

**ANALYSES OF JOB PERFORMANCE OF MEDICAL PRACTITIONERS IN TEACHING
HOSPITALS IN SOUTH-WEST NIGERIA**

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Abstract

The study analyses the job performance of medical doctors in university teaching hospitals in South-West, Nigeria. Job performance serves as an instrument to measure the health of organizations. The study adopted the descriptive research design to investigate six teaching hospitals in the South-western Nigeria. Multi-sampling was used to administer 391 copies of questionnaire to the medical practitioner but 390 were returned for data analysis, making the response rate to be 99.7%. Data obtained were analyzed using descriptive statistics (frequency counts, percentage, mean and standard deviation). Findings revealed that level of job performance and non-job-specific task proficiency of the medical practitioners were remarkably 'very high' while the job-specific task proficiency was high. There were, however, training and professional development issues that could pose barriers to the job performance of medical practitioners if not addressed. It was, therefore, recommended that the management of teaching hospitals in South-West Nigeria to improve on training and professional development of their medical workforce.

Keywords: Job Performance, job-specific task proficiency, non-job-specific task proficiency Medical Information Resources, University Teaching Hospitals, South-West Nigeria

Introduction

The importance of job performance in an organization cannot be overstated. Job performance according to Abdel-Razek (2011), is an employee's effort within an organization to obtain a pre-determined result through the use of available resources. Job performance is described as the successful completion of assigned tasks, which is a representation of each employee's overall commitment to their core responsibilities. Oyewole and Popoola (2013) referred to job performance as accomplishments of set goals. This means that every organization expects a certain level of job performance from its employees. In the sense of this, job performance is the total contribution of employee's actions to the organization which support or diminish organizational goals to varying degree (Campbell & Wiernik,2015). Job performance is how medical practitioners in their various teaching hospitals carry out tasks, duties and responsibilities to support organizational objectives through the provision of quality health care delivery and improved work outcome with their job in university teaching hospitals in south-West, Nigeria. Hence, job

performance is an indicator to measure individual's and organization's performance in the university teaching hospitals.

The university teaching hospitals according to Ojo and Popoola (2015) are referral hospitals for primary and secondary health systems for specialized care and services, medical education and training of future and current physicians in residency programs to become consultants in different specialties in teaching hospitals. Thus, making teaching hospitals the primary health institutions providing tertiary level of healthcare to the citizenry. Nonetheless, the objectives of the healthcare service delivery might be unattainable if adequate attention is not given to the job performance of medical practitioners. Monde, Akakandelwa and Kanyengo (2017) emphasized that the role of university teaching hospitals in the healthcare delivery system of a nation cannot be overemphasized and they are central in meeting national health goals especially in providing innovative treatment and delivery of quality health care services to the patients. Issues surrounding the performance of medical practitioners in the teaching hospitals have attracted the attention of scholars in the local and international communities. For instance, Babatunde, Akinbodewa, Akinboye and Adejumo (2016) concluded that prescription errors were exceedingly prevalent in relation to illegitimacy and omissions. Similar issues were pointed out by Iloh, Chuku and Amadi (2017) who reported the prevalence of medical errors, stressing the need to use medical information resources, guidelines or protocols during prescription to avoid medical errors. Mayberry (2007) revealed that consistent and serious errors in management and outcome of patients were considered to be the most serious deficiencies that constituted poor performance. Based on the submissions of the aforementioned authors, medical errors were considered to be a key indicator to measure medical doctors' performance in South-West, Nigeria.

In the context of this paper, the job performance of medical practitioners may be referred to as the proficiency of medical practitioners in carrying out job-specific and non-job specific tasks in university teaching hospitals (Campbel, 1990). Job Specific Task Proficiency (JSTP) and Non-Job-Specific Task Proficiency (NJSTP) were used as indicators to measure medical practitioners' job performance. JSTP refers to the proficiency of medical practitioners in the technical duties while NJSTP describes the ability of medical doctors in the non-technical aspects of their jobs (Jankingthong & Rurkkhum, 2012). In other words, if medical doctors are less proficient in their technical and non-technical job duties, the vision, mission, goals and objectives of the teaching hospitals might be unattainable. To this end, this paper sought to determine the job performance of medical doctors in university teaching hospitals in South-West, Nigeria.

