

An assessment of the National Health Insurance Scheme impact on healthcare delivery in Nigeria: perspective on Total Quality Management using Nominal Group Technique

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Abstract

The early 70's saw the emergence of new research technique with small number of participant but with more degree of allowance for all to make equal contribution. This technique call Nominal Group Technique (NGT) resolves the issue of dominance of the most vocal member in a focus group. It gave equal opportunity to all participants more than dolphi method. It can easily transform from qualitative to quantitative technique. This study makes use of NGT to assess the success recorded by the NHIS reform in Nigeria. The result shows some level of changes in the way healthcare delivery is being carried out in Nigeria. The results in this research shows an absolute weight of .7 and ranked 13 by the NGT participants showing that NHIS is biased towards urban than rural. The 6% better drugs in the private clinics more than in public signify the system is more functional in the private clinics than public. The result of better treatment was as well not too impressive. The research concludes that the monitoring and evaluation unit of the Federal Ministry of Health, NHIS and HMO should rekindle their effort in making sure that the needed successes are recorded in these three very important areas, genuine drugs, waiting time to see doctors and clinical medical personnel and Better treatments in tandem with the TQM principles and practices.

Keywords: nominal group technique NGT, TQM, NHIS, Nominal Group Session, Round -Robin

INTRODUCTION

The desire for a qualitative service especially in the hospital environment is an unalienable right to all citizens. The entire life of a sick person is dependent on the quality of services he or she is going to receive in the final destination which is hospital. The inability of hospital to provides an anticipated qualitative service call to question the total quality management of the organization. This therefore calls for the promotion and implementation of total quality management (TQM) programs in our hospitals (Gharakhani, Rahmati, Farrokhi and Farahmandian, 2013). In this direction the contribution and willingness of the hospital employees, visitors and patients need to be sorted (Yahya, Shahimi & Gorondutse, 2015).

LITERATURE REVIEW

The creative ideas associated with hospital management skill should be the building block, and enabling environment that ensures the achievement of services that meets the total quality management propositions. The most popular propositions in total quality management TQM, includes engendering efficiency, performance through cost reduction, innovation, ease in operations and qualitative production, (Gharakhani, et. al. 2013). In an attempt to create the employees spirit for participation in decision making as a tool to achieving TQM, employee's innovativeness assists in inoculating most managerial challenges (Yahya, Shahimi & Gorondutse, 2015). The ideas generated as a results of the general involvement of all the stakeholders in the development of problem solving plan for the hospital evolves organizational growth and development (Zollo and Winter, 2002). While innovative ideas serve as a role model for the emergence of quality and its management, it will also serve as platform for paralleling for the future (Yahya, Shahimi, & Gorondutse, 2015). The ability of such organization to parallel and plan against the future makes it firm in business and quality services beyond the reach of competitors (Yahya, Sabo & Rogo, 2015). Study conducted by several researchers asserts that the most valuable raw material for a flourishing business is supply of innovative ideas (Caggiano 1999; Ditkoff, 1998).

In today's nanosecond, downsized, complex business world, large companies are increasingly demanding that their people find new and better ways of getting the job done (Ditkoff, 1998). Businesses today are turning back to value engineering to avoid being short charge by competition. This is done through generation of new ideas, and finding ways to do things differently, by ensuring quality and improving quantity and invariably goodwill and profits (Yahya, & Mohd Khan 2012). Generating these innovative ideas may not be so easy; getting the relevant people in a room with an assignment to modify and come up with new ways to manage quality in our hospitals through brainstorming may save our ailing clinics from quality service collapse (Yahya, Shahimi & Gorondutse, 2015). With catalogue of several failed brainstorming session and added to what the critics are saying that some brainstormings are more storm than brain, notwithstanding, good brainstorming get organizations out of service quality storm (Caggiano, 1999).

Several studies supported the idea of brainstorming than individualistic ego centric decisions, with evidence showing that group session incarnates employee's confidence; job accuracy; self satisfaction and organizational progression over and above individual perceive decision

(Osborne, 1957; Roth, 1994, Yahya, Shahimi & Gorondutse, 2015). The assertion of the group dynamics notwithstanding, which shows a contrary opinion that more ideas are generated by individuals working alone but in a group environment than the individuals engaged in a formal group discussion (Metin, 2011). While to researchers like Annett, (2004); Boos & Sassenberg, (2001); Hirokawa, (1990); Tschan, (2004); Tschan & Cranch, (1996), the complexity of the decision making involve by the group, and the level of inter and intra reliance of the members of the group, the definition of the task and resources available to the group makes the decision good or bad. This area is most of the time ignored by the researchers of group dynamics and its implication on taking the right decision for an organization. The fear of being seen as unintelligent makes the group decision making to be hijacked by a vocal member of the group. This is exactly what Nominal Group Technique is out to rectify (Delbecq, Andrew Van de Ven and Gustafson, 1975).

A number of explanations were advance on this weakness of group discussion that is geared towards developing a managerial skill to improve service quality but with little success (Delbecq, 1975).

