

Does Outsourcing Improve Quality of Service in Public Healthcare Institutions in South-East Nigeria?

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Abstract *The purpose of this exploratory research was to investigate the effect of outsourcing security, cleaning, and laundry services on the quality of the outsourced services and, by implication, the quality of healthcare services delivered by federal healthcare institutions in South-East Nigeria. A self-designed survey instrument was distributed to a sample of 303 permanent staff of the institutions (the internal customers of the service providers), and 162 usable copies of the questionnaire were retrieved, representing 54 per cent response rate. From the data analysis 66.9 per cent of the respondents perceived improvement in the quality of security services; 69.1 per cent of the respondents perceived improvements in the quality of cleaning services; and 65.8 per cent of the respondents perceived improvements in the quality of laundry services since the services were outsourced in the institutions. These responses show that outsourcing led to improvements in the quality of all the outsourced services. And being inputs in the healthcare delivery process, improvements in the quality of these services suggest improvements in the quality of healthcare services offered by these institutions. The result of this study justifies the decision to outsource the services, and encourages public organisations to outsource non-core activities as a strategy towards improving the quality of their service delivery.*

Key words Outsourcing, service quality, South-East Nigeria

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1. Introduction

The Nigerian economy has, for a long time, been weighed down by perennial increase in recurrent expenditure, at the expense of capital expenditure. The high recurrent expenditure is partly attributable to increases in the financial entitlements of serving and retired workers (both real and 'ghost' workers) at all levels of governance, i.e. federal, state, and local governments. Besides increases in the illegal and fake duplication of workers, the so-called ghost-worker's syndrome; successive governments, for political and other considerations, continued to employ workers, even in excess of existing needs. Either way, the ever increasing number of workers contributes to pushing the cost of running government ministries, departments and agencies (MDAs) to uncomfortable levels. And given the current huge drop in oil revenue, arising from the fall in the price of crude oil, the burden of high recurrent expenditure of government appears to be approaching a breaking point. Many States of the federation are currently in arrears of workers' and retirees' emoluments. Even the federal government is becoming increasingly uncomfortable with the unsustainably high level of recurrent expenditure on its workforce.

But in spite of the large public sector workforce and the burdensome wage bill, public service delivery has been largely poor and disappointing to customers. The sheer ineptitude and prevalence of counterproductive attitudes and behaviours among the workers have been puzzling. Absenteeism, lateness to work, leaving before the close of work (the so-called not-on-seat syndrome), stealing of public property and funds, indolence at work, demand and acceptance of bribes, favouritism, and merchandising at work, are just some of the prevailing counterproductive attitudes and behaviours among workers (see Akerele, 1986; Odiaka, 1991). The tenants of civil service have been largely jettisoned. Some civil servants appear to be competing with politicians in the looting of public funds. Interestingly, many of those who are unable to

partake of the looting appear to vent their anger, frustration, or resentment on the system by regressing deeper into other forms of counterproductive behaviours. The citizenry: the external customers of the public service system bear the brunt of the ineffective and inefficient system via poor service quality and outright service failure, etc.

In the health sector, for instance, the ineptitude and counterproductive behaviours of some doctors and other hospital workers translate to lateness in attending to patients, wrong diagnoses, wrong prescription, holding-up of patients' treatment, unhygienic wards and lavatories, questionable billing, and negligence that often result to avoidable loss of lives. Some hospital premises are overgrown with weeds, drainages are dirty and blocked, while internal security is often compromised. All these factors translate to poor quality of service, poor customer experience and dissatisfaction. Iloh *et al.* (2012) identified poor quality of service, service delay, discontinuity of care, indifferent attitude of staff, and bureaucratic procedures as some of the complaints against public health services. Though there are, understandably, structural and funding problems that contribute to poor service delivery in public health institutions, as in other MDAs; effective, efficient, and committed workers will make the most of available resources to deliver acceptable quality service, *vice versa*

It was, apparently, due to budgetary pressures arising from the high costs of running the MDAs, the need to improve the quality of public service delivery, and to diversify the economy (in the face of dwindling oil reserves) that the Federal Government of Nigeria was encouraged to introduce the National Outsourcing Policy and Regulatory Framework for Nigeria (NOPRFN) in January, 2007. The first policy thrust of NOPRFN (2007) identified onshore, near-shore, and offshore outsourcing, while the "identification of potential government outsourcing business to jump-start the sector through onshore outsourcing" was its ninth policy objective (p.6). Consequent on the implementation of this policy objective, MDAs, including federal healthcare institutions became free to outsource some of their non-core activities such as security, laundry, and cleaning services. These onshore outsourcing activities are aimed at cutting costs and improving public service delivery by contracting specialized firms to render the services using their own human and material resources (Chzee, 2014; Domberger and Jensen, 1997; Jennings, 2002).

