Abraham Maslow’s Hierarchy of Needs Dynamics in the Administration of Public Organizations under the President Buhari’s Democratic Dispensation in Nigerian Health Sector

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Abstract: Abraham Maslow became one of the foremost spokesmen of humanistic psychology who emphasized the positive side of humanity. The theory of Hierarchy of needs made motivation and job satisfaction immensely popular and helpful in assessing administrative performance. Though some corrupt behaviours which includes bribery, misappropriation, nepotism, fraud, embezzlement, extortion, favoritism, rigging of elections, and falsification of voters register, over-invoicing, money laundering, examination malpractices, health professionals’ rivalry and security challenges such as Gbokoharamism, Herdmanism, kidnapping and assassination exist in the current President Buhari administration with serious effects on the health sector, the Buhari administration has done a lot in consideration of Maslow’s Hierarchy of Needs ranging from physiological, safety, belongings, esteem and self-actualization needs with very high expectations in the health sector. The chance for another term for President Buhari could be an opportunity to accomplish the Maslow’s theory of hierarchy of needs among Nigerians and in Health sector in particular.

Keywords: Abraham Maslow’s Hierarchy of needs, President Buhari democratic administration, Nigerian Health Sector.

I. INTRODUCTION

Abraham Harold Maslow (1908-1970) is one of the most distinguished researchers and thinkers in the realm of motivation in psychology as well as in administrative theory. His theory of motivation is immensely popular and helpful in assessing administrative performance in the aspect of motivation. Maslow’s humanistic approach is very significant turning point in the evolution of administrative theories. Though Maslow’s theory have been criticized due to little empirical support, inaccuracy of hierarchy of needs, conflict with career growth and needs (gratification/activation), lack of practical and methodology support, and absence of clear evidence of classification of needs (deprivation/domination dichotomy), and self-actualisation[1, 2] the use of Maslow’s theory of needs in the narration of President Buhari Administration and behavioural perspectives from the beginning of his administration in 2015 till date is the bane of the paper with interest in the contributions in health sector.

II. MASLOW’S THEORY ON HIERARCHY OF NEEDS


2.1 Physiological needs

Hunger and thirst belongs to the most potent need of human life and most constitute the most common motivating factors of life than any other needs. Capacities that are not useful for this purpose lie dormant, or are pushed into the background. The urge to write poetry, the desire to acquire an automobile or philosophy, community feeling, love, freedom are waved aside since they fail to fill the stomach. Therefore, Maslow remarks, “Man lives by bread alone - when there is nobread”. But Maslow recognizes that such chronic, extreme hunger of the emergency type is not common in most of the known societies. When gratified, the physiological needs cease to be the most important motivator and next want emerges.

2.2 The Safety Needs

The safety needs are the next set of needs to dominate the behaviour of individuals. Even sometimes, the physiological
needs, which being satisfied now are underestimated. Safety needs are like the common preference for a job with tenure and protection, savings accounts and all sorts of insurance (medical, dental, unemployment, disability, old age). The need for safety becomes an active and dominant motivator only in emergencies, e.g., war, disease, natural catastrophes, crime waves and similar bad conditions as opined by Maslow.

2.3 The belongingness and love needs

When both the physiological and safety needs are fairly gratified, the love and belonginess needs will emerge and “the person will feel keenly as never before, the absence of friends, a social circle, or a sweetheart, or a wife, or children”. He might have sneered at love as unnecessary when he was hungry but now, he will strive with great intensity to achieve it.

These needs, Maslow points out, are often thwarted in our society and are a common cause of maladjustment and psychopathology. It should be noted that it is ‘D-love and not B-Love’. The love needs can never be fully satisfied but at some level of satisfaction of these needs, their dominant influence diminishes on the individual and the esteem needs become more important.

2.4 The Esteem Needs

According to Maslow, all people in our society (with a few pathological exceptions) have a need for esteem which can be classified into self-esteem and esteem from others.

