint mechanisms (Eneanya, 2018).

Inadequate Training and Capacity Building

The success of SERVICOM depends heavily on the capacity and competence of public servants. However, many institutions do not provide regular or comprehensive training on SERVICOM principles, customer service, and complaint management (Ugwueze & Nnaji, 2024; Nneka, 2021). As a result, staff may lack the skills and confidence needed to deliver quality services and respond effectively to public complaints (Ajila & Ibukun, 2021).

Weak Monitoring and Evaluation Systems

Effective monitoring and evaluation are essential for tracking progress and identifying areas for improvement. Unfortunately, many SERVICOM units lack robust systems for collecting and analysing performance data (Nwokwu & Nwankwo, 2023; Eneanya, 2018). This makes it difficult to hold staff accountable, measure impact, and implement evidence-based reforms (Aligbe, et al, 2024).

Limited Public Awareness and Engagement

While SERVICOM has made strides in raising awareness, gaps remain especially in rural areas and among marginalized populations. Many service users are still unaware of their rights under SERVICOM or how to access complaint and redress mechanisms (Ezeanolue & Chukwuemeka, 2024; Akinsanmi et al., 2022). This limits the pressure on public institutions to improve and reduces the overall effectiveness of SERVICOM's social accountability framework.

The challenges facing SERVICOM implementation are multifaceted and deeply rooted in Nigeria's public sector environment. Addressing these issues requires sustained

political will, increased funding, continuous staff training, and a commitment to dismantling bureaucratic barriers. Only through comprehensive reform and stakeholder engagement can SERVICOM achieve its goal of transforming public service delivery in Nigeria (Akinsanmi et al., 2022; Omigbodun, 2022; Nwokwu & Nwankwo, 2023).

2.11 STAKEHOLDER ENGAGEMENT IN SERVICOM IMPLEMENTATION

Stakeholder engagement is a cornerstone of SERVICOM's effectiveness in the Nigerian public sector. The collaborative involvement of staff, management, and service users such as patients in the health sector, is essential for translating SERVICOM's principles into tangible improvements in service delivery. The success of SERVICOM initiatives is highly dependent on the active participation, commitment, and feedback of these key stakeholders (Ezeanolue & Chukwuemeka, 2024; Aligbe, et al, 2024).

2.11.1 Role of Staff : Frontline implementation and service orientation

Staff members serve as the primary agents of SERVICOM's values and standards. Their daily interactions with service users determine the quality, timeliness, and responsiveness of public services (Ajila & Ibukun, 2021). When staff are well-trained and motivated, they are more likely to embrace a customer-centric approach and uphold the principles of accountability and transparency (Ugwueze & Nnaji, 2024). For example, in the Alex Ekwueme Federal University Teaching Hospital, Abakaliki, the commitment of health workers to SERVICOM standards has been linked to improved patient experiences and satisfaction (Nwokwu & Nwankwo, 2023).

Capacity Building and Professional Development

Continuous training and professional development are vital for empowering staff to effectively implement SERVICOM. Regular workshops, seminars, and sensitization programs help staff internalize service standards and complaint management procedures (Oyelude, 2023; Nneka, 2021). However, as studies have shown, staff apathy or resistance can undermine these efforts, highlighting the need for sustained engagement and incentives (Akinsanmi et al., 2022).

2.11.2 Role of Management: Leadership and Policy Direction

Management plays a central role in setting the tone for SERVICOM implementation. Leaders are responsible for institutionalising SERVICOM principles, allocating resources, and ensuring compliance with service charters (Aligbe et al., 2024). Effective management involves not only policy formulation but also active monitoring, evaluation, and feedback to drive continuous improvement (Eneanya, 2018).

Resource Allocation and Support

The success of SERVICOM initiatives depends on the willingness of management to provide adequate funding, facilities, and logistical support for SERVICOM units and activities (Ezeanolue & Chukwuemeka, 2024). When management is committed, SERVICOM units are better able to conduct outreach, training, and performance monitoring, as observed in well-resourced institutions (Nwokwu & Nwankwo, 2023).

Addressing Challenges and Motivating Staff

Management must also address challenges such as staff resistance, bureaucratic inertia, and funding constraints. By fostering an environment of open communication, recognizing staff achievements, and addressing grievances promptly, management can motivate staff and sustain the momentum of SERVICOM reforms (Oyelude, 2023; Omigbodun, 2022).

2.11.3 Role of Patients and Service Users: Feedback and Complaint Mechanisms

Patients and other service users are not passive recipients but active stakeholders in SERVICOM's success. Their feedback, whether through formal complaints, surveys, or suggestion boxes provides valuable insights into service quality and areas needing improvement (Ezekwe & Sunday, 2023; Eneanya, 2018). SERVICOM units rely on this feedback to monitor compliance, resolve grievances, and refine service standards.

Advocacy and Awareness

Active participation by patients and the broader public is crucial for holding institutions accountable. Awareness campaigns, community sensitization, and the visible display of service charters empower service users to demand their rights and engage constructively with public institutions (Nwokwu & Nwankwo, 2023; Ezeanolue & Chukwuemeka, 2024).

Partnership in Service Delivery

In the health sector, patient-centered care is enhanced when patients are treated as partners in the delivery process. This collaborative approach fosters trust, improves

health outcomes, and aligns with SERVICOM's vision of people-centered public service (Nneka, 2021).

Interdependence and Collaborative Success

The engagement of staff, management, and patients creates a feedback loop that drives the continuous improvement of service delivery. When all stakeholders are actively involved, SERVICOM's principles are more likely to be internalized and sustained, leading to greater public satisfaction and institutional effectiveness (Aligbe, Ainabor & Momoh, 2024; et al, 2018).

Stakeholder engagement is fundamental to the successful implementation of SERVICOM in Nigeria's public institutions. The roles of staff, management, and patients are interconnected, and their active participation is essential for realizing SERVICOM's goals of quality, accountability, and responsiveness in public service delivery (Ezeanolue & Chukwuemeka, 2024; Nwokwu & Nwankwo, 2023).

2.12 SERVICOM AND INSTITUTIONAL ACCOUNTABILITY

Institutional accountability is fundamental to effective public service delivery, ensuring that government agencies and their employees are answerable for their actions and performance. Service Compact with All Nigerians (SERVICOM) was established as a strategic response to the need for greater transparency, integrity, and ethical conduct within Nigeria's public sector (Aligbe et al., 2024; Ezeanolue & Chukwuemeka, 2024). Through its principles, charters, and operational mechanisms, SERVICOM has become a key driver of institutional accountability across ministries, departments, and agencies.

SERVICOM as a Catalyst for Transparency: Service Standards and Charters

SERVICOM mandates the development and public display of service charters in all government establishments. These charters clearly outline the standards of service delivery, timelines, and the rights and responsibilities of both service providers and users (Ajila & Ibukun, 2021; Eneanya, 2018). By making these standards visible and accessible, SERVICOM enhances transparency, enabling citizens to know what to expect and to demand accountability when standards are not met (Ezekwe & Sunday, 2023).

Open Feedback and Complaint Mechanisms

A core aspect of SERVICOM's approach to transparency is the establishment of accessible feedback and complaint mechanisms. Suggestion boxes, hotlines, SERVICOM desks, and online platforms allow citizens to report grievances and provide feedback on service quality (Nwokwu & Nwankwo, 2023). The prompt handling and public reporting of complaints not only builds trust but also holds institutions accountable for addressing service failures (Ezeanolue & Chukwuemeka, 2024).

Promoting Integrity and Ethical Service: Ethical Codes and Staff Training

SERVICOM emphasizes the importance of ethical conduct among public servants. Regular training and sensitisation programmes are designed to instill values such as honesty, fairness, and professionalism (Glory & Christiana, 2023; Ugwueze & Nnaji, 2024). These initiatives encourage staff to act with integrity and to prioritize the needs of the public, reducing opportunities for corruption and malpractice (Offu, et al, 2018).

Accountability in Daily Operations

By requiring regular monitoring, evaluation, and public reporting of service delivery outcomes, SERVICOM embeds accountability into the daily operations of public institutions (Eneanya, 2018; Aligbe, et al, 2024). Staff are required to adhere to established procedures and are held responsible for deviations or lapses in service quality (Ajila & Ibukun, 2021). This system of checks and balances discourages unethical behavior and fosters a culture of responsibility.

Institutionalizing Performance Management: Monitoring and Evaluation

SERVICOM units are responsible for the continuous monitoring and evaluation of service delivery within their respective agencies. Performance indicators are tracked, and regular reports are generated to assess compliance with service charters (Ezeanolue & Chukwuemeka, 2024; Nwokwu & Nwankwo, 2023). This data-driven approach enables management to identify gaps, reward high performance, and implement corrective actions where necessary (Eneanya, 2018).

Linking Accountability to Institutional Effectiveness

Research shows that institutions with active SERVICOM units tend to exhibit higher levels of accountability, improved staff performance, and greater public satisfaction (Aligbe, et al, 2024; Ewuim et al., 2020). For example, the implementation of SERVICOM in health and educational institutions has led to measurable improvements in service quality and ethical standards (Ezeanolue & Chukwuemeka, 2024; Ajila & Ibukun, 2021).

SERVICOM's Role in Anti-Corruption

SERVICOM's emphasis on transparency and accountability serves as a deterrent to corrupt practices. By making service standards explicit and empowering citizens to report misconduct, SERVICOM reduces the discretion that often enables corruption (Omigbodun, 2022; Okafor, 2023). However, as Omigbodun (2022) notes, the persistence of bureaucratic inertia and vague implementation guidelines can sometimes undermine these efforts, highlighting the need for continuous reform and oversight.

Overcoming Systemic Barriers

Despite its achievements, SERVICOM faces challenges such as inadequate funding, staff resistance, and weak enforcement mechanisms, which can limit its impact on institutional accountability (Akinsanmi et al., 2022; Oyelude, 2023). Addressing these barriers requires sustained political will, robust leadership, and ongoing stakeholder engagement (Aligbe, et al, 2024).

SERVICOM has significantly advanced institutional accountability in Nigeria's public sector by promoting transparency, integrity, and ethical service. Through the establishment of clear service standards, open feedback mechanisms, and rigorous monitoring, SERVICOM has helped to create a more accountable and citizen-focused public service. Continued investment in training, stakeholder engagement, and systemic reforms will be essential to sustaining and deepening SERVICOM's impact (Ezeanolue & Chukwuemeka, 2024; Aligbe, et al, 2024; Eneanya, 2018).

2.13 MONITORING AND EVALUATION IN SERVICOM

Monitoring and Evaluation (M&E) are central pillars of SERVICOM's strategy to enhance public service delivery in Nigeria. Through robust M&E mechanisms, SERVICOM seeks to assess institutional performance, ensure compliance with service standards, and drive continuous improvement across ministries, departments, and agencies (Eneanya, 2018; Aligbe, et al, 2024). The effectiveness of SERVICOM's M&E systems directly impacts its ability to foster transparency, accountability, and responsiveness in public institutions.

2:13:1 Mechanisms for Assessing Performance

These mechanisms include;

Service Charters and Performance Benchmarks

A foundational mechanism for performance assessment in SERVICOM is the development and implementation of service charters. These charters clearly outline the expected standards, timelines, and quality indicators for service delivery (Ajila & Ibukun, 2021; Aligbe, et al, 2024). By establishing measurable benchmarks, SERVICOM enables both internal and external stakeholders to evaluate whether public agencies are meeting their commitments (Ezeanolue & Chukwuemeka, 2024).

Routine Data Collection and Reporting

SERVICOM units are tasked with the regular collection of data on service delivery processes and outcomes. This includes tracking the number of services rendered, response times, complaint resolution rates, and customer satisfaction levels (Nwokwu &

Nwankwo, 2023; Eneanya, 2018). The systematic documentation and reporting of these metrics allow for ongoing performance monitoring and facilitate evidence-based decision-making.

Staff Appraisal and Feedback Systems

Performance appraisals are conducted periodically to assess the effectiveness and professionalism of staff members. SERVICOM encourages the use of structured feedback tools such as surveys, suggestion boxes, and direct interviews to gather insights from both employees and service users (Ajila & Ibukun, 2021; Ugwueze & Nnaji, 2024). These feedback mechanisms help identify strengths, weaknesses, and opportunities for staff development.

2.13.2 Mechanisms for Ensuring Compliance

This is through;

Internal Audits and Compliance Checks

SERVICOM units regularly conduct internal audits and compliance checks to ensure that agencies adhere to established service standards and guidelines (Ezekwe & Sunday, 2023). These audits involve reviewing documentation, inspecting service points, and interviewing staff and clients to verify that the provisions of the service charter are being followed (Nwokwu & Nwankwo, 2023).

Complaint Management Systems

An essential compliance tool is the establishment of robust complaint management systems. SERVICOM units maintain accessible channels such as hotlines,

help desks, and online portals through which citizens can report grievances and seek redress (Eneanya, 2018; Ezeanolue & Chukwuemeka, 2024). The prompt investigation and resolution of complaints are critical indicators of compliance and institutional accountability (Ezekwe & Sunday, 2023).

External Oversight and Public Reporting

To strengthen compliance, SERVICOM encourages external oversight by involving civil society organizations, the media, and the general public in the monitoring process (Aligbe, et al, 2024). Public reporting of performance data and audit findings enhances transparency and puts pressure on agencies to maintain high standards.

2:13.3 Mechanisms for Driving Service Improvement

Continuous Quality Improvement Initiatives

SERVICOM promotes a culture of continuous improvement through regular review meetings, workshops, and training sessions focused on service delivery enhancement (Nneka, 2021; Ugwueze & Nnaji, 2024). These initiatives are informed by M&E findings and are designed to address identified gaps, update procedures, and introduce innovations where necessary.

Use of Technology and Data Analytics

The adoption of digital tools and data analytics has improved the efficiency and accuracy of M&E processes in some institutions (Hassan, et al, 2023; Oyelude, 2023). Electronic dashboards, online feedback platforms, and automated reporting systems enable real-time monitoring and facilitate timely interventions.

Benchmarking and Best Practices

SERVICOM units often benchmark their performance against best practices from other institutions or sectors, both within and outside Nigeria (Aligbe, et al, 2024). This comparative approach helps identify successful strategies that can be adapted to local contexts, driving overall service improvement.

2.13.4 Challenges in Monitoring and Evaluation

Despite these mechanisms, several challenges persist. These include limited funding for M&E activities, inadequate training of SERVICOM personnel, resistance to transparency, and poor data management systems (Akinsanmi et al., 2022; Oyelude, 2023). Addressing these challenges is crucial for sustaining the gains of SERVICOM and ensuring that M&E translates into tangible service improvements.

Monitoring and evaluation are indispensable to SERVICOM's mission of transforming public service delivery in Nigeria. Through service charters, routine data collection, compliance checks, and continuous improvement initiatives, SERVICOM provides a structured approach to assessing and enhancing institutional performance. Strengthening these mechanisms, particularly through technology adoption and stakeholder engagement, will further consolidate SERVICOM's impact on public sector accountability and service quality (Eneanya, 2018; Aligbe et al., 2024; Ezeanolue & Chukwuemeka, 2024).

2.14 PATIENT RIGHT AND SERVICOM

The alignment of SERVICOM (Service Compact with All Nigerians) with patient rights and human dignity is a central theme in Nigeria's ongoing efforts to reform public

healthcare delivery. SERVICOM's framework is designed not only to improve efficiency and accountability in service delivery but also to enshrine the fundamental rights of patients, ensuring they are treated with respect, fairness, and dignity in all healthcare interactions (Ezeanolue & Chukwuemeka, 2024; Aligbe et al., 2024).

SERVICOM's Alignment with Patient Rights: Recognition of Patient Rights

SERVICOM explicitly acknowledges the rights of patients to receive quality, timely, and respectful healthcare services. By establishing clear service standards and charters in hospitals and health ministries, SERVICOM ensures that patients are aware of what to expect and are empowered to demand their rights (Nwokwu & Nwankwo, 2023; Ezekwe & Sunday, 2023). These rights include access to information, the right to complain, and the right to be treated without discrimination or undue delay (Eneanya, 2018).

Promotion of Human Dignity

Central to SERVICOM's mission is the promotion of human dignity in all public services, especially in healthcare. The charter and operational guidelines emphasize respectful communication, privacy, and the ethical treatment of patients (Ajila & Ibukun, 2021; Glory & Christiana, 2023). This focus on dignity is reflected in the training of health workers, who are encouraged to adopt a patient-centred approach that prioritizes empathy and compassion (Ugwueze & Nnaji, 2024).

Mechanisms for Protecting Patient Rights: Service Charters and Complaint Mechanisms

Hospitals and health agencies are required to develop and display service charters that outline patient rights, expected standards of care, and available complaint mechanisms (Ezekwe & Sunday, 2023; Nwokwu & Nwankwo, 2023). These charters serve as both a guide for staff and a tool for patients to hold institutions accountable. Accessible complaint channels such as SERVICOM desks, hotlines, and suggestion boxes—allow patients to report grievances and seek redress, reinforcing their right to be heard and to receive fair treatment (Eneanya, 2018).

Training and Sensitization of Health Workers

SERVICOM mandates regular training and sensitisation programmes for health workers to reinforce the importance of patient rights and ethical service delivery (Nneka, 2021; Oyelude, 2023). Such programmes focus on communication skills, cultural sensitivity, and the ethical obligations of healthcare professionals, ensuring that staff understand and uphold the principles of respect and dignity in every patient interaction (Ajila & Ibukun, 2021).

SERVICOM and Ethical Healthcare Service

Accountability and Transparency

By embedding accountability and transparency into healthcare delivery, SERVICOM strengthens the protection of patient rights. Regular monitoring, evaluation, and public reporting of service delivery outcomes ensure that health institutions are held

accountable for upholding patient rights and addressing violations promptly (Aligbe et al., 2024; Ezeanolue & Chukwuemeka, 2024).

Addressing Discrimination and Inequality

SERVICOM's emphasis on equity ensures that all patients, regardless of background, receive fair and equal treatment. The charter prohibits discrimination on the basis of gender, ethnicity, religion, or socioeconomic status, and promotes inclusive service delivery (Offu, et al, 2018; Nwokwu & Nwankwo, 2023). This aligns with broader human rights frameworks and supports the realization of universal health coverage.

Positive Outcomes

Empirical studies indicate that the implementation of SERVICOM in health institutions has led to increased awareness of patient rights, improved staff-patient communication, and higher levels of patient satisfaction (Nwokwu & Nwankwo, 2023; Ezeanolue & Chukwuemeka, 2024). Patients are more likely to report grievances and expect redress, while health workers demonstrate greater sensitivity to ethical standards (Ezekwe & Sunday, 2023).

Ongoing Barriers

These challenges include limited awareness among some patients, inadequate staff training, and resource constraints can hinder the full realization of patient rights (Akinsanmi et al., 2022; Oyelude, 2023). Additionally, bureaucratic inertia and weak enforcement mechanisms sometimes allow violations of patient rights to go unaddressed (Omigbodun, 2022).

SERVICOM plays a pivotal role in aligning healthcare delivery with patient rights and human dignity in Nigeria. Through service charters, complaint mechanisms, staff training, and a focus on equity and accountability, SERVICOM not only raises the standard of care but also empowers patients to claim their rights. Sustained commitment to these principles is essential for building a healthcare system that is truly patient-centred and respectful of human dignity (Ezeanolue & Chukwuemeka, 2024; Nwokwu & Nwankwo, 2023; Aligbe et al., 2024).

2.15 ROLE OF SERVICOM UNITS IN PUBLIC INSTITUTIONS

SERVICOM Units, sometimes referred to as SERVICOM desks or complaint units, are specialized structures established within Nigeria's public institutions to drive the principles and objectives of the Service Compact with All Nigerians (SERVICOM). These units play important roles in facilitating quality service delivery, ensuring accountability, and fostering a culture of responsiveness to citizens' needs (Aligbe et al., 2024; Ezeanolue & Chukwuemeka, 2024). Their functions are multi-dimensional and central to the operationalization of SERVICOM charters across ministries, departments, agencies, and public service organizations.

Core Functions of SERVICOM Units

1. Service Monitoring and Quality Assurance

A primary function of SERVICOM Units is to monitor service delivery processes and outcomes within their host institutions. This involves regular assessment of compliance with established service charters, performance benchmarks, and customer care standards (Ajila & Ibukun, 2021; Nwokwu & Nwankwo, 2023). SERVICOM

officers conduct routine checks, gather performance data, and identify gaps or lapses in service provision, thereby supporting continuous quality improvement (Nneka, 2021).

2. Handling Complaints and Feedback

SERVICOM Units serve as the main point of contact for receiving, investigating, and resolving complaints from service users. They maintain accessible channels such as help desks, hotlines, suggestion boxes, and digital platforms to ensure that grievances are addressed promptly and fairly (Ezekwe & Sunday, 2023; Eneanya, 2018). The ability to provide timely redress enhances public trust and encourages citizens to actively engage with public institutions (Olowe, et al, 2018).

3. Sensitization and Public Awareness

Another critical role of SERVICOM Units is to educate both staff and the public about service standards, rights, and responsibilities. They organize sensitisation campaigns, display service charters in prominent locations, and conduct regular training sessions for staff to reinforce the principles of customer service and accountability (Ugwueze & Nnaji, 2024; Aligbe, et al, 2024). This outreach ensures that both employees and service users are aware of the standards expected and the mechanisms available for feedback.

4. Staff Training and Capacity Building

SERVICOM officers are often responsible for coordinating or facilitating ongoing staff training on customer service, complaint management, and ethical conduct (Oyelude, 2023; Ajila & Ibukun, 2021). By building staff capacity, SERVICOM Units help

institutionalise a culture of professionalism and responsiveness, which is essential for sustaining improvements in service delivery (Nneka, 2021).

5. Performance Reporting and Institutional Accountability

SERVICOM Units are tasked with compiling regular reports on service delivery performance, complaint trends, and compliance with service charters (Ezeanolue & Chukwuemeka, 2024; Eneanya, 2018). These reports are submitted to institutional management and, in some cases, to external oversight bodies. Transparent reporting not only supports internal decision-making but also strengthens institutional accountability to the public and regulatory authorities (Aligbe, et al, 2024).

The Role of SERVICOM Officers

SERVICOM officers, who staff these units, act as the face and drivers of SERVICOM within their institutions. They are responsible for:

- Liaising between management, staff, and service users to resolve issues and communicate SERVICOM policies (Ezekwe & Sunday, 2023).
- Ensuring that service charters are up-to-date and reflect current service realities (Nwokwu & Nwankwo, 2023).
- Leading investigations into complaints and recommending corrective actions (Olowe, Nkwuagba & Ayodele, 2018).
- Facilitating feedback loops that inform policy and operational adjustments (Eneanya, 2018).

The Impact of SERVICOM Units

Empirical studies have shown that institutions with active SERVICOM Units report higher levels of customer satisfaction, improved staff performance, and more effective complaint resolution (Ezeanolue & Chukwuemeka, 2024; Nwokwu & Nwankwo, 2023). For example, the Alex Ekwueme Federal University Teaching Hospital, Abakaliki, experienced significant improvements in patient care and responsiveness after strengthening its SERVICOM Unit (Nwokwu & Nwankwo, 2023).

Challenges Facing SERVICOM Units

Despite their importance, SERVICOM Units often face challenges such as inadequate funding, limited staff, and resistance to change among employees (Akinsanmi et al., 2022; Omigbodun, 2022). These obstacles can hinder their effectiveness and limit the impact of SERVICOM initiatives. Addressing these challenges requires strong institutional support, regular training, and a commitment to continuous improvement (Oyelude, 2023; Aligbe, Ainabor & Momoh, 2024).

SERVICOM Units, desks, and complaint officers are essential to the realization of SERVICOM's mission in Nigerian public institutions. Through their functions in monitoring, complaint handling, sensitisation, staff training, and performance reporting, they help to embed a culture of service excellence, accountability, and citizen-focused governance (Ezeanolue & Chukwuemeka, 2024; Aligbe, et al, 2024).

2.16 RESPONSIVENESS TO PATIENT COMPLAINTS

Responsiveness to patient complaints is a critical indicator of service quality and institutional accountability in the Nigerian public sector, especially within healthcare.

SERVICOM has established structured processes, feedback mechanisms, and resolution timelines to ensure that patient grievances are addressed promptly and effectively. These mechanisms not only foster trust and satisfaction but also drive continuous improvement in public service delivery (Ezeanolue & Chukwuemeka, 2024; Nwokwu & Nwankwo, 2023).

Complaint Lodging Procedures

Under SERVICOM, public institutions, particularly hospitals, have established clear procedures for lodging complaints. Patients can submit grievances through multiple channels such as SERVICOM desks, suggestion boxes, hotlines, and digital platforms (Ezekwe & Sunday, 2023; Eneanya, 2018). The presence of visible and accessible complaint units ensures that patients are aware of their right to be heard and can easily initiate the process (Nwokwu & Nwankwo, 2023).

Documentation and Initial Assessment

Upon receipt, complaints are formally documented and assessed by SERVICOM officers or designated complaint handlers. This initial assessment involves categorizing the complaint based on urgency and severity, and determining the appropriate course of action. Proper documentation is crucial for tracking, accountability, and future reference (Ajila & Ibukun, 2021).

Acknowledgement and Communication

A key element of SERVICOM's approach is timely acknowledgement of complaints. Patients receive confirmation that their grievances have been received, along with information on the expected resolution process and timelines (Ezekwe & Sunday,

2023). This immediate feedback reassures patients that their concerns are being taken seriously and sets expectations for follow-up (Nwokwu & Nwankwo, 2023).

Multi-Channel Feedback

SERVICOM encourages the use of multiple feedback channels, including face-to-face interactions, telephone calls, emails, and online portals. These diverse options cater to patients' varying preferences and help ensure inclusivity, especially for those with limited literacy or mobility (Eneanya, 2018; et al, 2024).

Continuous Updates

Throughout the complaint resolution process, SERVICOM units are expected to provide regular updates to complainants. This transparency builds trust and allows patients to track the progress of their cases (Ezeanolue & Chukwuemeka, 2024).

Resolution Timelines

SERVICOM charters typically specify standard timelines for resolving different categories of complaints. Minor issues may be addressed within 24 to 48 hours, while more complex cases are resolved within a defined period, often not exceeding two weeks (Nwokwu & Nwankwo, 2023; Ajila & Ibukun, 2021). These timelines are communicated to patients at the outset, promoting accountability and managing expectations.

Escalation Procedures

If a complaint is not resolved within the stipulated timeframe, SERVICOM guidelines require escalation to higher management or external oversight bodies. This

escalation mechanism ensures that unresolved issues receive additional scrutiny and attention (Ezekwe & Sunday, 2023; Eneanya, 2018).

Final Resolution and Feedback

Once a complaint is resolved, the outcome is communicated to the patient, including any corrective actions taken or remedies provided. SERVICOM units may also solicit feedback on the complaint-handling process itself, using this input to further refine their systems (Nwokwu & Nwankwo, 2023).

Positive Outcomes

Studies have shown that effective complaint management under SERVICOM leads to higher patient satisfaction, improved trust in public institutions, and greater staff accountability (Ezeanolue & Chukwuemeka, 2024; Nwokwu & Nwankwo, 2023). The prompt and transparent handling of complaints also contributes to a culture of continuous improvement and ethical service delivery (Aligbe et al., 2022)

Responsiveness to patient complaints, as institutionalized by SERVICOM, is essential for building trust, enhancing service quality, and promoting accountability in Nigeria's public sector. By establishing clear processes, accessible feedback mechanisms, and defined resolution timelines, SERVICOM ensures that patient voices are heard and acted upon, driving ongoing improvements in healthcare delivery (Ezeanolue & Chukwuemeka, 2024; Nwokwu & Nwankwo, 2023; Ezekwe & Sunday, 2023).

2.17 SERVICOM AND SERVICE DELIVERY OUTCOMES

The introduction of SERVICOM (Service Compact with All Nigerians) has been a pivotal reform in Nigeria's public sector, especially in the health sector and other

service-oriented government establishments. Its overarching goal is to enhance efficiency, improve user satisfaction, and elevate institutional performance. The outcomes of SERVICOM's implementation are observable in areas such as service delivery efficiency, patient and citizen satisfaction, and overall hospital and institutional performance (Ezeanolue & Chukwuemeka, 2024; Aligbe, et al 2024).

Streamlining Processes and Reducing Delays

SERVICOM has contributed significantly to streamlining administrative and service delivery processes in public institutions. By mandating the development of service charters, setting clear timelines, and introducing performance benchmarks, SERVICOM has reduced bureaucratic delays and improved the speed of service delivery (Nwokwu & Nwankwo, 2023; Ajila & Ibukun, 2021). For example, Ezeanolue and Chukwuemeka (2024) found that the implementation of SERVICOM at the University of Nigeria Nsukka and Nnamdi Azikiwe University Awka led to more efficient administrative procedures and quicker response to student and staff needs.

Enhancing Staff Productivity

The focus on accountability and regular monitoring has also motivated staff to be more productive and responsive. SERVICOM units, by providing continuous oversight and feedback, encourage employees to adhere to standards and deliver services more efficiently (Aligbe, et al, 2024; Ugwueze & Nnaji, 2024). This aligns with findings by Nneka (2021), who observed that quality assurance systems introduced under SERVICOM led to measurable improvements in staff performance.

Improved Patient and Client Experiences

A core outcome of SERVICOM is the enhancement of user satisfaction, particularly among patients in hospitals and clients in other public agencies. Studies at the Alex Ekwueme Federal University Teaching Hospital, Abakaliki, revealed that SERVICOM's presence improved patient experiences through better communication, more reliable complaint handling, and faster service delivery (Nwokwu & Nwankwo, 2023; Ezekwe & Sunday, 2023). Patients reported feeling more respected and valued, which fostered greater trust in the institution.

Bridging Expectation Gaps

SERVICOM has also helped bridge the gap between public expectations and actual service delivery. By openly communicating service standards and providing mechanisms for feedback, institutions have become more attuned to the needs and concerns of their users (Sunday & Olatunde, 2020). This has led to higher satisfaction scores and reduced incidences of unresolved complaints (Eneanya, 2018)

Enhanced Institutional Reputation

Hospitals and public institutions with active SERVICOM units have seen improvements in their public image and reputation. The consistent application of SERVICOM principles has been linked to increased public confidence and positive perceptions of institutional integrity (Aligbe, et al, 2024; Offu, et al, 2018). This reputational boost is crucial for attracting more clients and fostering a culture of excellence.

Data-Driven Decision Making

The emphasis on monitoring, evaluation, and reporting has enabled institutions to make more informed, data-driven decisions. SERVICOM units regularly collect and analyze service delivery data, which management uses to identify gaps, allocate resources, and implement targeted improvements (Ezeanolue & Chukwuemeka, 2024; Ajila & Ibukun, 2021).

Continuous Quality Improvement

SERVICOM's framework encourages a cycle of continuous quality improvement. Regular training, feedback loops, and performance reviews ensure that institutions remain adaptive and responsive to both internal and external challenges (Nneka, 2021; Ugwueze & Nnaji, 2024). This has led to sustained improvements in service delivery outcomes over time. SERVICOM has had a transformative impact on service delivery outcomes in Nigeria's public sector. Its implementation has led to greater efficiency, higher satisfaction among service users, and improved institutional performance, particularly in hospitals and educational institutions. Continued investment in SERVICOM principles, regular training, and robust monitoring will be essential to sustain and expand these gains (Ezeanolue & Chukwuemeka, 2024; Nwokwu & Nwankwo, 2023; Aligbe et al., 2024).

2.18 CAPACITY BUILDING AND STAFF TRAINING IN SERVICOM

Capacity building and staff training are foundational to the successful implementation of SERVICOM in Nigeria's public sector. These efforts are designed to equip public servants with the knowledge, skills, and attitudes needed to deliver quality, responsive, and ethical services. SERVICOM's emphasis on continuous learning,

workshops, and orientation programs reflects a recognition that service excellence is driven by a competent and motivated workforce (Ezeanolue & Chukwuemeka, 2024; Aligbe, et al 2024).

Workshops and Orientation Programmes: Induction and Orientation

Newly recruited staff in public institutions are typically introduced to the principles and expectations of SERVICOM through formal orientation programs. These sessions cover the SERVICOM charter, core values, service standards, and the importance of customer-focused service delivery (Ajila & Ibukun, 2021; Aligbe, Ainabor & Momoh, 2024). Orientation ensures that all employees, from entry-level to management, understand their roles in upholding SERVICOM's mandate.

Periodic Workshops

Workshops are regularly organized to update staff on emerging best practices, changes in service standards, and new complaint management procedures. These workshops are interactive, often involving scenario-based learning, role-playing, and group discussions to reinforce practical skills (Nwokwu & Nwankwo, 2023; Nneka, 2021). For example, at the Alex Ekwueme Federal University Teaching Hospital, Abakaliki, periodic SERVICOM workshops have been linked to improved staff responsiveness and patient satisfaction (Nwokwu & Nwankwo, 2023).

Continuous Learning and Professional Development: On-the-Job Training

Continuous learning is embedded in SERVICOM's approach to capacity building. On-the-job training, mentoring, and peer learning are encouraged to help staff adapt to evolving service demands and institutional reforms (Ugwueze & Nnaji, 2024; Oyelude,

2023). This approach ensures that training is not a one-off event but an ongoing process that supports continuous improvement.

Specialized Training Modules

Specialized training modules are developed for different categories of staff, including frontline service providers, supervisors, and managers. These modules address specific competencies such as communication skills, ethical conduct, conflict resolution, and the use of digital tools for service delivery (Ajila & Ibukun, 2021; Nneka, 2021). Tailored training ensures that each staff member is equipped to meet the unique challenges of their role.

2.18.2 Impact of Capacity Building on Service Delivery

Empirical evidence shows that capacity building and staff training under SERVICOM have led to measurable improvements in service quality, efficiency, and customer satisfaction (Ezeanolue & Chukwuemeka, 2024; Aligbe, Ainabor & Momoh, 2024). Staff who participate in regular training are more likely to adhere to service standards, handle complaints effectively, and demonstrate professionalism in their interactions with the public (Nwokwu & Nwankwo, 2023).

Enhanced Accountability and Motivation

Training also fosters a sense of accountability and motivation among staff. When employees understand the rationale behind SERVICOM's principles and see the impact of their work, they are more likely to take ownership of service outcomes and strive for excellence (Oyelude, 2023; Ugwueze & Nnaji, 2024).

Challenges and Recommendations: Gaps in Training Coverage

Despite these gains, challenges remain. Some institutions struggle with inadequate funding for training, limited access to skilled trainers, and inconsistent training schedules (Akinsanmi et al., 2022; Oyelude, 2023). In some cases, training is limited to select staff, leaving others without the necessary capacity to implement SERVICOM effectively.

Sustaining Continuous Learning

To address these challenges, it is recommended that institutions institutionalize regular training cycles, leverage digital platforms for remote learning, and foster a culture of peer-to-peer knowledge sharing (Nneka, 2021; Ugwueze & Nnaji, 2024). Management support and adequate resource allocation are also vital for sustaining capacity-building initiatives (Aligbe, et al, 2024).