The assumption that some people are timid by nature which make them to remain silent in all forms of group meetings could not provides a substantive explanations to this effect (Alison, Rhodes, Tysinger, Freeman, 2004). This gap created in group decision making make a number of researchers like Andre Delbecq, Andrew Van de Ven and Gustafson (1975) to come up with new technique refer to as Nominal Group Technique (NGT) with hope of allowing each and every opinion of the group members to matter at the end of the group brainstorming session. This technique introduced by Delbecq et al., (1975) has been widely applied in various fields and area of specializations, especially in healthcare management, human resources planning and development, management, questionnaire development among other areas. The method was so unpopular in the literature or is being haphazardly kept in some hidden literatures. The presentation in this paper attempts at widening the scope of the popularity of the Nominal Group Technique in conduct of research by reviewing the methodology and bringing to fore its numerous importances and some degree of its inadequacies. In this direction the research aim at (i) reintroducing the methodology in the form of a review. (ii) Various guides of NGT operations and applications (iii) Description of its relevance in research (iv) Practical study of using NGT application in healthcare management.

NOMINAL GROUP TECHNIQUE (NGT)

Nominal Group Technique is a structurally sensitive technique in research that seem to combine both quantitative and qualitative elements in it. The technique with its seeming brainstorming characteristics facilitates an evolution of numerous ideas that has direct link to an issue under investigation. Unlike focus group NGT have allowance and privilege to all members of the group to ventilate their opinion without domination by an outspoken member of the group. By this the technique ensures that all the group members have equal participation in the development of ideas pertaining to the issue under investigation. The simple description of an NGT technique is to refer it to be an interview technique that recognizes the importance of all participants. In this case all participants work in the presence of each other but with high degree of independence and non interference of each other on what each should write.

The great difference of NGT with normal interview is that the participant would have to write rather than presenting their ideas verbally (Macphail, 2001). The technique has the advantage of gathering large number of ideas, and at the same time assign priorities to such ideas through voting by the individual participants. At the end of the voting any idea or an idea that receives the highest votes will then be selected for analysis and interpretation. The techniques has specialty in problem identification and generation of solutions to the identified problems. According to Muhammad Madi and Islam (2011), the Nominal Group Technique is most useful when undertaking a study of a group that know each other for the first time or have never interacted with each other before. It is equally important and relevant in studying groups that are experiencing tense interactions or are in a serious tension as results of high levels of disagreement.

This technique can also be applied to groups in which status difference among members serves as an obstacle to a fruitful discussion on an issue that affects all of them. The Nominal Group Technique has been extensively applied in education, business, health, social and governmental organizations (Moore, 1987). Few specific areas of application are change management (Lane, 1992; Tribus, 1992), education (Debra et al., 1998), health (Hofemeister, 1991), meeting management (Blanchard, 1992; Finlay, 1992), organizational development (Mendelow & Liebowitz, 1989), strategic planning (Sink, 1985), information systems (Havelka & Merhout, 2008), conflict resolution (Van der Waal & Uys, 2009), and cross cultural management (Ralston & Pearson, 2010).

REQUIREMENTS FOR CONDUCTING A NOMINAL GROUP (NG) SESSION

The research in this section should be able to make an advance preparation towards the success of the research. The First thing to do here is to select group members or participants. Their number should be from 5-10 persons in one group. The selected participants are expected to possess some level of knowledge of the issue the research is preparing to achieve. It is suggested that the more diverse the background of the participants the more divergent and strong will be the contributions and ideas that may evolve in the session. As in the case of this research, the participant tries to assess the success of National Health Insurance Scheme in both Nigeria and Malaysia. This therefore demands that the participants should have each the experience of healthcare delivery in Nigeria or Malaysia and/or both before he will be qualified to participate. The participants also are extracted from Nursing, Environmental Health, Public health, Lawyers, Accountants, Management, Business Administration, Human Resources Management, Labour Union, patient's beneficiaries from both public and private clinics and Public administrators. The reason for having diverse experience among these people is that people can visualize the issue from different angles and therefore they will be able to provide different types of ideas, i.e., different views on the issue (Muhammad Madi and Islam, 2011).

Avoid over dependent personalities who can hardly generate their individual ideas without evaluating that of others in the research. Their inclusion may discourage coming up of new ideas and are likely to introduce bias in the research (Thor, 1987). A U-shaped like room is preferred for the conduct of the NGT session. The facilitator should have a marker board, marker pen and some writing materials should also be made available.

The person to serve as a facilitator should be expected to have prior experience in conducting or at least attending a nominal group session (Madi and Islam, 2011).

The facilitator is also expected to be an unbiased person and he/she is not supposed to direct the group at reaching a particular decision. Much of the success of a NG session depends upon the ability of the facilitator (Madi and Islam, 2011).

Steps in the Nominal Group Technique

Following are the six steps of NGT:

Step 1: Opening the session

To start up the session the facilitator should introduce the purpose of convening the session. This is usually done by stating the issue categorically or it could be made in a form of a question, stating the reason why the session has been convened.

For example “I am sure a number of us here are enjoying the recently introduced National Health Insurance Scheme” Is that correct?. But we should that in NGT research the issue to be tabled for discussion must be an issue where several ideas can be easily generated by the assembled participants. As part of the requirement the issue must be well understood by the participants at this first stage. Most a times the issue to be discussed is communicated to the participants well ahead of time before the NG session. Notwithstanding the assumption that each and every member is having prior knowledge of the issue, it should be reintroduced in clear time for every participant to grasp the aim of the research before it is kick started. In doing this the facilitator should give a brief background of the issue under investigation. It is important for the rules governing the conducts of NGT session to be restated. The issue of no interference and no noise are very important.