The former includes “the desire for strength, for achievement, for adequacy, for mastery and competence, for confidence in the face of the world, and for independence and freedom” and the latter includes “the desire for reputation or prestige, status, dominance, recognition, attention, importance, or appreciation.”

2.5 The Need for Self-Actualization

Even if all these needs are satisfied, we may still often expect that a new discontentand restlessness will soon develop, unless the individual is doing what he is fit for. In often quotedlines of Maslow, “A musician must make music, an artist must paint, a poet must write, if he is to be ultimately at peace with himself. What a man can be, he must be.” The emergence of the top most need of self-actualization after the satisfaction of other four needs makes an individual desire to use his potential to the fullest and to accomplish all he is capable of accomplishing.

III. CONCEPTS OF JOB MOTIVATION AND SATISFACTION AS BASIS FOR HIERARCHY OF NEEDS

In the words of Onah,[3] “People work for a wide variety of reasons. Some want money, some want challenge, and some want security. The things that each unique individual in an organization decides that he or she wants from work plays an instrumental role in determining motivation to work. But some do not know what they want”

The performance of any organization, health institutions inclusive is based on motivation, ability and environment. Motivation is therefore set of forces that lead people to behave in a particular way [4] and represent the forces that affect his or her direction (goal oriented), intensity (amount of effort) and persistence of voluntary behavior [3, 5].

Work motivation is an important phenomenon for both scholars and practitioners especially the health practitioners to understand. It helps to explain what drove Thomas Edison to invent the first light bulb, Florence Nightingale to improve nursing practices, Nelson Mandela to become the president of South Africa and can also apply to all healthcare providers ranging from NMA to JOHESU members in Nigeria where crisis has become the order of the day [6].

The manager in healthcare services and any organization would find motivation education very interesting according to Onah [3] in the order of the following importance:

1. Motivate people to join your organization
2. Motivate people to stay in your organization.
3. Motivate people to show up for work in your organization
4. Motivate people to perform better in your organization
5. Motivate people to do extra in your organization.

Dutt[7] identified some basic conceptual characteristics of job motivation:

1. Motivation requires some urges of desires which can be fundamental or ego-satisfaction
2. Motivation is goal directed as it has to fulfil some need.
3. Motivation starts by internal feeling of an individual
4. Motivation is a continuous process as all the needs are not (usually) satisfied at a time
5. Motivation works in the totality of a person
6. Motivation increases the efficiency and effectiveness of the organization.

Through motivation the organization can increase its production and productivity as the employees will employ full efforts to use correct methods, system or technology effectively (resulting in meeting organisational goals).

The concept of job motivation explores three distinct but related perspectives according to Buchanan & Hucyznski[15]:

1. Goals: what are the main motives for our behaviour, what are our desired goals?
2. Decisions: why do we choose to pursue certain goals? Why do you study so hard to earn distinctions while a friend has full social life and gets pass grade? Motivation is view here in terms of ‘cognitive decision-making’ processes influencing an individual’s choice of goals.
3. Influence: How can we motivate you to work harder? Managers want to motivate employees to turn up on
time and be helpful to customers and to attend to other organisational task with the best of their abilities or skills.

IV. PRESIDENT BUHARI’S DEMOCRATIC DISPENSATION

Umar and Tubosun [16] puts Change Agenda Policy of Nigerian led government of President Buhari to include: Fighting corruption, Poverty eradication, Employment Creation, Security against Boko Haram insurgency, Economic Development through diversification, Price Control, Justice / rule of law and Reformation in oil and gas industries.

The current administration under the leadership of President Muhammadu Buhari is generally set and voted to eradicate corruption and insecurity in Nigeria [17]. This target has been observed and documented in the past three years of administration by the office of the Presidency and some scholars [17]. Some organizations have tagged it Buharimeter just to ensure that Promises of Mr President during campaigns is adequately monitored. In this paper, the researcher shall look at the Nigerian administration under President Muhammadu Buhari with a close look at the Buhari score card at 29th May 2018 in perspective and health sector in particular.