Literature Review

Several empirical studies have been reviewed on job performance, job-specific-task-proficiency and non-job-specific-task-proficiency medical practitioners in the past. Some of these studies have shown positive results while others have indicated poor performance of medical practitioners on the job. Empirical reviews on job performance by Velnampy (2008) identified ten factors which determine the performance of an employee such as completion of work within stipulated time, independent work, creativity, innovation, initiative skill, discipline, turn over, absenteeism, competition and training. In the findings, the factors influencing performance of academicians includes demonstrated academic ability, academic potential, creativity, oral expression, initiative skill, perseverance, ability to work independently, and professional ability. These factors have also been identified by different scholars to have predictive power on job performance of employees across all disciplines and professions especially the medical practitioners.

Koopmans et al. (2013) investigated conceptual frameworks of individual work performance under four theoretical dimensions which includes task performance, contextual performance, adaptive performance,

counterproductive work behaviour. The objective of the study was to identify relevant indicators for each dimension of work performance. Koopmans et al. (2013) reported 128 unique indicators from multiple literature consulted and twenty-three of these indicators were selected by experts as most relevant for measuring individual work performance. In the task performance group, the metrics defined by Koopmans et al (2013) include job awareness, work quantity, quality of work, keeping knowledge up to date, job skills, working correctly, planning and arranging, decision-making, administration, problem solving, oral and written communication, tracking and managing resources. The studies suggested that performance should be measured in terms of work-related behaviours, the organization involved, the nature and complexity of the work. It is important to develop standardized measurement instrument for assessing individual work performance.

In addition, Epstein (2007) in agreement with Koopman listed eight elements that measures physician's job performance, these include habits of the mind and behaviours, availability of materials or equipment, acquisition and application of knowledge and skills, professionalism, clinical reasoning and judgement in uncertain situations, teamwork, practice-based learning and improvement and system-based practice. This study suggests that clinicians support the use of health information technology and ability to use electronic information resources as performance measurement and management. Hence, it is used as key tool for successful achievement of clinical assignment and management of individual clinical practice. In another study, Chirasha, Chipunza and Dzimbiri (2017) examined the key performance indicators and performance standards set at Gweru and Kwekwe City Councils in Zimbabwe using a survey design. These performance indicators are quality work, employee output, communication and dependability, controlling of costs, planning, team working, problem solving, technical understanding and leadership management. The study was a quantitative descriptive survey. The findings revealed that employee performance with regard to quality service for customer needs, financials, internal procedures and learning and growth was low indicating that the levels of employees' performance were low.

Job -specific task proficiency reflects the degree to which medical practitioners perform core technical tasks which are central to their job. Such activities are concerned with medical doctors' / patients' interaction to keep patients informed, creating treatment plans, providing patients centred care to restore patient's optimum health, prescribing medication, answering clinical questions, writing of laboratory investigations and others. Job -specific task proficiency are activities that represent the capacity to perform to a certain level the core technical task responsible for accomplishment of core job task (Jankingthong & Rurkkhum, 2012). Indicators of job specific task proficiency include quality of work and quantity of work, job knowledge, skills and work efficiency, training and professional development, creativity, innovation, paying attention to details, being result-oriented, making optimal use of information resources and competencies. A study conducted by Ajala (2012) examined quality of work life (QWL) and workers well-being through an industrial social worker's approach. Job satisfaction (JS), capacity development (CD), work and non-work life balance (WLB), emotional supervisory support (ESS), organizational support (OS), were used to measure health and wellbeing of employees in the workplace. The findings showed that job satisfaction enhance the quality of work life and better well-being of employees. Training, availability of appropriate working tools (medical information resources), job satisfaction, payment of salary, good work environment are good motivators to enhanced performance at work. Others are effective communication, organizational policies, job security and working hours are said to influence job performance. Similarly, Al-Howil Al-Otaibi (2020) investigates the impact of the quality of working life in its various dimensions on the performance of employees in order to improve its quality, to achieve better performance, to stimulate, the creativity of individuals, to enhance competitiveness and to create a culture of creativity and development at Dawadami General Hospital. The results showed a strong correlation between the dimensions of the quality of working life (salaries and wages, occupational health and security, job satisfaction, opportunities for advancement and career progression, dominant leadership style,