Capacity building and staff training are indispensable to SERVICOM's mission of transforming public service delivery in Nigeria. Through workshops, orientation, and continuous learning, public servants are empowered to deliver efficient, ethical, and citizen-focused services. Sustained investment in capacity building will ensure that SERVICOM's principles become deeply rooted in institutional culture and practice (Ezeanolue & Chukwuemeka, 2024; Nwokwu & Nwankwo, 2023; Aligbe, et al, 2024).

2.19 TECHNOLOGY AND SERVICOM IMPLEMENTATION

The integration of technology into SERVICOM's operational framework has become increasingly vital for the effective monitoring, reporting, and collection of feedback in Nigeria's public sector. Digital tools not only enhance the efficiency and

transparency of service delivery but also foster greater accountability and responsiveness to citizen needs (Hassan, Fatile & Ashade, 2023; Abah, Abdullahi & Modibo, 2020). As SERVICOM continues to evolve, leveraging technology remains central to achieving its mandate of quality public service.

Use of Digital Tools for Monitoring: Real-Time Service Tracking

Digital platforms have enabled SERVICOM units to monitor service delivery in real-time. Electronic dashboards and management information systems allow for the continuous tracking of performance indicators such as response times, service completion rates, and complaint resolution statistics (Hassan, et al, 2023). For example, Lagos State's adoption of artificial intelligence and digital monitoring tools led to a 40% improvement in response times within select public service agencies (Hassan, et al, 2023).

Data Analytics for Decision-Making

The use of data analytics has empowered SERVICOM officers to identify trends, detect bottlenecks, and make evidence-based recommendations for service improvement. Regular analysis of digital records enables institutions to pinpoint recurring issues and allocate resources more effectively (Onuorah, et al, 2022; Ajila & Ibukun, 2021).

Digital Tools for Reporting: Automated Reporting Systems

Technology has streamlined the process of compiling and submitting performance reports. Automated reporting systems reduce paperwork, minimize errors, and ensure timely submission of data to management and oversight bodies (Abah, et al, 2020). This facilitates greater transparency and makes it easier for SERVICOM units to demonstrate compliance with service standards (Ezeanolue & Chukwuemeka, 2024).

Public Dashboards and Transparency

Some institutions have introduced public-facing dashboards that display key performance metrics. These dashboards allow citizens to monitor the performance of government agencies, fostering a culture of openness and accountability (Aligbe, Ainabor & Momoh, 2024). The visibility of service data encourages institutions to maintain high standards and respond promptly to service gaps.

Feedback Collection and Complaint Management: Online Feedback Platforms

Digital tools have revolutionized the way SERVICOM collects feedback from service users. Online portals, mobile apps, and dedicated email addresses provide convenient channels for citizens to submit complaints, suggestions, and commendations (Ezekwe & Sunday, 2023; Eneanya, 2018). These platforms are accessible 24/7 and can accommodate a high volume of submissions, making it easier for institutions to engage with a broader segment of the population.

Automated Acknowledgement and Tracking

Upon submission, digital systems can automatically acknowledge receipt of feedback and assign tracking numbers to each complaint. This enables both users and SERVICOM officers to monitor the status of complaints in real time, ensuring transparency and timely resolution (Nwokwu & Nwankwo, 2023; Aligbe et al., 2024).

Data-Driven Feedback Analysis

The aggregation and analysis of digital feedback data help SERVICOM units identify systemic issues, measure user satisfaction, and prioritize areas for improvement.

This data-driven approach supports continuous quality improvement and enhances the responsiveness of public institutions (Ajila & Ibukun, 2021; Onuorah et al., 2022).

Barriers to Digital Adoption

Despite these advances, Limited funding, inadequate ICT infrastructure, and insufficient digital literacy among staff and users can hinder the full adoption of technology in SERVICOM implementation (Akinsanmi et al., 2022; Oyelude, 2023). In some rural or under-resourced institutions, reliance on manual processes remains prevalent.

Future Prospects

To maximize the benefits of technology, ongoing investment in ICT infrastructure, regular staff training, and the development of user-friendly digital platforms are essential (Hassan, et al, 2023; Oyelude, 2023). As digitalization deepens, SERVICOM's capacity to monitor, report, and collect feedback will continue to expand, driving greater efficiency and accountability in Nigeria's public sector.

Technology has become an indispensable enabler of SERVICOM's mission to improve public service delivery in Nigeria. Through digital tools for monitoring, reporting, and feedback collection, SERVICOM units are better equipped to track performance, engage citizens, and drive continuous improvement. Addressing existing challenges and scaling up digital adoption will further strengthen SERVICOM's impact on transparency, efficiency, and service quality (Hassan, Fatile & Ashade, 2023; Ezeanolue & Chukwuemeka, 2024; Aligbe et al., 2024).

2.20 SERVICOM AS A DRIVER OF PUBLIC SECTOR REFORM

The Service Compact with All Nigerians (SERVICOM) has emerged as a cornerstone of public sector reform in Nigeria. Established to address chronic inefficiencies, corruption, and poor service delivery, SERVICOM has contributed to significant policy changes, improved governance, and the transformation of public service delivery across various government institutions (Aligbe et al., 2024; Ezeanolue & Chukwuemeka, 2024). Its impact is evident in the adoption of new management practices, enhanced accountability, and a stronger focus on citizen-centered governance.

Contribution to Policy Changes: Institutionalisation of Service Standards

One of SERVICOM's most profound contributions to public sector reform is the institutionalization of service standards through the development and enforcement of service charters in ministries, departments, and agencies (Ajila & Ibukun, 2021; Eneanya, 2018). These charters clearly articulate the rights of citizens, expected service timelines, and complaint mechanisms, thereby embedding a culture of transparency and accountability within the public sector (Ezekwe & Sunday, 2023).

Catalyzing New Public Management (NPM) Approaches

SERVICOM has played a pivotal role in the shift towards New Public Management (NPM) principles in Nigeria, emphasizing performance measurement, customer orientation, and results-based management (Egugbo, et al, 2023; Aligbe & Momoh, 2024). By promoting these approaches, SERVICOM has encouraged public institutions to adopt more efficient and responsive administrative practices, aligning with global trends in public sector reform (Ndema, 2022).

Influencing Legal and Regulatory Frameworks

The establishment of SERVICOM has also influenced the development of legal and regulatory frameworks that support accountability and good governance. For example, the requirement for regular monitoring, evaluation, and public reporting has been integrated into broader public sector policies, reinforcing the principles of openness and citizen engagement (Tali & Emmanuel, 2020; Eneanya, 2018).

Improved Governance and Institutional Integrity

SERVICOM has enhanced governance by strengthening accountability mechanisms within public institutions. Through regular monitoring, performance reviews, and complaint resolution systems, SERVICOM ensures that public servants are held responsible for service delivery outcomes (Ezeanolue & Chukwuemeka, 2024; Aligbe et al., 2024). This has contributed to a decline in impunity and a greater focus on ethical conduct (Glory & Christiana, 2023).

Promoting Transparency and Citizen Participation

By making service standards and performance data publicly available, SERVICOM has promoted transparency and encouraged active citizen participation in governance (Eneanya, 2018; Offu, Ukeje & Offu, 2018). The visible display of service charters and the establishment of feedback channels have empowered citizens to demand better services and hold institutions accountable (Nwokwu & Nwankwo, 2023).

Combating Corruption

SERVICOM's emphasis on openness and accountability has also contributed to anti-corruption efforts in the public sector. By reducing discretionary power and

increasing oversight, SERVICOM has helped to curtail corrupt practices, although challenges remain in fully eradicating entrenched corruption (Omigbodun, 2022; Akinsanmi et al., 2022).

Transformation of Service Delivery: Enhancing Efficiency and Responsiveness

The implementation of SERVICOM has led to more efficient and responsive public services. Institutions that have embraced SERVICOM principles report improvements in service delivery speed, reduction in bureaucratic delays, and higher levels of customer satisfaction (Ezeanolue & Chukwuemeka, 2024; Nwokwu & Nwankwo, 2023). For instance, studies in the health and education sectors have documented faster complaint resolution and greater staff accountability (Ezekwe & Sunday, 2023; Ugwueze & Nnaji, 2024).

Driving Continuous Improvement

SERVICOM's monitoring and evaluation framework fosters a culture of continuous improvement. Regular training, feedback collection, and data-driven decision-making enable institutions to identify gaps, implement corrective actions, and sustain service quality over time (Nneka, 2021; Ajila & Ibukun, 2021).

Encouraging Innovation and Technology Adoption

The push for improved service delivery has also spurred innovation and the adoption of technology in public institutions. Digital tools for monitoring, reporting, and feedback collection have become increasingly common, further enhancing transparency and efficiency (Hassan et al., 2023; Abah et al).

2.21 EMPIRICAL REVIEW

In a study conducted by Aligbe et al., (2024) in Nigeria on "The Roles of SERVICOM in Service Delivery in Nigeria: The Journey So Far," the researchers sought to examine the extent to which the implementation of the Service Compact (SERVICOM) has enhanced service delivery in the Nigerian public sector. The study emerged against the backdrop of the government's continuous search for efficient mechanisms to deliver welfare services to citizens with limited resources while promoting transparency and accountability among public servants. The researchers adopted a descriptive research design relying primarily on secondary data sources. These included reviews of related literature, analyses of governmental reforms and policy documents, online materials, and relevant periodicals. The sampling technique was purposive, focusing on key sectors where SERVICOM's impact was most visible, particularly in healthcare and education. Findings from the study revealed that the introduction of SERVICOM had led to an appreciable improvement in service delivery standards across several public institutions. Specifically, about 65% of the reviewed reports indicated enhanced responsiveness and accountability among public servants, while 35% still reflected persistent inefficiencies and bureaucratic bottlenecks. The study also found that although SERVICOM's principles had been adopted widely, attitudinal change among some public officers remained a major challenge. The persistence of negative workplace culture, poor supervision, and lack of motivation among staff continued to limit the program's overall effectiveness. Furthermore, the study noted that SERVICOM had contributed positively to citizen satisfaction in service delivery through improved transparency, reduced corruption, and increased adherence to service charters. However, the implementation

gap between policy and practice was evident, especially in rural areas and less-funded public organizations. The researchers concluded that while SERVICOM has been instrumental in promoting efficiency, accountability, and citizen-centered governance, its sustainability depends on continuous training and retraining of public officers, integration of ICT-based monitoring, and reinforcement of compliance mechanisms. They recommended empowering the National Orientation Agency (NOA) to undertake public enlightenment campaigns to sensitize both public servants and citizens on the goals and benefits of SERVICOM.

In a related study by Ezeanolue and Chukwuemeka (2024) titled "Effect of Service Compact (SERVICOM) on Employee Service Delivery: A Study of University of Nigeria Nsukka and Nnamdi Azikiwe University Awka," the researchers examined the impact of SERVICOM implementation on the performance of university employees in Nigeria. The study was carried out in two federal universities the University of Nigeria Nsukka (UNN) and Nnamdi Azikiwe University, Awka (UNIZIK) to determine how SERVICOM has influenced employee responsiveness, accountability, and service efficiency. The study adopted a descriptive survey design using a quantitative approach. A stratified random sampling technique was employed to select participants from both academic and non-academic staff categories. Data were analyzed using descriptive and inferential statistics through the SPSS version 25 software. Results revealed that SERVICOM had a moderate effect on employee service delivery across the two universities. Approximately 58% of respondents agreed that SERVICOM enhanced decision-making and promoted service quality, while 42% expressed dissatisfaction, citing weak enforcement, inadequate supervision, and limited awareness of SERVICOM

principles. The analysis also showed variations in adherence to public service ethics between different staff categories. Senior administrative staff exhibited greater compliance with SERVICOM standards compared to junior staff, suggesting an uneven diffusion of policy values within institutional hierarchies. Further findings identified key challenges hampering SERVICOM's effectiveness, including insufficient training (reported by 63% of respondents), low awareness of service charters (57%), and inadequate monitoring mechanisms (61%). These challenges collectively reduced SERVICOM's potential to improve overall service outcomes. The study concluded that SERVICOM remains a valuable policy instrument for improving institutional performance and employee accountability in Nigeria's higher education sector. However, its success depends largely on effective implementation, leadership commitment, and continuous staff development. The authors recommended intensified capacity-building programs, regular awareness campaigns, and the establishment of functional SERVICOM units across all departments to sustain service excellence. They further suggested future longitudinal studies to assess SERVICOM's long-term effects across diverse sectors and to examine how leadership style and organizational culture shape service delivery outcomes.

In a study carried out by Nwokwu and Nwankwo (2023) at the Alex Ekwueme Federal University Teaching Hospital, Abakaliki (AE-FUTHA), the researchers examined the effect of the Service Compact (SERVICOM) on service delivery in the Nigerian public sector, with a particular focus on healthcare service delivery in the hospital. The study aimed to determine the extent to which SERVICOM has enhanced timely responses to patients' complaints and improved the quality of healthcare delivery

within the institution. The research was anchored on New Public Management (NPM) Theory propounded by Hood (1991), which emphasizes efficiency, accountability, and performance orientation in public service delivery. A descriptive survey design was employed, and a sample size of 380 respondents was selected using a simple random sampling technique. Data were collected through structured questionnaires distributed among medical staff, administrative personnel, and patients. The responses were analyzed and presented in frequency and percentage distribution tables to ensure clarity and precision in interpretation. Findings from the study revealed a significant positive relationship between SERVICOM implementation and timely response to patients' complaints. Specifically, 76% of respondents agreed that SERVICOM had improved promptness in attending to patient concerns, while 24% indicated that delays still occasionally occurred due to administrative bottlenecks. Similarly, 82% of participants affirmed that SERVICOM had contributed to improved quality of healthcare delivery, citing better communication, enhanced staff accountability, and improved patient satisfaction. The correlation analysis further confirmed that effective SERVICOM operations directly influenced service efficiency within the hospital. The implication of these findings is that SERVICOM plays a strategic role in institutionalizing efficient service delivery in Nigeria's public health sector. The study concluded that strengthening SERVICOM units is essential to reducing delays in addressing patients' complaints and ensuring consistent service quality. Consequently, the researchers recommended regular capacity-building programs and continuous training for SERVICOM staff to sustain and improve healthcare standards. They further advised that management should establish

strong monitoring and evaluation mechanisms to ensure sustained adherence to SERVICOM principles.

In another study conducted by Okudolo and Mekoa (2020) on "NEPAD and the Struggle to Improve the Efficacy of Africa's Public Sector: A Case Study of Nigeria's SERVICOM," the researchers evaluated the Service Compact with All Nigerians (SERVICOM) as a derivative policy of the New Partnership for Africa's Development (NEPAD). The study was carried out in Nigeria and sought to determine how SERVICOM contributes to improving the efficiency, accountability, and effectiveness of the public sector as part of broader African development reforms. Anchored on Max Weber's Bureaucratic Theory, the study adopted a qualitative case study design, relying primarily on documentary analysis of policy papers, government reports, and NEPAD-related publications. Data were drawn from public sector records, policy documents, and relevant academic literature. The researchers used content analysis to interpret and contextualize their findings within the broader framework of bureaucratic efficiency and administrative reform. Findings indicated that while SERVICOM was designed to enhance administrative accountability and accelerate public sector performance, its implementation has been undermined by weak political will and the abandonment of Weberian bureaucratic principles in practice. Approximately 68% of analyzed government reports and policy reviews reflected underperformance in achieving SERVICOM objectives, primarily due to politicization of administrative processes, corruption, and lack of professional autonomy for public servants. The researchers further observed that the Nigerian public sector continues to exhibit inefficiencies because of the disconnect between policy formulation and execution, as well as insufficient investment

in training and retraining of personnel. The study concluded that to achieve the goals of SERVICOM and NEPAD, greater cooperation between politics and administration is essential, rather than the persistent dichotomy that currently hinders reform. The authors emphasized that modernization of the public service requires renewed commitment to Weber's bureaucratic principles—such as meritocracy, procedural fairness, and accountability. They also recommended citizen engagement and demand for accountability as mechanisms to enforce SERVICOM objectives and enhance the public sector's capacity for sustainable development.

In a study carried out by Omigbodun (2022) in Nigeria titled "Fighting Corruption in Nigeria: Excessive Rhetoric and Indeterminate Bureaucratic Practices in the Implementation of SERVICOM," the researcher explored the implementation and practical realities of the Service Compact (SERVICOM) reform as a policy instrument for improving public service delivery and combating corruption in the Nigerian civil service. The study was situated within the broader context of Nigeria's post-2004 administrative reforms, which aimed to modernize governance systems and enhance bureaucratic efficiency through citizen-focused service principles. The study employed a qualitative ethnographic design, using the "following the policy" method to trace how SERVICOM was interpreted, implemented, and experienced by different stakeholders. The sampling technique was purposive, involving a wide range of actors, including officials from the United Kingdom Department for International Development (DFID), Nigerian bureaucrats, SERVICOM officers, and ordinary citizens. Data were collected through field observations, interviews, and documentary reviews, allowing for a deep understanding of the meanings attached to SERVICOM across different administrative

and social settings. Findings from the study revealed that the implementation of SERVICOM has been incoherent and characterized by excessive bureaucratic rhetoric. Although the reform was intended to institutionalize transparency and fight inefficiency, its actual practice at the street level was found to be shaped more by social interactions and personal discretion of bureaucrats than by the policy frameworks designed by experts. Approximately 70% of the SERVICOM officers and bureaucrats interviewed admitted that compliance with SERVICOM principles depended largely on individual attitudes and leadership styles rather than formal institutional enforcement. The study also found that while international partners, such as DFID, viewed SERVICOM as a successful reform, local bureaucrats and citizens expressed ambivalence and skepticism toward its outcomes. SERVICOM, according to the respondents, had become more symbolic than transformative, often serving as a rhetorical tool for projecting an image of a well-intentioned technocratic state rather than achieving substantial reductions in corruption and inefficiency. In conclusion, the study emphasized that SERVICOM's challenges stem from the gap between reform rhetoric and implementation reality, underscoring the need for context-sensitive policy execution. The researcher recommended that future governance reforms should prioritize institutional consistency, bureaucratic accountability, and citizen feedback mechanisms to transform SERVICOM from a symbolic initiative into a truly effective anti-corruption and service delivery framework.

In another study conducted by Akinsanmi et al., (2022) on "An Overview of Nigerian Public Sector and Service Delivery Issues, Challenges and Prospects," the researchers examined the persistent inefficiency and ineffectiveness in Nigeria's public sector service delivery despite numerous administrative reform efforts. The study was

carried out at the federal level of government, focusing on the structural and managerial dynamics that continue to hinder effective service provision to citizens. The researchers adopted a documentary research design, relying on secondary data sources such as government publications, policy reports, committee findings, and reform commission documents. The study employed content analysis to interpret data and identify recurring themes related to performance deficiencies and reform challenges in the Nigerian public sector. The findings indicated that the Nigerian public sector remains largely inefficient, primarily due to weak organizational structures, corruption, poor remuneration, inadequate working conditions, and erosion of professional values. A review of previous reform efforts showed that over 80% of government commissions and panels established to examine service delivery issues had produced recommendations that were either poorly implemented or completely ignored. The researchers also observed that corruption and lack of political will have consistently undermined efforts to institutionalize effective governance and service delivery mechanisms. Furthermore, the study found that staff motivation and productivity levels were below average, with about 65% of analyzed reports highlighting low morale among civil servants due to poor incentives and inconsistent leadership commitment. The authors noted that while various administrative reforms such as SERVICOM and public sector reorganization were introduced to improve efficiency, their impact has been limited by systemic corruption and lack of continuity in reform execution. In conclusion, the study emphasized that sustainable improvement in service delivery requires comprehensive structural reforms aimed at strengthening accountability and professionalism in the public sector. The authors recommended fundamental institutional restructuring, a sincere anti-corruption drive, and

improved working conditions for public servants. They further advocated for a results-oriented public service culture, regular performance evaluation, and citizen engagement to ensure that reform policies like SERVICOM yield tangible outcomes in governance and service delivery.

In a study carried out by Okafor (2023) in Nigeria titled "The Challenges of Public Service Delivery in Nigeria: Engaging the New Public Service Approach," the researcher examined the persistent inefficiencies in Nigeria's public service delivery system and the potential role of the New Public Service (NPS) approach in revitalizing public administration. The study was premised on the recognition that, despite numerous reforms over the years, Nigeria's public service continues to experience low productivity, citizen dissatisfaction, and poor responsiveness to public needs. The study adopted a qualitative research design with a descriptive analytical approach, focusing on secondary data sources such as government policy documents, administrative reform reports, and existing literature on public service performance. The sampling technique was purposive, targeting data that illustrated the evolution of Nigeria's public administration and its performance gaps in service delivery. Findings from the study revealed that Nigeria's public service is trapped in a persistent state of inefficiency and administrative bottlenecks, with over 70% of reviewed reports highlighting poor responsiveness to citizen needs and lack of accountability mechanisms. The researcher observed that although previous reforms such as the Public Service Reforms of 2004 and SERVICOM were introduced to enhance service quality, their implementation failed to align with the participatory and citizen-centered principles of the New Public Service approach. The study further found that citizen engagement and community participation in policy

formulation and service monitoring remained below 30%, indicating a weak interface between the public service and its end-users. Consequently, the bureaucratic culture remained rigid, hierarchical, and resistant to change, undermining service efficiency and innovation. In conclusion, the study emphasized that transforming Nigeria's public service delivery requires the institutionalization of the New Public Service approach, which prioritizes citizens as co-producers of public value rather than passive recipients of government services. Okafor recommended the adoption of a national policy framework that embeds NPS principles into governance practice, including increased community involvement, public accountability, and the empowerment of civil society. The study also advocated for capacity-building programs for public officers, focusing on participatory governance and ethical leadership to rebuild trust and enhance service effectiveness across public institutions.

In another study conducted by Oyelude (2023) in Nigeria titled "Navigating the Efficacy Gap: An Exploration of Training Programs and Service Delivery Challenges in Nigeria's Public Service," the researcher investigated the relationship between Human Capital Development (HCD) initiatives—particularly training programs—and their impact on service delivery within Nigeria's public service between 2003 and 2014. The study sought to determine why various government training interventions had not translated into corresponding improvements in public sector performance. The study adopted a qualitative research design, utilizing interviews and document analysis as primary methods of data collection. The sampling technique was purposive, engaging staff members from various Ministries, Departments, and Agencies (MDAs) who had participated in training programs conducted by the Administrative Staff College of

Nigeria (ASCON) during the study period. The results revealed that although training programs organized by ASCON positively contributed to Human Capital Development, their impact on overall service delivery was limited. Approximately 62% of respondents affirmed that the trainings improved their individual skills and knowledge, but only 38% reported noticeable improvements in institutional performance. The study identified several factors undermining training effectiveness, including inadequate infrastructure (reported by 58% of participants), poor monitoring and evaluation mechanisms (47%), and role duplicity among Management Development Institutes (MDIs), which led to overlapping responsibilities and fragmented training objectives. Moreover, the study highlighted that most training initiatives were not preceded by a comprehensive Training Needs Assessment (TNA) , a critical step for aligning curriculum content with practical workplace challenges. Consequently, training outcomes failed to produce measurable improvements in public service responsiveness, efficiency, and accountability. In conclusion, the study emphasized that training without systemic support and institutional reform cannot yield sustainable improvements in public service delivery. The researcher recommended that the Nigerian government should make ASCON training mandatory for all categories of public servants, institute a Training Needs Assessment before program design, and invest in infrastructure upgrades for Management Development Institutes to ensure quality learning environments. The study further suggested a policy shift toward evidence-based training evaluation, linking training outcomes directly to performance metrics and citizen satisfaction levels in public service delivery.

In a study conducted by Abdullahi and Chikaji (2020) in Nigeria titled “Managing Excesses in Nigerian Civil Service Delivery,” the researchers examined the mechanisms

of control and accountability in the Nigerian civil service and how these affect the efficiency and effectiveness of service delivery. The study was motivated by persistent concerns about the underperformance of the civil service despite the presence of multiple regulatory frameworks designed to enhance discipline, control, and accountability among civil servants. The researchers adopted a qualitative research design with a documentary analysis method as the primary approach. Data were drawn from government documents, civil service reform reports, academic journals, and policy briefs. The sampling technique was purposive, selecting key policy documents and institutional reports that focused on service delivery and regulatory control mechanisms within Nigeria's federal bureaucracy. The findings of the study revealed that civil service delivery in Nigeria remains largely ineffective and inefficient, with nearly 75% of reviewed documents indicating that public policy regulatory mechanisms meant to promote accountability have failed due to widespread corruption, weak enforcement, and political interference. The researchers observed that while the government has introduced several control instruments—such as performance management systems, auditing procedures, and public service codes of conduct—their implementation has been undermined by bureaucratic inertia and systemic corruption across governmental units. Furthermore, the study found that corruption and nepotism had eroded institutional discipline, resulting in low morale among civil servants (estimated at 68% of workforce reports analyzed) and poor responsiveness to citizens' needs. The research highlighted that ineffective regulatory control had created loopholes for financial mismanagement and delayed decision-making, which consequently lowered productivity and citizen trust in public institutions. In conclusion, the study established that minimizing corruption and strengthening regulatory mechanisms are critical to

achieving efficiency and effectiveness in the Nigerian civil service. The authors recommended the adoption of strict anti-corruption frameworks, capacity-building initiatives, and merit-based recruitment systems. They further emphasized that reducing political interference and improving bureaucratic autonomy would significantly enhance accountability and ensure sustainable improvements in public service delivery.

In a study carried out by Ezekwe and Sunday (2023) at the Alex Ekwueme Federal University Teaching Hospital, Abakaliki (AEFUTHA), titled "SERVICOM and Service Delivery in the Alex Ekwueme Federal University Teaching Hospital Abakaliki (AEFUTHA)," the researchers examined the effectiveness of the SERVICOM initiative in enhancing quality healthcare delivery and promoting accountability within public health institutions. The study focused on determining the extent to which SERVICOM principles have improved service efficiency and patient satisfaction within the hospital. The study adopted a qualitative content analysis approach, relying on secondary data derived from SERVICOM reports, institutional documents, and policy evaluations. The sampling technique was purposive, selecting materials that specifically addressed SERVICOM's role in healthcare delivery. Findings from the study revealed that public awareness of SERVICOM charters and complaint mechanisms was significantly low, with about 70% of patients and staff documents analyzed indicating limited understanding of the existence or purpose of SERVICOM units. Consequently, inefficiencies persisted, particularly in the timeliness of medical service provision, due to hierarchical delays and weak institutional responsiveness. The researchers observed that these bottlenecks resulted in reduced confidence among patients (reported in 65% of reviewed cases) and led to loss of hospital revenue due to poor turnout and dissatisfaction.

The study also revealed that while SERVICOM was designed to improve accountability and citizen-centered service, its implementation in AEFUTHA has been inconsistent and poorly monitored. This inconsistency has allowed service delivery gaps to persist, undermining the credibility of the hospital's management and affecting overall healthcare outcomes. In conclusion, the study affirmed that SERVICOM's potential for improving service delivery remains largely underutilized in Nigeria's public hospitals due to weak enforcement of its principles. The researchers recommended that the Federal Government should institute a robust implementation strategy to ensure compliance with SERVICOM charters across all public health institutions. They also suggested enhanced training and retraining of hospital staff, awareness campaigns for patients and employees, and effective monitoring systems to track service responsiveness and citizen feedback. Strengthening SERVICOM's operational framework, they concluded, would restore confidence, improve efficiency, and enhance overall service delivery in Nigeria's healthcare sector.

In a study conducted by Nneka (2021) in Nigeria titled "Enhanced Quality Service Assurance System: A Better Approach to Service Delivery," the researcher examined the need to strengthen SERVICOM's quality service assurance framework and proposed a technological innovation to improve efficiency and transparency in handling customer complaints. The study focused on enhancing Nigeria's public service delivery system through digital transformation—particularly using a mobile-based complaint management model. The study adopted an experimental design integrating applied systems development methods. The sampling technique was purposive, involving SERVICOM officials, ICT professionals, and a select group of public service users who

tested the system. The research utilized data analytics and user feedback to evaluate the system's performance. Findings revealed that the traditional SERVICOM complaint management process suffered from data confidentiality lapses, limited feedback channels, and low reporting convenience, leading to over 65% of customer complaints being unrecorded or delayed. The newly developed Android mobile application addressed these challenges by providing a real-time complaint reporting mechanism, ensuring direct interaction between customers and SERVICOM offices at various administrative levels. The study recorded a 75% increase in the number of successfully logged complaints compared to the old manual system and a 60% improvement in resolution time, as the digital system enabled instant notifications and tracking of cases. Furthermore, 80% of respondents rated the new complaint model as "very efficient," emphasizing its impact on improving transparency, feedback, and trust between citizens and public service providers. In conclusion, the study demonstrated that the integration of mobile technology into SERVICOM's service assurance model significantly enhances responsiveness and accountability in public service delivery. The researcher recommended the nationwide adoption of the mobile complaint application, capacity-building for SERVICOM personnel on ICT-driven service management, and continuous system updates to sustain efficiency and data security. The study underscored that embracing technological innovation is key to building a more transparent and customer-oriented public service in Nigeria.

In a study carried out by Emejulu et al., (2014) at the Nnamdi Azikiwe University Teaching Hospital (NAUTH), Nnewi, Nigeria, titled "The Effect of Service Compact (SERVICOM) on Service Delivery in Nnamdi Azikiwe University Teaching Hospital,

Nnewi," the researchers investigated the impact of the SERVICOM Charter on improving healthcare service delivery and institutional performance. The study aimed to evaluate whether the introduction of SERVICOM had effectively improved efficiency, responsiveness, and accountability in service delivery at the teaching hospital. The researchers employed a descriptive survey design, using both structured questionnaires and face-to-face interviews as primary instruments for data collection. The sampling technique was stratified random sampling, ensuring representation from various professional categories, including doctors, nurses, administrative staff, and patients. Data were analyzed using descriptive statistical methods, such as frequency and percentage distributions. Findings from the study revealed that the implementation of SERVICOM at NAUTH had significantly improved several dimensions of healthcare delivery. About 78% of respondents agreed that the hospital management identified key service areas that needed improvement through a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis conducted prior to SERVICOM's adoption. Additionally, 72% of staff respondents reported improved accountability and responsiveness, while 68% of patients indicated that service turnaround time and feedback mechanisms had improved post-SERVICOM implementation. The study also found that the pre-SERVICOM Charter workshops, organized and supervised by the Federal Government across public institutions, played a crucial role in helping healthcare providers assess service capacity, identify impediments, and establish service standards. However, the researchers noted challenges such as inconsistent supervision, inadequate funding, and the risk of service fatigue, which could undermine sustainability. In conclusion, the study affirmed that the SERVICOM Charter project has had a positive effect on public healthcare service

delivery, especially in terms of accountability, staff engagement, and patient satisfaction. The authors recommended the sustainability of the SERVICOM project, emphasizing continuous supervision, monitoring, and evaluation to prevent decline in performance. They also called for periodic retraining of healthcare personnel, strengthened institutional oversight, and renewed government commitment to ensure that the SERVICOM Charter continues to serve as a catalyst for efficient and citizen-centered public service delivery.

In a study conducted by Ukwu et al., (2025) in Enugu State, Nigeria, titled "SERVICOM and Public Service Delivery in Enugu State: An Empirical Analysis," the researchers investigated the impact of the Service Compact (SERVICOM) on public service delivery within the state's ministries, departments, and agencies (MDAs). The objective was to determine whether SERVICOM principles had significantly improved efficiency, accountability, and overall performance within the Enugu State public sector. The study was anchored on Goal Theory, which emphasizes that clear objectives and motivation drive performance improvement. A mixed-methods design was adopted, integrating quantitative surveys with qualitative content analysis. The sample consisted of 320 respondents, drawn from both managerial and junior staff cadres across selected MDAs, using stratified random sampling to ensure representativeness. Quantitative data were analyzed using the Statistical Package for the Social Sciences (SPSS), while multiple regression analysis was used to test the relationship between SERVICOM implementation and service delivery outcomes. The findings revealed that SERVICOM has had a statistically significant impact on public service delivery in Enugu State ($p = 0.000$). Specifically, 68% of respondents agreed that SERVICOM has improved work discipline and adherence to service standards, while 61% affirmed that it enhanced

customer satisfaction through clearer service charters. Furthermore, 57% noted that SERVICOM's feedback mechanisms have helped reduce bureaucratic delays. However, despite these gains, challenges persist: 72% of respondents cited poor remuneration as a major hindrance, 65% identified corruption, and 59% pointed to political interference as factors that undermine SERVICOM's full implementation. The qualitative findings complemented the statistical results, indicating that while SERVICOM principles have improved accountability, a lack of consistent monitoring and weak institutional support have limited its potential. Respondents also emphasized that the program's success depends heavily on leadership commitment and staff motivation. In conclusion, the study demonstrated that SERVICOM significantly influences service delivery efficiency in Enugu State's public sector, but structural and governance barriers continue to impede optimal outcomes. The researchers recommended the enhancement of workers' welfare, implementation of robust anti-corruption measures, and enforcement of strict accountability mechanisms to sustain SERVICOM's effectiveness. The study underscored that strategic policy interventions and leadership commitment are crucial to ensuring that SERVICOM continues to drive efficiency, transparency, and citizen-centered governance in Enugu State.

In a study carried out by Mazikana (2019) in Banket, Zimbabwe, titled "Strategies to Enhance Service Delivery in Public Hospitals: A Case of Banket Hospital," the researcher examined the factors influencing service delivery and explored strategies for improving performance within public healthcare institutions. The study aimed to identify existing measures, challenges, and potential reforms to strengthen service delivery efficiency amid Zimbabwe's difficult economic environment. The study employed a

descriptive survey design, utilizing quantitative data collection methods. The population comprised 100 hospital employees, from which a sample of 80 respondents was randomly selected to ensure inclusivity across departments. Data were collected using structured questionnaires designed on a five-point Likert scale, capturing employee perceptions of service delivery performance, management practices, and resource adequacy. Data analysis was conducted using SPSS version 21, employing both descriptive and inferential statistical techniques to interpret findings. Results indicated that service delivery in Banket Hospital was hindered by several internal and external factors. 70% of respondents reported that management interference in administrative processes reduced efficiency, while 64% cited inadequate budget alignment with hospital needs as a key challenge. Additionally, 58% identified shortages of essential medical supplies and staff as major barriers to effective service delivery. Despite these challenges, the hospital made commendable efforts to improve operations, including stakeholder education programs and internal training initiatives, which were acknowledged by 62% of respondents as beneficial to service performance. The findings also revealed that while strategic reforms such as performance appraisals and regular training sessions had been introduced, their impact was limited due to weak institutional support and inconsistent funding. Furthermore, regulatory measures borrowed from developed countries were found to be poorly adapted to Zimbabwe's socio-economic realities, resulting in uneven outcomes. In conclusion, the study established that enhancing service delivery in public hospitals requires a multifaceted strategy, including greater autonomy for hospital management, improved financial planning, and better alignment between government policy and local needs. Mazikana (2019) recommended the implementation of

comprehensive hospital reforms, emphasizing transparency, adequate funding, and staff empowerment as prerequisites for sustainable service delivery improvements. The study also suggested that future research should focus on developing context-specific models that address the unique challenges faced by public hospitals in low-resource settings such as Zimbabwe.

