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PUBLIC PRIVATE PARTNERSHIP AND THE PERFORMANCE OF TERTIARY HEALTH INSTITUTIONS IN BENUE STATE NIGERIA

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Abstract: *This study examined the effect of public private partnership on the performance of tertiary health institutions in Benue State. The specific objectives are to determine the effect of shared risks, and ascertain the effect of shared benefits; on the performance of tertiary health institutions in Benue State. The study adopted a survey research approach, using questionnaire administration for data generation from a sample of 335 staff of the tertiary health institutions. The data were analyzed using descriptive and inferential statistics. The t-test from regression analysis (statistical package for social science, version 25.0) was used for test of hypothesis. Findings showed that shared risks (t= 4.76, p= 0.011) and shared benefits (t= 6.38, p= 0.015); had significant/positive effect on the performance of tertiary health institutions in Benue State. The study concludes that public private partnership (shared risks and shared benefits) can be considered a potent factor in tertiary health institutions performance (in terms of quality service delivery and employee retention) as they have potentials for enhancing the performance of health institutions through creating a conducive atmosphere for quality healthcare service delivery that meets the yearnings of patients. The study recommends, amongst others, that tertiary health institutions management should be resolute in show of concern in the mutuality of goals as this will assist to improve accessibility to services by patients and hence improve performance.*

Keywords*: Corporate Attractiveness, Dynamic Capability; Resilience Behaviour, Service Delivery*

1.0 INTRODUCTION

1.1 Background to the Study

Globally, efficient and effective health care delivery has been a major challenge confronting nations. Both the public and the private providers deliver health care services each with their particular virtues and liabilities. Government and the private sector have historically worked together on a wide range of issues including setting regulatory frameworks, implementing development programmes, and other public policy decisions that affect the economy and society. Thus, governments all over the world are turning to public-private partnership as a means of improving public services and meeting the investment challenges that they face.

In developing countries like Nigeria, the partnership between governments and the private sector is frequently used to develop and expand many services hitherto considered "public" and therefore exclusively the responsibility of governments. As stated by Ikimi *et al.* (2024), many reasons have been adduced to these Public-Private Partnership (PPP) arrangements. These reasons include insufficient budgetary resources, inefficiency in management of state enterprises, public dissatisfaction with the quality and coverage of government-provided services, and slowness with which governments extend infrastructure and services (Al-Hanawi *et al*., 2020). Ebulue *et al.* (2024) notes that some of the advantages that can be obtained by Public- Private

PPPs are also often aimed at accelerating economic growth, development and infrastructure delivery; and achieving quality service delivery and good governance (Babatunde *et al.,* 2022), especially in developing countries. Public-Private Partnerships (PPP), represents an alternative economic arrangement to traditional public infrastructural financing, and has been widely acknowledged as a potentially important instrument to drive development goals (Raheem, 2020).

In recent years, there has been a dramatic increase in the involvement of the private sector, alongside contributions from development partners and civil society organizations in the development and funding of public facilities and services (Ebulue *et al.,* 2024). Techniques are continuously being developed to draw the public and private sectors together. In the Nigerian health system, the public private partnerships initiative has been a financing strategy or gateway that involves the employment or mobilization of private sector capital to put up health care infrastructure and services to improve public health activities/services, or the management of public sector health resources (Aigbedion *et al.*, 2022).

Partnerships between the public and private sector in scaling up health service delivery are currently being discussed in many countries, and actively so in Nigeria (Ikimi *et al.,* 2024). There are several possible financing modalities in such public-private partnerships, such as the public sector – i.e., the government – playing a stewardship or regulatory role but not financing private sector provision or the participation of the private sector in government-subsidized risk-pooling mechanisms for the poor. In terms of specific responsibilities in service delivery, there is a general view that the public health sector will continue to have a major role in providing preventive and primary health care, where user fees are not suitable from a public health perspective, or where clients have reduced ability or willingness to pay (Adeagbo, 2023).

Consequently, this study is set out to explore the influence public-private-partnership has on the performance of tertiary health institutions in Benue State.

1.2 Statement of the Problem

Provision of health care delivery is perceived as the responsibility of government, but lack of infrastructural and managerial capability often hampers government's ability with regard to provision of qualitative health care delivery. Happenings in the Government tertiary health institutions in Benue State-Nigeria in recent years seem to indicate that the goals of tertiary health institutions may be difficult to realize through the Federal Medical Centre and Teaching Hospital. There are doubts about government's ability to adequately handle the huge financial and infrastructural requirements in these health institutions. The decay in the government health institutions has affected negatively services delivery and retention of skilled work force in these health institutions resulting to poor performances of health institutions.