and work environment) and the performance of the staff at Dawadami Hospital. It also showed a moral impact by the dimensions of the quality of working life on the level of the job performance of the staff. Moreover, the results indicated no significant differences in opinion about all its dimensions among the study sample, whether by type, age, educational level, job type, number of years of service, or salary.

Quality of health service and patient satisfaction are an important element in providing a health service. Assessing and evaluating a health service based on user perceptions are important for continuous improvement of health services. Widayati, Tamtomo and Adriani (2017) examined the factors affecting quality of health service and patient satisfaction in community health centers in North Lampung, Sumatera, Indonesia. Factors affecting quality of health service were income, education, and frequency of visits. Factors affecting patient satisfaction were income, education, frequency of visits and quality of service. Quality of service is affected by income, education, and frequency of visits in community health center. Patient satisfaction is affected by income, education, frequency of visits, and quality of service. The findings showed that the quality of health service was positively affected with patient satisfaction. When patient has a high perception of the quality health service, they will more satisfied with the services provided.

A study conducted by Davidescu, Apostu, Paul and Casuneanu (2020) investigated the relationship between employee development and worktime and workspace flexibility as relevant characteristics of sustainable human resource management (HRM), job satisfaction and job performance among Romanian employees and their impact on the level of job performance and job satisfaction of employees. The results revealed that more than one third of Romanian employees declared to work in a flexible manner. Workspace flexibility were highly appreciated by employees, creating a great openness and interest in the employees. Home working has the most appreciations mainly in terms of employee work outcome, comfort, time and space management indicating that increasing work flexibility will significantly improve job performance and motivation leading to superior performance. Similarly, the study of Khan, Khan, Khattak, Shah, Tanoli, AshrafHassan (2016) investigated the prevalence of burnout amongst different medical specialties and examined the associated factors related to burnout among the medical professionals of a tertiary care private hospital of Peshawar, Khyber Pakhtunkhwa. It was a cross-sectional study and questionnaires was used for data collection. The finding revealed that 33% of doctors had severe professional burnout, 36% moderate burnout and 31% mild professional burnout. This indicates that burnout is a monster which in due course reduces doctors' energy and productivity leaving them to feel helpless, hopeless, and angry. On the other hand, Jamal, (2016) examined the nature of the relationship of overall job stress, challenge and hindrance stress with job performance and turnover motivation among nurses (N=255) employed by three hospitals in the Gulf States of the Middle East. A structured questionnaire was used to collect data on measures of job stress, turnover intention and social support. Job performance data were obtained from hospital files. The findings revealed that job stress, challenge stress and hindrance stress were all related to job performance and turnover motivation. The nature of the relationship between the measures of job stress and performance was primarily a negative linear. Also, the results of the study supported the convergence instead of divergence perspective in cross cultural management research. Stress dysfunctional influences the physical and emotional wellness of the individual Health worker and overall work outcome. Hence, coping with job stress may likely affect the level of performance.

Non-Job-specific Task Proficiency (NJSTP) of medical practitioners are those behaviours, action and activities carried out by medical practitioners which do not contribute to the technical core duties but are required to support and facilitate organizational effectiveness, goals and success. The indicators of NJSTP covered in this study include written and oral communication, demonstration of efforts, personal discipline and team work.

