

**Community Relations Strategies, Engagement Practices and Health Care Service
Delivery Satisfaction in University College Hospital, Ibadan, Oyo State**

Oluwaseyi SANYAOLU

LCU/PG/00456

**Being a Ph.D Thesis Submitted to the Department of Mass Communication and
Media Technology, Faculty of Communication and Information Sciences, Lead City
University,**

Ibadan, Oyo State, Nigeria

**In Partial Fulfillment of the Requirements for Award of Degree of Doctor of
Philosophy (Ph.D) in Mass Communication and Media Technology**

2022

Chapter One

Introduction

1.1 Background to the Study

Hospitals are established for the overall good of the society and their continued relevance depends on their ability to deliver services that satisfy their patients as well as the communities in which they operate¹. The perception and satisfaction with services delivery in hospitals can be positively or negatively affected by the level of the community relations strategies and engagement practices adopted by the hospitals. While the focus has always been on primary and secondary healthcare facilities, tertiary institutions such as the University College hospital, Ibadan also need to engage in community relations strategies and engagement practices to facilitate satisfaction with their service delivery².

The University College Hospital, Ibadan is envisioned to be the flagship tertiary health care institution in the West Africa sub-region, offering world class training, research and services, and the first choice for seeking specialist health care in a conducive atmosphere, renowned for culture of continuing and compassionate care. University College Hospital Ibadan does these by rendering excellent, prompt, affordable and accessible health care in an environment that promotes hope and dignity, irrespective of status, developing high quality health personnel in an atmosphere that stimulates excellent and relevant research².

Therefore, University College Hospital, Ibadan is known for unrestricted access to excellent training, research and services, prompt, accessible, affordable and

compassionate client-centered care, and equity in service delivery, transparency and accountability. University College Hospital, Ibadan is highly centered on prudence in resource management, high quality staff at all levels and a competitive reward system including promoting collaboration with stakeholders as core values of University College Hospital, Ibadan².

The Public relations unit of University College Hospital, Ibadan among other things initiates and implement public relations strategies to enable it maintain cordial relations with its teeming publics (patients and communities), writing, editing and publishing information products of enlightenment and reference that provide relevant information to all stakeholders, monitoring public opinion to identify trends and measure public acceptability of the institution's activities as well as identifying public concerns and expectations. Also, keeping accurate and up to date data bank on milestone events, newspaper cuttings, writing copies of advertisements based on request from relevant faculties/departments/ units and event specific issues including congratulatory messages, obituaries e.t.c³.

Furthermore, the public relations unit of University College Hospital, Ibadan sees to the coordinating of all arrangements for corporate and official functions, inaugural lectures, university lectures, distinguished guest lectures, exchange lectures series, staff parties, tours and receptions for dignitaries as well as welcome/ send forth, and liaising with important dignitaries on visits to the University or arranging outside visits by the University functionaries, updating the bulletins, News and News Letter pages on the University website³.

Hence, in ensuring patients and community member's satisfaction and improve client experience in the University college Hospital, Ibadan, some of the following engagement practices are employed by the public relations departments of University College Hospital, Ibadan³:

- Social media feedback channels
- Patient complaint form
- Patient satisfaction form
- Daily interactions with patients and their relatives to resolve possible grievances and dissatisfaction they may have suffered
- Ensure that emergency cases are attended to timely and promptly through constant communication with medical personnel.
- Community engagement forum
- Corporate social responsibility
- Editorials
- Press releases/ News releases
- Media interviews
- In house publications such as newsreel and magazines
- Directional mapping and
- Patient information leaflets³

Again “community relations” has been defined as the consequence of a generous corporate culture in which relations just happen to be helpful⁵. University College Hospital, Ibadan as an organisation may have acquired a good reputation because it is

always ready to help in different ways, through people, money, or providing equipment for the well being of its patients. The Collins English Dictionary defined community relations as the particular state of affairs in an area where potentially conflicting ethnic, religious, cultural, political, or linguistic groups live together. Since the success of a University College Hospital as an organisation depends on its policies, there is the need to examine some of the principles of its community relations. Community relations may also take a very proactive form but arise as part of defensive strategies for the institution. Thus, University College Hospital, Ibadan sometimes engage in or even initiate program activities, exploited to the maximum by using public relations, in order to rectify a single unfavourable event or a chronic problem⁴.

Community relations is part of University College Hospital, Ibadan's public relations tools³. Given these, the definitions can be summarized by putting forth the idea that community relations refer to a series of relationships that University College Hospital, Ibadan have with the people who live in the area in which it operates to promote the well-being of its beneficiaries⁵. Some principles of community relations include decentralized relations, ethics and legality, grass-roots support, long-term proactive problem solving and internal change⁵. To ensure the true success of University College Hospital, Ibadan as an organisation, there is the need to implement true community decentralization, thus where University College Hospital, Ibadan extends its programs of operations to other departments and places to reap massive contribution. University College Hospital, Ibadan as an organisation must also create and develop a new breed of line officers who act as a direct link between the central parts (management) and the people (patients and the community)⁵.

In addition, ethics and legality are a core principles of community relations. Community relations implies a new contract between the service providers and the citizens they serve, one that offers hope of overcoming widespread apathy while restraining any impulse of vigilantism⁵. This new relationship, based on mutual trust and respect, also suggests that the University College Hospital, Ibadan management structures can serve as a catalyst, challenging people to accept their share of responsibility for the overall quality of life in the community. Community relations means that citizens will be asked to handle more of their minor concerns themselves, but in exchange, this will free authorities to work with people on developing immediate as well as long-term solutions for community concerns in ways that encourage mutual accountability and respect⁵.

Today's competitive organisational environment requires more than offering good services to excel in any industry. Relationship with patients goes a long way in creating the atmosphere of success needed to succeed in University College Hospital, Ibadan. One crucial way of establishing a friendly atmosphere for University College Hospital, Ibadan to thrive is through community relations⁴. Furthermore, community relations consist of various strategies used by the institution to establish and maintain a mutually beneficial relationship with the patients and communities in which they operate⁴. The primary idea behind community relations goals is that when university College Hospital, Ibadan accepts its civic responsibility and takes an active interest in contributing to the well-being of its patients and community, there are long-term benefits that the institution enjoys especially in terms of community support, loyalty, and good will⁴. Good community relations strategies ensure community involvement which helps the institution to build a favourable public image. This positive image also fosters a sense of

teamwork between university College Hospital, Ibadan, its patients and its host community, and this is essential in the long-term success of University College Hospital, Ibadan⁴.

Although, community relations efforts should be deliberately planned by University College Hospital, Ibadan, a comprehensive, well-planned community relations strategy can help the institution achieve visibility. Communities recognize organizations as good citizens when they support programmes that improve the quality of life in their community, including crime prevention, employment, environmental programs, clean-up and beautification, recycling, and restoration. Other community relations strategies which portray the institution in good light include scholarship programmes for a community, urban renewal projects, social and educational programmes, children's activities, community organizations, and construction projects. Furthermore, small organisations might achieve community visibility and engender goodwill by sponsoring local sports teams or other events. University College Hospital can do this by supporting the community financially or through employee participation strategies⁴.

Good community relations strategies come with a wide variety of benefits University College Hospital, Ibadan. These benefits include the following: employees have a reason to be proud of the institution; loyalty to the institution is increased; an health care institution like University College Hospital, Ibadan with happy employees and a good reputation in the community is likely to attract highly qualified new employees; small organisations also might generate new business through the contacts and leads generated through community relations activities; such contacts might also make it easier for the

University College Hospital, Ibadan to obtain financing for expansion, find promising new locations, or gain favorable treatment or utilities⁴. Community involvement helps in achieving positive, measurable change in the communities in which the institution operates and the institution's activities. A few examples of community involvement include in-kind and financial donations, patient's volunteer days, and enduring nonprofit partnerships, among others. Corporate community involvement could be of benefit to University College Hospital, Ibadan in two major ways. First, it provides positive returns to local charitable organizations and neighborhoods. Second, it boosts the hospital's performance indicators, such as reputation and employee engagement⁴.

Again, community relations strategies could come in various ways: taking an active interest in community problems; sponsoring youth activities; participating in local government; joining business and service groups; purchasing materials and supplies from the community; encouraging community education and culture; making offices or other facilities available to community organizations; supporting local charity drives, and taking part in civic activities⁴. There are specific strategies that could be designed to increase university College Hospital, Ibadan's visibility and prestige within a community. Community relations strategies further suggests that University College Hospital. Ibadan might volunteer to develop a civic program, like a charity drive or auction⁴. In addition, University College Hospital. Ibadan could make its facilities available to patients and the community groups for meetings or events. Alternatively, the institution could prepare an informational videotape about its services and overall mission and make this resource available to the community. Informational brochures and newsletters might also be distributed to patients and community leaders⁵. Another way to improve community

relations might be to beautify the institution's surroundings with a fountain, sculpture, or garden so that it becomes a local landmark. The media have to be carried along in executing community relations programmes. Keeping the media informed about the institution's activities in any community is very crucial to the overall success of the University College Hospital, Ibadan's community relations campaign⁵.

Essentially, Community relations is not only an exciting public relations specialty but also crucial to the long-term success of a health care sector such as University College Hospital, Ibadan today³. University College Hospital needs this to build a good reputation with its patients and its host communities and beyond. Employees of the institution should be encouraged to participate in community relations programmes. The institution's employees should endeavour to represent the institution well in all their interactions with the public, by practicing good manners⁴.

In PR, community engagement means hearing the voice of consumers and taking their feedback into account when making important decisions to create a mutually beneficial exchange⁶. Going by this assertion, Community engagement (CE) is the process by which the health system works collaboratively with patients and host communities to improve community ownership of health and health programmes to address both supply and demand-side factors that contribute to poor programme performance and health indices in the community⁶.

On health care services, any service that can contribute to improved health or the diagnosis, treatment, and rehabilitation of sick people; it is not necessarily limited to medical or health care services. Health services are often formally organized as a system

of established institutions to supply services to respond to the needs and demands of the population within a defined financial and regulatory framework. Health services can include health education, health promotion, and environmental services, such as housing, sanitation, etc., which have a known health benefits. Health services refer to the patient care provided by medical professionals, health care personnel, and health care institution⁶.

Also, health services consist of medical professionals, organizations, and ancillary health care workers who provide medical care to those in need. Health services serve patients, families, communities, and populations⁷. They cover emergencies, preventive, rehabilitative, hospital, diagnostic, primary, palliative, and home care. These services are centered around making health care accessible, high quality, and patient-centered. Many different types of care and providers are necessary in order to offer successful health services. Primary healthcare denotes the first level of contact between individuals and families with the health system⁸.

Again, Primary Health care include care for mother and child which include family planning, immunization, prevention of locally endemic diseases, treatment of common diseases or injuries, provision of essential facilities, health education, provision of food and nutrition and adequate supply of safe drinking water. Primary Healthcare is provided through a network of sub-centers and primary health centres in rural areas, whereas in urban areas, it is provided through health posts and family Welfare Centres⁷. The Sub center consists of one Auxiliary Nurse Midwife and multipurpose Health worker and serves a population of 5000 in plains and 3000 persons in hilly and tribal areas. The Primary Health Centre (PHC), staffed by Medical Officer and other paramedical staff

serves every 30,000 population in the plains and 20,000 persons in hilly, tribal and backward areas. Each PHC is to supervise 6 Sub centres⁷.

Secondary Healthcare refers to a second tier of health system, in which patients from primary health care are referred to specialists in higher hospitals for treatment. In India, the health centres for secondary health care include District hospitals and Community Health Centre at block level. Tertiary Health care refers to a third level of health system, in which specialized consultative care is provided usually on referral from primary and secondary medical care. Specialised Intensive Care Units, advanced diagnostic support services and specialized medical personnel on the key features of tertiary health care. In India, under public health system, tertiary care service is provided by medical colleges and advanced medical research institutes⁸.

As the first tertiary health care provider in Nigeria established in 1948, the University College Hospital, (UCH), portrays itself as the flagship tertiary health care institution in Nigeria, offering world-class training, research and services. The University College hospital (UCH) was strategically located in Ibadan, the largest city in West Africa which is also the seat of the first University in Nigeria. The physical development of the Hospital commenced in 1953 in its present site and was formally commissioned after completion on 20 November 1957. The University College Hospital, Ibadan was initially commissioned with 500-bed spaces. Currently, the hospital has 850 bed spaces and 163 examination couches with occupancy rates ranging from 55-60%⁹.

Community relations strategies and engagement practices are important tools for health care institutions at ensuring mutual trust and relationship with their immediate environment. Tertiary health care providers like University College Hospital, (UCH) Ibadan cannot but employ community relations strategies and engagement practices in her operational activities. Going by this, this research work attempts to appraise the rate at which community relations strategies and engagement practices in tertiary level of health care system are being dispensed. In addition, the research activity endeavours to evaluate the influence of community relations strategies and engagement practices on health care service delivery satisfaction of University College Hospital, Ibadan, Oyo State.

1.2 Statement of the Problem

The survival and consequent perpetuation of activities of University College Hospital, Ibadan within a given community and its environs depend in part, on how it relates with its host community. This is why good mutual relationship is necessary for effective operation of University College Hospital, Ibadan. The concept of community relations is fundamental for effective public relations practice in University College Hospital, Ibadan and its survival is contingent upon the measure of cordiality and continued acceptance it enjoys in its immediate community. If University College Hospital, Ibadan policies do not reflect the desires and aspirations of inhabitants of its host communities, it is seriously inviting hostility from its communities. It is through effective practice of good community relations strategies and engagement practices that University College Hospital, Ibadan can improve the quality of life of people in its host communities.

Community relations entail creating and sustaining environmentally friendly programmes and actions of mutual benefits both to University College Hospital, Ibadan and its host communities. Community engagement strategies by Health care service delivery of University College Hospital, Ibadan implemented successfully can expand support towards approach to improving the living standards of people in the communities they serve. At its core, community engagement practices are expected to address socioeconomic issues that cause many health issues affecting people. By engaging members of the communities, solutions can be proffered to those socioeconomic issues by University College Hospital, Ibadan.

A tertiary health institution such as the University College Hospital (UCH), Ibadan is expected to be at the forefront of using community relations strategies and engagement practices in her daily activities. As the first tertiary health institution in Nigeria, it is important to ascertain whether the University College Hospital (UCH), Ibadan community relations strategies and engagement practices has any influence on on her health care service delivery satisfaction on patients and the immediate community? This is a concern of empirical and systematic enquiry.

1.3 Aim and Objectives of the Study

The aim of this study is to investigate the influence of community relations strategies, engagement practices and health care service delivery satisfaction in University College Hospital (UCH) Ibadan. The Specific objectives are to:

1. identify the community relations strategies and engagement practices deployed by University College Hospital, Ibadan.
2. find out the level of adoption of community relations strategies in the operations of University College Hospital, Ibadan.
3. ascertain the level of adoption of engagement practices with patients by University College Hospital, Ibadan,
4. ascertain the level of satisfaction with University College Hospital, Ibadan health care service delivery.
5. ascertain the influence of community relations strategies on satisfaction with health care service delivery by University College Hospital, Ibadan.
6. determine the influence of engagement practices on satisfaction with health care service delivery by University College Hospital, Ibadan.
7. ascertain the combined influence of community relations strategies and engagement practices on satisfaction with health care service delivery by University College Hospital, Ibadan.

1.4 Research Questions

The study finds answers to the following research questions;

1. What is the level of satisfaction with University College Hospital, Ibadan health care service delivery?
2. What community relations strategies are deployed by University College Hospital, Ibadan?
3. What is the extent of the adoption of community relations strategies by University College Hospital, Ibadan?
4. What is the level of adoption of engagement practices by University College Hospital (UCH), Ibadan?

1.5 Hypotheses

The null hypotheses for this study will be tested at a 0.05 level of significance.

H01: There is no significant influence of Community Relations Strategies on satisfaction with Health Care Service Delivery of University College Hospital, Ibadan, Nigeria.

H02: There is no significant influence of Engagement Practices on satisfaction with Health Care Service Delivery of University College Hospital, Ibadan, Nigeria.

H03: There is no joint significant influence of Community Relations Strategies and Engagement Practices on satisfaction with Health Care Service Delivery of University College Hospital, Ibadan, Nigeria.

1.6 Scope of the Study

The research effort aims at investigating the level of influence of community relations strategies, engagement practices and health care service delivery satisfaction in University College Hospital (UCH) Ibadan. In carrying out this study, the research will be based on questionnaires to be administered to the community leaders and patients of University College Hospital (UCH), Ibadan.

In addition, the researcher consulted some online sources and academic journals that provided relevant information to the investigation.

1.7 Significance of the Study

The project consolidates the assertion that community relations strategies and engagement practices enhance the healthcare service delivery system. In addition, it will spur health institutions to apply enhanced community relations strategies and engagement practices in the healthcare service delivery system. This project will be of great academic benefit to scholars and students, as it will add to the existing literature on the research topic. It will make Public Relations departments of tertiary health institutions to be more alive to their responsibilities. This project will broaden the perception management of health institutions on the need to acknowledge sustained community relations strategies and engagement practices on health care service delivery satisfaction.

1.8 Limitations of the Study

The study was limited to University College Hospital (UCH) and its immediate community. Some respondents were skeptical in sharing information, and because of time and finance, the research experienced some delay before it could be completed.

1.9 Operational Definition of Terms

Community: This is the inhabitant of the environment in which University College Hospital is situated.

Community Relations: It is a public relations activity that tends to create and sustain environmental friendly programmes and actions of mutual benefits to both the organizations and its host community. It fosters and nurtures good neighbourliness in a reciprocal interest of both parties.

Community Relations Strategies: They are the various methods companies use to establish and maintain a mutually beneficial relationship with the communities in which they operate.

Engagement: This is being involved with people in an attempt to understand them.

Engagement Practices: Are activities involved in working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the well-being of those people.

Health: This is the state of being physically and mentally healthy.

Health Care: This is the service of providing medical care.

Health Care Service Delivery: The medical services provided by nurses and others to patients of an health care facility.

Influence: it means "the capacity or power of persons or things to be a compelling force on or produce effects on the actions, behavior, opinions, etc., of others".

Institution: This is a large important organization with a definite purpose.

Patients: These are people who receive treatment form a medical facility.

Publics: These are the people who have an interest or a stake in an entity.

Public Relations: This is a deliberate planned action to bring about a mutual understanding between an organisation and its publics.

Satisfaction: This is the fulfilment of expectations or needs, or the pleasure derived.

Tertiary: This is the third in order, level or stage of things.

Tertiary Institution: This is the third level of an institution after primary and secondary.

University College Hospital: This is a tertiary health institution located in Ibadan, Nigeria.

Ibadan: This is the capital city of Oyo State.

Oyo State: Oyo State is one of the South-Western states in Nigeria.

Endnotes

1. U. Nwosu-Iheme, *A Critical assessment of the efficacy of the Nigerian anti-money laundering legal and institutional frameworks for politically exposed persons (Doctoral dissertation, Durham University)*. 2021
2. <https://uch-ibadan.org.ng/vision-and-mission/> Accessed July 2, 2021
3. Ui.edu.ng/content/public-relations-unit Accessed December 3, 2022
4. K. Hallahan, "Community" as a foundation for public relations theory and practice. **Annals of the International Communication Association**, 28(1), 2004, 233-279.
5. F.Joyner, Bridge building: *Enhancing the possibility of partnerships*.**The Journal for Quality and Participation**, 23(3), 2000.p.39.
6. V.Belair-Gagnon, J.L. Nelson, & S.C.Lewis, *Audience engagement, reciprocity, and the pursuit of community connectedness in public media journalism*. **Journalism Practice**, 13(5), 2019.pp.558-575.
7. G.Helal, W.Ozuem, &G.Lancaster, *Social media brand perceptions of millennials*. **International Journal of Retail & Distribution Management**,2018.
8. E. Rudnicka, P. Napierała, A. Podfigurna, B. Męczekalski, R. Smolarczyk, &M.Grymowicz *The World Health Organization (WHO) approach to healthy ageing*.**Maturitas**, 1;139: 2020. 6-11.
9. J.C. Bhatia, & J.Cleland, *Determinants of maternal care in a region of South India*.**Health transition review**, 1995.pp.127-142.
10. N.N.Mahajan, R. Pednekar, S.R. Patil, A.A.Subramanyam, S.Rathi, S.Malik, S.C. Mohite, G.Shinde, M.Joshi, P.Kumbhar, & A.Tilve, *Preparedness, administrative challenges for establishing obstetric services, and experience of delivering over 400 women at a tertiary care COVID - 19 hospital in India*. **International Journal of Gynecology & Obstetrics**, 151(2), 2020.pp.188-196.
11. O. O.Bello, & O. R. Akinajo, *A 10-year review of ectopic pregnancy at university college hospital, Ibadan Nigeria*. **Glob J Med Res**, 18, 20187-11.

Chapter Two

Literature Review

The chapter present reviewed literature under the following sub headings:

2.1 Conceptual Review

2.2 Theoretical Review

2.3 Review of Empirical Studies

2.4 Conceptual Framework Model

2.5 Summary of Gaps in Literature

DO NOT COPY. LEAD CITY UNIVERSITY, NIGERIA

2.1. Conceptual Review

2.1.1 Concept of Definitions of Public Relations

“The formal practice of what is now commonly referred to as public relations dates back to the early 20th century. In the relatively brief period leading up to today, public relations has been defined in many different ways, the definition often evolving alongside public relations’ changing roles and technological advances.”.Public relations is the communication of an intended message that aims to result in a shift of the audience’s attitude (towards a person, brand, event, etc.)¹.

For me, the definition of PR is reputation management. It’s ensuring that your brand has a clear message and successful PR is ensuring that message is effectively represented and interpreted to the right audience. Effective PR is about being proactive, not just reactive to situations or brand/business activity. With the rise of PESO (Paid, Earned, Shared, and Owned), PR’s need to focus on content with transparency is key².

PR is the art of convincing others (consumers, media, influencers, etc.) of a company, brand, or product’s relevance, rather than simply telling them. PR agencies have always worked to provide their clients with reasons to be talked about and to help them identify and communicate a purpose in people’s lives. It’s been the only way to grab the audience’s attention without paying for it. And in a rapidly evolving digital world, this is what consumers are demanding more and more. They have become disillusioned with companies who have crumbled in the face of social and digital transparency and are now proactively choosing brands that are authentically on their side. They want brands with a purpose, brands that give customers good and relevant reasons to choose them. And

that's why PR is becoming an increasingly powerful discipline – because we've been doing just that for years².

Public relations is the practice of understanding the purpose of an organization and its relationships within society. It is the planned and sustained activity of engagement between these two parties to influence behavior change, and build mutual understanding and trust. Engagement between an organization and its publics is the core of public relations practice. It is a two-way process by which an organization communicates with its publics and vice versa³. Public relation is an important element in the promotion mix. In the era of globalization, most multinational companies make concrete efforts to manage and maintain its relationships with their customers. Most multinational companies have a public relation department that makes all efforts to monitor the attitude and perceptions of customers. It is used to distribute and communicate all the necessary information to build up a good reputation in the mind of the public. An efficient and good public relation department use to adopt positive programs for this purpose and always emphasize the elimination of negative publicity that arises due to questionable practices³.

There are more than 600 standard and acceptable definitions of public relations in the world. This implies that there are several other definitions of public relations that are not considered 'standard and acceptable. Be they 'standard and acceptable or not, the fact remains that the striving to have as much as 1,000 definitions of public relations with many more emerging definitions clearly shows how important the profession is to the practitioners, researchers, and scholars³.

For better understanding of the meaning and nature of public relations, therefore, a few

definitions out of the numerous existing definitions of public relations were considered³:

Public relations is “essentially about positively and systematically using actions and communications to influence people’s attitudes, opinions, belief, interest and behaviour in a given or the desired direction (e.g. Adopting good environmental behaviours as well as building lasting credibility and reputation for individuals and corporate entities like profit or non-profit organisations and even nations, states, local government or communities⁴”.

Public relations is concerned with “the promotion of rapport and goodwill between persons, firms or institutions, and other persons, special publics or the community at large, through the distribution of interpretative materials, the development of neighbourly interchange and assessment of public reaction³”.

Public Relations is “the ethical and strategic management of communication and relationship in order to build and develop coalitions and policy, identify and manage issues and create messages to achieve sound outcomes within a socially responsible framework”⁴

Although the above definitions range from the simple to the complex, they all point to one direction which says it involves “deliberate use of organised actions and persuasive communications to influence opinions and actions and by so doing, secure public sentiments or sympathy in favour of a cause”⁴.

The definitions were considered working definitions for discussing public relations practice because of their conceptualisation beyond the context of corporate organisation. It implies that public relations practice is not strictly restricted within the corporate framework or context alone. It extends to building coalitions and relationships within and

outside: government circulation at various levels; community level; social institutions; faith-based organisations; social groups; non-governmental/community-based organisations⁴.

The public relations process can “occur at many levels and can explain the way in which practitioners, whether they are in government, corporations working for a community group, can use the same basic sets of skills and techniques”⁵.

The three working definitions of public relations stated above were carefully selected from the lot. The reason as we emphasised earlier is that the definitions tend to capture the dimensions of public relations practice in contemporary times. The definitions therefore clearly take into cognisance the dynamic nature of public relations practice. The definitions show that public relations practice is no longer limited to big businesses often referred to as corporate organisations. The dynamic nature of the profession requires the practitioners to sharpen their professional skills to cope with the emerging challenges and expanding the scope of the profession⁵, from the definitions also, it is decipherable that public relations communication activities are hardly carried out to impress⁴.

Communication activities must therefore be well-planned, persuasive, purposive, and goal-driven to the extent they can positively influence public opinion and behaviour change. The implications of these definitions to public relations practice by saying that: public relations actions must be well focused to achieve positive ends, the actions must be used systematically (that is in an organised manner), the actions must be properly communicated to the targets, the actions must be goal-orientated (that is designed to influence for purpose of achieving favourable image) and the action must be aimed at

achieving good social climate for corporate organisations (profit and non-profit, governments and communities),⁴.

Public Relations is used to help an organisation cultivate a good relationship with its publics and maintaining a positive relationship with stakeholders is crucial to the success of every organisation. If the public perspective of a company is negative, people will look elsewhere and avoid using its products or services⁵. Public relations professionals are experienced in communicating with a huge variety of people on behalf of organisations across all sectors. Given this scope, there are many different types of public relations and various areas of focus. There are seven different types of Public Relations⁶.

- **Strategic communications:** Every action that is undertaken by a PR professional should fall under strategic communication. This essentially means that all PR efforts are coordinated to help a company achieve its business objectives. Understanding an organisation's priorities from the outset is a must, with communications objectives and subsequent activities established to support these priorities⁵.
- **Media relations:** A good working relationship with the media is needed in order to spread key messages to the target audience. PR professionals can put clients into the spotlight by sending press releases and pitching interviews into the media outlets that enable these companies to reach their desired, most important audiences. Journalists need a consistent stream of news to fill their pages and airways, so creating compelling news stories for media involving the organisations looking for media exposure is a win-win for both parties⁶.

- **Community relations:** While the media is an important outlet for PR professionals, sometimes a more effective means of communication is direct engagement with the community or audience through owned channels - e.g. drafting a company blog. Engagement with the community in which an organisation operates should work two ways. For example, when a business opens a new facility, getting feedback from the local community is just as important as highlighting the benefits for the local economy. Good listening skills and the ability to coordinate events are essential for this⁷.
- **Internal communications:** Internal communications is quickly becoming a major area of focus in PR. Employees can be a company's biggest advocates or harshest critics so keeping them satisfied, motivated and loyal is crucial to the overall success of a company. Developing ongoing programmes to keep staff engaged and informed, whilst understanding their needs and concerns, is a challenge for companies and one which internal communications professionals are now playing a crucial role in assisting with⁷.
- **Crisis communications:** Contrary to popular opinion, the communications team should not just be brought in when a crisis occurs; that is too late. Organisations should take a planned and consistent approach to crisis management, with a clear crisis communications plan in place and strong relationships with both stakeholders and media built up over time which they can rely on at such times. This makes crisis communications as rewarding and valuable as it is challenging⁸.
- **Public Affairs:** Those who work in public affairs - or lobbying - are involved in building and developing relations between an organisation and politicians,

governments and other decision-makers. It is a relatively distinct subset within PR and those working in the field have a keen interest in the political system and the process for enacting legislative change. They can also add incredible value by providing assistance to organisations in areas such as regulatory compliance, corporate communication and trade associations⁵.

- **Online and social media communications:** In today's instant world of communications, it is essential that businesses possess a strong online presence to stand out from their competitors. Customers are increasingly turning to the web to do their own research before making a purchase decision, so online PR has become hugely important in generating leads, building brand relationships with blogs and social media, and attracting new talent. Both organisations and PR pros today must be adept in choosing the best social media platforms and other digital channels to achieve their communication objectives⁵.

As a profession, public relations offer an incredible array of opportunities and can be broken down into endless types and categories. However, there are underlying PR skills which are required across the spectrum for PR professionals. For businesses considering how PR can work for them, public relations can help to achieve business success in a wide variety of areas whether it is technology or international PR, working with a talented team is key to success.

Again, other scholars stated seven types of Public Relations:

- **Media Relations:** Media relations is the type of public relations that is all about getting attention from journalists, bloggers, broadcasters, and other platforms.

This is done solely for the purpose of strengthening the connection of a company with its stakeholders. Meanwhile, stakeholders are those people who are directly or indirectly attached to the company. Organizations work hard to garner these long-standing relationships through paid and earned media coverage campaigns. A sound example of earned media coverage is HARO, an online platform that connects reporters with credible sources⁹. Companies get in touch with journalists by sending them pitches at HARO. If a journalist finds a said pitch credible or useful, he or she makes sure that it's mentioned in a news article/ campaign that he is working on. As a result, the business gets a boost in popularity, customer conversions, and media coverage with positive effects that prolong for a decent duration⁶.

- **Community Relations:** Its sole purpose is to build a positive relationship between a local community and an organization through different campaigns. These days, many businesses rely on community relations processes continuously to make sure that the public's interest is aligned with the business in question. More so, those companies that make it a point to commit to their community's interests are always going to be more attractive than others. This positive connection result's in boosting the company's image – and that's what businesses eventually strive for. Depending on the medium used for executing community relations strategies, it could be an inexpensive process where the business doesn't have to spend a fortune. For instance, companies post regular updates through their social media profiles to keep everyone outside in the loop. Likewise, sponsorships, donations, and philanthropy translate to different opportunities for

MNCs where they can demonstrate their care and support for the local communities⁶.

- **Crisis Communication:** Crisis communication is another important type of public relations strategy where a business requires the help of a PR firm to handle any crisis situation. For instance, what if a company's founder engages in an unwanted spat with someone on social media. Alternatively, it could be a faulty product line that resulted in a negative public image for a business. In times like these, crisis communication specialists take the podium to elaborate on the situation and provide transparency to maintain the positive image of the company in the eyes of the public⁷. These days, spokespersons, on behalf of a company, use social media, press releases, and media coverage campaigns to send updates that are meant to "clear the air" around any specific crisis situation. As much as external communication is important, it is imperative to take the company's employees into confidence and execute an internal crisis communication campaign to make sure that everyone's on the same page. When it comes to crisis communication, you should seek the help of a professional PR firm to get started. These PR companies have specially trained personnel who excel in creating compelling copies with a neutral tone, speech writing, and vice versa⁸.
- **Public Affairs:** At a grander level, there is a need to look at public affairs that help to lobby the relationships between the government and politicians. To think of it, people have a murky view of public affairs campaigns. The job of a public affairs specialist is to ensure that the organization's views, which, in this situation would be the government, are aligned with the public's interest. The entire PR

affairs team works in a synchronised mode to make sure that whatever information or update is being shared, it's relevant and compelling enough to affect the decision makes at the highest level⁹.

Public affairs PR is a demanding process where decision-makers require industry insights and data-driven metrics to be able to communicate effectively. This is done via one-on-one meetings, drafting different copies, extensive research on different issues, and through a combination of green & white papers⁸.

- **Social Media Communication:** These days, social media has become the next big thing on the internet. With the advent of such platforms, companies, governments, and organizations seek to share updates with the public for increased outreach. As of now, the most popular social media platforms are Facebook, Twitter, and Instagram. We also have LinkedIn and TikTok, but the latter isn't exactly meant for social media communication – especially newsworthy content updates. The intent behind social media communications as a public relations company is to promote an organization's reputation and gain positive results. Seeing to the fact that the outreach factor is instant on social media, companies normally jump to seek any opportunity that helps them to get their product, newsworthy content, or update under the spotlight⁸. Social media communications is one of the easiest types of public relations that generate exponential results when campaigns are executed in collaboration with social media influencers. Influencers tend to have a massive following, and whenever they post an update, it has a profound impact on people's decision-making process⁹.

According to a recent survey from ‘Digital Marketing Institute’, 70% of the consumers feel comfortable buying anything online if it’s recommended by a popular social media influencer. However, that’s not all that social media communication entails as a public relations type. These days, these processes are all about maintaining messages between an organization and its consumers, regardless of real-life geographic boundaries⁹.

- **Internal Employee Communications:** Employees and the people that work for an organization are the most important aspect of the business. As much as maintaining external communication is important, it is equally imperative to keep employees on the same page. Timely communication with internal personnel ensures that the workspace processes are running smoothly, and people are working at an optimal rate. That is where internal employee communications PR comes into effect. It is a process that makes staff feel valued, cared for, and satisfied throughout the tenure of his/her relationship with a company⁹.
- **Strategic Communications PR:** It is the final part of the equation where different PR processes are set in place to send out coordinated messages on behalf of a company. Doing so helps the said business to achieve its long-term and short-term objectives – i.e. to disburse information for the sake of it! The public relations experts make sure that the organization’s profile with employees, customers, and media people, is maintained through controlled messages that outline the necessary updates

2.1.2 Concept of Community Relations

In an article by a researcher, community relations refer to the several ways companies use to secure and maintain a mutually beneficial relationship with the communities in which they operate¹¹. Creating a community relations strategy can be the most vital communication activity performed by an organization, yet it is often ignored. In today's environment of public mistrust, gaining public consent to operate has become a major issue for most businesses¹². However, managers are urged to open community relations programs in areas consistent with their DNA. For example, a company that produces or sells laptops should think about "choosing" a school and contributing to the school's computer department. Or perhaps donate laptops to certain members of that neighborhood. Such actions can improve a company's image in the eyes of the public who are potential customers. However, it is because of this that a company uses these PR tactics¹¹.

Furthermore, communities also like the fact that they can rely on companies to assist in community development programmes. Moreover, the community was there before the organisation and sees it only fair to enjoy some of the privileges¹³. "Community relations by Reference for organization states: 'the methods companies use to establish and maintain mutually beneficial relationships with the communities in which they operate'¹¹. Also, "community" is an extensive term, but in organizations, it's about creating mutually beneficial partnerships within the greater demographic area the organisation serves. Community relations is an excellent means of attracting new customers and growing an organisation.

For a company to be successful, it must develop a relationship with the community in which it operates. To see results, the relationship must be beneficial for all parties involved. In today's world, customer relation is an essential part of marketing, so choosing a cause that's appropriate for your customer's needs is crucial¹². Companies can identify an essential need of the community and find a way to fix it— through donating money to that specific cause or even sending a representative from your company to a function for the cause. Extending assistance through services, goods, or your time helps strengthen your relationship with your community and boosts your business¹³. Research has shown that 8 out of 10 people buy goods from their local businesses because of how that same business helped the community. Positioning your business as one that's involved and invested in its community builds goodwill among your potential customers, generating leads and driving traffic back to you¹². A veteran marketer once said, "People buy relations, magic, and stories— not goods and services." He was proven right over time. Many more companies are learning that marketing their products alone won't do. They have to get hands-on with their communities¹³.

Community relations is a branch of public relations concerned with cultivating and sustaining healthy relationships between an organisation and the community or communities where the organisation exists. It is simply conceptualised as the "social service responsibility of an organisation". The essence of community relations practice, therefore, is to achieve and sustain a safe operational climate for any organisation operating within a given community¹³. Therefore, community relations is defined as an institution's planned, active, and continuing participation within a community to maintain and enhance its environment to the benefit of the institution, its employees and

shareholders, and the larger community. The implication is that community relations practice is beneficial to both an organisation and its host community. The organisation benefits by operating in a safe community atmosphere and the community benefits by having its environment developed by the organisation. This will in turn help to ameliorate conflict between the organisation and its host community¹⁴. Community relations require that organisations should know the community or communities in which they exist; identify with the needs of the community or communities in which they exist; be and function as corporate citizens of the community or communities in which they exist; ensure at all times that there is a healthy relationship between them and the community or communities in which they exist¹⁶.

These clearly reinforces the position that community relations demand that “corporate organisations should work closely with their host communities in order to sufficiently understand and contribute immensely to the concrete priority needs of such communities and by extension achieve a harmonious relationship with the communities¹⁷. This harmonious relationship is needed to enhance the corporate objective of any business concern as such could hardly be achieved in a climate of violence”¹⁷.

According to an expert in the field of public relations, it is incontrovertible that the very presence of a corporate organisation in a given community would have some impacts on the socio-cultural, economic and physical environment of that locality¹⁷. By localising an organisation in an area, the residents of that area stand to derive some benefits from its activities or suffer some inconveniences such as environmental pollution, traffic congestion and loss of privacy among others. It stands to reason that those who are

inconvenienced by the situation of the organisation in their communities should also gain from positive outcome of the business activities of that organisation¹⁷.

Community relations are therefore needed to ensure that host communities receive fair treatment from the organisations operating within their communities. This explains why the indigenes of the Niger Delta (the major oil-producing area in Nigeria) have persistently “clamoured for fairness in what they have termed exploitation without commensurate compensation from the necessary quarters for long years of oil exploration in their area”. Note that the discussion here is not meant to support or debunk the veracity of the above claim. But what it shows, however, is that real or perceived unfair treatment of host communities by corporate organisations operating in such communities can lead to a chain of conflict which if not properly managed could snowball into crisis. When such is the case, the economic activities of the organisation can be crippled as was the case with Mobil Producing Unlimited which was reported to have lost about N6b in a single communal clash¹⁷. It makes sense therefore for organisations to engage in community relations so as to achieve harmonious relationship between an organisation and its community neighbours. The rationale or need for community relations practice as articulated includes but is not limited to: understanding the power-cum-leadership structure inherent in the community and fashioning out how to use the potentials of the power structures to achieve common understanding between the organisation and the host community; understanding the state of social institutions like schools, hospital, market, etc, existing in a community in order to know how such institutions could be enhanced.; understanding the cultures including the norms, values, mores, social events (festivals), and general lifestyle of the community members; understanding clearly, the core needs of

the community and prioritise such needs according to their relative degree of importance; providing enabling environment for constant dialogue between various arms of or interest groups in a community and by extension, monitor their feelings and dispositions toward the company and understanding how best to go about the management the organisation's social responsibility functions without provoking negative reactions from the community residents

In explaining the importance of community relations, it was asserted that community relations is considered a two-way benefit to its society¹⁸. It positions businesses as civically and ethically responsible in their local communities, fosters goodwill among the locals—your potential customers, and helps the community thrive as a whole.