V. DYNAMICS OF HIERARCHY OF NEEDS ON ORGANIZATIONAL HUMAN RESOURCE MANAGEMENT UNDER PRESIDENT BUHARI

In agreement with Onah,[3]; Disu & Obeta [6] it is expected that the healthcare organizations under the Buhari administration offer some level of needs to the employees as form of motivation in the order as grouped in the Maslow’s triangle and this section shall critically present the Buhari administration performance with reference to President Buhari Presentation of May 29, 2018 to mark third year in office [18].

5.1 Physiological needs: From the health perspective, The Buhari administration should offer source of food and base pay, adequate ventilation, air conditioner, rest rooms, call duty rooms with meal in various health facilities across the country.

In attempt to provide food on the table of Nigerians and health workers, the Buhari administration created the following programmes which could improve availability of food or financial power for food provision and availability among Nigerians and health workers.

1. Anchor Borrowers Programme (ABP) of the Central Bank of Nigeria has made available N82 billion to fund up to 350,000 farmers. The farmers cultivates Rice, Wheat, Maize, Cotton, Cassava, Poultry, Soya Beans and Groundnut in about 400,000 hectares of land. ABP has raised local production of rice of which the yields doubled from 2-3 tones per hectare and Nigeria’s paddy production also doubled compared to 2014 levels.

2. Between 2016 and 2018, eight new rice mills have come onstream in Nigeria. More than a billion dollars of private sector investments had gone into the production of Rice, Wheat, Sugar, Poultry, Animal Feed, Fertilizers, etc. It is important to note that Nigeria’s milled rice production has increased by about 60 percent, from 2.5 million MT in 2015, to 4 million MT in 2017 and therefore putting food on the table of health workers and Nigerians has improved of recent.

3. The Presidential Fertilizer Initiative (which involves a partnership with the Government of Morocco, for the supply of phosphate), revitalized the 14 blending plants across the country, with a total installed capacity in excess of 2 million MT. This has resulted to annual savings of US$200 million in foreign exchange, and N60 billion annually in budgetary provisions for Fertilizer subsidies. With this Scheme, Farmers can easily purchase Fertilizer at prices up to 30 percent cheaper than previous available prices in the country.

4. Buhari administration in attempt to provide physiological needs to Nigerians has created Support for Micro, Small and Medium Enterprises with private health providers also participating. The Administration launched a series of funding and capacity development initiatives designed to support Micro, Small and Medium Enterprises (MSMEs) like:

a. Development Bank of Nigeria (DBN) which took off with initial funding of US$1.3 billion (N396.5 billion) and is meant to provide medium and long-term loans to MSMEs. The Minister of Finance Kemi Adeosun led the Nigerian delegation that negotiated with the World Bank Group (WBG), African Development Bank (ADB) and European Investment Bank (EIB), at the 2016 Annual Meetings of the World Bank Group and IMF, for the US$1.3 billion take-off loan. The CBN approved the operating license of the Bank in March 2017, subject to the provision of minimum capital requirement of N100 billion and other conditions, which have since been satisfied. As a wholesale bank, the DBN lends wholesale to microfinance banks, which in turn on-lend medium to long term loans to MSMEs. Already, the DBN has a N5 billion line of credit available to be accessed by MSMEs through its partner institutions.

b. Bank of Industry has disbursed more than N160 billion in loans since 2016. It has also established a N5 Billion Fund for Artisanal Miners, as part of the Federal Ministry of Mines and Solid Minerals Development’s Programme to boost Mining activities in Nigeria.

c. The MSME Clinics, which bring relevant Government Agencies together with small businesses operating in various cities across the country, to
enable the Agencies provide direct support to various businesses that can help the masses including health workers using:

i. Social Investment Programme (SIP): SIP is the largest and most ambitious social safety net programme in the history of Nigeria, with 140 billion released and more than 9 million direct beneficiaries so far.

ii. N-POWER: As at August, 2018, 500,000 N-Power beneficiaries are currently participating and receiving N30,000 in monthly stipends.

iii. Government Enterprise and Empowerment Programme (GEEP): N15.183 billion in interest-free loans ranging from N50,000 to N350,000 disbursed to more than 300,000 market women, traders, artisans, farmers across all 36 States of the country and the FCT, under GEEP. (56 percent of the loans have gone to women).