Chandra, Mohammadnezhad and Ward (2018) conducted a literature review with the aim to gather the knowledge and concepts pertaining to communication and trust in a doctor-patient relationship and how they influence patient satisfaction and perceived quality of health care services. The findings from all the articles reviewed showed that both trust and communication were positively related to patient satisfaction and perceived quality of health care services in-terms of better compliance with medication and following medical advice in both developed and developing country. The research also discovered that the quality of interactions with patients is linked to patient satisfaction and confidence. The ability to communicate effectively with patients are required to understand patients' medical problems. In another research, Travaline, Ruchinskas, and D'Alonze (2005) reviewed the why and how of effective patient-physician communication. The study revealed that the high quality of the doctor's delivery of care depends on how the physicians communicates information to patients. Good communication relationship with patients produces healing effect on them. A healthy and effective doctor-patient relation, trust and communication is required to play a vital role in the interrelationships and in providing patient with high quality care. In another study, Ha and Longnecker (2010) examined doctor-patient communication relationship and noted that it is central to clinical functioning and building a therapeutic doctor-patient relationship. The study revealed that doctor's communication and interpersonal skills encompass the ability to gather information to facilitate accurate diagnosis, counsel appropriately, give therapeutic instructions, and establish caring relationships with patients. This is important in the delivery of high-quality health care.

Objectives of the Study

The specific objectives of the study are to:

1. examine the level of job performance of medical practitioners in university teaching hospitals in South-West, Nigeria.
2. determine the level of job-specific-task-proficiency of medical practitioners in university teaching hospitals in South-West, Nigeria
3. ascertain the level of non-job-specific-task-proficiency of medical practitioners in university teaching hospitals in South-West, Nigeria.

Research Questions

The study sought to provide answers to the following research questions:

1. What is the level of job performance of medical practitioners in university teaching hospitals in South-West, Nigeria?
2. To what extent is the level of job-specific-task-proficiency of medical practitioners in university teaching hospitals in South-West, Nigeria?
3. What is the level of the non-job-specific-task-proficiency of medical practitioners in university teaching hospitals in South-West, Nigeria?

Methods

The study used the descriptive research design to investigate the job performance of medical doctors in university teaching hospitals in South-West, Nigeria. The population of this research consisted of 2,913 medical doctors in University Teaching Hospitals in South-West geopolitical zone of Nigeria. South-West geo-political zones are made up of six states which are Lagos, Ondo, Osun, Ogun, Ekiti, and Oyo. The university teaching hospitals in the region are: University Teaching Hospital, Ado Ekiti, Lagos University Teaching Hospital, Idi-Araba, Lagos, Olabisi Onabanjo university Teaching Hospital, Sagamu, University of Medical Sciences, Ondo, Obafemi Awolowo University Teaching hospital, Ile-Ife and University College Hospital, Ibadan. The sample size of the study was 391 medical doctors, based on Taro Yamane sampling size determination formula. A 3-stage sampling technique comprising purposive, proportionate stratified and accidental sampling methods were adopted for the study. The research instrument indicated a

reliability index of 0.788, signifying that the research instrument is reliable. Out of the 391 copies of questionnaire administered, 390 copies were retrieved for data analysis which constituted 99.7% of the response rate. Descriptive statistics (frequency counts, percentage, mean and standard deviation) were used to answer the research questions.

Findings

The respondents' analyzed demographic data are shown in Table 1

Table 1: Respondents' demographic information

Demographic Variables	Frequency (n)	Percent (%)
Gender		
Male	255	65.4%
Female	135	34.6%
	390	100.0%
Age		
Below 30 years	117	30.0%
30-40 years	156	40.0%
41-50 years	97	24.9%
51-60 years	17	4.4%
Above 60 years	3	0.7%
	390	100.0%
Years of experience		
1-10 years	242	62.1%
11-20 years	101	25.9%
21-30 years	35	9.0%
31-40 years	9	2.3%
41 years and above	3	0.8%
	390	100.0%
Highest educational qualification		
MBBS	225	57.7%
MSC	98	25.1%
PHD	67	17.2%
	390	100.0%
Professional qualification		
FRCS	213	54.6%
FRCP	85	21.8%
FMCS	75	19.2%
FMCP	5	1.3%
FWACS	7	1.8%
FWAC	5	1.3%
	390	100.0%
Area of specialization		
Community medicine	22	11.7%
Internal medicine	17	9.0%
Paediatrics	28	14.9%
Surgery	37	19.7%
Obstetrics and gynaecology	52	27.7%
Haematology	30	16.0%
Pathological science	2	1.1%
	188	100.0%