- **Community Relations Allows Giving Back:** Businesses that participate in community relations benefit by being able to give back to their communities¹⁸. The beneficiaries in that community prosper from donations and other services.
- **Community Relations Builds Credibility:** Building credibility is essential for all businesses, and it's no different with community relations. A solid strategy helps boost your company's credibility and create a personal connection with your customers as compassionate, trustworthy and invested in local growth¹⁸.
- **Community Relations is Great for Advertisement:** Word-of-mouth marketing is king today. Your community relations strategy, when coupled with public relations outreach, can work wonders in generating buzz for your business. The resulting news coverage fosters positive sentiment of your business in the eyes of locals, driving traffic right back to you¹⁹.

- **Community Relations helps with Networking:** If you extend your time to do community relations, you'll find that your network will grow exponentially. You might start attracting potential investors and get new customers¹⁸. It will be easier to retain employees, connect with fellow local business owners for future partnerships, and your credibility ratings will go up as new customers view you as reliable, trustworthy, and honest.
- **Strategies for Community Relations Practice:** some authors identifies the primary objectives of community relations as: to increase sales and patronage of its product or service; exhibit commitment in the area of social responsibility of business – the contemporary prime objectives of business; make the community a better place for both the organisation and the people of the community alike; maintains peace and harmony with the community, and prove good corporate citizenship. In attempt to pursue some of all of these goals, organisations have often found themselves at logger-head with the host communities²⁰. The reason being that most of the times the desires of the organisations for their host communities often conflict with the actual desires of the communities. To strike a balance between the corporate organisation's desires for the host communities and the actual communities' desire therefore requires that community relations practitioners should: ascertain by the empirical means the community's disposition towards the organisation and its depth of knowledge pertaining to the organisation's policies, philosophies and practices; correct misrepresentation of, misconception and misinformation about the organisation via regular dissemination of credible and convincing information about the organisation's

policies, products and service; strike balance, via wide consultation and advocacy between the community's tall demands and what the organisation can actually offer; influence local, state and national legislations in favour of the organisation's business short, medium and long term interest; and position the organisation as committed, genuine, caring and invaluable corporate citizen of the organisation²¹.

Also, another author offered the following strategies of community relations: Investing in the Community – Donating to a local cause to show goodwill; giving through community events, Sponsoring a local event such as a summer splash or community concert. Not only will this help with gaining trust from your new customers, but it will also provide great visibility to a new audience via on-site activations or visual marketing opportunities; and volunteerism – organize a volunteer day for your team at a local charity. While you won't make a profit, it will offer networking opportunities and show the community you care, adding community relations to marketing strategy does not only benefit the company but the community at large, creating a pipeline of brand trust that leads to new customers²⁸.

An author affirms that community relations programme is a strategy that promotes a connection between an organisation and the community¹³. Also, it is about interaction with other organizations and individuals in your community¹³. Most importantly, it is about the ways organisations give back and support the community where its operate.

These are certain examples of community relation strategies:

- **Scholarship Programs:** Companies should always try to give back to the community in which they operate. However, one way of doing that is to provide scholarship programs for people of that community.
- **Urban Renewal Projects:** Another example of community relations programs is urban renewal projects. This is where companies help in renewing failed projects in the community. However, other ways are performing arts programs, social and educational programs, children's activities.
- **Corporate Social Responsibility:** Corporate social responsibility (CSR) is the idea that a business has a responsibility to the society that exists around it²². Firms that embrace corporate social responsibility are typically organized in a manner that empowers them to be and act in a socially responsible way. It's a form of self-regulation that can be expressed in initiatives or strategies, depending on an organization's goals²². Exactly what "socially responsible" means varies from organization to organization. Firms are often guided by a concept known as the triple bottom line, which dictates that a business should be committed to measuring its social and environmental impact, along with its profits. The adage "profit, people, planet" is often used to summarize the driving force behind the triple bottom line²². Corporate social responsibility is traditionally broken into four categories: environmental, philanthropic, ethical, and economic responsibility²².
- **Environmental Responsibility:** Environmental responsibility refers to the belief that organizations should behave in as environmentally friendly a way as possible.

It's one of the most common forms of corporate social responsibility. Some companies use the term "environmental stewardship" to refer to such initiatives. Companies that seek to embrace environmental responsibility can do so in several ways: reducing pollution, greenhouse gas emissions, the use of single-use plastics, water consumption, and general waste, increasing reliance on renewable energy, sustainable resources, and recycled or partially recycled material, offsetting negative environmental impact; for example, by planting trees, funding research, and donating to related causes²².

- **Ethical Responsibility:** Ethical responsibility is concerned with ensuring an organization is operating in a fair and ethical manner. Organizations that embrace ethical responsibility aim to achieve fair treatment of all stakeholders, including leadership, investors, employees, suppliers, and customers. Firms can embrace ethical responsibility in different ways. For example, a business might set its own, higher minimum wage if the one mandated by the state or federal government doesn't constitute a "livable wage." Likewise, a business might require that products, ingredients, materials, or components be sourced according to free trade standards. In this regard, many firms have processes to ensure they're not purchasing products resulting from slavery or child labour²².
- **Philanthropic Responsibility:** Philanthropic responsibility refers to a business's aim to actively make the world and society a better place. In addition to acting as ethically and environmentally friendly as possible, organizations driven by philanthropic responsibility often dedicate a portion of their earnings. While many firms donate to charities and nonprofits that align with their guiding

missions, others donate to worthy causes that don't directly relate to their business. Others go so far as to create their own charitable trust or organization to give back²³.

- **Economic Responsibility:** Economic responsibility is the practice of a firm backing all of its financial decisions in its commitment to do good in the areas listed above. The end goal is not to simply maximize profits, but positively impact the environment, people, and society²². On the types of corporate social responsibility, most firms are driven to embrace corporate social responsibility due to moral convictions, and doing so can bring several benefits²². Corporate social responsibility initiatives can, for example, be a powerful marketing tool, helping a company position itself favorably in the eyes of consumers, investors, and regulators. CSR initiatives can also improve employee engagement and satisfaction—key measures that drive retention. Such initiatives can even attract potential employees who carry strong personal convictions that match those of the organization²². Finally, corporate social responsibility initiatives, by their nature, force business leaders to examine practices related to how they hire and manage employees, source products or components, and deliver value to customers. This reflection can often lead to innovative and groundbreaking solutions that help a company act in a more socially responsible way and increase profits²³. Reconceptualizing the manufacturing process so that a company consumes less energy and produces less waste, for example, allows it to become more environmentally friendly while reducing its energy and materials costs value that can be reclaimed and shared with both suppliers and customers.

Some seven nuggets for improving relationship between organisations and their host communities in community relations practice are discussed below²⁹:

- **Event Sponsorship:** A corporate organisation can enhance its relationship with the community neighbours through event sponsorship. The community neighbours may therefore develop a sense of belonging when the corporate organisation operating in their area decided to sponsor an event that is so dear to them. In Nigeria for instance, the sponsorship of traditional events like new yam, Mmanwu (Masquerade), Oro and Argungu festivals; educational programmes like quiz and essay competitions, and sporting competitions can go a long way to cement the relationship between an organisation and the host communities.
- **Physical Infrastructural Development:** Part of the social responsibility functions of corporate organisations demands that organisations should carryout physical development of the community neighbours. Note that public relations business is all about action and communication. So, taking action in this direction and communicating same will help immensely to enhance the image and reputation of corporate organisations before the host communities.
- **Assisting in Community Development Projects:** By collaborating with town unions to organise fund raising for the execution of community-initiated development projects.
- **Social Visits:** The management team of a corporate organisation can also help to achieve cooperation of host communities by visiting community leaders, the management of some institutions located in the communities, and influential people in the community

- **Employment Creation:** The image and reputation of an organisation can further be enhanced by employing members of the host communities in the organisations operating within the area. Such employment will give the employers a sense of ‘oneness’ and by extension, make them treat the organisation as their own.
- **Patronising Local Contractors/Suppliers:** Where necessary local contractors/suppliers should be patronised to further give them a sense of belonging. As author²⁹ puts it, this will make such contractors/suppliers “feel belonged and by extension, become favourably disposed towards the corporate organisation”.
- **Good Corporate Citizen of Host Community:** The corporate organisation should always strive to position itself as good corporate citizen of the host community. This the organisation can do by responding positively, identifying and participate actively in community activities as well as paying its corporate tax promptly.

A number of challenges bedevil the community relations practice in Nigeria, some of which are identified as²⁹:

- **Rumour:** many times few selfish interest seekers and dubious enlightened cliques in communities often sponsor destabilising rumour against the corporate organisation. The interest is usually to incite the numerous illiterate community neighbours against the corporate organisation just to serve their selfish interests. Some communities’ demands are often numerous, in fact, much more than what corporate organisations can afford.

- **Hostility by host communities:** In this case, the communities may not have any cogent or justifiable reason for disrupting the business activities of the companies they play host to. This is often demonstrated through frequent, boring and impracticable demands with a view to deliberately provoke the companies' staff and management. Unfair treatment of host communities by some corporate organisations observes that many a times, organisations "may decide to establish a project that will not have much relevance to the needs of the community" . Government influence to some extent also impact negatively on the relationship between corporate organisation and its host communities. This is usually the case when organisation are made to pay heavy or excessive taxes to the government to the extent that companies may not have enough to pay their staff, pay suppliers, service machines and meet their social responsibility obligation to the host communities.
- **Ignorance:** Most time community neighbours are easily brainwashed and mobilised against a corporate organisation that is doing its best to impact positively on the host communities due to ignorance. Cases abound where some dubious cliques in the community deliberately hijack a company's welfare packages meant for the entire community without the community residence knowing about it

2:1.3 Concept of Engagement practices

In Community engagement: a health promotion guide for universal health coverage in the hands of the people, community and civil society engagement are fundamental components of any strategy to achieve all health goals and targets of SDGs. Action on UHC and SDGs can be swifter if strategies for community engagement are put in place in existing healthy settings initiatives and localities that have SDG projects²⁷. WHO defines communities as “groups of people that may or may not be spatially connected, but who share common interests, concerns or identities. These communities could be local, national or international, with specific or broad interests”²⁷. The role of the community and civil society is essential to public health and health promotion as outlined in the Ottawa Charter for Health Promotion, and reiterated in a research. Building on the work on ‘healthy settings’ and recognizing the power of communities is the key to achieving better health for all²⁸. Without community and civil society engagement, advocacy for UHC and the SDGs run the risk of more theoretical discussions with less practical action that impacts on the lives of people²⁷. The perceived emphasis on the financing component of UHC needs to be complemented with broader and bolder efforts for: prevention of disease, population-based interventions, equity, cohesion and social inclusion. These can be addressed through health promotion actions such as developing personal skills, strengthening community action, creating supportive environments, building healthy public policy, and reorienting health services. These five actions can be reapplied to places where people live, work, learn and play. The more popular healthy settings, healthy islands, healthy cities, health-promoting schools, health-promoting hospitals, healthy market places are natural starting points for community engagement²⁸. Mindful

that communities are not always characterized by solidarity and unity, a good strategy for community engagement considers the problems of polarization, marginalization and distrust. Hence, community engagement must focus on inclusion, social cohesion and building trust³⁰. Community engagement is defined as “a process of developing relationships that enable stakeholders to work together to address health-related issues and promote well-being to achieve positive health impact and outcomes”³¹. Community engagement is both an outcome and a dynamic process which should result in trust, mobilized resources, and facilitation of sustainable collaborations to achieve better health and well-being outcomes³¹. There are undeniable benefits to engaging communities in promoting health and well-being. At its core, community engagement enables changes in behaviour, environments, policies, programmes and practices within communities. There are different levels, depths and breadths of community engagement which determine the type and degree of involvement of the people³¹. At the political level, community engagement works towards building sustainability, efficiency, and resilience of national health systems, by meeting the financial needs of health programmes and services, and supporting initiatives of local communities. Community engagement also facilitates the strengthening of local knowledge, skills and competencies, and can help promote involvement in public health programmes³¹.

These are some engagement practices an organization can embark upon²⁶:

- **Consultation:** Updated in a research stated, consultation plays a major role in occupational health and safety in several separate areas of practice. First, governments and government bodies hold public consultations on regulatory

changes to occupational health and safety acts, such as updates to safety standards. Second, both governmental agencies such as OSHA and for-profit private consultancies will consult with workplaces to improve workplace occupational health and safety. Finally, employers will consult with their employees or their representatives on matters of occupational health and safety. In many jurisdictions, employers may face a legal obligation to consult with employees. Employers have a legal duty to consult with their employees about workplace safety in most developed world jurisdictions. Consultations with employees generally require employers to seek feedback about current health and safety policies and to provide responses to that feedback. Employees are legally protected from punishment for any issue raised during a consultation. The specific rights to consultation possessed by employees may vary depending on their labor status. Under UK law, the amount of consultation required is larger in unionized workplaces than in non-unionized workplaces²⁹. Public consultation is a process available in most democracies, though in some jurisdictions, public consultation may occur under alternative titles. The purpose of public consultation is to provide an opportunity for public input on a variety of issues, including occupational health and safety issues. The European Union used public consultations to evaluate the European Strategy on Safety and Health at Work 2007-2012 and to identify current and future occupational safety challenges²⁹. Consultation with employees and other stakeholders is a prominent duty of occupational health and safety inspectors. Consultations may occur during advisory inspections that seek to help employers improve their workplace

conditions and comply with a desired standard, as well as during regulatory inspections that seek to audit an employer to ensure they are meeting a legally required standard. Consultations with employees are undertaken to gain an understanding of normal workplace functions through the inspection process or through consultation with an employer²⁹.

- **Information Sharing:** According to author, traditionally, an organisations's management distributed information along a well-defined, top-down channel. Today, due to the spread of social technologies, information can be shared with great ease and almost no effort. This ease of information sharing makes it very difficult to assure that all information travels along the defined channels. Thus, many organisations that already use social technologies to a wider extend are facing the problem of how to adopt their policies to the new nature of information sharing. Open information sharing means to “establish an organisational and technical infrastructure that encourages free exchange but also enforces controls that mitigate the risks of irresponsible use. There are six different concepts of open information sharing³⁴ as discussed below:

- **Explaining Decisions:** This concept aims at explaining management decisions and strategies. Employees should not only understand management's behavior but also comprehend the background of their decisions and strategies. This may strengthen their motivation. Using social technologies to explain decisions is a first step to openness and is already widespread. The intranet of many organisations has evolved into a corporate social network that includes internal weblogs. Employees are able to comment and discuss decisions made by their

managers. Vice versa the management can listen to staff opinions and take part in ongoing discussions³⁴.

- **Mutual Report:** With mutual reporting, management and employees of an organisation regularly provide and update each other with information about current developments. Social technologies enable an interactive, two-way exchange of information. They can also be divided into individual communication channels to which executives and employees can subscribe³⁴.
- **Information Sharing with Partners:** Information exchange can include both internal and external information that staff or management exchange with external stakeholders of the organisation. The general aim is to build and maintain external relationships in order to obtain direct access to all relevant information. The two previous concepts described how organisations use social technologies for internal information sharing, while this and the following concepts refer to the information exchange with external partners³⁴. For example, German independent farmers report the cultivation of new types of grain seeds to an association of plant seed companies, Saaten-Union. The association recently introduced a platform called Best Seed, on which farmers as well as employees of the association can share information on their seeds and discuss issues such as pests and storms. The exchange aims at boosting the performance of plant cultivation³⁴.
- **Encourage Participation:** Employees, customers, partners or external supporters are invited to contribute their opinion, their own ideas or any other information. The information collected allows the organisation to assess its own performance from different perspectives and to build on the motivation and engagement of

individuals who are willing to freely support the goals of the organisation. One successful campaign falling under this concept has in recent years been conducted by the Suisse committee of Unicef in its fight against the circumcision of girls. The committee launched a virtual postcard that supporters could forward to friends, including through Facebook. More than 20,000 supporters joined the campaign, which led to a law explicitly banning circumcision in Switzerland since 2012³⁴.

- **Outsource Problem Solving:** An open exchange with customers and business partners can generate ideas that help to improve the organisation's performance, to solve specific problems and to develop innovations. In recent years a growing number of organisations has started to offer outside individuals the possibility to participate in open innovation projects. Examples of these open innovation projects are customers that suggest new products, external experts that solve existing problems and online communities that develop the company's design³⁴.
- **Open Interfaces:** This last concept of open information sharing is different to the others because it does not focus on the exchange between people but on the exchange between computers. Open interfaces allow external actors to build on standardized processes of the organisation and enhance these processes by adding new components. They also allow the automatic exchange of information, which is often the basis for entirely new services. There are infinite ways to get involved in your community. To not limit your imagination, the examples below are general aspects of social wellbeing (as opposed to specific actions). These offer good starting points to find where you are best positioned to contribute. Whether

you are an individual or business, thinking through the needs of your community and your unique qualities are the natural starting point for impactful community involvement³².

- **Improve Public Health:** Community involvement in public health is a growing area of interest for many. As pointed out above, health care professionals that have a community-centered perspective are better able to treat their patients. There are many advocates for health care professionals to effectively get involved in the communities they serve³¹. However, the burden should not just rest on those in the healthcare field alone. Public health is a community-wide responsibility and, since health care often starts with education, the field presents ample opportunities for individuals or businesses to lend support. Partnering with local health care professionals and policy makers to help improve local services or education programs could have significant benefits for communities³². Getting involved in local public education is a good way to have long-lasting impacts on your community. As discussed above, evidence suggests that community involvement can improve academic success among students³¹.
- **Environmental Management:** Environmental management is another area proven to be enhanced through community involvement. Local governments and associations can be overwhelmed by the scale of environmental issues and lending volunteer services will likely be welcomed by policy makers and residents³². There is a positive correlation between community involvement and local bio-diversity³⁵. These types of interventions can have cascading impacts as improved environments can lead to better public health (often referred to as

environmental health – a subfield of public health), local pride, and increases in tourism³⁵.

Often when people hear the term community involvement, volunteering, or charity they associate these efforts with eradicating poverty and homelessness. And, with good reason as it's a worthy cause and one where you can have visible impacts. However, caution is needed when approaching the issue of poverty eradication. Volumes of literature have been dedicated to the subject because of how complicated the issue is at its core. That being said, policy makers and professionals often decry a lack of resources and more help is always needed³⁵. A 2007 study for the US Department of Housing and Urban Development, for instance, emphasized the need for a community-wide approach to addressing issues of homelessness and poverty³⁵. The research indicated that involvement in this area is usually most effective when efforts are directed at both alleviating current circumstances and addressing the root causes of the issue³⁵.

- **Foster the Arts:** The arts can often be an overlooked area for involvement, but providing creative spaces to the community can also intersect with and improve other aspects of social wellbeing. Supporting the arts can be an effective way of supporting education. A multi-year study of a “Learning Through Art” program by the Guggenheim Museum found that students who participated in the program were “more likely to plan, persist, be deliberate and thoughtful, approach difficulties with focus, and have greater knowledge of art materials”³⁵. The arts are beneficial for the economy too; according to the U.S. Bureau of Economic Analysis, the arts added \$804.2 billion to the U.S. economy in 2016. Giving back through the local arts scene, then, can help boost a community’s resilience and

development³⁵. Principles of community engagement provide the value base for common and shared appreciation of purpose. A combination of principles is important for a community engagement strategy³⁵.

- **Trust:** A key component to collective work is trust and respect throughout the collaboration process. Building trust should commence early in the engagement. Trust can be strengthened through face-to-face interactions, co-planning of agendas and actions, and co-decision-making.

To build trust there needs to be an understanding regarding the importance of transparency and accountability for promoting health and well-being across society³⁵.

- **Accessibility:** Lack of accessibility is a negative determinant of engagement especially as it is related to geographic, linguistic, cultural and socioeconomic access. Marginalized groups are less likely to engage, hence the need for specific strategies to reduce equity gaps. The 2018 Global Conference on Primary Health Care in Astana, reiterated the importance and complexity of ensuring access to primary health care services³⁵. Similarly, the equity in accessibility to community engagement initiatives must be considered and should be as universal as possible, eliminating any form of barrier to participation³⁵.

- **Contextualization:** The perspective of the people themselves in relation to community engagement is crucial. One identified barrier to effective engagement is the perception that participation is ineffective or time-consuming. Change agents play an important role in finding effective ways to engage with the community and to use models of engagement that create impact³⁵. An initiative is

of higher value when there is local understanding and engagement, and is done consistent with language, culture and context³⁵. Understanding what is of value to the community and working on the community's perception of value leads to stronger engagement³⁵.

- **Equity:** To effectively address the social determinants of health, equity must be placed at the centre of any public health initiative. Given that the social determinants of health often lie outside the health sector, collaboration with communities, health and non-health partners is essential to achieve health equity. Equity is a key principle to drive effective community engagement processes, and initiatives that successfully address the health equity agenda are closely linked to cogent engagement practices³⁵.
- **Transparency:** Transparency is key to successful engagement of the community and considered crucial for participatory processes and decision-making. Transparency is essential for trust and can promote other enabling factors required for effective community engagement³⁵.
- **Autonomy:** Community engagement develops autonomous and empowered individuals and communities at all levels. It can be utilized as a powerful approach to influence policy and advocate for change³⁵. Community engagement should be integrated at all levels of governance. Opportunities for participation at the local, regional and national levels should be created through participatory governance structures and processes, legal frameworks and the scaling-up of smaller initiatives. It is essential that best practice examples of participatory national governance systems are shared at the international level too³⁵.

- **Enabling factors:** In the research, there are a range of factors that influence success or failure of community engagement. Based on the literature, the following are the most important enabling factors that contribute to successful community engagement approaches³⁵.
- **Governance:** Good governance, strong leadership and clear roles and responsibilities are essential when building meaningful engagement. Developing roles and responsibilities within the community and building on existing capacities enhances community ownership of a programme and buy-in of the community, and should be supported by participatory governance structures and processes³⁶.
- **Leadership:** In regards to leadership, two different categories of leadership have been described: the classic conception of leadership that has a top-down character and uses “position power”; and leadership that emerges from the community, which is more collaborative in nature and harnesses the power of a common vision and relationships instead of “position power”³⁷. The type of leadership considered within a programme will depend on the context and the aims of the initiative itself. Often top-down approaches can be complemented by bottom-up models and the two can work to support each other in building a holistic and sustainable engagement model³⁷.
- **Decision-making:** Sustainability is achieved when there are joint decision-making processes that involve the community in facilitating engagement³⁷. The governance of community engagement may facilitate a handover of power and

decision-making control to the community, which highlights a shift away from the utilitarian perspective of community engagement³⁷.

- **Communication, Collaboration and Partnerships:** Mutual understanding and strong communication practices among the various actors at all levels is important³³. By creating partnerships, building networks and establishing long-term relationships, community engagement initiatives can profit from sustainability and effectiveness. Incorporating these factors at an early stage of implementation will ensure maximum impact. Local intersectoral coalitions can have a direct impact on the sustainability of engagement initiatives based on established collaborative partnerships.
- **Resources:** In the literature, much importance has been given to the availability of resources to sustain community engagement efforts³³. Particularly, resources in the form of organizing capacity can greatly influence engagement. Furthermore, these empowering approaches are seen as building capacity and increasing assets in the community, thereby increasing the sustainability of community engagement³³.

The fundamental question in developing an effective community strategy is: What problem do we want to address using community engagement? Or stated in another way, 'How can community engagement serve as part of a larger solution to a problem³⁵? A community engagement strategy can address a wide range of concerns, issues, problems and challenges, such as: behavioural, cultural and social conditions (such as vaccination during outbreak response, awareness on harmful products, exclusion, gender-bias, drunk-driving); health system determinants (such as access to appropriate and acceptable

primary health care services, information and programs for communicable and non-communicable disease, new outlets for mental health services); prerequisites for health (such as unemployment, lack of housing, lack of water and sanitation projects, lack of access of girls to education, food security); upstream driving forces (such as poverty, poor working conditions, climate change, environmental degradation, demographic change, rapid and unplanned urbanization)³⁵.

Wherever there is a need to inform, consult, involve, collaborate or empower people to improve health and its determinants, community engagement principles and approaches are useful³⁵. It is important to underscore the importance of equity in community engagement³⁵. Many efforts that engage communities result in working with people who are more likely to participate because they have advantages, resources and support groups³⁶. It is of paramount importance that community engagement efforts strive toward inclusiveness and try to involve as many people as possible, especially those who are marginalized, vulnerable and excluded³⁷. It is worthwhile to note that improvements in health and reduction in health inequity is more likely to occur where social initiatives address upstream determinants of health³⁷. Interventions that are based in health facilities that provide services are less likely to reduce inequity, and instead can further marginalize vulnerable groups³⁵. As interventions shift toward public health, intersectoral coordination and social determinants of health, improvements in population health outcomes and decrease in disparities are more likely³⁵.

2.1.4 Concept of Health Care Delivery Services

According to the World Health Organisation, a health system consists of all organisations, people and actions whose primary intent is to promote, restore or maintain health³¹. This includes efforts to influence determinants of health as well as more direct activities that improve health³¹. A health system is, therefore, more than the pyramid of publicly owned facilities that deliver personal health services but include the institutions, people and resources involved in delivering health care to individuals for example; a mother caring for a sick child at home; a child receiving rehabilitation services within the school setting; an individual access vocational rehabilitation services within the work place; private providers, behaviour change programmes, such as vector-control campaigns. health insurance organisations, occupational health and safety legislation which includes inter-sectoral action by health staff, for example, encouraging the ministry of education to promote female education, a well-known determinant of better health³¹.

Rehabilitation is an essential health service, alongside prevention, promotion, treatment and palliation³¹. In a comprehensive health system, rehabilitation is one of the key services at both the community- and hospital level The integration of rehabilitation in health systems (across the continuum of care, at all stages of life, and for a range of health conditions) is expected to result in improved coordination with medical and other health services, accountability, quality assurance and sustainability. In the medium- and long-term, this integrated approach will result in strengthened delivery of rehabilitation services, better workforce allocation, and adequate financing³¹. However, there is evidence that rehabilitation is not yet effectively integrated into many health systems

globally³¹. In many countries, individuals do not have access to the rehabilitation services they need³¹. The best way to ensure that rehabilitation services reach all those who need them is by integrating rehabilitation across all levels of the health system, as part of universal health coverage³¹. A well-functioning health system working in harmony is built on having trained and motivated health workers, a well-maintained infrastructure, and a reliable supply of medicines and technologies, backed by adequate funding, strong health plans and evidence-based policies. Health Care Systems differ from nation to nation depending upon the level of economic development and the political system in place. Health care is a priority and source of concern worldwide³¹. Every country irrespective of its private, public or mixed health care system faces challenges with regard to quality, delivery and cost of services³¹.

As with other social institutional structures, there are a wide variety of health systems around the world and tend to reflect the history, culture, and economics of the states in which they evolve. Nations design and develop health systems in accordance with their needs and resources, although there are common elements present in virtually all health systems for example public health measures like vaccination. In some countries, health system planning is distributed within a competitive market of private health care providers, while in others, there is a concerted effort among governments, trade unions, charities, religious organisations, or other co-ordinated bodies to deliver planned public health care services targeted to the populations they serve. Health care is conventionally regarded as an important determinant in promoting the general physical, mental and social well-being of people around the world and can contribute to a significant part of a country's economy, development and industrialisation when efficient. An example of this

was the declaration by the World Health Organization (WHO) of worldwide eradication of smallpox eradication in 1980, the first disease in human history to be completely eliminated by deliberate health care interventions³¹. Recognising the value of rehabilitation and its impact on individuals, families, and communities, the allocation of resources to rehabilitation services should be seen as an investment, rather than a cost³¹. A health system consists of all the organisations, institutions, resources and people whose primary purpose is to improve health. The key components of a well-functioning health care system should include³⁴:

- **Leadership and Governance:** Leadership and governance involve assurance that strategic policy frameworks exist and are combined with effective oversight, coalition-building, regulation, attention to system design and accountability. Laws, policies, plans and strategies that address rehabilitation; governance structures, regulatory mechanisms and accountability processes that address rehabilitation; planning, collaboration and coordination processes for rehabilitation.
- **Financing:** Raises adequate funds for health, in ways that ensure people can use needed services and are protected from financial catastrophe or impoverishment associated with having to pay for them³⁴. It provides incentives for providers and users to be efficient. Health expenditure for rehabilitation; health financing and payment structures that include rehabilitation; and health workforce³⁴. A health workforce works in ways that are responsive, fair and efficient to achieve the best health outcomes possible, given available resources and circumstances (i.e. there are sufficient staff, fairly distributed, they are competent, responsive and productive)³⁴. Health workforce that can deliver rehabilitation interventions -

including rehabilitation medicine, rehabilitation-therapy personnel, and rehabilitation nursing³⁴. Healthcare Products - Essential Medicine and Technology: Equitable access to essential medical products, vaccines and technologies of assured quality, safety, efficacy and cost-effectiveness, and their scientifically sound and cost-effective use. Medicines and technology commonly used by people accessing rehabilitation, particularly assistive products³¹.

- **Service Delivery:** Service delivery can be defined as the way inputs are combined to allow the delivery of a series of interventions or health actions. Health services that deliver rehabilitation interventions, including in specialised rehabilitation hospitals, centres, wards and units; in tertiary and secondary hospitals and clinics; in primary health care facilities and in community settings³¹.
- **Health Information Systems:** Ensure the production, analysis, dissemination and use of reliable and timely information on health determinants, health system performance and health status. Data relevant to rehabilitation in the health information systems, such as population functioning data, rehabilitation availability and use data, and rehabilitation outcomes data; and research relevant to rehabilitation policy and programmes³¹.
- **Rehabilitation in Health Systems:** While we recognise that rehabilitation, in conjunction with other health services, is delivered in the context of a specific health condition, integrated into the health system is currently not effective in many areas of the world. It has been suggested that this is a result of the poor designation of responsibility for the integration of rehabilitation into the health systems. In some countries rehabilitation is more commonly associated with

disability, so is often governed by and administered by social welfare services, while in other countries rehabilitation governance is shared between the ministries of health and of social welfare. The World Health Organisation Rehabilitation in Health Systems provides evidence-based, expert-informed recommendations and good practice statements to support health systems and stakeholders in strengthening and extending high-quality rehabilitation services so that they can better respond to the needs of populations and integrate rehabilitation services effectively

In relation to levels of health care, patients often hear medical professionals talk about levels of care, but not many know much about those levels³⁴. Healthcare is divided into four levels; primary, secondary, tertiary, and quaternary³⁵. Doctors use these different categories to distinguish between the complexities of medical cases and the level of care they require³⁶. As a patient, knowing about the different forms of care protocols can help in understanding the severity of one's condition or the lack thereof. Simply put, if you end up in a hospital and the doctor tells you, you require a particular level of care, you can ascertain the seriousness of your condition by it³⁶. If primary care is available, then it means the condition is not too dangerous and can be treated with generalized care³⁷. However, if any other level of patient care is required, then it could indicate the presence of a more severe ailment. Hence, learning about the four levels of healthcare to better understand the workings of the world of medicine is necessary. The concept of Primary Health Care (PHC) has been repeatedly reinterpreted and redefined in the years since 1978, leading to confusion about the term and its practice³⁸. A clear and simple definition has been developed to facilitate the coordination of future PHC efforts at the global,

national, and local levels and to guide their implementation:"PHC is a whole-of-society approach to health that aims at ensuring the highest possible level of health and well-being and their equitable distribution by focusing on people's needs and as early as possible along the continuum from health promotion and disease prevention to treatment, rehabilitation and palliative care, and as close as feasible to people's everyday environment³⁸."

PHC entails three inter-related and synergistic components, including: comprehensive integrated health services that embrace primary care as well as public health goods and functions as central pieces; multi-sectoral policies and actions to address the upstream and wider determinants of health; and engaging and empowering individuals, families, and communities for increased social participation and enhanced self-care and self-reliance in health³⁸.PHC is rooted in a commitment to social justice, equity, solidarity and participation. It is based on the recognition that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction³⁸.For universal health coverage (UHC) to be truly universal, a shift is needed from health systems designed around diseases and institutions towards health systems designed for people, with people. PHC requires governments at all levels to underscore the importance of action beyond the health sector in order to pursue a whole-of-government approach to health, including health-in-all-policies, a strong focus on equity and interventions that encompass the entire life-course³⁸.

PHC addresses the broader determinants of health and focuses on the comprehensive and interrelated aspects of physical, mental and social health and wellbeing. It provides

whole-person care for health needs throughout the lifespan, not just for a set of specific diseases. Primary health care ensures people receive quality comprehensive care - ranging from promotion and prevention to treatment, rehabilitation and palliative care - as close as feasible to people's everyday environment³⁸. Member States have committed to primary health care renewal and implementation as the cornerstone of a sustainable health system for UHC, health related Sustainable Development Goals (SDGs) and health security³⁸. PHC provides the 'programmatic engine' for UHC, the health-related SDGs and health security³⁸. This commitment has been codified and reiterated in the Declaration of author in a research work states that. UHC, the health-related SDGs and health security goals are ambitious but achievable³⁸.

PHC is the most inclusive, equitable, cost-effective and efficient approach to enhance people's physical and mental health, as well as social well-being³⁸. Evidence of wide-ranging impact of investment in PHC continues to grow around the world, particularly in times of crisis such as the COVID-19 pandemic³⁸. Across the world, investments in PHC improve equity and access, health care performance, accountability of health systems, and health outcomes. While some of these factors are directly related to the health system and access to health services, the evidence is clear that a broad range of factors beyond health services play a critical role in shaping health and well-being. These include social protection, food systems, education, and environmental factors, among others³⁸. PHC is also critical to make health systems more resilient to situations of crisis, more proactive in detecting early signs of epidemics and more prepared to act early in response to surges in demand for services³⁸. Although the evidence is still evolving, there is widespread recognition that PHC is the "front door" of the health system and provides the foundation

for the strengthening of the essential public health functions to confront public health crises such as COVID-19³⁸.

In relation to Secondary health care, is the hospitals and outpatient specialist clinics to which people go, after referral from primary health care services³⁸. These services are generally more specialized and further from where people live. They often include a greater range of diagnostic services such as X-ray and pathological laboratory services; they may also include specialized treatment, such as operating theaters, radiotherapy, and certain drug therapies not normally available in primary care. The principal difference between primary and secondary services is in the range and specialization of the staff available³⁸. Secondary Health Care is the specialist treatment and support provided by doctors and other health professionals for patients who have been referred to them for specific expert care, most often provided in hospitals³⁸. Usually, patients are referred from primary healthcare centres to hospitals when local health staff lacks the knowledge, resources or specialisation to treat them³⁷. Secondary healthcare includes a wide range of specialists, such as psychiatrists, cardiologists, obstetricians, dermatologists, paediatricians and gynaecologists³⁸. International Medical Corps provides secondary health care to tens of thousands of people in a range of challenging and low resource environments around the world³⁸. They support visits from experts in key areas of health to primary health care centres where there is an identified need, and when access to hospitals is difficult or impossible³⁸.

They work in hospitals where the local systems lack resources to provide adequate care and also work to improve the capacity of secondary healthcare professionals through

training, continuing education and support³⁸. This saves lives in the short term, but also ensures that the skills and knowledge needed to operate a functioning health care system are developed and kept within communities³⁸. Some examples of the type of support being provide through such service is Secondary Health Care programmes which include emergency obstetric care to women suffering from complicated labour; supporting psychiatric hospitals to treat and manage patients; working with governments to improve hospital management; training of specialist medical professionals and providing medication and pharmaceuticals to hospitals and health clinics³⁸.

2.1.5 Concept of Community Relations Strategies of University College Hospital, Ibadan

The University College Hospital's community relations strategies could be described as its medical social services³⁹. The Medical Social Services Department was established on the 1st of February 1957, as the pioneer of Medical Social Work profession in Nigeria. Mrs. Mary Modupe Omitowoju (Nee Noo Noo) of blessed memory pioneered Social Work in Clinical setting in Nigeria when she was employed on the 1st of February, 1957 by the University College Hospital, Ibadan³⁹. The Medical Social Services Department is a Clinical department and the department shares the mandate of the hospital in her 3 (three) fold functions namely; Direct Services to Patient, Training and Research. The department is directly under the supervision of the Chairman Medical Advisory Committee³⁹. The hospital' s vision aims at maintaining her position as the ultimate in clinical social services delivery in the Country and centre of excellence for professional

training of Medical Social Workers while collaborating in Medical research by highlighting the psycho-social components of medical care³⁹. Its mission attempts to promptly and effectively alleviate the psychosocial problems of needy patients and staff in a conducive environment that fosters training and stimulates ethical psychosocial research³⁹. The Medical Social Services Department is divided into seven operational units, to allow for easy coverage, and prompt services delivery to clients and the Operational units are as follows:- Accident & Emergency and Burn Unit; Surgical Unit:- this covers the Surgical Out Patient Clinic, Dental centre, Radiotherapy, Family Medicine Department, Staff Clinic and all Surgical Wards; Geriatric Unit:- Geriatric Clinic and Wards; Medical Unit:- this includes The Medical Out Patient Clinic, Hematology Day Care Unit, Special Treatment Clinic, Palliative and all Medical Wards; Paediatric Unit:- Otunba Tunwase Children Emergency Ward, Children Out Patient Clinic and all Paediatric wards; Psychiatry Unit:- Psychiatric Clinic and Wards; and Obstetrics and Gynecology Unit:- Gynae Clinic, Ante Natal Clinic and Obstetrics and Gynecology wards³⁹. Each unit is headed by a Unit Supervisor who is responsible to the Head of Department³⁹.