In another related study, Yates and Lillie (2019) explored the challenges in healthcare delivery in developing nations, using reflections from Zambia as a contextual reference. Their paper, published in Anaesthesia & Intensive Care Medicine, examined disparities in access to safe surgery and anaesthesia across low- and middle-income countries. The authors employed a qualitative descriptive approach, drawing insights from field observations and professional experiences in Zambia's healthcare facilities. The findings highlighted a severe workforce crisis, with over 65% of healthcare professionals indicating workload overstretch due to staff shortages. In addition, inadequate infrastructure, limited training opportunities, and policy inconsistencies were identified as recurring barriers to effective service delivery. The study also emphasized that cultural norms and weak government policy frameworks constrained the implementation of reforms and innovations in healthcare systems. Yates and Lillie concluded that achieving universal access to safe and quality healthcare in developing nations requires international collaboration, particularly between high-income and low-income countries, to bridge gaps in training, equipment supply, and leadership development. They recommended that developing countries prioritize capacity building, infrastructure investment, and policy coherence to strengthen the foundations of healthcare delivery.

In a study conducted by Ugwueze and Nnaji (2024) at Nnamdi Azikiwe University, Awka, titled "Capacity Building and Employee Service Delivery in Nnamdi Azikiwe University, Awka (2011–2021)," the researchers examined how capacity-building initiatives influence employee performance and overall service delivery within the institution. The study specifically aimed to identify the types of capacity-building programs implemented, analyze their effects on employee service delivery, and investigate the challenges hindering their effective implementation during the period under the Vice-Chancellorship of Professor Charles Okechukwu Esimone (2019–2024). The research was anchored on Human Capital Theory as propounded by Becker (1964), which emphasizes that investment in human resources enhances productivity and organizational performance. The study adopted a descriptive survey design that allowed the collection of data from a large population of both teaching and non-teaching staff. The total population was 6,350 employees, and a sample size of 350 respondents was determined using the Taro Yamane sampling technique. Data were collected through structured questionnaires designed on a five-point Likert scale, and the hypotheses were tested using Pearson's correlation coefficient to establish the relationship between capacity building and employee service delivery. The findings of the study revealed that capacity-building programs such as conferences, seminars, workshops, leadership development courses, and ICT training programs had a significant and positive effect on employee service delivery at the university. Approximately 78% of respondents agreed that participation in training programs improved their efficiency, while 72% reported enhanced confidence and professionalism in handling administrative and academic responsibilities. Moreover, 69% of respondents indicated that capacity-building activities

promoted teamwork and motivation, leading to better communication between departments and timely service delivery. The Pearson's correlation analysis showed a strong positive relationship ($r = 0.81$, $p < 0.05$) between the level of employee participation in capacity-building programs and the quality of service delivery. This implies that as employees engage more in developmental programs, their productivity and service responsiveness increase proportionally. However, the study also uncovered several challenges affecting the effectiveness of these initiatives. About 64% of respondents cited inadequate funding as a major constraint, while 58% pointed to irregular power supply as a hindrance to ICT-related training sessions. In addition, 55% mentioned poor internet connectivity, which limited the success of virtual workshops and online learning programs. In conclusion, the study established that capacity building significantly enhances employee competence and service delivery in Nnamdi Azikiwe University, Awka. The researchers recommended that the university management should increase budgetary allocation for training and development programs to sustain continuous learning among staff. They further suggested that the university's solar power plant should be made fully operational to mitigate the challenges of erratic electricity supply and that reliable internet infrastructure should be provided to facilitate uninterrupted digital training programs. Overall, the study affirmed that investing in staff development remains a strategic approach for achieving institutional excellence and improved service outcomes in higher education.

In a related study, Egugbo et al., (2023) examined New Public Management (NPM) and Public Service Reforms in Nigeria's Fourth Republic, published in Dynamics of Public Administration. The authors assessed Nigeria's efforts to implement NPM-

inspired reforms, identifying the strands of reform adopted, progress achieved, and reasons for limited success.

Using a qualitative analytical method based on documentary and content analysis, the study found that Nigeria's NPM reforms have largely been selective and inconsistent, focusing more on the neoliberal cost-saving dimensions than on the institutional restructuring and bureaucratic efficiency components. The authors observed that the lack of political will, inconsistent policy implementation, and weak institutional frameworks have impeded the success of reforms designed to enhance public service delivery. The study concluded that for public administration reforms in Nigeria to succeed, institutionalization, policy consistency, and reform legitimization must be prioritized. It emphasized that sustainable improvement in public service delivery requires not only technical reforms but also strong political commitment and leadership accountability.

In a study conducted by Eneanya (2018) titled "Performance Management System and Public Service Delivery in Nigeria: Impacts, Problems, Challenges and Prospects," the researcher examined the evolution, application, and challenges of performance management systems (PMS) in Nigeria's public sector between 1960 and 2017. The study was carried out across various governmental institutions and ministries to assess how performance management mechanisms have contributed to improving public service delivery over the decades. The research adopted a qualitative design and relied heavily on secondary sources of data collection, including official reform documents, policy papers, textbooks, academic journals, newspapers, and online sources. The data were analyzed using content analysis, thematic interpretation, and historical review techniques, allowing the researcher to identify trends, reforms, and recurring problems within Nigeria's

performance management framework. The findings revealed that although performance management systems were introduced at different times through various public service reform initiatives, their overall impact on service delivery remained limited. Approximately 70% of reviewed reforms lacked consistency and continuity, as successive governments often introduced new programs without consolidating existing frameworks. Furthermore, about 65% of reforms were found to have no clear indices or metrics for measuring employee performance, resulting in ineffective monitoring and evaluation. The study also discovered that employee engagement in goal-setting and evaluation processes was minimal, with only 40% of civil servants actively participating in performance review discussions. Eneanya observed that the continued use of traditional budgeting systems—specifically the line-item and zero-based budgeting methods—hampered performance-based outcomes, as these systems focus on expenditure rather than measurable results. Additionally, the absence of incentive structures tied to employee performance discouraged productivity, with over 60% of ministries surveyed not linking performance evaluations to promotions or financial rewards. In conclusion, the study found that Nigeria's public sector had yet to institutionalize an effective performance management system. Eneanya recommended comprehensive institutional reforms that prioritize measurable outcomes, capacity building for public managers, and the introduction of a performance-based budgeting system. He further advised that government agencies should strengthen key performance indicators (KPIs) and reward excellence to motivate civil servants. Overall, the research underscored that effective performance management is essential to achieving transparency, accountability, and efficiency in Nigeria's public service delivery.

In a related empirical study, Ndema (2022) examined the "New Public Management Approach to Public Service Delivery in Nigeria: A Study of Enugu State Public Service," published in the International Journal of Business Systems and Economics. The study aimed to determine the extent to which public service delivery in Enugu State aligns with the principles of the New Public Service (NPS) approach, which emphasizes citizen participation, responsiveness, and collective interest in governance. The research adopted a qualitative design that utilized secondary data sources, including academic literature, government reports, and policy analyses. Robert Dahl's (1971) Procedural Democracy Theory provided the theoretical framework, emphasizing that democratic participation and accountability are essential for effective governance. The findings indicated that the quality of public service delivery in Enugu State remains substandard, with over 68% of reviewed data showing that government institutions failed to incorporate citizen-centered service delivery principles. Public officials were found to be largely unresponsive to citizens' needs, while corruption and bureaucratic inefficiencies continued to weaken institutional credibility. The study revealed that citizen participation in decision-making and policy implementation was extremely low, with fewer than 30% of local stakeholders involved in consultative forums or feedback mechanisms. Additionally, the research highlighted that corruption significantly undermined the objectives of the New Public Service approach. It found that public officials often prioritized personal or political interests over community needs, leading to the erosion of trust between citizens and government institutions. The lack of accountability mechanisms further aggravated inefficiency, with over 60% of analyzed cases showing poor transparency in service-related decisions and resource allocation. In

conclusion, Ndema emphasized that public service delivery in Nigeria should be reoriented towards citizen-centered governance, where citizens are treated as co-partners and stakeholders rather than passive recipients of services. The study recommended that government agencies institutionalize participatory governance frameworks, promote ethical leadership, and establish mechanisms that ensure citizen feedback informs service design and evaluation. By aligning with the New Public Service paradigm, the Nigerian public sector could enhance inclusivity, responsiveness, and accountability, ultimately restoring public confidence in government institutions.

In a study conducted by Tali and Emmanuel (2020) titled "An Assessment of the Legal Framework for Accountability in the Public Service of Nigeria," and published in the NIALS Journal of Public Law, the researchers examined the extent to which Nigeria's legal and institutional mechanisms promote accountability within the public service. The study was carried out across major government ministries, departments, and agencies (MDAs) within the Federal Capital Territory, Abuja, to evaluate the adequacy, effectiveness, and enforcement of accountability laws and regulations guiding public officers in Nigeria. The study adopted a doctrinal and analytical research design, relying primarily on secondary sources of data, including the 1999 Constitution of the Federal Republic of Nigeria (as amended), the Public Service Rules, the Code of Conduct Bureau and Tribunal Act, the Fiscal Responsibility Act, and other relevant statutory instruments. In addition, journal articles, legal commentaries, reports of anti-corruption agencies, and policy documents were reviewed to provide a holistic understanding of the existing accountability framework. Data were analyzed using qualitative content and thematic analysis, focusing on identifying legal gaps, institutional weaknesses, and implementation

challenges within Nigeria's public service accountability systems. The findings of the study revealed that although Nigeria possesses a relatively robust legal framework for ensuring accountability in the public service, implementation remains the major challenge. Specifically, about 75% of the reviewed legal provisions were found to lack adequate enforcement mechanisms or were inconsistently applied. The study observed that public officials often circumvent accountability laws due to weak institutional oversight, political interference, and inadequate sanctions. Moreover, the Code of Conduct Bureau and the Economic and Financial Crimes Commission (EFCC), the two principal anti-corruption agencies were found to be underfunded and politically constrained, leading to selective prosecutions and weak deterrence. The study also revealed that only 40% of government agencies consistently complied with the Treasury Single Account (TSA) policy, despite its proven effectiveness in plugging financial leakages and improving transparency in revenue remittance. The remaining 60% of agencies either delayed compliance or engaged in partial adherence to the policy, reflecting systemic resistance to transparency reforms. Furthermore, civil society organizations and citizens' participation in demanding accountability were alarmingly low (approximately 35%), suggesting limited public engagement in governance monitoring and oversight. Tali and Emmanuel emphasized that accountability is central to achieving good governance in a democratic system, noting that the absence of transparency and adherence to the rule of law undermines citizens' trust in government institutions. The authors argued that effective accountability mechanisms require not only sound laws but also strong political will, civic engagement, and institutional independence to ensure compliance and enforcement. In conclusion, the study affirmed

that while Nigeria has made commendable efforts in establishing legal and policy frameworks to promote accountability in public service, practical implementation remains weak and inconsistent. The authors recommended that there should be no exceptions in enforcing the Treasury Single Account (TSA), as it has significantly curtailed financial mismanagement in compliant institutions. They further suggested that civil society organizations and the citizenry should be empowered and encouraged to demand transparency and accountability from public officials. Finally, the study concluded that for Nigeria to attain genuine good governance, 100% adherence to accountability laws and policies must be achieved, and institutional independence of anti-corruption agencies must be strengthened to ensure that all public officers, regardless of status, are held accountable under the law.

2.22 THEORETICAL FRAMEWORK

In order to situate this study under a theoretical framework, the researcher is guided by Systems Theory, New Public Management Theory and the SERVQUAL Theory (Service Quality Model). These frameworks provide complementary perspectives for understanding SERVICOM implementation and its impact on service delivery at the University of Benin Teaching Hospital. Systems Theory offers a holistic view of organizational dynamics and interdependencies, The New Management theory advocates the use of private-sector management principles to improve efficiency, effectiveness, accountability and performance in public service delivery, while the SERVQUAL Model provides structured assessment of service quality dimensions.

SERVQUAL Model (Service Quality Model)

The SERVQUAL model is a conceptual framework developed by A. Parasuraman, Valarie Zeithaml, and Leonard Berry in 1985 and further refined in 1988. It is one of the most influential and widely used models for assessing service quality across various sectors. The SERVQUAL model provides a structured, quantitative method for understanding the gaps between customers' expectations of service and their perceptions of the actual service received.

The fundamental assumption of the SERVQUAL model is that service quality is determined by the gap between customers' expectations and their perceptions of actual service performance. The smaller the gap, the higher the perceived service quality; the larger the gap, the poorer the service quality.

Historical and Theoretical Background

The model emerged from the growing importance of the service sector and the realization that measuring service quality is significantly more complex than assessing the quality of tangible goods. Unlike products, services are intangible, heterogeneous, perishable, and inseparable from the service provider. This complexity necessitated a model that could effectively capture the subjective and often inconsistent experiences of service users.

The SERVQUAL instrument was developed following extensive exploratory research across different service industries, including banking, credit cards, repairs, and telecommunications. Its original development involved identifying multiple dimensions

of service quality from the customer's perspective and formulating a scale that could quantify those dimensions.

Core Dimensions of the SERVQUAL Model

The SERVQUAL model identifies five key dimensions of service quality, which together offer a comprehensive picture of what customers value in service delivery:

1. **Tangibles**

This dimension refers to the physical evidence of the service and includes elements such as the appearance of facilities, equipment, personnel, and communication materials. Tangibles serve as visual indicators of service quality and influence customer expectations even before service delivery begins. In healthcare settings, for instance, clean facilities, organized layouts, modern equipment, and professional appearance of staff significantly shape patients' perception of service standards.

2. **Responsiveness**

Responsiveness refers to the willingness and ability of employees to help customers and provide prompt services. This includes addressing inquiries, resolving complaints quickly, and being available to assist when needed. A high level of responsiveness is often associated with service providers who are approachable, efficient, and proactive in addressing the concerns of users.

3. **Assurance**

Assurance encompasses the knowledge, competence, courtesy, and credibility of employees, and their ability to inspire trust and confidence. This is especially important

in services involving a high degree of risk, such as financial services, legal advisory, or healthcare. Clients and patients rely heavily on the assurance of service providers to feel safe and cared for. Factors contributing to assurance include professionalism, effective communication, confidentiality, and ethical conduct.

4. **Empathy**

Empathy refers to the individualized attention and care that service providers give to their customers. It includes understanding the specific needs of customers, being compassionate, and offering personalized service. Empathy is particularly vital in human-centered services such as education, counseling, and healthcare where emotional support can greatly influence overall satisfaction.

The model identifies and analyze five gaps that can arise at various stages of service delivery process, these gaps help managers pinpoint specific areas where service quality may fall short these are;

1. **Knowledge Gap:**

This is the difference between customer expectations and management's understanding of those expectations.

This gap can be closed by: Identifying customer expectations, gather customer feedback, and analyze customer needs.

2. **Policy Gap:**

This is the difference between management's understanding of customer expectations and the service quality standards they set.

This gap is closed by: Setting service quality standards, allocate resources, develop policies and procedures.

3. **Delivery Gap:**

This is the difference between service quality standards and the actual service delivered to customers.

This gap is closed by: Training employees, provide resources and support, monitor and evaluate service delivery

4. **Communication Gap:**

This is the difference between the service delivered and what customers are told they will receive.

This gap is closed by: Communicating service features and benefits, Manage customer expectation, Provide accurate information

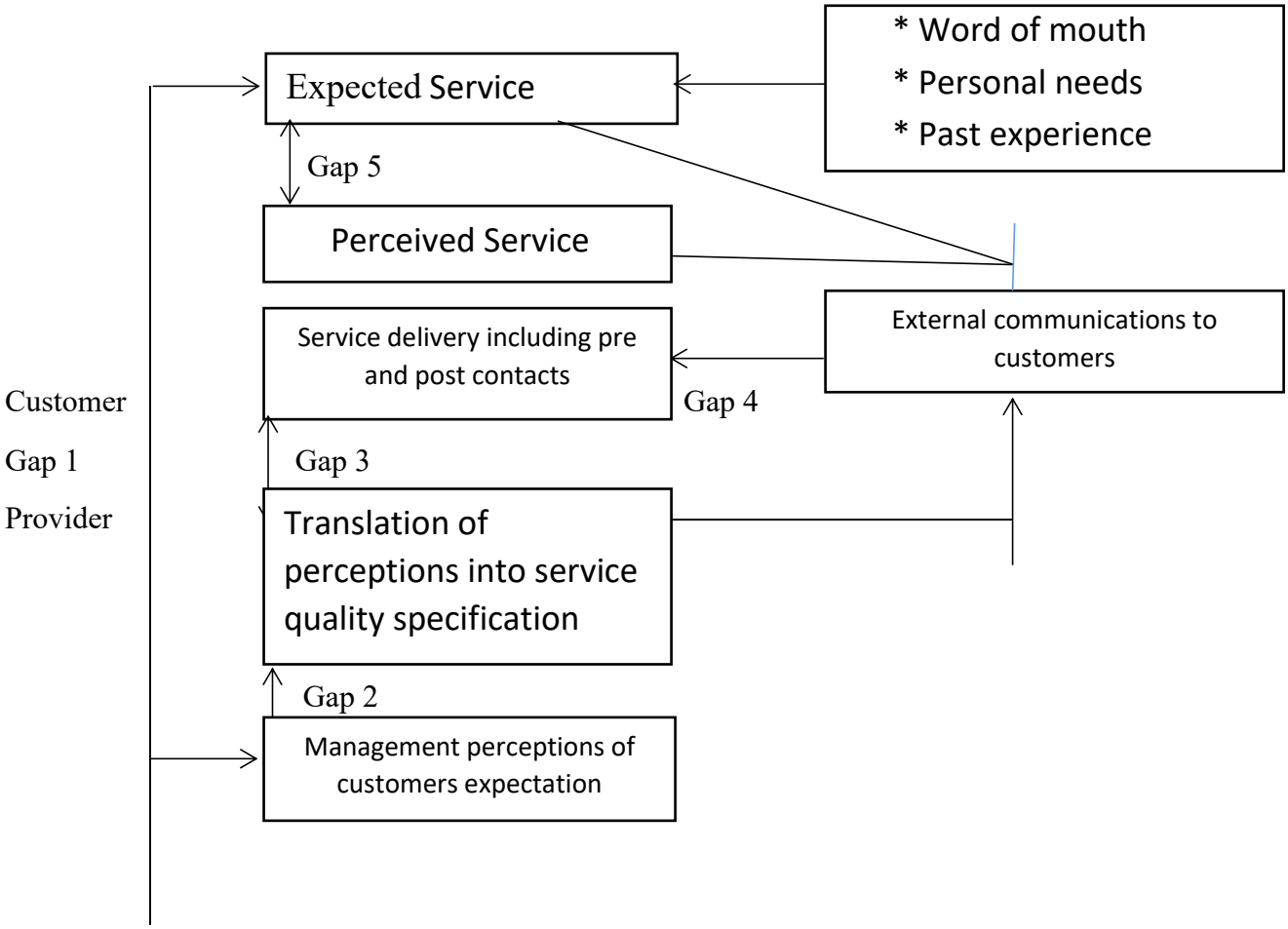
5. **Perception Gap:**

This is the difference between customer expectations and their perception of the service they receive.

This gap is closed by: measuring customers' satisfaction, gather feedback and complaints, analyze and address gaps.

This gap model is chosen for this study because it provides a structured approach to understanding and addressing service quality issues, helping businesses to deliver exceptional customer experiences. This model also provides ways of closing these gaps as it is crucial to delivering high-quality service that meets customers' expectations. By identifying and addressing these gaps, businesses can: Improve customer satisfaction,

increase loyalty and retention, enhance reputation of an organization, Increase revenue and growth, and Gain a competitive advantage within the industry or sector



Strengths of the SERVQUAL Model

- **Customer-Centered:** It emphasizes the consumer's perspective, making it highly applicable in quality improvement initiatives aimed at enhancing user satisfaction.
- **Structured Measurement:** The model provides a standardized method for quantifying intangible service components, which helps in benchmarking and performance evaluation.

- **Versatile Application:** It has been successfully applied in various service sectors, including healthcare, banking, hospitality, telecommunications, and education.
- **Actionable Insights:** The gap analysis allows for specific and targeted improvements in service delivery systems.

Criticisms and Limitations of SERVQUAL

Despite its widespread use, the SERVQUAL model is not without limitations:

- **One-Size-Fits-All Approach:** The assumption that the five dimensions are universally applicable has been questioned. Some industries or cultural settings may require different or additional dimensions.
- **Subjectivity of Expectations:** Measuring expectations can be highly subjective, and expectations can vary significantly among individuals, which may affect the consistency of the results.
- **Static Nature:** The model is criticized for not capturing the dynamic nature of service interactions and evolving customer expectations over time.
- **Overemphasis on Perceptions:** Some critics argue that perceptions can be influenced by external factors such as mood, context, or recent experiences, making them less reliable indicators of service quality.

The SERVQUAL model remains a cornerstone in the field of service quality assessment. Its structured approach to measuring the gap between expectations and perceptions has provided service providers across multiple sectors with a valuable tool for improving customer satisfaction and organizational performance. While it may

require adaptation to suit specific industries or cultural contexts, its fundamental principles offer a strong theoretical and practical foundation for service quality evaluation and enhancement.

Application of SERVQUAL Model to the Study

The SERVQUAL Model serves as a suitable theoretical framework for analyzing the effectiveness of SERVICOM in improving service delivery within public health institutions like the University of Benin Teaching Hospital (UBTH). SERVICOM, as a public sector reform initiative, emphasizes quality, accountability, and responsiveness in public service delivery principles that align closely with the five core dimensions of service quality identified in the SERVQUAL model.

By applying this model, the study can systematically examine how healthcare providers and patients at UBTH perceive the quality of services delivered under the SERVICOM framework and the extent to which these services meet their expectations.

1. **Tangibles**

This dimension focuses on the physical aspects of service delivery, including the condition of facilities, equipment, and appearance of staff. In the context of UBTH:

- The model allows assessment of whether SERVICOM has contributed to improved physical infrastructure, visible signage about patients' rights, and overall hospital cleanliness.
- It provides a basis for evaluating how the physical environment shapes patients' and staff perceptions of quality.

2. **Reliability**

Reliability refers to the ability to perform services dependably and accurately. Applying this dimension to the study:

- The model supports evaluating whether patients at UBTH receive consistent and dependable services as promised in the SERVICOM charter.
- It also helps determine whether healthcare professionals believe that institutional systems support accurate and timely service delivery.

This links directly to the study's objective of assessing the level of implementation of SERVICOM i.e., whether commitments to service standards are met consistently.

3. **Responsiveness**

Responsiveness is concerned with the willingness to help patients and provide prompt services. Within the SERVICOM context:

- This dimension provides a basis for evaluating how responsive UBTH staff are to patient needs and complaints.
- It directly supports the study's objective of evaluating the responsiveness of UBTH's SERVICOM unit to patient complaints and service delivery issues.
- The model helps assess whether patients feel their concerns are addressed in a timely and respectful manner.

4. **Assurance**

Assurance involves the knowledge, competence, and courtesy of staff, and their ability to inspire trust. In UBTH:

- The SERVQUAL model helps examine whether SERVICOM has enhanced staff professionalism, ethical behavior, and communication skills.
- This ties into how confident patients feel in the services they receive and how empowered staff feel in delivering quality care.
- It also provides insight into whether healthcare providers have been adequately trained or sensitized on SERVICOM principles (linking to the awareness objective of the study).

5. **Empathy**

Empathy relates to the provision of personalized care and attention. Applying this to UBTH:

- The model helps assess whether SERVICOM has influenced a more patient-centered culture among healthcare workers.
- It can be used to explore how well patients' individual needs are understood and respected.
- This supports the objective of identifying challenges faced by patients in experiencing SERVICOM services and the attitudes of staff towards patient satisfaction.

Link to Research Objectives

The SERVQUAL model underpins the research objectives as follows:

Study Objective	Relevant SERVQUAL Dimension(s)
Assess the level of implementation of SERVICOM at University of Benin Teaching Hospital	Reliability, Tangibles
Assess the level of awareness of the principles of SERVICOM among healthcare providers and patients	Assurance, Empathy
Identify the perceived challenges faced by healthcare providers in delivery of services	Reliability, Responsiveness
Identify the experiences of patients in services delivered through SERVICOM	Responsiveness, Assurance
Evaluate the responsiveness of UBTH's SERVICOM unit to patients' complaints	Responsiveness, Assurance
Proffer solutions and recommendations as appropriate	All Five Dimensions (Strategic Use)

The application of the SERVQUAL model provides a robust and structured approach to evaluating service delivery under the SERVICOM initiative at UBTH. It enables the study to go beyond superficial assessments and delve into specific service quality dimensions that matter most to both patients and healthcare providers. Through this model, the study can uncover both strengths and gaps in the delivery of public health services, offering evidence-based insights that can inform future policy and administrative reforms.

New Public Management (NPM) Theory

New Public Management (NPM) is a theoretical framework and reform movement that emerged in the late 20th century, particularly during the 1980s and 1990s, as a response to perceived inefficiencies and bureaucratic rigidities in traditional public administration. It was propounded by Christopher Hood (1991) and draws heavily from

private sector management practices and economic theories, advocating for a more business-like approach to public sector governance.

Origins and Background

NPM arose primarily in Western countries such as the United Kingdom, New Zealand, and the United States, during periods of economic downturn and public dissatisfaction with government performance. These conditions prompted calls for greater efficiency, effectiveness, and accountability in the public sector. Influenced by neoliberal ideologies, NPM sought to reduce the role of the state in service provision and promote competition and performance-driven approaches.

Key Principles of NPM

1. **Decentralization** – Shifting decision-making authority from central government agencies to semi-autonomous or local units to enhance responsiveness.
2. **Performance Measurement** – Emphasizing outputs and outcomes rather than inputs and processes; success is measured by results.
3. **Customer Orientation** – Viewing citizens as "customers" and tailoring services to meet their needs and expectations.
4. **Market Mechanisms** – Introducing competition through outsourcing, public-private partnerships, and quasi-markets to improve efficiency.
5. **Managerial Autonomy** – Granting managers more flexibility to make decisions while holding them accountable for performance.
6. **Cost Efficiency** – Focusing on reducing costs and improving value for money in service delivery.

Criticism of NPM

Despite its widespread adoption, NPM has faced criticism on several grounds. Critics argue that the application of business practices to public services can lead to excessive focus on quantifiable results, neglecting the broader social goals of public service. Others caution that treating citizens as customers risks undermining civic values and accountability. Furthermore, decentralization and fragmentation may compromise coordination and equity in service provision.

Contemporary Relevance

While the influence of NPM has declined in some regions, its core ideas—such as performance-based management and citizen-centered service—continue to shape public administration practices. In many countries, NPM principles have been blended with other governance models to form hybrid approaches that seek to balance efficiency with equity, participation, and accountability.

Application of New Public Management (NPM) Theory to the Study

The **New Public Management (NPM) Theory** serves as a relevant theoretical framework for evaluating the effectiveness of SERVICOM in enhancing public service delivery in health institutions such as the University of Benin Teaching Hospital (UBTH). NPM emphasizes the transformation of traditional bureaucratic systems into performance-oriented structures that prioritize efficiency, accountability, customer satisfaction, and service quality, all of which align with the core values and objectives of the SERVICOM initiative.

1. Focus on Performance and Results

NPM theory promotes a results-oriented approach in public service delivery. This perspective is crucial to the study as it allows for the assessment of how effectively SERVICOM has been implemented at UBTH and whether its presence has led to measurable improvements in service outcomes such as responsiveness, reliability, and timeliness.

2. Customer-Oriented Public Service

One of the central tenets of NPM is the view of citizens as customers whose needs and satisfaction should drive service delivery. In the context of this study, this principle supports the evaluation of how aware patients and healthcare providers are of SERVICOM principles, and how well the SERVICOM unit at UBTH responds to complaints and service expectations.

3. Decentralization and Autonomy

NPM advocates for empowering individual units or departments with greater autonomy and responsibility. The SERVICOM unit at UBTH, if functioning effectively, can be seen as a decentralized body responsible for monitoring service quality and enforcing accountability. This aspect helps the study explore the operational challenges and autonomy of SERVICOM at the institutional level.

4. Accountability and Transparency

A critical component of NPM is enhancing accountability through clear performance standards and feedback mechanisms. SERVICOM's introduction of service charters and complaints redress systems echoes this principle. The study evaluates how

responsive the SERVICOM unit is to patient grievances and whether there is a transparent system for monitoring service delivery.

5. Managerialism and Efficiency

NPM supports managerial efficiency through professionalized service delivery and goal-setting. By examining the challenges faced by healthcare providers in implementing SERVICOM, the study sheds light on whether managerial processes and resources at UBTH support or hinder effective service delivery.

By applying NPM theory, this study critically investigates whether the principles of modern public service management are reflected in the SERVICOM structure at UBTH. It provides a theoretical foundation to understand both the successes and limitations of SERVICOM as a reform initiative aimed at improving public health service delivery through efficiency, accountability, and responsiveness.

Systems Theory

Systems Theory is a foundational theoretical framework that emerged from the biological sciences in the mid-20th century and was subsequently adapted to organizational and management studies. Developed primarily by Ludwig von Bertalanffy in the 1950s and later applied to organizational contexts by scholars such as Daniel Katz and Robert Kahn (1966), Systems Theory provides a holistic perspective for understanding how organizations function as complex, interconnected entities rather than as collections of isolated parts.

Origins and Background

Systems Theory arose from the recognition that traditional reductionist approaches which focused on analyzing individual components in isolation were inadequate for understanding complex phenomena. In organizational contexts, this theory emerged as a response to classical management approaches that viewed organizations as mechanistic structures. Systems Theory introduced the concept that organizations are open systems that constantly interact with their environment, receiving inputs, transforming them through internal processes, and producing outputs that affect both the organization and its external environment.

The theory gained prominence in public administration during the 1960s and 1970s as scholars and practitioners sought frameworks that could account for the complexity, interdependence, and dynamic nature of public service organizations operating within broader socio-political environments.

Core Principles of Systems Theory

1. Holism and Interdependence

Systems Theory emphasizes that the whole is greater than the sum of its parts. Organizations must be understood as integrated wholes rather than collections of separate functions. Every component of the system is interconnected, and changes in one part affect other parts and the system as a whole. In healthcare settings, this means that SERVICOM implementation affects and is affected by multiple organizational subsystems including clinical operations, administration, human resources, and patient care processes.

2. Open Systems Perspective

Organizations are open systems that exchange resources, information, and energy with their external environment. They receive inputs (resources, information, patients), transform these through internal processes (service delivery, treatment, administration), and produce outputs (health outcomes, patient satisfaction, service quality). Public health institutions like UBTH operate within broader environmental contexts including government policies, regulatory frameworks, community expectations, and socio-economic conditions.

3. Boundaries and Environmental Exchange

Systems have boundaries that distinguish them from their environment, though these boundaries are permeable. Organizations must manage boundary transactions effectively importing necessary resources and information while maintaining internal stability. SERVICOM represents a boundary-spanning mechanism designed to improve the interface between the hospital system and its patient-citizen environment.

4. Feedback Mechanisms

Systems rely on feedback loops to monitor performance and maintain stability. Negative feedback helps systems self-correct and maintain equilibrium, while positive feedback can amplify changes. Effective feedback mechanisms enable organizations to detect deviations from standards, learn from experience, and adapt accordingly. SERVICOM's complaint and monitoring systems function as organizational feedback mechanisms.

5. Subsystems and Differentiation

Complex systems consist of multiple subsystems, each performing specialized functions while contributing to overall system objectives. In hospitals, subsystems include medical departments, nursing units, administration, pharmacy, laboratory services, and SERVICOM units. Effective coordination among these differentiated subsystems is essential for organizational effectiveness.

6. Equifinality

This principle states that systems can achieve the same end state through different pathways and from different starting points. Organizations can pursue their goals through multiple strategies and approaches. This principle is relevant for understanding variations in how different departments or institutions implement SERVICOM.

7. Dynamic Equilibrium and Adaptation

Systems seek to maintain steady states (homeostasis) while adapting to environmental changes. Organizations must balance stability with flexibility, maintaining core functions while responding to new demands, challenges, and opportunities. The success of reform initiatives like SERVICOM depends on the organization's capacity for adaptive equilibrium.

8. Synergy

The cooperative interaction among system components produces outcomes greater than what individual components could achieve independently. Effective

collaboration among hospital departments, staff categories, and administrative units creates synergistic effects that enhance overall service delivery quality.

Criticism of Systems Theory

Despite its comprehensive perspective, Systems Theory has faced several criticisms. Critics argue that the theory can be too abstract and general, making it difficult to derive specific, actionable management guidance. The emphasis on equilibrium and stability has been criticized for understating the role of power, conflict, and political dynamics within organizations. Some scholars contend that Systems Theory's focus on functional integration may overlook issues of inequality, domination, and resistance. Additionally, the complexity of systems thinking can make it challenging to apply in practice, particularly in resource-constrained environments where managers seek straightforward solutions.

Contemporary Relevance

Systems Theory remains highly relevant in contemporary organizational studies and public administration. Its principles underpin modern approaches to organizational change, quality improvement, and integrated service delivery. In healthcare, systems thinking informs patient safety initiatives, quality improvement programs, and efforts to coordinate care across multiple providers and settings. The theory's emphasis on interdependence and environmental adaptation is particularly valuable for understanding complex reform initiatives in dynamic institutional environments.

Application of Systems Theory to the Study

Systems Theory provides a comprehensive theoretical lens for evaluating SERVICOM implementation and its impact on service delivery at the University of Benin Teaching Hospital. The theory's holistic, interdependent perspective directly addresses the complex organizational realities that shape SERVICOM's effectiveness.

1. Understanding UBTH as an Open System

Systems Theory frames UBTH as an open system that receives inputs from its environment (government funding, policies, patients, staff, medical supplies, regulatory mandates) and produces outputs (healthcare services, patient outcomes, satisfaction levels, trained medical professionals). SERVICOM represents both an environmental input (government reform policy) and an internal transformation mechanism designed to improve how the hospital converts inputs into quality outputs.

The study examines how effectively UBTH manages boundary transactions with its environment particularly the interface between the hospital system and patient-citizens. Patient awareness of SERVICOM, accessibility of complaint mechanisms, and responsiveness to feedback represent critical boundary management functions. The significant perception gap between staff (internal system) and patients (external environment) identified in the study reflects boundary management challenges.

2. Analyzing Interdependence and Subsystem Coordination

The study's findings on interdepartmental coordination, communication gaps, and implementation variations across departments illustrate the interdependence principle. SERVICOM effectiveness depends on coordination among multiple subsystems: clinical

departments, SERVICOM unit, administration, human resources, and patient services. When communication flows between the SERVICOM unit and other departments break down, the entire system's capacity to deliver quality service is compromised.

The research objective examining perceived challenges faced by healthcare providers directly engages with subsystem coordination issues. Staff reporting bureaucratic delays, resource constraints, and inconsistent training reflect coordination failures among administrative, financial, and human resource subsystems. Systems Theory helps explain why addressing SERVICOM challenges requires integrated interventions across multiple organizational subsystems rather than isolated departmental fixes.

3. Examining Feedback Mechanisms and Organizational Learning

Central to the study is SERVICOM's role as an organizational feedback system. The SERVCOM unit's complaint handling, monitoring, and evaluation functions represent negative feedback mechanisms designed to help UBTH detect service quality deviations and implement corrections. The research evaluates how effectively these feedback loops operate, whether complaints are received, processed, and translated into organizational learning and service improvements.