Job position		
Medical officer	106	27.3%
Senior medical officer	68	17.5%
Registrar	113	29.1%
Consultant	101	26.0%
	388	100.0%

Source: Researcher's Field Survey, 2021

The result of the study on gender is shown in Table 1. Table 1 revealed that two hundred and fifty-five respondents (n=255, 65.4%) were males while 34.6% (n=135) of the respondents were females. This suggests that there are more male medical practitioners than females in the University teaching hospitals in South-west, Nigeria. Hence, the University teaching hospitals in South-West, Nigeria is male-dominated profession. The result on age revealed that 70.0% of the respondents (n=273) were below 40 years of age. These are usually the active working ages. From the result, it could be concluded that many employees in the medical sector under study were still in their prime age, young and energetic. Therefore, most members of the medical work force are within the productive age, which encourages efficient, effective and productive performance. Sixty-two percent (62.1%) of the medical personnel in the University teaching hospitals had 1-10 years' work experience while those with 41 years and above were 0.8%. This result showed that many of the participants in the study area have worked in the medical sector for quite a while. By implication, the tacit knowledge and job experience of the medical practitioners can be vital in achieving organizational effectiveness of the University teaching hospitals.

Table 1 indicates that medical practitioners with MBBS (57.7%, n=225) have the highest educational qualification while PhD is the least at 17.20% (n=67). This type of result is expected since as university teaching hospitals will more likely give higher priority to employing people with basic qualifications than others. The very few participants that possess doctorate degrees indicate the need for medical doctors to upgrade their qualifications, a situation which the National Universities Commission has constantly complain about. Table 1 indicates that medical practitioners with 54.6% (n=213) possessed FRCS while FWAC is the least at 1.3% (n=5) and FMCP (N=5, 1.3%). This shows that most staff in the University teaching hospitals, Nigeria have the basic professional qualification in medicine. Obstetrics and gynaecology unit had the highest number of staff, 27.7% (n=52) while Pathological science (1.1%, n=2) was the least. This result also suggests that the sample cut across the various units in the University teaching hospitals under study. Twenty-nine percent (29.1%, n=113) of employees in the study were registrars while the senior medical officers were 17.5% (68). This suggests that registrars participated more in the study. This result could also imply that the University teaching hospitals under study are largely dominated by registrars.

Research question 1: What is the level of job performance of medical practitioners in university teaching hospitals in South-West, Nigeria?

This question is answered with the data in Table 2.

Table 2: Job performance of medical practitioners in University teaching hospitals

Statements Kindly indicate the level of performance of medical doctors in the following tasks...	Very High Level (4)	High Level (3)	Low Level (2)	Very Low Level (1)	Mean	Std.
Ability to communicate sound clinical advice to patients.		252 (66.7)	113(29.9)	13(3.4)	3.64	.55
Ability to communicate with patients during consultation.	249(65.7)	111(29.3)	18(4.7)	1(0.3)	3.61	.59
Ability to review patients' cases during ward rounds.	225(59.7)	132(35.0)	16(4.2)	4(1.1)	3.54	.63
Ability to clearly communicate with colleagues and clients in writing.	225(59.4)	132(34.8)	18(4.7)	4(1.1)	3.54	.64
Adherence to professional practices and behaviour when discharging duties	231(60.9)	134(35.4)	10(2.6)	4(1.1)	3.57	.60
Punctuality and regularity at work	221(58.8)	137(36.4)	12(3.2)	6(1.6)	3.53	.64
Compliance with hospital rules, regulations and procedures.	213(56.1)	147(38.7)	17(4.5)	3(0.8)	3.51	.62
Managing complaints by management on medical errors and negligence.	135(35.8)	203(53.8)	34(9.0)	5(1.3)	3.25	.67
Meeting approved goals and tasks completion in my section within earliest time desirable	151(40.5)	199(53.4)	21(5.6)	2(0.5)	3.35	.61
Delivery of assigned duties on schedule not minding the volume	156(41.3)	186(49.2)	32(8.5)	4(1.1)	3.31	.67
Meeting deadlines, even, under pressure	109(28.8)	242(63.9)	24(6.3)	4(1.1)	3.20	.59
Persuading others to handle extra responsibilities	107(28.2)	222(58.6)	44(11.6)	5(1.6)	3.14	.66