Social work interventions are carried out according to the area of psychosocial needs specified in the referral letters³⁹. For example: counseling of patients for various psychosocial problems that can hinder their medical treatment; rendering crisis interventions to accident victims by contacting relations, and providing their immediate medical and social support; conducting home visit to assess the socio-economic status of patients; rehabilitation of abandoned patients; provision of accommodation for patients and or their relations; financial assistance to needy patients; intervening in Clinical

Ethical issues e.g. patients Discharging Against Medical Advice (DAMA); conducting holistic round with Psychiatric and Neurosurgical Units; maintenance of Special homes for patients and their Escorts (e.g. Alanu House for Cancer patients on Radiotherapy, Florence Ajimobi Alaanu house and Hostel for patients' relatives; assisting patients and staff with processing of Adoption/Fostering; and training of Master of Social Work students on Fieldwork and practical placement)³⁹. The hospital work towards a good corporate image to ensure continuous patronage by clients, through the provision of our social services including but not limited to: mediating between patients and the hospital in sensitive cases; intervening on behalf of Management on Medico-Social issues; intervening in clinical Ethical Issues³⁹. Some of the core areas of intervention of the social work are³⁹:

- **Crisis Intervention:** The main purpose is to provide a safe resolution of crisis, ensure that patients are restored to their pre-morbid equilibrium and thereby increasing the chances of survival. It is applicable to physical, psychological trauma, assault, battering etc³⁹.
- **Counselling:** The purpose of counselling is to make patients understand the psychosocial implication of their medical diagnosis and make informed choices on issues affecting their Bio- psycho-social milieu and to have access to care and appropriate utilization of resources³⁹.
- **Advocacy:** The purpose of Advocacy is to speak and act on behalf of patient's to employer of needy patients, relations, social services, clubs, Church, Mosque, philanthropic social club and philanthropist³⁹.

- **Psycho-social Support:** This is to help in making needy patients who are having medical, psychological, financial and emotional problems to adjust to their condition. This is carried out by linking patients with existing resources within the agency, helping patient to access information in such a way that they will be able to understand, and linking patients up for peer counselling and support³⁹.
- **Accommodation:** Patients coming to Ibadan for non-surgical treatment, surgery or post-surgical treatment or other forms of treatment require a place to stay while undergoing treatment. The Medical Social Services department has a lodging for patients and their care givers, who are not resident in Ibadan³⁹. The accommodation facilities are³⁹.
- **Alanu House:** A 25 bedded accommodation built by Ibadan Doyen Lions club at the provision of Land by the UCH Management. The house provides free accommodation for UCH patients on radiotherapy. The house has been managed by the Medical Social Services Department since 1985.
- **Florence Ajimobi Alaanu House:** Was built by the wife of the Oyo State Governor, Chief Mrs. Florence Ajimobi and handed over to the UCH Management who provided the land on which it was built. The house has 12 rooms and it accommodate relatives of UCH patients on the ward. The Medical Social Services Department manages the house. The sum of #500.00 is charged per night.
- **Hostel for Patient Escorts:** This hostel was built by the UCH Management and handed over to the Medical Social Services Department to manage. It can

accommodate 20 female and 20 male escorts at a go. The relatives pay #100.00 per day as maintenance fee.

- **Financial Support to Indigent Patients:** The Medical Social Services Department offer financial support to needy patients of the hospital through The *ALANU FUND*. The Alanu fund is generated through donations from philanthropic individuals and organizations³⁹. The Alanu Fund Committee is the governing body managing Alanu Fund. The President is Hon. Justice B.O. Babalakin CON while the Vice President is Prof. J. Lawani³⁹. The Head of Department of Medical Social Services is the Secretary of the Committee according to its constitution³⁹. The committee comprises of representatives of UCH management, ARD, Clinical Nursing, Public Health Nursing, Physiotherapy, Pharmacy, Representative of Lions Club, Rotary Club e.t.c. The Alanu Fund Committee ensures a judicious management of the fund³⁹. The Medical Social Services Department is grateful to the UCH Management for its annual grant of #300,000.00k to The Alanu Fund. The Indigent support fund and Itunu fund are also disbursed to benefitting patients by the hospital management through the Medical Social Services Department to guide against mismanagement³⁹.
- **Social Work Horizon:** This is a journal of medical social work based in the Medical Social Services Department. It is the first of its kind in the area of social work in the country, while the maiden issue was launched on 26th of October, 1996. The Department is presently collecting and collating articles for another edition of the journal³⁹.

- **Alanu Concert:** This is a yearly activity through which fund is being generated to Alanu Fund. The Medical Students of the UCH organize it every year³⁹.
- **Jumble Sales:** This is also an activity of the Department where donated items are put up for sales. The proceed from this also goes into Alanu Fund through which needy patients are helped³⁹.

The pioneer journal of Medical Social Work in Nigeria originated from the Medical Social Services Department, University College Hospital Ibadan⁴⁰. The first Edition was published in 1996. The Medical Social Services Department, U.C.H. is the pioneer Training Centre for the Master of Social Work practicum placement from various Universities within and outside Nigeria. This Training is a criterion for The Award of Master's Degree in Social Work. We have been Training Students since 1991⁴⁰. The Babcock University gave an award to the Medical Social Services Department of the University College Hospital, Ibadan on 15th March, 2016 for an outstanding contribution towards Social Work and Human services Education Training⁴⁰.

In UCH landmark-achievements, University College Hospital in its activities described as landmark achievements stated, the University College Hospital, Ibadan was the first institution in Nigeria to produce sterile products use for her patients⁴⁰. The production of infusions including intravenous fluids (i.e. normal saline, 5% dextrose, Hartman's solution, dialyzing fluids-which were packaged in plasmosan bottles, smaller injections like Morphine sulphate, sodium bicarbonate, potassium chloride- which were filled in empty streptomycin and penicillin bottles), eye drops, nasal drops dates back to 1952 as stated in the 1953 handing over note of Mr. M. Ritchie who pioneered the pharmacy department of the University College Hospital, Ibadan⁴⁰. Mr. M. Ritchie, a Briton was in

charge of the then Western region and was working at the Adeoyo hospital⁴⁰. Mr. F. A. Callisto OFR, A Nigerian was the first superintendent pharmacist to be enjoyed from England to head the pharmacy department of the newly established University College Hospital, Ibadan. With advancement in technology, the use of bottles, rubber bungs and aluminum caps for the productions of large volume infusions could not be continued⁴⁰. However, the production of small volume infusions/injections e.g. sodium bicarbonate, potassium chloride, magnesium sulphate nasal drops have continued to date and this is unique to the University College Hospital, Ibadan pharmacy department⁴⁰. With the advent of the Public Private Partnership initiatives of the Federal Government, the hospital is now in the process of producing large volume of infusions e.g. normal saline using the latest technology of form-fill-seal technique using polypropylene materials. In the 1960's the work on cell cultures commenced in the World Health Organization centre for Immunology at the University College Hospital, Ibadan by an expatriate but this was handed over to late Prof Osunkoya who later handed this project to late Prof Williams and later at his retirement the late Prof Salimonu took over⁴⁰.

However, cell culture research stopped in 1981 because of lack of reagents and the poor financing of the health sector. In the late 1970s', the University College Hospital pioneered out open heart surgeries in Nigeria. More recently with the refurbishment of the operating theatres and the Intensive Care Unit of the hospital, the UCH reactivated open heart surgery with performance of 3 open heart surgeries successfully with assistance from their colleagues in the United States of America. Three decades of medical research 1948-1980 published in 1984 listed 24, 0006 Scientific papers done from research activities at University College Hospital. Most of these papers were

published in both local and international learned journals and were landmark discoveries the papers covered various aspects of medicine ranging from medical subject e.g. Anatomy, Biochemistry, Physiology etc., to Clinical subjects such as Medicine, Surgery, Obstetrics & Gynecology, Pediatrics etc. U.C.H. Since 1994, U.C.H. has been performing the transurethral dissection of the Prostrate (TURP) and in 2005 organized the first national training workshop for all relevant cadres. Between 1995 and 1996, the University College Hospital has successfully carried out Charnley hip replacement and Johnson and Johnson knee arthroplasties.

The University College hospital acquired 2 adult arthroscopes 2 years ago and to date 12 knee arthroscopic surgeries have been carried out successfully. Prof. Temitayo Shokunbi of the 'nail in the head' fame also successfully commenced neuroendoscopic procedures in children with brain lesions. The newly established nuclear medicine department, the first ever in the country has commenced bone scanning services using radioactive pharmaceuticals. This service is available both for medical and oncological diagnosis and treatment. Diagnostic medical endoscopy of both upper and lower gastrointestinal tracts have been done at the UCH. Since the 1980's the newly refurbished endoscopy unit has broadened the scope with services that now include fibre optic endoscopy of the oesophagus⁴⁰.

The UCH Staff School (UCHSS): The UCH Staff School (UCHSS) is a Public Private Partnership Project between the University College Hospital Management Board and Child's play Books Limited (CBL). The owners of Child's play Books Ltd also own Child's play mini schools who are the managers of UCH Staff Schools. UCHSS, a co-

educational boarding Primary, Secondary and Prep. school for tertiary education, successful example of a Public Private Partnership - UCH and Child's play, located in a serene and easily accessible campus within a secure University College Hospital community/environment, with the student population is currently 400 with enough facilities for 600 plus, sourcing students mainly from the UCH, local community and the diaspora, among other features. The success of UCHSS as a school of choice is built on its reputation of excellence around the following attributes: attainment and sustenance of high scholarship and academic standards; development of a novel and challenging curriculum; high level of involvement and interaction of the school with the community; attainment and maintenance of the highest university admission rate, among others⁴⁰.

2.2 Theoretical Framework

These are some theories that are relevant to this study. The theories include System theory, Situational theory of publics, Excellence theory and Symmetrical model.

2.2.1 Systems Theory

The meaning of the old expression, "the whole is more than the sum of its parts" lies in the systems theory³⁸. It is true of any system; it means that characteristics of the system are not discernible from the characteristics of isolated parts. The systems theory that explains how systems interact with their environments has a critical role in learning about and practicing public relations. Public relations practitioners can be thought of the "boundary spanners" straddling the edge of an organization, looking inside and outside of it, regulating its relationships. When environments generate change pressures, it is vital

for public relations professionals to act as an open system and respond to feedback or else the system will fail.

The systems theory maintains that all systems in the environment—anything generating change pressures—belongs to a higher order suprasystem with smaller subsystems, each separated by boundaries needing communication structures. Since communication is an integrated process, it is important to understand that systems must continually adjust to maintain states of equilibrium or balance between the message sender and receiver (Systems Theory). According to the systems theory, a system is a set of interacting units that survives by responding and adjusting to change pressures from the environment to achieve and maintain states of equilibrium. A system is composed of four components⁴⁴: objects, attributes, internal relationships, and environments. An object is any part, element, or variable within a system⁴⁴. An attribute is a quality or property of the system and its objects⁴⁴. A system must also have internal relationships among its objects⁴⁴. Finally, all systems exist in an environment, that is, anything that generates change pressures, such as information, energy, and matter inputs (Systems Theory)⁴⁴. If these internal relationships do not change in response to environmental pressures, old relationships become dysfunctional⁴⁴.

Biologist Ludwig von Bertalanffy (1901-1972) founded the General System Theory (GST) after the World Wars to create an alternative to the idea that people are just cogs in the machine of society⁴⁴. Bertalanffy had conceptualized the GST in his early work focusing on mathematics and theoretical biology⁴⁴. He concluded that biological organisms should be studied as wholes; however, Bertalanffy's interest in philosophy,

psychology, and the social sciences inspired him to apply his findings to other systems⁴⁴. The concept of the organism as an open system, introduced in the 1940s, is Bertalanffy's most important contribution to the evolution of systems thinking.

In the systems theory, there are two types of systems: a closed system and an open system⁴⁵. The fundamental systems-interactive paradigm of organizational analysis features the continual stages of input, throughput, and output, which demonstrate the concept of openness/closeness (System Theory) ⁴⁵. A closed system has impermeable boundaries so it cannot exchange information with environments. It does not adapt to external change or feedback; a closed system is static. A closed system reacts to outside events only if the input is forceful enough to penetrate the system boundary, meaning a closed system is reactive, not proactive⁴⁵. An open system exchanges inputs and outputs through boundaries that are permeable. An open system is responsive to feedback and change; it is dynamic. Open systems anticipate changes and initiate corrective actions designed to counteract or neutralize the changes before they become major problems, making it a reactive process⁴⁵. The ultimate goal of any system is survival, but each system must identify the conditions it holds as ideal or desired, known as goal states. When an organization reaches these goal states, this does not imply something set and immobile, but rather a condition which may vary. One variable, and a critical element of the system theory, is feedback, which may be negative or positive⁴⁵. Feedback is an indication of an organization's sensitivity to environments. Negative feedback is an error message indicating deviation⁴⁵. The system may adjust by reducing or counteracting the deviation. Positive feedback, however, is a sign that system may respond by amplifying or maintaining deviation⁴⁵. This self-regulatory process can be referred to as cybernetics.

Cybernetics explains what tends to occur in goal state seeking systems. The model contains five elements: goals established in a control center, outputs related to the goals, feedback to the control center on the effects of the output, a comparison of the new system state with the goal state, and control center determination of the need for corrective output ⁴⁵. By using this model, systems can monitor their intended goals, actions, and feedback from objects of the system to analyze the system and alter it for improvement⁴⁵.

Public relations; a subsystem of an organization itself is part of an organization's purposive and managed behavior to achieve goal states⁴⁹. Therefore, the systems theory can be applied to many facets of public relations. According to the social systems perspective, public relations is an organization-public system that deals with the relationships organizations build and maintain with their publics⁴⁹. Public relations people can be thought of as "boundary spanners", straddling the edge of an organization, looking inside and outside of it⁵¹. Public relations people can use cybernetics to regulate its activities. The essential role of public relations is to act as an open system and to help organizations adjust and adapt to change in their environments, so they must monitor and interpret environmental factors and work with management to develop strategic plans of organizational change and responsiveness⁴⁹. After public relations practitioners identify their problem, they spend much of their time researching and interpreting environmental factors such as public opinion, social change, political movements, economy, cultural shifts, technological developments, and the natural environment as well as forces within organizations⁴⁹. If practitioners find conflicts with mutual interests of organizations and their publics, they change or eliminate the conflicts before they become an issue⁴⁹.

For example, the nonprofit organization March of Dimes underwent marginal organizational change and responsiveness in the early 1960s⁴⁷. It was first established in 1938 as the National Foundation for Infantile Paralysis to fight polio⁴⁷. When Jonas Salk's vaccine was adopted in 1961, March of Dime's environment drastically changed⁴⁷. Their efforts were so successful that nationwide vaccination programs were implemented and polio rates dropped by 80 percent. While March of Dimes reached its goal state fighting polio, its survival as an organization was then threatened⁴⁷. The environment no longer demanded an organization combating polio, so March of Dimes reorganized the nonprofit and shifted its focus to another widespread issue: improving the health of babies by researching the problems that threaten the health of babies and helping moms have full-term pregnancies to prevent birth defects, premature birth, and infant mortality (March of Dimes) ⁴⁷.The interdependent organization-publics system consists of an organization and the stakeholders of the organization⁴⁸. Publics are subsystems of an organization that must be redefined with every public relations problem or situation. The level and definition of the subsystem must be appropriate to the concern, so the amount of time, resource, and effort devoted to monitoring the environment must be relevant⁴⁸. This effort is determined by the degree of conflict or competition with the external environment; the degree of dependence on internal support and unity; the degree to which internal operations and external environment are believed to be rationalized; and the size and structure of the organization, its heterogeneity of membership, diversity of goals, and its centralization of authority⁴⁹.

Nonprofit organization United Way had to seriously consider its stakeholders in 1991 when investigative journalists exposed lavish personal expenditures by its president,

William Aramony. Although Aramony made many contributions to United Way, his actions damaged United Way's relationship with its local chapter affiliates, donors, potential donors, and other nonprofits⁴⁹. In this case, Aramony, the United Way organization as a whole, directors, trustees, managers, local chapter affiliates, donors, potential donors, and other nonprofit organizations are all stakeholders. The United Way's reputation and credibility was damaged; some chapter affiliates withheld dues; charitable contributions from donors fell; and potential donors became skeptical of the United Way and other nonprofit organizations⁴⁹. Directors, trustees, and managers decided Aramony's internal operations were not rationalized in the eyes of the United Way's stakeholders, so the organization performed an internal investigation forcing Aramony to resign in 1992⁴⁹. Although Aramony had high stakes in the organization, the environment spoke. United Way listened to this feedback and saved more important relationships to pushing him out of the system than they would have keeping him in it⁴⁹.

The systems theory proves that the whole is much more than a sum of its parts; the environment is an interrelated web of units depending on one another⁴⁵. All systems exist in an environment containing suprasystems, which each have smaller subsystems⁴⁵. In public relations, open systems that anticipate change and initiate corrective actions are the systems that survive and prosper. The systems theory explains that public relations professionals must constantly monitor their environment, intended goals, actions, and feedback from stakeholders and publics in order to make the necessary changes to the organization to fit within the environment and reach a goal state of equilibrium⁴⁵.

2.2.1.1 Relevance of Theory to the Study

System theory to this research is relevant because organization is made up of various parts and groups, including the community an organization is located and that system theory is concerned about all shades and interests making up an establishment, including their beneficial interactions⁴⁵, therefore this makes this theory to be appropriate to this study.

2.2.2 Situational Theory of Publics

The variables in the situational theory of publics explain why this theory can be used by public relations professionals when constructing a campaign⁵⁰. The situational theory of publics is a communications theory that states large groups of people can be divided into four publics based on their recognition and involvement about an organization or issue⁵⁰. It helps explain why certain publics are active or passive in their search for information about a topic⁵⁰. It also helps explain a publics' behavior after they process information⁵⁰. After acknowledging the four publics, public relations professionals can select and communicate with one of these groups to accomplish a goal⁵⁰. A message delivered to each one of the four publics should serve a different purpose⁵⁰. There are publics that need to be informed about a topic and publics that need to be informed about how to participate. The situational theory of publics describes, with three variables, how individuals are divided into one of the publics⁵⁰.

The situational theory of publics was developed by an author in 1968. He theorized that there are specific variables that determine a person's inclusion into one of four publics. These three variables are problem recognition, constraint recognition and level of involvement. By understanding a person's association with each variable, public relations

professional can classify that person into one of the four publics⁴⁸. Each of the four publics has a different way of gathering information about a situation⁴⁸. The publics also have a different response to a situation after they process the information. After classification, professionals can construct a strategy to deliver a message to their audience in the most effective way based on the audiences expected behavior. To understand the situational theory of publics, one must first understand what this theory seeks to measure⁴⁹. In this theory there are two dependent variables. These variables are active and passive communication behavior. The two are also more commonly called information seeking and information processing⁴⁶. Information seeking is how people gather information about a topic. If they go out of their way to find stories and information about a topic they are more likely to be a part of an “aware” or “active” public⁴⁶. Information processing describes how people deal with information that is put in front of them⁴⁶. Someone that is a part of an aware or active public will try to understand information to the best of their ability. On the other hand, people who are in a “latent” or “non-public” will process the information only if it is put in front of them by chance and will not reflect on the information after they have consumed it⁴⁹. This concept of active or passive information gathering and processing is the backbone of the situational theory of publics⁴⁹. Every person is a part of one of the four publics in regards to a situation or topic⁴⁹. When communicating with publics a public relations professional should take into mind the behaviors of the public they want to influence and communicate with⁴⁹. Each of the four publics have different ways they gather and react to information on a scale from most active to most passive⁴⁹. Non-publics are the most passive of the groups⁴⁹. This group is made up of people who are unaware or do not acknowledge

certain situations⁴⁹. Latent publics are aware of a topic or issue but do not recognize it as a problem⁴⁹. Aware publics see a situation but do not participate in finding a solution⁴⁹. Active publics are the least passive⁴⁹. These people see a situation as a problem and are involved in finding the solution to it⁴⁹. For the sake of simplicity, active and aware publics will be referred to as the “active” publics and the “latent” and “non-publics” will be referred to as the “passive” publics⁴⁹.

It is important to realize that there are factors that determine whether someone will be a part of one of the four publics⁵⁰. The first factor in this process is problem recognition⁵⁰. Problem recognition occurs when “people detect that something should be done about a situation and stop to think about what to do”. Someone cannot be a part of an active public unless they have identified a situation or problem⁵⁰. The behavior of people who are not aware of a situation will be passive. Recognizing whether a group has high or low problem recognition is the first step in using the situational theory of publics⁵⁰. Will an audience need to be convinced that a situation or problem exists before going further with them, or is the audience already searching for information about this topic? This is an important question to ask while developing a public relations campaign⁵⁰. The step following problem recognition in sorting people into one of the four publics is finding constraint recognition⁵⁰. Constraint recognition occurs when people believe there is some obstacle standing in their way to make change in a situation⁵⁰. This can have a large impact on behavior and whether people take action. If people think there is an obstacle standing in their way they will be less likely to communicate about the problem⁵⁵. High levels of constraint recognition will lead to people being more passive in their behavior toward an issue. People can be aware of a situation, but if there are obstacles in the way

to doing something about it, then people will interact less with the situation. Constraint recognition can be the difference from people being in an aware to active public, or from being latent to aware⁵⁰.

The final variable to be measured is level of involvement. Level of involvement measures how much a person is invested in a problem or organization⁵⁶. Higher levels of involvement will lead to persons being more active⁵⁶. For example, if two individuals have the same level of problem recognition and constraint recognition the individual with a higher level of involvement will be more active. For this reason, measuring the level of involvement among different groups has become key for public relations professionals while researching what groups they want to communicate with. Levels of involvement are a large determinate into whether a person will be a part of an active or passive public. Because communicating with groups that have different levels of involvement can change a message, public relations professionals frequently use this variable of the situational theory of publics⁵⁵. Will a public need to be motivated to take action or are they already working on finding a solution to their problem? Does a public need to be told why they should take action or do you need to provide them with more information on how to take action?

The situational theory of publics is important for public relations professionals to use because it gives an outline of the different types of publics. The job of public relations professionals is often to communicate a message with some public. After dividing people into the four publics, public relations people can decide how they want to communicate with each public. Each group will receive and process messages differently so each group

must be targeted in different ways. Passive publics need information put in front of them and must be given reasons to participate in some situation or problem. If a public relations professional is looking to communicate about a product, they might need to turn a passive public into an active public by persuading them that there is a problem by not owning the product. Or they may need to inform an active public how to acquire the product and that there are not many obstacles standing in their way from getting it.

Research was conducted by Ann Marie Major about how people respond to disaster predictions. She used earthquake emergency alerts as an example to understand how people respond differently to messages. Some people would listen to warnings about an earthquake and others would be skeptical of the prediction. There was not one uniform reaction to this message. She was able to define the four publics and their preexisting attitudes about being prepared for an earthquake. She states “situational theory demonstrates that there is not a single general public response to disaster predictions as has been previously assumed in studies of disaster response”. This study is one example of a situation when knowing the four publics would be useful. Right before or after a disaster, communicating is crucial. You can either communicate how to be prepared right before a natural disaster, or how to stay safe or get to the necessary help after. In this situation a public relations crisis communicator would have to create messages for each of the four groups. Each message would be important and unique to motivate people to prepare for a disaster. Some people would need little motivation, while others would need a lot of information and reasons to prepare.

The situational theory of publics is a useful theory for public relations professionals. By measuring the three variables among individual's public relations professionals can put every individual within one of four groups. By knowing what type of people are most likely to be in what group public relations professionals can then craft a message to motivate or inform that group of people. Because public relations professionals should be communicating with the most specific group of people they can find the situational theory of publics is a useful tool to use.

2.2.2.1 Relevance of Theory to the Study

In view of the notion that situational theory recognizes each unique characteristic of each group of people in an organization, and the need to channel appropriate messages in appropriate language to each group for mutual understanding, makes situational theory also relevant to this study as engagement practices are concerned.

2.2.3 Excellence Theory

The Excellence theory is a general theory of public relations that “specifies how public relations makes organizations more effective, how it is organized and managed when it contributes most to organizational effectiveness, the conditions in organizations and their environments that make organizations more effective, and how the monetary value of public relations can be determined”⁵¹. The excellence theory resulted from a study about the best practice in public relations, which was headed by James E. Grunig and funded by the Foundation of the International Association of Business Communicators (IABC) in 1985⁵¹. Constructed upon a number of middle-range theories, and tested with surveys and

interviews of professionals and CEOs in the United States, the United Kingdom, Canada, and South Korea, the Excellence theory provides a “theoretical and empirical benchmark” for public relations units⁵¹.

The Excellence Theory explained that the value of public relations lies in organization-public relations⁵¹. Good relationship with its strategic publics is helpful for an organization to develop and achieve goals desired by both the organization and its publics, reduce costs of negative publicity, and increase revenue by providing products and services needed by stakeholders⁵¹. To maximize value of public relations, public relations must identify strategic publics and build long-term relationships with them through symmetrical communication programs⁵¹. The excellence theory also shows that an organization's reputation is largely a byproduct of these organizational behaviors and organization-public relationships, reemphasizing the important strategic role that public relations has in organizational governance⁵⁶.

2.2.3.1 Relevance of Theory to the Study

Excellence theory is apt for this work as it emphasizes on best public relations practices for organizational effectiveness towards achieving good corporate image in the eyes of all its numerous publics.

2.2.4 Symmetrical Model

Public relations are the spread of management of an organization and publics and the purpose is to establish a target public relationship of mutual trust⁵¹. Mr. James E Grunig is a noted of public relations theorist and adding new theories which is four models of

public relations in 1984⁵¹. One of the models of public relations is two-way symmetrical model which is the best and ideal model than other three models. Two-way symmetrical model emphasizes on dialogue, complete and accurate two-way communication⁵¹. The main purpose is to promote mutual understanding between organizations and publics therefore the results of communication is benefits to both sides⁵¹. Furthermore, it emphasis on public relations works to be built on the basic of the investigation and communication to resolve conflicts with strategies public through the dissemination of public relations mode⁵¹. Besides that, two-way symmetrical models express the meaning of emphasized moral, stressed the need to balance between the interests of social organizations and publics⁵¹. For example, some public relations department is using a two-way symmetrical model rather than two-way asymmetrical model to carry out the public relations activities⁵¹. James E Grung, whose always get attention to others person dialogue, attitudes and behaviour and believes that two-way symmetrical model is unique than two-way asymmetrical model. It is because two-way asymmetrical model just to change others without changing ourselves⁵¹. For example, public relations mostly used two-way asymmetrical model to reach their target audience. Moreover, he claims that good public relations not only successes to persuaded one side which is client or publics, he or she must be persuaded both sides to change. Although some used of two-way asymmetrical model can evenly achieve in two-way symmetrical model. A success two-way symmetrical model is to let others recognize that there had self-interest included in the information and to persuade them as well as uses each other common interest to persuade them⁵¹.

Two-way symmetrical model refers to the interaction of two factors that affect each other in order to achieve the balanced state in society⁵¹. There are several characteristics positioning relationship between the government, mass media and publics. Thus, this is also a kind of communication between the states on behalf both⁵¹. Firstly, it is two-way in performance of the government and media to maintain mutual cooperation and mutual restraint. It means that government should actively using the mass media public resources, truthful, fair, proactive in mass media to provide government information to understand the ideal of the spread of mass media and value orientation therefore maintain relationship between government and publics⁵¹. Besides that, mass media as social and public resources and helps publics to convey their perceptions and comments for government. Two-way symmetrical model used for media to enhance the relationship between government and publics at the same time achieve the harmony of social relations. Second, two-way symmetrical is the best way to lead the government and media to share a common goal which is to protect public's interest⁵¹. For example, government promoted one Malaysia concepts through media such as television and radio. This shows that government used two-way symmetrical model to maintain good relationship with media and publics⁵¹. James E Grunig argued that two-way symmetrical model can include the central route to persuasion⁵¹. The central route to persuasion is persuaded by the arguments or content of the message. For example, after hearing a solution of the problems, people may decide to forgive and forgot the problems because they will be convinced to it⁵¹. Furthermore, Public relations also used the two-way symmetrical model to resolve conflict. For example, public relations provided the ways that will benefits to two sides therefore the conflict will be fulfillment⁵¹. In addition, public relations increase

the effectiveness of organizations by maintain the independence to organization and publics. For example, organizations manage the independence by building long term effect and stable the relationship between organization and publics⁵¹. Two-way symmetrical model also used by public relations to shared mission of their organization. For example, there are many public relations programs such as fund raising or health campaigns are motivated more for the need to support from public than conflict. Moreover, two-way symmetrical model mostly used in maintain the relationship between organization and publics and negotiate with publics. It will make the organization more responsible to their clients and publics. For example, organizations need to fulfil public's needs and wants at the same promoted organization reputation. Therefore, two-way symmetrical model can even define the ethics of public relations rather than an outcome⁵¹.

2.2.4.1 Relevance of the Theory to this Study

Two-way symmetrical model is helpful to this study, considering its principle of two-way information flow between an organization and its various publics which engenders beneficial understanding, trust and harmonious relationship⁵¹. It is noted that excellence theory stipulates two-way communication between an establishment and its divergent publics towards achieving optimal public relations performance⁵¹.

2.3 Review of Empirical Studies

2.3.1 Empirical Review on Health Care Service Delivery

Primary Health Care (PHC) is the provision of basic essential health services (preventive, promotive, curative, and rehabilitative)⁵¹. It serves as the first point of access to health care by individuals, families, and communities, bringing health services as close as

possible to homes and workplaces and has thus been described as the bedrock of Universal Health Coverage (UHC). In Nigeria, PHC services are delivered by PHC Centers, Basic Health Clinics (BHC) and Comprehensive Health Centers (CHC), with over 30,000 of these facilities spread across 9565 Wards in 774 Local Government Areas. With oversight by the Local Government Authorities (LGAs), majority of these facilities are in the rural, underserved and hard-to-reach areas to ensure improved equity and access to health services⁵¹. A review of PHC systems conducted by WHO in 2019 cited political will and good governance; promotion of health reforms; access to essential programmatic initiatives; strong partnerships between governments, civil societies, non-governmental organizations and private sectors; and good organizational management as the key enabling factors in PHC implementation. The National Primary Health Care Development Agency (NPHCDA), responsible for PHC development and implementation in Nigeria has implemented noteworthy policies and programs over the years including the establishment of National and State Emergency Routine Immunization Coordination Centre (NERICC, SERICCs), quarterly primary healthcare planning and reviews, the PHC Under One Roof program (PHCUOR), bi-annual Maternal Newborn and Child Health Weeks (MNCHW) and the Midwives Service Schemes (MSS) amongst others⁵².

However, despite all past and ongoing efforts, the implementation of PHC in Nigeria has been plagued by several challenges viz: Poor governance, inadequate financing, poor human resources for health and under-utilization of the PHC facilities by individuals and communities. This article will discuss the challenges and propose recommendations to address them for improved PHC implementation in Nigeria⁵².

- **Poor Governance:** Governance in health involves rule and decision making by the government to drive the achievement of national health policy objectives. It involves multispectral collaboration to maintain and promote population health in a participatory and inclusive manner. PHC in Nigeria is riddled with poor intersectoral collaboration without proper coordination and monitoring. Furthermore, there is a lack of political will amongst decision and policy makers with most leaders readily endorsing projects that favour their political agenda rather than approving funds to achieve national health policy objectives.
- **Inadequate Financing:** Another challenge the implementation of PHC faces is inadequate funding. Funds for PHC flow to the LGA level through multiple levels – the Federal Ministry of Health, National Primary Health Care Development Agency, the State Primary Health Care Development Boards, and then the LGAs. The allocation formula for sharing of funds keeps about 50% at the Federal level, 25% at the state level and the remaining 25% to serve all LGAs in the state ⁵¹. Additionally, the Nigerian Health Budget has consistently remained less than the 5% against the 15% Abuja declaration target with a consequent allocation of less than 15% of state and LGA budgets to health⁵¹. Although PHC in Nigeria is supported by international agencies through funding of health services, capacity building for staff and supply of medicines and commodities, this support alone is inadequate to meet the need⁵². To address the issue of poor funding of Primary Health Care, the National Health Act enacted in 2014 provides the Basic Health Provision Fund (BHCPF), a statutory provision financed predominantly through 1% of the Consolidated Revenue Fund (CRF) ⁵⁰. 50% of the BHCPF will be used

to finance the provision of basic package of health services through the National Health Insurance Scheme (NHIS), 45% disbursed through National Primary Health Care Development Agency for infrastructural maintenance of PHC facilities, staff capacity building and operational expenditures; and the remaining 5% to be used by the Federal Ministry of Health (FMoH) for health emergencies⁵². Although the Nigerian Senate approved 57.15 billion Naira for BHCPF in the 2018 Appropriation Bill (four years after the National Health Bill was signed into law), available evidence suggests that the fund is still inadequate for PHC financing⁵⁰.

- **Poor human Resources for Health:** Human resources for health are one of the building blocks of health systems. No health system can function effectively without a good workforce. The implementation of Primary Health Care in Nigeria is also troubled by poor human resources for health. These problems range from inadequacy of trained personnel, poor distribution of available personnel to poor job satisfaction. Health worker distribution has been seen to be skewed to facilities in urban areas with health workers preferring to work in facilities in urban areas due to the lack of basic amenities like electricity, portable drinking water, separation from their families residential in urban areas, difficult working conditions from insecurity, and poor supply of essential health commodities constraining effective health service delivery in the rural areas. The dearth of health workers in rural areas is further compounded by the massive brain drain in medicine with health workers relocating outside the country in search of “greener pastures” and better working conditions⁵¹.

- **Under-utilization of the PHC Facilities by Individuals and Communities:**

PHC facilities in Nigeria are currently under-utilized with a utilization rate of less than 20%³¹, attributed to perceptions of poor quality of services at PHC facilities and resulting in poor community participation in PHC. Perception of services is essential to community acceptance and utilization.

Generally, in Nigeria, it is believed that PHC facilities are meant for the rural and under-privileged populace, that the staff at the PHC facilities are less qualified compared to their colleagues at secondary and tertiary facilities and therefore quality of service must be poor. Therefore, individuals would rather patronize the secondary and tertiary health facilities for their health care needs⁵¹.

Community participation is identified as one of the key ways to implement Primary Health Care successfully. The Alma Ata declaration defined it as the process by which individuals and families assume responsibility for their own health and welfare and for those of the community and develop the capacity to contribute to their community development³¹. To achieve community participation, the Government of Nigeria created Ward Development Committees (WDC) formed to work closely with the Local Government to monitor and improve PHC in their constituencies and to help mobilize individuals and households to utilize the PHC facilities optimally³¹. However, the WDCs have largely been reported as either non-functional or used for political propaganda³¹.

Although the National Health Act is a good initiative towards improving governance and political will in the health sector, more commitment is required from political actors for proper implementation of policies, strategies, regulatory framework and financial

commitments. Also, there is a need for intersectional collaboration to avoid duplication of efforts and ensure optimization of resources⁵². There is a need to increase the budgetary allocation to health in Nigeria to improve the financing for health services and to meet the set target of 15% in the Abuja declaration. Innovative means for health financing through effective resource mobilization from robust public-private partnership and tax returns would go a long way in increasing funds availability for PHC. Also, improvements in the public financial management system specifically in the cost estimation for health and health commodities, proper budget formulation, alignment of funding sources, transparency and accountability in budget implementations are essential to maximize outcomes from existing funds for PHC in Nigeria⁵². Healthcare workers providing primary health services need to be trained regularly. Additionally, targeted health care worker recruitment per need is required to ensure adequacy of human resources for PHC services. Further, the government of Nigeria should improve the welfare packages of PHC staff and provide better working conditions⁵¹. Health education should be improved at community and household levels to debunk the myths surrounding quality of health services at PHC facilities and improve perception of PHC services. The WDCs should be revitalized to further improve community health seeking behaviors³¹. The implementation of PHC in Nigeria can be achieved provided the Government and stakeholders at every level work together to tackle the identified challenges and play their individual roles towards achieving Universal Health Coverage for all citizens.

Nigeria's tertiary hospitals have faced public criticisms over substandard services and poor infrastructure reported in the mass media during early to mid-2019. Peer-reviewed studies in the medical literature have painted similar pictures of poor healthcare quality at

most of the nation's public hospitals. For instance, studies have revealed tertiary hospitals lacking vital equipment needed for emergency care of acute asthma and obstetric hemorrhage, while hospital administrators complain of insufficient personnel made worse by inadequate electricity from the national grid, poor government funding and bureaucratic bottlenecks undermining staff recruitment and training⁵⁶. This grim situation is at total variance with global best practices for tertiary healthcare adopted by many countries⁵⁶. Matters may yet get worse with Nigeria now in the midst of its potential to overburden weak healthcare systems unless urgent efforts are made to improve healthcare quality⁵⁶. A practical and effective way to improve healthcare quality is via strict enforcement of minimum healthcare standards in line with global best practices and the regulatory provisions of the nascent⁵⁶ National Tertiary Health Institutions Standards Committee established by the National Assembly, the corona virus disease 2019 (Covid-19) pandemic has reignited debate on healthcare quality at Nigeria's tertiary hospitals, which had faced much criticism in 2019 following public complaints of substandard service and maltreatment of patients⁵⁷. 1-6 Public complaints provide valuable insight into the problems of healthcare organisations. For instance, Britons submitted an average of 480 written complaints to the National Health Service of the United Kingdom during 2013 and 2014, most of which bordered on investigations and treatment, problems with communication, and a perceived lack of respect for patients⁵⁵. Complaints in Nigeria dwell mainly on poor infrastructure, long patient waiting times and high costs of treatment⁵⁵. Some hospitals reportedly stopped neuroimaging and dialysis services due to faulty equipment, while others operated in darkness for lack of generator fuel⁵⁵. There were even reports of patients having to clean toilets and paying to repair faulty ceiling

fans at a cash strapped tertiary hospital in Northwest Nigeria⁵⁵. Peer-reviewed studies from Nigeria have equally documented equipment and infrastructure deficits⁵⁵. In a survey of asthma care at tertiary hospitals, it was reported only that 29.4% of hospitals had spirometers for lung function tests while blood gas analyzers, pulse oximeters and nebulizers were available at only 17.6%, 38.2% and 41.2% of hospitals respectively⁵⁵. Another study identified postpartum hemorrhage as a major cause of maternal deaths at 42 tertiary hospitals but found 12.7% of those hospitals lacked blood and blood products when needed for obstetric emergencies⁵⁵. Thus, from all evidence, tertiary healthcare in Nigeria falls short of international standards⁵⁵. The foundations of western orthodox medicine were laid by Greek philosophers, notably Hippocrates of Kos (460-370 BC) who taught that diseases were natural phenomena and not divine punishments from the gods; and Galen of Pergamon (129-216 AD) who dissected cadavers and performed animal experiments for a better understanding of human anatomy⁵⁵. Still, most Greeks and Romans believed that diseases were religious phenomena, for which they visited temples (Asclepeiae in Greece and Nosocomia in Rome), where priests offered prayers and made animal sacrifices to the healing gods⁵⁵.