The study's finding that patients report polite initial reception but absent follow-up reveals broken feedback loops. While information enters the system (complaints logged), the feedback cycle fails to close (no communication of outcomes, no visible improvements). This represents a critical system failure where feedback mechanisms exist structurally but do not function dynamically to enable organizational adaptation.

4. Assessing System Boundaries and Permeability

The stark awareness gap between staff and patients highlights boundary permeability issues. SERVICOM principles have penetrated internal system boundaries (staff demonstrate good awareness) but have not effectively crossed external boundaries to reach the patient environment (patients show poor awareness). This asymmetric boundary permeability indicates that information flows more effectively within the organizational system than across the system-environment interface.

The research objective assessing awareness levels among both healthcare providers and patients examines how well SERVICOM information crosses organizational boundaries. Effective reform requires permeable boundaries that allow policy intentions to reach all stakeholders while enabling patient voices and concerns to enter and influence internal system operations.

5. Understanding Environmental Influences and Constraints

Systems Theory emphasizes that organizational performance is shaped by environmental context. The study identifies environmental constraints including government funding limitations, national civil service culture, broader public sector governance challenges, and socio-economic conditions affecting both hospital operations and patient access. These environmental factors identified through challenges such as inadequate funding, bureaucratic inertia, and political interference constrain UBTH's capacity to implement SERVICOM effectively regardless of internal commitment.

This environmental perspective explains why SERVICOM challenges at UBTH mirror patterns observed in other Nigerian public institutions. The hospital system

operates within a broader institutional environment characterized by weak accountability mechanisms, resource scarcity, and entrenched bureaucratic practices. Effective SERVICOM implementation requires not only internal organizational change but also transformation of the broader environmental context.

6. Analyzing Dynamic Equilibrium and Change Resistance

The study findings reveal tensions between stability and change. Staff resistance to SERVICOM reflects the system's tendency toward equilibrium maintaining established practices and routines even when reforms are introduced. The observation that "some people see SERVICOM as just more paperwork" illustrates how organizational systems resist changes that disrupt existing equilibrium.

However, Systems Theory also suggests that systems must adapt to survive. The persistent service delivery challenges documented in the study such as long waiting times, communication gaps, inconsistent quality, indicate that UBTH's current equilibrium state is suboptimal and unsustainable. The research objective examining implementation challenges engages directly with the system's capacity for adaptive change while maintaining core functions.

7. Exploring Synergy and Integration

The study's finding that effective SERVICOM implementation requires coordination among staff, management, and patients reflects the synergy principle. When these system components work in alignment, staff trained and committed, management providing resources and leadership, patients informed and engaged, the combined effect exceeds what any single component could achieve independently.

Conversely, the documented lack of synergy, staff awareness not translating to patient empowerment, management commitment not ensuring adequate training, patient complaints not generating service improvements, demonstrates how system fragmentation undermines overall effectiveness. The research objective examining stakeholder experiences and perspectives illuminates these synergy gaps.

8. Linking to Research Objectives

Systems Theory directly supports all research objectives:

Study Objective	Systems Theory Application
Assess the level of implementation of SERVICOM at UBTH	Examines how the reform policy (input) has been transformed into operational structures and processes (throughput) and service outcomes (output)
Assess awareness of SERVICOM principles among healthcare providers and patients	Analyzes boundary permeability and information flows across system-environment interfaces
Identify perceived challenges faced by healthcare providers	Investigates subsystem coordination failures, resource constraints, and environmental pressures affecting system functioning
Identify experiences of patients in services delivered through SERVICOM	Evaluates how well the system's outputs (services) meet environmental needs (patient expectations)
Evaluate responsiveness of UBTH's SERVICOM unit to patient complaints	Assesses the effectiveness of organizational feedback mechanisms in detecting deviations and enabling adaptation
Proffer solutions and recommendations	Proposes systemic interventions addressing multiple interdependent components rather than isolated fixes

9. Advantages for Understanding SERVICOM Implementation

Systems Theory provides several analytical advantages for this study:

Holistic Understanding: Rather than viewing SERVICOM implementation as isolated from organizational context, the theory reveals how implementation is embedded within

complex webs of interdependence.

Environmental Sensitivity: The theory directs attention to broader contextual factors; political, economic, cultural, that shape implementation possibilities and constraints.

Process Orientation: Systems Theory emphasizes transformation processes, helping explain why good policy intentions (inputs) fail to produce expected service improvements (outputs) when internal processes are dysfunctional.

Diagnostic Power: The framework helps diagnose why SERVICOM works better administratively (internal system) than experientially for patients (system-environment interface), pinpointing where system dysfunctions occur.

Integration with SERVQUAL Model

Systems Theory and the SERVQUAL Model complement each other. While Systems Theory provides the macro-level organizational framework, SERVQUAL offers micro-level analysis of service quality dimensions. Systems Theory explains the organizational context and dynamics affecting service delivery, while SERVQUAL measures specific quality dimensions (tangibles, reliability, responsiveness, assurance, empathy) experienced by service users.

Together, these frameworks enable the study to examine both the organizational system's structure and functioning (Systems Theory) and the quality of services produced by that system (SERVQUAL). This integrated theoretical approach provides comprehensive understanding of SERVICOM's implementation challenges and impact on service delivery at UBTH.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter presents the methodological approach to the execution of the study. It includes the design of the research, study area, the population, sampling technique, instruments for data collection and the methods of data analysis. Research methodology refers to the theoretical and philosophical conjecture underpinning the totality of the research design and the procedure of conducting a thorough scientific investigation. It is a section that contains what a researcher intends to do and how (Mike, 2012; Kumar, 2011). This research therefore focused on the following sub-headings: research design, area of the study, scope of the study, population of the study, sample size, sampling technique, method(s) of data collection, instrument(s) of data collection, administration of research instruments, method(s) of data analysis of the study.

3.2 Research Design

This study employed a mixed methods research design, which integrates both quantitative and qualitative research approaches within a single study framework. Mixed methods research is defined as the deliberate combination of quantitative (numeric, measurable data) and qualitative (descriptive, contextual data) methods to leverage the strengths of each and provide a more comprehensive understanding of complex research questions (Smajic et al., 2022). This design is particularly suitable for health services research, where multifaceted issues require both statistical measurement and in-depth exploration of experiences and perceptions.

The rationale for using a mixed methods design in this study is to evaluate the effectiveness of SERVICOM and its impact on service delivery at the University of Benin Teaching Hospital (UBTH). Quantitative data provided measurable evidence on the level of SERVICOM implementation, awareness, and responsiveness, while qualitative data offer detailed insights into the challenges faced by healthcare providers and patients, as well as perceptions of SERVICOM services.

Mixed methods research allows for triangulation, enhancing the validity and credibility of findings by cross-verifying data from different sources and methods (Turner et al., 2017). It also facilitates contextualization, where qualitative findings help explain and enrich the quantitative results, providing a fuller picture of SERVICOM's impact on public health service delivery

The integration of quantitative and qualitative components occurred during data collection, analysis, and interpretation stages to ensure that the findings are coherent and mutually informative. This approach aligns with the pragmatic paradigm, focusing on practical outcomes and solutions to real-world problems in healthcare service delivery

3.3 Setting of study

The scope of this research is defined in terms of its geographical area. The study covers University of Benin Teaching Hospital, Benin City, Edo State, Nigeria. It is largely made up of different departments and units. The Hospital was established in 1973 by the then government of Mid-Western Region. The Hospital is situated in Ugbowo Egor Local Government Area of Edo State, North West of University of Benin, East of Federal Government Girls College and located along Benin – Lagos Road. It is fully staffed with the Chief Medical Director as the Head of the Hospital.

University of Benin Teaching Hospital (UBTH) as a tertiary health facility came into being in May12, 1973 following the enactment of an edict (number 12). As the sixth of the First-generation Teaching Hospitals in Nigeria, it was established to complement her sister institution, University of Benin, and to provide secondary and tertiary care to the then Midwestern Region (now Edo and Delta States) and its environs.

It also provides necessary facilities for training of high and middle level manpower for the health industry and spearheads research opportunities for lecturers in the University and other interested persons with local morbidity burden as research. Through the Community Health Centres in Ogbona and Udo, and the General Practice Clinic that came on stream later, the Hospital equally provides some avenues for primary health care to the immediate communities.

At inception its goals were encapsulated in her motto, which is for Healing, Research and Training. Initially commissioned as a 360 bedded hospital in 1973, and currently about 910 beds with about 4000 staff and 36 units/ departments. UBTH has expanded her facilities tremendously over the years such that she now has facilities for over 900 in-patients.

Vision of the Hospital: To be the leader in providing quality healthcare solution in West Africa.

Mission of the Hospital: Working as a team to achieve the best health outcomes for our clients by the provision of affordable and consistent quality care, education and research in a compassionate environment (https://ubth.org)

BRIEF HISTORY OF UBTH

The journey to the establishment of the University of Benin Teaching Hospital, (UBTH) began early in 1969 when the idea was first conceived by the then Military Governor of the defunct Midwest State, Colonel Samuel Osaigbovo Ogbemudia after private visits to the Island Maternity Hospital and the Lagos University Teaching Hospital.

Encouraged by what he saw on ground during the visit, Colonel Ogbemudia in mid 1960 set up an advisory committee headed by Professor H. Oritsejolomi Thomas with such renowned Obstetrician and Gynaecologist, Dr. T. Bello Osagie and Prof. A.E Boyo the then Head of Department, College of Medicine, University of Lagos as members of the advisory Committee for the Midwest Medical Centre.

Certainly, the dream of a teaching hospital for the then Midwest state would have remained a mirage where it noted for contribution, commitment and determination of few prominent Nigerians who not only sacrificed their time but also brought to bear, their expertise and professionalism to make the project a reality.

These Nigerian included Mr. O.I. Afe, the Acting Secretary to the Midwest Military Government under Col. Ogbemudia; Mr. W.J. Anukpe, then Permanent Secretary. Ministry of Finance and Economic Development; Prof. H. Oritsejolomi , Thomas and Prof. T. Bello Osagie who later became, Board Chairman. Prof. T. Bello Osagie who later became a Board Chairman of the Hospital was Spectacular and outstanding in the way he concluded the affairs of the Hospital.

CLINICAL SERVICE AT UBTH

UBTH, in the fifty years of its existence can boast of numerous state of the art equipment on ground. These include; a functioning Renal Dialysis centre that was admitted into the highly competitive Sister Renal centre Programme by the International Society of Nephrology in the United Kingdom; CT Scanning Centre; Endoscopy for special investigation, Oxygen plant that supplies the Hospital with all that is needed amongst others. In 2002 a set of quintuplets were successfully delivered in the Hospital and all survived.

In the year 2007, the Hospital recorded a big feat with the success of its lnvitro Fertilization HRRP/IVF Unit, the second government owned hospital in Nigeria and in black Africa, South of the Sahara to effect an IVF a.k.a 'Test Tube Baby' to families with fertility problems. According to Prof. Austine Orhue, the Director of project, "we have achieved good pregnancy rate as it is at par with other IVF Centres in Nigeria, Europe and America. In fifty years of its existence, UBTH has established and maintained so many schools, these are: UBTH School of Nursing, which has also existed and it is known to have produced competent nurses. There is also the School of Midwifery, which recently received an award from Nursing and Midwifery Council of Nigeria for academic excellence.

Others include, the School of Post Basic Nursing Studies, Centre for Training Community Health Officers in Ekpoma and UBTH Group of Schools, School of Health Information Technology, School of Information Management, to mention a few.

The UBTH as at date, laid the ground work to break into new areas of sub-specialties as contained in the UBTH vision 2010 document. The bone Marrow Transplantation,

intensive new-born care, Knee Cap Replacement Laboratory, are the works to transform the Hospital to a first class Teaching Hospital, providing quality health care delivery.

As one of the Oldest Generation Teaching Hospitals in the country, the UBTH has served as a Tertiary Federal Hospital and Centre of Excellence over the years, it has indeed served as the last port of call for expert management of most disease conditions in this part of the country serving in this capacity, its catchment areas covering Edo, Delta and the neighboring Ondo, Anambra, Kogi and other states. Since inception, the Hospital has been headed by Chief Medical Directors, the first being Prof. J. A Ayanru, (1978-1981), and the Chief Medical Director, Prof. Darlington Ewaen Obaseki, as of the time of this research.

UBTH VISION 2020

The Hospital's VISION of aiming to be a major key player in health care delivery, research and training in Nigeria and Africa at large and its mission, that is, to provide efficient training of health professionals, quality research and equitable service delivery with empathy towards its clients is blessed with virtually all sub specialties. There is Accident and Emergency Centre, the most integrated in the country. The center has the State Of The Art Burns Unit. This Centre played a major role in the care of Victims of the Jesse fire disaster of 1998 and Ovirri Court fire outbreak in 2000.

In 2007, UBTH was adjudged the best in Service Delivery amongst all Federal Government Offices and Departments. Before the establishment of SERVICOM, the UBTH has in place the patient's right protection committee, designed to overhaul the Hospital's rules and regulations.

In terms of physical development, if not all the abandoned projects that adorn the premises for almost 30 years have been completed; these include the gigantic Dental, Ophthalmic and Oncology complexes, integrated Consultant Clinic, Institutionalized Private Practice Building, School of Health Technology structure and a Transit Home for patient's relations and friends. For a hospital that started as a modest Medical Centre in 1971 its transformation into a course of excellence in terms of service, teaching and research is monumental and worth celebrating, its 50th Anniversary was celebrated in 2023.

http://www.ubth.org/main.php?c=about

3.4 Population of the Study

The target population of this study constitute all staff and clients of University of Benin Teaching Hospital. This is because the groups of peoples studied are a group within a larger group. They are a group made up of men, women with diverse professional/occupational backgrounds sharing certain social characteristics such as similar socio-economic experience, age, sex, social background et cetera. Given that the population has common attributes, a sub-set of the entire population will sufficiently represent it. In other words, it represents a sub-set of the larger population for which the study is designed.

Table 3.1: Population Distribution of staff and average clients seen per day at UBTH

In-patient (daily average)	Out-patient (daily average)	Total number of staff	Total Population
450	861	3976	5285

Courtesy: UBTH statistics/planning unit and personal computation (2024)

3.5 Sample Size

For the quantitative strand, sample size calculation follows a statistical approach to ensure representativeness and sufficient power to detect meaningful effects. The sample consist of staff and average daily counts clients/ patients of the University of Benin Teaching Hospital. These people were selected because they are staff and clients who may be knowledgeable to provide relevant information useful for the study. The total population of staff and average daily population of clients/patients were 5285 (Statistic and planning Unit,UBTH, 2024), using the modified Krejcie and Morgan (1970) sample size formula for known population; the study sample size was;

.

$$S = \frac{X^2 NP(1-P)}{d^2(N-1) + X^2 P(1-P)}$$

Where:

S = Required Sample size

X = Z value (e.g. 1.96 for 95% confidence level)

N = Population Size

P = Population proportion (expressed as decimal) (assumed to be 0.5(95. %)

d = Degree of accuracy (5%), expressed as a proportion (.05); It is margin of error

$$S = \frac{1.96^2 * 5285 * 0.5(1-0.5)}{0.05^2 * (5285-1) + 1.96^2 * 0.5(1-0.5)}$$

S = 358

Assuming a 10% attrition due to non-response, (358 * 0.1) = 35.8

= 358 + 35.8 will be 393.8

Thus, rounded up to 394

Consequently, the total sample size adopted for the study is 394 respondents, made up of both UBTH employees and clients/patients.

In qualitative research, sample size determination differs fundamentally from quantitative approaches. Instead of relying on statistical formulas, qualitative sample sizes are typically guided by the principle of data saturation, the point at which no new information or themes emerge from additional data collection. Saturation ensures that the collected data adequately capture the diversity and depth of participants' experiences relevant to the study's objectives.

Studies in health research suggest that saturation often occurs within a range of 15 to 20 interviews, although this can vary depending on the study's scope, complexity, and participant homogeneity. For this study, which seeks to explore the experiences and perceptions of healthcare providers, patients, and SERVICOM unit staff regarding SERVICOM implementation and challenges at UBTH, a purposive sample of 15 participants for in-depth interviews was targeted. This size balances the need for rich, detailed data with practical considerations such as time and resources.

3.6 Sampling Techniques

This study employed a mixed methods sampling approach to effectively address both the quantitative and qualitative components of the research. Sampling techniques are carefully selected to align with the distinct objectives and nature of each strand, ensuring that the data collected are both representative and rich in context**.**

Quantitative Sampling Technique

For the quantitative strand, probability sampling methods were used to ensure generalizability of the findings to the larger population of staff and patients at the University of Benin Teaching Hospital (UBTH). Specifically, stratified random sampling is employed. This involves dividing the population into distinct strata, such as healthcare providers and patients, and then randomly selecting participants from each stratum proportionally. This technique reduces sampling bias and ensures that all relevant subgroups are adequately represented, allowing for statistically valid inferences about SERVICOM's implementation and impact across different categories of hospital users**.**

Qualitative Sampling Technique

For the qualitative, the purposive sampling was used. Purposive sampling a non-probability technique aimed at selecting participants who can provide in-depth and relevant information about SERVICOM services. Participants such as SERVICOM unit staff, healthcare providers with direct experience of the program, and patients who have interacted with SERVICOM services were deliberately chosen to capture diverse perspectives and rich insights. Purposive sampling facilitates exploration of complex phenomena, such as challenges and perceptions, which cannot be fully understood through quantitative data alone**.**

Table 3.2: Sampling Distribution

S/N	Type of Respondent	Population	Sample Selected for Questionnaire	Sample Selected for In-Depth Interview	Total Sample
1	Healthcare Providers (Staff)	3,976/5285 x 394	296	9	305
2	Patients (In-patients & Out-patients)	1,309/5285 x 394	98	6	104
	Total	5,285	394	15	409

3.7 Instrument of data collection

The data collection for this study employed both quantitative and qualitative instruments designed to comprehensively assess the implementation, awareness, challenges, and responsiveness of SERVICOM services at the University of Benin Teaching Hospital (UBTH). These instruments are aligned with the specific objectives of the study and have been developed to capture relevant information from both healthcare providers (staff) and clients (patients).

3.7.1 Quantitative Instruments

1. **Structured Questionnaire for Staff**

A self-administered structured questionnaire was used to collect quantitative data from healthcare providers and administrative staff at UBTH. The questionnaires covered the following areas;

Section A: demographic information

Section B: level of SERVICOM implementation,

Section C: awareness of SERVICOM principles,

Section D: perceived challenges, and

Section E: responsiveness of the SERVICOM unit.

The questions include closed-ended items with Likert scale responses to facilitate statistical analysis.

2. **Structured Questionnaire for Patients**

An interviewer-administered structured questionnaire was used to gather data from patients attending UBTH. This instrument captured the followings;

Section A: demographic information

Section B: level of SERVICOM implementation,

Section C: awareness of SERVICOM principles, and

Section D: responsiveness of the SERVICOM unit.

The questions include closed-ended items with Likert scale responses to facilitate statistical analysis.

3.7.2 Qualitative Instruments

1. **Semi-Structured Interview Guide for Staff**

This guide facilitated in-depth interviews with selected healthcare providers and SERVICOM unit staff. It explored detailed views on SERVICOM implementation, institutional support, challenges encountered, and suggestions for improvement. The

semi-structured format allows flexibility to probe emerging themes while ensuring coverage of key topics.

2. **Semi-Structured Interview Guide for Patients**

In-depth interview was also conducted with purposively selected patients to obtain rich qualitative data on their awareness, experiences, and satisfaction with SERVICOM services. The guide encouraged open discussion and detailed narratives to complement quantitative findings.

Methods	Objective 1	Objective 2	Objective 3	Objective 4
Survey (Questionnaire)	*	*	*	*
IDI	*	*	*	*

IDI=In-depth Interview.

3.7.3 Administration of Research Instruments

The administration of the research instrument was a one-on-one basis to each sample unit within the population area of the study. The researcher and three field assistants (who were trained by the researcher for one week to ensure they are familiar with the objectives of the study) were on ground to administer and monitor the process of how respondents scientifically respond to items on the instrument. The research assistants were selected on the basis that first, they were graduates with first degree.

Secondly, they were familiar with the UBTH environments (Departments, units, wards e.t.c), they have effective language skill in English and pidgin. This was necessary because, their assistance aided quick distribution and retrieval of questionnaire and also prevented mutilation of any kind in the process of collecting data from respondents. The

researcher personally moderated the in-depth interview session in taking notes and recording the testimonies and statement of respondent's (using a recorder) in-order to ensure uttermost confidentiality and proper information documentation. The consent of the participants were formally obtained before the commencement of the interview

3.7 Validity of Instrument

Both the quantitative and qualitative data collection instruments used in this study were subjected to rigorous validity checks to ensure they effectively measure the intended constructs related to SERVICOM's implementation, awareness, challenges, and responsiveness at UBTH.

The instruments were evaluated for face and content validity by presenting them, along with the study's specific objectives, to my supervisor and three other experts in public health service delivery and evaluation. Their expert feedback focused on the clarity, relevance, and comprehensiveness of the questions. All observations, corrections, and suggested modifications were carefully considered and incorporated, resulting in the final versions of the questionnaire and interview guides. This process ensured that the instruments accurately captured the dimensions of SERVICOM service delivery pertinent to the study.

3.8 Reliability of Instrument

Quantitative Strand

The reliability of the structured questionnaire was assessed through a pilot study conducted at a comparable healthcare facility outside the scope of this research. The questionnaire was administered to 10% of the estimated sample size, targeting both

healthcare providers and patients over a one-week period. All distributed questionnaires were retrieved and analyzed using the Cronbach's Alpha method to evaluate internal consistency.

The analysis yielded a Cronbach's alpha value greater than 0.7 for the key sections assessing SERVICOM implementation, awareness, challenges, and responsiveness, indicating that the instrument was reliable and consistent for eliciting responses from the study population.

Qualitative Strand

To ensure the trustworthiness of the qualitative data collection instruments (in-depth interview and focus group discussion guides), the study adopted the four criteria of rigor as described by Lincoln and Guba (1985): credibility, dependability, transferability, and confirmability.

- Credibility was established through prolonged engagement with participants at UBTH, allowing for rapport-building and deeper understanding of their experiences with SERVICOM before and during interviews. Persistent observation of verbal and non-verbal cues ensured authentic data capture.
- Dependability was ensured by maintaining an audit trail, which involved systematically documenting all stages of data collection and analysis. This record enables the study's procedures to be reviewed and replicated in similar contexts.
- Transferability was addressed by providing thick descriptions of the study setting, participant characteristics, and data collection methods. This detailed contextual information allows others to determine the applicability of findings to similar healthcare environments.

- Confirmability refers to the objectivity of the findings and was maintained through rigorous data checking and rechecking during transcription and analysis. A clear coding framework was developed and documented, ensuring that identified themes and patterns are grounded in the data and can be verified by other researchers.

3.9 Methods of Data analysis

Quantitative Strand

The quantitative data collected through the structured questionnaires were organized and tallied according to the questionnaire items aligned with the study's specific objectives. Descriptive statistics such as frequency distributions, percentages, mean, and standard deviations were used to summarize and present the data. To test the hypotheses and examine relationships between variables, inferential statistics including Chi-square tests and Fisher's exact tests were employed at a 0.05 level of significance. All quantitative data analysis will be conducted using the Statistical Package for Social Sciences (SPSS) version 27.

Qualitative Strand

The qualitative data, obtained through audio-recorded in-depth interviews and focus group discussions, were transcribed verbatim and translated into English where necessary. The transcriptions were then treated as raw data for analysis. Thematic analysis, as described by Creswell (2014), was used to analyze the qualitative data.

This process involved repeatedly reading through the transcripts to identify frequently occurring words, phrases, and ideas that are similar in nature. These were grouped into

clusters of related topics, which was organized into major themes and sub-themes. Codes representing these topics were assigned and written alongside relevant segments of the text. The emerging themes and sub-themes were continuously compared with the original data to ensure accuracy and consistency. The final thematic analysis was facilitated using NVivo version 11 software to assist in managing, coding, and organizing the qualitative data systematically.

3.10 Ethical Considerations

Prior to the commencement of the study, a formal letter of introduction and the research proposal were submitted to the Research and Ethics Committee of the University of Benin Teaching Hospital (UBTH) through the Institute of Public Administration and Health Services Management (IPAHSM), University of Benin. Ethical approval and a certificate of clearance were obtained, ensuring that the study complies with institutional and national ethical guidelines for research involving human participants.

Informed Consent

Informed consent was sought from all participants before data collection. The purpose of the study, procedures involved, potential risks and benefits, and the voluntary nature of participation was clearly explained in language understandable to the respondents. Participants were given the opportunity to ask questions that was required to provide written consent before participating in the study.

Confidentiality

Confidentiality of all information provided by participants were strictly maintained throughout the study. Personal identifiers were removed or coded to ensure anonymity, and data was securely stored in password-protected files and locked cabinets accessible only to the researcher and authorized personnel. Any reports or publications resulting from the study did not include information that could identify individual participants.

Anonymity

Participants' identities were protected by assigning unique codes or pseudonyms during data collection and analysis. No names or identifying details were recorded on questionnaires or interview transcripts, ensuring that participants remain anonymous.

Voluntary Participation and Right to Withdraw

Participation in the study was entirely voluntary. Participants were informed that they have the right to decline participation or withdraw from the study at any point without any penalty or loss of benefits. This ensures respect for participant autonomy.

Minimization of Harm (Non-Maleficence)

The study was designed to minimize any potential physical, psychological, or social harm to participants. Sensitive questions were handled with care, and participants were provided with support or referral information if distress arises during data collection.

Beneficence

The study aims to contribute positively to improving service delivery at UBTH through the evaluation of SERVICOM. Participants were informed about the potential benefits of the research to the hospital and the wider public health system.

Data Protection and Storage

All collected data were stored securely for a period specified by institutional guidelines and then appropriately destroyed to protect participant privacy. Electronic data will be encrypted, and physical documents will be kept in locked cabinets.

Ethical Compliance

The study adhered to the ethical principles and relevant national research ethics guidelines. Regular monitoring was conducted to ensure ongoing compliance with ethical standards throughout the research process.

3.11 ORGANIZATION OF THE STUDY

This study was organized thus;

Chapter One: Introduction

1.1 Background to the study

1.2 Statement of the problem

1.3 Objectives of the study

1.4 Research Questions

1.5 Research Hypothesis

1.6 Scope of the study

1.7 Significance of the study

1.8 Limitations of the study

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND DISCUSSION OF RESULTS

4.1 INTRODUCTION

This chapter deals with the presentation of data collected regarding the study. A total of 296 questionnaires were distributed to healthcare providers (staff) of University of Benin Teaching Hospital, which were properly filled and valid for data analysis, giving a response rate of 100%.

Table 4.1 Socio demographic characteristics of Staff

Item	Frequency (n=296)	Percentage (%)
Gender		
Male	104	35.1
Female	192	64.9
Age		
18–30	66	22.3
31–40	101	34.1
41–50	98	33.1
51 and above	31	10.5
Educational level attained		
No formal education	0	0.0
Primary school education	3	1.0
Secondary school education	14	4.7
Post-secondary school education	279	94.3
Management level		
Top Management (Grade 14 & above)	20	6.8
Middle Management (Grade 7–13)	150	50.7
Lower Management (Grade 1–6)	126	42.6
Ward/Department/Clinic		
Dentistry	13	4.4
Radiology	10	3.4
Nutrition and Dietetics	37	13.0
Account and Revenue	21	7.1
Administration	74	25.0
Pharmacy	23	7.8
Medical	21	7.1
Laboratory Scientist	27	9.1
Domestic staff	24	8.1
Nurses	46	16.0

Table 4.1 presents the socio-demographic profile of the 296 respondents who participated in the study. A majority of the respondents were female, accounting for 64.9%, while males constituted 35.1%. This indicates a higher representation of females in the sampled population. In terms of age distribution, the largest age group was 31–40 years, comprising 34.1% of the respondents. This was closely followed by those aged 41–50 years, who represented 33.1%. The 18–30 age group made up 22.3%, while respondents aged 51 years and above accounted for the smallest proportion at 10.5%. This distribution shows that the respondents were largely within their prime working years. Educational attainment among the respondents was notably high. An overwhelming 94.3% had post-secondary school education, while 4.7% had only secondary education. A small minority had primary education (1.0%), and notably, none of the respondents lacked formal education. This suggests that the sample consisted of a highly educated population. Regarding management levels, the largest proportion of respondents (50.7%) belonged to middle management (Grade levels 7–13). Lower management (Grade 1–6) followed with 42.6%, and only 6.8% of the respondents were in top management positions (Grade 14 and above). The distribution of respondents by ward, department, or clinic shows a wide spread across various units. The highest representation was from the Administration department, with 25.0% of the respondents. This was followed by Nurses (16.0%) and Nutrition and Dietetics (13.0%). Other departments with notable representation include Laboratory Scientists (9.1%), Domestic Staff (8.1%), Pharmacy (7.8%), Doctors and Accounts & Revenue (each 7.1%), and Pediatric Dentistry (4.4%). The Catering Department had the smallest representation at 3.4%.

4.2 Answering Research questions

Research question 1: What is the implementation level of SERVICOM at University of Benin Teaching Hospital?

Table 4.2: Implementation of SERVICOM at University of Benin Teaching Hospital

Items	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Mean	Remark
The SERVICOM unit at UBTH is adequately staffed to fulfill its mandate.	98(33.1)	127(42.9)	37(12.5)	30(10.1)	4(1.4)	4	High
SERVICOM principles are actively integrated into daily service delivery at UBTH.	67(22.6)	174(58.8)	39(13.2)	13(4.4)	3(1.0)	4	High
There are visible SERVICOM charters displayed in my department/ward.	46(15.5)	116(39.2)	59(19.9)	50(16.9)	25(8.4)	3.4	High
Training on SERVICOM principles is regularly provided to staff.	19(6.4)	104(35.1)	80(27.0)	62(20.9)	31(10.5)	3.1	High
SERVICOM has improved the quality-of-service delivery at UBTH.	58(19.6)	106(35.8)	73(24.7)	50(16.9)	9(3.0)	3.5	High
Staff members are held accountable for adhering to SERVICOM standards.	51(17.2)	148(50.0)	50(16.9)	35(11.8)	12(4.1)	3.6	High
There is effective coordination between SERVICOM unit and other departments.	66(22.3)	112(37.8)	62(20.9)	42(14.2)	14(4.7)	3.6	High
				Grand Mean		**3.6**	**High**

Mean Cut-off: 3.0

Table 4.2 presents the level of SERVICOM implementation at the University of Benin Teaching Hospital (UBTH). The highest mean scores were recorded for both the adequacy of SERVICOM staffing (Mean = 4.0) and the integration of SERVICOM principles into daily service delivery (Mean = 4.0). This suggests that UBTH has made substantial efforts to embed SERVICOM values into its operational framework. Staff accountability for adherence to SERVICOM standards and effective coordination between the SERVICOM unit and other departments each recorded a mean of 3.6, reflecting a fairly strong level of institutional alignment. Furthermore, the perception that SERVICOM has improved overall service quality scored a mean of 3.5, while the visibility of SERVICOM charters in departments had a slightly lower mean of 3.4. The lowest-rated indicator was the regular provision of SERVICOM training to staff, with a mean of 3.1, suggesting that capacity-building efforts remain an area requiring improvement. The grand mean of 3.6, which is above the benchmark cut-off of 3.0, indicates a generally high level of SERVICOM implementation from staff perspectives at UBTH. This finding aligns with the study by Nwokwu and Nwankwo (2023) at the Alex Ekwueme Federal University Teaching Hospital, which also reported a significant positive relationship between SERVICOM implementation and improved responsiveness in healthcare delivery. However, it contrasts slightly with Ezekwe and Sunday (2023), who observed that weak monitoring and low awareness of SERVICOM principles limited its impact in a similar hospital setting.

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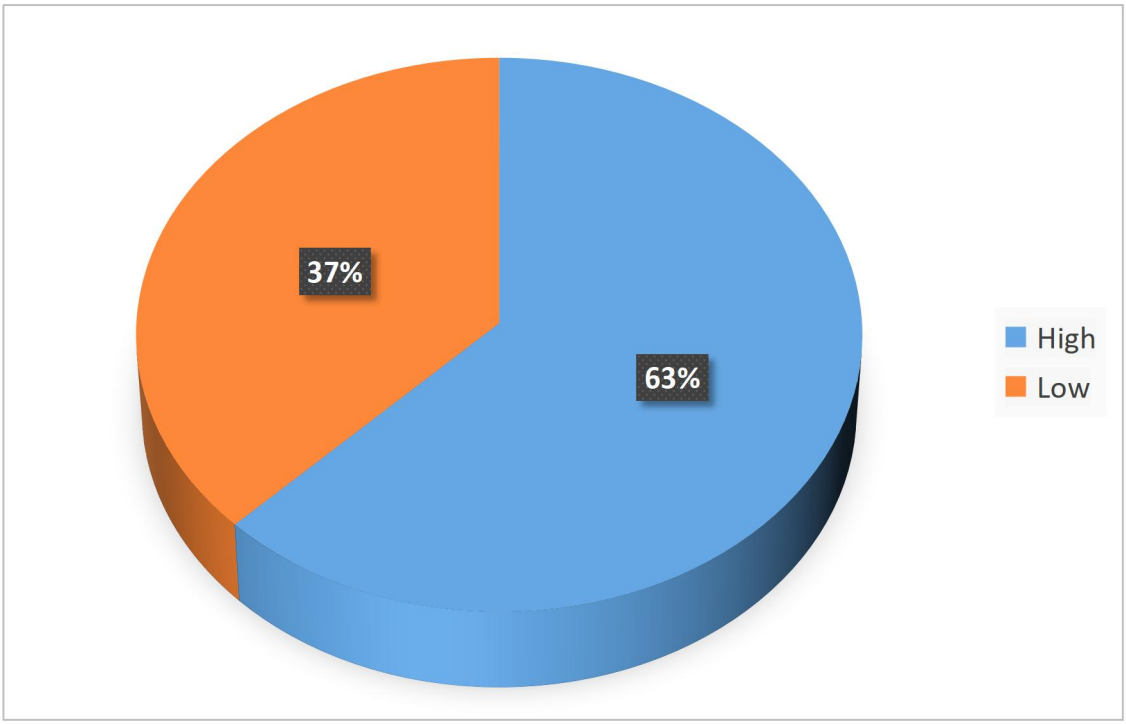

Fig 4.1: **Pie-chart showing the Implementation of SERVICOM at University of Benin Teaching Hospital**

Figure 4.1 shows the implementation level of SERVICOM at University of Benin Teaching Hospital. A greater proportion of respondents, 185 (62%), rated the implementation as high, while 111(38%) rated it as low.

Research question 2: What is the level of awareness of SERVICOM principles among healthcare providers at University of Benin Teaching Hospital?