Nine years after the policy was introduced, it becomes reasonable to ascertain whether there are service quality improvements in the outsourced services namely; security, cleaning, and laundry services, or not. This is particularly the case because the problems arising from the practice of onshore outsourcing cast doubts on its expected effectiveness in Nigeria. These problems include: inadequate funding by some outsourcing organisations, poor professionalism of some vendors, insufficient regulation, and the exploitation of vulnerable job seekers. For instance, it is argued that many service providers pay the contract staff as little as 20 per cent of the amount outsourcing organisations pay contractors for these services (Idehen, 2013). The resulting distrust, frustration, complaints, protests and, in some cases, strike actions are capable of demotivating contract workers, and dampen their commitment and performance at the workplace. We have not found any study that assessed improvements in service quality of individual outsourced services in public healthcare institutions in South-East Nigeria, which is not very surprising considering the relative newness of the strategy in public service management in the country. The purpose of this study is to fill this gap by assessing the effect of outsourcing on service quality in each of the outsourced services: security, cleaning, and laundry services in federal healthcare institutions in South-East Nigeria.

2. Literature review

2.1. Outsourcing

According to NOPRFN (2007), outsourcing 'occurs anytime one enterprise makes a contract with another to perform a process that is normally done internally by the first enterprise.' Such contract may be predicated on the need for operational efficiencies by contracting operations to a firm with requisite technical or management capabilities (Quinn, 2000). Outsourcing can also be defined in terms of supply of equipment, components, human resources etc. (Lei and Hit, 1995). Many activities and functions are being outsourced under varied outsourcing arrangements but often involving human resource services as reflected in its many descriptions such as contract services, subcontracting, employee leasing, contracting out, contract programming, flexible staffing, consulting, and staff augmentation (Sarpin and Weideman,

1999). Nonetheless, the defining characteristic of outsourcing is the recurrent contracting out of an in-house process, function, capacity, or capability to a specialized onshore or offshore firm, in order to reap expected benefits.

The attractiveness of outsourcing derives from the benefits it affords organisations. First, outsourcing enables an organisation to relinquish some of its non-core activities to focus on developing greater competencies in its core-activities (Domberger, 1998; Venkatraman, 1997). By outsourcing its non-core activities, an organisation frees internal resources that will help it to focus and improve on its core-competencies (Kodwani, 2007), and be able to gain or reinforce competitive advantage in its market. Secondly, results of many studies show that outsourcing enables an organisation to become more efficient by reducing its operational costs. This reduction in the operational costs of outsourcing organisation may derive from the different cost structures, specialisation, and the advantages of the economy of scale that the service provider (vendor) offers and from the cost-saving benefits of employee lay-offs due to outsourcing (Kimzey and Kurokawa, 2002; Roodhooft and Warlop, 1999). In addition, organisations that outsource are able to reduce their costs because they do not pay any benefits to the staff contracted to provide the services. Other authors have identified these and other reasons for outsourcing (e.g. Elmuti, 2003). Furthermore, Griffith and Figgis (1997) identify the advantages of outsourcing to include the potential for cost reduction, increase in accountability of service providers, better work and management practices, access to specialized skills or technology, improvement in service quality, and greater flexibility, etc. Conversely, outsourcing may cause increase in costs, compromise in quality of service delivery, and access to confidential information, among others (Griffith and Figgis, 1997), depending on how it is managed.