Step 2: Silent generation of ideas in writing

In this stage the participants are fresh with all the information's given on the topic fresh in their memory, and then 10 minutes minimum should be set aside for them to generate new ideas on the issue under investigation. The concern here is to generate as much perception the participants are having on the topic as possible so as to have varied opinions and dimensions on the issue. The silent period is very important in Nominal Group Technique since it emphasized quantity here not quality. The issue of quality will be discussed during voting stage. All participants should note that this step of idea generation should be conducted with utmost silence. No discussion in any form is allowed here, any discussion is regarded as introduction of bias, and bias is unethical in nay research.

Step 3: Round-robin recording of ideas

The third stage is also very important this is a stage of reconfirmation of ideas by the participants themselves. This stage can as well be define as pilot testing stage where the participants will be allow to take the first best idea by their definition. The stage starts by row to row or extreme end to close request by the facilitator for the participants to choose atleast one best idea from the list

of ideas generated by the group. Depending on the number of the participants at the session each round will give for example 20 ideas in a session with 20 participants. The second round will give another 20 making total of 40. This round will continue until all the ideas on the board are exhausted. All the ideas have to be written down on the marker board, which is in full view of the entire group. This is what is refers to as round-robin fashion stage. But it is possible for the participants at this stage to reenter and provide additional ideas. On the marker board, ideas are numbered chronologically.

Step 4: Serial discussion on the ideas

The focus of this step is to make the ideas generated at individual level clear to each and every participants, this is the stage of face validation of the ideas. The facilitator starts to seek for clarification as to whether the idea is clearly stated and to the understanding of all the participants without ambiguity in meaning. In a situation where one of the ideas is not so clear the initiator of such idea can clarify it or any other person thereto in the group. One very important issue to note is that the ideas should be devoid of ambiguity. All the ideas should be fully understood by all the group participants. At the same time the depth of the discussion should be controlled by the facilitator to avert heated debate that may disrupts the setting and freedom provided by the NGT technique.

Step 5: Voting to select the most important ideas

In this stage the participants will be allow to choose the best five and rank them accordingly. The ranking will be base on the attachment of importance with higher value interpreted as most important. The ranking follow similar pattern with Likert Scale, 1-5, but the highest value being 5 shows significantly and important idea and one significantly least important idea. The participant's choice will be from the listed ideas on the master list debated upon, rectified and agreed upon by the group participants. When all the participants completed the task of ranking, the cards or papers preferably cards or paper sheets of different colours are then collected from all of them. Having collected all the individual ranking on paper the votes casted on each idea are assign to respective ideas on the board. Refer to Table 1.

Table 1 Five selected ideas with their ranking scores as assigned by the participants

No	Ideas	Ranking Scores
1	Public Health care clinics have more consultants than private and private clinics are restricted to available Doctors in their clinics or HMO's in both Nigeria and Malaysia	4, 3, 5, 1, 3, 1, 4
2	More qualified medical personnel are in the public clinics more than in the private in both Nigeria and Malaysia	2, 4, 5, 5, 2
3	There is less waiting time in private clinics more than in public in both Nigeria and Malaysia	4, 3, 5, 4
4	The near absence of control, monitoring and evaluation in public clinics ensued poor drugs dispensement to patients	1, 1, 1, 5, 5
5	Environmental hygiene and aesthetics is more in private clinics with NHIS/NHS in both Nigeria and Malaysia	5, 4, 3
6	Private clinics provides genuine drugs more than public clinics as a results of financial sharp practices in government and contracts awards in the two countries	5, 5
7	More laboratory equipments in Public than in private clinics	5,2, 3
8	Private clinics with National Health Insurance Scheme (NHIS/NHS)	5, 4

9	provides better treatments than public clinics with the same scheme	
9	More genuine drugs in public than in private clinics	4, 5
10	Private clinics lack specialists compared with public clinics in both Nigeria and Malaysia	3, 3, 2
11	Speedy patients/Doctor contacts is more in the private clinics than in the public clinics in both Nigeria and Malaysia	2,4,2
12	Private clinics in both Nigeria and Malaysia have genuine drugs but charged higher than the public clinics despite the existence of NHIS/NHS	4, 4,
13	Sufficient and qualitative drugs as a results of NHIS/NHS reform in Nigeria and Malaysia	3, 4,
14	Medical services provided despite the reform are biased towards urban populace compared to rural populace	5, 2
15	Modern equipment are usually found in private clinics more than in public in both Nigeria and Malaysia	3, 1, 3
16	More attention to patients in private than in public in both Nigeria and Malaysia	3, 2, 2
17	Time convenience to visit clinics is more in private clinics than in public in both Nigeria and Malaysia	4, 2
18	Out of stock drugs (OS) syndrome are usually reported in the public clinics and not in the private in both Nigeria and Malaysia	6
19	Drugs quality is independent of NHIS/NHS scheme in both Nigeria and Malaysia	5
20	NHIS/NHS scheme did not reduce the waiting time in both public and private clinics	5
21	That the affluent/rich members attending private clinics in both Nigeria and Malaysia enjoy less waiting time compared with middle and low class citizens attending the same clinic in both Nigeria and Malaysia	3
22	Population or number of patients attending public clinics resulted in longer waiting time to see medical personnel	1, 1
23	Restriction of drugs to NHIS listed drugs and health insurance category purchase call to question the notion that reform ensures qualitative drugs in both Nigeria and Malaysia	3
24	Diversion of budgetary allocation and connivance with suppliers results in having low quality drugs or no drugs at all in public clinics in the two countries	2
25	Efficiency in laboratory test is predominantly found in private clinics better than in public	2
26	Difficulty in tracing and tracking Health Maintenance Organization (HMO) for complain, call to question the notion of better treatment	2
27	NHIS/NHS scheme in both Public and Private clinics in Nigeria and Malaysia have failed to improves treatment quality	1
28	NHIS/NHS scheme reduces drugs diversion to private chemists or health personnel's private clinics from public	1
29	More qualified pharmacists are in public clinics more than in private clinics in both Nigeria and Malaysia	1
30	Over crowdedness in specialists hospitals is as a results of perceived service quality not by any other reason	1