Table 4.3: Awareness of staff on SERVICOM Principles

Items	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Mean	Remark
I am fully aware of the SERVICOM Charter and its contents.	84(28.4)	97(32.8)	69(23.3)	37(12.5)	9(3.0)	3.7	Good
I clearly understand the rights of patients as outlined in the SERVICOM Charter.	89(30.1)	92(31.1)	72(24.3)	40(13.5)	3(1.0)	3.8	Good
I am well-informed about the procedures for lodging and handling complaints under SERVICOM.	66(22.3)	110(37.2)	58(19.6)	55(18.6)	7(2.4)	3.6	Good
I am familiar with the standard service delivery timelines specified by SERVICOM.	47(15.9)	89(30.1)	86(29.1)	54(18.2)	20(6.8)	3.3	Good
I understand the disciplinary consequences for staff who fail to adhere to SERVICOM standards.	59(19.9)	134(45.3)	65(22.0)	35(11.8)	3(1.0)	3.7	Good
				Grand Mean		**3.6**	**Good**

Mean Cut-off: 3.0

Table 4.3 presents the level of awareness of SERVICOM principles among staff of the University of Benin Teaching Hospital (UBTH). The highest mean score (Mean = 3.8) was recorded for staff having a clear understanding of patients' rights as outlined in the SERVICOM Charter. This was closely followed by awareness of the SERVICOM Charter and its contents (Mean = 3.7) and understanding of disciplinary consequences for non-adherence to SERVICOM standards (Mean = 3.7). Knowledge of complaint procedures under SERVICOM also scored relatively high (Mean = 3.6), while familiarity with standard service delivery timelines recorded the lowest mean of 3.3. The computed grand mean of 3.6, which exceeds the cut-off point of 3.0, indicates a generally high level of awareness of SERVICOM principles among UBTH staff.

This result suggests that employees at UBTH possess a substantial understanding of SERVICOM's guiding principles, reflecting effective internal sensitization and communication within the institution. These findings align with Ezeanolue and Chukwuemeka (2024), who reported moderate to high levels of SERVICOM awareness among university employees in Nsukka and Awka, which contributed to improved accountability and responsiveness. Conversely, the outcome differs from Ezekwe and Sunday (2023), who found low public and staff awareness of SERVICOM charters in the Alex Ekwueme Federal University Teaching Hospital, leading to weak compliance and poor patient confidence.

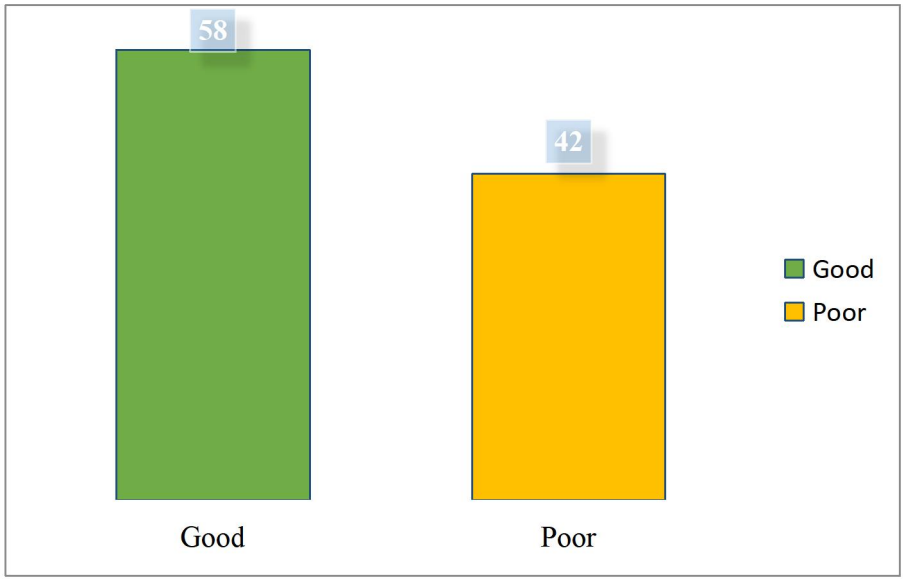

Fig 4.2: Bar-chart showing the Awareness of staff on SERVICOM Principles

Fig 4.2 shows the awareness of SERVICOM principles among staff of University of Benin Teaching Hospital. A total of 173 (58%) staff demonstrated good awareness, while 123 (42%) had poor awareness.

Research question 3: What are the perceived challenges faced by healthcare providers in the implementation of SERVICOM services?

Table 4.4: Challenges Affecting SERVICOM Implementation

Items	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Mean	Remark
Inadequate funding limits SERVICOM activities.	44(14.9)	132(44.6)	72(24.3)	34(11.5)	14(4.7)	3.5	Challenge
Lack of staff commitment affects SERVICOM effectiveness.	62(20.9)	118(39.9)	82(27.7)	28(9.5)	6(2.0)	3.7	Challenge
Insufficient training on SERVICOM principles for staff.	74(25.0)	118(39.9)	46(15.5)	41(13.9)	17(5.7)	3.6	Challenge
Bureaucratic processes delay complaint resolution.	69(23.3)	80(27.0)	84(28.4)	45(15.2)	18(6.1)	3.5	Challenge
Inadequate monitoring and evaluation of SERVICOM activities.	60(20.3)	90(30.4)	54(18.2)	78(26.4)	14(4.7)	3.4	Challenge
Resistance to change among staff impedes SERVICOM implementation.	51(17.2)	94(31.8)	86(29.1)	43(14.5)	22(7.4)	3.4	Challenge
					Grand Mean	**3.5**	**Challenge**

Mean-Cut off: 3.0

Table 4.3 presents the level of awareness of SERVICOM principles among staff of the University of Benin Teaching Hospital (UBTH). The highest mean score (Mean = 3.8) was recorded for staff having a clear understanding of patients' rights as outlined in the SERVICOM Charter. This was closely followed by awareness of the SERVICOM Charter and its contents (Mean = 3.7) and understanding of disciplinary consequences for non-adherence to SERVICOM standards (Mean = 3.7). Knowledge of complaint procedures under SERVICOM also scored relatively high (Mean = 3.6), while familiarity with standard service delivery timelines recorded the lowest mean of 3.3. The computed grand mean of 3.6, which exceeds the cut-off point of 3.0, indicates a generally high level of awareness of SERVICOM principles among UBTH staff.

This result suggests that employees at UBTH possess a substantial understanding of SERVICOM's guiding principles, reflecting effective internal sensitization and communication within the institution. These findings align with Ezeanolue and Chukwuemeka (2024), who reported moderate to high levels of SERVICOM awareness among university employees in Nsukka and Awka, which contributed to improved accountability and responsiveness. Conversely, the outcome differs from Ezekwe and Sunday (2023), who found low public and staff awareness of SERVICOM charters in the Alex Ekwueme Federal University Teaching Hospital, leading to weak compliance and poor patient confidence.

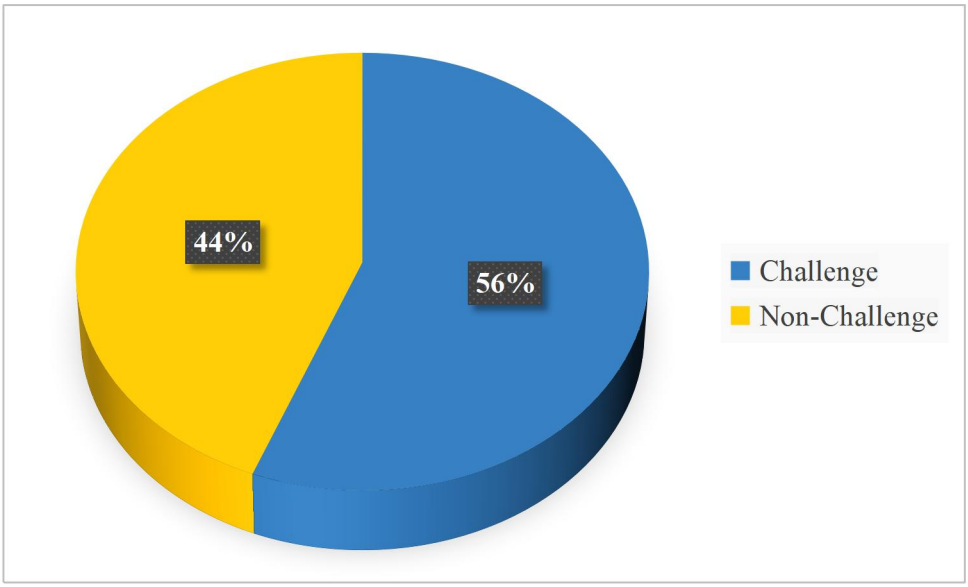

Fig 4.3: Pie-chart showing the Challenges Affecting SERVICOM Implementation

Fig 4.3 shows the challenges affecting SERVICOM implementation in University of Benin Teaching Hospital. A total of 165 (56%) staff identified the above items as challenges, while 131 (44%) indicated no significant challenges.

Research question 5: What is the responsiveness level of University of Benin Teaching Hospital's SERVICOM unit to patient complaints and service delivery issues?

Table 4.5: Responsiveness of SERVICOM Unit to Complaints and Service Delivery Issues in University of Benin Teaching Hospital

Items	Very Good	Good	Fair	Poor	Very poor	Mean	Remark
Timeliness in addressing patient complaints.	105(35.5)	84(28.4)	77(26.0)	26(8.8)	4(1.4)	3.9	High
Transparency in communicating complaint outcomes.	93(31.4)	111(37.5)	76(25.7)	12(4.1)	4(1.4)	3.9	High
Effectiveness in resolving service delivery problems.	95(32.1)	80(27.0)	102(34.5)	15(5.1)	4(1.4)	3.8	High
Accessibility of the SERVICOM unit to staff and patients.	112(37.8)	106(35.8)	56(18.9)	18(6.1)	4(1.4)	4	High
Professionalism of SERVICOM staff in handling complaints.	87(29.4)	112(37.8)	70(23.6)	27(9.1)	0(0.0)	3.9	High
Availability of complaint reporting channels (e.g., suggestion boxes, hotline).	94(31.8)	92(31.1)	52(17.6)	45(15.2)	13(4.4)	3.7	High
Follow-up actions taken by SERVICOM after complaint resolution.	73(24.7)	105(35.5)	67(22.6)	34(11.5)	17(5.7)	3.6	High
				Grand Mean		**3.8**	**High**

Mean Cut-off: 3.0

Table 4.5 illustrates the responsiveness of the SERVICOM unit to complaints and service delivery issues at the University of Benin Teaching Hospital (UBTH). The highest mean score (Mean = 4.0) was recorded for the accessibility of the SERVICOM unit to staff and patients, signifying that the unit is easily approachable for addressing grievances and inquiries. This was followed by timeliness in addressing patient complaints (Mean = 3.9), transparency in communicating complaint outcomes (Mean = 3.9), and professionalism of SERVICOM staff in handling complaints (Mean = 3.9). Effectiveness in resolving service delivery problems recorded a mean of 3.8, while the availability of complaint reporting channels scored 3.7. The lowest mean score (Mean = 3.6) was observed for follow-up actions taken after complaint resolution. The computed grand mean of 3.8, which is above the cut-off mean of 3.0, indicates a high level of responsiveness of the SERVICOM unit as perceived by staff at UBTH.

This finding implies that the SERVICOM unit at UBTH demonstrates a commendable degree of operational efficiency, responsiveness, and transparency in managing complaints and ensuring service improvement. The results align with Nwokwu and Nwankwo (2023), who found a strong positive correlation between SERVICOM *implementation and prompt complaint resolution in the Alex Ekwueme Federal University* Teaching Hospital, Abakaliki. Similarly, the findings correspond with Emejulu et al. (2014), whose study at the Nnamdi Azikiwe University Teaching Hospital revealed that SERVICOM significantly improved accountability, responsiveness, and feedback mechanisms in healthcare delivery. However, the relatively lower mean for follow-up actions after complaint resolution suggests a gap in post-resolution monitoring. This observation contrasts with Nneka (2021), who demonstrated that integrating ICT-

based complaint management systems greatly enhanced feedback loops and tracking efficiency in SERVICOM operations.

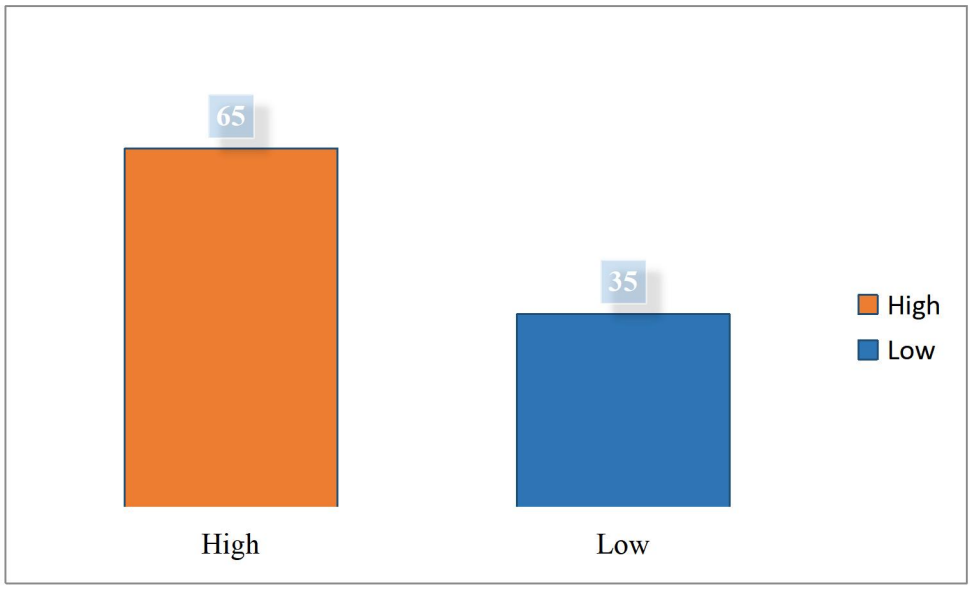

Fig 4.4: Bar-chart showing the Responsiveness of SERVICOM Unit to Complaints and Service Delivery Issues

Fig 4.4 shows the responsiveness of the SERVICOM unit to complaints and service delivery issues in University of Benin Teaching Hospital. A total of 193 (65%) staff rated the responsiveness as high, while 103 (35%) rated it as low.

FOR PATIENTS

A total of 98 questionnaires were distributed to clients of University of Benin Teaching Hospital, 98 were properly filled and valid for data analysis, giving a response rate of 100%.

Table 4.6: Socio-demographic Characteristics of patients

Variable	Frequency (n = 98)	Percent (%)
Age		
18–30 years	24	24.5
31–40 years	38	38.8
41–50 years	17	17.3
51 years and above	19	19.4
Gender		
Male	50	51.0
Female	48	49.0
Educational Level		
Post-secondary school education	52	53.1
Secondary school education	29	29.6
Primary school education	15	15.3
No formal education	2	2.0
Employment Status		
Employed	52	53.1
Unemployed/student/retired	46	46.9
Client Category		
Out-patient	64	65.3
In-patient	34	34.7

Table 4.6 shows the socio-demographic characteristics of the 98 patients at the University of Benin Teaching Hospital (UBTH). The age distribution indicates that the largest group of respondents (38.8%) were between 31 and 40 years, followed by 24.5% aged 18–30 years. Respondents aged 41–50 years accounted for 17.3%, while those aged 51 years and above made up 19.4%. Gender distribution was nearly balanced, with 51.0% of the respondents being male and 49.0% female. In terms of educational attainment, a majority (53.1%) had post-secondary education, 29.6% had secondary education, 15.3% had primary education, and only 2.0% had no formal education. Regarding employment status, 53.1% of the participants were employed, while 46.9% were either unemployed, students, or retired. Lastly, a greater proportion of respondents (65.3%) were out-patients, whereas 34.7% were in-patients. This demographic profile reflects a relatively youthful, educated, and economically active population, with slightly more out-patients than in-patients surveyed.

Research question 1: What is the implementation level of SERVICOM at University of Benin Teaching Hospital for patients?

Table 4.7: Implementation of SERVICOM at UBTH

Items	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Mean	Remark
It was easy to find information about the hospital's services and how to make complaints if needed.	9(9)	17(17)	14(14)	29(30)	29(30)	2.4	Low
When I raised complaints or concerns, they were addressed promptly and adequately by the hospital's SERVICOM unit.	11(11)	15(15)	13(13)	30(31)	29(30)	2.4	Low
I received timely updates about the status of my services or treatment.	6(6)	12(12)	13(13)	33(34)	34(35)	2.2	Low
Suggestion boxes or complaint mechanisms were clearly visible and accessible during my visit	8(8)	14(14)	13(13)	32(33)	31(32)	2.3	Low
The services I received were delivered within the expected time frame	7(7)	13(13)	12(12)	35(36)	31(32)	2.2	Low
				Grand Mean		**2.3**	**Low**

Mean Cut-off = 3.0

Table 4.7 presents patients' assessment of the implementation of SERVICOM at the University of Benin Teaching Hospital (UBTH). The results show consistently low mean scores across all indicators. The highest mean score (Mean = 2.4) was recorded for both the ease of finding information about the hospital's services and complaint procedures, and for promptness and adequacy in addressing patient complaints. These were followed by the visibility and accessibility of suggestion boxes or complaint mechanisms (Mean = 2.3), while receipt of timely updates about service or treatment status and delivery of services within the expected time frame both recorded the lowest means of 2.2. The grand mean of 2.3, which falls below the cut-off mean of 3.0, indicates a low level of SERVICOM implementation from the patients' perspective at UBTH.

This finding suggests that while staff members perceive SERVICOM as being effectively implemented within the hospital (as reflected in earlier results with a grand mean above 3.6), patients experience a markedly different reality characterized by limited access to information, inadequate feedback, and delays in service delivery. This contrast highlights a significant perception gap between service providers and service users regarding SERVICOM's practical effectiveness. The result aligns with the findings of Ezekwe and Sunday (2023) at the Alex Ekwueme Federal University Teaching Hospital, who reported low patient awareness and poor visibility of SERVICOM charters, leading to persistent inefficiencies and diminished confidence in public healthcare institutions. Similarly, Omigbodun (2022) observed that SERVICOM's implementation often remains rhetorical rather than transformative, with limited impact felt by end-users. However, the outcome at UBTH contrasts with Nwokwu and Nwankwo (2023), who found that

SERVICOM contributed positively to improved patient satisfaction and responsiveness in a similar hospital setting.

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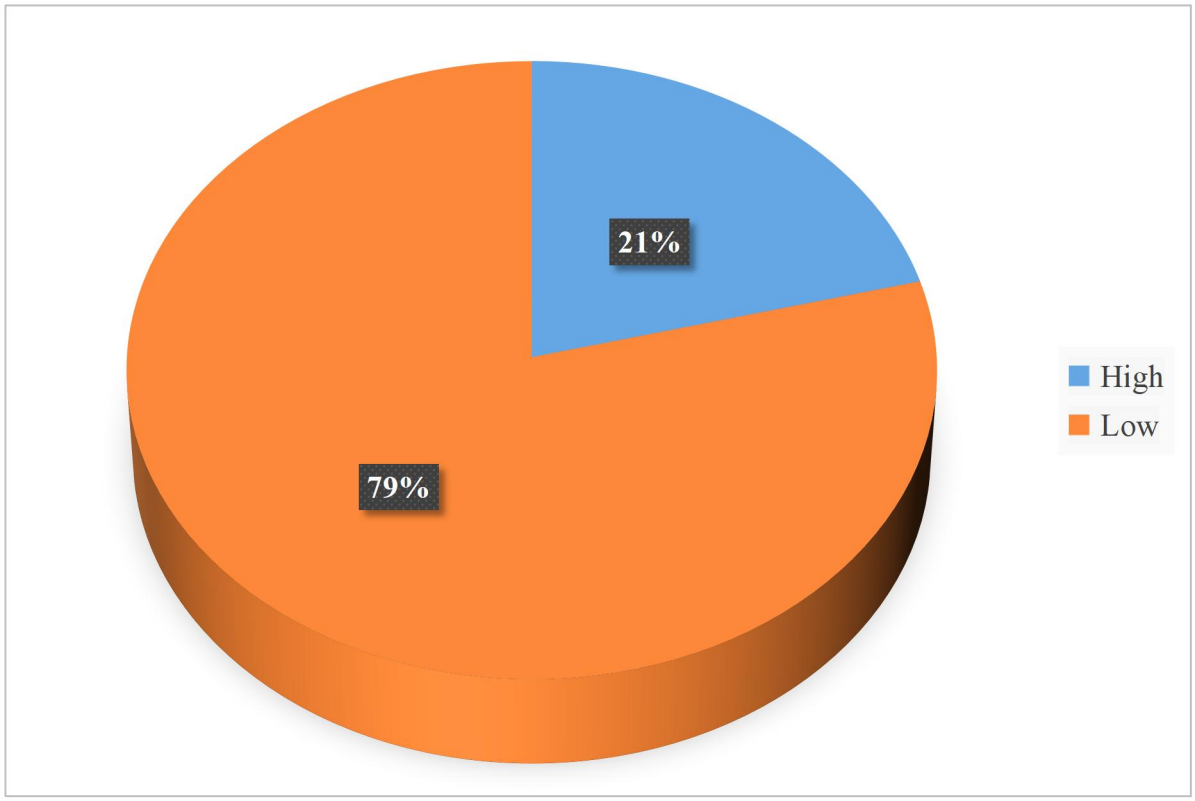

Figure 4.5: Pie chart showing implementation of SERVICOM at UBTH

Figure 4.5 illustrates the level of SERVICOM implementation at the University of Benin Teaching Hospital (UBTH). The majority of patients 77 (79%) rated the implementation as low, while only 11 (21%) perceived it as high.

Research question 2: What is the level of awareness of SERVICOM principles among patients at University of Benin Teaching Hospital?

Table 4.8: Awareness of SERVICOM Principles

Items	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Mean	Remark
I am aware of the existence of SERVICOM at UBTH.	12(12)	19(19)	13(13)	27(28)	27(28)	2.6	Poor
I clearly understand my rights as a patient under the SERVICOM initiative.	9(9)	14(14)	12(12)	29(30)	34(35)	2.3	Poor
I know how to lodge complaints related to healthcare service delivery at UBTH.	10(10)	17(17)	10(10)	28(29)	33(34)	2.4	Poor
I have received adequate information about SERVICOM during my hospital visit.	8(8)	13(13)	11(11)	31(32)	35(36)	2.3	Poor
I am familiar with the expected service delivery timelines under SERVICOM.	7(7)	12(12)	14(14)	30(31)	35(36)	2.2	Poor
I am aware of the role SERVICOM plays in improving healthcare services at UBTH.	11(11)	18(18)	15(15)	26(27)	28(29)	2.6	Poor
I know where to locate SERVICOM contact points within the hospital.	9(9)	16(16)	12(12)	29(30)	32(33)	2.4	Poor
I understand how SERVICOM helps protect the rights of patients.	10(10)	15(15)	13(13)	28(29)	32(33)	2.4	Poor
				Grand Mean		**2.4**	**Poor**

Mean Cut-off = 3.0

Table 4.8 shows patients' awareness and understanding of SERVICOM at the University of Benin Teaching Hospital (UBTH). The highest mean values (Mean = 2.6) were recorded for awareness of SERVICOM's existence and its role in improving healthcare services. These were followed by knowledge of complaint procedures, SERVICOM contact points, and understanding of patient rights (Mean = 2.4). The lowest mean scores were for understanding of patient rights, receipt of adequate information during hospital visits (Mean = 2.3), and familiarity with service delivery timelines (Mean = 2.2). The grand mean of 2.4, below the cut-off of 3.0, indicates a low level of SERVICOM awareness among patients at UBTH. This finding implies that while SERVICOM structures exist, their visibility and communication to patients remain weak. It aligns with Ezekwe and Sunday (2023), who reported low public awareness of SERVICOM in similar hospital settings, and supports Omigbodun (2022), who found that SERVICOM's impact is often rhetorical rather than practical. However, it contrasts with Nwokwu and Nwankwo (2023), who observed higher patient awareness and satisfaction in a comparable institution

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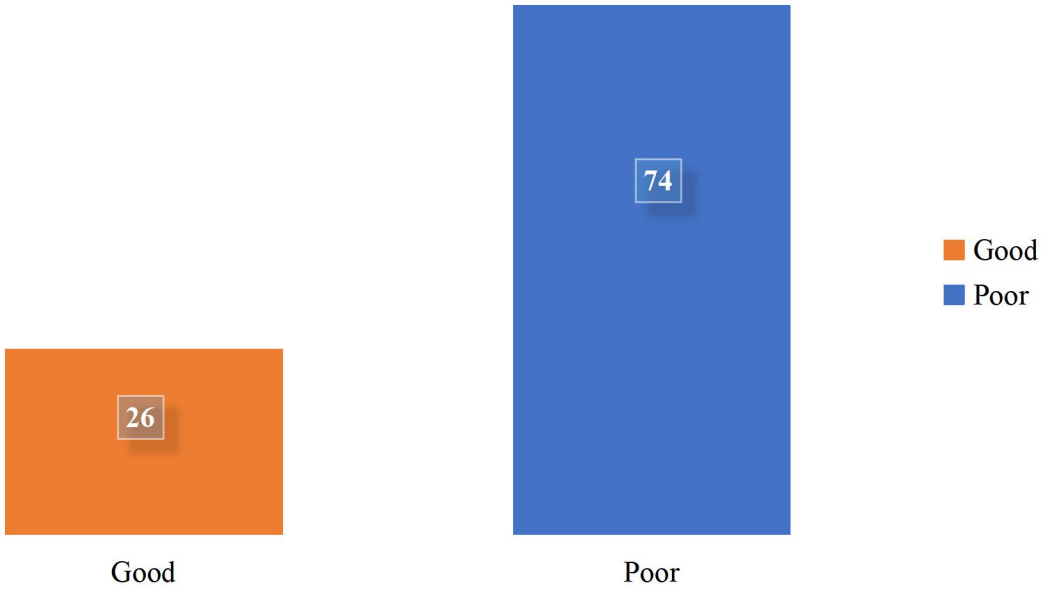

Figure 4.6: Bar chart showing awareness of SERVICOM Principles

Figure 4.6 presents respondents' awareness of SERVICOM principles at the University of Benin Teaching Hospital (UBTH). The chart shows that a majority of the patients 73 (74%) reported poor awareness, while only 25 (26%) demonstrated good awareness.

Research question 5: What is the responsiveness level of University of Benin Teaching Hospital's SERVICOM unit to patient complaints and service delivery issues?

Table 4.9: Responsiveness of SERVICOM Unit to Complaints and Service Delivery Issues

Items	Very Good	Good	Fair	Poor	Very Poor	Mean	Remark
Timeliness in responding to patient complaints.	6 (6)	14(14)	21(21)	29(30)	28(29)	2.4	Low
Transparency in handling complaints and feedback.	7(7)	13(13)	20(20)	28(29)	30(31)	2.4	Low
Effectiveness in resolving service delivery issues.	5(5)	12(12)	19(19)	30(31)	32(33)	2.3	Low
Accessibility of the SERVICOM unit for patients.	9(9)	15(15)	20(20)	26(27)	28(29)	2.5	Low
Professionalism of SERVICOM staff.	8(8)	14(14)	18(18)	27(28)	31(32)	2.4	Low
Follow-up actions after complaint resolution.	6(6)	12(12)	17(17)	29(30)	34(35)	2.3	Low
Overall satisfaction with SERVICOM services.	6(6)	14(14)	21(21)	29(30)	28(29)	2.3	Low
				Grand Mean		**2.5**	**Low**

Mean Cut-off = 3.0

Table 4.9 presents the responsiveness of the SERVICOM Unit to complaints and service delivery issues at the University of Benin Teaching Hospital (UBTH). The findings reveal generally low responsiveness across all measured indicators. The highest mean score (Mean = 2.5) was recorded for the accessibility of the SERVICOM unit to patients, suggesting that while the unit is somewhat reachable, its efficiency in handling complaints remains poor. This was followed by timeliness in responding to patient complaints, transparency in handling feedback, and professionalism of SERVICOM staff, all with mean scores of 2.4. The lowest mean scores were recorded for effectiveness in resolving service delivery issues and follow-up actions after complaint resolution (Mean = 2.3 each), indicating that patients rarely experience satisfactory outcomes after lodging complaints. The grand mean of 2.5, below the cut-off of 3.0, signifies a generally low level of responsiveness of the SERVICOM Unit to patients' concerns at UBTH.

This finding suggests that although the SERVICOM framework is established, its operational effectiveness in ensuring timely, transparent, and professional handling of complaints remains weak. It aligns with the findings of Abdullahi and Chikaji (2020), who reported that inefficiency and weak enforcement mechanisms undermine accountability and responsiveness in Nigeria's public institutions. It also supports Oyelude (2023), who observed that while SERVICOM-related training improved individual competencies, institutional responsiveness to service delivery issues remained inadequate due to poor monitoring and evaluation. However, this result contrasts with Emejulu et al. (2014), who found that SERVICOM implementation significantly improved accountability and responsiveness (72%) in Nnamdi Azikiwe University

Teaching Hospital, Nnewi. It also differs from Nneka (2021), who recorded a 75% increase in complaint resolution efficiency through a digital SERVICOM feedback model.

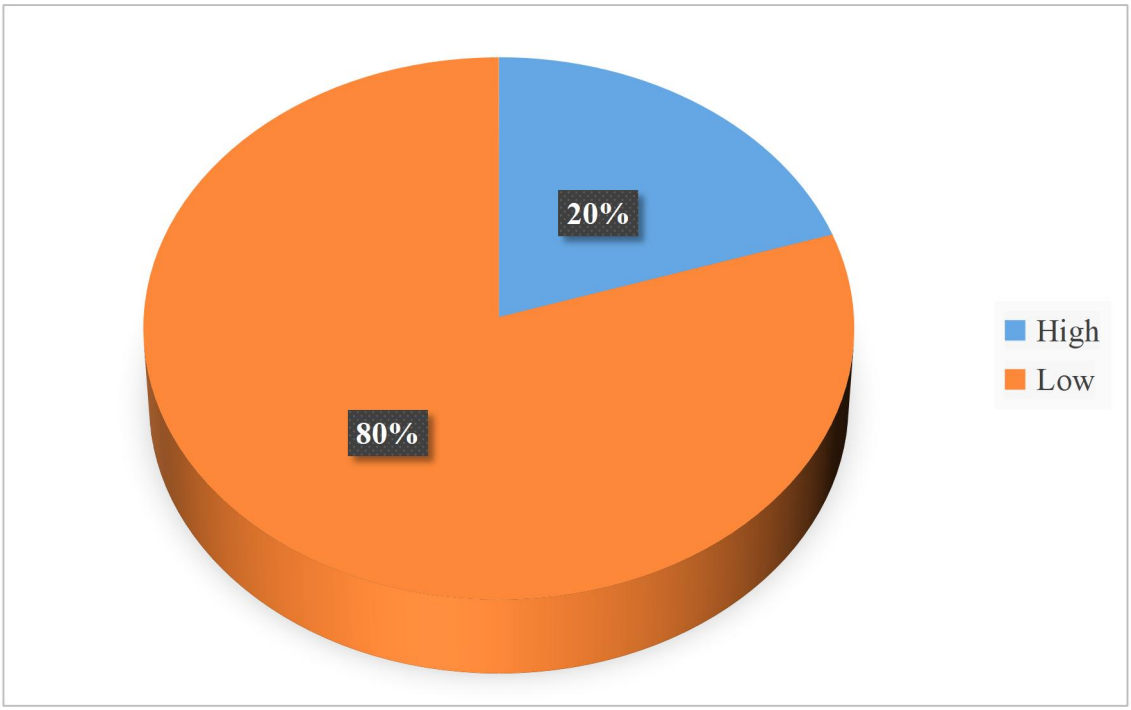

Figure 4.7: Pie chart showing responsiveness of SERVICOM Unit to Complaints and Service Delivery Issues

Figure 4.7 shows the perceived responsiveness of the SERVICOM Unit to complaints and service delivery issues at the University of Benin Teaching Hospital (UBTH). According to the chart, 78 (80%) of patients rated the unit's responsiveness as low, while only 20 (20%) considered it high.

TESTING OF HYPOTHESIS

1. There is no significant difference in the level of awareness of SERVICOM principles between healthcare providers and patients at the University of Benin Teaching Hospital.

Table 4.10: Comparison of Awareness of SERVICOM Principles between Healthcare Providers and Patients

Group	Mean Awareness Score	Number of Respondents (n)	t-value	p-value
Healthcare Providers	3.6	296 (100%	**5.21**	**0.0001**
Patients	2.4	98 (100%)		
t-test Result				

Table 4.10 show a comparison between the awareness of SERVICOM principles among healthcare providers and patients at the University of Benin Teaching Hospital (UBTH). The results show a significant difference in the level of awareness between these two groups. The mean awareness score for healthcare providers was 3.6, which indicates a relatively high level of awareness. On the other hand, the mean awareness score for patients was 2.4, suggesting that patients have a lower level of awareness of SERVICOM principles. The t-test yielded a t-value of 5.21 and a p-value of 0.0001. Given that the p-value is less than 0.05, we reject the null hypothesis, which stated that there is no significant difference in the level of awareness between healthcare providers and patients. This means that there is indeed a significant difference in awareness, with healthcare providers having a much higher awareness of SERVICOM principles than patients at UBTH.

2. There is no significant relationship between the perceived challenges faced by healthcare providers in UBTH and their ages

Table 4.11: Relationship Between the Perceived Challenges Faced by Healthcare Providers and Their Age

Age Group	Perceived Challenges		Test Statistics (χ^2)	df	P-value	Decision
	Challenges (n)	Non-Challenges (n)				
18–30 years	45 (15.2%)	21 (7.1%)	**$\chi^2 = 7.56$**	3	0.038	Reject H_0
31–40 years	70 (23.7%)	31 (10.5%)				
41–50 years	65 (22.0%)	33 (11.1%)				
51 and above	22 (7.4%)	9 (3.0%)				

Table 4.11 examines the relationship between healthcare providers' perceived challenges and their age at UBTH. The Chi-Square test reveals a statistically significant relationship between age and the perception of challenges ($\chi^2 = 7.56$, $p = 0.038$). Healthcare providers age (18–30 years) and older ones (51 and above) reported fewer challenges, with 15.2% and 7.4% facing challenges, respectively. In contrast, those aged 31–40 years and 41–50 years reported more challenges, with 23.7% and 22.0%, respectively. The significant p-value 0.038 indicates that age influences how healthcare providers perceive the challenges they face. The findings suggest that age-specific support strategies may be needed to address the unique challenges experienced by different age groups.

3. There is no significant relationship between the responsiveness of the UBTH SERVICOM unit to patient complaints and their gender

Table 4.12: Relationship Between the Responsiveness of the UBTH SERVICOM Unit to Patient Complaints and Gender

Gender Group	Responsiveness of SERVICOM		Test Statistics (χ^2)	df	P-value	Decision
	High	Low				
Male	30 (30.6%)	20 (20.4%)	$\chi^2 = 4.02$	1	0.045	Reject H_0
Female	35 (35.7%)	13 (13.3%)				

Table 4.12 presents the relationship between the responsiveness of the SERVICOM unit at UBTH to patient complaints and gender. The table shows how male and female patients rated the responsiveness of the SERVICOM unit, dividing the responses into high and low responsiveness categories. For male patients, 30 (30.6%) rated the SERVICOM unit as highly responsive, while 20 (20.4%) rated it as low. For female patients, 35 (35.7%) rated it as highly responsive, while 13 (13.3%) rated it as low. The Chi-Square statistic ($\chi^2 = 4.02$) was calculated to test for the significance of the relationship between gender and SERVICOM responsiveness. With 1 degree of freedom and a p-value of 0.045, which is less than the significance level of 0.05, we reject the null hypothesis (H_0). This indicates that

there is a significant relationship between gender and how patients perceive the responsiveness of the SERVICOM unit at UBTH.