Observations are that up to half of all health service provision in the tertiary heath institutions in Benue State occurs through the private sector, with the tertiary health institutions in the State are on public private partnership, yet there are still outcries of abysmal service delivery, lack of innovativeness, inadequate facilities and below average in quality of service delivery. Hence, there is dearth of empirical review. However, that other studies (examples; Chukwuemeka, 2016; Bastani *et al.,* 2019; Aigbedion *et al.,* 2022) debate the significance of the private sector's contribution to service delivery, and raises question, the merits of enhanced performance. The observed mixed results and the problems encountered in the application of PPP have prompted this research to investigate the effect of public private partnership on performance of tertiary health institutions in Benue State, Nigeria.

1.3 Objectives of the Study

The broad objective of this study is to examine the effect public private partnership has on the performance of tertiary health Institutions in Benue State, Nigeria. However, the specific objectives of this study are; to

i. Determine the effect of shared risk on performance of tertiary health institutions in Benue State, Nigeria.
ii. Ascertain the effect of shared benefits on performance of tertiary health institutions in Benue State, Nigeria.

1.4 Research Hypotheses

The following research hypotheses were tested for the purpose of this study

H_{O1}: Shared risk has no significant effect on the performance of tertiary health institutions in Benue State, Nigeria.

H_{O2}: Shared benefits have no significant effect on the performance of tertiary health institutions in Benue State, Nigeria.

2.0 LITERATURE REVIEW

The concepts (independent and dependent variables) as used in this study, are carefully reviewed. Also the theories and empirical reviews are also done.

2.1.1 Concept of Public Private Partnership

The concept of PPP is an arrangement between government and private sector entities for the purpose of providing public infrastructure, community facilities and related services. Such partnerships are characterized by the sharing of investment, risk, responsibility and reward between the partners. Generally, these partnerships involve the financing, design, construction, operation, maintenance of public infrastructure and services (Itu and Kenigua, 2021). As noted by Gerrard (2001), Public-private partnerships (PPP) combine the deployment of private sector capital and, sometimes, public sector capital to improve public services or the management of public sector assets.

The term public private partnership within the literature has been approached from a variety of perspectives; there is varying understanding amongst scholars as to what constitutes PPP (Hodge and Greve, 2010) and attempts to reach an agreed definition have been inconclusive (Brinkerhoff and Brinkerhoff, 2011). The focus of PPP however goes beyond attracting private capital into infrastructure and services, and extends to harnessing private sector efficiencies and providing affordable and improved service delivery to users (Turley and Semple, 2013). Certain key factors are necessary for PPP to be successful. These include the need for a clear institutional framework to govern PPP, legislation and its enforcement, political will, transparency, as well as a need to develop the capacity of staff in government to effectively prepare and implement projects (Sanusi, 2012, Istrate and Puentes, 2011).

Public private partnership has been defined as arrangements between governments and private sector entities for providing public infrastructure, community facilities and related services (Ifekwe *et al*., 2019). The Nigerian government introduced the National Policy on Private-Partnership for Health in 2005 (Federal Ministry of Health, 2010). This was part of the reforms in the health sector embarked with a view to attaining the Millennium Development Goals (MDGs) and other National Health Policy targets. Basically, the key primary objectives of the National Public-Private Partnership Policy in Health amongst others include: to build confidence and trust in the public and private health sectors; to harness confidence and trust in the public and private sectors for the attainment of Millennium Development Goals, and other National Health Policy Targets; to promote and sustain equity, efficiency, accessibility and quality in healthcare provisioning through the collaborative relationships between the public and private sectors (Olukaani and Nwafor, 2019).

Activities such as shared risk, shared benefits, mutual goals, resource availability, and innovativeness, are the core dimensions of public private partnership (Zakari, 2007; Jamali, 2007; Famakin *et al.*, 2014). As argued by Egonmwan (2018), organizations that practice/engage in public private partnership have these key attributes of shared risk and shared benefits; which forms the basic dimensions of public private partnership.