Modern hospitals owe their origins to the Xenons of Byzantium, first built in the 4th century AD to cater for the sick, the poor, and the wayfarer⁵⁵. The first major xenon was reportedly built in 370 AD by St Basil, the Governor and Bishop of Cappadocia. By 860 AD the Byzantine Empire had over 160 Xenons, 23 of which had medical staff⁵⁵. A famous Xenon was the 'Hospital of the Pantocrator' built by Emperor John Comnenos II (1087-1143 AD), which had: "Five wards for in-patients, including a surgical ward and a women's ward⁵⁵. It offered between 50 and 60 beds and also maintained an out-patient

clinic⁵⁵. Unlike other hospitals, there were provisions for heating, lighting and bed linen, as well as bathing facilities and latrines. Patients were fed a carefully planned vegetarian diet and received an allowance which enabled them to purchase additional food or drink. Medical care was supplied by a large and specialized staff of physicians, medical assistants and orderlies⁵⁵.

From circa 634 AD, parts of the Byzantine Empire fell under Islamic rule with the Muslim conquests of Syria and Egypt, which exposed Arab physicians to the ideas of Aristotle, Plato, Hippocrates and Galen⁵⁵. A hospital had existed in the Persian city of Jundishapur, built in 529 AD by Emperor Khusraw I, who had granted refuge to Greek Nestorian Christians fleeing persecution from the Byzantine ruler Emperor Justinian⁵⁵. The Nestorians helped to establish the Jundishapur Medical Center, which housed a hospital, medical school, pharmacology laboratory and library. Many physicians of the early Islamic era trained there, including the Arab physician Harith bin Kalada.¹⁵ Muslim scholars took medical texts from the library to the 'House of Wisdom' in Baghdad and had them translated into Arabic and taught at medical schools⁵⁷. The Umayyad Caliph Al-Walid I (ruled 705-715 AD) is credited with building the first major hospital, which opened in Damascus in 707 AD and employed salaried physicians. Caliph Harun al-Rashid (ruled 786-809 AD) later built another hospital in Baghdad, headed by the physician Jibrail Ibn Bukhtyishu, son of Jirjis, the noted Nestorian Chief of Jundishapur Hospital. By the late 9th century, Baghdad, Cairo and Damascus all housed hospitals where patients received treatments without regard to color, religion, social status or gender. Men and women had separate wards and were attended by nurses of the same sex, and those who recovered but were too weak for discharge were housed in

convalescent wards to regain strength. There were separate wards for medicine, surgery, and fever, wounds, mania and eye disease⁵⁷. Again, each hospital had a pharmacy, library, lecture hall, mosque and occasionally a chapel for Christian patients. Musicians were employed to comfort and cheer patients with music therapy. That era also witnessed the birth of medical records. Medical students were tasked with keeping the records of all patients and their treatments, which were then compiled by senior clinicians and formatted in a way later known as ‘treatment based on repeated experience’⁵⁷. The licensure of physicians also began in that period. When Caliph Al-Muqtadir learnt of a patient who died from medical error in 931AD, he ordered Sinan Ibn Thabit to examine all physicians and prove they could safely practice medicine. Among 860 doctors examined, 160 failed and were denied practicing licenses⁵⁷. From that time, all medical trainees had to pass oral and practical exams before they were administered the Hippocratic Oath by the Inspector General or Muhtasib who was the ombudsman enforcing laws on health, public safety and business transactions⁵⁷. Another area of progress was medical ethics. In his book *Adab al-Tabib* (Practical Ethics of the Physician), the 9th century physician Ishaq Ibn Ali al-Ruhawi tasked rulers with guarding society from charlatans and proposed stiff punishments – including execution – for medical malpractice. Other books on ethics in that period include *Al-Qanun fi al-Tibb* (The Canon of Medicine) by Hussain Abdullah Ibn Sina, and *Ahlaq al-Tabib* (Medical Ethics) by Muhammad Zakaria Al-Razi. According to some sources, it was the capture of Jerusalem by the crusaders in 1099 AD which exposed Europeans to Muslim medical practice⁵⁶. The Knight Templars returned to Europe and established hospitals similar to those they had seen in Palestine, and by 1204 AD Pope Innocent III had founded the

famous Hospital Santo Spirito in Rome⁵⁶. St Bartholomew's Hospital opened in London in 1123 AD as part of a monastery of the Priory Church of St. Bartholomew-The Great before the City of London took ownership in 1546.^{21,22}⁵⁶. Another monastery opened St. Thomas Hospital, and by the early 18th century, wealthy Britons were founding hospital charities such as The Guy's Hospital built in 1721 by Thomas Guy, London's St Mary's Hospital and the 'Hospital for the Paralyzed and Epileptic'⁵⁶. By the mid-19th century, universities and colleges, such as King's College and University College London had also built hospitals to train medical students. Pioneers at St Bartholomew's include James Paget, William Harvey and Percival Pott who founded the fields of pathology, cardiovascular medicine and spinal surgery, while at the Hospital for the Paralyzed and Epileptic and the King's College Hospital, Bentley Todd and Hughlings Jackson researched diseases of the nervous system that still bear their names.⁵⁶ Meanwhile, on the European mainland - notably France - the likes of Philippe Pinel and Jean Martin Charcot pioneered modern psychiatry and neurology at the Paris Pitie-Saltpetriere Hospital, founded in 1656⁵⁶. Still, it was not until the late 19th century that European physicians gained a holistic view of disease and its varied manifestations. This lacuna is evident from extant texts of that period, such as the 1848 edition of Buchan's Domestic Medicine⁵⁶. The book featured smallpox and measles but not their causes. Causes of fever included 'injury', 'violent emotion', 'bad air', 'irregular bowels' and 'extremes of hot and cold weather'⁵⁶. Disease treatments involved the use of laxatives and emetics to cleanse the blood of impurities, bleeding the patient and sending them to the coast to have a breath of clean air. Little was to change even after the French chemist; Louis Pasteur proposed the germ theory of disease, later corroborated by Dr. Joseph Lister in his

seminal paper on the antiseptic properties of carbolic acid. A skeptical medical community discarded those views and hospital mortality rates remained high even by the late 19th century. The same scenario existed in North America, where up till the 20th century most hospitals “were little more than boarding houses . . . Patients were not examined when they were admitted, and because histories and diagnosis were seldom recorded, medical records were useless”⁵⁶.

To address the problems of poor hospital standards in North America, the Third Clinical Congress of Surgeons of North America at its meeting in 1912 adopted a resolution stating: “Some system of standardization of hospital equipment and hospital work should be developed, to the end that those institutions having the highest ideals may have proper recognition before the profession, and that those of inferior equipment and standards should be stimulated to raise the quality of their work. In this way, patients will receive the best type of treatment, and the public will have some means of recognizing those institutions devoted to the highest ideals of medicine”. That resolution helped in founding the American College of Surgeons (ACS) and its Hospital Standardization Program which commenced in 1917.

In 1951, the program merged with similar programs operating in the US and Canada to form the Joint Commission on Accreditation of Hospitals which was renamed as The Joint Commission in 2007⁵⁸. Hospital accreditation agencies now operating across the world include The Joint Commission, QHA Trent (UK), Accreditation Canada, DNVGL Healthcare (Norway) and the National Accreditation Board for Hospitals and Healthcare Providers (India), among others⁵⁸. Nigeria lacks a hospital accreditation service, except

for the National Primary Healthcare Development Agency (NPHCDA) which provides technical support to primary health centers (PHC) and sets standards for PHC services⁵⁸. Some accreditations of sorts guide hospital services in Nigeria, but criteria are not uniform⁵⁸. For instance, hospitals offering tertiary healthcare under the National Health Insurance Scheme (NHIS) need NHIS accreditation while those training medical doctors need accreditation by the National Universities Commission (NUC), Medical and Dental Council of Nigeria (MDCN) and two postgraduate medical colleges. Unfortunately, different accreditation standards have allowed hospitals meeting one set of regulatory requirements but failing the others, to still function as tertiary hospitals⁵⁹. Other policies aimed at improving hospital standards include the Service Compact with All Nigerians (SERVICOM) launched in 2004 and the Patients' Bill of Rights of the Consumer Protection Council launched in 2018. The impact of these policies is not yet ascertained but reports suggest that Nigerian hospitals have not attained desirable standards⁵⁶.

The Nigerian government also enacted the National Health Act 2014 which established a National Tertiary Health Institutions Standards Committee (NTHISC) charged with maintaining tertiary hospital standards through issuance of Certificate of Standards and penalties on substandard hospitals that may include closure and criminal prosecution of indicted officials⁵⁹. The NTHISC is also charged with advising government on the “financial needs of tertiary health services, training and research”. Presently, the NTHISC internet portal has “Improvement Checklists” for tertiary hospitals with numerical scores awarded for each healthcare service category⁵⁹. However, Nigeria’s health workforce is grossly inadequate due to poor funding, bureaucratic restrictions and the brain-drain phenomenon⁶⁰. The World Health Organization (WHO) has placed Nigeria among

nations with a low density of skilled workforce⁶⁰. While Nigeria has a skilled workforce of 22.8/10,000 population, Egypt, a fellow African country, boasts of 59.4 skilled workforce per 10,000 population. Physician shortages have seen Nigerian doctors attending to 100 patients in a day, while nurses equally lament on overwork and poor remuneration. Other personnel problems include poor work ethics of healthcare workers, inter-professional rivalries and incessant industrial disputes. Virtually all communities in Nigeria lack ambulance services and pre-hospital care. Hospital emergency units are ill-equipped to resuscitate critically ill patients due to routine shortages of emergency drugs and vital consumables while patients face long waiting times at specialist clinics, with many hospitals declining admissions for lack of bed space.

Inadequate facilities limit the range of diagnostic tests performed at tertiary hospitals⁶⁴. For instance, interventional radiology, autoantibody serology and hormonal assays routinely performed at small hospitals overseas are rarely available at Nigerian hospitals, thus limiting diagnostic capacity⁶⁴. Anesthesia and surgical care are equally challenged in Nigeria⁶⁴. Obstetric services are hampered by ill-equipped operating theaters and scarcity of fetal monitors, ultrasound scanners, and blood and blood products while long waiting times deprive surgical patients of life-saving procedures. Minimal-access surgery is widely under-utilized for the same lack of equipment and trained personnel. Few tertiary hospitals perform cardiothoracic and neurosurgical procedures, thus forcing patients to attend private hospitals or travel abroad at huge expense⁶⁶. Operating theatres often lack monitors, diathermy and suction equipment, just as blunt surgical instruments are seldom replaced when due⁶⁶. Physician anesthetists are few, leaving nurse anesthetists to render anesthesia. Infrastructure deficit has seen patients given oxygen or oxygen with nitrous

oxide when medical air is the better option⁶⁶. Few hospitals can monitor intraoperative ECG, end tidal CO₂, neuromuscular function and invasive cardiovascular indices just as they lack adequate stock of opioid analgesics for post-operative care⁶⁶. Intensive care units (ICUs) lack adequate beds and ventilators⁶⁶.

By March 2020 when the Covid-19 pandemic had reached Nigeria, public hospitals had a total of only 350 ICU beds and fewer ventilators for a population of 200 million people. Indeed, every hospital service in Nigeria suffers inadequate manpower and equipment, further compounded by extraneous factors such as poor electricity supply from the national grid⁶⁷. The National Health Act 2014 may well address many of these challenges given the statutory powers of the National Tertiary Health Institution Standards Committee. What remain unclear is when the committee will begin to function, and which set of standards will be adopted⁶⁷. The US Joint Commission operates uniform international standards for accredited hospitals, which are summarized in a manual available on its internet website (jointcommissioninternational.org). These standards emphasize best hospital practices with specific guidelines on patient safety, medication management, anesthesia, surgical procedures, use of health information technology systems, and use of laboratory services and diagnostic imaging⁶⁸. The standards also cover hospital clinical ethics, facility management, disaster preparedness and fire safety⁶⁸. For US hospitals, Joint Commission standards also include treatment outcomes and other performance measures, such as the National Hospital Inpatient Quality Measure on hospital-acquired sepsis and venous thromboembolism, and Disease-Specific Care Certification such as the Comprehensive Stroke Center certification, Orthopedic Rehabilitation Center certification, etc⁶⁸. Insufficient manpower and equipment caused by

poor government funding are the major obstacles to tertiary hospital services in Nigeria⁶⁷. Remedial attempts failed in the past due to failure of government to set uniform standards for tertiary hospitals⁶⁷. Meanwhile, another law to provide additional funding of tertiary hospitals with 1% federation account revenues has remained in legislative limbo⁶⁷. If Nigerian hospitals are to meet global standards, the time to act is now⁶⁷.

2.3.2 Empirical Review on Engagement Practices

Within the context of eHealth interventions, a shared understanding of what constitutes engagement in and with eHealth technologies is missing⁶⁹. A clearer understanding of engagement could provide a valuable starting point for guidelines relating to the design and development of eHealth technologies⁶⁹. Given the cross-disciplinary use of the term “engagement,” investigating how engagement (and its components) is conceptualized in different domains could lead to determining common components that are deemed important for eHealth technological design⁶⁹. Further, engagement was found to be predominantly conceptualized as a multidimensional construct with three common components (behavior, cognition, and affective) shared between domains⁶⁹. Although engagement is prolifically used in different disciplines, it is evident that little shared consensus as to its conceptualization within and between domains exists⁶⁹. Despite this, engagement is foremost seen as a state of being engaged in/with something, which is part of, but should not be confused with, the process of engagement. Behavior, cognition, and affect which are important components of engagement and should be specified for each new context⁶⁹.

Developing scalable, cost-effective, and efficient technological solutions to enhance the general health and well-being of individuals has become vital within today's digital economy. Positive organizational interventions that focus on harnessing and improving individuals' strengths to increase employees' well-being, and organizational outcomes are examples that have begun to gain more attention². Designing these types of solutions requires designers to ensure that technological interventions (such as health apps and web-based platforms) not only are effective and usable but also have the potential to actively immerse consumers and users in its content. If individuals are able to actively engage with such technologically driven interventions, they could potentially reap all the associated physical and psychological health benefits that it may bring. However, it has been shown and argued that technologically driven interventions often do not fully engage people, thereby limiting the effectiveness thereof^{2, 3}. Designing engaging technological interventions is therefore a crucial success factor to consider. Although there is considerable agreement in the literature in support of this argument, as well as the benefits that engagement yields, little consensus exists with regard to what engagement is and how it should be conceptualized⁷⁶.

In eHealth, the use of technology to support health and well-being, a much-documented issue related to a lack of engagement, is non-adherence⁷². Often, people who use an eHealth solution do not use the offered technology the way in which the developers intended; this is what researchers refer to as non-adherence^{72,74}. Examples are participants not completing all lessons within an eMental health intervention, or not using all of the functions within a diabetes management system. Research has shown that there is a dose response relationship: for people who use a technology more, the positive effects are

greater². However, not all eHealth interventions show this relationship, and it has been argued that this has to do with the way adherence is conceptualized. The assumption that increased frequency of use equates to “better results” does not necessarily ring true^{73, 74}. Also, it seems that the reasons why people choose to use an intervention might be more important than the frequency or duration of its use. Research shows that when users feel involved in, or are able to identify with the intervention, the effects may be larger⁷⁴. Similarly, a review on engagement in digital health interventions described engagement as the extent of usage and a subjective experience characterized by attention, interest, and affect⁷⁵. This definition clearly describes engagement to be more than only usage of a system. However, the majority of articles included in that review only viewed engagement in behavioral terms, that is, as usage. This call to see and measure engagement not (just) through usage data is shared by more researchers^{84, 86} not only within the field of eHealth technologies⁸⁴.

It is important to note here that both the content and the design (the way the content is delivered) of the intervention may influence users' level of engagement or adherence. The design of a technological solution, its aesthetics, functionality, and behavior, is an important precursor to individuals' engagement, because such actively influences the experience of their emotional connection and the behavior directed toward the intervention^{81, 82}. When controlling for intervention content, providing users with a highly immersive, personalized intervention experience seems to be more effective in enhancing outcomes than providing them with static, linear, and unengaging content. In other words, the design of a technologically driven intervention strongly influences how it is perceived,

how it is employed, and how effective it will eventually be². Given the importance that the design of a technological solution poses for both engagement and adherence, it is not surprising that it has become a centrally debated topic within the domains of Interaction Design and Human Computer Interaction in recent years⁸⁴.

Researchers from these fields actively advocate for the design of highly engaging and immersive user experiences in order to enhance utilization and manage non-adherence. However, despite its relative importance, there is still no generally accepted model or theory on how design influences engagement. Authors stated that engagement in interaction should be reinstated by a focus on the physicality of the product. In their line of reasoning, the aesthetics of interaction (the sensory pleasure that people experience through interaction) play an important role in engrossing individuals within the interaction. In contrast, authors⁹³ argued that the active use of a technologically driven intervention is a function of an alignment between an individual's desire for and ability to achieve a specific outcome with said system. Here, the alignment between the personal characteristics of the user and the nature of the design seems to be an important factor for engagement. These types of inconsistencies in the literature result in confusion as to how intervention platforms should be designed in order to enhance engagement⁹⁴.

It is therefore clear that despite the agreement among all disciplines from which eHealth intervention research draws as to the importance of engagement, a commonly shared conceptualization of such is lacking⁹⁶. As engagement is a broad concept that has been used in many domains, it seems useful to look at how other domains define and use engagement in order to capitalize on such within eHealth intervention design. Whereas in

eHealth the discussion on what engagement constitutes is just emerging, other domains have a rich tradition in studying engagement [e.g., patient engagement and work engagement. Important discussions in these domains are, for example, whether engagement should be seen as a process (getting and remaining engaged and/or disengaged) or a state (of being engaged). In these domains, engagement is seen as a multidimensional construct consisting of multiple components, mirroring trends within eHealth research that engagement is more than just “usage⁹⁸.” Insight in what these components are in other domains might be a particularly timely step forward to better understand engagement in eHealth technologies⁹⁸.

A better understanding of engagement in and with eHealth technologies can provide a much necessary starting point for guidelines for the design and development of eHealth technology⁹⁸.As such, the aim of this systematic scoping review is to gain a better understanding of what domains the concept of engagement features and what constitutes engagement in these different domains and to determine whether there are any common components that seem to be important. This systematic scoping review focused on all domains where engagement is used as a concept, providing that engagement which means something more than only using or doing something (e.g., engaging in warfare)⁹⁹. Focus was on which components of engagement are commonly identified and how such can be translated into eHealth intervention research⁹⁹.In order to determine how engagement is conceptualized, and to determine the global factors underpinning such, a systematic scoping review was conducted in line with existing guidelines⁹⁷. A systematic scoping review was deemed the appropriate method because of its focused on mapping the concept of engagement. This approach is particularly useful to synthesize and

summarize knowledge about an objective in question that exhibits a high level of heterogeneity and complexity that spans disciplines.

2.3.3 Empirical Review on Community Relations Strategies

Community relations is a branch of public relations concerned with the cultivating and sustaining healthy relationship between an organisation and the community or communities where the organisation exists. It is simply conceptualised as “social service responsibility of an organisation”⁹⁸. The essence of community relations practice therefore is to achieve and sustain safe operational climate for any organisation operating within a given community. Community relations is an institution’s planned, active and continuing participation within a community to maintain and enhance its environment to the benefit of the institution, its employees and shareholders and the larger community. The implication is that community relations practice is beneficial to both an organisation and its host community. The organisation benefits by operating in a safe community atmosphere and the community benefits by having its environment developed by the organisation. This will in turn help to ameliorate conflict between the organisation and its host community⁹⁸.

Community relations therefore require that organisations should: know the community or communities in which they exist, identify with the needs of the community or communities in which they exist, be and function as corporate citizens of the community or communities in which they exist, ensure at all times that there is healthy relationship between them and the community or communities in which they exist. This clearly reinforce the fact that community relations demand that: corporate organisations should

work closely with their host communities in order to sufficiently understand and contribute immensely to the concrete priority needs of such communities and by extension achieve harmonious relationship with the communities. This harmonious relationship is needed to enhance the corporate objective of any business concern as such could hardly be achieved in a climate of violence⁹⁸.

Community relations refer to the relationship that a company has with their local community. Obviously, the most common relationship is that of a small business in the community when with which it serves. But even large corporations have communities that they are responsible to. When referring to community, you are not necessarily talking about a physical, geographical location. In some cases, this is true. Community relations refer to the various ways in which a business establishes a meaningful and mutually helpful relationship with its communities⁹⁹.

With community relations, a company takes an active interest in the community and communities it serves. This can be achieved, for example by a business attending grand openings or milestone events for local businesses or through sponsorship and promotional partnerships. Community relations build relationships with the local communities you serve, providing positive visibility to organization and to brand. By focusing on these local communities, company can greatly impact a vital local market and develop lasting ties along the way. An American institution offered classes to members of the community by allowing them to register for one class in any discipline, which increased the number of applications for admission from local-area students¹⁰⁰. Community relations, an essential function of any successful business, refers to the

various methods companies use to establish and maintain a mutually beneficial relationship with the communities in which they operate. The underlying principle of community relations is that when a company accepts its role and responsibility as a good corporate citizen and takes an active interest in the well-being of its community, then in return, it gains a number of long-term benefits in terms of community support, loyalty, and goodwill. A comprehensive and strategic community relations program can help virtually any organization – whether large or small, for- or non-profit – achieve increased visibility and a wide variety of other benefits¹⁰¹.

- **Community relations** is an excellent means of attracting new customers and growing businesses. For a company to be successful, it must develop a relationship with the community in which it operates. To see results, the relationship must be beneficial for all parties involved. In today's world, customer relations is an essential part of marketing, so choosing a cause that's appropriate for your customer's needs is crucial. Company can identify an essential need of the community and find a way to fix it– through donating money to that specific cause or even sending a representative from your company to a function for the cause. Extending assistance through services, goods, or time helps strengthen organizational relationship with the community and boosts the organisation's business¹⁰¹.

Research has shown that 8 out of 10 people patronize their local organisations because of how that same organisation helped the community¹⁰². Positioning organisation as one that's involved and invested in a community builds goodwill among potential customers,

generating leads and driving traffic back to the organisation. *People buy relations, magic, and stories; not goods and services* which has been proven right over time¹⁰². Many more companies are learning that marketing their products alone would not do; they have to get hands-on with their communities¹⁰². It is incontrovertible that the very presence of a corporate organisation in a given place easily impacts on socio-cultural, economic and physical environment of that locality. By localising an organisation in an area, the residents of that area who suffer from the ugly consequences of such localisation should also gain from positive outcome of the business activities of that organisation. Community relations are therefore needed to ensure that host communities receive fair treatment from the organisations operating within their communities. This explains why the indigenes of Niger Delta (the major oil producing area in Nigeria) have persistently “clamoured for fairness in what they have termed exploitation without commensurate compensation from the necessary quarters for long years of oil exploration in their area”⁹⁸. Therefore, it is important for organisations to engage in community relations so as to achieve harmonious relationship between an organisation and its community neighbours. The rationale or need for community relations practice as articulated includes but is not limited to: understanding the power - cum-leadership structure inherent in the community and how to use the potentials of the power structures to achieve common understanding between the organisation and the host community, understanding the state of social institutions like schools, hospital, market etc, existing in a community in order to know how such institutions could be enhanced, understanding the cultures including the norms, values, morals, social events (festivals) and general life style of the community members, understanding clearly, the core needs of the community and

prioritise such needs according to their relative degree of importance, providing enabling environment for constant dialogue between various arms of or interest groups in a community and by extension, monitor their feelings and dispositions toward the company and understanding how best to go about the management of the organisation's social responsibility functions without provoking negative reactions from the community residents⁹⁸.

The primary objectives of community relations is to increase sales and patronage of its product or service; exhibit commitment in the area of social responsibility of business – the contemporary prime objectives of business; make the community a better place for both the organisation and the people of the community alike; maintains peace and harmony with the community, and prove good corporate citizenship. In attempt to pursue some of all of these goals, organisations have often found themselves at logger-head with the host communities. The reason being that most of the times the desires of the organisations for their host communities often conflict with the actual desires of the communities⁹⁸. To strike a balance between the corporate organisation's desires for the host communities and the actual communities' desire therefore requires that community relations practitioners should ascertain by the empirical means the community's disposition towards the organisation and its depth of knowledge pertaining to the organisation's policies, philosophies and practices⁹⁸. Correct misrepresentation, misconception and misinformation about the organisation via regular dissemination of credible and convincing information about the organisation's policies, products and services⁹⁸. Some of the identified seven nuggets for improving relationship between organisations and their host communities in community relations practice⁹⁸:

- **Event Sponsorship:** A corporate organisation can enhance its relationship with the community neighbours through event sponsorship. The community neighbours may therefore develop a sense of belonging when the corporate organisation operating in their area decided to sponsor an event that is so dear to them. Free health care services like free eye glasses, eye test, sugar fasting test, drugs for hypertensive patients etc can go a long way to cement the relationship between an organisation and the host communities⁹⁸.
- **Physical Infrastructural Development:** Part of the social responsibility functions of corporate organisations demands that organisations should carryout physical development of the community neighbours. Public relations business is all about action and communication. So, taking action in this direction and communicating same will help immensely to enhance the image and reputation of corporate organisations before the host communities. Road rehabilitation, security in the neighbourhood, housing, transportation school and advisory counsel have an impact on the community and the relationship that should exists between an organisation and the host community⁹⁸.
- **Employment Creation:** The image and reputation of an organisation can further be enhanced by employing members of the host communities in the organisations operating within the area. Such employment will give the employers a sense of 'oneness' and by extension, make them to treat the organisation as their own⁹⁸.
- **Patronising Local Contractors/Suppliers:**Where necessary local contractors/suppliers should be patronised to further give them a sense of

belonging. This will make such contractors/suppliers “feel belonged and by extension, become favourably disposed towards the corporate organisation”⁹⁸.

- **Good Corporate Citizens of Host Community:** The corporate organisation should always strive to position itself as good corporate citizen of the host community. This the organisation can do by responding positively, identifying and participate actively in community activities as well as paying its corporate tax promptly. In order to deliver the best possible healthcare, hospitals must maintain strong relationships with their surrounding community. Activated communities generate a wealth of information that can vastly improve preventative care, shape new legislation or regulation, push forward new research, raise funds for hospitals, and identify critical health issues. There are several ways administrators can start cultivating a mutually beneficial connection with community members and organizations¹⁰³.
- **Establish Advisory Councils:** Engaging the community at the organizational level sends a clear message of inclusivity. Numerous case studies have shown that establishing a patient advisory council boosts a hospital’s ability to implement quality improvement projects, find new executives, redesign service delivery more effectively, and create programs that help educate hospital staff¹⁰³.
- **Hire Staff from the Surrounding Community:** When strategizing about community engagement, one of the first questions an administrator should ask is how they can provide jobs in the community they serve. Hospitals tend to be the largest employer in the healthcare field in their given area. Not only does this help stabilize a community’s economy, but it creates concrete links between the health

care center and the surrounding area. If the community is lacking in qualified applicants, consider developing campaigns that will promote careers in health¹⁰³.

- **Establish a Social Media Team:** In a world increasingly shaped by technological collaboration, having a dedicated team that manages and engages with online activity is a must. Online communities can form and dissipate quickly, so using tools such as Google alerts, Twitter keyword monitors, and Facebook's Lexicon will help you stay on top of the buzz. The main goal in any social media strategy is to get people to talk to you so you can build trust and open an avenue for dialogue¹⁰³.
- **Partner with Neighborhood Organizations and Businesses:** Establishing relationships with neighborhood organizations and businesses is critical to addressing community health issues. Nonprofit organizations hold strong links to community members, and can help hospitals implement healthy living and eating programs. Businesses are one of the main entities that pay for healthcare and can provide insurance for the community as well as advocate for systemic change. As communities continue to evolve, hospital administrators need to make engagement a number one priority. While hospitals are often the main deliverer of health care in any area, they don't need to solve problems alone. If there is collaboration with the community, it will undoubtedly improve the hospital's ability to provide the best quality healthcare possible¹⁰³.

2.3.4 Problems of Community Relations Practice in Nigeria

A number of challenges bedevil the community relations practice in Nigeria⁹⁸. Many times few selfish interest seekers and dubious enlightened cliques in communities often

sponsor destabilizing rumour against the corporate organisation. The interest is usually to incite the numerous illiterate community neighbours against the corporate organisation just to service their selfish interest. Some communities' demands are often numerous, in fact, much more than what the corporate organisations can afford. Brazen hostility by host communities: In this case the communities may not have any cogent or justifiable reason for disrupting the business activities of the companies they play host to. This is often demonstrated through frequent, boring and impracticable demands with a view to deliberately provoke the companies' staff and management. Unfair treatment of host communities by some corporate organizations, many a time organisations "may decide to establish a project that will not have much relevance to the needs of the community"⁹⁸. Government influence to some extent also impact negatively on the relationship between corporate organisation and its host communities. This is usually the case when organisation are made to pay heavy or excessive taxes to the government to the extent the companies may not have enough to pay their staff, pay suppliers, service machines and meet their social responsibility obligation to the host communities⁹⁸. Again, ignorance: Most time community neighbours are easily brainwashed and mobilised against a corporate organisation that is doing its best to impact positively on the host communities due to ignorance. Cases abound where some dubious cliques in the community deliberately hijack a company's welfare packages meant for the entire community without the community residence knowing about it⁹⁸.

2.3.5 Strategies for doing Community Relations

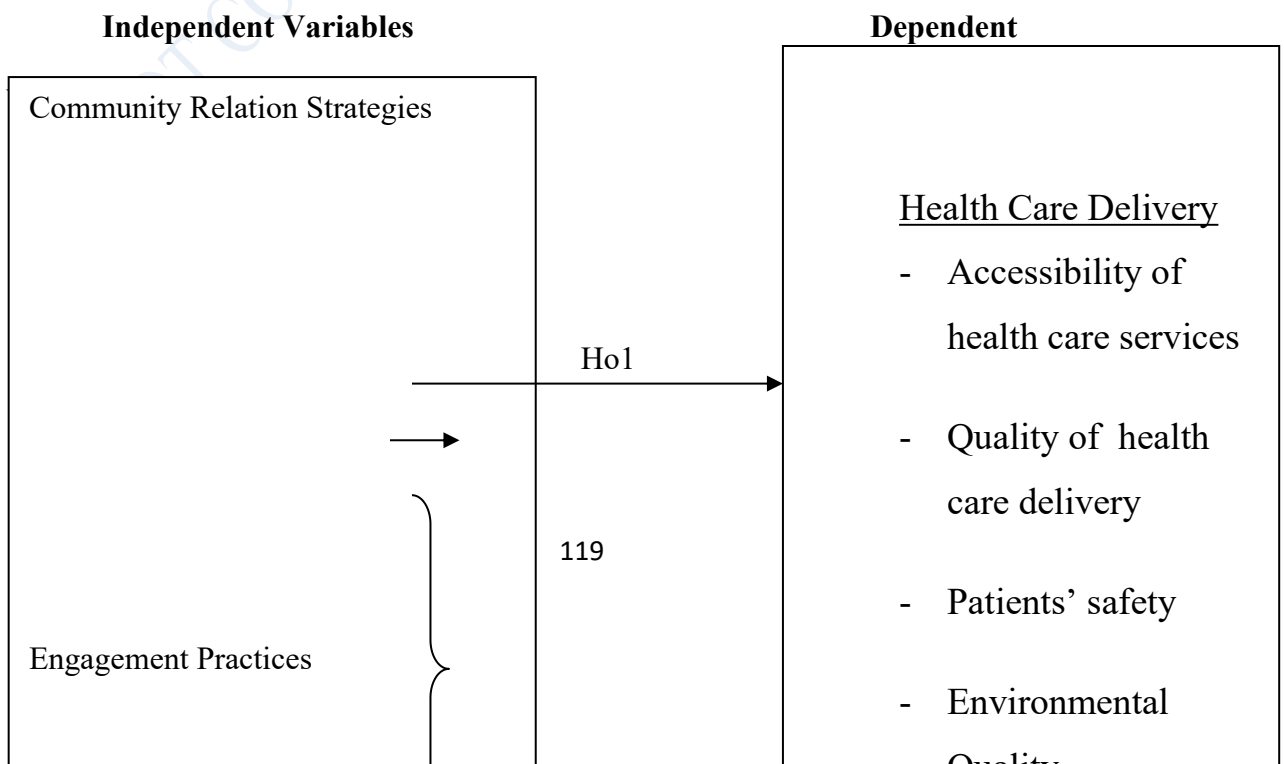
Investing in the Community by donating to a local cause to show goodwill, **giving through community events** by sponsoring a local event such as community concert or

community festivals will not only help with gaining trust from new customers, but it will also provide great visibility to a new customer via on-site activations or visual marketing opportunities¹⁰². **Volunteerism** by organising a volunteer day for the team at a local charity. While profit will not be made, it will offer networking opportunities and show the community the organisation cares¹⁰². **Social media posts** of pictures from a fundraiser hosted or the team of volunteer day. This will build brand trust among the current customers¹⁰². To take it one step further, working with the community relations partners to develop a multi-channel strategy that reaches the audience to maximize visibility¹⁰². **Public relations outreach** in sharing story with local media and coordinate their presence on-site for free health services. This gives the organisation a true spotlight to share messages directly and build credibility. Adding community relations to the organisation's strategy doesn't only benefit the organisation but the community at large, creating a pipeline of brand trust that leads to patronage by the public¹⁰³.

2.4 Conceptual Framework (Model)

The conceptual model depicts the independent and the dependent variables of this study. The independent variables are the community relations strategies and engagement practices, while the dependent variable is the health care service delivery of UCH. The model however, shows the relationship between community relation strategies, engagement practices and the health care service delivery of UCH. The arrows indicated individual relationship between each independent variables and the dependent variable

and also, collective relationship between the independent variable and the dependent variable.



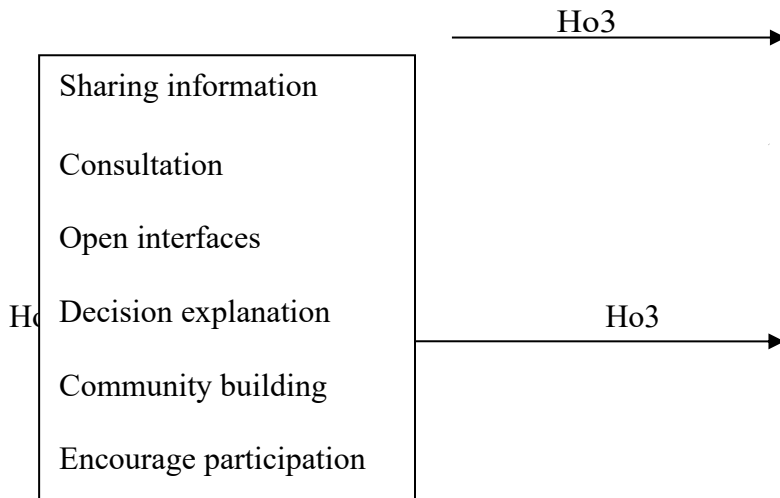


Figure 2.4: Conceptual Model on Community Relations Strategies and Engagement Practices of Health Care Service Delivery of University College Hospital (UCH) Ibadan, Oyo State, Nigeria by Researcher 2022

2.3 Appraisal of Reviewed Literature

The basis of primary health care and its national policy were examined and noted that despite the national framework, primary health sector in Nigeria is still faced with militating challenges. Upon the identification of these issues, the proffered solutions as to make primary health care live to its desired expectations of achieving Universal health coverage for Nigerians were provided. The problems facing tertiary hospitals in Nigeria

including substandard services, and poor infrastructure were addressed. It traced the origin of modern hospitals in the world and birth of hospital standards in Nigeria.

The prevalence of different accreditation standards in Nigeria hospitals was also added. At present, the National Tertiary Health Institutions Standards Committee (NTHISC) charged with responsibilities of implementing the national Health Act has not been functional. It submitted that if Nigerian hospitals are desirous of attaining universal standards in the era of COVID-19, stakeholders in Nigeria health sector must realize that, this is the time for action. A comprehensive systematic scoping review of the existing literature was conducted in order to identify the domains in which engagement is used. Among its findings is that it seems that some domains are more mature regarding their conceptualization and theorizing on engagement than others.

The unconcerned attitude of community members to business investments in their areas also noted that most organizations have seen the need for giving back to the community of operations by way of providing basic amenities and infrastructure through their Corporate Social Responsibility (CSR) programmes. It used Nosak Group, a Nigerian business organisation as an example in giving back to communities of operations, over the years. It stressed the importance of community relations by corporate organizations in engendering sustainable developments in our localities.

There was an examination of the health care system with specific reference to primary health care which stresses that the challenges remain despite policies targeted at PHC delivery. A further call for Private sector investment to improve PHC among other

solutions at salvaging PHC. It concluded that more efforts needed to be done at ensuring that, there is one fully-functional private or public PHC in every ward in Nigeria.

Public relations as a marketing communications method involving the use of publicity and other unpaid promotional methods to deliver messages was discussed where it stated that if public relations is properly utilized, and led by guiding strategies, public relations offers health and medical organizations opportunities to engage audiences in an efficient and highly credible manner. An opinion that careful application of this marketing communications avenue can help health care establishments realize their full communicative ability. W.H.O has identified community engagement as fundamental to any strategy aimed at attaining health goals. It explained five (5) ways community engagement can be optimized in the health sector. It stated that those ways will lead to joint ownership and zeal, optimising not only daily practices but also addressing greater goals of universal health.

Providing health care in a country as vast as Nigeria can be a challenge, coupled with government abandoning their responsibilities of taking care of health centres. As the pressure on clinics continues to grow, local communities are bearing the financial commitment of government to health centres. Instances of community members contributing by pooling resources and getting involved in the operation of the health centers to help them meet the scale of demand. It queried the continued sustainability of community financial running of health centres as government is charged to full financial responsibility to health care so that people can have access to quality and affordable health care service delivery in Nigeria.

The impact of attacks on health care was discussed while prevention of attacks and protection of health care is emphasized. It noted that, W.H.O encourages further investments in capacity building and sensitization of communities to the impact of attacks on health services that operate for their benefit. It further explained that the challenges of healthcare in Nigeria are many, though a few stand out. It emphasized that the foundation of every good healthcare system is Primary Health Care (PHC). It discussed what government and private sector need to do, practically and called the need for Public-Private-Partnership approach in health system in Nigeria. It opined that COVID-19 provides an opportunity for the mainstreaming of CSR by major financial institutions, towards health reforms. Descriptive and inferential statistics could be engaged to further analyse studies. Further research could be carried out into the decision making dynamics within household in terms of health care service delivery, study can also use a confidence building measures and strategies for cost control in private sector and social marketing approach in the charity sector. Researches can be carried out on healthcare sectors to compare the results of understanding the engagement practices and health care service delivery towards the medical sector. In all of these, one major gap identified is that research should be broadened to investigate community relations strategies and engagement practices on health care service delivery on hospital.