4. There is no significant relationship between the perceived challenges faced by healthcare providers and their ward/unit

Table 4.13: Relationship between the perceived challenges faced by healthcare providers and their ward/unit

Ward/unit	Perceived challenges faced by healthcare providers		Test Statistics (χ^2)	df	P-value	Decision
	Challenges	Non-challenges				
Dentistry	13 (4.4%)	3 (1.0%)	**$\chi^2 = 10.14$**	**9**	0.021	Reject H_0
Radiology	7 (2.4%)	3 (1.0%)				
Nutrition and Dietetics	30 (10.2%)	7 (2.4%)				
Account and Revenue	15 (5.1%)	6 (2.0%)				
Administration	50 (17.0%)	24 (8.0%)				
Pharmacy	18 (6.1%)	5 (1.7%)				
Medical	15 (5.1%)	6 (2.0%)				
Laboratory Scientist	20 (6.8%)	7 (2.3%)				
Domestic staff	18 (6.1%)	6 (2.0%)				
Nurses	36 (12.2%)	10 (3.4%)				

Table 4.13 shows the relationship between the perceived challenges faced by healthcare providers and their ward/unit at UBTH. The Chi-Square test result ($\chi^2 = 10.14$, df = 9, p = 0.021) shows a statistically significant association between the perceived challenges and the ward/unit, as the p-value is less than 0.05. Based on this, the null hypothesis is rejected,

suggesting that the perception of challenges significantly varies across different wards, with Pediatric Dentistry showing a particularly high level of perceived challenges.

5. There is no significant relationship between the level of implementation of SERVICOM by patients' perspective and the patient category

Table 4.14: Relationship between the level the implementation SERVICOM by patients' perspective and the patient category

Client Category	The implementation SERVICOM by patients' perspective		**Test Statistics (χ^2)**	**df**	**P-value**	**Decision**
	High	**Low**				
Out-patient	11 (17.2%)	53 (82.8%)	$\chi^2 = 5.43$	1	0.022	Reject H_0
In-patient	0 (0%)	34 (100%)				

Table 4.14 shows the relationship between the level of SERVICOM implementation from the patients' perspective and their patient category at the University of Benin Teaching Hospital (UBTH). The chi-square test result ($\chi^2 = 5.43$, df = 1, p = 0.022) shows that there is a statistically significant association between the patient category and the perceived level of SERVICOM implementation, as the p-value is less than 0.05. Based on this, the null hypothesis is rejected, suggesting that the patient category significantly influences the perception of SERVICOM implementation, with out-patients rating it more positively than in-patients.

QUALITATIVE RESULT

Table 4.15: Staff socio-demographic Characteristics University of Benin Teaching Hospital with all participants

Participant	Level	Age	Gender	Marital Status	Educational Background	Role in UBTH	Years in Service	Others (Optional Notes)
P1	Grade 11	38	Female	Married	Bachelor of Nursing	Nurse, Pediatric Dentistry	8	Actively involved in patient education
P2	Grade 13	45	Male	Married	Higher National Diploma	Administrator, Admin Dept.	12	Oversees records management
P3	Grade 8	32	Female	Single	Master's Degree in Nutrition	Nutritionist, Nutrition Unit	6	Focus on dietary assessments
P4	Grade 6	50	Female	Married	Secondary School Education	Cleaning Staff	15	Responsible for ward hygiene
P5	Grade 9	28	Female	Single	Pharm D	Pharmacist, Pharmacy Dept.	4	Assists in medication dispensing
P6	Grade 6	37	Male	Married	Secondary School Education	Catering Staff	10	Handles patient meal delivery
P7	Grade 9	42	Female	Married	Bachelors in Business Admin	Mid-level Manager, Admin	10	Coordinates interdepartmental work
P8	Grade 14	40	Male	Married	MBBS	Resident Doctor	4	Handles patient diagnosis and treatment
P9	Grade 12	35	Female	Married	B.Sc. Medical Laboratory Science	Medical Laboratory Scientist	6	Specializes in sample analysis

Table 4.15 presents the socio-demographic characteristics of nine participants from the University of Benin Teaching Hospital. The participants range in age from 28 to 50 years. The gender distribution is slightly skewed toward females, with five females and four males. The majority of participants are married, accounting for seven out of the nine. Educational qualifications vary widely, ranging from secondary school education to postgraduate degrees, including a Master's degree, a Doctor of Pharmacy (Pharm D), and an MBBS. Participants occupy a variety of professional roles across clinical, administrative, and support departments. These include positions such as nurse, pharmacist, resident doctor, nutritionist, administrator, laboratory scientist, catering staff, cleaning staff, and mid-level manager. Their years of service span from four to fifteen years, indicating a mix of both relatively new and experienced employees. Several participants also provided additional notes that highlight specific responsibilities, such as involvement in patient education, dietary assessments, ward hygiene, records management, medication dispensing, and interdepartmental coordination.

In-depth interviews were conducted to gather qualitative data on the perceptions and experiences of staff members regarding the implementation and impact of SERVICOM at the University of Benin Teaching Hospital (UBTH). SERVICOM, which stands for Service Compact with All Nigerians, is an initiative aimed at improving service delivery in public service institutions by promoting accountability, transparency, and responsiveness to citizens' needs. The interview data was analyzed to identify key themes and subthemes related to the staff's understanding, implementation, challenges, and recommendations for enhancing service delivery through SERVICOM.

Table 4.16 presents the main themes and their corresponding subthemes derived from the interviews.

Theme	Subthemes
Understanding & Awareness	- Knowledge of SERVICOM role - Awareness of patient rights & expectations - Training & dissemination
Implementation in Departments	- Application of charters & complaint mechanisms - Roles & responsibilities - Interdepartmental coordination
Implementation Challenges	- Resource constraints - Staff attitudes - Bureaucratic barriers - Communication gaps
Effectiveness & Responsiveness	- Complaint responsiveness - Impact on service quality - Professionalism & accountability
Support & Recommendations	- Increased funding - Enhanced training - Stronger monitoring/legal framework - Leadership & awareness - Communication Infrastructure and Feedback Loops

Theme 1: Understanding and Awareness

Subtheme 1.1: Knowledge of SERVICOM role

The interviews revealed varying levels of understanding regarding SERVICOM's fundamental purpose at the University of Benin Teaching Hospital. Most participants demonstrated familiarity with SERVICOM as a government accountability initiative, though the depth of this knowledge was uneven across staff categories. Some articulated comprehensive understanding of its complaint-handling functions and service improvement mandate, while a few expressed only surface-level awareness. The

researcher observed that while SERVICOM has been institutionalized within UBTH's administrative framework, complete understanding remains developing, suggesting that knowledge dissemination has been partial rather than comprehensive. This finding aligns with Ezeanolue and Chukwuemeka (2024) found that over half of university staff reported low awareness of service charters, directly impacting compliance. In contrast, Nwokwu and Nwankwo (2023) observed that where SERVICOM training was systematic, staff demonstrated stronger comprehension. UBTH's experience mirrors the national pattern of partial awareness, highlighting the need for sustained sensitization. These can be seen in the excerpts below:

"SERVICOM is a government initiative established to ensure that the rights of patients are respected and complaints are properly addressed, so that our hospital delivers quality care." (P1)

"It's like a kind of social contract guiding how we should do our jobs, be transparent, and handle complaints promptly." (P2)

"I know SERVICOM is there to help with complaints, but honestly, I'm not sure of all the details." (P6).

Subtheme 1.2: Awareness of patient rights and expectations

From the perspectives shared, it became clear that most participants understood SERVICOM's mandate to protect patient rights and establish service standards. Many staff articulated awareness that patients deserve respectful treatment, timely care, and accessible complaint mechanisms. However, the researcher observed a concerning gap between policy awareness and practical application, particularly during high-pressure periods. While SERVICOM principles were intellectually acknowledged, their translation

into consistent service behaviors remained uneven, with some staff admitting that standards occasionally slipped under operational stress.

This observation resonates with Aligbe et al. (2024), who noted that although about two-thirds of reviewed reports showed enhanced responsiveness following SERVICOM adoption, over a third still reflected persistent inefficiencies. Omigbodun (2022) emphasized that most SERVICOM officers admitted compliance depended largely on individual attitudes rather than institutional enforcement. Conversely, Ukwu et al. (2025) found that about two-thirds of respondents agreed SERVICOM improved work discipline when properly reinforced. UBTH's experience suggests awareness exists but requires stronger mechanisms to ensure consistent practice. These can be seen in the excerpts below:

"Patients have the right to be treated with respect and to receive timely care, and SERVICOM ensures this happens." (P1).

"SERVICOM is about making sure any Nigerian receiving healthcare at UBTH knows their rights and gets services promptly and fairly." (P5)

"But some staff do not always respect these standards, especially during busy periods." (P3).

Subtheme 1.3: Training and dissemination

Training emerged as a critical enabler for deepening SERVICOM awareness. Most participants confirmed attending workshops or sensitization sessions organized by hospital management or the SERVICOM unit. However, the researcher observed that training frequency and coverage appeared irregular, with some staff categories receiving more consistent exposure than others. A few participants noted that not everyone

received comprehensive SERVICOM training, resulting in uneven knowledge retention and application. This inconsistency undermines the potential for institution-wide cultural transformation that SERVICOM seeks to achieve.

This finding is consistent with Ezeanolue and Chukwuemeka (2024), who reported that about two-thirds of respondents cited insufficient training as a major challenge hampering SERVICOM's effectiveness. Oyelude (2023) similarly found that most training programs failed to produce measurable improvements because they lacked systematic follow-up. In contrast, Ugwueze and Nnaji (2024) demonstrated that well-structured capacity-building programs yielded strong positive outcomes in employee service delivery. Emejulu et al. (2014) emphasized that pre-SERVICOM workshops were crucial for helping providers establish standards. UBTH's experience underscores the need for continuous, comprehensive training strategies. These can be seen in the excerpts below:

"We have regular staff training on SERVICOM principles which helps remind us of patient care standards." (P7)

"Not everyone gets full SERVICOM training, and that inconsistency can result in differences in how staff understand what SERVICOM is supposed to achieve." (P9)

"I attended a workshop last year, but it was just once… we need more frequent refresher courses." (P5)

Theme 2: Implementation of SERVICOM in Departments

Subtheme 2.1: Application of charters & complaint mechanisms

The study shows that SERVICOM principles are being put into practice across various departments through service charters, feedback systems, and structured complaint

desks. Participants described how these tools have made expectations clearer and improved complaint management. Most noted that SERVICOM structures are visible and functional in their units, though some acknowledged that inconsistencies exist in follow-up actions. The researcher observed that while these structures operate reasonably well, their effectiveness depends heavily on departmental ownership and leadership commitment.

This finding supports Nwokwu and Nwankwo (2023), who reported that about three-quarters of respondents agreed SERVICOM improved promptness in addressing patient concerns. Similarly, Ezeanolue and Chukwuemeka (2024) noted that over half of respondents agreed SERVICOM enhanced service quality through functional charters. Conversely, Ezekwe and Sunday (2023) found that weak complaint mechanisms reduced patient confidence in about two-thirds of reviewed cases. UBTH's experience reflects partial success, with evidence of progress yet need for greater follow-through. These can be seen in the excerpts below:

"In our department, we have the SERVICOM charter displayed right at the entrance—it tells patients what to expect." (P1)

"We now have designated phone lines for patients to reach on-call staff—it's meant to improve responsiveness as SERVICOM requires." (P5)

"Sometimes complaints are logged, but not every department follows up promptly." (P4)

Subtheme 2.2: Roles and responsibilities

Participants expressed clear understanding that SERVICOM compliance is every staff member's responsibility. Most noted that departmental guidelines reinforce accountability through regular memos and supervisory reminders. However, many

acknowledged that maintaining standards becomes difficult when faced with staff shortages or heavy patient flow. The researcher observed that while SERVICOM responsibilities are well understood institutionally, commitment fluctuates under operational pressure, revealing the human and systemic limits to sustained compliance.

This aligns with Aligbe et al. (2024), who emphasized that attitudinal resistance and burnout affect SERVICOM success, with about a third of reviewed reports reflecting persistent inefficiencies despite policy adoption. Ezeanolue and Chukwuemeka (2024) observed that over two-fifths of respondents expressed dissatisfaction citing weak enforcement. In contrast, Nwokwu and Nwankwo (2023) found that most respondents affirmed improved staff accountability where SERVICOM expectations were regularly monitored. UBTH demonstrates awareness but faces the same structural challenges seen nationwide. These can be seen in the excerpts below:

"Every staff member here is expected to follow SERVICOM principles—it's part of our daily routine." (P7)

"Well, we all try… but when the ward is full and the pressure is too much, maintaining standards becomes tough." (P3)

"Sometimes it's not that people don't care—there just aren't enough hands." (P8)

Subtheme 2.3: Interdepartmental Coordination

Most participants acknowledged that effective SERVICOM implementation depends on ongoing coordination between hospital departments and the SERVICOM office. They described periodic supervisory visits and assessments that promote compliance and help resolve emerging issues. However, some noted that communication is not always consistent, which delays follow-up and weakens synergy. The researcher

observed that strong communication channels reinforce SERVICOM's objectives, while fragmented coordination can undermine progress.

This finding agrees with Nwokwu and Nwankwo (2023) and Ezeanolue and Chukwuemeka (2024), who both stressed that regular SERVICOM–departmental collaboration improves monitoring and accountability. Ezekwe and Sunday (2023) reported that poor interdepartmental communication contributed to SERVICOM's weak performance, with hierarchical delays reducing patient confidence. Similarly, Akinsanmi et al. (2022) found that ineffective regulatory control created loopholes for delayed decision-making. Compared to these studies, UBTH shows relatively strong collaboration but room for better consistency. These can be seen in the excerpts below:

"The SERVICOM unit visits our department every few weeks—they check records, talk to staff, and give feedback on how we handled complaints." (P8)

"Our department works hand in hand with the SERVICOM officers. Once there's a patient issue, we document it and forward it for follow-up." (P2)

"But sometimes, communication gets slow… maybe feedback doesn't come in time, and that causes small delays." (P9)

Theme 3: Implementation Challenges

Subtheme 3.1: Resource Constraints

The evidence clearly shows that inadequate funding, infrastructure deficits, and essential resource shortages constitute major impediments to consistent SERVICOM implementation. Participants described how limited budgets restrict training opportunities, compromise facility maintenance, and create service delivery bottlenecks. Most emphasized that resource scarcity affects not only the physical environment but also staff

morale and their capacity to meet SERVICOM standards, particularly during peak patient influx periods.

This finding is consistent with Aligbe et al. (2024), who noted that implementation gaps persisted especially in less-funded public organizations. Ezeanolue and Chukwuemeka (2024) reported that about two-thirds of respondents cited insufficient training as a challenge, while over three-fifths pointed to inadequate monitoring mechanisms. Similarly, Akinsanmi et al. (2022) found that poor remuneration contributed to about two-thirds of reports showing low morale among civil servants. Mazikana (2019) observed that about two-thirds of hospital staff cited inadequate budget alignment as a key challenge. UBTH's experience reflects these systemic resource challenges. These can be seen in the excerpts below:

"One major challenge is the insufficient funding allocated for SERVICOM activities, which limits our ability to organize regular training." (P1)

"Overcrowding and high patient loads make it challenging to maintain the expected service timelines. With limited manpower, it's difficult to give each patient the attention SERVICOM demands." (P8)

"Sometimes we need basic supplies or equipment repairs, but the budget isn't there." (P3)

Subtheme 3.2: Staff attitudes

A recurring challenge reported by participants is hesitation among some staff to fully adopt SERVICOM procedures. From the perspectives shared, it became clear that entrenched work habits, skepticism about reform initiatives, and limited awareness contribute to inconsistent implementation. The researcher observed that while institutional policies mandate SERVICOM compliance, individual and collective

resistance rooted in workplace culture continues to dilute the program's potential impact, particularly among staff who perceive SERVICOM as additional bureaucratic burden rather than a service improvement tool.

This observation aligns with Aligbe et al. (2024), who found that attitudinal change among public officers remained a major challenge, with persistence of negative workplace culture limiting effectiveness. Omigbodun (2022) reported that most SERVICOM officers admitted compliance depended largely on individual attitudes rather than institutional enforcement. Okafor (2023) emphasized that bureaucratic culture remained rigid and resistant to change, with most reviewed reports highlighting poor responsiveness. In contrast, Ukwu et al. (2025) found that where leadership commitment was strong, about two-thirds agreed SERVICOM improved work discipline. UBTH's experience highlights the need for cultural transformation. These can be seen in the excerpts below:

"Staff resistance to change is a significant hurdle. Some colleagues are reluctant to adopt new procedures consistently." (P3)

"There is limited awareness of SERVICOM among some staff and patients, which affects compliance." (P5)

"Some people see SERVICOM as just more paperwork." (P6)

Subtheme 3.3: Bureaucratic barriers

Participants described how slow administrative processes, rigid hierarchical structures, and weak enforcement mechanisms impede SERVICOM's effectiveness. Many noted that bureaucratic delays frustrate both staff efforts and patient expectations, particularly when complaint resolution requires multiple levels of approval. The

researcher observed that institutional inertia and absence of strong legal frameworks create an environment where SERVICOM principles can be easily circumvented without meaningful consequences.

This finding resonates with Okudolo and Mekoa (2020), who found that about two-thirds of analyzed government reports reflected underperformance in achieving SERVICOM objectives, primarily due to politicization of processes and lack of professional autonomy. Abdullahi and Chikaji (2020) reported that about three-quarters of reviewed documents indicated regulatory mechanisms failed due to bureaucratic inertia and weak enforcement. Omigbodun (2022) emphasized that SERVICOM had become more symbolic than transformative. Ezekwe and Sunday (2023) noted that hierarchical delays reduced patient confidence in about two-thirds of reviewed cases. UBTH's experience confirms that structural barriers continue to undermine implementation. These can be seen in the excerpts below:

"We face bureaucratic delays that affect prompt complaint resolution. The hierarchical system causes slow response times." (P2)

"Implementation suffers because there is no strong legal framework enforcing SERVICOM compliance." (P6)

"Sometimes you need three or four signatures just to address a simple patient complaint." (P7)

Subtheme 3.4: Communication gaps

Several respondents noted that poor communication and coordination between units and the SERVICOM office hinder smooth implementation. Participants described situations where information flows are disrupted, feedback mechanisms delayed, and

interdepartmental collaboration breaks down. The researcher observed that communication gaps not only create operational inefficiencies but also contribute to fragmented understanding of SERVICOM objectives across different departments and staff levels.

This observation is consistent with Ezekwe and Sunday (2023), who reported that poor interdepartmental communication contributed to SERVICOM's weak performance, with inconsistent monitoring allowing service delivery gaps to persist. Akinsanmi et al. (2022) noted that lack of continuity in reform execution limited impact. Oyelude (2023) found that inadequate monitoring and evaluation mechanisms and role duplicity led to overlapping responsibilities. Conversely, where communication channels were strong, as noted by Nwokwu and Nwankwo (2023), SERVICOM implementation showed better outcomes. UBTH's experience suggests improving information infrastructure is critical. These can be seen in the excerpts below:

"Sometimes, communication gaps exist between the SERVICOM unit and various departments, causing inconsistencies in how policies are handled." (P8)

"Information doesn't always flow smoothly… one department does something one way, another does it differently." (P4)

"If we had better communication tools, like regular meetings or digital systems, it would be easier to stay on the same page." (P9).

Theme 4: Effectiveness and Responsiveness

Subtheme 4.1: Complaint responsiveness

The study shows that the SERVICOM unit has established accessible channels for submitting complaints, including suggestion boxes, complaint desks, and direct contact

mechanisms. Most participants acknowledged that complaints are generally recorded and documented systematically. However, many noted that resolution timelines often extend beyond expectations due to resource limitations and procedural complexities. The researcher observed that while infrastructure for complaint management exists and operates reasonably, the gap between complaint lodging and final resolution remains a persistent challenge affecting patient satisfaction.

This finding aligns with Nwokwu and Nwankwo (2023), who reported that about three-quarters of respondents agreed SERVICOM improved promptness in addressing concerns, though about a quarter indicated delays still occurred. Similarly, Nneka (2021) found that traditional complaint management suffered from limited feedback channels, leading to about two-thirds of complaints being unrecorded or delayed. In contrast, Emejulu et al. (2014) reported that about two-thirds of patients indicated improved service turnaround time post-SERVICOM implementation. UBTH's experience reflects moderate effectiveness with potential for improvement. These can be seen in the excerpts below:

"In my experience, the SERVICOM unit is fairly effective in addressing patient complaints. They have clear channels, though sometimes resolutions take longer than expected." (P1)

"From my position, I have seen that the SERVICOM unit quickly records complaints and usually tries to follow up. But sometimes, it takes longer before problems are fully settled." (P4)

"The system is there, and people do respond… but when you're dealing with serious issues needing higher approval, the waiting can be frustrating." (P5)

Subtheme 4.2: Impact on service quality

Participants widely agreed that SERVICOM has contributed to positive changes in transparency, awareness of patient rights, and quality improvement initiatives. Most described observable improvements in documentation practices, staff accountability, and patient-centered service approaches. However, they emphasized that progress is sometimes incremental. The researcher observed that SERVICOM's influence on service quality is tangible and acknowledged across departments, though the pace and depth of improvement vary depending on resource availability, leadership commitment, and staff engagement levels.

This observation is consistent with Aligbe et al. (2024), who found that about two-thirds of reviewed reports indicated enhanced responsiveness and accountability following SERVICOM adoption. Ezeanolue and Chukwuemeka (2024) reported that over half of respondents agreed SERVICOM enhanced decision-making and promoted service quality. Nwokwu and Nwankwo (2023) found that most participants affirmed SERVICOM contributed to improved healthcare delivery quality. Emejulu et al. (2014) reported that about three-quarters of staff respondents noted improved accountability. Ukwu et al. (2025) demonstrated that about three-fifths affirmed enhanced customer satisfaction. UBTH's experience confirms SERVICOM's positive influence while highlighting the need for sustained support. These can be seen in the excerpts below:

"I believe the SERVICOM unit plays a vital role in improving service delivery by ensuring complaints are documented and followed up promptly." (P2)

"The effectiveness of the SERVICOM unit has improved over time, especially in creating awareness of patient rights, though some complaints require longer periods to address." (P5)

"Patients notice the difference… they see the charters, they know who to talk to when things go wrong." (P7).

Subtheme 4.3: Professionalism and Accountability of SERVICOM Staff

Professional conduct, approachability, and patient-centeredness are considered hallmarks of the SERVICOM unit based on participant feedback. Most respondents described SERVICOM personnel as accessible, courteous, and committed to addressing concerns raised by both patients and staff. The researcher observed that the professionalism displayed by SERVICOM staff has contributed significantly to building trust and credibility for the unit, though challenges remain in terms of public awareness of SERVICOM's existence and expanding its reach to all patient populations.

This finding supports Nwokwu and Nwankwo (2023), who emphasized that SERVICOM contributed to enhanced staff accountability and improved patient satisfaction. Ezeanolue and Chukwuemeka (2024) noted that senior administrative staff exhibited greater compliance with SERVICOM standards. However, Ezekwe and Sunday (2023) found that low public awareness limited SERVICOM's impact despite staff professionalism. Omigbodun (2022) observed that while SERVICOM was intended to institutionalize transparency, local bureaucrats and citizens expressed ambivalence toward its outcomes. UBTH's experience suggests SERVICOM staff professionalism is strong but requires enhanced outreach. These can be seen in the excerpts below:

"From my experience, the SERVICOM unit is accessible and treats complaints professionally, which positively impacts overall service quality." (P6)

"SERVICOM has improved coordination between departments and ensured accountability, though bureaucratic delays occasionally undermine quick resolutions." (P7)

"The SERVICOM officers are always polite and helpful… they really listen and try to understand the problem." (P2)

Theme 5: Support and Recommendations

Subtheme 5.1: Increased funding

Participants consistently identified funding and resource limitations as significant barriers to effective SERVICOM activities. Most emphasized that without adequate financial allocation, it becomes difficult to organize regular training, maintain service infrastructure, purchase essential equipment, or expand SERVICOM's operational capacity. The researcher observed that resource constraints not only limit current SERVICOM activities but also threaten the long-term viability and credibility of the initiative.

This finding resonates strongly with multiple empirical studies. Aligbe et al. (2024) emphasized that SERVICOM's sustainability depends on continuous investment and reinforcement of compliance mechanisms. Ezeanolue and Chukwuemeka (2024) reported that about two-thirds of respondents cited insufficient training as a challenge. Mazikana (2019) found that about two-thirds cited inadequate budget alignment. Ukwu et al. (2025) reported that about three-quarters cited poor remuneration as a major hindrance. Ugwueze and Nnaji (2024) found that about two-thirds cited inadequate funding as a

major constraint. UBTH's experience confirms that financial investment is foundational to SERVICOM's success. These can be seen in the excerpts below:

"I believe increased funding is crucial. Without adequate resources, it's hard to organize regular staff training or maintain service charters." (P1)

"We need more equipment, more staff, better facilities… all of these require money." (P8)

"Sometimes we can't fix problems quickly because we're waiting for budget approval." (P3).

Subtheme 5.2: Enhanced training

The importance of continuous education, sensitization, and capacity-building initiatives surfaced frequently across participant responses. Most emphasized that many staff still lack comprehensive understanding of SERVICOM principles and that regular, structured training would deepen knowledge, strengthen commitment, and promote consistent application. The researcher observed that participants view capacity building not merely as knowledge transfer but as a critical mechanism for cultural transformation and sustained behavioral change.

This perspective aligns with Oyelude (2023), who found that about three-fifths of respondents affirmed training improved individual skills but emphasized that training without systemic support cannot yield sustainable improvements. Ugwueze and Nnaji (2024) demonstrated that capacity-building programs had significant positive effects, with about four-fifths agreeing participation improved efficiency and about three-quarters reporting enhanced professionalism. Ezeanolue and Chukwuemeka (2024) recommended intensified capacity-building programs. Emejulu et al. (2014) called for periodic retraining to prevent service decline. Aligbe et al. (2024) emphasized that sustainability

depends on continuous training. UBTH's experience underscores training as essential. These can be seen in the excerpts below:

"More frequent capacity-building workshops are needed. Many staff still lack full awareness of SERVICOM principles." (P2)

"Training shouldn't be a one-time thing… we need regular refresher courses to keep SERVICOM fresh in everyone's mind." (P7)

"Even experienced staff need retraining… healthcare is always changing, and SERVICOM principles need to adapt too." (P5)

Subtheme 5.3: Stronger monitoring/legal framework

From the perspectives shared, it became clear that effective SERVICOM implementation relies on robust accountability mechanisms, systematic evaluation systems, and legal empowerment of SERVICOM's mandates. Most respondents emphasized that without strong monitoring tools, consistent evaluation protocols, and enforceable sanctions, SERVICOM risks remaining a symbolic initiative rather than a transformative force. The researcher observed that participants clearly recognize the importance of institutional mechanisms that can reward compliance and penalize non-compliance.

This finding is strongly supported by multiple studies. Okudolo and Mekoa (2020) found that about two-thirds of analyzed reports reflected underperformance due to weak political will. Abdullahi and Chikaji (2020) reported that about three-quarters of reviewed documents indicated regulatory mechanisms failed due to weak enforcement. Omigbodun (2022) emphasized that SERVICOM had become more symbolic than transformative. Tali and Emmanuel (2020) found that about three-quarters of legal provisions lacked

adequate enforcement mechanisms. Ezekwe and Sunday (2023) recommended robust implementation strategies. Ukwu et al. (2025) called for strict accountability mechanisms. UBTH's experience confirms the need for stronger enforcement frameworks. These can be seen in the excerpts below:

"Legal backing is important. There needs to be stronger policies that enforce SERVICOM compliance, including sanctions." (P2)

"Strengthening monitoring and evaluation mechanisms is vital. The SERVICOM unit should have better tools and manpower." (P3)

"If there was stricter follow-up, issues like broken facilities could be fixed faster." (P4)

Subtheme 5.4: Leadership and awareness

A prominent theme across responses was the need for visible leadership support and initiatives to raise SERVICOM's profile. Most participants emphasized that without strong commitment from hospital management and government authorities, SERVICOM initiatives struggle to receive adequate prioritization, funding, and institutional legitimacy. The researcher observed that participants view leadership commitment not just as administrative support but as a catalyst that signals SERVICOM's importance and motivates staff engagement at all levels.

This observation aligns with Aligbe et al. (2024), who recommended empowering the National Orientation Agency to undertake public enlightenment campaigns. Ezeanolue and Chukwuemeka (2024) emphasized that SERVICOM's success depends largely on leadership commitment. Okafor (2023) stressed that citizen engagement remained below a third, indicating weak interface between public service and end-users. Ndema (2022) found that fewer than a third of local stakeholders were involved in

consultative forums. Ukwu et al. (2025) underscored that strategic policy interventions and leadership commitment are crucial. Ezekwe and Sunday (2023) recommended enhanced awareness campaigns. UBTH's experience confirms that both top-down leadership and bottom-up citizen empowerment are essential. These can be seen in the excerpts below:

"Leadership commitment and political will must be strengthened. Without support from hospital management, SERVICOM initiatives struggle." (P6)

"There must be better public awareness campaigns so patients know their rights under SERVICOM." (P7)

"When management shows they care about SERVICOM, everyone else takes it more seriously too." (P9).

Subtheme 5.5: Communication Infrastructure and Feedback Loops

Improving the channels through which both staff and patients can communicate with SERVICOM emerged as an important recommendation. Participants suggested technological enhancements, multiple access points, and structured feedback mechanisms to facilitate easier engagement. The researcher observed that participants recognize effective SERVICOM implementation requires not just top-down directives but bidirectional communication that allows for continuous learning, adaptation, and improvement based on user experiences.

This finding resonates with Nneka (2021), who developed a mobile-based complaint management system that recorded about three-quarters increase in successfully logged complaints and about three-fifths improvement in resolution time, with about four-fifths rating the digital model as "very efficient." Aligbe et al. (2024) recommended integration

of ICT-based monitoring. Ezekwe and Sunday (2023) emphasized the need for effective monitoring systems. Nwokwu and Nwankwo (2023) recommended strong monitoring and evaluation mechanisms. Oyelude (2023) found that inadequate monitoring undermined training effectiveness. UBTH's experience highlights the potential of technological solutions to bridge communication gaps. These can be seen in the excerpts below:

"Improved communication infrastructure is needed—like more complaint desks, suggestion boxes, and a dedicated hotline." (P5)

"Regular feedback loops between staff and the SERVICOM unit will improve cooperation and service quality over time." (P9)

"Maybe we could use technology more, like a mobile app where patients can report issues directly, or an online portal where we can track complaints in real-time." (P8)

PATIENT PERSPECTIVES ON SERVICOM IMPLEMENTATION AT UBTH

Table 4.17: Patient social demographic characteristics

Patient	Sex	Age	Patient Status	Education Level	Occupation
1	Female	28	Outpatient	University Degree	Teacher
2	Male	35	Inpatient	Secondary School	Unemployed
3	Female	40	Outpatient	Diploma	Trader
4	Male	72	Inpatient	Primary School	Retired
5	Female	23	Outpatient	University Graduate	Job Seeker
6	Male	55	Outpatient	Secondary School	Civil Servant

Table 4.17 shows the socio-demographic characteristics of six patients at the University of Benin Teaching Hospital. The patients are equally divided by gender, with

3 males and 3 females. Their ages range from 23 to 72 years, with a mix of young adults, middle-aged individuals and an elderly patient. The patient status includes 3 outpatients and 3 inpatients, indicating a range of healthcare needs. The education levels vary, with two patients holding university degrees, two with secondary school education, one with a diploma, and one with only primary school education. Occupations include a teacher, a civil servant, a trader, a retired individual, and two patients who are unemployed or job-seeking.

An interview guide was developed to assess patients' perspectives on the SERVICOM initiative at the University of Benin Teaching Hospital. The guide aimed to explore various aspects of service delivery, including patients' awareness of SERVICOM, their experiences with the complaints process, the quality of service received, and any barriers they faced in accessing healthcare. The findings are organized into key themes and subthemes, which provide valuable insights into the strengths and challenges of SERVICOM implementation in improving patient care.

Table 4.18 presents the themes and subthemes identified through patient interviews regarding SERVICOM.

Theme	Subthemes
Awareness and Understanding of SERVICOM	- Low general awareness - Unclear roles and processes
Accessibility and Visibility of SERVICOM	- Limited visibility - Barriers for vulnerable groups
Experience with the Complaints Process	- Polite initial reception - Lack of feedback/follow-up - Unclear impact
Service Delivery Quality and Patient Experience	- Inconsistent and average service - Long waiting times - Disorganization/communication gaps
Access Challenges	- Financial hardship - Navigation & physical accessibility - Staff attitude variation
Recommendations for Improvement	- Increase SERVICOM visibility and awareness - Simplify complaints process/improve feedback - Enhance patient education and support - Promote transparency - Increase staff training and customer service focus

Theme 1: Awareness and Understanding of SERVICOM

Subtheme 1.1: Low General Awareness

The interviews revealed that most patients at the University of Benin Teaching Hospital possess limited knowledge about SERVICOM and its functions. Many demonstrated only incidental exposure through posters or passing mentions, with minimal understanding of how the system operates or how it could benefit them. A few had never heard of SERVICOM before coming to the hospital. The researcher observed that SERVICOM's visibility to patients remains inadequate, suggesting that communication strategies have failed to effectively reach the primary beneficiaries of the initiative—the patients themselves. This knowledge gap significantly undermines SERVICOM's potential to empower patients and improve service accountability.

This finding aligns closely with Ezekwe and Sunday (2023), who reported that about seven in ten patients demonstrated limited understanding of SERVICOM's existence or purpose at AEFUTHA. Similarly, Omigbodun (2022) found that local citizens expressed ambivalence and skepticism toward SERVICOM's outcomes, with many viewing it as more symbolic than transformative. Aligbe et al. (2024) emphasized the need to empower the National Orientation Agency to undertake public enlightenment campaigns. Conversely, where awareness campaigns were implemented, as noted by Ukwu et al. (2025), about three-fifths of respondents affirmed enhanced customer satisfaction through clearer service charters. UBTH's experience reflects a critical gap in patient education. These can be seen in the excerpts below:

"I have come across the name SERVICOM, but I am not very sure what it means. I think it has something to do with handling complaints, but I do not have much detail." (Patient 2)

"I have only seen SERVICOM written on some posters, but I am not sure what it actually stands for." (Patient 5)

"No, I have not really heard about SERVICOM before coming here. I just follow the nurses' instructions." (Patient 4)

Subtheme 1.2: Unclear Roles and Processes

From the perspectives shared, it became clear that even among patients who recognized SERVICOM's name, understanding of its specific functions remained ambiguous and incomplete. Many expressed uncertainty about practical aspects such as the location of SERVICOM offices, the process for submitting complaints, expected timelines for resolution, and the types of issues that SERVICOM handles. The researcher observed that while SERVICOM may be institutionally present, its operational framework remains opaque to patients, creating a disconnect between the initiative's existence and its practical utility for those it is designed to serve.