(i) Shared Risk

This is a risk sharing relationship between the public and private sectors which is developed to bring about a desired public policy outcome. Allocating risk in the context of PPP means deciding which party to the PPP contract will bear the cost (or reap the benefit) of a change in project outcomes arising from each risk factor (Lee *et al.,* 2022). Allocating project risk efficiently is one of the main ways of achieving better value for money through PPPs. In effect, the key defining elements of shared risk includes risks that extend across entities and potentially the community, industry, partners and other jurisdictions. A core principle of any PPP is the allocation of risk to the party best able to manage it at least cost (Raheem, 2020). The aim is to optimize rather than maximize risk transfer, to ensure that best value is achieved (Idris *et al.*, 2013). The notion of risk sharing means both parties have something to lose if the project underperforms.

(ii) Shared Benefits

Shared benefits is viewed as a situation where a client and a caregiver both share in the benefit of a task being performed, or two or more clients in a multi-client household benefit from the same task been performed (Babatunde *et al.*, 2012). Dabak (2014) stated that the following benefits that can be accrued from PPP initiatives in Nigeria include; value for money, quicker delivery of project, risk transfer, increased investment, increased budget/financing certainty, improved service delivery, political benefit, private sector growth and stability and elimination of corruption.

2.1.2 Concept of Organizational Performance

Organizational performance concept is based upon the idea that an organization is the voluntary association of productive assets including human, physical and capital resources, for the purpose of achieving a shared purpose (Barney, 2002; as cited in Zhou *et al.,* 2017). As a consequence, the essence of performance is the creation of value; so long as the value created by the use of the contributed assets is equal to or greater than the value expected by those contributing the assets, the assets will continue to be made available to the organization and the organization will continue to exist (Zhou *et al.,* 2017).

Firm performance in its broadest sense is perceived as the outcomes of organizational activities measurable in financial and non-financial parameters. Financial performance is often measured using traditional accounting key performance indicators such as sales growth, return on assets or return on sales. The advantage of these measurements is their general availability, since every profit oriented organization produces these figures for the yearly financial reporting (Akpakip, 2017). However, balance sheet manipulates and choice of accounting methods may also head to values that allow only limited comparability of the financial strengths of companies (Kaur and Metha, 2016). The non financial performance can be measured using operational key performance indicators such as efficiency of operations, accessibility, market share, service delivery, innovativeness, rate or customer satisfaction, are amongst prominent examples. For this study, quality of service and employee retentio are discussed below.

Quality of Service: One crucial aspect of production process management is to ascertain quality of outputs; through quality control so as to ensure that process outputs meet desired standards (Zhou *et al*., 2017). They further note that the quality of goods and services of a company has a linear link with the company's image and stance in the economy. Kim (2020) argues that quality permeates almost all the management system of an organization.

Employee Retention: this refers to the ability of an organization to retain its employees. Whether you have high or low turnover, preventing top talent from leaving with the right practices and strategies is germane to sustaining and enhancing performance (Kadiri-Eneh *et al*., 2018). Employee retention is a phenomenon where employees choose to stay on with their current organization and do not actively seek other job prospects (Ojebode, 2016). Employee retention is the organizational goal of keeping talented employees and reducing turnover by fostering a positive work atmosphere to promote firm performance (Kadiri-Eneh *et al*., 2018).

2.3 Review of Related Empirical Studies

Okafor *et al.* (2024) examined the effect of public private partnership on performance of health institutions in southeast Nigeria. The study utilized the survey research design. A sample of 539 was used. Finding revealed that the presence of shared risks and benefits as well as mutual values among partners has a significant positive effect on project activity performance in Health Institutions in the South-East. Finding further revealed that that the presence of prior ties among partners has a significant positive effect on project outcome performance in Health Institutions in the South-East. Adeagbo (2023) provided evidence on the impact of public and private partnership on educational development in Nigeria. The study found that government resource allocation to education in Nigeria fall below18% for past decades.

Aigbedion *et al.* (2022) examined the impact of health sector public private partnership on effective health care delivery for economic growth in Nigeria. The study employed time series data, econometric tools were used to test for unit root and co-integration, while the error correlation model was used in the data analysis. The research finding showed that health sector public private partnership and effective health care delivery have positive impact on economic growth in Nigeria.