Endnotes

1. D.E. Clementson, *Narrative persuasion, identification, attitudes, and trustworthiness in crisis communication*. **Public Relations Review**, 46(2), 2020.p.101889.
2. M.Vasbotten, *Measurement and evaluation of outcomes A study of outcome measurement and evaluation in the Norwegian communication industry, and the attitude towards using standards (Master's thesis)*.2018.

3. S.Okechukwu, *Public Relations, Migration Issues and Inclusive Administration in Nigeria. Development*, 9(1). 2019.
4. A. Gregory,& J. Fawkes, *A global capability framework: Reframing public relations for a changing world*.**Public Relations Review**, 45(3), 2019.p.101781..
5. M.A.Ferguson,*Building theory in public relations: Interorganizational relationships as a public relations paradigm*.**Journal of Public Relations Research**, 30(4), 2018.pp.164-178.
6. E.J.Sommerfeldt, A.Yang, & M.Taylor, *Public Relations Channel “Repertoires”:
Exploring Patterns of Channel Use in Practice*.**Public Relations Review**, 45(4), 2019.p.101796.
7. J.Guo, *Exploring Public Relations Practitioners’ Ethical Decision-making at Work: a whole-Person, Processual, and Contextual Lens*(**Doctoral dissertation, University of Maryland, College Park**). 2019.
8. Y.Pronk, P. Pilot, J.M. Brinkman, R.J. van Heerwaarden, & W.van der Weegen, *Response rate and costs for automated patient-reported outcomes collection alone compared to combined automated and manual collection*.**Journal of patient-reported outcomes**, 3(1), 2019.pp.1-8.
9. D. Wheatley, *Victims and voices: Journalistic sourcing practices and the use of private citizens in online healthcare-system news*.**Journalism Studies**, 21(8), 2020.pp.1017-1036.
10. A.H.A.Alnasser, J.A.Al-Tawfiq, H.A.A. Ahmed, S.M.H.Alqithami, Z.M.A.Alhaddad, A.S.M.Rabiah, M.A.A.Albrahim, , M.S.H. Al Kalif, M.Barry, M.H. Temsah,& Z.S.H Al-Kalaif, *Public Knowledge, Attitude and Practice towards Antibiotics use and Antimicrobial Resistance in Saudi Arabia: A web-based cross-sectional survey*.**Journal of Public Health Research**, 10(4), 2021.pp.jphr-2021.
11. K.A.Quesenberry, *Social media strategy: Marketing, Advertising, and Public Relations in the Consumer Revolution*.**Rowman & Littlefield Publishers**. 2020.
12. K.Wolf, & C.Archer, *Public relations at the crossroads: The need to reclaim core public relations competencies in digital communication*.**Journal of Communication Management**,2018.
13. C.N.Reddi, *Effective public relations and media strategy*.**PHI Learning Pvt. Ltd.** 2019.

14. L.C. Nwodu. *Mastering Public Relations and Advertising Research, Monitoring and Evaluation Strategies for Improved Professional Excellence*. **The Nigerian Journal of Public Relations**,(1)2, 2009.
15. W.Adamolekun, & K.Ogedengbe, *Corporate social responsibility practices in Nigeria: an exploration of selected private sector organisations*. **Caleb Journal of Social and Management Science**, 5(1), 2020.pp.44-61.
16. J.S. Guanah, P.O. Guanah, & R.Dalung, *Use of community relations in compensation payment process in estate management practice: a case study of kwale industrial park acquisition*. **South Asian Res J Human Soc Sci**, 4(2), 2022.pp.119-129.
17. J.A. Adeleke, T.Adinlewa, & S.E.U. Ojih, *Chapter Thirteen Corporate Social Responsibility in Rural Development, Sustainable Agriculture and Food Security in Nigeria*.**Corporate Social Responsibility and Sustainable Development in a Changing World**, 2020. p.171.
18. S.McCandless, *Improving community relations: how police strategies to improve accountability for social equity affect citizen perceptions*.**Public Integrity**, 20(4), 2018.pp.370-385.
19. Adekemi, O.A., Ethical issues of journalistic practice in Nigeria: a study of the punch and this day newspapers sunday ufot imoh. **EDITORIAL BOARD**, 2020. p.257.
20. R.A.Ekwunife, H.I.Nwachukwu, &I.O.Ukeje, *Bureaucracy and citizen journalism: issues and challenges imperative for media practice in Nigeria*. 2021.
21. K.A. Ahmed, L.K. Mustapha, S.S. Abdulbaqi, & I.Z. Aliagan, *Corruption in the media: implications for ethical and socially responsible journalism*. **Jurnal Pengajian Media Malaysia**,22(2), 2020. pp.49-59.
22. S.Khopipah, & A.T.Turistiati, *Challenges of a dual role of marketing public relations and public relations in developing a positive image of pt overseas zone*. 49. **Informasi**, 49(2), 2019.pp.91-100.
23. C.O. WHO, *World health organization. Responding to Community Spread of COVID-19. Reference*.**WHO/COVID-19/CommunityTransmission/2020.1**.
24. A.Pleasant, C.O'Leary& R.Carmona, *Health literacy: Global advances with a focus upon the Shanghai Declaration on promoting health in the 2030 Agenda for Sustainable Development*. **Information Services & Use**, 40(1-2), 2020.pp.3-16.
25. K.Fortune, F.Becerra-Posada, P.Buss, L.A.C. Galvão, A.Contreras, M.Murphy, C. Rogger, G.E. Keahon, & A.de Francisco*Health promotion and the agenda for sustainable development, WHO Region of the Americas*. **Bulletin of the World Health Organization**, 96(9), 2018. p.621.
26. M.Iives, S.Stumpp, & D.Michelis, *September Entrepreneurial Marketing in a Crowdfunding Campaign. In European Conference on Innovation and*

Entrepreneurship (pp. 860-XVIII). **Academic Conferences International Limited**. 2020.

27. A.Dandashly, EU–Lebanon relations. In *Routledge Handbook of EU–Middle East Relations* **Routledge**, 2022. pp. 321-332.
28. L.Kusina, & G.Muasya, *Communication: Key to Improving Maternal Health in Sub Saharan Africa*. **African Multidisciplinary Journal of Research**, 5(1). 2020.
29. J.Servaes, *Conclusion: Some Suggestions for Communication for Development and Social Change*. In *Learning from Communicators in Social Change* **Springer, Singapore**. 2021. (pp. 251-265).
30. S.B. Math, G.S. Gowda, V.Basavaraju, N.Manjunatha, C.N.Kumar, S.Philip, & M.Gowda, *The rights of persons with disability act, 2016: Challenges and opportunities*. **Indian journal of psychiatry**, 61(Suppl 4), 2019.p.S809.
31. A.S. Kanter, *Let's try again: Why the United States should ratify the united nations convention on the rights of people with disabilities*. **Touro L. Rev.**, 35, 2019.p.301.
32. S.Negrini *The Possibilities and Challenges of Rehabilitation 2030: A Call for Action by the World Health Organization: a unique opportunity not to be missed*. **European Journal of Physical and Rehabilitation Medicine**, 53(2),2017. 169-72.
33. Y.P. Lin, C.J.Tang, V.A.Tamin, L.Y.C. Tan, & E.Y. Chan, *The hand-brain-heart connection: ICU nurses' experience of managing patient safety during COVID-19*. **Nursing in critical care**, 27(5), 2022.pp.689-697.
34. M.Anagnostou, *Covid-19 reaction digital solutions, related to public administration Health Challenges*. 2022.
35. F.O. Omotayo, & T.A. Orimolade, *Exploring the Knowledge Sharing Practices among Medical Doctors in Ibadan Metropolis, Nigeria*. **Covenant Journal of Communication**, 7(2), 2021.
36. M.C. Laudano, G. Marzi, & A.Caputo, *A decade of the International Journal of Entrepreneurship and Small Business: a bibliometric analysis*. **International Journal of Entrepreneurship and Small Business**, 33(2), 2018.pp.289-314.
37. S.M Cutlip, A.H. Center &G.M. Broom. *Effective Public Relations*. **New Jersey: Prentice-Hall**.1994.
38. R. Rocha, R. Atun, A. Massuda, B. Rache, P. Spinola, L. Nunes, M. Lago &, M.C. Castro, Effect of socioeconomic inequalities and vulnerabilities on health-system preparedness and response to COVID-19 in Brazil: a comprehensive analysis. *The Lancet Global Health*, 9(6), 2021.pp.e782-e792.

39. Y.Cheng, S.Feng, J.Yang, H.Zhang, & Y.Liang, *Provable benefit of multitask representation learning in reinforcement learning*. arXiv preprint arXiv:2206.05900. 2022.
40. Lee Larsen.*Mass Market Paperback* · **Publisher. Nightfall Press**2012·
41. J.E. Grunig. *Teaching Public Relations in the Future*. **Public Relations Review**, XV(1):181989.
42. A. Linda, *The Language of Leadership for Female Public Relations Professionals*. **Journal of Public Relations Research** 10(2), 1998.
43. S.Kim, *The effects of internet use on academic achievement and behavioral adjustment among South Korean adolescents: Mediating and moderating roles of parental factors*.**Syracuse University**. 2011.
44. A. Moshood,*Primary Health Care in Nigeria - 42 Years After Alma Ata Declaration*2020
45. J. Shiffman&S. Smith. *Generation of Political Priority for Global Health Initiatives: A Framework and Case Study of Maternal Mortality*. **The lancet**. 13;370(9595):2007. 1370-9
46. World Health Organization, *Primary health care on the road to universal health coverage: 2019*,**Global Monitoring Report**. 2021.
47. I. Mikkelsen-Lopez, K. Wyss&D. De Savigny. *An Approach to Addressing Governance from A Health System Framework Perspective*. **BMC International Health and Human Rights**. 11(1):2011.1-1
48. W.S.Ajisehiri, S.Abimbola, A.G. Tesema, O.O. Odusanya, D.Peiris, & R.Joshi, *The organisation of primary health care service delivery for non-communicable diseases in Nigeria: a case-study analysis*. **PLOS Global Public Health**, 2(7), 2022. p.e0000566.
49. N.H. Alkali, & M.R. Bello, *Tertiary hospital standards in Nigeria: A review of current status*.**Annals of African Medical Research**, 3(1), 2020.
50. R.R. Cloud, *Aristotle's journey to Europe: A synthetic history of the role played by the Islamic Empire in the transmission of Western educational philosophy sources from the fall of Rome through the medieval period*. **University of Kansas**. 2007.
51. Critchley, M., *The Beginnings of the National Hospital, Queen Square (1859-1860)*.**British Medical Journal**, 1(5189), 1960.p.1829.
52. C.A. Onoka, K.Hanson, &J.Hanefeld, *Towards universal coverage: a policy analysis of the development of the National Health Insurance Scheme in Nigeria*.**Health Policy and Planning**, 30(9), 2015.pp.1105-1117.

53. A.U. Truth, *No health without a workforce. World Health Organisation (WHO) Report*, pp. 2013.1-104.
54. Doctors, Nurses Lament Poor Pay, Overwork in State Hospitals. **Punch newspaper**, 21st May, 2019. <https://punchng.com/doctors-nurses-lament-poor-pay-overwork-in-state-hospitals/> Accessed 2021.
55. Premium Times Newspaper, *Ninety Percent Deaths in Nigerian Hospitals Caused By Health Workers' Attitude*. 19th September, 2017. <https://www.premiumtimesng.com/news/top-news/243653-90-deaths-nigerian-hospitals-caused-health-workers-attitude-teaching-hospitalchief.html> Accessed 2021
56. LASUTH Board, *Bed Space is Our Biggest Challenge – Vanguard Newspaper*, 3rd November, 2014. <https://www.vanguardngr.com/2014/11/bedspace-biggest-challenge-lasuth-board-3/> Accessed 2022
57. L. O. Lawani, J. N. Eze, & O. B. Anozie, *Obstetric Analgesia for Vaginal Birth in Contemporary Obstetrics: A Survey of the Practice Of Obstetricians in Nigeria*. **BMC Pregnancy Childbirth**, 14,2014.140
58. E. O. Nwankwo, I. N. Ibeh & O. I. Enabulele, *Incidence and Risk Factors of Surgical Site Infections in a Tertiary Health Institution in Kano, North-western Nigeria*. **Int J Infect Control**,8:142012.
59. F. A. Onyekwulu, A.D.G Nwosu & V. O. Ajuzieogu, *Anaesthesia Manpower Need in Nigeria*. **Orient J Med**26,2014. 83-7
60. Coronavirus: *Nigeria has 350 ICU Beds For 200 Million People*. **Premium Times Newspaper**, 30th March, 2020. <https://www.premiumtimesng.com/news/headlines/384840-coronavirus-nigeria-has-350-icu-beds-for-200-million-people.html> Accessed 30th April, 2020.
61. Joint Commission International, *Joint Commission International accreditation standards for hospitals: including standards for Academic Medical Center Hospitals*. **Joint Commission Resources**. 2020.
62. F.W. Stander, & L.E.V. Zyl, *The talent development centre as an integrated positive psychological leadership development and talent analytics framework*. In *Positive psychological intervention design and protocols for multi-cultural contexts*. **Springer, Cham**, 2019. (pp. 33-56).
63. C. J. Winslow, S. A. Kaplan, J. C. Bradley-Geist, A. P. Lindsey, A. S. Ahmad & A. K Hargrove, *An Examination of Two Positive Organizational Interventions: For Whom do these Interventions Work?* **J. Occup. Health Psychol.** 22, 2017.129–137.
64. M. Salanova & A. Ortega-Maldonado. *Psychological Capital Development in Organizations: An Integrative Review of Evidence-Based Intervention Programs*,

in *Positive Psychological Intervention Design and Protocols for Multi-Cultural Contexts*(Springer),2019.81–102.

65. M. P. Couper, G. L. Alexander, N. Zhang, R.J.A Little, N. Maddy & M. A. Nowak,*Engagement and Retention: Measuring Breadth and Depth of Participant Use of an Online Intervention. J. Med. Int. Res.*,2010.1430
66. H.Chen, M.A. Rodriguez, M.Qian, T.Kishimoto, M.Lin, & T.Berger, *Predictors of Treatment Outcomes and Adherence in Internet-based Cognitive Behavioral Therapy for Social Anxiety in China.***Behavioural and cognitive psychotherapy**, 48(3), 2020.pp.291-303.
67. H. Chen, M.A. Rodriguez, M.Qian, T.Kishimoto, M.Lin, &T.Berger, *Predictors of treatment outcomes and adherence in internet-based cognitive behavioral therapy for social anxiety in China. Behavioural and cognitive psychotherapy*, 48(3), 2020. pp.291-303.
68. S. M. Kelders,*Design for Engagement of Online Positive Psychology Interventions, in Positive Psychological Intervention Design and Protocols for Multi-cultural Contexts. New York, NY: Springer*,2019.297–313.
69. O. Perski, A. Blandford, R. WestS. & Michie. *Conceptualising Engagement with Digital Behaviour Change Interventions: A Systematic Review Using Principles from Critical Interpretive Synthesis. Transl. Behav. Med.*, 7, 2017.254–267.
70. L. Donkin, H. Christensen, S. L. Naismith, B. Neal, I. B. Hickie &N. A. Glozier,*Systematic Review of The Impact of Adherence on the Effectiveness of E-Therapies. J. Med. Internet Res.*, 13:2011.e52.
71. C. M. Yeager, K. Shoji, A. Luszczynska&C. C. Benight,*Engagementwith a Trauma Recovery Internet Intervention Explained with the Health Action Process Approach (HAPA): Longitudinal Study. JMIR Ment. Health* 5:2018.e29.
72. F. Sieverink, S. M. Kelders &J. E. Van Gemert-Pijnen. *Clarifying the Concept of Adherence to E-health Technology: Systematic Review on When Usage Becomes Adherence. J. Med. Internet Res.*, 19:2017.e402.
73. L. Donkin, N. Glozier &S. M. Kelders,*Involvement as a Working Mechanism for Persuasive Technology. Cham: Springer International Publishing*, 2015.
74. L. Yardley, B. J. Spring, H. Riper,L. G. Morrison, D. H. Crane &K. Curtis.*Understanding and Promoting Effective Engagement with Digital Behavior Change Interventions.Am. J. Prev. Med.*,51,2022.833–842.
75. C. E. Short, A. DeSmet,C. Woods, S. L. Williams, C. Maher &A. Middelweerd, *AMeasuring Engagement in E-health and M-health Behavior Change Interventions: Viewpoint of Methodologies. Journal of Medical International Research*,, 20:2018. e292.

76. H. L. O'Brien, & E. G. Tom., *What is User Engagement? A Conceptual Framework for Defining User Engagement with Technology*. **J. Am. Soc. Inform. Sci. Technol.**, 59, 938–955.
77. K. Doherty & G. Doherty, *Engagement in HCI: Conception, Theory and Measurement*. **ACM Comput. Surveys**, 51, 2021. 1–39.
78. P. M. Desmet & P. Hekkert. *Framework of Product Experience*. **Int. J. Design** 1, 2007. 57–66
79. G. D. Ludden, H. N. Schifferstein, & P. Hekkert, *Beyond Surprise: A Longitudinal Study on the Experience of Visual-Tactual Incongruities in Products*. **Int. J. Design**, 6, 2012. 1–16
80. K. Niedderer, S. Clune & G. Ludden, *Design for Behaviour Change: Theories and Practices of Designing for Change*. **Routledge**.
81. M. P. Couper, G. L. Alexander, N. Zhang, R.J.A. Little, N. Maddy & M. A. Nowak, *Engagement and Retention: Measuring Breadth and Depth of Participant Use of an Online Intervention*. **Journal of Medical International Research**, 12:2021. e52.
82. S. M. Kelders, M. Sommers-Spijkerman & J. Goldberg. *Investigating the Direct Impact of a Gamified Versus Nongamified Well-Being Intervention: an exploratory experiment*. **Journal of Medical International Research**, 20, 2018. e247.
83. G. D. Ludden, T. J. Van Rompay, S. M. Kelders & J. E. Van Gemert-Pijnen. *How to Increase Reach and Adherence of Web-Based Interventions: a design research viewpoint*. **Journal of Medical International Research**, 17, 2015. e172.
84. S.M. Kelders, *Design for Engagement of Online Positive Psychology Interventions. In Positive Psychological Intervention Design and Protocols for Multi-cultural Contexts*. **Springer, Cham**. 2019. pp. 297-313.
85. K. Overbeeke, T. Djajadiningrat, C. Hummels, S. Wensveen & J. Frens. *Let's Make Things Engaging, in Funology: From Usability to Enjoyment*, eds M. A. Blythe, A. F. Monk, K. Overbeeke, and P. C. Wright. **New York, NY: Springer; Kluwer, Academic Press**, 2004. 7–17
86. R. Gulotta, J. Forlizzi, R. Yang & M. W. Newman. *Fostering Engagement with Personal Informatics Systems*, in *Proceedings of the 2016 ACM Conference on Designing Interactive Systems* **New York, NY: ACM**, 2016. 286–300.
87. K. L. Carman, P. Dardess, M. Maurer, S. Sofaer, K. Adams & C. Bechtel, *Patient and Family Engagement: A Framework for Understanding the Elements and Developing Interventions and Policies*. **Health Aff.**, 32, 2013. 223–231

88. A.B. Bakker, W.B. Schaufeli, M.P. Leiter, & T.W. Taris, *Work engagement: An emerging concept in occupational health psychology*. **Work & stress**, 22(3), 2008, pp.187-200.
89. S. Sonnentag, *A Task-Level Perspective on Work Engagement: A New Approach that Helps to Differentiate the Concepts of Engagement and Burnout*. **Burnout Res.** 5, 2017.12–20.
90. G. Graffigna, & R. C. Gambetti. *Grounding Consumer-Brand Engagement: A Field-Driven Conceptualisation*. **International Journal of Market Research**, 57, 2015. 605–630.
91. M. D. Peters, C. M. Godfrey, H. Khalil, P. McInerney, D. Parker & C. B. Soares. *Guidance For Conducting Systematic Scoping Reviews*. **International Journal of Evidence Based Healthcare**, 13, 2015. 141–146.
92. H. Arksey & L. O'Malley, *Scoping Studies: Towards a Methodological Framework*. **International Journal of Social Research Methodology**. 8, 2021. 19–32.
93. T. Horsley, *Tips for Improving the Writing and Reporting Quality of Systematic, Scoping, and Narrative Reviews*. **Journal of Continuing Education in the Healthcare Profession**. 39, 2019. 54–57.
94. A.B.Green, *Book Review: Public Relations in Practice by Kate S. Kurtin*. 2019.
95. L.Sulkowski, G. Ignatowski, & R.Seliga, *Public Relations in the Perspective of the Catholic Church in Poland*. **Religions**, 13(2), 2022.p.115.
96. J.Fawkes, A.Gregory, J.Falkheimer, E.Gutiérrez-García, G.Halff, R.Rensburg, G. Sadi, , A.Sevigny, M.Sison, A.Thurlow, & K.Tsetsura, *A Global Capability Framework for the Public Relations and Communication Management Profession*. 2018. 1-20
97. C.Valentini, *Trust research in public relations: an Assessment of its Conceptual, Theoretical and Methodological Foundations*. *Corporate Communications*. **An International Journal**, 2020.
98. S.M.Kelders, L.E. Van Zyl, & G.D.Ludden, *The concept and components of engagement in different domains applied to ehealth: a systematic scoping review*. **Frontiers in psychology**, 11, 2020.p.926.
99. A.A. Putri, *Public Relations Strategy for Improving Quality of Service to Patients (Qualitative Descriptive Study at Muslimat Ponorogo Hospital)*. **QAULAN: Journal of Islamic Communication**, 1, 2020.pp.69-86.

100. K. Agarwal, *Choose Wisely: Rethinking the Philosophical Origins of Rational Choice Theory in 21st Century Markets*. 2022
101. R. Shrestha & S. Adhikari. *Factors Affecting Choice of Health Care Facilities Among The Adults of an Urban Community*. **Medical Journal of Shree Birendra Hospital**.;20(2):12 Accessed Sep 6 2021
102. S. M. Sulaiman. *Customer Relationship Management, Customer Satisfaction and Its Impact on Customer Loyalty*. In **Proceedings of the 7th International Conference on Multidisciplinary Research**. 2018.
103. O. O. Latunji & O. O. Akinyemi. *Factors Influencing Health-Seeking Behaviour Among Civil Servants in Ibadan, Nigeria*. **Annals of Ibadan Postgraduate Medicine**,16(1),201852-60
104. O. Abiodun, O. V. A. T. Faithman, & O. A. Oluwatosin, *Provider-related predictors of utilization of university health services in Nigeria*. **Ethiopian Journal of Health Sciences**, 29(2). 2019.
105. M. R. Gil & C. G. Choi. *Factors Affecting the Choice of National and Public Hospitals among Outpatient Service Users in South Korea*. **INQUIRY: The Journal of Health Care Organization, Provision, and Financing**, 56,2019.
106. J. Li, N. Zhao, H. Zhang, H. Yang, & J. Yang, *Patients' Willingness of First Visit in Primary Medical Institutions and Policy Implications: A National Cross-Sectional Survey in China*. **Frontiers in Public Health**, 10. 2022.
107. E. Onchari. *Factors Affecting Patients' Choice of Health Provider of Outpatient Services in Westlands Constituency, Nairobi County (Doctoral dissertation, United States International University-Africa)*. 2020.
108. M. Bahadori, et al. *Factors Contributing Towards Patient's Choice of a Hospital Clinic from the Patients' and Managers' Perspective*. *Electronic physician*.;8(5), 2016. 2378.
109. V. Kamra, et al. *Factors Affecting Hospital Choice Decisions: An Exploratory Study of Healthcare Consumers in Northern India*. **Asia Pacific Journal of Health Management**.;11(1),2016.76-84.
110. L. Bucatariu & B. P. George. *Patient Perception and Choice Factors Related to International Hospitals: A Study in Ho Chi Minh City, Vietnam*. **Journal of Health & Medical Informatics**.;8(3),2017. 8-277

111. J. Malik & V. C. Sharma, *Determinants of Patients' Choice of Healthcare Provider: A Study of Selected Private Hospitals in Delhi-NCR*. **NICE Journal of Business**, 12(1), 2017. 45-59
112. S. L. Mwaseba, *Patient's Perception on Factors for Choice of Healthcare Delivery at Public Hospitals in Dodoma City*. **Hospitals**, 3(2), 2018. 5
113. R. M. Al-Daoar & M. J. Zubair, *Understanding Patients' Choice of Hospital: An Interpretive Study*. 2013.
114. M.H. Lin, H.T. Chang, T.J. Chen, & S.J. Hwang, *Why people select the outpatient clinic of medical centers: a nationwide analysis in Taiwan*. **PeerJournal**, 8, 2020. p.e9829.
115. A.A. Roberts, M.R. Balogun, A.O. Sekoni, V.A. Inem, & O.O. Odukoya, *Healthseeking preferences of residents of Mushin LGA, Lagos: A survey of preferences for provision of maternal and child health services*. 2015.
116. R. Ravangard, M. Javanbakht, & P. Bastani, *Factors Affecting the Choice of Public, Private or Charity Health Care Providers: A Case of a Developing Country*. **International Journal of Healthcare Management**, 13(sup1), 2020. 41-7.
117. D. Ghattas & G. Al-Abdallah. *Factors Affecting Customers Selection of Community Pharmacies: The Mediating Effect of Branded Pharmacies and the Moderating Effect of Demographics*. **Management Science Letters**, 10(8), 2020. 1813-26
118. M. R. Irani, *Relationship between Factors Affecting the Selection of Health Care Service Providers in Saveh and the Load of Visits: A Cross-Sectional Study*. **Depiction of Health**, 10(3), 2019. p208-17
119. A.A. Roberts, M.R. Balogun, A.O. Sekoni, V.A. Inem, & O.O. Odukoya, *Healthseeking preferences of residents of Mushin LGA, Lagos: A survey of preferences for provision of maternal and child health services*. 2015.
120. F. Amidu. *Factors Influencing the Choice of Treatment Among Patients with Fractures in the Tamale Teaching Hospital (Doctoral dissertation, University of Ghana)*.
121. A. Altaf, H. Mortada, M. Shawosh, M. Nassif, A. Alattas, A. Abumohssin, A. Hakami, M. Aljiffry, & N. Trabulsi, *Factors Affecting Hospital Choice for Patients Undergoing Elective General Surgery: A Cross-Sectional Study*. **International Journal of Surgery and Medicine**, 5(3), 2020. pp.118-118.

122. V. Chauhan, A. Sharma, & M. Sagar, *Exploring patient choice in India: a study on hospital selection. International Journal of Healthcare Management*, 14(2), 2021. pp.610-620.
123. M. A. Jabar. *Factors Influencing Health-Seeking Behavior Among Overseas Filipino Workers. International Journal of Healthcare Management*. 2019.
124. L. Bootsurnan, S. Siripipatthanakul, & B. Phayaphrom, *Factors Influencing Consumers' Purchase Intention at Pharmacies in Thailand. Journal of Management in Business, Healthcare and Education*, 1(1), 2021. pp.1-16.
125. D. Barghouth, G.M. Al-Abdallah, & A.B. Abdallah, *Pharmacy service factors and pharmacy performance: the role of patient satisfaction in community pharmacies. International Journal of Pharmaceutical and Healthcare Marketing*, 15(3), 2021. pp.410-428.
126. N. Suwarnajote, & W. Mekhum. *Factors Contributing to Customer's Buying Behaviour at Pharmacy? Does The Brand Image Mediate the Customer's Buying Behaviour in Thailand. Systematic Reviews in Pharmacy*, 11(4), 2020.
127. G.N. Handayany. *The Quality of Pharmaceutical Services in the New Normal Era on Outpatient Loyalty at the Pharmacy Installation of the Daya General Hospital. Open Access Macedonian Journal of Medical Sciences*. ;9(E), 2021. pp.1376-82
128. R. Shrestha, & S. Adhikari. *Factors Affecting Choice of Health Care Facilities Among the Adults of an Urban Community. Medical Journal of Shree Birendra Hospital*.;20(2), 2021. p.123-9.
129. V. Kamra. *Factors Affecting Hospital Choice Decisions: An Exploratory Study of Healthcare Consumers in Northern India. Asia Pacific Journal of Health Management*, 11(1), 2016. p.76-84
130. O. Abiodun. *Provider-Related Predictors of Utilization of University Health Services in Nigeria. Ethiopian Journal of Health Sciences*, 29(2), 2019.
131. C.O. Nwodoh, I.L. Okoronkwo, A.C. Nwaneri, & I. Ndubuisi, *Effective Public Relations in Health Practice: An Unexplored Tool for the Growth of Nigeria's Health Sector and its Professionals. Academic Journal of Nursing and Health Education*, 8(1), 2019. p.34-40
132. B. Büyükdoğan, H. Gedik, Y. Dereli, & Ö. Tanyeli, *The Impact of Service Quality and Public Relations on Patient Satisfaction in Hospitals. Elektronik Sosyal Bilimler Dergisi*, 16(60), 2017. p.186-97.
133. O.J. Kehinde & R.C. Igbozuruike, *Public Relations as a Tool for Effective Healthcare Management. Innovative Journal of Business and Management*. 2016. p.81-8

134. L. Bucatariu & B.P. George, *Patient Perception and Choice Factors Related To International Hospitals: A Study in Ho Chi Minh City, Vietnam*. **Journal of Health & Medical Informatics**;8(3), 2017.p8-277
135. J. Malik & V.C. Sharma, *Determinants of Patients' Choice of Healthcare Provider a Study of Selected Private Hospitals in Delhi-NCR*. **NICE Journal of Business**;12(1), 2017.p45-59.
136. S. L. Mwaseba, & J.M. Mwang'onda, *Patient's Perception on Factors for Choice of Healthcare Delivery at Public Hospitals in Dodoma City*. **Hospitals**,3(2), 2018.p5
137. R.M.A. Al-Daoar, & M.J.M. Zubair, *Understanding Patients' choice of hospital: an interpretive study*. 2013.
138. F. Okonofua, L. Ntoimo, J. Ogungbangbe, S. Anjorin, W. Imongan, & S. Yaya, *Predictors of Women's Utilization of Primary Health Care for Skilled Pregnancy Care In Rural Nigeria*. **BMC pregnancy and childbirth**,18(1),2018.p1-5.
139. Y. Liu, Q. Kong, & E.W. de Bekker-Grob, *Public preferences for health care facilities in rural China: a discrete choice experiment*. **Social Science & Medicine**, 237, 2019.p.112396.

Chapter Three

Methodology

In this chapter a presentation of the methodology and research design adopted in the study is provided as a guide to understand the action of the researcher in respect of data collection for the study.

3.1 Research Design

In this study, the mixed method research design was applied. This is a research design that allows the researcher to collect, analyse, and “mix” both quantitative and qualitative research data and method in a single study to understand a research problem. The mixed method allows for the triangulation of data by comparing the responses obtained from different research instruments such as questionnaire and interview schedule. In addition, the mixed method also allow for in-depth investigation as it allows the researchers to ask follow up questions and obtain context for the responses provided in the questionnaire.

3.2. Population of the Study

The population of study included the information gatekeepers and community leaders from five communities namely; Ayeye, Dugbe, Inalende, Mokola, and Yemetu. These are the communities surrounding the University College Hospital, Ibadan, Oyo State, Nigeria and whose members are expected to enjoy the healthcare services provided by the University College Hospital. Their opinions were relevant in placing the study into perspective since they are in a better position to provide relevant answers to questions raised by this study.

3.3. Sample Size and Sampling Techniques

Convenience sampling was used for this research. The rationale for the choice of Convenience sampling technique is that it helped to recruit respondents who are easily accessible and convenient to the researcher owing to the fact that the respondents (community Leaders and patient's relations) that filled the questionnaire were the ones available at the time the researcher was on the field. Therefore, 400 questionnaires were used to gather data from the respondents.

3.4 Description of the Research Instruments

Data was collected with the aid of two separate research instrument to facilitate the process of triangulation. An interview schedule was developed to collect qualitative data from selected respondents. For the quantitative data, a structured questionnaire titled: Community relations strategies, engagement practices and health care service delivery satisfaction in University College Hospital (UCH) Ibadan, Oyo State. Nigeria. The questionnaire formed the instrument for information collection from the respondents in this study. This is because the questionnaire is a vital instrument for gathering information from people about their opinions, attitudes, behavior and perceptions on a given phenomenon. Questionnaire was distributed by the researcher to the respondents and data were collected to be able to elicit the appropriate result in this study. It helped the researcher to analyze the respondent's opinion and perception about community relations strategies, engagement practices and health care service delivery satisfaction in University College Hospital (UCH) Ibadan, Oyo State. Nigeria. The questionnaire for the study was divided into five (5) sections, A, B, C, D and E.

Section A; contains questions on the demographic information of the respondents.

Section B; contains questions on the community relations strategies deployed by University College Hospital (UCH), Ibadan.

Section C; contains questions on the level of adoption of community relations strategies of University College Hospital (UCH), Ibadan.

Section D; contains questions on the level of engagement practices with patients by University College Hospital (UCH), Ibadan.

Section E; contains questions on the level of satisfaction with University College Hospital (UCH), health care service delivery.

3.5 Validation of Research Instrument

In order to ensure the content of the validity of the instrument, the questionnaire was edited and proof read by the researcher's supervisor. The proof reading and amendment gave room for necessary amendment in the questionnaire, prior to the administration to the respondents. The same process was followed for the interview schedule.

3.6 Reliability of the Research Instrument

A reliability test of the research instrument was carried out in Lagos State University Teaching Hospital. A total of 25 copies of the questionnaire were administered to the community leaders and patient's relations of the hospital to test the reliability of the research instrument. To assess the internal consistency of the constructs, the study made use of Cronbach's α to determine the level of internal consistency of the research instrument. The following was the reliability result of each instrument:

Community relations strategies - 0.75, Engagement practices - 0.85, Satisfaction with health care - 0.90. It is adjudged that when a reliability result is above 0.70 such construct is very much okay to be investigated into.³

Table 3.1: Reliability Value of Instrument

	Variables	Cronbach's Alpha	No of Items
A	Community relations strategies	0.75	15
B	Engagement practices	0.85	27
C	Satisfaction with health care	0.90	15

3.7 Administration of Instrument

Data were collected and used in the analysis of the research work which was done through the process of distributing copies of the questionnaire to the respondents of this study. A letter of introduction was given to the researcher by the department. Therefore, copies of the questionnaire was given out to the sampling population and collected by the researcher personally. These copies were administered to the respondents in the areas covered for the study. Completed questionnaire was also collected personally from the respondents by the researcher for sorting and analyzing.

3.8 Method of Data Analysis

The study collected both qualitative and quantitative data and each were analysed with appropriate methods. The qualitative data collected were analysed using thematic analysis in line with the research questions. For the quantitative data, descriptive statistics such as percentages, frequencies and mean were utilized to analyze the four (4) research questions of this study. While regression analysis was used to analyze the three null hypotheses in this study. Hypotheses one and two were analysed using simple linear regression while hypothesis three was analysed using multiple regression analysis. Social Science Statistics Software (SPSS) was also used to analyze the data gathered in this study.

Endnotes

1. M.Amirrudin, K.Nasution, & S.Supahar, *Effect of variability on Cronbach alpha reliability in research practice*. **Journnal Matematika, Statistika dan Komputasi**, 17(2), 2021.pp.223-230.\
2. C. Ping, H.L. & H.W. Lori, “*Customer Engagement Behaviour in Social media advertising: Antecedents and Consequences*”, **Newspaper of Contemporary Management Research** 13, no 3 (2017): 193-216
3. T. Hamead, “*Methodology: How to Choose a Sampling Technique for Research*”, **SSRN Electronic Journal**, 2016

Chapter Four

Results and Discussions of Findings

This chapter presents the analysis of data collected from the respondents in the study and discussions of findings arising from the results.

This chapter entails the following:

4.1 Demographic Data Analysis

4.2 Presentation of Data

4.2.1 Analysis of Research Questions

4.3 Testing of Hypotheses

4.4 Presentation of Interview Responses

4.5 Discussion of Findings

4.1 Data Presentation and Analysis

Demographic Characteristics of Respondents

The demographic data of the participants were collected and examined using descriptive statistics such as frequencies and percentages and presented in tables.

4.1.1 Distribution of Respondents by Gender

Table 4.1: Gender and Age Distribution of Respondents (N=313)

	Frequency	Percent	Valid Percent	Cumulative Percent
Male	109	34.8	34.8	34.8
Female	204	65.2	65.2	100
18 to 24 years of age	68	21.7	21.7	21.7
25 to 29 years of age	117	37.4	37.4	59.1
30 to 35 years of age	35	11.2	11.2	70.3
36 to 40 years of age	41	13.1	13.1	83.4
41 and above	52	16.6	16.6	100
Total	313	100	100	

Source: Survey, 2022

The above table indicates the gender distribution of respondents for this study. With a population of 313 respondents, it is indicated in the above table that there are a total number of 109 males and a total number of 204 females. The number of male participants for this study account for about 34.8% while 65.2% account for female participants. In terms of age distribution of respondents for this study, the table indicated that the age range of 25 to 29 years of age witnessed a total number of 119 respondents indicating that they fall within this age range. This accounted for about 37.4% of the total number of respondents. This was also the highest age number of participants in this study that indicated this. The next age range that has the highest number of participants in this study is the age range of 18 to 24 years of age. This accounted for about 21.7%. Those that are of 41 years and above are about 52 respondents. A total percentage of 16.6% accounted for this. Another age range indicated in the study was about 30 to 35 years of age. A total number of 35 respondents accounted that they are within this age range. A percentage of 11.2% was recorded for this. All these together make up for the age range for this study.

4.2 Presentation of Data

4.2.1 Analysis of Research Questions

Research Question One: What is the level of satisfaction with University College Hospital, Ibadan health care service delivery?