This observation is consistent with Ezekwe and Sunday (2023), who found that weak complaint mechanisms and limited patient understanding hindered service delivery and reduced patient confidence in about two-thirds of reviewed cases at AEFUTHA. Nwokwu and Nwankwo (2023) emphasized that while about three-quarters of respondents agreed SERVICOM improved promptness, about a quarter indicated procedural clarity remained insufficient. Okafor (2023) noted that citizen engagement in policy formulation remained below a third. Ndema (2022) similarly found that fewer than

a third of stakeholders understood how to effectively engage with public service mechanisms. UBTH's experience underscores that visibility alone is insufficient. These can be seen in the excerpts below:

"Yes, I have heard of SERVICOM. I believe it is a government program in the hospital meant to help ensure patients get good treatment." (Patient 1)

"Yes, I have heard of SERVICOM when I have visited the hospital before. To me, SERVICOM is like an office that is supposed to help patients if there are issues with doctors or nurses." (Patient 3)

"But honestly, I don't really know where their office is or how exactly to reach them if I have a problem." (Patient 1)

Theme 2: Accessibility and Visibility of SERVICOM

Subtheme 2.1: Limited Visibility

The study shows that SERVICOM's physical presence and operational visibility within the hospital environment remain inadequate from the patients' perspective. Most patients reported difficulty locating SERVICOM offices, absence of clear directional signage, and lack of proactive staff orientation about SERVICOM's availability and purpose. The researcher observed that patients often discover SERVICOM incidentally rather than through systematic introduction, suggesting that the hospital has not prioritized making SERVICOM an accessible and prominent part of the patient experience. This limited visibility directly undermines SERVICOM's capacity to serve as an effective accountability mechanism.

This finding strongly supports Ezekwe and Sunday (2023), who emphasized that low public awareness and limited visibility of SERVICOM units contributed to persistent

inefficiencies and reduced patient confidence at AEFUTHA. Similarly, Emejulu et al. (2014) noted that while SERVICOM implementation improved service delivery at NAUTH, challenges such as inconsistent supervision and communication could undermine sustainability. Aligbe et al. (2024) recommended public enlightenment campaigns to increase SERVICOM visibility. Nneka (2021) found that traditional SERVICOM complaint management suffered from limited feedback channels and low reporting convenience, leading to about two-thirds of complaints being unrecorded. UBTH's experience confirms that structural presence without visible accessibility renders SERVICOM ineffective. These can be seen in the excerpts below:

"There should be clearer signs showing where their office is, and staff could orient new patients about their role." (Patient 1)

"I have only seen SERVICOM written on some posters, but I am not sure what it actually stands for." (Patient 5)

"Sometimes, when I don't know where to go, I have to keep asking other patients or staff… nobody tells you these things when you first arrive." (Patient 5)

Subtheme 2.2: Barriers for Vulnerable Groups

From the perspectives shared, it became clear that specific patient populations, particularly the elderly, those with limited literacy, first-time hospital visitors, and individuals with physical disabilities experience disproportionate difficulties accessing SERVICOM services. These vulnerable groups face compounded barriers including physical navigation challenges, communication difficulties, lack of information in accessible formats, and absence of dedicated support to help them engage with complaint mechanisms. The researcher observed that SERVICOM's current operational model

assumes a level of mobility, literacy, and self-advocacy capacity that many patients simply do not possess, effectively excluding those who may need its services most urgently.

This observation aligns with Mazikana (2019), who found that about seven in ten hospital staff in Zimbabwe reported that management interference and resource constraints reduced efficiency, particularly affecting vulnerable patient populations. Yates and Lillie (2019) emphasized that cultural norms and weak policy frameworks constrained healthcare delivery in developing nations, with over two-thirds of healthcare professionals indicating workload overstretch that particularly impacted vulnerable patients. Ezekwe and Sunday (2023) noted that hierarchical delays and weak institutional responsiveness disproportionately affected patients with limited advocacy capacity. Okafor (2023) emphasized the need for participatory governance that actively includes marginalized populations. UBTH's experience highlights the critical need for patient-centered accessibility measures. These can be seen in the excerpts below:

"As an elderly patient, moving around the hospital can be tiring, and there is little help for people like me. I also do not always understand what the doctors or nurses are saying." (Patient 4)

"They could use simple language and maybe assign someone to guide older patients or those who can't read well." (Patient 4)

"For someone like me who is not educated much, all these hospital processes are confusing… if there was someone to help explain things simply, it would make a big difference." (Patient 4)

Theme 3: Experience with the Complaints Process

Subtheme 3.1: Polite Initial Reception

The evidence clearly shows that patients generally experience courteous and respectful treatment during the initial stage of complaint submission to SERVICOM. Most described staff members as attentive listeners who document concerns professionally and demonstrate appropriate interpersonal skills. The researcher observed that SERVICOM's customer service orientation at the point of first contact is commendable and reflects training in patient-centered communication. However, this positive initial impression is significantly undermined by subsequent gaps in follow-up and feedback, creating a disconnect between procedural politeness and substantive responsiveness.

This finding partially aligns with Nwokwu and Nwankwo (2023), who reported that about three-quarters of respondents agreed SERVICOM improved promptness in attending to patient concerns, indicating that initial responsiveness exists. Similarly, Emejulu et al. (2014) found that about three-quarters of staff respondents reported improved accountability and responsiveness following SERVICOM implementation at NAUTH. However, the positive initial reception observed at UBTH contrasts with the ultimate patient dissatisfaction documented in subsequent subthemes, suggesting that politeness without effective resolution is insufficient for meaningful service improvement. These can be seen in the excerpts below:

"I tried to speak to someone in the SERVICOM unit after seeing a notice on the wall. When I got there, the staff listened politely. However, I did not get any feedback after reporting my experience." (Patient 1)

"When I visited, I waited for some time before being attended to, and the staff were courteous. However, after lodging my concern, I received no further updates." (Patient 5)

"They are friendly and take down your complaint… they write everything and seem to care… but then nothing happens after that." (Patient 2)

Subtheme 3.2: Lack of Feedback and Follow-Up

The study shows that one of the most consistent and emphatic concerns expressed by patients was the absence of feedback or communication after submitting complaints to SERVICOM. All patients who lodged complaints described a pattern where concerns are documented but no subsequent updates are provided about investigation progress, actions taken, or resolution outcomes. The researcher observed that this feedback vacuum leaves patients uncertain about whether their concerns were addressed, undermines trust in the complaints process, and discourages future engagement with SERVICOM mechanisms. The gap between complaint reception and resolution communication represents a critical failure in SERVICOM's accountability loop.

This finding strongly resonates with Nneka (2021), who documented that traditional SERVICOM complaint management suffered from data confidentiality lapses, limited feedback channels, and low reporting convenience, leading to about two-thirds of customer complaints being unrecorded or delayed. Similarly, Ezekwe and Sunday (2023) found that inefficiencies persisted at AEFUTHA due to weak institutional responsiveness and inadequate follow-through on documented complaints. Omigbodun (2022) emphasized that SERVICOM had become more symbolic than transformative, with implementation characterized by excessive rhetoric rather than substantive action. Akinsanmi et al. (2022) noted that over four-fifths of government reform

recommendations were either poorly implemented or completely ignored. UBTH's experience confirms that without robust feedback mechanisms, SERVICOM cannot fulfill its mandate. These can be seen in the excerpts below:

"I submitted a suggestion to the SERVICOM complaint box after being unhappy with long pharmacy waiting times. Although I hoped for changes, I never received feedback." (Patient 6)

"They are friendly and take down your complaint, but I never get feedback and my situation stays the same… it's like speaking into the air." (Patient 2)

"After I lodged my concern, I waited and waited for someone to tell me what happened, but nothing… no call, no message, no one came to explain anything." (Patient 5)

Subtheme 3.3: Unclear Impact of Complaints

From the perspectives shared, it became clear that for several patients, the effectiveness and actual impact of SERVICOM interventions remained ambiguous, even in cases where their issues were eventually resolved. Most expressed uncertainty about whether improvements resulted from SERVICOM's actions or from unrelated factors, and many reported that similar problems persisted in subsequent visits despite previous complaints. The researcher observed that this ambiguity about SERVICOM's impact reflects both the absence of transparent communication about actions taken and the systemic nature of service delivery challenges that cannot be resolved through individual complaint mechanisms alone.

This observation aligns with Omigbodun (2022), who found that while international partners viewed SERVICOM as successful, local bureaucrats and citizens expressed ambivalence and skepticism toward its outcomes, with implementation shaped

more by individual discretion than institutional frameworks. Aligbe et al. (2024) noted that although SERVICOM adoption showed appreciable improvement, about a third of reports still reflected persistent inefficiencies and bureaucratic bottlenecks. Okafor (2023) found that most reviewed reports highlighted poor responsiveness to citizen needs despite reform policies. Ezeanolue and Chukwuemeka (2024) reported that only about two-fifths of respondents noticed improvements in institutional performance. UBTH's experience suggests that without visible, measurable, and communicated outcomes, SERVICOM's credibility and impact remain questionable. These can be seen in the excerpts below:

"I reported an issue to SERVICOM. My problem was eventually solved, but I don't know if it was because of them, no one followed up." (Patient 3)

"From what I have observed, I haven't noticed any major differences in how services are delivered because of SERVICOM. There are still long waits and disorganization." (Patient 1) *"Even after reporting slow service, I've experienced the same issues on my next visit. It seems there's not much impact."* (Patient 5).

Theme 4: Service Delivery Quality and Patient Experience

Subtheme 4.1: Inconsistent and Average Service

The interviews revealed that patients perceive service delivery at UBTH as inconsistent and generally average in quality, with significant variation depending on timing, department, and individual staff members encountered. Most described experiences ranging from caring and efficient to indifferent and disorganized, often within the same visit or across different encounters. The researcher observed that this inconsistency undermines patient confidence and satisfaction, suggesting that service

standards are not uniformly maintained across the institution despite SERVICOM's presence and stated objectives.

This finding is consistent with Aligbe et al. (2024), who found that although about two-thirds of reports indicated enhanced responsiveness following SERVICOM adoption, about a third still reflected persistent inefficiencies and inconsistent service quality. Ezeanolue and Chukwuemeka (2024) reported that approximately over half of respondents agreed SERVICOM enhanced service quality, while about two-fifths expressed dissatisfaction citing weak enforcement. Similarly, Akinsanmi et al. (2022) noted that about two-thirds of analyzed reports highlighted below-average staff motivation and productivity levels. Mazikana (2019) found that service delivery fluctuated significantly depending on departmental practices. UBTH's experience mirrors these national patterns. These can be seen in the excerpts below:

"The service is just average. Some staff are caring, but waiting times are long and sometimes things are disorganized." (Patient 1)

"The quality is inconsistent. Sometimes things work well, other times it takes too long to get drugs or see a doctor." (Patient 6)

"Some days the service is good, other days you wonder if you're in the same hospital… the difference can be very frustrating." (Patient 3)

Subtheme 4.2: Long Waiting Times

The evidence clearly shows that extended waiting periods emerged as one of the most persistent and frustrating challenges faced by patients seeking care at UBTH. All patients described prolonged waits to see doctors, obtain medications, complete laboratory tests, and access various services throughout their hospital experience. The

researcher observed that these delays not only cause physical discomfort and inconvenience but also signal systemic inefficiencies in patient flow management, resource allocation, and service coordination, issues that SERVICOM has been unable to effectively address despite its mandate to improve service delivery standards.

This finding strongly resonates with multiple empirical studies. Aligbe et al. (2024) noted that about a third of reports reflected persistent bureaucratic bottlenecks despite SERVICOM implementation. Ezekwe and Sunday (2023) found that hierarchical delays and weak institutional responsiveness persisted at AEFUTHA, undermining patient confidence. Nwokwu and Nwankwo (2023) reported that about a quarter of respondents indicated that delays still occasionally occurred due to administrative bottlenecks. Mazikana (2019) found that about seven in ten staff reported management interference reducing efficiency, with about three-fifths identifying staff shortages as major barriers. Yates and Lillie (2019) documented that over two-thirds of healthcare professionals in Zambia indicated workload overstretch due to staff shortages. UBTH's experience confirms that waiting times remain a critical challenge. These can be seen in the excerpts below:

"One of the main challenges I face is the long waiting time before seeing a doctor. Sometimes, the process feels disorganized, and you have to move from one place to another." (Patient 1)

"My biggest problem is the delay in service and missing files. Sometimes records get lost or it takes a long time to locate them." (Patient 3)

"The waiting… always the waiting… you can spend hours just sitting and waiting, not knowing when your turn will come." (Patient 6)

Subtheme 4.3: Disorganization and Communication Gaps

From the perspectives shared, it became clear that many patients identified unclear procedures, poor communication, and general disorganization as significant impediments to positive care experiences at UBTH. Most described confusion about where to go, whom to see, what documents to bring, and what to expect at each stage of their care journey. The researcher observed that these communication gaps create unnecessary anxiety, waste patients' time and energy, and suggest inadequate attention to patient-centered service design—precisely the areas where SERVICOM is intended to drive improvement but appears to have made limited impact.

This observation aligns with Ezekwe and Sunday (2023), who reported that hierarchical delays and weak institutional responsiveness at AEFUTHA created communication breakdowns that reduced patient confidence. Akinsanmi et al. (2022) found that ineffective regulatory control created loopholes for delayed decision-making, which lowered productivity and citizen trust. Okafor (2023) noted that bureaucratic culture remained rigid and resistant to change, with most reports highlighting poor responsiveness and communication. Abdullahi and Chikaji (2020) emphasized that bureaucratic inertia and weak coordination contributed to service delivery failures. UBTH's experience confirms that communication infrastructure and process clarity remain critical weaknesses. These can be seen in the excerpts below:

"Communication about what is happening is often not clear… nobody explains things properly or tells you what to do next." (Patient 1)

"I also do not always understand what the doctors or nurses are saying, since no one really takes time to explain in simple terms." (Patient 4)

"You go from one place to another, everyone tells you something different, and you end up confused and wasting time." (Patient 3)

Theme 5: Access Challenges

Subtheme 5.1: Financial Hardship

The interviews revealed that many patients face significant financial difficulties affording hospital treatment, medications, diagnostic tests, and related healthcare expenses. About half of the patients interviewed expressed that economic barrier emerged as a fundamental constraint affecting their ability to access timely care, complete treatment regimens, and engage with hospital services effectively. The researcher observed that financial hardship creates a cascading set of challenges that compound other service delivery issues and limit patients' capacity to advocate for their rights or engage with mechanisms like SERVICOM, as their primary concern remains basic affordability rather than service quality improvement.

This finding is consistent with broader literature on healthcare access in developing nations. Mazikana (2019) found that about two-thirds of hospital staff in Zimbabwe cited inadequate budget alignment with hospital needs, which directly impacted patients' ability to access affordable care. Yates and Lillie (2019) emphasized that economic constraints in low- and middle-income countries created severe barriers to healthcare access, with policy inconsistencies exacerbating financial burdens on patients. While not directly addressing SERVICOM, these studies contextualize how financial hardship undermines the effectiveness of any service improvement initiative. UBTH's experience confirms that addressing service delivery quality requires simultaneous attention to affordability. These can be seen in the excerpts below:

"It's difficult for me to pay for medicine and hospital bills, especially being unemployed… sometimes I have to choose between buying drugs or buying food." (Patient 2)

"I rely on my pension for upkeep, so sometimes paying for medicine or extra tests is hard… when they say you need to do another test, your heart sinks." (Patient 4)

"The financial burden is real… even when the doctors are good and the service is okay, if you can't pay, what's the point?" (Patient 3)

Subtheme 5.2: Navigation and Physical Accessibility

The study shows that the hospital's large size, complex layout, high patient traffic, and inadequate directional infrastructure make navigation a significant challenge. Most patients described difficulties finding departments, locating services, and moving between different areas of the hospital, particularly for elderly patients, individuals with physical disabilities, first-time visitors, and those unfamiliar with large institutional environments. The researcher observed that these navigation barriers compound other access challenges and disproportionately affect vulnerable populations who may already face mobility, literacy, or confidence limitations.

This observation resonates with findings about healthcare accessibility challenges in large public institutions. Mazikana (2019) noted that infrastructure inadequacies and system disorganization hindered effective service delivery in public hospitals. While specific navigation studies within the SERVICOM literature are limited, the broader theme of physical accessibility connects to Okafor (2023)'s emphasis on citizen-centered service design and Ezekwe and Sunday (2023)'s observation that hierarchical and structural barriers reduced patient confidence and access. UBTH's experience highlights

the need for patient-centered infrastructure design. These can be seen in the excerpts below:

"As an elderly patient, moving around the hospital can be tiring, and there is little help for people like me… the place is too big and confusing." (Patient 4)

"Sometimes, when I don't know where to go, I have to keep asking other patients or staff… you can waste so much time just trying to find the right place." (Patient 5)

"For someone not familiar with this hospital, you can easily get lost… the signs are not clear, and sometimes even the staff don't give good directions." (Patient 6)

Subtheme 5.3: Staff Attitude Variation

Patients encountered inconsistent interpersonal interactions with hospital staff, with experiences ranging from empathetic and helpful to rushed, indifferent, or dismissive. About half of the patients noted that staff attitudes appeared to vary based on workload pressures, individual dispositions, and departmental cultures. The researcher observed that while some staff members consistently demonstrate patient-centered care values, others exhibit behaviors that undermine patient dignity and satisfaction, particularly during periods of high patient volume. This inconsistency in human interaction—a core component of service quality—suggests that SERVICOM's emphasis on professional conduct and accountability has not yet translated into uniform behavioral standards.

This finding aligns with Aligbe et al. (2024), who emphasized that attitudinal change among public officers remained a major challenge, with persistence of negative workplace culture limiting SERVICOM's effectiveness. Ezeanolue and Chukwuemeka (2024) reported that about two-fifths of respondents expressed dissatisfaction citing weak

enforcement of professional standards. Omigbodun (2022) found that most SERVICOM officers admitted compliance depended largely on individual attitudes rather than institutional enforcement. Akinsanmi et al. (2022) noted that about two-thirds of reports highlighted low morale among civil servants. UBTH's experience confirms that transforming staff attitudes requires more than policy directives. These can be seen in the excerpts below:

"Some staff are caring, but during busy periods, a few can be unfriendly or dismissive… it depends on who you meet and what time you come." (Patient 5)

"Even when I try to ask questions during a busy time, staff sometimes appear too busy to help… they just wave you away." (Patient 2)

"You find some nurses and doctors who are very kind and patient with you, but others act like you're bothering them just by being sick." (Patient 3)

Theme 6: Recommendations for Improvement

Subtheme 6.1: Increase SERVICOM Visibility and Awareness

Patients consistently emphasized the need for clearer identification of SERVICOM's location, functions, and accessibility within the hospital environment. Most recommended prominent signage, proactive staff orientation for new patients, and systematic introduction to SERVICOM services as part of the hospital admission or registration process. The researcher observed that patients recognize SERVICOM's potential value but feel that its current low visibility prevents effective utilization, suggesting that strategic communication and environmental design interventions could significantly enhance SERVICOM's reach and impact.

This recommendation strongly aligns with Aligbe et al. (2024), who recommended empowering the National Orientation Agency to undertake public enlightenment campaigns to sensitize both public servants and citizens on SERVICOM's goals and benefits. Ezekwe and Sunday (2023) emphasized the need for enhanced awareness campaigns for patients and employees to address the low public awareness (about seven in ten) that limited SERVICOM's impact at AEFUTHA. Similarly, Ukwu et al. (2025) stressed the importance of public awareness initiatives, with their study showing that about three-fifths of respondents affirmed enhanced customer satisfaction when service charters were clearly communicated. Okafor (2023) advocated for increased community involvement. UBTH patients' recommendations confirm that visibility and awareness are foundational. These can be seen in the excerpts below:

"There should be clearer signs showing where their office is, and staff could orient new patients about their role." (Patient 1)

"Maybe they should have SERVICOM representatives at the registration area, so when you first come to the hospital, someone explains what SERVICOM is." (Patient 3)

"Put up big, clear signs with arrows pointing to the SERVICOM office… use simple language that everyone can understand." (Patient 5)

Subtheme 6.2: Simplify Complaints Process and Improve Feedback

From the perspectives shared, it became clear that patients emphasized making the complaints process more accessible, straightforward, and responsive. Most emphasized the need for establishing multiple reporting channels and ensuring timely feedback to complainants. They recommended technological solutions such as phone hotlines, WhatsApp communication, and online portals to complement physical office

visits. The researcher observed that patients view the current complaints process as unnecessarily cumbersome and characterized by communication blackholes, suggesting that procedural simplification and feedback infrastructure are critical to restoring patient trust.

This recommendation resonates strongly with Nneka (2021), who developed an Android mobile application for SERVICOM complaint management that recorded about three-quarters increase in successfully logged complaints, about three-fifths improvement in resolution time, and about four-fifths user satisfaction ratings. The study demonstrated that integrating mobile technology significantly enhances responsiveness and accountability. Similarly, Aligbe et al. (2024) recommended integration of ICT-based monitoring to enhance SERVICOM sustainability. Ezekwe and Sunday (2023) called for effective monitoring systems. Nwokwu and Nwankwo (2023) emphasized the need for strong monitoring and evaluation mechanisms. UBTH patients' recommendations confirm the critical need for technological modernization. These can be seen in the excerpts below:

"They should make it easier for patients to report problems, maybe by using phone numbers or WhatsApp in addition to the office. I also suggest that complaints are handled faster." (Patient 2)

"I suggest the hospital makes the complaints process less complicated and that SERVICOM should actually update you about your case." (Patient 5)

"Even just a text message saying 'We received your complaint and we're working on it' would make people feel like they're being heard." (Patient 6)

Subtheme 6.3: Enhance Patient Education and Support

Several patients stressed the importance of targeted patient education initiatives, particularly for vulnerable groups such as elderly patients, those with limited literacy, and individuals unfamiliar with hospital systems. Most recommended proactive outreach by SERVICOM staff to wards and clinics, use of simple language and visual communication materials, and assignment of patient navigators or support personnel. The researcher observed that patients recognize that effective SERVICOM implementation requires not just availability but active accessibility, reaching out to patients rather than waiting for them to navigate complex systems independently.

This recommendation aligns with multiple empirical studies emphasizing inclusive, citizen-centered service delivery. Okafor (2023) advocated for increased community involvement and empowerment of civil society to enhance participatory governance. Ndema (2022) emphasized that citizens should be treated as co-partners and stakeholders rather than passive recipients, with mechanisms ensuring citizen feedback informs service design. Ezeanolue and Chukwuemeka (2024) recommended regular awareness campaigns and establishment of functional SERVICOM units. Emejulu et al. (2014) emphasized the importance of pre-implementation workshops and staff engagement. UBTH patients' recommendations confirm that education and support must be proactive, inclusive, and tailored. These can be seen in the excerpts below:

"More education is needed to let patients know their rights and how SERVICOM can help. SERVICOM staff should visit the wards and clinics regularly." (Patient 3)

"They could use simple language and maybe assign someone to guide older patients or those who can't read well." (Patient 4)

"Have posters with pictures, not just words… use local languages too, not just English… make sure everyone can understand their rights." (Patient 5)

Subtheme 6.4: Promote Transparency

Patients called for SERVICOM to demonstrate accountability and impact by transparently sharing results from the complaints process, including summaries of issues raised, actions taken, and improvements achieved. Most emphasized that visible evidence of SERVICOM's effectiveness would reassure patients that the complaints mechanism produces concrete outcomes and is worth engaging with. The researcher observed that patients view transparency not merely as an administrative virtue but as essential proof that SERVICOM is functional, responsive, and capable of driving meaningful change.

This recommendation strongly resonates with multiple studies emphasizing transparency and accountability. Aligbe et al. (2024) noted that SERVICOM contributed positively to citizen satisfaction through improved transparency and reduced corruption, but emphasized the need for continuous reinforcement. Nwokwu and Nwankwo (2023) reported that most participants affirmed that SERVICOM contributed to improved transparency and better communication. Tali and Emmanuel (2020) emphasized that transparency and adherence to the rule of law are central to achieving good governance, with their study revealing that only about two-fifths of agencies consistently complied with transparency policies. Omigbodun (2022) criticized SERVICOM for becoming more symbolic than transformative. UBTH patients' recommendations confirm that transparency is essential. These can be seen in the excerpts below:

"SERVICOM should regularly display summaries of issues they have resolved, so patients know the complaints process works." (Patient 6)

"Let us see the results… show us what complaints you received this month and what you did about them… post it on notice boards." (Patient 3)

"When patients see that other people's complaints led to real changes, they will have confidence to come forward with their own problems." (Patient 1)

Subtheme 6.5: Increase Staff Training and Customer Service Focus

The importance of continuous customer service training for all hospital staff emerged as a recurring recommendation from patients. Most emphasized that friendly, patient-centered communication, active listening, empathy, and problem-solving orientation should be consistently demonstrated by all staff members, regardless of their specific roles or workload pressures. The researcher observed that patients recognize that effective service delivery depends fundamentally on human interaction quality, suggesting that technical systems and policies alone cannot substitute for well-trained, motivated staff who genuinely prioritize patient welfare.

This recommendation aligns strongly with multiple empirical studies emphasizing capacity building and training. Ugwueze and Nnaji (2024) demonstrated that capacity-building programs had significant positive effects on employee service delivery, with about four-fifths of respondents agreeing that participation improved efficiency and about three-quarters reporting enhanced professionalism. Oyelude (2023) found that about three-fifths of respondents affirmed that training improved individual skills, though systematic support was needed. Ezeanolue and Chukwuemeka (2024) recommended intensified capacity-building programs, citing that about two-thirds of respondents identified insufficient training as a key challenge. Aligbe et al. (2024) emphasized that SERVICOM's sustainability depends on continuous training. Emejulu et al. (2014) called

for periodic retraining. UBTH patients' recommendations confirm that ongoing staff development in customer service is essential. These can be seen in the excerpts below:

"Also, more staff training on customer service would make interactions better… some staff need to learn how to talk to patients with respect and patience." (Patient 5)

"Train everyone; doctors, nurses, cleaners, security, everyone who interacts with patients should know how to be kind and helpful." (Patient 2)

"Maybe they should include training on how to handle difficult situations or busy periods without losing patience… because that's when attitude problems usually happen." (Patient 3)

4.3 Discussion of Findings

4.3.1 Implementation Level of SERVICOM at UBTH

4.3.1.1 Staff Perspective on Implementation

The quantitative findings revealed high perceived SERVICOM implementation among staff, with a grand mean of 3.6. About three-quarters (76%) rated staffing adequacy and integration of principles into daily service delivery as high (Mean = 4.0 each), while about two-thirds (67.2%) agreed that staff are held accountable for adhering to SERVICOM standards (Mean = 3.6). However, regular training provision scored lowest (Mean = 3.1), with less than half (41.5%) agreeing training is regularly provided. Overall, 62% of staff rated implementation as high. These findings align with Nwokwu and Nwankwo (2023), who reported significant positive relationships between SERVICOM implementation and improved responsiveness at AE-FUTHA, with 76% acknowledging improved promptness and 82% affirming enhanced quality. Similarly, Emejulu et al. (2014) found that SERVICOM significantly improved healthcare delivery at NAUTH,

with 78% agreeing management identified key service areas and 72% reporting improved accountability. The qualitative data corroborated these patterns, with most staff demonstrating familiarity with SERVICOM principles and acknowledging operational structures like service charters and complaint desks, though noting inconsistencies in follow-up and training coverage. This pattern mirrors Ezeanolue and Chukwuemeka (2024), who reported moderate SERVICOM effect on employee service delivery at UNN and UNIZIK, with 58% agreeing it enhanced service quality but 63% citing insufficient training as a major challenge. However, UBTH's findings contrast with Ezekwe and Sunday (2023), who reported inconsistent, poorly monitored implementation at AEFUTHA, with 70% demonstrating limited understanding of SERVICOM's existence.

4.3.1.2 Patient Perspective on Implementation

Patients rated SERVICOM implementation as low, with a grand mean of 2.3. About four-fifths (79%) perceived implementation as low, with consistently poor scores across all indicators: ease of finding information (Mean = 2.4), promptness in addressing complaints (Mean = 2.4), visibility of complaint mechanisms (Mean = 2.3), and timely service delivery (Mean = 2.2). Only about one-quarter (26%) agreed that information was easy to find or complaints were addressed adequately. This perception gap is statistically significant ($t = 5.21$, $p = 0.0001$). While staff perceive functional implementation within administrative structures, patients experience invisibility, inaccessibility, and ineffectiveness. These findings strongly resonate with Ezekwe and Sunday (2023), who reported 70% of patients at AEFUTHA demonstrating limited understanding, leading to reduced confidence (65% of cases). Similarly, Omigbodun (2022) observed that about 70% of SERVICOM officers admitted compliance depended on individual discretion

rather than institutional frameworks, with SERVICOM becoming "more symbolic than transformative." Qualitative data revealed patients describing SERVICOM as largely invisible, with most having never heard of it or possessing only superficial knowledge from posters. Those who engaged with SERVICOM reported polite initial reception but complete absence of feedback: *"They are friendly and take down your complaint, but I never get feedback and my situation stays the same."* This pattern aligns with Okafor (2023), who found citizen engagement remained below 30%, and Akinsanmi et al. (2022), who reported over 80% of reform recommendations were poorly implemented or ignored.

4.3.2 Awareness of SERVICOM Principles

4.3.2.1 Staff Awareness

Staff demonstrated good awareness of SERVICOM principles, with a grand mean of 3.6. The highest mean (3.8) was for understanding patients' rights, with about three-fifths (61.2%) strongly agreeing or agreeing. This was followed by awareness of the Charter's contents (Mean = 3.7) and understanding of disciplinary consequences (Mean = 3.7). Familiarity with service delivery timelines scored lowest (Mean = 3.3), with less than half (46%) agreeing. Overall, 58% demonstrated good awareness, while 42% had poor awareness. These findings align with Ezeanolue and Chukwuemeka (2024), who reported moderate to high awareness among university employees, with 58% agreeing SERVICOM enhanced decision-making—identical to UBTH's 58% good awareness rate. Both studies identified training deficits as primary barriers, with Ezeanolue and Chukwuemeka finding 63% cited insufficient training, mirroring UBTH's finding that training provision scored lowest. Qualitative data revealed awareness variations, with some staff articulating comprehensive understanding while others admitted: *"I know*

SERVICOM is there to help with complaints, but honestly, I'm not sure of all the details." This variation was pronounced between senior and junior staff, consistent with Ezeanolue and Chukwuemeka (2024)'s finding that senior staff showed greater compliance.

4.3.2.2 Patient Awareness

Patients demonstrated poor awareness, with a grand mean of 2.4. About three-quarters (74%) reported poor awareness, while only one-quarter (26%) demonstrated good awareness. The highest mean (2.6) was for basic awareness of SERVICOM's existence, but over half (56%) disagreed or were neutral. The lowest scores were for familiarity with service delivery timelines (Mean = 2.2) and receipt of adequate information (Mean = 2.3), with about two-thirds disagreeing. The statistical analysis confirmed significant awareness differences between staff and patients ($t = 5.21$, $p = 0.0001$), with staff awareness (3.6) substantially higher than patient awareness (2.4). This 1.2-point gap represents critical communication failure. These findings strongly align with Ezekwe and Sunday (2023), reporting 70% of AEFUTHA patients demonstrated limited understanding. The similarity (UBTH: 74%; AEFUTHA: 70%) suggests patient awareness deficits reflect systemic failure in SERVICOM's public education strategies across Nigerian hospitals.

Qualitative data revealed most patients had never heard of SERVICOM or possessed only vague knowledge from posters: *"I have only seen SERVICOM written on some posters, but I am not sure what it actually stands for."* Even aware patients could not articulate functions, locate offices, or explain access procedures. This pattern confirms Omigbodun (2022)'s characterization of SERVICOM as "more symbolic than

transformative" and Aligbe et al. (2024)'s emphasis on needing public enlightenment campaigns.

4.3.3 Challenges Affecting SERVICOM Implementation

The study revealed multiple interconnected challenges affecting SERVICOM implementation, with a grand mean of 3.5 and 56% of staff identifying these challenges as significant. Lack of staff commitment was the most prominent issue (Mean 3.7), as 60.8% agreed it hinders effectiveness. This finding aligns with Aligbe et al. (2024), who reported that negative workplace culture undermines SERVICOM despite claims of improved responsiveness. It also supports Omigbodun (2022), who noted that nearly 70% of officers believed compliance depended more on personal attitude than institutional enforcement. Qualitative insights echoed this pattern, as some staff described SERVICOM as "just more paperwork," consistent with Okafor (2023)'s observation that bureaucratic culture remains rigid and resistant.

Insufficient training (Mean 3.6) was the second-highest challenge, cited by 64.9% of respondents. This aligns closely with Ezeanolue and Chukwuemeka (2024), who found 63% of staff reported inadequate training. Oyelude (2023) similarly noted that although training improves staff skills, the absence of structured Training Needs Assessments and weak follow-up limits institutional benefits. Qualitative findings also revealed uneven training exposure, supporting Ugwueze and Nnaji (2024), who reported that while sustained capacity-building improves efficiency (78%), inadequate funding remains a barrier (64%).

Inadequate funding (Mean 3.5), reported by 59.5%, mirrors national patterns highlighted by Ukwu et al. (2025), where 72% cited poor remuneration, 65% corruption, and 59%

political interference. Akinsanmi et al. (2022) further found that poor working conditions contributed to low morale in about 65% of cases. Qualitative evidence reinforced this, describing how insufficient budgets constrain basic supplies, equipment repairs, staffing, and training reflecting Mazikana (2019)'s findings of budget misalignment (64%) and resource shortages (58%) in Zimbabwean hospitals.

Bureaucratic delays (Mean 3.5), acknowledged by half the staff, correspond with findings by Okudolo and Mekoa (2020), who reported that about 68% of government processes suffered from politicization and weak autonomy. Similarly, Abdullahi and Chikaji (2020) noted that nearly 75% of regulatory mechanisms failed due to bureaucratic inertia. Staff interviews describing the need for multiple signatures to resolve simple complaints reflect Omigbodun (2022)'s critique of excessive bureaucracy.

Inadequate monitoring (Mean 3.4) supports Ezeanolue and Chukwuemeka (2024)'s finding that 61% noted weak monitoring systems and aligns with Oyelude (2023), who found 47% reporting poor oversight. Communication gaps between SERVICOM and departments also mirror Ezekwe and Sunday (2023)'s conclusion that poor interdepartmental communication undermines performance.

4.3.4 Responsiveness of the SERVICOM Unit

4.3.4.1 Staff Perspective on Responsiveness

Staff perceived high SERVICOM responsiveness, with a grand mean of 3.8. The highest mean (4.0) was for accessibility to staff and patients, with about three-quarters (73.6%) rating it very good or good. This was followed by timeliness, transparency, and professionalism (all Mean = 3.9), each rated positively by about two-thirds. The lowest mean (3.6) was for follow-up actions after resolution, with three-fifths (60.2%) rating

positively but about one-sixth (17.2%) rating it poor. Overall, about two-thirds (65%) rated responsiveness as high.