Encouraging one another to participate, partner and decide on how to get work done.	152(40.3)	204(54.1)	15(4.0)	6(1.6)	3.34	.63
Raising the morals of co-workers for better work output.	150(40.0)	197(52.5)	27(7.2)	1(0.3)	3.33	.62
Sharing expertise with co-workers	141(37.5)	198(52.7)	28(7.4)	9(2.4)	3.26	.70
Ability to encourage and train subordinates	115(30.3)	226(59.5)	35(9.2)	4(1.1)	3.19	.63
Performance of any duty or medical routine work, even, when it is not in my section	86(23.1)	192(51.5)	91(24.4)	4(1.1)	2.96	.72
Ability to resolve clinical problems		210(55.4)	154(40.6)	15(4.0)	3.53	.57
Ability to perform assigned duties on time	210(55.3)	148(38.9)	20(5.3)	2(0.5)	3.49	.62
Ability to keep up-to-date knowledge on medical practices	183(48.2)	169(44.5)	25(6.6)	3(0.8)	3.41	.65
Applying sound decisions to complete assigned duties appropriately	215(56.9)	150(39.7)	12(3.2)	1(0.3)	3.54	.57
Completion of task at stipulated time	198(52.4)	159(42.1)	20(5.3)	1(0.3)	3.47	.61
Provision of adequate information to patients and families	185(49.7)	159(42.7)	25(6.7)	3(0.8)	3.43	.65
Acknowledgment for job excellence by management	131(34.6)	182(48.0)	55(14.5)	11(2.9)	3.15	.76
Ability to suggest better ways of getting tasks done	179(47.2)	179(47.2)	17(4.5)	4(1.1)	3.41	.63
Ability to take initiative on the job	163(43.0)	190(50.1)	23(6.1)	3(0.8)	3.36	.63

Anticipation of challenges and provision of solution in advance	150(39.4)	191(50.1)	34(8.9)	6(1.6)	3.29	.69
Resourcefulness and creativity	139(36.6)	212(55.8)	24(6.3)	5(1.3)	3.28	.64
Ability to apply professional knowledge to medical tasks.	229(60.6)	135(35.7)	10(2.6)	4(1.1)	3.57	.60
Ability to resolve patients' complaints.	211(55.5)	151(39.7)	11(2.9)	7(1.8)	3.50	.64
Ability to use library resources to achieve tasks.	134(36.0)	171(46.0)	57(15.3)	10(2.7)	3.15	.77
Commendations from management and colleagues for maintaining professional competence.	99(26.7)	176(47.4)	71(19.1)	25(6.7)	2.94	.84
Utilization of medical information resources to complete task	167(44.2)	182(48.1)	27(7.1)	2(0.5)	3.37	.64
Performing duties of other colleagues when the need arises	137(36.1)	197(51.8)	44(11.6)	2(0.5)	3.24	.67
Encouraging co-workers on the quantity of work output.	120(31.7)	218(57.7)	35(9.3)	5(1.3)	3.20	.65
Application of knowledge received from attending seminars and conferences continuous medical education	84(22.8)	158(42.9)	88(23.9)	38(10.3)	2.75	.93
Sponsorship for workshop attendance	37(10.1)	102(27.9)	114(31.1)	113(30.9)	2.16	.98
Sponsorship for trainings in the last three years	32(11.5)	91(24.9)	102(27.9)	131(35.8)	2.11	1.02
Job Performance (Average Weighted Mean = 3.28)						

Source: Researcher's Field Survey, 2021

Decision Rule: 1.0-1.74 = Very Low Level; 1.75-2.49 = Low Level; 2.50-3.24 = High Level; 3.25-4.0 = Very High Level. **Criterion mean = 2.5**

The result of Table 2 showed that the level of job performance of medical practitioners in University teaching hospitals in South-West, Nigeria, was very high (weighted mean score = 3.28), on a scale of 4.