In terms of advancing the financial inclusion goals of the Buhari Administration, GEEP has led to the opening of 349,000 new bank accounts/wallets for beneficiaries and intending beneficiaries. In November 2017, GEEP was chosen as the pilot programme for the Bill & Melinda Gates Foundation Policy Innovation Unit in Nigeria.

iv. Home Grown School Feeding Programme (HGSFPP): Currently a total of 8.2 million pupils in 45,394 public primary schools across 24 states: Abia, Anambra, Enugu, Ebonyi and Imo (South East); Akwaibom, Cross River and Delta (South South); Osun, Oyo, Ondo and Ogun (South West); Benue, Niger and Plateau (North Central); Kaduna, Katsina, Kano, and Zamfara (North West); Bauchi, Taraba, Borno, Gombe and Jigawa (North East). Over 80,000 direct jobs have since been created from the School Feeding Programme; with 87,261 cooks currently engaged in the 24 participating states. All 36 states of the Federation and the FCT will eventually benefit from the Programme. The Health aspect of the programme has seen over 3 million pupils dewormed in 6 states, the deworming programme is a bi-annual programme aimed at eradicating and reducing the burden of worms.

v. Conditional Cash Transfer (CCT): 297,973 families are benefiting from the CCT Scheme, which pays N5,000 monthly to the poorest and most vulnerable households in the country.

vi. Market Money (Marketmoni): The FGN commenced this interest free loan to aid small businesses going on in various markets in Nigeria. It is part of GEEP created to provide financial aid for the unbanked and under banked for easy access to loans at no cost except for the 5% administrative fee with a condition to be a member of market association or cooperative society. The loan ranges from N10,000 to N100,000.

5.2 Safety needs: Buhari is expected to offer safe working condition, job security, health and retirement benefits.

Despite the fact that Boko Haram insurgency in Nigeria has been weakening down by the Nigeria Military Forces and to that extent the Chief of Army Staff, Tukur Buratai, recently further declared the defeat of Boko Haram in the North-eastern country (Nigerian Bulletin, 2016) which is evident by resumption of schools and use of roads earlier occupied by Ghoko Haram. Though recently, there was the issue of killing of Red Cross Staff and a health worker in the North East by Gbokoharam, the Buhari administration has mobilized International Support for the War against Boko Haram, forging strong partnerships with key countries, including the United States, the United Kingdom, France and Germany, ECOWAS, the AU, the UN, and others. After years of stalemate, the United States has finally sold weapons like super tucano aircraft to Nigeria. However, other crimes which affects Nigerians and Health professionals in Nigeria abounds such as kidnapping, militancy in the Niger-Delta, herdsmen/farmer crisis, Armed robbery, Cultism, Domestic violence, Assassination and hooliganism, rape among others still persists, threatening the lives and properties of people vis-à-vis affecting their social and economic lives across the country.