Ferreira and Marques (2021) examined the effect of public private partnership in healthcare services, to see if public hospitals with public private partnership arrangement outperform those without PPP in terms of quality and access, with evidence from Portugal. The study evaluated whether there is a meaningful gap between public hospitals and PPP in terms of their social performance. The quality variables were categorized into three main categories. The findings revealed that the two groups of hospitals have similar services availability, but those with PPP arrangements outperforms other hospitals regarding the timeliness of care provision as well as quality of services delivery.

Nasrin *et al*. (2021) examined the effect of public private partnership in primary health care; a scoping review. The goal of the study was to examine evidence on the use of public private partnership in the provision of primary health care services. Results showed that public private partnership projects were conducted to increase access and to facilitate the provision of prevention and treatment services for certain target groups. Onyekwelu (2021) study examined the impact of public-private partnership (PPP) on the performance of public sector organizations; a study of Anambra state ministry of education. Findings from the study reveal that Public-Private Partnerships has significant effect on the performance of the Anambra state ministry of education.

Al-Hanawi *et al.* (2020) study investigates and identifies potential barriers to the successful implementation of PPPs in the Saudi healthcare sector. The barriers identified suggested that the government should ensure that PPPs are implemented in a timely manner to ensure that private sector involvement yields the intended benefits. Okonkwo *et al.* (2019) examined the effect of public private partnership on infrastructural development in South East Nigeria. The results indicate that there is inadequate and poor infrastructure development in the southeast which can be addressed through the mechanism of public private partnership initiatives in several ways, including development of interstate highway systems, interstate railway and mass transit systems, regional international airport gateway, and coastal marine transportation gateways; water resources development for industrial, domestic and agricultural use; power system, etc.

3.0 METHODOLOGY

This study adopted the survey research design approach so as to elicit opinions, perceptions and behaviours about people's feelings on the subject matter.

The study population comprise of the staff of the two tertiary health institutions which are Benue State University Teaching Hospital Makurdi and Federal Medical Centre Makurdi-Benue State giving a total of 2051.

However, the researcher used the Taro Yamane formula (1967) in determining the suitable sample size for this study. Below depicts the formula as:

$$n = \frac{N}{1 + N(e)^2}$$

Where:

n	=	sample size sought;
e	=	level of significance or degree of error expected;
N	=	Population of the study;

1 = Constant.

Where n= sample size

N = population (2051)

e = level of significance (for this study = 0.05)

Therefore,

$$n = \frac{2051}{1 + 2051(0.05)^2} = \frac{2051}{6.1275} = \underline{335}$$

Hence, the sample size for this study is 335

To get the individual sample size for each of the chosen health institution, the Bourley proportion allocation formula of 1964 for individual sample size determination was used. Simple random sampling was applied to ensure that all elements of the population had equal chances of being selected, and is most appropriate when all the members of the population under study share relatively homogenous characteristics.

The data for this study were collected through questionnaire administration using a five point Likert scale. Validation and reliability was done and the result below emerged.

Variable	Cronbach's Alpha
Shared Risk	0.779
Shared Benefits	0.806
Performance	0.837
Average Reliability	**0.807**

Source: SPSS Output, 2024.

Data for this study is primary data. This was obtained by use of questionnaire administered to the selected respondents of the study.

In this study, organization performance is a function of public private partnership. In view of this, the implicit form of the regression model is specified thus:

PER = *f* (PPP) ……………………………………………...(2)

The model for this research is given as

PER = *f* (PPP) = (SR, SH)........................(3)

Where

PER = Performance

PPP = Public Private Partnership

SR = Shared Risks

SB = Shared Benefits

The regression model, thus is given as

$PER = x + \beta_1 SH + \beta_2 SB + e$ ……… (4)

Where

X = Intercept of the regression

β_1 - β_2 = Parameter estimates
e = error term

A priori expectations are: $\beta_1 > 0$, $\beta_2 > 0$,; it is expected that the analysis based on the model in question will help to test hypothesis Ho_1 to Ho_2, answer the two research question for this study and achieve the two objectives.

5.0 RESULTS AND DISCUSSION

4.1 Data Presentation

A total of three hundred and sixty five (365) copies of questionnaire (additional ten percent added to actualize the 100 percent sample size) were distributed to respondents in the tertiary health institution chosen for this study, out of which three hundred and thirty five (335) were successfully filled and returned in analyzable form, recording a 100.0 % return rate.