From table 1, it is easily discerned as to which of the idea by the judgment of the individual participants best appeal to their ranking most important or less. It will also become easy for the participants to choose the five ideas from the general ideas of all participants. This shows how the technique starts from general to specific issue. These procedures constitute the most favoured group of actions compared to focus group or any other method thereto for assessing issues using the nominal group session. Table 1, is what is referred to as NGT matrix.

METHODOLOGY AND LIMITATIONS

This is the stage where the NGT data can easily be converted to serious quantitative data by inserting the matrix into excel and/or SPSS for correlation and comparing the result with previous research results or stand-alone analysis of the result. For example, a research was conducted five years ago as is the case of the quantitative research conducted on this same issue under discussion here by, (Yahya and Muhd Khan, 2011;Yahya, Shahimi, and Goron Dutse, 2015). Though this is not an essential step of NGT for those restricting their research to qualitative aspect of NGT it is recommended to develop the advance matrix with statistics showing the weighting value row in the matrix. At this stage the groups are having opportunity to further rebuild the findings of the research.

Rules of conducting A Nominal Group Session

The rules are fundamentally meant to guide the participant on the conduct of the technique. The second reason for the insertion of the rule is to ensure that the ethics of research is strictly adhered to. And thirdly to protect the result from any externality by the individual participants present i.e. to avoid individual influence on the final results of the research. To this level in any good nominal group technique session, the following rules must be adhered to:

Rule 1: No criticism on anybody's idea

The desire to obtain large number of ideas in NGT requires that no bodies idea should be criticize directly while forming the group individual ideas. In fact it is one of the cardinal principles of the technique in order to achieve the basic objective of obtaining a large number of ideas. The design of NGT requires that whatever comes to the mind of the participants that is related to the issue under investigation at the idea generation should be written. At the third stage such ideas may rectified by the whole group without making the participants to look hollow before their colleagues and discourage them from further participation as is the case in focus group. These processes help retain the individual ideas and stimulate better ideas from hitherto less interested participants. An adjusted silly idea good turn out to be an interesting idea through group rectification and validation

Rule 2: No evaluation about anybody's idea

The second rule insisted that the participants should concentrate on generating their individual ideas rather than evaluating that of others. The participants should understand that any idea that is not important to you can be rejected by same you during voting stage by not voting for it. At the end of it all those ideas that are not accepted may be drop after the voting and ranking was conducted and completed.

Rule 3: Generate as many ideas as possible

Osborne (1957), was of the opinion that “the wilder the ideas the better”. That is why the participants are strongly encouraged to generate as many ideas as their brain can recollect. The research should not insisting on quality ideas at the beginning of the NGT session may yields

few ideas that may not properly address the dimension of the issue under investigation. This is what makes wild collection of ideas an ideal rule for the NGT aided research. The more the ideas the higher the probability of obtaining myriads of solution to the issue under investigation, suggested by (Osborne, 1957). The rationale for observing this rule is: the larger the number of ideas produced, the greater is the probability of achieving an effective solution for an issue.

Rule 4: Modifying and combining ideas

The opportunity provided by the NGT session to have special session for whole group to critically study the whole ideas and modify where necessary rest to peace the fear of unpopular ideas present in the lists of ideas. Added to this some ideas that are similar to each other can simply be merged with each other and make the solution easy to get. The newly constructed idea will be taking as a new idea and will be voted just like the older one. The NGT literature, clearly refer the process of merging ideas phenomenon as “hitchhiking”. Remember the reason for all this process is to generates larger number of ideas.

Rule 5: Anonymity of input

The NGT research attached serious importance to the ideas generated not the individual that generates them. The group harmony and ability to conducts the session peacefully are regarded very important than the individuals. In the session, status of the participants is not considered. Therefore, all the inputs including the votes have to be kept anonymous.