Table 4.2a Level of Satisfaction with University College Hospital Ibadan Health Care Services

Satisfaction	NS (%)	NSF (%)	PS (%)	HS (%)	Std.	Mean
Availability of health care personnel	67 21.4	91 29.1	88 28.1	67 21.4	1.053	2.50
Comportment of health care personnel	60 19.2	110 35.1	56 17.9	87 27.8	1.091	2.54
Availability of bed space for patients	76 24.3	111 35.5	67 21.4	59 18.8	1.046	2.35
Availability of bed space for children	64 20.4	87 27.8	93 29.7	69 22.0	1.050	2.53
Availability of bed space for the aged	74 23.6	79 25.2	77 24.6	83 26.5	1.121	2.54
Availability of bed space for very important personality (VIPs)	57 18.2	86 27.5	73 23.3	97 31.0	1.099	2.67
Availability of bed Space	62 19.8	87 27.8	72 23.0	92 29.4	1.106	2.62

Average Mean: 2.58

Key: Not Sure (NS) = 1, Not Satisfactory (NSF) = 2, Partially Satisfactory (PS) = 3, Highly Satisfactory (HS) = 4

Decision Rule: 1.00 – 1.49 (SDA), 1.50 – 2.4 (D), 2.50 – 3.49 (A), 3.50 – 4.00 (SA)

Source: Field Source, 2022

Table 4.2b Level of Satisfaction with University College Hospital Ibadan Health Care Services

Satisfaction	NS (%)	NSF (%)	PS (%)	HS (%)	Std.	Mean
Availability of drugs for Purchase	50 16.0	85 27.2	88 28.1	90 28.8	1.053	2.70
Promptness in attending to patients in accident and emergency	44 14.1	96 30.7	75 24.0	97 31.0	1.053	2.72
Promptness in attending to patients in wards	47 15.0	96 30.7	72 23.0	98 31.3	1.067	2.71
Promptness in attending to patients in clinics	48 15.3	94 30.0	81 25.9	90 28.8	1.050	2.68
Promptness in attending to patients in laboratories	57 18.2	96 30.7	77 24.6	83 26.5	1.067	2.59
Availability of hand Gloves	55 17.6	103 32.9	82 26.2	73 23.3	1.034	2.55
Availability of cotton wool	57 18.2	101 32.3	74 23.6	80 25.6	1.062	2.57
Availability of Injections	68 21.7	93 29.7	68 21.7	84 26.8	1.106	2.54
Average Mean:		2.58				

Key: Not Sure (NS) = 1, Not Satisfactory (NSF) = 2, Partially Satisfactory (PS) = 3, Highly Satisfactory (HS) = 4

Decision Rule: 1.00 – 1.49 (SDA), 1.50 – 2.4 (D), 2.50 – 3.49 (A), 3.50 – 4.00 (SA)

Source: Field Source, 2022

The first research question in this study is centered on finding out the satisfaction level with UCH health care service delivery. With an average mean score of 2.60, the satisfaction level is just at an average level. However, reasons why this is so will be discussed further. Certain factors responsible for average level will be discussed therein. First and foremost, one of the reasons why there is average level of satisfaction with UCH health care service delivery boils down to the fact that there is low level availability of bed spaces for patients. This item on the questionnaire of this study attracted a mean score of 2.35 on a scale of 4. This actually shows that many of the respondents are saying that when it comes to availability of bed spaces for patients in the hospital, it is nothing to write home about. Items such as availability of health care personnel, comportment of health care personnel, availability of bed spaces for children, availability of bed space for the aged, promptness in attending to patients in laboratories, availability of hand gloves, availability of cotton wool and availability of injections all attracted a mean within range of 2.50 to 2.59. This suggests that all this items that connotes level of satisfaction with UCH health care service delivery just exists at an average level.

Other items such as availability of bed spaces for VIPs, availability of bed space, availability of drugs for purchase, promptness in attending to patients in accident and emergency, promptness in attending to patients in wards as well as promptness in attending to patient in clinics all attracted a mean score within the range of 2.62 to 2.72 on a scale of 4. In a nutshell, what this suggests is therefore that the satisfaction level of patients that have been using health care services of UCH is just at a little bit average. The satisfaction is basically not really something to write home about.

Research Question Two: What community relations strategies and engagement practices are deployed by University College Hospital, Ibadan?

Table 4.3a: Community Relations Strategies and Engagement Practices Deployed by University College Ibadan.

Relations	NS (%)	NSS (%)	QS (%)	RS (%)	Std.	Mean
Organizes meetings with community leaders to discuss current medical issues	46 14.7	84 26.8	65 20.8	118 37.7	1.097	2.81
Organizes free medical checkups for members of the community	63 20.1	81 25.9	88 28.1	81 25.9	1.079	2.60
Organises free eye tests for members of the community	44 14.1	71 22.7	100 31.9	98 31.3	1.033	2.81
Organises health talks for members of the community	30 9.6	95 30.4	94 30.0	94 30.0	.976	2.81
Distribute free nose mask to members of the community	49 15.7	116 37.1	60 19.2	88 28.1	1.058	2.60
Distributes free mosquito nets to members of the community	50 16.0	111 35.5	60 19.2	92 29.4	1.071	2.62
Average Mean:						2.87

Key: Not Sure (NS) = 1, Not So Sure (NSS) = 2, Quite Sure (QS) = 3, Really Sure (HS) = 4
Decision Rule: 1.00 – 1.49 (SDA), 1.50 – 2.4 (D), 2.50 – 3.49 (A), 3.50 – 4.00 (SA)

Source: Field Survey, 2022

Table 4.3b: Community Relations Strategies and Engagement Practices Deployed by University College Ibadan.

Relations	NS (%)	NSS (%)	QS (%)	RS (%)	Std.	Mean
Distributes souvenir such as calendars to the community leaders	26 8.3	146 46.6	141 45.0	0 0	.632	3.37
Communicates management decisions on current issues	199 63.6	114 36.4	0 0	0 0	.482	3.36
Dig borehole for the community where the hospital is located	27	148	138	0	.635	3.35
Grade community roads	5 1.6	33 10.5	153 48.9	122 39.0	.705	3.25
Employ community members as hospital staff	40 12.8	119 38.0	154 49.2	0 0	.699	3.36
Engage the services of community members as contractors	63 20.1	85 27.2	86 27.5	79 25.2	1.075	2.58
Give gifts to community leaders during festive period	56 17.9	105 33.5	62 19.8	90 28.8	1.085	2.59
Attends cultural programme organised by the community	69 22.0	115 36.7	63 20.1	66 21.1	1.052	2.40
Organises community based programmes	67 21.4	94 30.0	69 22.0	83 26.5	1.100	2.54
Average Mean:		2.87				

Key: Not Sure (NS) = 1, Not So Sure (NSS) = 2, Quite Sure (QS) = 3, Really Sure (RS) = 4
Decision Rule: 1.00 – 1.49 (SDA), 1.50 – 2.4 (D), 2.50 – 3.49 (A), 3.50 – 4.00 (SA)

Source: Field Survey, 2022

The second research question is about various community relations strategies deployed by UCH Ibadan. The study found that the strategies of the hospital is being practiced quite a little bit above average on a scale of 4. The average mean score of this aspect of the questionnaire was 2.87. This is quite impressive. Just as the first research question, there are certain factors that must have necessitated this level of practice of community relations strategies. The least mean score in the table above was 2.40. This mean score is associated with item that talks about the members of the working class of the hospital attending cultural programmes organized by the community of Ibadan. Items such as organizing community based programmes, engaging services of community members as contractors, giving gifts to community leaders during festive period, organizing free medical checkups for members of the community, distributing free mosquito nets to members of the community and distributing free nose mask to members of the community as well as organizing meetings with community leaders to discuss current medical issues all attracted a mean score within the range of 2.58 to 2.81 on a scale of 4.

The last items in the questionnaire was based on items such as distributing souvenirs such as calendars to the community leaders, communicating management decisions on current issues, digging borehole community where the hospital is located, grading of community roads and employing community members as hospital staff all recorded a mean score within the age range of 3.36 to 3.37 on a scale of 4. This were the factors that actually brought about a little bit above average level in terms of community relations strategies in UCH, Ibadan.

Research Question Three: What is the extent of adoption of community relations strategies in the existing operations of University College Hospital, Ibadan?

Table 4.4a: Extent of Adoption of Community Relations Strategies of University College Hospital Ibadan

Adoption	NS (%)	NSS (%)	QS (%)	RS (%)	Std.	Mean
Organizes meetings with community leaders to discuss current medical issues	70 22.4	77 24.6	80 25.6	86 27.5	1.115	2.49
Organizes free medical checkups for members of the community	40 12.8	88 28.1	73 23.3	112 35.8	1.059	2.57
Organises free eye tests for members of the community	17 5.4	119 38.0	101 32.3	76 24.3	.884	2.58
Organises health talks for members of the community	67 21.4	77 24.6	88 28.1	81 25.9	1.092	2.82
Distribute free nose mask to members of the community	55 17.6	122 39.0	56 17.9	80 25.6	1.056	2.75
Distributes free mosquito nets to members of the community	63 20.1	112 35.8	65 20.8	73 23.3	1.059	2.58

Average Mean: 2.54

Key: Not Sure (NS) = 1, Not So Sure (NSS) = 2, Quite Sure (QS) = 3, Really Sure (HS) = 4
Decision Rule: 1.00 – 1.49 (SDA), 1.50 – 2.4 (D), 2.50 – 3.49 (A), 3.50 – 4.00 (SA)

Source: Field Survey, 2022

Table 4.4b: Extent of Adoption of Community Relations Strategies of University College Hospital Ibadan

Adoption	NS (%)	NSS (%)	QS (%)	RS (%)	Std.	Mean
Distributes souvenir such as calendars to the community leaders	66 21.1	82 26.2	110 35.1	55 17.6	1.013	2.51
Communicates management decisions on current issues	63 20.1	90 28.8	80 25.6	80 25.6	1.079	2.47
Dig borehole for the community where the hospital is located	42 13.4	100 31.9	78 24.9	93 29.7	1.035	2.71
Grade community Roads	89 28.4	130 41.5	44 14.1	50 16.0	1.018	2.18
Employ community members as hospital staff	72 23.0	80 25.6	90 28.8	71 22.7	1.080	2.51
Engage the services of community members as contractors	77 24.6	137 43.8	39 12.5	60 19.2	1.035	2.26
Give gifts to Community leaders during festive period	47 15.0	86 27.5	82 26.2	98 31.3	1.060	2.74
Attends cultural programme organised by the community	52 16.6	106 33.9	68 21.7	87 27.8	1.063	2.61
Organises community based programmes	69 22.0	113 36.1	56 17.9	75 24.0	1.082	2.44

Average Mean: 2.54

**Key: Not Sure (NS) = 1, Not So Sure (NSS) = 2, Quite Sure (QS) = 3, Really Sure (HS) = 4
Decision Rule: 1.00 – 1.49 (SDA), 1.50 – 2.4 (D), 2.50 – 3.49 (A), 3.50 – 4.00 (SA)**

Source: Field Survey, 2022

The third research question in this study is based on extent of adoption of community relations strategies in UCH, Ibadan. The level of adoption of community relations strategies is at a 2.54 mean score level on a scale of 4. This means that community relations strategies adopted by UCH are performing at an average level. Many factors emanating from the items associated with this research question is responsible for this. They are hereby discussed therein. The least mean score in this research question is 2.18. This mean score is associated with the item that says grading of community roads. The implication of this is that UCH's relation strategy when it comes to grading of community roads is poor. This followed by another low mean score which is 2.26. this mean score is associated with the item that says engaging services of community members as contractors. This also means that UCH do not offer contracts to members of the community they belong to.

Other items that provide answers to the research question that fell below the average level scale of 1 to 4 are items such as: organizing meetings with community leaders to discuss medical issues, communicating management decisions on current issues, organizing community based programmes. Each of this item attracted a mean score of 2.49, 2.47 and 2.44 respectively. Other items such as organizing checkups for members of the community, organizing free eye tests for members of the community, distributing free nose mask to members of the community, distributing free mosquitoes nets to members of the community, distributing souvenirs such as calendars to the community leaders, digging borehole for the community where the hospital is located, employing community members as hospital staff, giving gifts to community leaders during festive period and attending cultural programmes organized by the community. Each of this item attracted a mean score of 2.57, 2.58, 2.82, 2.75, 2.58, 2.51, 2.71, 2.51, 2.74 and 2.61 respectively.

All these items were just at an average level. This means that the adoption of community relations strategies by UCH is not doing well.

Research Question Four: What is the level of adoption of engagement practices by University College Hospital (UCH), Ibadan?

Table 4.5a: Level of Adoption of Engagement Practices by University College Hospital, Ibadan.

Engagement	N (%)	S (%)	ST (%)	R (%)	Std.	Mean
Consultation time with patient is fast	73 23.3	82 26.2	80 25.6	78 24.9	1.104	2.45
Consultation time with patient is satisfactory	53 16.9	112 35.8	67 21.4	81 25.9	1.052	2.66
Organizes free health talks	71 22.7	104 33.2	71 22.7	67 21.4	1.063	2.76
Organizes free medical check-ups	63 20.1	93 29.7	99 31.6	58 18.5	1.013	2.45
Distribute free nose Mask	66 21.1	76 24.3	84 26.8	87 27.8	1.104	2.65
Distribute free mosquito Nets	45 14.4	103 32.9	75 24.0	90 28.8	1.043	2.77
Organizes free eye Tests	53 16.9	75 24.0	81 25.9	104 33.2	1.092	2.85
Average Mean:						2.61
Key: Never (N) = 1, S (Seldom) = 2, Sometimes (ST) = 3, R (Regularly) = 4						
Decision Rule: 1.00 – 1.49 (SDA), 1.50 – 2.4 (D), 2.50 – 3.49 (A), 3.50 – 4.00 (SA)						

Source: Field Survey, 2022

Table 4.5b: Level of Adoption of Engagement Practices by University College Hospital, Ibadan.

Engagement	N (%)	S (%)	ST (%)	R (%)	Std.	Mean
Offset unpaid medical bills	77 24.6	82 26.2	68 21.7	86 27.5	1.138	2.73
Distribute gloves to Patients	60 19.2	105 33.5	72 23.0	76 24.3	1.059	2.73
Distribute cotton wool to patients	85 27.2	93 29.7	65 20.8	70 22.4	1.109	2.64
Distribute toiletries to Patients	68 21.7	67 21.4	101 32.3	77 24.6	1.082	2.37
Hold meetings with the patient on their health issues	58 18.5	93 29.7	85 27.2	77 24.6	1.054	2.56
Communicates current management decisions to the patients	51 16.3	95 30.4	78 24.9	89 28.4	1.060	2.55
Shares information leaflets	82 26.2	78 24.9	61 19.5	92 29.4	1.169	2.45
Their service is 24 hours daily	72 23.0	88 28.1	73 23.3	80 25.6	1.107	2.64
Average Mean:		2.61				
Key: Never (N) = 1, S (Seldom) = 2, Sometimes (ST) = 3, R (Regularly) = 4						
Decision Rule: 1.00 – 1.49 (SDA), 1.50 – 2.4 (D), 2.50 – 3.49 (A), 3.50 – 4.00 (SA)						

Source: Field Survey, 2022

The last research question is based on the adoption of engagement practices by UCH, Ibadan. With an average mean score of 2.61. Engagement practices of UCH is quite okay. This adjudged from the total average mean score. The least mean score was 2.37 on a scale of 1 to 4. The item that attracted this mean score was the item that talks about

distribution of toiletries to patients. This implies that UCH don't distribute much toiletries to their patients. Another low mean score was 2.45 on a scale of 1 to 4. The item that says sharing information leaflets was the one that attracted this mean score. Again, this implies that UCH is not engaging her parent community very well in the area of sharing information leaflets.

Other items in this aspect of the research question such as consultation time with patient is fast, distribute free nose mask, distribute cotton wool to patients and their service hours daily all have mean scores between the range of 2.64 to 2.66. Some other items in the questionnaire such as distribute free mosquito nets, organize free eye tests, offset free eye test all had a mean score that is within the range of 2.73 to 2.77.

4.3 Testing of Hypotheses

HO1: There is no significant influence of Community Relations Strategies on Satisfaction with Health Care Service Delivery of University College Hospital, Ibadan, Nigeria.

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.088 ^a	.008	.005	.44815

a. Predictors: (Constant), relations

ANOVA

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	.488	1	.488	2.431	.120 ^b
	Residual	62.461	311	.201		
	Total	62.949	312			

a. Dependent Variable: satisfaction

b. Predictors: (Constant), relations

Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.187	.281		7.779	.000
	Relations	.162	.104	.088	1.559	.120

a. Dependent Variable: satisfaction

Source: Field Survey, 2022

Finding out whether community relations strategies will have any impact on satisfaction with UCH health care service delivery is the first null hypothesis in this study. According to the hypothesis's findings, community relations strategies will not be satisfaction with

UCH health care service delivery. The p value, which has a value of .120 is greater than the level of significance (0.05), which acts as the benchmark to establish whether an independent variable would significantly influence the dependent variable or not, is the foundation for this conclusion. The researcher accepted the null hypothesis as a result of this hypothetical outcome. The multiple correlation coefficient is calculated using the r value from the preceding table's model summary. This can be viewed as one metric for the accuracy of the dependent variable's prediction. In the table above, the r value is .088. Accordingly, there is a 88% chance that community relations strategies will significantly influence satisfaction with UCH health care service delivery. This indicates that the prediction is a strong and positive one. The R² value, which is the percentage of the variance in the dependent variables that can be explained by the independent variables, is shown in the "R Square" column. R² is calculated using the model summary table, where it has a value of .005. This suggests that only 8% of the variability of the dependent variable, satisfaction, was explained by the independent variable, community relations strategies. Other variables outside community relations strategies as described in this study are responsible for the remaining 92%. Another significant component of the model summary table is the adjusted r². A value of .005 in this context suggests that the predictor variable, community relations strategies delivery in this study, accurately explains 95% of the variation in the outcome variable. Based on the results of the test of the first null hypothesis, it can be concluded that satisfaction with UCH health care service delivery will not be significantly affected by community relations strategies.

HO2: There is no significant influence of Engagement Practices on Health Care Service Delivery of University College Hospital, Ibadan, Nigeria.

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.057 ^a	.003	.000	.44916

a. Predictors: (Constant), engagement

ANOVA

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	.208	1	.208	1.031	.311 ^b
	Residual	62.741	311	.202		
	Total	62.949	312			

a. Dependent Variable: satisfaction

b. Predictors: (Constant), engagement

Coefficients

Model		Unstandardized Coefficients		Standardized	t	Sig.
		B	Std. Error	Coefficients		
1	(Constant)	2.817	.192		14.658	.000
	engagement	-.075	.074	-.057	-1.015	.311

a. Dependent Variable: satisfaction

Source: Field Survey, 2022

There will be significant influence of engagement practices on satisfaction with UCH health care service delivery, according to the second null hypothesis of this study. According to the hypothesis, satisfaction with UCH health care service delivery is unaffected by satisfaction. The p value, which has a value of .311, which is higher than the threshold of significance (0.05), used to assess whether an independent variable will

significantly affect the dependent variable, led to this result. The researcher also rejected the null hypothesis as a result of this hypothetical outcome. The r value from the model summary in the preceding table is used to determine the multiple correlation coefficient. This can be taken into account as one indicator of how accurately the dependent variable was predicted. The r value is .057 in the table above.

Again, 57% possibility exists that the amount of engagement practices will boost satisfaction with UCH health care service delivery. This suggests that while the forecast is favorable, it is average. The "R Square" column displays the R^2 value, which is the proportion of the variance in the dependent variables that can be explained by the independent variables. Utilizing the model summary table, R^2 is calculated and given a value of 0.003. This implies that the independent variable, community engagement practices, accounted for 3% of the variability of the dependent variable, satisfaction. The remaining 97% of the variance is due to other factors other than the factor of community engagement practices. The adjusted r^2 is a substantial addition to the model summary table. The level of community engagement practices, the predictor variable, is estimated to accurately account for 97% of the variation in the outcome variable with a value of -.003 in this context.

HO3: There is no joint significant influence of Community Relations Strategies and Engagement Practices on Health Care Service Delivery of University College Hospital, Ibadan, Nigeria.

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.106 ^a	.011	.005	.44807

a. Predictors: (Constant), engagement, relations

ANOVA

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	.713	2	.356	1.775	.171 ^b
	Residual	62.237	310	.201		
	Total	62.949	312			

a. Dependent Variable: satisfaction

b. Predictors: (Constant), engagement, relations

Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.381	.335		7.096	.000
	Relations	.165	.104	.090	1.586	.114
	engagement	-.078	.074	-.060	-1.057	.291

a. Dependent Variable: satisfaction

Source: Field Survey, 2022

This study's third null hypothesis comes from a joint viewpoint. According to the null hypothesis, "community relations strategies and engagement practices will not jointly significantly influence satisfaction with UCH health care service delivery." Given that the "t" and "sig" columns in the table above contain the t-value and its related p-value. Respectively. According to the results of the tests shown in the table above, both

variables do not jointly significantly influence satisfaction with UCH health care service delivery.

4.4: Presentation of Interview Responses

Interviewee One

Community: Ayeye

Gender: Male

Occupation: Retiree

Age: 72 years

Q: Does UCH organize any health-related events in your community and how often?

R: No. The UCH does not come to our community, it is the health centers and the ministry of health that do things like that. However, we have invited Doctors from UCH to several health-related events, and they always come.

Q; How regularly does UCH organizes Public lectures on current health issues like Covid 19?

R: I don't know. May be they do it in their hospital and invite people from outside. I know they always organize programmes for their patients. You know UCH is a big hospital for serious illnesses. May be they focus on people with critical conditions.

Q: To what extent do your community members benefit from employment opportunities from UCH?

R: We have people from this community working there (at UCH). But we are not given any special treatment as indigenes, because they say it is a federal government hospital.

Q: Does UCH patronize local vendors, artisans, and businessmen in your community?

R: I will say yes. There are many opportunities for businessmen and skilled workers at UCH. Our people are doing business there both formally and informally.

Q: Has UCH done anything to improve your community?

R: No. It is an hospital, not a local government.

Q: Do you think the activities of UCH are harmful to your community?

R: No.

Engagement Practices

Q: Have you visited UCH for any health-related matters?

R: Yes. I have been a patient and I have gone there to visit patients.

Q: How would you rate the practice of information sharing with patients and relatives?

R: The doctors always explain what the problem is and what can be done to treat patients.

Q: How would you rate the interaction of the doctors with their patients?

R: The doctors are always nice. They treat the patients like human being and they are always ready to listen. The nurses are different though. They can be harsh at times.

Q: In your own opinion, do you think that UCH make any effort to include patients and their relatives in the treatment of their health conditions?

R: Yes. The doctors ask a lot of questions and they are also ready to answer your questions. They will also ask relative some questions when necessary.

Q: In your opinion, does UCH try enough to encourage patients to visit the hospital?

R: The general perception is that UCH is a very stressful place to go; for both patients and their relatives. You will have to run around the entire hospital for various tests and documents, and the place is so big. However, when your condition is critical, you know UCH is the only place to go.

Interviewee Two

Community: Dugbe,

Gender: Male

Occupation: Business

Age: 62 years

Q: Does UCH organize any health-related events in your community and how often?

R: No.

Q; How regularly does UCH organizes Public lectures on current health issues like Covid 19?

R: What I have seen them do is radio and television programmes to educate the public about how to take care of themselves. They do not go into each community for awareness programmes.

Q: To what extent do your community members benefit from employment opportunities from UCH?

R: There is no special quota for us as a community. However, being close to the place and knowing people there, we are able to help our children get employment if they are qualified.

Q: Does UCH patronize local vendors, artisans, and businessmen in your community?

R: Yes. We enjoy business from the UCH. People come from there to patronize large pharmacies that we have here. Also, our people supply equipment and services to various departments in the hospital

Q: Has UCH done anything to improve your community?

R: I don't think that is their duty. They are not a business you know?

Q: Do you think the activities of UCH are harmful to your community?

R: They are causing no harm to us here.

Engagement Practices

Q: Have you visited UCH for any health-related matters?

R: I have visited the hospital many times

Q: How would you rate the practice of information sharing with patients and relatives?

R: The information sharing is excellent. The doctors always try their best to inform the patients and relatives about what is happening to patients. There are many doctors whom you can ask questions for

Q: How would you rate the interaction of the doctors with their patients?

R: It depends on the personality of the doctor. The general practice is to be friendly with patients but some doctors can be unfriendly. Not harsh, but simply not friendly.

Q: In your own opinion, do you think that UCH make any effort to include patients and their relatives in the treatment of their health conditions?

R: They do in my opinion. You know it is a teaching hospital and some of the doctors have to demonstrate to the doctors in training how to be professional so they are always attentive.

Q: In your opinion, does UCH try enough to encourage patients to visit the hospital?

R: Ha! I don't think the UCH need to encourage patients. They have established a good reputation and they have their protocol that you have to follow. It is their services that encourage people to visit them.

Interviewee Three

Community: Mokola

Gender: Male

Occupation: Consultant

Age: 55 years

Q: Does UCH organize any health-related events in your community and how often?

R: No. There are primary health centers for that role.

Q; How regularly does UCH organizes public lectures on current health issues like Covid 19?

R: from what I understand, there is a department of Community Medicine that makes efforts to reach the grassroots

Q: To what extent do your community members benefit from employment opportunities from UCH?

R: Any members from our community who seek employment there, especially as doctors and nurses has to compete with other candidates all over Nigeria. However, for the lower cadres and auxiliary services, living close to the hospital gives our people some advantage.

Q: Does UCH patronize local vendors, artisans, and businessmen in your community?

R: The hospital uses a lot of local vendors for the majority of its procurements and our people are among them but it is not a favour or preferential treatment. It is based on the ability to deliver.

Q: Has UCH done anything to improve your community?

R: What can they do? I don't think hospitals are expected to do community projects

Q: Do you think the activities of UCH are harmful to your community?

R: No. The only way they can do that is through environmental pollution which is not happening.

Engagement Practices

Q: Have you visited UCH for any health-related matters?

R: Yes, for various purposes.

Q: How would you rate the practice of information sharing with patients and relatives?

R: I would rate the hospital low on information sharing. There is hardly any link between various departments in the hospital. There is no central area where you can get all the information you need so patients have to go round each department and unit to obtain information. It can be confusing.

Q: How would you rate the interaction of the doctors with their patients?

R: The doctors are very professional, unlike the nurses who are often harsh. I guess it comes from being a teaching hospital. The doctors know they must set good examples for the trainees.

Q: In your own opinion, do you think that UCH make any effort to include patients and their relatives in the treatment of their health conditions?

R: I would say so. They usually encourage patients to speak out, take charge of their treatment and all encourage their relatives to help the patients get better.

Q: In your opinion, do UCH try enough to encourage patients to visit the hospital?

R: They don't really focus on that. I think they expect their reputation to speak for them. They do try to make the environment look inviting though.

Interviewee Four

Community: Inalende,

Gender: Male

Occupation: Trader

Age: 58 years

Q: Does UCH organize any health-related events in your community and how often?

R: UCH as a hospital has never organized any events but several doctors from UCH has participated and joined others to organize events in our community.

Q; How regularly does UCH organizes public lectures on current health issues like Covid 19?

R: They do this on regular basis. They use mass media such as radio and television to educate the citizens

Q: To what extent do your community members benefit from employment opportunities from UCH?

R: Members from our community are working at the UCH but that is because they are qualified and not due to any quota. However, members of our community who are staff of UCH can help others secure employment if the opportunity arises.

Q: Does UCH patronize local vendors, artisans, and businessmen in your community?

R: We are not as close to the hospital as other communities so we may not directly benefit from the business coming out of the UCH. Nevertheless, contractors from our community often apply for various works in the hospital

Q: Has UCH done anything to improve your community?

R: Maybe by keeping our people healthy and training new doctors and nurses.

Q: Do you think the activities of UCH are harmful to your community?

R: No. They are not doing any harm to the community.

Engagement Practices

Q: Have you visited UCH for any health-related matters?

R: Yes.

Q: How would you rate the practice of information sharing with patients and relatives?

R: It can be difficult to get the needed information on time. Getting the results of blood tests, scans, and others often take a long time. Most of the time, they hand you the result and tell you to give the doctor. However, the doctors are trying.

Q: How would you rate the interaction of the doctors with their patients?

R: UCH doctors are usually nice. They treat their patients like kings. They ask a lot of questions and they will answer any questions you have. They are not in a hurry at all. The nurses are not as nice.

Q: In your own opinion, do you think that UCH make any effort to include patients and their relatives in the treatment of their health conditions?

R: Yes they always do. They will tell patients what is wrong and what can be done to cure the patient.

Q: In your opinion, does UCH try enough to encourage patients to visit the hospital?

R: Yes they do. If you consider the service, you will see they are the best. Moving round the hospital can be difficult but when the matter is critical, patients often think of UCH first.

Interviewee Five:

Community: **Yemetu**

Gender: Male

Occupation: Artisan

Age: 63 years

Q: Does UCH organize any health-related events in your community and how often?

R: Yes. They always have one event or the other in the hospital which we can attend.

Q; How regularly does UCH organizes public lectures on current health issues like Covid 19?

R: They do this on regular basis. You know they have the medical school apart from the hospital. These people are always organizing conferences.

Q: To what extent do your community members benefit from employment opportunities from UCH?

R: The UCH is a federal organisation. The only advantage we have is that we can get information ahead of other people and apply. Also, because it is close to use our people can easily go there to look for work.

Q: Does UCH patronize local vendors, artisans, and businessmen in your community?

R: Yes. A lot of cottage industry has emerged to serve the hospital and its patients

Q: Has UCH done anything to improve your community?

R: The presence of the hospital has attracted infrastructure and other good thing to us.

Q: Do you think the activities of UCH are harmful to your community?

R: Not at all. It is all benefits.

Engagement Practices

Q: Have you visited UCH for any health-related matters?

R: Yes.

Q: How would you rate the practice of information sharing with patients and relatives?

R: They are trying but the hospital is too complex and information does not flow freely between the units not to talk of patients

Q: How would you rate the interaction of the doctors with their patients?

R: The doctors are the best! They value human life and they really try to understand the patients and make them comfortable unlike the nurse who are not so friendly.

Q: In your own opinion, do you think that UCH make any effort to include patients and their relatives in the treatment of their health conditions?

R: I believe so. The doctors often take their time to explain everything to the patients and they are ready to listen to patients complaints.

Q: In your opinion, does UCH try enough to encourage patients to visit the hospital?

R: The hospital environment is encouraging and they try their best to make patients comfortable.

4.5 Discussion of Findings

The first research question of this study is based on examining the level of satisfaction with UCH health care service delivery. The satisfactory level was at 2.60 which indicates that it was just a little bit above average level of a scale of 1 to 4. Some of the determinants that contributed to this average level of satisfaction were factors such as availability of care personnel, comportment of health care personnel, availability of bed space for patients, availability of bed space for children, availability of bed space for the aged, availability of bed space for very important personality (VIPs), availability of bed space, availability of drugs for purchase, promptness in attending to patients in accident and emergency, promptness in attending to patients in wards, promptness in attending to patients in clinics, promptness in attending to patients in laboratories, availability of hand gloves and availability of cotton wool. This is also supported by the responses from the interview conducted. Majority of the interviewees agreed to the humane nature of the doctors and the quality of services provided by the UCH which can only be matched by a few Hospitals in Nigeria.

The finding is supported by other studies that have examined patient's satisfaction with healthcare services delivery in tertiary health institutions. Mainly due to the level of expertise and professionalism in these hospitals which is rarely available elsewhere, patients are more likely to be satisfied with the services especially when they achieve positive treatment outcomes. Studies have actually showed that some of this items found in this study can actually determine level of satisfaction with a hospital's health care service delivery ^{1, 2, 3, 4, 5, 6, 7}.

The second research question of this study has to do with community relations strategies and engagement practices deployed by UCH, Ibadan. The study found that fairly, the

community relations strategies and engagement practices deployed by UCH is very in place. This could be justified at an average level of 2.87 on a scale of 1 to 4. Factors that determined this level were as follows: Meetings with community leaders to discuss current medical issues, free medical checkups for members of the community, free eye tests for members of the community, health talks for members of the community, distribute free nose mask to members of the community, distribution of free mosquito nets to members of the community, distributing souvenir such as calendars to the community leaders, communicating management decisions on current issues, digging borehole for the community where the hospital is located, grading community roads, employing community members as hospital staff, engaging the services of community members as contractors, giving gifts to community leaders during festive period and attending cultural programme organized by the community. The interview conducted however clarified the true nature of these community relations activities.

It is obvious that the UCH as an organisation does not always engage in community relations but it is able to impact the various communities surrounding it due to the activities of its personnel and various professional groups within the organisation. Each of these groups and individual health professionals associated with UCH regularly contributed to their communities which gives the hospital a positive image among members of the community.

The finding is supported by various studies conducted at different point in time by different scholars who have reported that health institutions often need to engage in community relations strategies and engagement practices to enhance the perception of healthcare services delivery and to create a kind of preventive healthcare in which members of the community are sensitized on various factors that can improve their health

and protect them against unnecessary illnesses. This is also beneficial to the hospital as it helps reduce patient's admission rate by ensuring that only unavoidable illnesses are brought to the hospital^{8, 9, 10, 11, 12}.

The third research question investigated the extent of adoption of community relations strategies in the existing operations of UCH, Ibadan. Adoption of community relations strategies by UCH, Ibadan was just at an average level. This was evidenced in the average mean score of 2.54 on a scale of 1 to 4. Just as it is in the second research question, all the factors in the items under adoption of community relations strategies culminated to this particular average mean score. The fourth research question is based on determining the adoption of engagement practices by UCH, Ibadan. With an average mean score of 2.61 on a scale of 1 to 4, the adoption of community relations strategies was just a little bit above average. Items in this aspect of the questionnaire such as consultation time with patient is fast, consultation time with patient is satisfactory, organizing free health talks, organizing free medical check-ups, distributing free nose masks, distributing free mosquito nets, organizing free eye tests, offsetting unpaid medical bills, distributing gloves to patients etc. were some of the factors that actually determined this level of adoption as measured by the average mean score. The interview shed more lights on these issues.

The result of the interview shows that while doctors often make efforts to communicate with patients, the overall information sharing in the hospital is less than satisfactory. Due to the size of the hospital, patients and their families often had to walk a great distance and climb several stairs to obtain services from different sections of the hospital and the same information have to be repeated at each service point.

There are few finding which had examined community engagement by tertiary health institutions but the available studies, most of which focuses on primary and secondary health facilities have also linked some of the factors mentioned to determine the level of adoption of engagement practices and found that they are effective in creating the right engagement with the community^{13, 14, 15, 16}.

Three null hypotheses were tested in this study. The first one, “There is no significant influence of community relations strategies on satisfaction with Health Care Service Delivery of University College Hospital, Ibadan, Nigeria”. The result of this null hypothesis indicated that community relations strategies did not significantly influence satisfaction with Health Care Service Delivery of University College Hospital, Ibadan. The findings of some studies have actually contradicted this finding. Meaning that these studies actually proved that community relations strategies do influence satisfaction with Health Care Service Delivery of University College Hospital, Ibadan ^{17, 18, 19, 20}. The second null hypothesis says “there is no significant influence of Engagement Practices on satisfaction with Health Care Service Delivery of University College Hospital, Ibadan, Nigeria”. The result of this finding has it that Engagement Practices will not significantly influence satisfaction with Health Care Service Delivery of University College Hospital, Ibadan. In this case the null hypothesis was accepted. Studies reviewed in this work actually proved a contrary report to this finding ^{21, 22, 23}.

The last hypothesis was a jointly. Which states that “there is no joint significant influence of community relations strategies and engagement practices on satisfaction with Health Care Service Delivery of University College Hospital, Ibadan, Nigeria. The result of the joint hypothesis tested indicates that both community relations strategies and engagement

practices do not significantly influence satisfaction with Health Care Service Delivery of University College Hospital, Ibadan, Nigeria.

The interviews conducted also support the rejection of the hypotheses as all of the interviewees were satisfied with the services of UCH and identify with it as an health institution that have their overall best interest at heart. This is essentially an endorsement of the quality of services it renders to the communities. It is obvious that there are minor lapses and shortcomings that have been identified by the respondents. However, the overall assessment among the community leaders is that UCH is delivering the quality of service expected by its communities.

End Notes

1. J.H. Ha, *The role of relationships in crisis communication: The impact of agency-client relationships and perception of crisis strategies on crisis-related task conflict, performance, and satisfaction*(**Doctoral dissertation, The University of North Carolina at Chapel Hill**). 2013.
2. L.S Chen, & P. Goodson. *Web-Based Survey of Us Health Educators: Challenges and lessons*". **American Journal of Health Behavior**, 34(1), 2010. 3-11
3. B. Nyagadza, *Search engine marketing and social media marketing predictive trends*.**Journal of Digital Media & Policy**, 2022.
4. G.Ali Abbasi, N.F., Abdul Rahim, H.Wu, M. Iranmanesh, & B.N.C. Keong, *Determinants of SME's social media marketing adoption: competitive industry as a moderator*. **Sage Open**, 12(1), 2022.p.21582440211067220.
5. A. Katrodia, *A Comparative Study of Social Media Marketing and Conventional Marketing-A Case Study*.**African Journal of Business & Economic Research**, 17(3), 2022.
6. M.A. Ferguson, *Building theory in public relations: Interorganizational relationships as a public relations paradigm*.**Journal of public relations research**, 30(4), 2018.pp.164-178.
7. L. C Nwodu, "Mastering Public Relations and Advertising Research, Monitoring and Evaluation Strategies for Improved Professional Excellence." **The Nigerian Journal of Public Relations**. Vol. Nos. 1&2. 2009
8. W. Ademolekun, &T. Ekundayo. *Interactive Public Relations. Ikeja*.**Taymos Communications**, 2002.
9. I. E. Nwosu, *Public Relations Management: Issues and Applications*. Lagos: Dominican. Publishers 1996.
10. I. Chukwu. *Public Relations: Its Role in Marketing*. **Enugu: Melfin Publishing** 2000.