This result suggests that the medical practitioners in the study area performs very highly on the job. This situation could be due to the fact that medical practitioners performed very well in areas such as ability to communicate sound clinical advice to patients (3.64), ability to communicate with patients during consultation (3.61), ability to review patients' cases during ward rounds (3.54), ability to clearly communicate with colleagues and clients in writing (3.54), adherence to professional practices and behaviour when discharging duties (3.57), punctuality and regularity at work (3.53), compliance with hospital rules, regulations and procedures (3.51), ability to resolve clinical problems (3.53), ability to apply professional knowledge to medical tasks (3.57) and ability to resolve patients' complaints (3.50). These results suggest the need for university teaching hospitals in the study area to sustain the performance of medical practitioners in the aforementioned areas. Nonetheless, the result showed that the medical practitioners performed poorly in the aspect of training and professional development (2.34). This situation shows that training and professional development could pose barriers to the job performance of medical practitioners. This result suggests that University teaching hospitals in the study area could further improve job performance of medical personnel by paying attention to training and professional development of her medical workforce.

Research question 2: To what extent is the level of job-specific-task-proficiency of medical practitioners in university teaching hospitals in South-West, Nigeria?

This question is answered with the data in Table 3.

Table 3: Job-specific task proficiency of medical practitioners in University teaching hospitals

Indicators of job-specific task proficiency	Mean	Std.	Decision
Job knowledge	3.48	0.49	Very high
Quality of work	3.39	0.46	Very high
Creativity and innovation	3.33	0.49	Very high
Competence	3.29	0.51	Very high
Quantity of work	3.27	0.47	Very high
Training and professional development	2.34	0.82	Low
Job-specific task proficiency (Average Weighted Mean = 3.19)			

Source: Researcher's Field Survey, 2021

Decision Rule: 1.0-1.74 = Very Low Level; 1.75-2.49 = Low Level; 2.50-3.24 = High Level; 3.25-4.0 = Very High Level. **Criterion mean = 2.5**

The result of Table 3 showed that the level of job-specific task proficiency of medical practitioners in University teaching hospitals in South-West, Nigeria, was high (weighted mean score = 3.19), on a scale of 4. Job-specific task proficiency was measured with six indicators as shown in the Table 3. The result shows that the mean scores for job knowledge (3.48), quality of work (3.39), creativity and innovation (3.33), competence (3.29) and quantity of work (3.27) were within the range of very high level. The high level of the job-specific task proficiency of the medical practitioners could be based on the reason that they performed very highly in their job knowledge, quality of work, creativity and innovation, competence and quantity of work. These results suggest the need for university teaching hospitals in the study area to sustain the job-specific task proficiency of medical practitioners in areas such as in their job knowledge, quality of work, creativity and innovation, competence and quantity of work. Nonetheless, the result showed that the medical practitioners performed poorly in the aspect of training and professional

development (2.34). This result suggests that University teaching hospitals in the study area could further improve job performance of medical personnel by paying attention to training and professional development of her medical workforce.

Research question 3: What is the level of the non-job-specific-task-proficiency of medical practitioners in university teaching hospitals in South-West, Nigeria?

This question is answered with the data in Table 4.

Table 4: Non-job-specific task proficiency of medical practitioners in University teaching hospitals

Indicators of job-specific task proficiency	Mean	Std.	Decision
Written and oral communication	3.59	0.48	Very high
Maintaining personal discipline	3.45	0.48	Very high
Demonstration of effort	3.25	0.47	Very high
Facilitation of peer and team performance	3.22	0.47	High
Non-job-specific task proficiency (Average Weighted Mean = 3.37)			

Source: Researcher’s Field Survey, 2021

Decision Rule: 1.0-1.74 = Very Low Level; 1.75-2.49 = Low Level; 2.50-3.24 = High Level; 3.25-4.0= Very High Level. **Criterion mean = 2.5**