ADVANTAGES OF A SUCCESSFUL NOMINAL GROUP SESSION

While taking into cognizance the importance of the rules governing the conduct of an NGT session, it is worthwhile to say that strict adherence to the rule produces a number of benefits. Some of these advantages include:

The volume of ideas collected during the initial individual by individual listing of opinions on the subject under investigation provided a platform for an enviable solution to the identified problem. This would not have been possible in a normal interaction group. This is because of the lethargy associated with public appearance and disposition of some personalities. Such set of people may volunteer not to say anything in an open verbal discussion.

The NGT has the advantage of ensuring balanced participation among the group members. This is made possible with the existence of the structural steps inbuilt in NGT session and methodology. The rules of the conduct of NGT rejects the existence of domination during session but NGT the most passive persons to be active.

The technique nullifies the concept of loyalty and fear of victimization. The group think syndrome is suspended and independence of personal opinion on issues rekindled by NGT. It is to be noted that in a nominal group session, people form a group only for name sake; since the beginning until end, interaction among group members is minimal. For this reason, the group is called ‘nominal’.

The NGT promotes participation in decision making in an organization that was hitherto characterized by lack of cooperation and uncertainties. Any decision taking in the session with the presence of all sectors will be respected by all with little or no resistance to the change that may evolve as a result of the research.

The Numerous research has it that an NGT session decision recorded the highest success compared to any decision arrived at using another method. Comparing the quality of NGT results with results from other methods like interacting group, Delphi technique, shows higher friction free implementation of NGT in an organization the two mentioned (Madi, & Islam, 2011; Hegedus & Rasmussen, 1986; Delbecq et al., 1975).

The The ridiculing posture group opinion poll portrays is demystified by an NGT session, since some level of individual secrets of opinion is ensued during the conduct of the session. This anonymity of the technique scores a very strong point for motivation for all to participate.

The NGT collective pooled of ideas and judgment results in varied opinion, solutions and information rich sources. The collection of individual's talents, knowledge, experiences, and skills will be aggregated resulting in ideas that are likely to be better than those that might be obtained by other methods.

The NGT works as a vehicle that brings people of different characteristics on a common platform.

Finally it serves as a source of questionnaire validation and development as well as research revalidation (Yahya, Shahimi & Goron Dutse, 2015).

LIMITATIONS OF NGT

Despite the widespread use of the NGT in participation in decision making and platform for evolution of numerous solutions to organizational and community problems it has the following limitations:

The technique cannot deal with more than one issue at a time. NGT is limited to a single-purpose, single-topic meeting. Further, it is not possible to change the topic in the middle of the meeting. If the group intends to resolve a number of issues in one seating, then NGT cannot be applied (Madi & Islam, 2011).

It is time demanding because all issues associated with the single item must be resolves within the time allotted to the session. It requires minimum 90 minutes and maximum of one hour to arrive at a decision.

The NGT requires a trained facilitator who is expected to have prior experience in the conduct of an NGT session or at least have attended an NGT sessions. The material requirement for the

conduct of an NGT, such as Further, a meeting room equipped with a proper seating arrangement, a marker board, pens, papers serves as a disadvantage.

The NGT is a well-structured technique. The members must adhere to all the rules stated previously. The participants may feel awkward about restrictions in their interactions. After the group meeting, they may feel that the process and not the individuals evolve the conclusions they arrived at and may feel not fulfilled.

DISCUSSION AND PRESENTATION OF FINDINGS

The result of the analysis is presented here as preliminary for the final analysis and discussion. Table 2 Represents the ideas generated subdivided into the various dimensions of the study; each dimension is represented with various themes that gave details aspect of the issue that has relationship with it. The drugs dimension for example is represented by 10 themes, showing the level of the ability of the anticipated improvement in better drugs administration and quality in the clinics as a result renewed total quality management concept introduce in the hospital management through NHIS concept. The second dimension being clinical waiting time had 6 themes explaining the impact of the new management system empowered by TQM inspected by HMO, NHIS and MOH reform in Nigeria. The third and final dimension of this research is whether the recently promoted TQM in the hospital/Clinical management through NHIS has resulted in a better treatment and service delivery to the patients and (operations) in hospital management in Nigeria. It has the highest theme with fourteen in all depiction the different percept of the role of TQM in the hospital management. Therefore the presentation of variable by variable analysis of the different dimensions and the various themes serving is intended to make to serve a new as platform for further investigation into the popularly eulogize level or degree of success recorded by the NHIS/TQM hybrids introduced in the Nigerian healthcare delivery system. The analysis on table 4, will further elucidates this base on the result of the weighted factors of the Nominal Group Technique (NGT), conducted.

Table 2 Variable by variable analysis after ranking

No	Idea	Ranking	Grand Total
1	The near absence of control, monitoring and evaluation in public clinics ensued poor drugs dispense to patients	1, 1, 1, 5, 5	64
2	Private clinics provides genuine drugs more than public clinics as a results of financial sharp practices in government and contracts awards in the two countries	5, 5	
3	More genuine drugs in public than in private clinics	4, 5	
4	Private clinics in both Nigeria and Malaysia have genuine drugs but charged higher than the public clinics despite the existence of NHIS/NHS	4, 4,	
5	Sufficient and qualitative drugs as a results of NHIS/NHS reform in Nigeria and Malaysia	3, 4,	
6	Out of stock drugs (OS) syndrome are usually reported in the public clinics and not in the private in both Nigeria and Malaysia	6	
7	Drugs quality is independent of NHIS/NHS scheme in both Nigeria and Malaysia	5	
8	Restriction of drugs to NHIS listed drugs and health	3	