2.2. Service quality

Service quality can be described as customers' overall judgment or perception regarding a service (Parasuraman *et al.*, 1988). Several instruments have been used to measure service quality but SERVQUAL scale developed by Parasuraman *et al.* (1988) appears to be the most popular scale among researchers (Chzee, 2014). This gap model measures the gap between customers' expectations of the service and perception of the service. Parasuraman *et al.*, (1988) identified five dimensions of service quality namely; tangibles, reliability, responsiveness, assurance, and empathy. Chzee (2014) notes that several studies have been conducted to replicate and refute the 'structure and conceptualisation' of SERVQUAL scale. Some of these studies have resulted in the criticism of SERVQUAL scale. For instance, many studies do not support its five-component structure and the expectation component of the model (Babakus and Boller, 1992; Carman, 1990). Cronin and Taylor (1992) developed their own service quality scale called SERVPERF, which is an unweighted performance-based measure that jettisoned measures of consumer expectations of the service. Quality of service is as perceived by individual customers or customer groups, and studies suggest a strong correlation between service quality and customer satisfaction (e.g. Sureshchandar *et al.*, 2002). A customer who perceives the quality of service of an organisation to be acceptable would be satisfied with the services of the organisation, and would tend to be loyal to the organisation. Loyalty implies repeated patronage and positive customer behaviours that would be beneficial to the organisation. Conversely, customers who perceive the service quality of an organisation to be unacceptable tend to move their patronage to other organisations. Service quality is, therefore, crucial in cultivating and sustaining customer patronage, satisfaction, and retention.

2.3. Outsourcing and quality of service

Many researchers have studied the effects of outsourcing and service quality in both private and public sector organisations. Moschuris and Kondylis (2006) studied outsourcing in public hospitals in Greece. As part of the study, respondents were asked to assess the impact of outsourcing on some variables including costs, customer satisfaction, and improvements of the services provided by the hospitals. 65 per cent of the respondents argued that outsourcing led to significant improvements in service delivery in the hospitals. Similarly, Cali *et al.*, (2015) conducted a cost-benefit analysis of outsourcing cleaning services at Mahalapye hospital in Botswana. The study followed the outsourcing of security, cleaning and laundry services in the hospital and sought, among other things, to determine the

difference in quality of service, as perceived by the hospital management, after the outsourcing of cleaning services. The study found that “outsourcing provides a greater value for money to hospital managers because it has resulted in a significant observed increase in the quality of cleaning services”. Some studies reported improvements in service quality due to the outsourcing of healthcare services management. For instance, Zhiarfar *et al.*, (2014) conducted a cross-sectional study of the impact of outsourcing healthcare services management on the quality of the services in Iran. The study surveyed a sample of 113 managers from six teaching hospitals affiliated to Tehran University of Medical Sciences and found that service quality in the hospitals was significantly higher after outsourcing. Gilner (2007) and Keane *et al.*, (2001) also argue that outsourcing of public healthcare services yields improvements in service quality. However, some studies show that outsourcing of public services leads to decline in service quality (e.g. Duggan, 2004).

This review of extant literature shows mixed results from previous studies, which suggests the need for further studies. There is even stronger need for more studies in the Nigerian context due to its relative newness, especially in public sector management, and because of the concurrent need for better contextual understanding, with a view to developing frameworks that could help in resolving existing theoretical and practical incongruence.

3. Methodology of research

The study adopted field survey approach to collect cross-sectional quantitative data from a sample of 303 respondents selected from a population of 1,252 permanent staff of three federal public healthcare institutions in South-East Nigeria using Taro Yamane formula (Yamane, 1965), and proportionately distributed to staff of the healthcare institutions. We chose to study this population because they are the direct customers of the service providers and work directly with them. 197 copies of the questionnaire were retrieved but only 162 who had been working with the institutions before the commencement of outsourcing were considered usable. This was to ensure that those who participated in the study were in a position to reasonably assess the difference between quality of service before and during the outsourcing regime. In effect, the response rate was 51 per cent, which compares favourably with similar studies (e.g. Hensley, 1997; Lorence and Spink, 2004; Moschuris and Kindylis, 2006). The participants included all categories of permanent staff of the institutions, which of course exclude the outsourced staff.

3.1. Measuring Instrument

The instrument used to collect data for this study was a self-designed questionnaire consisting biographical items and thirty-three (33) Likert-scaled items that sought to assess respondents’ perceived improvements in service quality of the outsourced services. A set of eleven (11) questionnaire items sought to assess respondents’ perceived improvements in service quality of each of the outsourced services: security, cleaning, and laundry. The questionnaire items included elements adapted from the perception of service component of SERVQUAL scale (Parasuraman *et al.*, 1988), but did not measure gaps. The questionnaire items were presented in a 5-point Likert rating scale ranging from 1 = ‘strongly disagree’ to 5 = ‘strongly agree’.