Table 4 presents answers to the research question three. The result shows that the level of non-job-specific task proficiency of medical practitioners in University teaching hospitals in South-West, Nigeria, was very high (weighted mean score = 3.37), on a scale of 4. Four indicators were used to measure non-job-specific task proficiency as displayed in the Table 4. The result reveals that the mean scores for written and oral communication (3.59), maintaining personal discipline (3.45), demonstration of effort (3.25) were within the range of ‘very high level’ while facilitation of peer and team performance (3.22) was at a ‘high level’. These results suggest that, the need for university teaching hospitals in the study area should sustain the performance attributes of written and oral communication, maintaining of personal discipline and demonstration of efforts by the medical personnel in order to enhance the performance of the doctors. However, attention could be devoted to enhancing the facilitation of peer and team performance among the medical personnel.

Discussions

This finding was supported by the study of Velnampy (2008) who identified ten factors which determine the performance of an employee such as completion of work within stipulated time, independent work, creativity, innovation, initiative skill, discipline, turn over, absenteeism, competition and training. The finding also corroborates Koopmans, et al. (2013) who study examined relevant indicators for each dimension of work performance. Koopmans, et al. (2013) reported 128 unique indicators from multiple literature consulted and twenty-three of these indicators were selected by experts as most relevant for measuring individual work performance. In addition, Epstein (2007) in agreement with this study findings, listed eight elements that measures physician’s job performance, these include habits of the mind and behaviours, availability of materials or equipment, acquisition and application of knowledge and skills, professionalism, clinical reasoning and judgement in uncertain situations, teamwork, practice-based learning and improvement and system-based practice. Also in agreement with the finding is Al-Howil Al-Otaibi (2020) who found a strong correlation between the dimensions of the quality of working life

(salaries and wages, occupational health and security, job satisfaction, opportunities for advancement and career progression, dominant leadership style, and work environment) and the performance of the staff at Dawadami Hospital. The study of Widayati et al (2017) in Indonesia also agreed with the finding of this study. Their findings showed that the quality of health service was positively affected with patient satisfaction. When patient has a high perception of the quality health service, they will more satisfied with the services provided. Trust and communication have been reported in study of Chandra et al (2018) as a factor of job satisfaction in a doctor-patient relationship and quality of health care services. The findings from all the articles reviewed by these authors showed that both trust and communication were positively related to patient satisfaction and perceived quality of health care services in-terms of better compliance with medication and following medical advice in both developed and developing country. The research also discovered that the quality of interactions with patients is linked to patient satisfaction and confidence. The ability to communicate effectively with patients are required to understand patients' medical problems. However, the finding of this paper disagreed with Chirasha, et al (2017) who revealed that employee performance with regard to quality service for customer needs, financials, internal procedures and learning and growth was low indicating that the levels of employees' performance were low.

Conclusions and Recommendations

The study concludes that the job performance and non-job-specific task proficiency of medical practitioners of medical practitioners in the university teaching hospitals, South-West, Nigeria is 'very high' while the job-specific task proficiency of medical practitioners was 'high'. There are, however, challenges to job performance that must be addressed to sustain the level of productivity among medical doctors in the South-West Nigerian geopolitical zone. A major challenge includes training and professional development. The job performance of the resident doctors may begin to decrease in due course if the challenge persists. Therefore, the following recommendations are set forth:

1. It is imperative for management of teaching hospitals in South-West Nigeria to improve on training and professional development of their medical workforce. This could be done by ensuring that medical practitioners are sponsored for workshop attendance and trainings. Doing this could further improve job performance of medical practitioners.
2. The management should be applauded for efforts in ensuring that medical practitioners continually perform well in job-specific task proficiency areas such job knowledge, quality of work, creativity and innovation, competence and quantity of work.
3. Commendations should also be given to the management in ensuring that the medical practitioners perform well in non-job-specific task proficiency areas namely written and oral communication, maintaining of personal discipline and demonstration of efforts, and facilitation of peer and team performance by the medical personnel in order to enhance the performance of the doctors.

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