	insurance category purchase call to question the notion that reform ensures qualitative drugs in both Nigeria and Malaysia		
9	Diversion of budgetary allocation and connivance with suppliers results in having low quality drugs or no drugs at all in public clinics in the two countries	2	
10	NHIS/NHS scheme reduces drugs diversion to private chemists or health personnel's private clinics from public	1	
	(B): WAITING TIME		
11	There is less waiting time in private clinics more than in public in both Nigeria and Malaysia	4, 3, 5, 4	48
12	Speedy patients/Doctor contacts is more in the private clinics than in the public clinics in both Nigeria and Malaysia	2,4,2	
13	NHIS/NHS scheme did not reduce the waiting time in both public and private clinics	5	
14	That the affluent/rich members attending private clinics in both Nigeria and Malaysia enjoy less waiting time compared with middle and low class citizens attending the same clinic in both Nigeria and Malaysia	3	
15	Population or number of patients attending public clinics resulted in longer waiting time to see medical personnel	1, 1	
16	Time convenience to visit clinics is more in private clinics than in public in both Nigeria and Malaysia	4, 2	
	(C) BETTER TREATMENT		
17	Public Health care clinics have more consultants than private and private clinics are restricted to available Doctors in their clinics or HMO's in both Nigeria and Malaysia	4, 3, 5, 1, 3, 1, 4	92
18	More qualified medical personnel are in the public clinics more than in the private in both Nigeria and Malaysia	2, 4, 5, 5, 2	
19	Environmental hygiene and aesthetics is more in private clinics with NHIS/NHS in both Nigeria and Malaysia	5, 4, 3	
20	More laboratory equipments in Public than in private clinics	5,2, 3	
21	Private clinics with National Health Insurance Scheme (NHIS/NHS) provides better treatments than public clinics with the same scheme	5, 4	
22	Private clinics lack specialists compared with public clinics in both Nigeria and Malaysia	3, 3, 2	
23	Medical services provided despite the reform are biased towards urban populace compared to rural populace	5, 2	
24	More attention to patients in private than in public in both Nigeria and Malaysia	3, 2, 2	
25	Efficiency in laboratory test is predominantly found in private clinics better than in public	2	
26	Difficulty in tracing and tracking Health Maintenance Organization (HMO) for complain, call to question the notion of better treatment	2	
27	Modern equipment are usually found in private clinics more than in public in both Nigeria and Malaysia	3, 1, 3	
28	NHIS/NHS scheme in both Public and Private clinics in	1	

	Nigeria and Malaysia have failed to improve treatment quality	
29	More qualified pharmacists are in public clinics more than in private clinics in both Nigeria and Malaysia	1
30	Over crowdedness in specialists hospitals is as a result of perceived service quality not by any other reason	1

Table 3, depicted the ideas generated by the participants on the three major dimensions measuring the National Health Insurance Scheme in Nigeria using Total Quality Management concept as a guiding principle. The various ideas were classified and assigned into themes that are represented by the figures arrived at after assigning each theme to a dimension. The highest figure goes to the better treatment with 92 score point ranked higher in support of Private clinics more than the public clinics making use of total quality management assumptions to keep their customers glued to their services compared to public clinics. The second dimension with higher themes supporting its use of TQM in retention of customers' loyalty is the anticipation of receiving genuine or good drugs with 64, it is ranked second and finally, Waiting time scores 48, ranked third in terms of application of total quality management to reduce long waiting time to see or receive treatments better in private clinics than in public. This shows that both private and public need to implement or develop new strategies for the implementation of total quality management that will resolve the waiting in the hospital.

Table 3 Variable by Variable without Dimensions and Themes Analysis

NO	Variable	Ranking Matrix	Grand Total	Frequency	Mean	Percentage
1	Genuine Drugs	1, 1, 1, 5, 5, 5, 4, 5, 4, 4, 3, 4, 6,5,3,2,1	64	18		31.37%
2	Waiting Time	4, 3, 5, 4, 2,4,2,5,3, 1, 1,4,2	48	13		23.54%
3	Better Treatment	4, 3, 5, 1, 3, 1, 4, 2, 4, 5, 5, 2, 5, 4, 3, 5,2, 3, 5, 4, 3, 3, 2, 5, 2, 3, 2, 2,2,2, 3, 1, 3,1,1,1	92	36		45.09%
			204	77		100%

Table 3, is the summary of what is explained in table two for ease of understanding of the results obtained from the NGT session ideas development. It also revealed the frequency of appearance of the various themes assessing the dimension. The percentage also depicted the percentage of contribution of each of the dimension to understanding the process that will lead to the conclusion and recommendations at the end of this study.