4. Results

Out of the 162 respondents studied, 54 per cent were males while 46 per cent were females. Ages of the respondents were between 33-58 years, while the length of service ranged from 12-30 years, in various job categories.

4.1. Quality of Security Services

Table 1 shows the summary of the responses to questionnaire items that sought to assess the effect of outsourcing on the quality of security services. 27 per cent of the respondents indicated there were no improvements in the quality of security services since their institutions outsourced it, while 6.1 per cent of the respondents were undecided. Conversely, 66.9 per cent of the respondents indicated that they perceived improvements in the quality of security services in the institutions since the service was outsourced. It can, therefore, be inferred that the outsourcing of security services in federal healthcare institutions in South-East Nigeria resulted in significant improvements in the quality of security services.

Table 1. Internal customers' (permanent employees) perception of the effect of outsourcing on the quality of security services in the institutions

Criteria	Strongly disagree (%)	Disagree (%)	Undecided (%)	Agree (%)	Strongly agree (%)
Security services are more timely	2.5	19.3	6.2	66.4	5.6
Security staff are more willing to help	5.6	14.3	10.5	61.6	8.0
Security staff are never too busy to respond to requests	4.9	25.3	8.6	55.6	5.6
Security staff are more courteous	3.1	18.5	3.1	68.5	6.8
Security operations instill more confidence in staff	1.9	19.9	7.4	66.5	4.3
Security staff appear more alert	1.9	28.6	1.9	60.2	7.4
Security staff appear more meticulous	4.3	19.1	6.2	67.3	3.1
Security staff appear more knowledgeable on their jobs	6.2	36.4	9.3	46.9	1.2
Security staff render more prompt services	8.0	32.8	3.7	49.9	5.6
Security staff show sincerer interest in helping out	1.9	25.3	9.3	60.5	3.0
Security staff are more available to do their work	0.6	16.2	1.2	74.0	8.0
Average (%)	3.7	23.3	6.1	61.6	5.3

4.2. Quality of cleaning services

Table 2 shows the summary of the participants' responses to questionnaire items that sought to assess the effect of outsourcing on the quality of cleaning services. 23.2 per cent of the respondents indicated that there were no improvements in the quality of cleaning services since their institutions outsourced it, while 7.7 per cent of the respondents were neutral. On the contrary, 69.1 per cent of the respondents indicated there were improvements in the quality of cleaning services in their institutions since cleaning services were outsourced. Again, it can be inferred that the outsourcing of cleaning services gave rise to significant improvements in the quality of cleaning services in federal healthcare institutions in South-East Nigeria.

Table 2. Internal customers' (permanent employees) perception of the effect of outsourcing on the quality of cleaning services in the institutions

Criteria	Strongly disagree (%)	Disagree (%)	Undecided (%)	Agree (%)	Strongly agree (%)
Cleaning services are more timely	4.9	13.0	8.0	70.4	3.7
Cleaners are more willing to help	6.8	15.4	5.6	65.4	6.8
Cleaners are never too busy to respond to requests	3.1	19.1	11.7	60.5	5.6
Cleaners are more courteous	4.3	30.9	4.9	57.4	2.5
Cleaning operations instil more confidence in staff	6.2	11.7	13.0	64.2	4.9
Cleaners appear more neatly dressed	0.6	3.1	4.3	78.4	13.6
Cleaners always do what they promise	14.8	26.5	10.5	46.3	1.9
Cleaners appear more knowledgeable on their jobs	5.6	33.3	7.4	49.4	4.3
Cleaners render services more promptly	4.9	17.9	1.9	66.7	8.6
Cleaners show sincerer interest in helping out	1.2	21.0	13.6	61.1	3.1
Cleaners are more available to do their work	1.2	9.9	3.7	74.1	11.1
Average (%)	4.9	18.3	7.7	63.1	6.0

4.3. Quality of laundry services

Table 3 shows the summary of responses to the questionnaire items that sought to assess the effect of outsourcing on the quality of laundry services. 26 per cent of the respondents indicated they did not perceive improvements in the quality of laundry services since their institutions outsourced the services, while 8.2 per cent of the respondents were neutral. On the other hand, 65.8 per cent of the respondents indicated they perceived improvements in the quality of laundry services in their institutions since it was outsourced. Consequently, it can be inferred that the outsourcing of laundry services in federal healthcare institutions in South-East Nigeria led to significant improvements in the quality of laundry services in these institutions.