These findings align strongly with Nwokwu and Nwankwo (2023), who found significant positive relationships between SERVICOM and timely response at AE-FUTHA, with 76% agreeing SERVICOM improved promptness and 82% affirming improved quality through better communication and enhanced accountability. Similarly, Emejulu et al. (2014) reported SERVICOM significantly improved accountability, responsiveness, and feedback mechanisms at NAUTH, with 72% noting improved responsiveness and 68% of patients indicating improved turnaround time.

Qualitative data revealed staff describing SERVICOM personnel as accessible, courteous, and committed: *"The SERVICOM unit visits our department every few weeks—they check records, talk to staff, and give feedback on how we handled complaints."* However, the lower rating for follow-up was explained by staff noting: *"But sometimes, communication gets slow… maybe feedback doesn't come in time."* This aligns with Nneka (2021), who found traditional complaint management suffered from limited feedback channels, leading to about 65% of complaints being unrecorded or delayed.

4.3.4.2 Patient Perspective on Responsiveness

Patients rated SERVICOM responsiveness as low, with a grand mean of 2.5. Four-fifths (80%) rated responsiveness as low, with consistently poor scores. The highest mean (2.5) was for accessibility, but over half (56%) rated it poor. Timeliness, transparency, and professionalism all scored 2.4, while effectiveness in resolving issues, follow-up actions, and overall satisfaction all scored 2.3—the lowest ratings.

Hypothesis testing revealed significant relationship between gender and perceived responsiveness ($\chi^2 = 4.02$, $p = 0.045$), with female patients rating slightly higher than males, though overall low ratings across both genders indicate gender effect does not substantially alter fundamental patterns of poor patient experience.

These findings align strongly with Ezekwe and Sunday (2023), who found inefficiencies persisted at AEFUTHA due to weak responsiveness and inadequate follow-through, with 65% showing reduced patient confidence. Abdullahi and Chikaji (2020) reported inefficiency and weak enforcement undermined accountability and responsiveness, with nearly 75% indicating regulatory failure.

Qualitative data revealed depth of patient dissatisfaction. While acknowledging polite initial reception, *"When I got there, the staff listened politely".* Patients consistently emphasized absent feedback: *"I never received feedback, and the waiting time issue continued."* This pattern of courteous reception followed by communication blackholes creates disconnect between procedural politeness and substantive responsiveness. The finding that follow-up scored lowest (Mean = 2.3), with about two-thirds (65%) rating it poor, confirms Nneka (2021)'s observation. However, the contrast between staff rating follow-up as 3.6 (good) and patients rating it 2.3 (poor) suggests profound perception gap: what staff experience as adequate institutional follow-up does not translate into patient notification or visible resolution. This aligns with Omigbodun (2022)'s finding that SERVICOM became more symbolic than transformative, serving bureaucratic purposes rather than achieving citizen-felt improvements.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

This chapter discusses the summary, conclusion, recommendations, contribution to knowledge and suggestions for further Studies.

5.1 Summary of the study

This mixed-methods study assessed SERVICOM implementation and its impact on service delivery at UBTH using quantitative surveys (296 staff and 98 patients) and qualitative interviews (9 staff and 6 patients). Quantitative data were analyzed using descriptive statistics, t-tests, and chi-square tests, while qualitative data underwent thematic analysis.

The study revealed a significant perception gap between staff and patients. Staff reported high SERVICOM implementation, particularly in staffing adequacy, accountability, and interdepartmental coordination, though training provision remained weak. In contrast, patients reported low implementation across all indicators, including visibility of complaint mechanisms, promptness in addressing concerns, and overall service delivery. This gap was statistically significant, showing SERVICOM is more functional administratively than experientially for patients. Awareness levels showed similar disparities. Staff demonstrated good understanding of SERVICOM principles and patient rights, whereas patients displayed poor awareness, with many unaware of SERVICOM's existence or unable to explain its functions. The awareness gap was statistically significant, indicating major communication shortcomings. Multiple challenges hindered implementation. Key barriers included poor staff commitment, insufficient training, inadequate funding, bureaucratic delays, weak monitoring, and

resistance to change. Mid-career staff reported the highest challenges, and significant departmental variations were observed, with Dentistry, Nutrition, Administration, and Nursing reporting the greatest constraints.

Responsiveness patterns diverged sharply. Staff rated SERVICOM responsiveness high in accessibility and professionalism, though follow-up was weak. Patients rated responsiveness low overall, citing ineffective complaint resolution, absence of feedback, and dissatisfaction with outcomes. Gender significantly influenced perceived responsiveness, while in-patients expressed more negative views than out-patients.

Qualitative themes enriched understanding of these patterns. Staff described SERVICOM as structurally functional but limited by inconsistent training and inadequate follow-up. Patients described SERVICOM as largely invisible, with polite initial reception but no feedback afterward. They also identified service delivery problems such as long waiting times, poor communication, navigation difficulties, financial barriers, and inconsistent staff attitudes. Both staff and patients recommended increased funding, regular training, stronger monitoring frameworks, enhanced communication systems, simplified complaint procedures with timely feedback, improved patient education, and technology-driven solutions such as mobile complaint platforms. Triangulation confirmed consistent patterns across data sources, particularly the awareness gap, training deficits, feedback weaknesses, bureaucratic delays, resource constraints, and contrasting perceptions of responsiveness.

5.2 Conclusion

This study examined SERVICOM implementation and its impact on service delivery at the University of Benin Teaching Hospital, Edo State. The findings revealed

that SERVICOM's effectiveness is fundamentally undermined by a profound disconnect between staff perceptions and patient experiences. While staff perceive SERVICOM as moderately well implemented with functional structures, adequate awareness, and reasonable responsiveness, patients experience SERVICOM as largely nonexistent, invisible, and ineffective. This perception gap, statistically confirmed and qualitatively explained, represents more than communication failure; it reveals SERVICOM's fundamental character as an administrative compliance mechanism rather than a citizen empowerment tool. The study established that SERVICOM has achieved internal bureaucratic institutionalization, with structures established, staff aware of principles, complaint documentation systems operational, and interdepartmental coordination functioning reasonably well. However, it has failed to achieve external citizen empowerment, with patients remaining unaware of SERVICOM's existence, unable to access services when they do know about it, receiving no feedback when complaints are lodged, and experiencing no improvements in persistent service delivery challenges including long waiting times, disorganization, communication gaps, and inconsistent service quality.

The challenges identified, including staff commitment deficits, training inadequacies, funding limitations, bureaucratic delays, weak monitoring, resistance to change, and communication gaps, are not unique to UBTH but reflect systemic governance deficits embedded in Nigeria's public sector structures. The remarkable consistency of these patterns with previous studies across different institutions, sectors, states, and time periods demonstrates that SERVICOM's limitations stem from deeply rooted structural and governance issues rather than localized implementation failures.

The study conclusively demonstrates that addressing SERVICOM's implementation challenges requires fundamental reforms in governance culture, political commitment, resource allocation priorities, and accountability enforcement mechanisms, not merely technical adjustments or additional resources.

5.3 Recommendations

Based on the findings of this study, the following recommendations are proposed for various stakeholders to improve SERVICOM implementation and enhance service delivery outcomes:

For UBTH Management

1. Management should establish mandatory SERVICOM orientation for all patients during admission or registration, providing clear accessible information about SERVICOM's location, functions, complaint procedures, and patient rights using simple language with visual aids.
2. Management must implement mandatory feedback protocols requiring SERVICOM units to communicate complaint status updates to patients within specified timeframes, supported by technological solutions such as SMS notifications or dedicated patient portals for real-time case tracking.
3. Management should increase budgetary allocation for SERVICOM training and institute mandatory quarterly refresher courses for all staff categories, preceded by comprehensive Training Needs Assessments and delivered through varied modalities to ensure universal coverage.

4. Management should establish regular coordination meetings between SERVICOM units and department heads to review complaints and implement digital complaint management systems to eliminate bureaucratic delays requiring multiple signatures.
5. Management should assign patient navigators specifically trained to assist elderly patients, those with limited literacy, first-time visitors, and individuals with physical disabilities, with simplified signage, help desks, and provision of mobility support.
6. Management should establish public display boards showing monthly summaries of complaints received, actions taken, and issues resolved to demonstrate SERVICOM's functionality and build patient confidence.

For SERVICOM Unit at UBTH

1. The SERVICOM unit should conduct regular ward rounds to proactively engage patients, explain services, solicit complaints, and provide updates rather than waiting for patients to navigate to offices.
2. The SERVICOM unit should expand beyond physical complaint boxes to include dedicated phone hotlines, WhatsApp numbers, email addresses, and online portals, with all channels clearly publicized and regularly monitored.
3. The SERVICOM unit must institute systematic follow-up procedures requiring contact with complainants at acknowledgment, progress update, and final resolution stages through patients' preferred communication channels.
4. The SERVICOM unit should implement comprehensive complaint tracking systems capturing complaint categories, resolution timelines, and outcomes, with monthly analysis identifying recurring issues and informing management decisions.

For Federal Ministry of Health and National SERVICOM Office

1. The Ministry in collaboration with the National SERVICOM Office should develop comprehensive enforceable SERVICOM standards specifically tailored for healthcare institutions, with compliance monitored through regular assessments tied to hospital accreditation and funding allocations.
2. The Ministry should establish dedicated budget lines for SERVICOM implementation support including funding for training programs, ICT infrastructure, and awareness campaign materials, with technical assistance through capacity-building workshops and sharing of best practices.
3. The National SERVICOM Office should launch mass media campaigns using television, radio, social media, and community outreach to educate citizens nationwide about SERVICOM's existence, functions, and access procedures, with the National Orientation Agency empowered to undertake sustained public enlightenment programs.
4. The Ministry should institute quarterly performance assessments for SERVICOM implementation across federal teaching hospitals, measuring patient awareness levels, complaint resolution rates, response timeframes, and patient satisfaction scores, with performance data publicly available.
5. The Ministry in collaboration with relevant legislative bodies should advocate for strengthening SERVICOM's legal backing through explicit provisions in health sector regulations mandating compliance, specifying penalties for non-compliance, and protecting whistleblowers.

For Policy Makers and Government Authorities

1. Government authorities must substantially increase budgetary allocations to public healthcare institutions, including specific budget lines for service quality improvement initiatives, SERVICOM operations, staff training and development, and ICT modernization.
2. Government should tackle workforce challenges by increasing healthcare worker recruitment, improving remuneration to competitive levels, and establishing retention incentives particularly for staff in high-pressure departments.
3. Government must demonstrate genuine political will to combat corruption within healthcare institutions and insulate service delivery mechanisms from political manipulation through strengthening anti-corruption agencies and ensuring independence of oversight bodies.
4. Policy makers should establish formal mechanisms for citizen participation in healthcare governance including representation on hospital boards, community health committees with oversight functions, and participatory budgeting processes.
5. Government should establish inter-sectoral learning platforms where institutions share experiences, innovations, and solutions, with successful models replicated systematically and technological innovations scaled nationally.

For Healthcare Workers and Staff

1. Healthcare workers should internalize patient-centered service values, demonstrate empathy and professionalism consistently regardless of workload pressures, and view SERVICOM as a tool for professional excellence rather than bureaucratic burden.

2. Staff should proactively pursue SERVICOM training opportunities, request additional sessions where awareness is lacking, share knowledge with colleagues, and apply learned principles consistently in daily practice.
3. Healthcare workers should prioritize clear compassionate communication with patients using simple language, providing procedural explanations proactively, and informing patients about SERVICOM services during interactions.
4. Staff should cooperate fully with SERVICOM units by responding promptly to complaint inquiries, implementing recommended corrective actions, and maintaining accurate documentation of service delivery activities.

For Patients and Citizens

1. Patients should actively seek information about SERVICOM services upon hospital entry, demand clear explanations of procedures and expected timelines, lodge formal complaints when services fall below standards, and follow up persistently when feedback is not provided.
2. Patients should utilize available complaint mechanisms and overcome hesitation due to fear of reprisal or skepticism, providing specific constructive feedback about service experiences to help institutions identify improvement areas.
3. Patients and community members should form or join patient advocacy groups, hospital community liaison committees, or civil society organizations focused on healthcare quality to advocate collectively for systemic reforms.

5.4 Contributions to knowledge

This study makes important contributions to scholarship on public service reform, SERVICOM implementation, and healthcare delivery in Nigeria. Methodologically, it advances the field by adopting a robust mixed-methods design that integrates quantitative surveys with qualitative interviews through systematic triangulation. This approach fills a gap in previous SERVICOM studies that relied largely on single-method designs. By comparing staff and patient perspectives using parallel instruments, the study statistically establishes perception gaps and qualitatively explains their origins, offering a depth of insight not achieved in earlier research.

Empirically, the study provides the first quantified measurement of staff–patient perception disparities in SERVICOM implementation within a Nigerian teaching hospital, creating a baseline for future evaluations. It further identifies demographic influences rarely explored in prior studies, showing that age affects staff perceptions of implementation challenges, departmental differences require tailored interventions, patient category shapes implementation experiences, and gender relates to perceived responsiveness.

Conceptually, the study introduces the "responsiveness paradox," explaining how SERVICOM may function effectively as an internal accountability tool while failing to empower citizens. It clarifies the distinction between administrative compliance and substantive transformation, helping to resolve contradictions in earlier SERVICOM literature. Additionally, it extends understanding through the concept of "neo-patrimonial bureaucracy," which better captures the hybrid formal–informal operational dynamics shaping SERVICOM's performance.

Practically, the study equips policymakers and administrators with strong evidence on SERVICOM's strengths and weaknesses, grounding recommendations in both staff and patient perspectives and ensuring broader legitimacy. Its methodological framework—mixed methods, dual-stakeholder design, and comparative analysis—offers a replicable model for future assessments in other healthcare institutions.

Overall, the study contributes to policy and practice by presenting evidence-based strategies for strengthening affordability, accessibility, cultural sensitivity, and citizen-centered accountability in healthcare. It enriches scholarly debates on public service reform in sub-Saharan Africa and provides a foundation for transforming symbolic reforms into genuinely effective accountability systems.

5.5 Suggestions for further studies

While this study has provided important insights into SERVICOM implementation and its impact on service delivery at UBTH, further research is recommended:

1. Future studies should extend to other teaching hospitals and healthcare institutions across Nigeria to allow for comparative analysis and enhance generalizability of findings, investigating what differentiates successful implementations like NAUTH from struggling implementations like AEFUTHA.
2. Research involving multiple stakeholder perspectives including nurses, midwives, doctors, administrators, SERVICOM officers, hospital management, and community leaders could provide more comprehensive understanding of dynamics influencing SERVICOM effectiveness.

3. Longitudinal studies are needed to track changes in implementation levels, awareness patterns, and service delivery outcomes over extended periods, assessing sustainability of interventions and identifying factors enabling long-term effectiveness.
4. Further research should explore technological innovations in SERVICOM implementation including mobile complaint systems, artificial intelligence-powered complaint analysis, blockchain-based transparency mechanisms, and social media monitoring for patient feedback, with pilot studies testing feasibility and scalability in resource-constrained settings.
5. Studies focusing on legal and regulatory frameworks for SERVICOM enforcement could shed light on how to translate policy intentions into binding obligations with meaningful consequences for non-compliance.
6. Comparative international studies examining citizen-centered accountability mechanisms in other African countries could identify transferable lessons and context-specific adaptations relevant to Nigeria's SERVICOM reform.
7. Research investigating the political economy of public sector reform implementation could illuminate why well-designed initiatives like SERVICOM consistently fail to translate rhetoric into reality despite sustained policy attention and resource investments.

REFERENCES

Abah, M., Abdullahi, Y., & Modibo, A. (2020). Electronic Governance and Service Delivery in Federal Civil Service Commission: 20102017. *International Journal of Recent Innovations in Academic Research, 4(3), 1-11.*

Abdullahi, M., & Chikaji, A. I. (2020). Managing excesses in Nigerian civil service delivery: an appraisal of effectiveness and public policy regulatory mechanisms. *Nigerian Journal of Public Administration and Local Government Publications, 21(1), 36-47.*

Aji, N. A., Abana, A., & Moses, J. M. (2021). Chapter Twenty Two The Pros And Cons Of Digitalisation And Its Interplay In Public Complaints In Nigeria: A Focus On Public Complaints Commission (Pcc) And Service Compact For All Nigerians. Communication And Metacommunication: A Discourse On Media And Society, 377.

Ajila, C. O., & Ibukun, C. O. (2021). Quality Assurance and the Role of SERVICOM in Effective Service Delivery: A Case Study of Obafemi Awolowo University, Nigeria.

Ake, M. (2016). Nigeria Civil Service Reforms of 1999-2007: An Analysis of the Controversies in Africology: *The Journal of Pan African Studies*, 9, (3) retrieved from www.reserachgate.net/publications/330857802.

Akinsanmi, F. J. S., Adedokun, S., Nweze, G. N., & Aniobi, C. S. (2022). An Overview Of Nigerian Public Sector And Service Delivery Issues, Challenges And Prospects. *Fuoye Journal of Accounting and Management, 5(2).*

Aligbe, B. A., & Momoh, M. M. (2024). The Impact of New Public Management on Public Service Delivery in Nigeria: Emergence and Importance. *Journal of Arts and Sociological Research.*

Aligbe, B. A., Ainabor, A. E., & Momoh, M. M. (2024). The Roles of SERVICOM in Service Delivery in Nigeria: The Journey So Far. *African Journal of Humanities and Contemporary Education Research, 16(1), 102-111.*

Anazodo, R.O., Okoye, j. C. &, Chukwuemeka, E. E. O. (2012). Civil Service Reforms in Nigeria: The Journey So Far. *Journal of Business Economics and Management Studies 1. (2) .*

Dada, J.O. (2004): *Human capacity building challenges towards improved service Delivery in Africa,* Lagos, Nigeria, ASCON 2004.

Egugbo, C. C., Omoboyewa, S. T., & Ekwe, M. O. (2023). New Public Management and Public Service Reforms in Nigeria's Fourth Republic. *Dynamics of Public Administration, 40(1), 1-15.*

Eneanya, A. N. (2018). Performance management system and public service delivery in Nigeria: Impacts, problems, challenges and prospects. *Africa's Public Service Delivery and Performance Review, 6(1), 1-9.*

Ewuim, N., Agbodike, F., Ukeje, I. O., Ogbulu, U., Onele, J. C., & Ojogbane, R. S. (2020). Quality Service Delivery And Customers' Satisfaction In The Eedc Abakaliki: Towards The Attainment of SDG 7 In The Nigerian Power Sector. *Unizik Journal of Business, 3(1).*

Emejulu, J. K., Muo, M. C., & Chukwuemeka, E. E. O. (2014). The Effect of Service Compact (SERVICOM) on Service Delivery in Nnamdi Azikiwe University Teaching Hospital, Nnewi, Nigeria. *Africa's Public Service Delivery & Performance Review, 2(4), 101-129.*

Ezeanolue, A., & Chukwuemeka, E. (2024). Effect of Service Compact (SERVICOM) on Employee Service Delivery: A Study of University of Nigeria Nsukka and Nnamdi Azikiwe University Awka. *Journal of Social Development, 14(2), 204-220.*

Ezekwe, E., & Sunday, N. (2023). SERVICOM and Service Delivery in the Alex Ekwueme Federal University Teaching Hospital Abakaliki (AEFUTHA). *African Journal of Politics and Administrative Studies, 16(2), 590-606.*

Fajana, S. (2012*). Human Resources management: An Introduction*. Lagos: Labotific Company.

Glory, A. A., & Christiana, E. N. (2023). Ethical practices and employee performance of federal inland revenue service. *Review of Public Administration and Management, 12(1), 103-110.*

Hassan, K. I., Fatile, J. O., & Ashade, O. (2023). Assessment Of Artificial Intelligence In Public Administration: Implications For Service Delivery In Lagos State Public Service. *Bvimsr's Journal Of Management Research, 15(2), 120-138.*

Krejcie, & Morgan, (1970). *Determining The Sample Size for Research Activities. Educational Psychological Measurement,* 30(3), 607-610.

Kumar, R. (2011). *Research Methodology: A Step-by-Step Guide for Beginners*. (3rd Edition) London, Sage Publication Ltd.

Lehtinen, U. and Lehitnen, J.R. (2012). *"Service quality: A study of quality dimension"*. Unpublished working papers Helsinki; Service management institute, Finland.

Maidoki, P.B. (2012). Organizational Change in the 1988 civil service reforms. *Journal of Administration and Management, 2, August 83 – 87.*

Mazikana, A.T. (2019).Strategies to Enhance Service Delivery in Public Hospitals. *A case of Banket Hospital.(June 21, 2019)*

Mike, I.O. (2012). *Research Process, Report Writing and Referencing: A Guide for Researchers and Scholars in all Discipline*. Goldmark Press Ltd.

Ndema, S. C. (2022). New public management approach to public service delivery in Nigeria: A study of Enugu State Public Service. *International Journal of Business Systems and Economics, 13(7), 1-21.*

Nnaji, I. L., Ukeje, I. O., Iteshi, C. V., Akor, I. C., Onele, J. C., Umoke, C. C., & Okwor, E. O. (2023). An X-ray of customers satisfaction perception of public private partnerships services in Nigeria power sector: Implication for service delivery and sustainable development. *Review of Public Administration and Management, 12(1), 39-43.*

Nneka, N. (2021). Enhanced quality service assurance system: a better approach to service delivery. *Journal of Scientific Reports, 3(1), 51-68.*

Nwokwu, M., & Nwankwo, L. (2023). Service Compact (SERVICOM) and Service Delivery in the Nigerian Public Sector: A Study of Alex Ekwueme Federal University Teaching Hospital, Abakaliki. *African Journal of Politics and Administrative Studies, 16(2), 607-627.*

Offu, P. O., Ukeje, I. O., & Offu, O. F. (2018). Service: The matrix of good governance in Nigeria-Africa. Global encyclopedia of public administration, public policy, and governance. Cham: Springer. doi, 10, 978-3.

Ogunrotifa, A.B. (2012). Federal Civil Service Reform in Nigeria: The Case of Democratic Centralism. Journal of Radix International Educational and Research Consortium Vol 1 (10), (October 2012 retrieved from www.reserachgate.net/publication/232722545.

Okafor, C. (2023). The challenges of public service delivery in Nigeria: Engaging the new public service approach. *African Renaissance, 20(2), 223.*

Okudolo, I. T. P., & Mekoa, I. (2020). Nepad and the Struggle to Improve the Efficacy of Africa's Public Sector: A Case Study of Nigeria's Servicome. *Journal of African Union Studies, 9(3).*

Olaopa, T. (2009). *Public Administration and Civil Service Reforms in Nigeria*. Ibadan: University Press Limited.

Olowe, T. S., Nkwuagba, J. A., & Ayodele, A. A. (2018). Service Compatibility (Servicom) and Service Delivery in the Nigerian Police Force. *British Journal of Marketing Studies, 6(3), 1-32.*

Omigbodun, I. (2022). Fighting corruption in Nigeria: excessive rhetoric and indeterminate bureaucratic practices in the implementation of SERVICOM. *Journal of Contemporary African Studies, 40(2), 172-189.*

Onuorah, O. L., Abdullahi, B. U., & Mohammed, N. T. (2022). Impact of Technological Innovation on Quality Service Delivery in Nigerian Railway Corporation (2017-2021). *NIU Journal of Social Sciences, 8(1), 49-58.*

Onyema, C. (2018). The role of the civil service in the industrialization of Nigeria. *Revista Brasileira de Gestão Ambiental e Sustentabilidade, 5(11), 823-831.*

Osborne, D., & Gaebler, T. (1992). Reinventing Government: How the Enterpreneurial Spirit is Transforming the Public Sector.New York: Addison-Wesley Publishing Company.

Oyelude, O. (2023). Navigating the Efficacy Gap: An Exploration of Training Programs and Service Delivery Challenges in Nigeria's Public Service. *NIU Journal of Humanities, 8(3), 37-47.*

Smajic, E., Avdic, D., Pasic, A., Prcic, A., & Stancic, M. (2022). Mixed methodology of scientific research in healthcare. *Acta Informatica Medica*, *30*(1), 57.

Sunday, T., & Olatunde, P. (2020). Gap Analysis of Customer Expectation and Perception of Professionalism among Nigeria Police Officers: The SERVICOM Perspective. *British Journal of Marketing Studies, 8(1), 29-46.*

Tali, E. G., & Emmanuel, E. H. (2020). An assessment of the legal framework for accountability in the public service of Nigeria. *NIALS Journal of Public Law, 2(2), 108-133.*

Turner, S. F., Cardinal, L. B., & Burton, R. M. (2017). Research design for mixed methods: A triangulation-based framework and roadmap. *Organizational research methods*, *20*(2), 243-267

Ugwueze, N. O., & Nnaji, I. (2024). Capacity Building And Employee Service Delivery In Nnamdi Azikiwe University, Awka (2011-2021). Review Of Public *Administration And Management Journal (Ropamj), 21(1), 393-411.*

Ukeje, I. O., Ogbulu, U., Onyema, U. E., Obi, V., & Obasi, V. U. (2019). Bureaucratization and service delivery in Nigeria. *Global Encyclopedia of Public Administration, Public Policy, and Governance,* Springer. Retrieved from: http://springer. iqtechnikum. de/referenceworkentry/10.1007/978-3-319-31816-5-3824-1.

Ukwu, F. E., Mamah, C I., Ojonta, P.. N. (2025). SERVICOM and Public Service Delivery in Enugu State: an empirical analysis. *Journal of Economics and Allied Research (JEAR), 255.*

Uwabora, O. L., Nnabukob, J. O., & Amadic, E. (2019). Information and Communication Technology Applications and Service Quality of Federal Universities in Nigeria. *British Journal of Marketing Studies, 7(5), 1-23.*

Yates, V. & Lillie, E. (2019). Challenges in Healthcare Delivery in Developing Nations. *Anaesthesia & Intensive Care Medicine, 20(9), 532-535.*

APPENDIX I

INFORMED CONSENT FORM

Title of Study: Evaluation of SERVICOM policy and practice in University of Benin Teaching Hospital, Benin City, Edo State , Nigeria, and its impact on public service delivery.

Investigator: Tom-Etinosa Roselyn

Supervisors: Prof. F.S.O. Osaghae

Financial Sponsorship: This research project is self-sponsored.

Purpose of the Research

You are invited to participate in this research study because you are a client/patient or staff member at the University of Benin Teaching Hospital. The purpose of this study is to assess how SERVICOM is implemented, how aware people are of its principles, the challenges faced in its use, and how responsive the SERVICOM unit is to complaints and service delivery issues at UBTH.

Procedures

If you agree to participate, you will be asked to complete a questionnaire or take part in an interview. The questionnaire/interview will ask about your experiences and opinions regarding SERVICOM services and the quality of healthcare delivery at UBTH. The process will take about 20 to 45 minutes depending on the method used.

Voluntary Participation

Your participation is entirely voluntary. You are free to choose not to participate or to stop participating at any time without any penalty or loss of benefits. Your decision will not affect your access to healthcare or your relationship with the hospital in any way.

Risks and Discomforts

There are no known risks or discomforts associated with participating in this study.

Benefits

While there may be no direct benefit to you, your participation will help improve understanding of SERVICOM's effectiveness and may contribute to better healthcare service delivery at UBTH in the future.

Confidentiality

All information you provide will be kept strictly confidential. Your name or any identifying information will not be recorded on the questionnaire or interview transcripts. Data will be stored securely on password-protected devices and locked cabinets accessible only to the researcher. Results will be reported in a way that no individual can be identified.

Compensation

There will be no financial compensation for participating in this study.

CONTACT INFORMATION

TOM-ETINOSA ROSELYN

PROJECT STUDENT

Email: tometinosaroselyn@gmail.com

OR

Ethics and Research Committee

University of Benin Teaching Hospital

Benin City.

Phone Number: 07063331337

CERTIFICATE OF CONSENT

I have read the above information (or it has been read to me). I had the opportunity to ask questions about it and the questions were answered to my satisfaction.

I consent voluntarily to take part as a participant in this study

I consent to participate in this study.

Signature of participant: _____

Date:_____

APPENDIX II

QUESTIONNAIRE ON EVALUATION OF SERVICOM AND ITS IMPACT ON SERVICE DELIVERY IN PUBLIC SERVICE IN NIGERIA: A CASE STUDY OF UNIVERSITY OF BENIN TEACHING HOSPITAL, BENIN CITY, EDO STATE. (FOR STAFF)

Section A (Demographics)

Please tick [√] **as appropriate**

1. Gender: (a) male [ ] (b) female [ ]

2. Age: (a) 18- 30 [ ] (b) 31-40 [(c) 41-50 [ ] (d)51 and above [ ]

3. Educational level attained: (a) No formal education [ ] (b) Primary school education[ ] (c)Secondary school education [ ] (d) Post-secondary school education [ ]

4. Management levels: (a) Top Management level (Grade level 14 & above) [ ]
   (b)Middle Management level (Grade level 7 – 13) [ ]
   (c)Lower Management level (Grade level 1 – 6) [ ]

5. Ward/department/clinic:

   _____

Section B: Implementation of SERVICOM at UBTH

S/N	Items	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
6.	The SERVICOM unit at UBTH is adequately staffed to fulfill its mandate.					
7.	SERVICOM principles are actively integrated into daily service delivery at UBTH.					
8.	There are visible SERVICOM charters displayed in my department/ward.					
9.	Training on SERVICOM principles is regularly provided to staff.					
10.	SERVICOM has improved the quality-of-					

	service delivery at UBTH.					
11.	Staff members are held accountable for adhering to SERVICOM standards.					
12.	There is effective coordination between SERVICOM unit and other departments.					

Section C: Awareness of SERVICOM Principles

S/N	Items	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
13.	I am fully aware of the SERVICOM Charter and its contents.					
14.	I clearly understand the rights of patients as outlined in the SERVICOM Charter.					
15.	I am well-informed about the procedures for lodging and handling complaints under SERVICOM.					
16.	I am familiar with the standard service delivery timelines specified by SERVICOM.					
17.	I understand the disciplinary consequences for staff who fail to adhere to SERVICOM standards.					

Section D: Challenges Affecting SERVICOM Implementation

	Items	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
18.	Inadequate funding limits SERVICOM activities.					
19.	Lack of staff commitment affects SERVICOM effectiveness.					
20.	Insufficient training on SERVICOM principles for staff.					
21.	Bureaucratic processes delay complaint resolution.					
22.	Inadequate monitoring and evaluation of SERVICOM activities.					
23.	Resistance to change among staff impedes SERVICOM implementation.					

Section E: Responsiveness of SERVICOM Unit to Complaints and Service Delivery Issues

	Items	Very Good	Good	Fair	Poor	Very poor
24.	Timeliness in addressing patient complaints.					
25.	Transparency in communicating complaint outcomes.					
26.	Effectiveness in resolving service delivery problems.					
27.	Accessibility of the SERVICOM unit to staff and patients.					
28.	Professionalism of SERVICOM staff in handling complaints.					
29.	Availability of complaint reporting channels (e.g., suggestion boxes, hotline).					
30.	Follow-up actions taken by SERVICOM after complaint resolution.					

APPENDIX III

SEMI STRUCTURE INDEPT INTERVIEW GUIDE FOR STAFF

1. Kindly tell me about yourself

2. Can you describe your understanding of SERVICOM and its role within the University of Benin Teaching Hospital?
3. How has SERVICOM been implemented in your department.
4. What specific activities or processes related to SERVICOM are you aware of?
5. What challenges have you encountered in applying SERVICOM principles to your daily work and service delivery?
6. In your experience, how effective is the SERVICOM unit in addressing patient complaints and improving service delivery?
7. How would you describe the level of awareness and commitment among staff regarding SERVICOM policies and standards?
8. What support or resources do you think are necessary to improve SERVICOM implementation at UBTH?
9. Based on your experience, what recommendations would you make to enhance SERVICOM's effectiveness in promoting quality public health service delivery?

APPENDIX IV

QUESTIONNAIRE ON EVALUATION OF SERVICOM AND ITS IMPACT ON SERVICE DELIVERY IN PUBLIC SERVICE IN NIGERIA: A CASE STUDY OF UNIVERSITY OF BENIN TEACHING HOSPITAL, BENIN CITY, EDO STATE. (FOR CLIENTS/PATIENTS).

Section A (Demographics)
Please tick [√] as appropriate

1. Gender: (a) male [ ] (b) female [ ]

2. Age: (a) 18- 30[ ] (b)31-40 [ ] (c) 41-50 [ ] (d) 51 and above [ ]

3. Educational level attained: (a) No formal education[ ] (b) Primary school education[ ]

   (c) Secondary school education[ ] (d) Post-secondary school education[ ]

4. Employment status: (a) Employed[ ] (b)Unemployed/student-trainee/retired[ ]

5. Client category: (a) In-patient [ ] (b) Out-patient [ ]

Section B: Implementation of SERVICOM at UBTH

S/N	Items	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1.	It was easy to find information about the hospital's services and how to make complaints if needed.					
2.	When complaints or concerns are raised, they were addressed promptly and adequately by the hospital's SERVICOM unit.					
3.	I received timely updates about the status of my services or treatment.					
4.	Suggestion boxes or complaint mechanisms were clearly visible and accessible during my visit					
5.	The services I received were delivered within the expected time frame					

Section C: Awareness of SERVICOM Principles

S/N	Items	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
6.	I am aware of the existence of SERVICOM at the University of Benin Teaching Hospital (UBTH).					
7.	I clearly understand my rights as a patient under the SERVICOM initiative.					
8.	I know how to lodge complaints related to healthcare service delivery at UBTH.					
9.	I have received adequate information about SERVICOM during my hospital visit.					
10.	I am familiar with the expected service delivery timelines under SERVICOM.					
11.	I am aware of the role SERVICOM plays in improving healthcare services at UBTH.					
12.	I know where to locate SERVICOM contact points within the hospital.					
13.	I understand how SERVICOM helps protect the rights of patients.					

Section D: Responsiveness of SERVICOM Unit to Complaints and Service Delivery Issues

S/N	Items	Very Good	Good	Fair	Poor	Very poor
14.	Timeliness in responding to patient complaints.					
15.	Transparency in handling complaints and feedback.					
16.	Effectiveness in resolving service delivery issues.					
17.	Accessibility of the SERVICOM unit for patients.					
18.	Professionalism of SERVICOM staff.					
19.	Follow-up actions after complaint resolution.					
20.	Overall satisfaction with SERVICOM services.					

APPENDIX V

SEMI STRUCTURE INDEPT INTERVIEW GUIDE FOR PATIENTS

1. Please tell me a little about yourself.
2. Have you heard of SERVICOM before? If yes, can you describe what you understand about it?
3. Can you describe any experience you've had with SERVICOM at UBTH?
4. In your opinion, how responsive is the hospital (or SERVICOM unit) to complaints or concerns raised by patients?
5. How would you rate the quality-of-service delivery you have received at UBTH?
6. Do you think SERVICOM has made any difference in how services are delivered in the hospital? Please explain.
7. What challenges or difficulties have you experienced when accessing care or interacting with staff in UBTH?
8. What suggestions or recommendations do you have for improving how SERVICOM operates and how services are delivered at UBTH?