Step 5: Having completed the classification, validation and ranking of the ideas, the participants will then submit such cards of sheets where such five ideas are written to the facilitator. As is the case in this research 42 ideas were generated 36 were selected out of which 16 were voted and ranked as the best. The five selected ideas by the individual participants are on figure 2. The accompanying instructions on the board for the participants to follow are there as a reminder

having introduced them at the beginning of the NGT session. The participants are therefore expected to follow the instructions. Since the instructions are very important, a repeat of them will serve a purpose. Remember out of the best five, assign numbers from 5-1, the most important, assign it a weight 5, then find the second most important, and assign 4 and so on. The least among those five assign a weight 1. You expected to choose the most important five ideas from the list generated in this session. Each of the one chosen should be assign a serial number to the idea from the master list. Then please assign weights in the following manner:

- (a) Most important idea = 5,
- (b) Second most important idea = 4,
- (c) Fifth most important idea = 1.
- (d) The weights need not be in chronology like 5, 4, 3, 2, 1 or 1, 2, 3, 4, 5.
- (e) It could be in any order like 4, 2, 5, 1, 3 or 5, 3, 4, 2, 1 and so on.

DISCUSSION OF FINDINGS

The original numbers of the idea from the master list mostly be written to avoid ambiguity during counting. This is done by writing the original number copied directly from the master list in the left most column of the card/paper sheet just distributed to you. For example, if you think that idea **“the NHIS does not improve drugs quality”** on paper sheet (d) is one of the five most important idea, then check the master lists and assign (9) on it even though it is your number one. Remember discussion is not allow when selecting the ideas and ranking them. At the same time you need not to look into the ranking of others nor show them yours.

As soon as one is through gently hand over the card/sheet of paper to the facilitator. The next stage is to copy the assign votes on the master lists. This is the essence of writing the original serial number for ease of identification when copying down the votes for each of the ideas on the master list. Table four shows the individual weights in the third column of Table 4. The most important 16 factors are shown in Table 4. These sixteen factors are chosen because they are clearly identifiable in the list based upon their total weights.

Table 4 Sixteen most important factors that asses the clinics level of TQM practices to ensure

No	Factors	Ranking Scores	Absolute Weight	Relative Weight	Rank
1	Public Health care clinics have more consultants than private and private clinics are restricted to available Doctors in their clinics or HMO’s in both Nigeria and Malaysia	4, 3,5,1,3,1,4	21	0.12	1
2	More qualified medical personnel are in the public clinics more than in the private in both Nigeria and Malaysia	2,4,5,5,2	18	0.11	2

3	There is less waiting time in private clinics more than in public in both Nigeria and Malaysia	4,3,5,4	16	0.09	3
4	The near absence of control, monitoring and evaluation in public clinics ensued poor drugs dispensement to patients	1,1,1,5,5	13	0.08	4
5	Environmental hygiene and aesthetics is more in private clinics with NHIS/NHS in both Nigeria and Malaysia	5,4,3	12	0.07	5
6	Private clinics provides genuine drugs more than public clinics as a results of financial sharp practices in government and contracts awards in the two countries	5,5	10	0.06	6
7	More laboratory equipments in Public than in private clinics	5,2,3	10	0.06	6
8	Private clinics with National Health Insurance Scheme (NHIS/NHS) provides better treatments than public clinics with the same scheme	5,4	9	0.05	8
9	More genuine drugs in public than in private clinics	4,5	9	0.05	8
10	Private clinics lack specialists compared with public clinics in both Nigeria and Malaysia	3, 3, 2	8	0.05	10
11	Speedy patients/Doctor contacts is more in the private clinics than in the public clinics in both Nigeria and Malaysia	2,4,2	8	0.05	10
12	Private clinics in both Nigeria and Malaysia have genuine drugs but charged higher than the public clinics despite the existence of NHIS/NHS	4, 4,	8	0.05	10
13	Sufficient and qualitative drugs as a results of NHIS/NHS reform in Nigeria and Malaysia	3, 4,	7	0.04	13
14	Medical services provided despite the reform are biased towards urban populace compared to rural populace	5, 2	7	0.04	13
15	Modern equipment are usually found in private clinics more than in public in both Nigeria and Malaysia	3, 1, 3	7	0.04	13
16	More attention to patients in private than in public in both Nigeria and Malaysia	3, 2, 2	7	0.04	13
TOTAL			170	170	1.00

Discussion of the Findings of the Research using Nominal Group Technique (NGT)

The normal process of conducting NGT was strictly followed from stage 1-6 i.e. as describe and suggested by Reference (Madi & Islam, 2011; Yahya, Shahimi & Gorondutse, 2015; Delbecq, Van de Ven & Gustafson, 1975). The steps are presented here again to reflect while going through the findings thus:

Presentation and introduction of the technique and questions to the respondents to start developing an opinion. Period of silent observation to reflect on the question put forward and write individual opinion on the subject under investigation.

The facilitator will then requests for the individual responses from individual member in a round robin manner and records the responses in an open place where each member will see and read.

This time for recording only no discussion yet. The respondents will then be allow to discuss the ideas listed on the board or cardboard and ask for clarifications of their meaning (this is not an avenue to change the idea or to add to them any issue). The participant will then individually select three, five, or eight most important ideas from the lists generated by the general respondents.