Regression Analysis

Table 15: Model Summary

Model	R	R Square	Adj.R Square	Std. Error of Estimate	Durbin Watson
1	.903[a]	.815	.810	0.856	2.04

a: Predictors (constant), Shared Risks, Shared Benefits.
b. Dependent variable: Organization Performance
Source: SPSS printout (Version 25.0 for windows output), 2024

Table 16: Regression Coefficient Result

Model	Beta	T	Sig
1 (Constant)	1.322	12.12	.000
Shared Risks	.788	4.76	.011
Shared Benefits	.806	6.38	.015

Dependent variable: Organizational Performance

Source: SPSS regression print out (version 25.0 for windows output), 2024.

Table 17: ANOVA[b] for the overall significance of the model

Model	Sum of squares	Df	Mean square	F	Sig
Regression	118.196	2	59.098	11.33	.001$^{\partial}$
Residual	169.652	332	0.511		
Total	287.848	334			

a. Predictors: (constant); SR, SB.
Dependent variable: PER

Hypothesis one:
Ho1: Shared risks have no significant effect on performance of tertiary health institutions in Benue State.
The analysis of research question one was to determine the effect of shared risks on performance of tertiary health institutions in Benue State. From table 15, the (R^2) statistic was 0 .815. Taking into the record the contribution of the explanatory variable in performance, from table 16, the beta value for shared risks was 0.788. The beta value apparently indicated that the predictor variable of shared risks had a positive effect on performance (t-computed 4.76 > t-critical 1.960, p=0.011 < .05). Therefore, the null hypothesis was rejected.
The findings of this investigation also agree with Okafor *et al.* (2024), Aigbedion *et al*. (2022), Al-Hanawi *et al.* (2020), Okonkwo *et al.* (2019), amongst others; who all avers that when risks are properly shared among the parties in a PPP project, can result in better investment decisions and ca reduce cost of delivery of services of a certain quality. They further argue that inadequate risks sharing can lead to project abandonment and innovation. Hence, it reduces fraud and increases employee transparency and control, and improve commitment of staff intention to stay.

Therefore this study concludes that there is a positive/significant effect of shared risks on performance of tertiary health institutions in Benue State

Hypothesis Two
Ho2: Shared benefit has no significant effect on performance of tertiary health institutions in Benue State.
The analysis of research question two was to ascertain the effect of shared benefits on the performance of tertiary health institutions in Benue State. From table 15, the (R^2) statistic was 0 .815. Taking into the record the contribution of the explanatory variable in performance, from table 16, the beta value for value based was 0.806. The beta value apparently indicated that the predictor variable of shared benefits had a positive effect on performance (t-computed 6.38 > t-critical 1.960, p=0.01 < .05). Therefore, the null hypothesis was rejected.
The findings of this investigation also agree with Okafor *et al.* (2024), Aigbedion *et al*. (2022), Bastani *et al.* (2019), Kadiri-Eneh *et al.* (2018), amongst others; who all avers that sustainable access to health care can be accomplished through PPP as government delivers minimum standard of services, products and or care; while private sector brings skills and core competencies as well as funding along with other resources; with such collaborations promoting healthy competitiveness through enhancing good healthcare provision. They furthermore noted that gaining technological innovative ideas are shared among parties, hence providing differentiated services and technical efficiency to meet the health needs of the environment.

Therefore this study concludes that there is a positive/significant effect of shared benefits on the performance of tertiary health institutions in Benue State.

5.0 CONCLUSION AND RECOMMENDATIONS

5.1 Conclusion

Public private partnership has been identified as an important factor that significantly affects the performance of tertiary health institutions in Benue State. The study concludes that public private partnership (shared risks and shared benefits) can be considered a potent factor in tertiary health institutions performance (in terms of quality service delivery and employee retention) as they have potentials for enhancing the performance of health institutions through creating a conducive atmosphere for quality healthcare service delivery that meets the yearnings of patients. Public private partnership can be seen to have implications for retention of quality staff, as well as attracting new ones through the various improved infrastructure development. It also enhances public confidence on the fact that it improves quality of service delivery and accessibility. Hence, public private partnership has positive and significant effect on performance of tertiary health institutions in Benue State.

5.2 Recommendations

Sequel to the findings and conclusions above, the following recommendations are made:

iii. Management of the tertiary health institutions should view the prowess of shared risks as an enabler for commitment to the initiative, as it will enhance quality of service delivery.
iv. Management of tertiary health institutions should focus on seeing the shared benefits as an impetus to motivate the workforce as this will help improve interaction with employees frequently thus enhance employee retention.

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