11. L.C Nwodu. “*Corporate Public Relations Management*”. **Enugu: Precision publishers Ltd** 2007.
12. J.S. Guanah, P.O. Guanah, & R. Dalung, *Use of community relations in compensation payment process in estate management practice: a case study of kwale industrial park acquisition*. **South Asian Res J Human Soc Sci**, 4(2), 2022. pp.119-129.
13. K.Wolf, & C.Archer, *Public relations at the crossroads: The need to reclaim core public relations competencies in digital communication*.**Journal of Communication Management**,2018.
14. S.Idowu, & A.O. Irele, Evaluation of Prevalent Digital Media Platforms where Youth Access Sexual Contents In Nigeria.2021
15. O. Onabanjo. *Community Relations in Action*. **Lagos: Concept Publishers** 2005.
16. A.A. Idowu, &A.O. Lawrence, *The effect of media campaign and environmental education on flood control in Osun State, Nigeria*. **British Journal of Mass Communication and Media Research**, 2(1), 2022.pp.80-92.
17. M. Gesualdi, *Revisiting the relationship between public relations and marketing: Encroachment and social media*.**Public Relations Review**, 45(2), 2019.pp.372-382.
18. W.K.O.A. Alsalami,& Q.Al-Zaman, *The role of media and public relations departments in effective tourism marketing in sharjah*.**Linguistics and Culture Review**, 5(S3), 2021.pp.133-143.
19. Shanghai Declaration on promoting health in the 2030 Agenda for Sustainable Development 9th Global Conference on Health Pormotion, **Shanghai**, 21-24 November 2016. Update on consultation. <https://www.safeopedia.com/definition/5278/consultation>, Date Accessed: September 10, 2021
20. D.Michelis, & T.Schildhauer, *Social Media. In Handbuch Staat* .**Springer VS, Wiesbaden**. 2018.pp. 1203-1209
21. A. Charles, *Corruption in Reconstruction: The Cost of ‘National Consensus’ In Post-War Lebanon,*” in *Corruption in Post-War Reconstruction: Confronting the Vicious Circle* (**Lebanese Transparency Association, Tiri and UNDP, 2005**),

- available at: <http://www.transparency-lebanon.org/> 78 Transparency International, Corruption Fighters' Toolkit: Civil society experiences and emerging strategies, 2002.
22. A.M. Helou, *Whose government and what law? A political sociological investigation of corruption in Lebanon and its effect on government, legality, and the people*(**Doctoral dissertation, Queen's University (Canada)**). 2019.
23. Y. Ai, M.K. Rahman, M.S. Newaz, M.A.I. Gazi, M.A. Rahaman, , A. Al Mamun &, X. Chen,*Determinants of patients' satisfaction and trust toward healthcare service environment in general practice clinics*.**Frontiers in psychology**, 2022. p13.

Chapter Five

Conclusion

5.1 Summary of Findings

This study examined community relations strategies, engagement practices on health care service delivery satisfaction in University College Hospital, Ibadan. With a total number of 300 respondents using descriptive survey research design and interview, the following were the findings of this study.

1. Various community relations strategies utilized by UCH are effective but not too effective. This is evidenced from the mean score of 2.83 on a scale of 1 to 4.
2. The extent of adoption of community relations strategies adopted by UCH Ibadan is performing at an average level.
3. The level of adoption of engagement practices by UCH, Ibadan is also a little bit above average level on a scale of 1 to 4.
4. The level of satisfaction with UCH health care service delivery is just a little bit above average on a scale of 1 to 4.
5. Community relations strategies far as this study is concerned do not in any way influence satisfaction with UCH health care service delivery.
6. Engagement practices also do not to influence satisfaction with UCH health care service delivery.
7. From a joint perspective, both community relations strategies and engagement practices do not significantly influence satisfaction with UCH health care service delivery.

5.2 Conclusion

This study has actually revealed the level of satisfaction with Health care service delivery of University College Hospital, Ibadan. The satisfaction was just a little bit above average. Many factors were responsible for this. Factors such as availability of bed space for the aged, availability of drugs for purchase, promptness in attending to patients in wards etc. The study also showed that community strategies and engagement practices deployed by UCH, Ibadan is quite effective because the finding in this study showed that the effectiveness was a little above average. It is also concluded in this study that the adoption of community relations strategies by UCH, Ibadan is just at an average level. The level of adoption of engagement practices by UCH, Ibadan is a little above average level. Hypothetically, community relations strategies were found not to significantly influence satisfaction with UCH health care service delivery. Also, engagement practices do not significantly influence satisfaction with UCH health care service delivery. From a joint perspective, both community relations strategies and engagement practices do not jointly influence satisfaction with UCH health care service delivery.

5.3 Recommendations

Going by the findings of this study, the following recommendations are hereby postulated.

1. Satisfaction with UCH health care service delivery can be boosted if health care services such as provision of enough bed spaces, drugs, availability of health care professionals etc. are on hand in the hospital.
2. The community relations strategies of the hospital need to be reorganized. Especially in areas of engaging the services of community members as

- contractors in the community, attending cultural programmes organized by the host community where the hospital is situated and organizing community based programmes.
3. In terms of adoption of community relations strategies, the management of UCH hospital should actually concentrate on areas such as engaging the services of community members as contractors, grading of community roads, organizing community based programmes.
 4. Engagement practices by UCH, Ibadan should be improved upon. This can be done in the areas of distributing toiletries to patients, where consultation time with patient is fast and timely etc.
 5. The management of UCH, Ibadan should make health welfare of her patients her utmost priority.

5.4. Contribution to Knowledge

1. This study has actually shown that satisfaction with health care service delivery may not necessarily be connected with certain public relations strategies such as engagement practices and community relations strategies. Rather it is by certain factors such as availability of health care personnel, comportment of health care personnel, availability of bed space for patients, availability of bed space for children, availability of bed space for the aged, availability of bed space for very important personality (VIPs), availability of bed space generally, availability of drugs for purchase, promptness in attending to patients in accident and emergency, promptness in attending to patients in wards, promptness in attending to patients in clinics, promptness in attending to patients in laboratories, availability of hand gloves, availability of cotton wool and availability of injections.

2. This study has also revealed that public relations strategies in whatever form may not necessarily bring about satisfaction with health care service delivery but availability of health care personnel, comportment of health care personnel, availability of bed space for patients, availability of bed space for children, availability of bed space for the aged, availability of bed space for very important personality (VIPs), availability of bed space generally, availability of drugs for purchase, promptness in attending to patients in accident and emergency, promptness in attending to patients in wards, promptness in attending to patients in clinics, promptness in attending to patients in laboratories, availability of hand gloves, availability of cotton wool and availability of injections will do.

5.5 Suggestions for Further Studies

This study can be expanded in the following ways as suggested below:

1. Examining public relations strategies that can promote health care services patronage in teaching hospitals in south west, Nigeria.
2. Public relations strategies promoting mobile health services in Nigeria.
3. Rural community patronage of Health care services delivery by teaching hospitals in south west, Nigeria.

Bibliography

Books

- Adekemi, O.A., *Ethical issues of journalistic practice in Nigeria: a study of the punch and this day newspapers sunday ufot imoh*. **EDITORIAL BOARD**, 2020. p.257.
- Adeleke, J.A., Adinlewa, T. & Ojih, S.E.U. *Chapter Thirteen Corporate Social Responsibility in Rural Development, Sustainable Agriculture and Food Security in Nigeria. Corporate Social Responsibility and Sustainable Development in a Changing World*, 2020. p.171.
- Ademolekun, W. & Ekundayo, T. *Interactive Public Relations*. **Ikeja: Taymos Communications**, 2002.
- Chukwu, I. *Public Relations: Its Role in Marketing*. **Enugu: Melfin Publishing**, 2000.
- Cutlip, S.M., Center, A.H. & Broom, G.M. *Effective Public Relations*. **New Jersey: Prentice-Hall** 1994.
- Dandashly A., EU–Lebanon relations. In *Routledge Handbook of EU–Middle East Relations* **Routledge**, 2022. pp. 321-332.
- Donkin, L, Glozier, N. & Kelders, S. M. *Involvement as a Working Mechanism for Persuasive Technology*.**Cham: Springer International Publishing**, 2015.
- Frederick .G & Lori-Ann .F. *Reseach Methods for the Behavioral Science*.**USA: Wadsworth, Cengage Learning Third Edition**, 2009
- Green A.B., *Book Review: Public Relations in Practice by Kate S. Kurtin*. 2019.
- Grunig, J.E. *Teaching Public Relations in the Future*. **Public Relations Review**, 1989.
- Kelders, S. M. *Design for Engagement of Online Positive Psychology Interventions, in Positive Psychological Intervention Design and Protocols for Multi-cultural Contexts*. **New York, NY: Springer**, 2019. 297–313.
- Lee Larsen. *Mass Market Paperback* · **Publisher. Nightfall Press** 2012.
- Michelis, D. & Schildhauer, T. *Social Media.In Handbuch Staat* .**Springer VS, Wiesbaden**.2018.pp. 1203-1209
- Moshood A. *Primary Health Care in Nigeria - 42 Years After Alma Ata Declaration* 2020
- Niedderer K., Clune S. & Ludden G., *Design for Behaviour Change: Theories and Practices of Designing for Change*. **Routledge**.

- Nwodu, L.C. *Corporate Public Relations Management*. **Enugu: Precision publishers Ltd** 2007.
- Nwosu, I. E. *Public Relations Management: Issues and Applications*. **Lagos: Dominican. Publishers**, 1996.
- Onabanjo, O. *Community Relations in Action*. **Lagos: Concept Publishers**, 2005.
- Overbeeke, K., Djajadiningrat, T., Hummels, C., Wensvveen, S., & Frens, J. *Let's Make Things Engaging in Funology: From Usability to Enjoyment*, eds M. A. Blythe, A. F. Monk, K. Overbeeke, and P. C. Wright. **New York, NY: Springer; Kluwer, Academic Press**, 7–17 2004.
- Quesenberry, K.A. *Social media strategy: Marketing, advertising, and public relations in the consumer revolution*. **Rowman & Littlefield Publishers**, 2020.
- Reddi, C.N. *Effective public relations and media strategy*. **PHI Learning Pvt. Ltd.** 2019.
- Salanova M. & Ortega-Maldonado. A., *Psychological Capital Development in Organizations: An Integrative Review of Evidence-Based Intervention Programs*, in *Positive Psychological Intervention Design and Protocols for Multi-Cultural Contexts* (**Springer**), 2019.81–102.
- Servaes J., *Conclusion: Some Suggestions for Communication for Development and Social Change*. In *Learning from Communicators in Social Change* **Springer, Singapore**. 2021. (pp. 251-265).
- Stander, F.W. & L.E.V. Zyl, *The talent development centre as an integrated positive psychological leadership development and talent analytics framework*. In *Positive psychological intervention design and protocols for multi-cultural contexts*. **Springer, Cham**, 2019. (pp. 33-56).

Internet Sources

C.O. WHO, *World health organization. Responding to Community Spread of COVID-19. Reference. WHO/COVID-19/Community Transmission/2020.1.*

Charles, A. Corruption in Reconstruction: The Cost of ‘National Consensus’ In Post-War Lebanon,” in *Corruption in Post-War Reconstruction: Confronting the Vicious Circle* (Lebanese Transparency Association, Tiri and UNDP, 2005), available at: <http://www.transparency-lebanon.org/> 78 Transparency International, *Corruption Fighters’ Toolkit: Civil society experiences and emerging strategies*, 2002.

CORONAVIRUS: *Nigeria has 350 ICU Beds For 200 Million People. Premium Times newspaper*, 30th March, 2020 Accessed 30th April, 2020 from <https://www.premiumtimesng.com/news/headlines/384840-coronavirus-nigeria-has-350-icu-beds-for-200-million-people.html>

Coyle, MS, RT-NPS. *5 ways your hospital can improve community relations*. Accessed from <https://blog.transonic.com/hospital-administration/hospital-improve-community-relations>. Accessed 2022

Daniel M. What is Information Sharing? Accessed December 5, 2021 from <https://10innovations.alumniportal.com/open-organisation/information-sharing.html>,

Doctors, Nurses Lament Poor Pay, Overwork in State Hospitals. *Punch newspaper*, 21st May, 2019. Accessed June 5, 2021 from <https://punchng.com/doctors-nurses-lament-poor-pay-overwork-in-state-hospitals/>

Edyta .K. *Brand Journalism and Content Marketing are Different, But Complementary*”. December 6th, 2021 from <https://www.ragan.com/brand-journalism-and-content-marketing-are-different-but-complementary/>

Envision2030. *17 Goals To Transform The World For Persons With Disabilities*. United Nations Department of Economic and Social Affairs. Accessed: July, 2022 <https://www.un.org/development/desa/disabilities/envision2030.html>

Gulotta, R., Forlizzi, J., Yang, R., & Newman, M. W. “*Fostering Engagement with Personal Informatics Systems*,” in *Proceedings of the 2016 ACM Conference on Designing Interactive Systems* (New York, NY: ACM), 286–300. Accessed 2022 from [Fostering Engagement with Personal Informatics Systems | Proceedings of the 2016 ACM Conference on Designing Interactive Systems](#)

Henry S. *Importance of Digital Marketing in Today's Scenario*. Accessed: January 12, 2022 <https://www.yumpu.com/en/document/read/62216020/importance-of-digital-marketing-in-today>.

Joint Commission International Accreditation Standards for Hospitals. Accessed 7th July, 2021 from

- https://www.jointcommissioninternational.org/assets/3/7/JCI_Hosp_Standards_6th_STANDARDS_ONLY_14Jan2018.pdf
- Kareem, A. Primary, *Secondary and Tertiary HealthCare*. Accessed on 22nd December, 2021 from [http://www.arthapedia.in/index.php?title=Primary, Secondary and Tertiary HealthCare](http://www.arthapedia.in/index.php?title=Primary,_Secondary_and_Tertiary_HealthCare)
- LASUTH BOARD: *Bed Space is Our Biggest Challenge Vanguard newspaper, 3rd November, 2014*. Accessed June 4, 2022 from <https://www.vanguardngr.com/2014/11/bedspace-biggest-challenge-lasuth-board-3/>
- Maryam .M, “10 Social Media Statistics You Need to Know in 2021 [Infographic]”. Accessed: January 12, 2022 from <https://ng.oberlo.com/blog/social-media-marketing-statistics>
- Medical & Social Services Departments. Accessed: February 2022 from <https://uch-ibadan.org.ng/medical-social-services/>
- NHIS Operational Guidelines. *National Health Insurance Scheme*. Accessed from [https://www.dhmlnigeria.com/downloads/ \(Revised\).pdf](https://www.dhmlnigeria.com/downloads/(Revised).pdf) Accessed 2021
- Ninety Percent Deaths in Nigerian Hospitals Caused By Health Workers’ Attitude. **Premium Times newspaper**, 19th September, 2017. Accessed 2021 from <https://www.premiumtimesng.com/news/top-news/243653-90-deaths-nigerian-hospitals-caused-health-workers-attitude-teaching-hospitalchief.html>
- Premium Times Newspaper, *Ninety Percent Deaths in Nigerian Hospitals Caused By Health Workers’ Attitude*. 19th September, 2017. <https://www.premiumtimesng.com/news/top-news/243653-90-deaths-nigerian-hospitals-caused-health-workers-attitude-teaching-hospitalchief.html> Accessed 2021
- Shanghai Declaration on promoting health in the 2030 Agenda for Sustainable Development 9th Global Conference on Health Pormotion, **Shanghai**, 21-24 November 2016. Update on consultation. <https://www.safeopedia.com/definition/5278/consultation>, Date Accessed: September 10, 2021
- Transparency Association, Tiri and UNDP, 2005 Transparency International, Corruption Fighters’ Toolkit: Civil society experiences and emerging strategies, 2002. Accessed in December, 2022 from <http://www.transparency-lebanon.org/> 78
- Types of Corporate Social Responsibility. Accessed on 25th January from <https://online.hbs.edu/blog/post/types-of-corporate-social-responsibility>

United Nations. *The Sustainable Development Agenda*. Accessed on January 5, from <http://www.un.org/sustainabledevelopment/development-agenda/>.

What is Community Relations and Why is it Important? <https://maclynngroup.com/marketing/what-is-community-relations-and-why-is-it-important> Date Accessed: June 5, 2021

What is Community Relations and Why is It important. Accessed: June 5 2021 from <https://maclynngroup.com/marketing/what-is-community-relations-and-why-is-it-important>.

World Health Organisation. *Rehabilitation 2030 Meeting Report 8 - 9 July 2019*. Accessed from <https://www.who.int/docs/default-source/documents/health-topics/rehabilitation/2nd->

World Health Organization, *Primary health care on the road to universal health coverage: 2019, Global Monitoring Report*. 2021.

World Health Organization. *A Universal Truth: No Health Without a Workforce*. Accessed in December 2021 from https://www.who.int/workforcealliance/knowledge/resources/GHWA-a_universal_truth_report.pdf?ua=1

DO NOT COPY. LEAD C

Peer Reviewed Journals

- Abiodun O. *Provider-Related Predictors of Utilization of University Health Services in Nigeria*. **Ethiopian Journal of Health Sciences**, 2019. 29(2)
- Abiodun, O., Faithman, O.V.A.T. & Oluwatosin, O.A., *Provider-related predictors of utilization of university health services in Nigeria*. **Ethiopian journal of health sciences**, 29(2). 2019.
- Adamolekun, W. & Ogedengbe, K. *Corporate social responsibility practices in Nigeria: an exploration of selected private sector organisations*. **Caleb Journal of Social and Management Science**, 5(1), 2020. pp.44-61
- Agarwal K., *Choose Wisely: Rethinking the Philosophical Origins of Rational Choice Theory in 21st Century Markets*. 2022
- Ahmed K.A., Mustapha L.K., Abdulbaqi S.S., & Aliagan I.Z., *Corruption in the media: implications for ethical and socially responsible journalism*. **Jurnal Pengajian Media Malaysia**, 22(2), 2020. pp.49-59.
- Ajisejiri, W.S. Abimbola, S. Tesema, A.G., Odusanya, O.O. Peiris, D. & Joshi, R. *The organisation of primary health care service delivery for non-communicable diseases in Nigeria: a case-study analysis*. **PLOS Global Public Health**, 2(7), 2022. p.e0000566.
- Ali Abbasi, G., Abdul Rahim, N.F., Wu, H., Iranmanesh, M. and Keong, B.N.C., *Determinants of SME's social media marketing adoption: competitive industry as a moderator*. **Sage Open**, 12(1), 2022. p.21582440211067220.
- Alkali, N.H. & Bello, M.R. *Tertiary hospital standards in Nigeria: A review of current status*. **Annals of African Medical Research**, 3(1), 2020.
- Alnasser, A.H.A., Al-Tawfiq, J.A., Ahmed, H.A.A., Alqithami, S.M.H., Alhaddad, Z.M.A., Rabiah, A.S.M., Albrahim, M.A.A., Al Kalif, M.S.H., Barry, M., Temsah, M.H. and Al-Kalaif, Z.S.H., *Public knowledge, attitude and practice towards antibiotics use and antimicrobial resistance in Saudi Arabia: A web-based cross-sectional survey*. **Journal of Public Health Research**, 10(4), 2021. pp.jphr-2021.
- Alsalamy, W.K.O.A. and Al-Zaman, Q., *The role of media and public relations departments in effective tourism marketing in sharjah*. **Linguistics and Culture Review**, 5(S3), 2021. pp.133-143.
- Altaf, A. Mortada, H. Shawosh, M. Nassif, M. Alattas, A. Abumohssin, A. Hakami, A., Aljiffry, M. & Trabulsi, N. *Factors Affecting Hospital Choice for Patients Undergoing Elective General Surgery: A Cross-Sectional Study*. **International Journal of Surgery and Medicine**, 5(3), 2020. pp.118-118.

- Amirrudin, M., Nasution, K. & Supahar S., *Effect of variability on Cronbach alpha reliability in research practice*. **Journal Matematika, Statistika dan Komputasi**, 17(2), 2021. pp.223-230.
- Arksey H. & O'Malley L., *Scoping Studies: Towards a Methodological Framework*. **International Journal of Social Research Methodology**. 8, 2021. 19–32.
- Bakker A.B., Schaufeli W.B., Leiter M.P., & Taris T.W., *Work engagement: An emerging concept in occupational health psychology*. **Work & stress**, 22(3), 2008. pp.187-200.
- Barghouth, D. Al-Abdallah, G.M. & Abdallah, A.B. *Pharmacy service factors and pharmacy performance: the role of patient satisfaction in community pharmacies*. **International Journal of Pharmaceutical and Healthcare Marketing**, 15(3), 2021. pp.410-428.
- Bootsurman, L. Siripipatthanakul, S. & Phayaphrom, B. *Factors Influencing Consumers' Purchase Intention at Pharmacies in Thailand*. **Journal of Management in Business, Healthcare and Education**, 1(1), 2021. pp.1-16.
- Bucatariu L. & George B. P., *Patient Perception and Choice Factors Related to International Hospitals: A Study in Ho Chi Minh City, Vietnam*. **Journal of Health & Medical Informatics**.;8(3), 2017. 8-277
- Büyükdoğan, B., Gedik, H., Dereli, Y. and Tanyeli, Ö., *The impact of service quality and public relations on patient satisfaction in hospitals*. **Elektronik Sosyal Bilimler Dergisi**, 16(60), 2017. pp.186-197.
- Carman K. L., Dardess P., Maurer M., Sofaer S., Adams K. & Bechtel C., *Patient and Family Engagement: A Framework for Understanding the Elements and Developing Interventions and Policies*. **Health Aff.**, 32,2013. 223–231
- Chauhan, V. Sharma, A. & Sagar, M. *Exploring patient choice in India: a study on hospital selection*. **International Journal of Healthcare Management**, 14(2), 2021. pp.610-620.
- Chen H., Rodriguez M.A., Qian M., Kishimoto T., Lin M., & Berger T., *Predictors of treatment outcomes and adherence in internet-based cognitive behavioral therapy for social anxiety in China*. **Behavioural and cognitive psychotherapy**, 48(3), 2020. pp.291-303.
- Chen, L-S., & Goodson, P. *Web-Based Survey of Us Health Educators: Challenges and lessons*. **American Journal of Health Behavior**, 34(1), 2010. 3-11
- Cheng, Y. Feng, S. Yang, J. Zhang, H. & Liang, Y., *Provable benefit of multitask representation learning in reinforcement learning*. arXiv preprint arXiv:2206.05900. 2022.

- Couper M. P., Alexander G. L., Zhang N., Little R.J.A., N. Maddy & M. A. Nowak, *Engagement and Retention: Measuring Breadth and Depth of Participant Use of an Online Intervention*. **Journal of Medical International Research**,12: 2021. e52.
- Critchley, M., *The Beginnings of the National Hospital, Queen Square (1859-1860)*.**British Medical Journal**, 1(5189), 1960. p.1829.
- Cutlip, S.M., Center A.H. & Broom. G.M. *Effective Public Relations*. **New Jersey: Prentice-Hall**. 1994.
- Darling-Hammond L., *Keeping Good Teachers: Why It Matters, What Leaders Can Do*.**Educational Leadership**, 60, 2003. 6-13
- Doherty K. & Doherty G., *Engagement in HCI: Conception, Theory and Measurement*. **ACM Comput. Surveys**, 51, 2021. 1–39.
- Donkin L., Christensen H., Naismith S. L., Neal B., Hickie I. B. & Glozier N. A., *Systematic Review of The Impact of Adherence on the Effectiveness of E-Therapies*. **J. Med. Internet Res.**, 13: 2011. e52.
- Donkin L., Glozier N. & Kelders S. M., *Involvement as a Working Mechanism for Persuasive Technology*. **Cham: Springer International Publishing**, 2015.
- Ekwunife R.A., Nwachukwu H.I., & Ukeje I.O., *Bureaucracy and citizen journalism: issues and challenges imperative for media practice in Nigeria*. 2021.
- Fawkes J., Gregory A., Falkheimer J., Gutiérrez-García E., Halff G., Rensburg R., Sadi G., Sevigny, A., Sison M., Thurlow A., & Tsetsura K., *A global capability framework for the public relations and communication management profession*. 2018. 1-20
- Ferguson, M.A. *Building theory in public relations: Interorganizational relationships as a public relations paradigm*.**Journal of public relations research**, 30(4), 2018. pp.164-178.
- Foltean, F.S. *Bridging marketing theory-practice gap to enhance firm performance: Introduction to the special issue*.**Journal of Business Research**, 104, 2019. pp.520-528.
- Gesualdi, M., *Revisiting the relationship between public relations and marketing: Encroachment and social media*.**Public Relations Review**, 45(2), 2019. pp.372-382.
- Ghattas D & Al-Abdallah G., *Factors Affecting Customers Selection of Community Pharmacies: The Mediating Effect of Branded Pharmacies and the Moderating Effect of Demographics*. **Management Science Letters**, 10(8), 2020. 1813-1826
- Gil M. R. & Choi C. G., *Factors Affecting the Choice of National and Public Hospitals among Outpatient Service Users in South Korea*. **INQUIRY: The Journal of Health Care Organization, Provision, and Financing**, 56, 2019.

- Graffigna G., & Gambetti R. C.. *Grounding Consumer-Brand Engagement: A Field-Driven Conceptualisation*. **International Journal of Market Research**, 57, 2015. 605–630.
- Grunig, J.E. *Teaching Public Relations in the Future*. **Public Relations Review**, XV(1):18 1989.
- Guanah, J.S. Guanah, P.O. & Dalung, R. *Use of community relations in compensation payment process in estate management practice: a case study of kwale industrial park acquisition*.**South Asian Res J Human Soc Sci**, 4(2), 2022. pp.119-129.
- Gulotta R., Forlizzi J., Yang R. & Newman. M. W. *Fostering Engagement with Personal Informatics Systems*, in Proceedings of the 2016 ACM Conference on Designing Interactive Systems **New York, NY: ACM**, 2016. 286–300.
- Handayany, G.N. *The Quality of Pharmaceutical Services in the New Normal Era on Outpatient Loyalty at the Pharmacy Installation of the Daya General Hospital*.**Open Access Macedonian Journal of Medical Sciences**, 9(E), 2021. pp.1376-1382.
- Horsley T., *Tips for Improving the Writing and Reporting Quality of Systematic, Scoping, and Narrative Reviews*. **Journal of Continuing Education in the Healthcare Profession**. 39, 2019. 54–57.
- Idowu, A.A. and Lawrence, A.O., *The effect of media campaign and environmental education on flood control in Osun state, Nigeria*. **British Journal of Mass Communication and Media Research**, 2(1), 2022. pp.80-92.
- Irani M. R, *Relationship between Factors Affecting the Selection of Health Care Service Providers in Saveh and the Load of Visits: A Cross-Sectional Study*. **Depiction of Health**, 10(3), 2019. p208-17
- Jabar M.A. *Factors Influencing Health-Seeking Behavior Among Overseas Filipino Workers*. **International Journal of Healthcare Management**. 2019.
- Joyner .F. *Bridge Building: Enhancing the Possibility of Partnerships*. **Journal for Quality and Participation**. 2000
- Kamra, V., Singh, H. and De, K.K. *Factors affecting hospital choice decisions: An exploratory study of healthcare consumers in Northern India*. **Asia Pacific Journal of Health Management**, 11(1), 2016. pp.76-84.
- Kanter A.S., *Let's try again: Why the United States should ratify the united nations convention on the rights of people with disabilities*.**Touro L. Rev.**, 35, 2019. p.301.
- Katrodia, A. A. *Comparative Study of Social Media Marketing and Conventional Marketing-A Case Study*.**African Journal of Business & Economic Research**, 17(3), 2022.

- Kehinde O.J & Igbozuruike, R.C., *Public Relations as a Tool for Effective Healthcare Management*. **Innovative Journal of Business and Management**, 2016. p81-8
- Kelders S.M., *Design for Engagement of Online Positive Psychology Interventions. In Positive Psychological Intervention design and protocols for multi-cultural contexts*. **Springer, Cham**. 2019. pp. 297-313.
- Kelders, S.M., Sommers-Spijkerman, M. and Goldberg, J. *Investigating the direct impact of a gamified versus nongamified well-being intervention: an exploratory experiment*. **Journal of Medical International Research**, 20(7), 2018. p.e9923.
- Khopipah S., & Turistiati A.T., *Challenges of a dual role of marketing public relations and public relations in developing a positive image of pt overseas zone*. 49. **Informasi**, 49(2), 2019. pp.91-100.
- Kim, S. *The effects of internet use on academic achievement and behavioral adjustment among South Korean adolescents: Mediating and moderating roles of parental factors*. **Syracuse University**. 2011.
- Kozinets R.V., *How Strategic Communication Shapes Value and Innovation in Society (Advances in Public Relations and Communication Management)*. **International journal of communication (Online)**, 2020. pp.5007-5010.
- Kusina L., & Muasya G., *Communication: Key to Improving Maternal Health in Sub Saharan Africa*. **African Multidisciplinary Journal of Research**, 5(1). 2020.
- Latunji O. O. & Akinyemi O.O. *Factors Influencing Health-Seeking Behaviour Among Civil Servants in Ibadan, Nigeria*. **Annals of Ibadan Postgraduate Medicine**, 16(1), 201852-60
- Laudano, M.C. Marzi, G. & Caputo, A. *A decade of the International Journal of Entrepreneurship and Small Business: a bibliometric analysis*. **International Journal of Entrepreneurship and Small Business**, 33(2), 2018. pp.289-314.
- Lawani, L. O., Eze J. N. & Anozie, O. B. *Obstetric Analgesia for Vaginal Birth in Contemporary Obstetrics: A Survey of the Practice of Obstetricians in Nigeria*. **BMC Pregnancy Childbirth**, 14, 2014.140
- Li J., Zhao N., Zhang H., Yang H., & Yang J., *Patients' Willingness of First Visit in Primary Medical Institutions and Policy Implications: A National Cross-Sectional Survey in China*. **Frontiers in Public Health**, 10. 2022.
- Lin M.H., Chang H.T., Chen T.J., & Hwang S.J., *Why people select the outpatient clinic of medical centers: a nationwide analysis in Taiwan*. **Peer Journal**, 8, 2020. p.e9829.
- Lin Y.P., Tang C.J., Tamin V.A., Tan L.Y.C., & Chan E.Y., *The hand-brain-heart connection: ICU nurses' experience of managing patient safety during COVID-19*. **Nursing in critical care**, 27(5), 2022. pp.689-697.

- Linda, A. *The Language of Leadership for Female Public Relations Professionals*. **Journal of Public Relations Research** 10(2), 1998.
- Liu, Y., Kong, Q. and de Bekker-Grob, E.W., *Public preferences for health care facilities in rural China: a discrete choice experiment*. **Social Science & Medicine**, 237, 2019. p.112396.
- Ludden G. D., Schifferstein H. N., & Hekkert P., *Beyond Surprise: A Longitudinal Study on the Experience of Visual-Tactual Incongruities in Products*. **Int. J. Design**, 6, 2012. 1–16
- Ludden G. D., Van Rompay T. J., Kelders S. M. & Van Gemert-Pijnen J. E..*How to Increase Reach and Adherence of Web-Based Interventions: a design research viewpoint*. **Journal of Medical International Research**, 17, 2015. e172.
- Malik J,& Sharma V.C .*Determinants of Patients' Choice of Healthcare Provider: A Study of Selected Private Hospitals in Delhi-NCR*. **NICE Journal of Business**.;12(1), 201745-59
- Math S.B., Gowda G.S., Basavaraju V., Manjunatha N., Kumar C.N., Philip S., & Gowda M., *The rights of persons with disability act, 2016: Challenges and opportunities*. **Indian journal of psychiatry**, 61(Suppl 4), 2019. p.S809.
- McCandless S., *Improving community relations: how police strategies to improve accountability for social equity affect citizen perceptions*.**Public Integrity**, 20(4), 2018. pp.370-385.
- Mikkelsen-Lopez, I. Wyss K. & De Savigny. D. *An Approach to Addressing Governance from A Health System Framework Perspective*. **BMC International Health and Human Rights**. 11(1): 2011. 1-1
- Moghadasi, A.M., Sum, S. and Matlabi, H. *Why do older people not use the public health services of the integrated aging program? A multidimensional approach in a qualitative study*.**BMC Health Services Research**, 22(1), 2022.pp.1-12.
- Mwaseba S. L., *Patient's Perception on Factors for Choice of Healthcare Delivery at Public Hospitals in Dodoma City*. **Hospitals**, 3(2), 2018. 5
- Negrini S., *The Possibilities and Challenges of Rehabilitation 2030: A Call for Action by the World Health Organization: a unique opportunity not to be missed*. **European Journal of Physical and Rehabilitation Medicine**, 53(2), 2017. 169-72.
- Nwankwo, E. O., Ibeh. I. N. & Enabulele, O. I. *Incidence and Risk Factors of Surgical Site Infections in a Tertiary Health Institution in Kano, North-western Nigeria*.**Int J Infect Control**, 8:14 2012.
- Nwodoh C.O.. Okoronkwo, I.L. Nwaneri, A.C. & Ndubuisi I., *Effective Public Relations in Health Practice: An Unexplored Tool for the Growth of Nigeria's Health Sector and its Professionals*. **Academic Journal of Nursing and Health Education**, 8(1), 2019. p34-40

- Nwodu, L.C. “*Mastering Public Relations and Advertising Research, Monitoring and Evaluation Strategies for Improved Professional Excellence.*” **The Nigerian Journal of Public Relations**. Vol. Nos. 1&2 2009
- Nyagadza, B. *Search engine marketing and social media marketing predictive trends*. **Journal of Digital Media & Policy**, 2022.
- O'Brien H. L., & Tom E. G.,. *What is User Engagement? A Conceptual Framework for Defining User Engagement with Technology*. **J. Am. Soc. Inform. Sci. Technol.**, 59, 938–955.
- Okechukwu, S. *Public Relations, Migration Issues and Inclusive Administration in Nigeria*. *Development*, 9(1). 2019.
- Okonofua, F. L.Ntoimo, Ogungbangbe, Anjorin, J. Imongan, S. W. & Yaya, S., *Predictors of Women’s Utilization of Primary Health Care for Skilled Pregnancy Care In Rural Nigeria*. **BMC pregnancy and childbirth**,18(1), 2018. p1-5.
- Omotayo, F.O. & Orimolade, T.A., *Exploring the Knowledge Sharing Practices among Medical Doctors in Ibadan Metropolis, Nigeria*. **Covenant Journal of Communication**, 7(2), 2021.
- Onoka, C.A. Hanson, K. & Hanefeld, J. *Towards universal coverage: a policy analysis of the development of the National Health Insurance Scheme in Nigeria*.**Health Policy and Planning**, 30(9), 2015. pp.1105-1117.
- Onyekwulu, F. A. Nwosu A.D.G & Ajuzieogu V. O., *Anaesthesia Manpower Need in Nigeria*. **Orient J Med** 26, 2014. 83-7
- Park, J. “*Exploring public relations’ activities and professionalism in South Korea*”. **Korea Journalism and Communication Studies**, 7(5), 2005. 41-56
- Perski, O. Blandford A., West R. S. & Michie. *Conceptualising Engagement with Digital Behaviour Change Interventions: A Systematic Review Using Principles from Critical Interpretive Synthesis*. **Transl. Behav. Med.**, 7, 2017. 254–267.
- Peters M. D., Godfrey C. M., Khalil H., McInerney P., Parker D. & Soares C. B..*Guidance For Conducting Systematic Scoping Reviews*. **International Journal of Evidence Based Healthcare**, 13, 2015. 141–146.
- Pronk, Y., Pilot, P., Brinkman, J.M., van Heerwaarden, R.J. and van der Weegen, W. *Response rate and costs for automated patient-reported outcomes collection alone compared to combined automated and manual collection*. **Journal of patient-reported outcomes**, 3(1), 2019. pp.1-8.
- Putri A.A., *Public relations strategy for improving quality of service to patients (Qualitative Descriptive Study at Muslimat Ponorogo Hospital)*. **QAULAN: Journal of Islamic Communication**, 1, 2020. pp.69-86.

- Ravangard R, Javanbakht M., & Bastani P., *Factors Affecting the Choice of Public, Private or Charity Health Care Providers: A Case of a Developing Country. International Journal of Healthcare Management*, 13(sup1), 2020. 41-7.
- Roberts A. A., Balogun M.R., Sekoni A.O., Inem V.A., & Odukoya O.O., *Healthseeking preferences of residents of Mushin LGA, Lagos: A survey of preferences for provision of maternal and child health services*. 2015.
- Roberts A.A, et al. *Healthseeking Preferences of Residents of Mushin LGA, Lagos: A Survey of Preferences for Provision of Maternal and Child Health Services. Journal of Clinical Sciences.* ;12(1), 2015. p9
- Shiffman J. & Smith. S. *Generation of Political Priority for Global Health Initiatives: A Framework and Case Study of Maternal Mortality. The lancet.* 13;370(9595): 2007. 1370-9
- Short C. E., DeSmet A., Woods C., Williams S. L., Maher C. & Middelweerd A., *AMEasuring Engagement in E-health and M-health Behavior Change Interventions: Viewpoint of Methodologies. Journal of Medical International Research*,, 20: 2018. e292.
- Shrestha R, & Adhikari S. *Factors Affecting Choice of Health Care Facilities among the Adults of an Urban Community. Medical Journal of Shree Birendra Hospital*, 20(2), 2021. p12
- Shrestha R. & Adhikari S..*Factors Affecting Choice of Health Care Facilities Among The Adults of an Urban Community. Medical Journal of Shree Birendra Hospital.* ;20(2),2021.12
- Shrestha, R. & Adhikari. S., *Factors Affecting Choice of Health Care Facilities Among the Adults of an Urban Community. Medical Journal of Shree Birendra Hospital*, 20(2), 2021.p123-9.
- Sieverink F., Kelders S. M. & Van Gemert-Pijnen J. E., *Clarifying the Concept of Adherence to E-health Technology: Systematic Review on When Usage Becomes Adherence. Journal of Medical International Research*, 19: 2017. e402.
- Sommerfeldt, E.J., Yang, A. & Taylor, M. *Public relations channel “repertoires”:
Exploring patterns of channel use in practice. Public Relations Review*, 45(4), 2019. p.101796.
- Sonnentag S., *A Task-Level Perspective on Work Engagement: A New Approach that Helps to Differentiate the Concepts of Engagement and Burnout. Burnout Res.* 5, 2017. 12–20.
- Sulkowski L., Ignatowski G., & Seliga R., *Public Relations in the Perspective of the Catholic Church in Poland. Religions*, 13(2), 2022. p.115.
- Suwarnajote, N. & Mekhum. W *Factors Contributing to Customer's Buying Behaviour at Pharmacy? Does The Brand Image Mediate the Customer's Buying Behaviour in Thailand. Systematic Reviews in Pharmacy*,11(4), 2020.