Finally rank them by voting individually, the most important in case of five selected will be Voted 5, therefore ranked 5, followed by 4, 3, 2, and 1. This end the participant's session. If the researcher has enough time after the report is done using the developed ranking matrix as can be seen on table 1 column 3, from the matrix the most important ideas with higher ranking become the factors voted by the participant for analysis. As in this case 16 factors were selected and are discussed as follows:

From the selected factors it clearly shows that the monitoring section from the ministry of health of the two countries must work towards redistribution of consultant medical doctors to the private clinics in order to record the needed better service the NHIS/NHS is meant to ensure (Yahya, Shahimi & Gorondutse, 2015). The second factor touch on the same issue with an absolute weight (AW) of 18 and relative weight (RW) of 0.11 adding it together with the AW and RW of the first facto with amount to 0.23, which is 2.3% of the respondents are reporting that there is lopsidedness on the professionals tilting more to public sector than the private (Yahya et. al. 2015; Madi & Islam, 2011). Less waiting time has an absolute weight of 16 and relative weight of 0.09. This study with 3.2% reduction in waiting time in the private more than in the public in the two countries shows that much needs to be done to improve on the already recorded success of the NHIS/TQM reform in Nigerian Healthcare delivery system.

The issue that was reechoed by the respondents and was ranked 4 in terms of importance was the near absence of control, monitoring and evaluation. The participants at the NGT session unanimously agreed that this factor must have resulted to the low success recorded. The Absolute Weight (AW) scored 13 and the Relative Weight (RW) scored 0.08, which is .8% success only in control, monitoring and evaluation of most of the healthcare providers and the HMO in the ten years (10) years life circle of the reform. The result of the NGT analysis is also supported by (Yahya, Shahimi & Gorondutse, 2015). Environmental aesthetic and hygiene as part of the factor considered for better treatment scored AW 12 and RW 0.07 which is .7% in the private clinics only meaning that the public clinics need to improve seriously in the area of better treatment in a form of clinical hygiene or aesthetics.

This report also agreed with the previous result which shows that the private clinics are better in terms of most services compared with the public clinics in the two countries (Jamila, 2009; Abdurrahman, 2009; Yahya & Mohd Khan, 2011).

The results from the previous data shows that genuine drugs are usually more available in the private clinics, the NGT results also agree to the previous results conducted by (Yahya and Khan, 2011) but with only .6% i.e. AW 10 and RW scores 0.06. The result is also supported by the results in column 6, 9, 12 and 13 on table 1. This supported the issue of genuine drugs in

private clinics more than in public, with few odds against it. Better treatment was also supported by the NGT results as can be seen on column 7, 8, 11, 14, 15 and 16, that better treatment is mostly associated with private clinics more than the public clinics. While column 10 established that no is not a good percentage because public clinics house most of the specialists in both Nigeria and Malaysia.

These are therefore called to question the issue of better treatment in private clinics (Shi, 2009). This is true considering the salary associated with most experts to some level only government can afford to shoulder such amount. The 5.2% recorded by the previous data collected and results presented in 2010-2011 by Yahya and Khan, (2012), is still valid considering the percentage of success by 100%. The percentage recorded of 5.25% is a little small compared with the euphoria associated with the NHIS reform in the two countries. Another very important result revealed by the NGT analysis is the report that medical service provided despite the reform are biased towards urban populace more than the rural community, on column 14 with AW 7, RW 0.04 and ranked 13 in importance shows that the control, monitoring and evaluation units need to improve on the area of the universal coverage of the scheme of all locations and settlements. As it is from the analysis and findings of this research the universal coverage as encourage by the Millennium goal and supported by the World Health Organization, (2010), has been achieved.

CONCLUSION AND RECOMMENDATIONS

The study was conducted as a follow up to the research conducted in 2010/2011 to assess the level of success recorded by the NHIS reform in Nigeria. The result shows some level of changes in the way healthcare delivery is being carried out in Nigeria. But at the same it was discovered to be elitists and urban tilted. This study also after five years reechoed such challenges with absolute weight of 0.7 and ranked 13 by the NGT participants. This shows that it is still a challenge that needs to be adjusted. The 0.6% better drugs in the private clinics more than in public also call for serious monitoring and investigation so as not to allow the patients to be taking toxics in the name of medication. The result of better treatment was as well not too impressive. The research concludes that the monitoring and evaluation unit of the Federal Ministry of Health, NHIS and HMO should rekindle their effort in making sure that the needed successes are recorded in these three very important areas, genuine drugs, waiting time to see doctors and clinical medical personnel and Better treatments in tandem with the TQM principles and practices.

Recommendation of Item (1, 4, 5, 6, 10) table 5. Requires proper arrangement and timing for seeing doctors and medical personnel in the public clinics need to be modernized through new innovations, such as computer booking, tally issuance to reduce waiting time. The out of stock (OS) syndrome associated with public clinics despite the NHIS/TQM policy need to be address to reduce the patients trauma and long waiting for medication.

NAFDAC, SON, FMOH and professional bodies in medical practices need to join hands in the fight against fake drugs. Item (7, 8), seem to be a disturbing issue in almost all countries operating NHIS delivery system. More acceptable lists of drugs with stringent measures on monitoring quality should accompany the health management TQM system to track and manage defaults. Efficiency in the delivery of laboratory results (item 9, 12, 13, 14) are more in private

clinics more than in public, despite the fact that more qualified laboratory staffs seem in public clinics to be an issue that deserve investigation and any TQM for managing negligence of duty in care giving sectors like hospitals like (safetynet) needs to be in place by the NHIS, HMO and FMOH.

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