Table 3. Internal customers' (permanent employees) perception of the effect of outsourcing on the quality of laundry services in the institutions

Criteria	Strongly disagree (%)	Disagree (%)	Undecided (%)	Agree (%)	Strongly agree (%)
Delivery of laundered materials are more timely	2.5	19.8	9.9	66.0	1.9
Laundered materials appear neater	1.9	29.0	6.2	61.1	1.9
Laundry staff are never too busy to respond to requests	3.7	22.2	8.0	64.8	1.2
Laundry staff are more courteous	1.2	30.2	11.1	53.1	4.3
Laundry operations instil confidence in staff	3.1	26.5	6.2	60.5	3.7
Laundering of materials is more regular	3.1	24.1	7.4	61.1	6.2
Laundry staff always do what they promise	5.6	29.6	4.9	58.0	1.9
Laundry staff appear more knowledgeable on their jobs	0.6	16.7	5.6	71.6	5.6
Laundry staff render more prompt services	6.2	21.0	13.0	59.3	0.6
Laundry staff maintain materials better	2.5	19.8	11.7	61.1	4.9
Laundry staff are more available to do their work	3.7	15.4	6.2	72.8	1.9
Average (%)	2.9	23.1	8.2	62.7	3.1

The results of this study agreed with the results of some extant studies (e.g. Kondylis, 2006; Moschris and Cali *et al.*, 2015; Zhiarfar *et al.*, 2014). These studies show that the quality of public service increases with outsourcing. In this study, support for improvements in the quality of cleaning services was the highest (69.1 per cent), followed by security services (66.9 per cent) and laundry services (65.8 per cent). However, the results are inconsistent with the results of some other studies that report decline in the quality of public service after outsourcing (e.g. Duggan, 2004).

5. Conclusions

The main purpose of this exploratory study was to ascertain the effect of onshore outsourcing of security, cleaning, and laundry services on the quality of these services in federal healthcare institutions in South-East Nigeria. The study found that an average of 67.3 per cent of the respondents indicated that there were improvements in the quality of security, cleaning, and laundry services offered in these institutions. We inferred from these responses that the introduction of onshore outsourcing yielded significant improvements in service quality vis-à-vis the outsourced services.

A major implication of the results of this study is the confirmation that the outsourcing of non-core activities leads to increase in the quality of service rendered by organisations. Although this study did not directly assess improvements in the quality of medical care offered by these institutions arising from the benefits of outsourcing these services but they are inputs in the overall healthcare delivery process and, all things being equal, the quality of inputs invariably determines the quality of outputs. It is reasonable, therefore, to also infer that the reported improvements in security, cleaning and laundry services must have led to improvements in the overall medical care these institutions offer their patients.

The results of this study do not only vindicate these institutions' decision to outsource these services but encourages them, and other organisations, to further exploit the benefits accruable from outsourcing non-core activities. However, organisations should ensure due diligence in deciding on what activities to be outsourced, the caliber and competence of the service provider to contract, the terms of the contract to agree to, how to monitor quality of services, and other issues that are pertinent to successful outsourcing. Other public sector organisations could be guided by these organisations that have accumulated some experience in outsourcing, to help improve the quality of public service delivery.

However, this study has several limitations. Beyond the limitations inherent in the use of questionnaire as instrument of data collection; the use of cross-sectional data limits the establishment of trend, which would have been achieved with longitudinal data (Saunders *et al.*, 2000). Furthermore, the study used simple inferential statistics for data analysis. Though the use of cross-sectional data and simple methods of data analysis are accommodated by the exploratory posture of this study, it is, nonetheless, recommended that further definitive studies should consider the use of longitudinal data and more sophisticated statistical tools of data analysis. Further studies may also consider the assessment of the direct effects of outsourcing of these services on the quality of medical care the institutions offer their patients.

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