- Taherdoost, H. *Determining sample size; how to calculate survey sample size*. **International Journal of Economics and Management Systems**, 2, 2017.
- Valentini C., *Trust research in public relations: an assessment of its conceptual, theoretical and methodological foundations*. **Corporate Communications. An International Journal**, 2020.
- Winslow, C. J. Kaplan, S. A. Bradley-Geist J. C. Lindsey, A. P. Ahmad A. S. & Hargrove A. K, *An Examination of Two Positive Organizational Interventions: For Whom do these Interventions Work?* **J. Occup. Health Psychol.** 22, 2017. 129–137.
- Wobodo, C., Poi, G. and Lebura, S., *Organizational Culture as a Precursor to the Practice of Corporate Social Responsibility: A Conceptual standpoint*. **Studies**, 4(3), 2020. pp.62-72.
- Wolf, K. and Archer, C., *Public relations at the crossroads: The need to reclaim core public relations competencies in digital communication*. **Journal of Communication Management**, 2018.
- Yardley L., Spring B. J., Riper H., L. Morrison G., Crane D. H. & Curtis K, *Understanding and Promoting Effective Engagement with Digital Behavior Change Interventions*. **Am. J. Prev. Med.**, 51, 2022. 833–842.
- Yeager C. M., Shoji K., Luszczynska A. & Benight C. C., *Engagement with a Trauma Recovery Internet Intervention Explained with the Health Action Process Approach (HAPA): Longitudinal Study*. **JMIR Ment. Health** 5: 2018. e29.

Theses and Dissertations

- Amidu.F. *Factors Influencing the Choice of Treatment Among Patients with Fractures in the Tamale Teaching Hospital (Doctoral dissertation, University of Ghana)*.
- Cloud,R.R. *Aristotle's journey to Europe: A synthetic history of the role played by the Islamic Empire in the transmission of Western educational philosophy sources from the fall of Rome through the medieval period*. **University of Kansas**. 2007
- Guo, J. *Exploring Public Relations Practitioners' Ethical Decision-Making at Work: A Whole-Person, Processual, and Contextual Lens(Doctoral dissertation, University of Maryland, College Park)*. 2019.
- Ha,J.H. *The role of relationships in crisis communication: The impact of agency-client relationships and perception of crisis strategies on crisis-related task conflict, performance, and satisfaction(Doctoral dissertation, The University of North Carolina at Chapel Hill)*. 2013.

Helou, A.M. *Whose government and what law? A political sociological investigation of corruption in Lebanon and its effect on government, legality, and the people* (Doctoral dissertation, Queen's University (Canada). 2019.

Onchari E., *Factors Affecting Patients' Choice of Health Provider of Outpatient Services in Westlands Constituency, Nairobi County* (Doctoral dissertation, United States International University-Africa. 2020.

Randall R. Cloud. *Aristotle's Journey to Europe: A Synthetic History of the Role Played by the Islamic Empire in the Transmission of Western Educational Philosophy Sources from the Fall of Rome through the Medieval Period*.v., Nazarene Theological Seminary, 1982 Submitted to the: School of Education Department of Educational Leadership and Policy Studies Program: Educational Policy and Leadership Concentration: Foundations of Education\ and the Faculty of the Graduate School of the University of Kansas in partial fulfillment of the requirements for the degree of Doctor of Philosophy (unpublished). 2007

Conference Proceedings

Astana, *the accompanying World Health Assembly Resolution 72/2*, the 2019 Global Monitoring Report on UHC, and the United Nations General Assembly high-level meeting on UHC Accessed 2021

Charles Adwan, "Corruption in Reconstruction: The Cost of 'National Consensus' In Post-War Lebanon," in *Corruption in Post-War Reconstruction: Confronting the Vicious Circle* (Lebanese Transparency Association, Tiri and UNDP, 2005), available at: <http://www.transparency-lebanon.org/> 78 Transparency International, *Corruption Fighters' Toolkit: Civil society experiences and emerging strategies*, 2002.

Fortune K., Becerra-Posada F., Buss P., Galvão L.A.C., Contreras A., Murphy M., Rogger C., Keahon G.E., & de A. Francisco *Health promotion and the agenda for sustainable development, WHO Region of the Americas. Bulletin of the World Health Organization*, 96(9), 2018. p.621.

Haselock, S., 'Make it Theirs: The Imperative of Local Ownership in Communications and Media Initiatives', Special Report, no. 253, United States Institute of Peace, Washington DC 2010.

Ivies M., Stumpp S., & Michelis D., *September Entrepreneurial Marketing in a Crowdfunding Campaign. In European Conference on Innovation and Entrepreneurship (pp. 860-XVIII). Academic Conferences International Limited. 2020.*

Nwosu, I.E. & Uffoh, V.O., *Environmental Public Relations management: Principles, Strategies, Issues and Cases*", Enugu: IDS UNEC 2005.

Pleasant A., O’Leary C.& Carmona R., *Health literacy: Global advances with a focus upon the Shanghai Declaration on promoting health in the 2030 Agenda for Sustainable Development*. **Information Services & Use**, 40(1-2), 2020.pp.3-16.

Shanghai Declaration on promoting health in the 2030 Agenda for Sustainable Development 9th Global Conference on Health Promotion, Shanghai, 21-24 November 2016. Update on consultation. <https://www.safeopedia.com/definition/5278/consultation>, Date Accessed: September 10, 2021

Stander, F. W., & Van Zyl, L. E. “*The Talent Development Centre as An Integrated Positive Psychological Leadership Development and Talent Analytics Framework*,” in *Positive Psychological Intervention Design and Protocols for Multi-Cultural Contexts*, eds L. E. van Zyl and S. Rothmann (Cham: Springer), 2019.33–56.

Sulaiman S. M..*Customer Relationship Management, Customer Satisfaction and Its Impact on Customer Loyalty*. **In Proceedings of the 7th International Conference on Multidisciplinary Research**. 2018.

Truth, A.U. *No health without a workforce. World Health Organisation (WHO) Report*, pp. 2013. 1-104.

APPENDIX I
LEAD CITY UNIVERSITY, IBADAN

DEPARTMENT OF MASS COMMUNICATION AND MEDIA TECHNOLOGY

Questionnaire on Influence of Community Relations Strategies, Engagement Practices and Health Care Service Delivery Satisfaction in University College Hospital (UCH), Ibadan, Oyo State, Nigeria.

Dear Respondents,

I am a postgraduate student of the Department of Mass Communication and Media Technology. I am carrying out a research to investigate influence of community relations strategies, engagement practices and healthcare service delivery satisfaction in University College Hospital (UCH) Ibadan, Oyo State, Nigeria. I would be grateful if you could create a spare time in your busy schedule in completing a copy of the questionnaire on the research topic. All information supplied will be highly appreciated and kept in strict confidentiality.

Thank you so much for your cooperation.

MR, OLUWASEYI SANYAOLU

Researcher

Section A: Demographic Characteristics (Please tick as appropriate)

1. Age in years: 18-24 [] 25-29 [] 30-35 [] 36-40 [] 41 and above []
2. Gender: Male [] Female []

Section B: Community Relations Strategies deployed by University College Hospital

Which of the following Community Relations Strategies is deployed by University College Hospital in its Health Care Service Delivery?

Instruction: Please respond to the following statement as they apply to you

(4-Really Sure, 3-Quite Sure, 2-Not So Sure, 1-Not Sure)

S/N	Community Relations Strategies	4	3	2	1
	The University College Hospital:				
1	Organises meetings with community leaders to discuss current medical issues				
2	Organises free medical checkups for members of the community				
3	Organises free eye tests for members of the community				
4	Organises health talks for members of the community				
5	Distribute free nose mask to members of the community				
6	Distributes free mosquito nets to members of the community				
7	Distributes souvenir such as calendars to the community leaders				
8	Communicates management decisions on current issues				
9	Dig borehole for the community where the hospital is located				
10	Grade community roads				
11	Employ community members as hospital staff				
12	Engage the services of community members as contractors				
13	Give gifts to community leaders during festive period				
14	Attends cultural programme organised by the community				

15	Organises community based programmes				
----	--------------------------------------	--	--	--	--

DO NOT COPY. LEAD CITY UNIVERSITY, NIGERIA

Section C: Community Relations Strategies by University College Hospital?

Instruction: Please respond to the following statement as they apply to you

(4-Regularly, 3-Sometimes, 2-Seldom, 1-Never)

S/N	Community Relations Strategies	4	3	2	1
1	Organises meetings with community leaders to discuss current medical issues				
2	Organises free medical checkups for members of the community				
3	Organises free eye tests for members of the community				
4	Organises health talks for members of the community				
5	Distribute free nose mask to members of the community				
6	Distributes free mosquito nets to members of the community				
7	Distributes souvenir such as calendars to the community leaders				
8	Communicates management decisions on current issues				
9	Dig borehole for the community where the hospital is located				
10	Grade community roads				

11	Employ community members as hospital staff				
12	Engage the services of community members as contractors				
13	Give gifts to community leaders during festive period				
14	Attends cultural programme organised by the community				
15	Organises community based programmes				

Section D: Engagement Practices by University College Hospital, Ibadan

Instruction: Please respond to the following statement as they apply to you

(4-Regularly, 3-Sometimes, 2-Seldom, 1-Never)

S/N	Adoption of Engagement practices	4	3	2	1
1	Consultation time with patient is fast				
2	Consultation time with patient is satisfactory				
3	Organises free health talks				
4	Organises free medical check-ups				
5	Distribute free nose mask				
6	Distribute free mosquito nets				
7	Organises free eye tests				

8	Offset unpaid medical bills				
9	Distribute gloves to patients				
10	Distribute cotton wool to patients				
11	Distribute toiletries to patients				
12	Hold meetings with the patient on their health issues				
13	Communicates current management decisions to the patients				
14	Shares information leaflets				
15	Their service is 24 hours daily				
16	Satisfaction form is available to patients				
17	Messages patients on important information regarding their health				
18	Open to complaints from patients				
19	Feed patients during festive periods				
20	Doctors attends to patients with courtesy				
21	Nurses attends to patients with courtesy				
22	Laboratory staff attends to patients with courtesy				
23	Record officer attends to patients with courtesy				
24	Cleaner attends to patients with courtesy				
25	Security officers attends to patients with				

	courtesy				
26	Drugs are available within the hospital for purchase				
27	Does Radio programs on health global days				

Section E: Satisfaction with University College Hospital, Ibadan Health Care Service Delivery

Instruction: Please respond to the following statement as they apply to you

(4-Highly Satisfactory, 3-Partially Satisfactory, 2-Not Satisfactory, 1-Not Sure)

S/N	Health Care Service Delivery adopted by UCH	4	3	2	1
1	Availability of health care personnel				

2	Comportment of health care personnel				
3	Availability of bed space for patients				
4	Availability of bed space for children				
5	Availability of bed space for the aged				
6	Availability of bed space for very important personality (VIPs)				
7	Availability of bed space for				
8	Availability of drugs for purchase				
9	Promptness in attending to patients in accident and emergency				
10	Promptness in attending to patients in wards				
11	Promptness in attending to patients in clinics				
12	Promptness in attending to patients in laboratories				
13	Availability of hand gloves				
14	Availability of cotton wool				
15	Availability of injections				

Thank you.

Appendix II

Interview Questions

Community relations

1. Does UCH organize any health related events in your community and how often?
2. How regularly do UCH organizes Public lecture on current health issues
3. To what extent do your community members benefit from employment opportunities from the UCH
4. Does UCH patronize local vendors, artisans and businessmen in your community?
5. Has UCH done anything to improve your community?
6. Does you think the activities of the UCH is harmful to your community?

Engagement Practices

7. Have you visited UCH for any health-related matters?

8. How would you rate the practice of information sharing with patients and relatives.
9. How would you rate the interaction of the doctors with their patients
10. In your own opinion, do you think UCH make any effort to include patients and their relatives in the treatment of their health conditions?
11. In your opinion, does UCH try enough to encourage patients to visit the hospital?

DO NOT COPY. LEAD CITY UNIVERSITY, NIGERIA

Appendix III

Non-Public Relations Strategies

There non-public relations strategies are Propaganda, the Spin phenomenon and Negative public Relations (NPR).

Propaganda

This is the dissemination of information-facts, arguments, rumours, half-truths or lies to influence public opinion. Its qualities are that it is intentional and depends heavily manipulation.

<https://www.brntannica.com>

Spin Public Relations

In Public Relations and politics, spin is a form of propaganda, achieved through knowingly providing a biased interpretation of an event or campaigning to influence public opinion about some organisation or public figure. Spinning is typically a service provided by paid media advisors and media consultants.

<https://en.m.wikipedia.org.>>

Negative Public Relations

This (NPR) is also called dark public relations, black hat PR and in some earlier writings “Black PR” It is a process of destroying the target' s reputation and or corporate identity

<http://en m.wikipedia. ord.>>

The nature of public relations, its functions, goals and objectives, its character and focal areas drawn from its 47 definitions reviewed by this study, suggests nothing akin to the strategies described above. Public relations embrace truth and thrives on goodwill, mutual understanding, voluntary support, cooperation, rapport and good public opinion.

Public relations, in its interdependent knowledge areas and pursuit, available also in the review analysis by this study, has a noble company in marketing, brand building, advertising, integrated marketing communication, and is also a system of human understanding derived from sociology, psychology, philosophy, economics, language, journalism and mass communication. Its focus areas give benefits for the society rather than chaos. The focal areas identified in this study are thought leadership, social responsibility, public interest and change utilization that results in growth and development. Also, according to the analysis of its definitions in this study, its techniques are planning, sustenance, continuity deliberate reach out, information exchange, two-way communication and others identifiable from its functions. The character of the public relations profession is active social conscience, honest presentations and sound ethical basis. These solid ethical basis are well-established by the prescriptions of professional regulatory bodies in the three strata of international, regional and national; all of which are presented below.

Code of Ethics of Nigerian Institute of Public Relations

Every member of the Nigerian Institute of Public Relations shall:

- i. Respect the moral principles of the “Universal Declaration of Human Rights” and the freedoms entrenched in the constitution of the Federal Republic of Nigeria in the performance of his/her duties
- ii. Recognise that each person has the right to reach his/her own judgement by himself/herself.
- iii. Respect the right of parties in a dispute to explain their respective points of view’
- iv. Encourage the free circulation of public information and preserve the integrity of channels of communication;

- v. Put truth and honesty of purpose before all other considerations;
- vi. Safeguard the confidences of his/her present and previous employers or clients;
- vii. Represent only interests which are not in conflict
- viii. Refuse to enter into any agreement which requires the attainment of certain result before the payment of professional fees.
- ix. Protect the professional reputation or practice of another member, but make it his duty to report unethical behaviour on the part of any member of the association

African Public Relations Association APRA)

The seventeen-paragraph Code of Professional Conduct of this body contains, among others, the following:

- a. A registered member of the National Public Relations Associations subscribing to this code shall conduct his/her professional activities with deep respect for the public interest,
- b. A APRA member shall, at all times, deal fairly and honestly with his/her client or employer,
- c. Members are to cooperate in enforcing and upholding the Code;
- d. A member shall not intentionally disseminate false or misleading information;
- e. A member shall not engage in the practice which tends to corrupt the integrity of channels of public communication nor use any “manipulative” methods or techniques designed to create subconscious motivations which the individual cannot control of his own free will and so held accountable for the action taken on them:
- f. Members shall not represent conflicting or competing interests without the express consent of those concerned given, after full disclosure of the facts.

- The remaining part of the Code of Ethics made provision against attracting business unfairly through touting and advertising; members injuring the professional reputation of institute;
- g. Not seek to displace any other member with his/her employer or client, except with mutual agreement of all parties concerned,
 - h. Not operate any “front’ organisation
 - i. Cooperate with other members in upholding and enforcing this code.

The International Public Relations Association

Ethics

The Moral Charter of the Association is concerned with the practice of public relations with regards to the fundamental human rights of man. In fact, its principles were based on the United Nations Declaration of Human Rights. It was adopted in Athens in 1965. Members are expected to respect the standards set by both.

International Public Relations Association - Code of Conduct (adopted in Venice-May, 1961)

A. Personal and Professional Integrity

- i. It is understood that personal integrity means the maintenance of both high moral standards and a sound reputation. By professional integrity is meant observance of the Constitution and, particularly, the Code as adopted by IPRA.

B. Conduct towards Clients and Employers

- i. A member has a general, duty of for dealing towards his clients or employers, past and present

- ii. A member shall not represent conflicting interests without the express consent of those concerned.
- iii. A member shall safeguard the confidence of both present and former clients or employers.
- iv. A member shall not employ method tending to be derogatory of another member's client or employer.
- v. In performing services for a client or employer a member shall not accept fees commission or any other valuable consideration with those services from anyone than his client or employer, given after a full disclosure of the fact.
- vi. A member shall not propose to a prospective client or employer that his fee or other compensation be contingent on the achievement of certain results, nor shall he enter into any fee agreement to the same effect

C. Conduct towards the Public and the Media

- i. A member shall conduct his professional activities with respect to the public interest and for the dignity of the individual.
- ii. A member shall not engage in practice which tends to corrupt the integrity of channels of public communication.
- iii. A member shall not intentionally disseminate false or misleading information
- iv. A member shall at all times seek to give a faithful representation of the organization which he serves.
- v. A member shall not create any organisation to serve some announced cause but actually to serve an undisclosed special or private interest of a member or his client or his employer, nor shall he make use of it or any such existing organisation

D. Conduct towards Colleagues

- i. A member shall not intentionally impair the professional reputation or practice of the other member. However, if a member has evidence that another member has been found guilty of unethical, illegal or unfair practice, including practices in violation of this code, he should present the information to the council of IPRA.
- ii. A member shall not seek to supplant another member with his employer or client.
- iii. A member shall cooperate with fellow members in upholding and enforcing this code.

International Code of Ethics

(Adopted by IPRA General Assembly, Athens, 12 May 1965 and modified at Tehran – 17 April 1968)

Considering that all member countries of the United Nations Organisation have agreed to abide by its Charter which reaffirms “its faith in fundamental human rights, in the dignity and worth of the human person” and that having regard to the very nature of their profession, Public Relations practitioners in these countries should undertake to ascertain and observe the principles set out in this Charter.

Considering that, apart from “rights”, human beings have not only physical or material needs but also intellectual, moral and social needs, that their rights are of real benefit to them only in so far as these needs are essentially met.

Considering that, in the course of their professional duties and depending on how these duties are performed. Public Relations practitioners can substantially help to meet these intellectual, moral and social needs.

And lastly, considering that the use of techniques enabling them to come simultaneously into contact with millions of people gives Public Relations practitioners a power that has to be restrained by the observance of a strict moral code.

On all these grounds, the undersigned Public Relations associations hereby declare that they accept as their moral charter the principles of the following Code of Ethics and that if, in the light of evidence submitted to the council, a member of these associations should be found to have infringed this Code in the course of his professional duties, he will be deemed to be guilty of serious misconduct calling for an appropriate penalty.

Accordingly, each member of these Associations shall endeavor:

1. To contribute to the achievement of the moral and cultural conditions enabling human beings to reach their full stature and enjoy the inalienable rights to which they are entitled under the 'Universal Declaration of Human Rights'.
2. To establish communication patterns and channels which by fostering the free flow of essential information, will make each member of the society in which he lives feel that he is being kept informed, and also give him an awareness of his own personal involvement and responsibility and of his solidarity with other.
3. To bear in mind that because of the relationship between his profession and the public, his conduct even in private will have an impact on the way in which the profession as a whole is appraised.
4. To respect, in the course of his professional duties, the moral principles and rules of the "Universal Declaration of Human Rights"
5. To pay due regard to, and uphold human dignity and to recognize right of each individual to judge for himself.

6. To encourage the moral, psychological and intellectual conditions for dialogue in its true sense, and to recognise the right of the parties involved to state their case and express their views.

Shall undertake:

7. To conduct himself always and in all circumstances in such a manner as to deserve and secure the confidence of those with whom he comes into contact.
8. To act, in all circumstances, in such a manner as to deserve and secure the confidence of those with whom he comes into contact.
9. To carry out his duties with integrity, avoiding language likely to lead to ambiguity misunderstanding, and to maintain loyalty to his clients or employers, whether past or present.

Shall refrain from:

10. Subordinating the truth to other requirements.
11. Circulating information which is not based on established and ascertainable facts.
12. Taking part in any venture or undertaking which is unethical or dishonest or capable impairing human dignity and integrity.
13. Using any “manipulative” methods or techniques designed to create subconscious motivations which the individual cannot control of his own free will and so cannot be held accountable for the action taken on them.

Regulatory Bodies

Nigerian Institute of Public Relations (NIPR)

The institute has seven (7) objectives

1. To promote and develop the art and science of Public Relations practice in Nigeria.
2. To establish and prescribe high standards of professional and ethical practice and ensure observance of these standards.
3. To provide facilities, advice and opportunities for executives to meet and discuss public relations problems and case studies, and thereby improve the standard of public relations practice in Nigeria
4. To encourage the attainment of professional qualifications in public relations through the provision of its examinations and facilities.
5. To publish journals, books, practice papers and guidelines,
6. To conduct research, collect and disseminate information on all aspects of public relations.
7. To launch an endowment fund for the advancement of public relations practice.

To operate effectively, the body has the following:

- a. National Council -This is the supreme governing body. It consists of the President of NIPR and the Vice President as Chairman and Vice-Chairman respectively and a total of 20 other members mostly current and past officers of the institute.
- b. Standing Committee - each with its own chairman.
- c. State Branches- - with their own executive

The Nigerian Institute of Public Relations Practitioners Decree No 16 of 1990 stipulates among others, that the Nigerian Institute of Public Relations shall be a body corporate responsible for:

1. Determining what Standards of knowledge and skill are to be by persons seeking to become registered members of the public relations profession and reviewing those standards, from to time, as circumstances may permit;
2. Securing, n accordance with the provisions of this decree, the establishment and maintenance of a register of fellow, members and associates of the profession and of public relations and the publication, from time to time, of the lists of those persons.

The decree also established a disciplinary body known as the Public Relations Disciplinary Tribunal which has the responsibility of and determining any case of misdemeanour by a member referred to it by the Public Relations Practitioners Investigating Panel was also established by sub-section 3 of the decree.

The day-to-day administration of the Institute is undertaken by permanent members of staff headed by a Registrar. The Institute has a Public Relations Education Advisory Board and conducts examination Public Relations in the category of professional certificate and diploma thereby introducing membership by examination. It also has post-experience training programmes on various topics designed to provide excellence and distinction for education and practice.

African Public Relations Association (APRA)

APRA is a child of circumstance and a result of the African aversion to the erstwhile apartheid. From 9th -13th June, 1975, a conference, took' place in Nairobi, Kenya organized by the International Public Relations Association. More than 200 delegates from 20 countries of the world gathered at the Kenyatta Conference Centre, venue of the conference. The theme of the conference was "Communicating with the Third World'.

The presence of a South African delegation became an ominous threat against the success of the conference because the country was then operating an apartheid system of government where blacks were discriminated against. The Nigerian and Ghanaian delegations jointly sponsored a statement against the participation of the South African delegation which emphasized that the “African delegates decline to confer with the South African nationals whose government had no regard for human dignity”. The delegations demanded the withdrawal of South Africa and registered their will to withdraw if South Africa was allowed to participate. The statement was read before the beginning of the conference after surmounting stiff opposition. A vote was taken on this African request. 67 voted in favour of the statement while 12 voted against; there were some abstentions. South Africa was shown the way out, it was from this virile African standpoint that APRA was born.

This background has been given because it was from the thrust of this strong African showing that the practice of public relations in Africa was given a new image and dimension. Encouraged and challenged by this success, the following declaration was made. “Whereas we, the undersigned, here assembled in Nairobi, the capital city of the Republic of Kenya, at the Kenyatta Conference Centre, having recognized the imperative need for a Federation of National Public Relations Associations in Africa.

“And having produced a constitution and a code of professional conduct (ethics) in support of the idea for a AFRICAN PUBLIC RELATIONS ASSOCIATION, do hereby solemnly make tis declaration:

That an organization known and hereby called AFRICAN PUBLIC RELATIONS ASSOCIATION (APRA) be here and how established, having, as its major objective, the attainment of the highest standard of professional practice of Public Relations in Africa

among the member nations of the AFRICAN PUBLIC RELATIONS ASSOCIATIONS. This was a culmination of the genuine desires and aspirations of public relations practitioners on the African continent. It was and still remains a veritable milestone.

The aims and objectives of APRA as adopted and still subsisting are as follows:

- The African Public Relations Associations (APRA) shall be a federation of national organization of public relations in Africa whose countries are recognized by the Organisation of African Unity (OAU). This will include liberation movements.
- APRA shall be a clearing house for information in public relations in Africa.
- To set dawn standards of public relations practices through a code of ethics.
- Shall foster the establishment at national and sub-regional Public Relations organisations so that the profession shall flourish in all parts of Africa.
- Shall promote African unity and cooperation, especially as consultant body to the Organisation of African Unity and its various agencies.
- Shall publish bulletins and journals on public relations in Africa.
- APRA shall affiliate with all other similar international bodies.

Constitutional provision was made for a Governing Council which comprises a Chairman, Vice Chairman, representing the sub-regions of North, West, East, Central and Southern Africa, a Secretary-General, Treasurer, Public Relations Director, Programmes Director and five other elected members. Council members will be elected biannually and they can offer themselves for re-election.

Funds of the Council are to be derived from subscriptions from its member-nations as well as from levies imposed upon them by the Council. The annual subscription was then agreed at US\$500.

Joint Auditors were to be appointed annually or as desirable to examine the accounts of the Council.

Recognising the vastness of the area covered by APRA and with the varying idiosyncrasies of the individual countries, it was agreed that the delegates conference would serve as APRA's Annual General Meeting or extra-ordinary meetings would be three fifths of membership. The constitution also provided the mode of its amendment should this become necessary. A logo was also developed and adopted depicting the map of Africa enclosing a dedicated traditional drummer

APPENDIX IV



INSTITUTE FOR ADVANCED MEDICAL RESEARCH AND TRAINING (IAMRAT)
College of Medicine, University of Ibadan

Director: **Prof. IkeOluwapo O. Ajayi**,
MBBS (Ib), M. Cl.Sc., Ph.D, MD, FMCGP, FWACP
Tel: 08023268431

E-mail: ikejayi2003@yahoo.com



UI/UCH EC Registration Number: NHREC/05/01/2008a

NOTICE OF FULL APPROVAL AFTER FULL COMMITTEE REVIEW

Re: Influence of community relations strategies and engagement practices on health care service delivery of University College Hospital, Ibadan, Oyo state

UI/UCH Ethics Committee assigned number: UI/EC/22/0251

Name of Principal Investigator: **Oluwaseyi Sanyaolu**

Address of Principal Investigator: Department of Mass Communication & Media Technology
Lead City University, Ibadan

Date of receipt of valid application: 14/07/2022

This is to inform you that the research described in the submitted protocol, the consent forms, and other participant information materials have been reviewed and *given full approval by the UI/UCH Ethics Committee.*

This approval dates from **28/07/2022 to 27/07/2023**. If there is delay in starting the research, please inform the UI/UCH Ethics Committee so that the dates of approval can be adjusted accordingly. Note that no participant accrual or activity related to this research may be conducted outside of these dates. *All informed consent forms used in this study must carry the UI/UCH EC assigned number and duration of UI/UCH EC approval of the study.* It is expected that you submit your annual report as well as an annual request for the project renewal to the UI/UCH EC at least four weeks before the expiration of this approval in order to avoid disruption of your research.

The National Code for Health Research Ethics requires you to comply with all institutional guidelines, rules and regulations and with the tenets of the Code including ensuring that all adverse events are reported promptly to the UI/UCH EC. No changes are permitted in the research without prior approval by the UI/UCH EC except in circumstances outlined in the Code. The UI/UCH EC reserves the right to conduct compliance visit to your research site without previous notification.



Professor **IkeOluwapo O. Ajayi**
Director, IAMRAT
Chairperson, UI/UCH Research Ethics Committee
E-mail: uiuchec@gmail.com

APPENDIX V



PLATE 1: FIELD WORK

APPENDIX VI

12:29 4G 60%

researchgate.net/figure/ 16

Join for free Login

Table 1 - uploaded by Tolulope Osayomi
Content may be subject to copyright.

Download View publication

Ward	Neighbourhood
1	Beere, Kannike, Agbadagbadu, Oke Are, Ode-Oye
2	Adeoyo, Inalende, Oniyanrin, Oloro Oke
3	Adeoyo, Yemetu, Oke Aremo, Isale Alfa
4	Itutaba, Idiomo, Oje, Igosan, Kube, Abenla, Aluwo, Total Garden, NTA area
5	Bashorun, Oluwo, Ashi, Akingbola, Ikolaba, Gate
6	Sabo
7	Oke Aremo, Coca Cola, Oremeji
8	Sango, Ijokodo
9	Mokola, Ago-Tapa, Premier Hotel
10	Bodija, Secretariat, Awolowo, Obasa, Sanusi
11	Samonda, Polytechnic, University of Ibadan
12	Agbowo, Bodija Market, Oju Irin, Barika, Isopatako, Lagos-Ibadan expressway

Source: Adegboye (2014)

Political wards in Ibadan North Local Government Area

BIODATA

1. **NAME:** SANYAOLU Oluwaseyi

2. **DATE OF BIRTH:** 10th April, 1982

3. **CONTACT DETAILS:**

○ 5, Akinfenwa Street, Elewura, Challenge, Ibadan, Oyo State. Nigeria.

○ samechconcept@gmail.com

○ Nigerian

○ Ogun State

○ Abeokuta North

○ 5, Akinfenwa Street, Elewura, Challenge, Ibadan, Oyo State. Nigeria.

○ Married

○ THREE: Christiana – 8, Rhoda – 5 Years, Phebe – 7 months

○ Mrs Titilayo Sanyaolu

4. **CONTACT DETAILS OF NEXT OF KIN**

○ 5, Akinfenwa street, Elewura, Challenge, Ibadan, Oyo State. Nigeria

○ Titilayo_dada@yahoo.com

○ 08053257013/07031109675

5. **EDUCATIONAL INSTITUTIONS ATTENDED WITH DATES:**

Lead City University, Ibadan

2018 – 2022

Eco.Tes. La Grace University, Benin	2014 – 2016
Olabisi Onabanjo University, Ago-Iwoye.	2001 – 2007
Ijeshatedo Senior Secondary School, Surulere, Lagos.	2000
Cherubim and Seraphim College, Surulere, Lagos.	1993 – 1999
Akinsemoyin Primary School	1988 – 1993

6. ACADEMIC/ PROFESSIONAL QUALIFICATION WITH DATES

ACADEMICS

Ph.D. (Mass Communication)	2022
M. Sc. (Mass Communication)	2016
B.A. (Mass Communication)	2008

PROFESSIONAL

Association of Communication Scholars and Professionals of Nigeria	2021
Associate Member, Nigerian Institute of Public Relations (NIPR)	2011
Associate Member, Institute of Strategic Management, Nigeria	2011
Certificate, Customer Service and Telesales Professional	2013

7. NYSC/EXEMPTION CERTIFICATE OBTAINED WITH DATE

Exemption Certificate	2008
-----------------------	------

8. LIST OF PUBLICATION/CONFERENCES ATTENDED

(a) PUBLICATIONS

1. THE ROLE OF MANAGING COMMUNICATION FOR CONFLICT

MANAGEMENT IN WORK PLACE: An M.Sc. Research Thesis submitted to the Department of Mass Communication, Faculty of Social Science and Management Science, Eco Tes La Grace University, Benin, 2016.

2. THE USE OF RADIO AS A MEDIUM OF INFORMATION BY

OLABISI ONABANJO UNIVERSITY STUDENTS: A B.A Project submitted to Department of Mass Communication, Faculty of Arts, Olabisi Onabanjo University, Ago-Iwoye, 2008.

(b) JOURNAL

1. Sunday Idowu, Sanyaolu Oluwaseyi, (2021): **“Digital Media Platforms as Promoter of Citizen Journalism in Nigeria. (A Study of End Sars Protest)”**, Journal of Communication and Media Technology, Vol.4 No. 1&2, 2021

2. **SANYAOLU, O., ADETOLA,S.A., OLATUNJI, O.E. (2021):**
“Communication Management Evaluation for Conflict Resolution in an Organisation” International Journal of Social Relevance and Concern. ISSN: 2347-9698

3. **PHILIP,T.D., SANYAOLU, O., and E.O. Sijuade (2021)”10 Years of Freedom of Information Act in Nigeria: The Journey so far, Prospects and Challenges among Media Practitioners”” International Journal of Social Relevance and Concern. ISSN: 2347-9698**

4. PHILIP, T.D., SANYAOLU, O., and Emmanuel, O.S.: (2021) **“Proposed press regulation bill and press freedom in Nigeria: An attempt at changing the watch dog or training it?”** *International Journal of Latest in Humanities and Social sciences*. Vol. 04 issue 10

5. O.S PINHEIRO, O. SANYAOLU, S.U. IMOH (2020) **“Potrayal of Yoruba Traditional Religion in Awari Omo Oduduwa Programme of Mitv”**,

Villanova Journal of Social Science, Arts and Humanities.

6. ADEBAYO, A., PINHEIRO S.O., SANYAOLU, O., (2019): **“TheMedia, Fake News, Hate Speech and Nigeria Society”**, *Villanova Journal of Social Science, Arts and Humanities*.

(c) **CONFERENCE ARTICLES/PAPERS PRESENTED.**

1. PINHEIRO S.O., SANYAOLU O., and ADESEMOWO O. R.: **“Corporate Social Responsibility: A Startegy for Maximizing Positive Image: A case Study of Nigerian Breweries Plc”**: A paper presented at the 1stInternational Conference on New Trend in Science, Technology, Management and Social Science in Africaheld at Villanova Polytechnic, Imesi-ile, Osun State, Nigeria.

2. ADETOLA, S.A., SANYAOLU, O., and PHILIP, T.D.: **“Newspapers’ Editorials of President Muhammadu Buhari’s Change Agenda on Corruption”**: A paper presented at the 5th Idowu Sobowale International Conference held at School of Communication, Lagos State University in collaboration with Department of Mass Communication, Covenant University.

3. PHILIP, T.D., SANYAOLU, O., and ADETOLA, S.A.: “**An Assessment of the impact of political advertising campaigns on voting behavior: A study of Seyi Makinde’s advertising campaigns in the 2019 gubernatorial elections Oyo State**”: A paper presented at the 5th Idowu Sobowale International Conference held at School of Communication, Lagos State University in collaboration with Department of Mass Communication, Covenant University.

(d) BOOKS/ BOOK CHAPTERS ALREADY SUBMITTED FOR PUBLICATION

1. ADETOLA, S.A., SANYAOLU, O., and PHILIP, T.D.: “**Newspapers’ Editorials of President Muhammadu Buhari’s Change Agenda on Corruption**”: A paper presented at the 5th Idowu Sobowale International Conference held at School of Communication, Lagos State University in collaboration with Department of Mass Communication, Covenant University.

2. PHILIP, T.D., SANYAOLU, O., and ADETOLA, S.A.: “**An Assessment of the impact of political advertising campaigns on voting behavior: A study of Seyi Makinde’s advertising campaigns in the 2019 gubernatorial elections Oyo State**”: A paper presented at the 5th Idowu Sobowale International Conference held at School of Communication, Lagos State University in collaboration with Department of Mass Communication, Covenant University.

(e) PAPER ALREADY SUBMITTED FOR PUBLICATION

1. SANYAOLU Oluwaseyi, SAMUEL Toyosi: “Influence of Community Relations Strategies on Health Care Service Delivery of University College Hospital, Ibadan” **International Journal of Latest Engineering and Management Research (IJLEMR)**
2. SANYAOLU Oluwaseyi, SAMUEL Toyosi: “Influence of Engagement Practices on Health Care Service Delivery of University College Hospital, Ibadan” **International Journal for Innovative Research in Multidisciplinary Field (IJIRMF)**

(f) PAPER IN PROGRESS

1. SANYAOLU O., ADETOLA, S.A., and OLATUNJI, O.E.: “**The Diversity in the Perception of Public Relations Practice Among Mass Communication Students**”.
2. SANYAOLU O., OLATUNJI O.E.: “**Globalisation and Social Media Networking**”.
3. SANYAOLU O., PHILIP T.D.: “**Critical Issues Pertaining To International Communication**”

(g) WEBINAR SERIES

1. Dominion University Ibadan”**Covid-19 recovery and reconstruction of socio economic values in Africa: issues, challenges and prospects**” held on 23rd July, 2020.

(h) TRAININGS

1. Dominion University Ibadan **“Towards Improved Research Citation for Dominion University”** held from March 30-31, 2021
2. Dominion University Ibadan **“Principles/ Policies and Best Practices on Total Quality Assurance and University Management”** by Global University Quality Assurance Centre, Abuja held on August 31,2021
3. Dominion University Ibadan **“Leadership Training and Master Class”** by Bishop Taiwo Adelokun at Dominion University, Ibadan, Oyo State. held from October, 4-6, 2021

9. WORK EXPERIENCE WITH DATES

DOMINION UNIVERSITY	2020 – Till Date
Coordinator, Mass communication Department	February, 2020 - Till Date
Faculty Examination Committee	March, 2020 – Till Date
Member, Student Disciplinary Committee	December, 2020 – Till Date
Faculty Coordinator, SIWESS	February, 2021 – Till Date
Member, Planning and Quality Committee	February, 2021 – Till Date

SAMECH CONCEPT (PUBLIC RELATION CONSULTANCY)

No 9, Aderemi Street, Command-Ajasa, Meiran,

Alagbado, Lagos.

Principal Consultant

2008- Till-Date

ROYAL SOCEITY OF ARTS

(RSA) Commercial Examination Board

Ibadan Nigeria

Lecturer

2014- 2020

SPANCO BPO

Kingsway Building, Dugbe, Ibadan, Oyo State

Call Centre Agent

2012- 2013

MUTUAL BENEFIT LIFE ASSURANCE

19-21, Town Planning Way, Ilupeju, Lagos.

Risk Adviser

2012

ESTEE DRYCLEANERS AND LAUNDRY SERVICES

60, Campbell Street, Lagos Island.

Business Manager

2009-2012

10. EXTRA CURRICULAR ACTIVITIES

Reading, discussing topical issues and Listening to sound biblical teaching

11. NAMES AND ADDRESS OF TWO REFEREES

1. ASSOCIATE PROFESSOR DELE ODUNLAMI

Department of Mass Communication,

Olabisi Onabanjo University, Ago-Iwoye

Ogun State.

2. DR. OMOTAYO OKEYA-OLAYINKA

Department of Mass Communication,

Ajayi Crowther University,

Oyo State.

UNIVERSITY COMPLIANCE FORM

This is to certify that this thesis by **Sanyaolu Oluwaseyi** with matriculation number **LCU/PG/00456** in the Department of Mass Communication and Media Technology, Lead City University, Ibadan is in full compliance with the approved University's format and style.

.....

Name

.....

Date

DO NOT COPY. LEAD CITY UNIVERSITY, NIGERIA