For instance; Nigerian Bulletin (2016) recorded some of the people that have suffered from the issue of kidnapping, in fact some were even killed since the inception of 2016. Among include; Senator Iyabo Anisulowo in Ogun State, Colonel Sama'ilanusa who was kidnapped and later killed by his abductors same day in Kaduna state, the Permanent Secretary of Osun State Ministry of Finance, Budget and Economic Planning, Mrs. Adeibimpe Ogunlumade, her driver and a Director from the same Ministry Mr. Tajuddeen Badejoko who accompanied her were kidnapped in Kogi state. While, in same state, a female lecturer in the Department of Biological Sciences at the Federal University of Agriculture Makurdi was also abducted and killed after collecting the ransom from her family. Again, kidnappers abducted and killed the newly appointed transition Committee Chairman of Jos East Local Government Area of Plateau State, APC Chieftain in Rivers State, Elyon Nitro Elijah and Chief Ibibia Walter were reportedly kidnapped few hours to the commencement of the state’s re-run elections, Nancy Keme Dickson who is a sister of Bayelsa State Governor, Seriake Dickson was also Kidnapped in December, 2015. Also the Lagos Command of the Nigerian Police recorded 51 and 25 kidnapped cases in 2016 and in 2017 respectively (Vanguard, 2017). Moreover, five (5) members of the Nigeria Medical Association (NMA), Cross River branch were also kidnapped, which drive the Association to called on the state government to declare a state of emergency on security across the state (Vanguard, 2018).
On the other hand, the issue of herdsmen/farmer crisis today has taking a new dimension, threatening the security and also affecting the socio-economic life of people across the country. Despite efforts to ease the crisis by the government, in early 2016 herdsmen militant stormed Agatu local government area in Benue state killed over 300 people (THISDAY, 4th April, 2016) and Nimbo in Uzo-Uwani of Enugu State and killed over 50 people (Vanguard, 26th April, 2016) of which many, including the United Nations described as genocide. The most recent and the worst ones among include; the two days co-ordinated attacks by herdsmen on six communities in Benue state namely: Tomatar, Umenge, Akor villages in Guma, Governor Samuel Artom's Housetown, and Ayilamo, Turan, Ngambe-Tiev in logo local government area of the state that led to the died of over 50 people, many people with varying degree of injuries, scores of houses and properties were razed and some even fled their houses for fear of being killed. To that extent, Governor Samuel Ortom declared to the public that Benue state had lost over 95 billion nairaworth of assets and properties, while close to 3,000 had lost their lives to the crisis (Vanguard, 2018).

Similarly, herdsmen attacked six villages of Tambo, Tambo-Jumo, Luru, Bakule, Jifan and Bakopi in Girei local government area of Adamawa state, 10 people lost their lives, many were injured, house and valuable properties were also destroyed (THISDAY, 2018). To said it all, in the last two years, Fulani herdsmen have killed not less than 5000 people and destroyed un-estimated properties in Benue, Plateau, Niger, Delta, Osun, Ekiti, Kaduna, Taraba and Kogi states (Leadership, 2017).

Armed robbery, cultism, domestic violence, hooliganism and rape are another crimes that generated a lot of insecurity of live and properties viz-a-viz affecting their socio-economic life in the country. For instance, in Lagos state alone, the command of the Nigerian Police revealed that 486 robbery suspects and 542 stolen vehicles were arrested, 162 rape cases and 246 persons were murdered during cultist clashes, gangsterism, youth restiveness and street fights which remained highest in the state between December, 2015 and November 2016, while 179 crime cases were prevented due to swift response of the security operatives (Vanguard, 2016). In Kano state, 40 unknown gunmen stormed the residence of a popular local politician and slaughtered two vigilantes and abducted his two house wives (Nigeria Bulletin, 2016).

Even though, attacks by militant groups in the Niger-Delta Region have virtually halted since November, 2016 but other attacks remain a looming threat to the peace and socio-economic life of people in the region. For instance, it was in record that unknown gunmen killed 14, and injure 12 persons on attack in Ogba/Egbema/Ndoni local government area of Rivers state in the New Year day, while in the same day, attack was also mounted in Kaduna state that killed Chief of Numana, in Sanga local government area of Kaduna state, Dr. Gambo Makama and his pregnant wife by unknown gunmen in Southern Kaduna (Vanguard, 2018). Therefore, the issue of insecurity is one of the major challenges of the current administration which if not tackled decisively would continue to have negative effects on the social and economic well-being of the people across the country.

Kolawole & Ali [8] has shown that a significant positive relationship exists between the employees’ job security and the job satisfaction attained at work. Job security is becoming more important to the workers due to the high rate at which organization downsizes in recent days. Employees are glad with the assurance that their job is safe and job security is offered as incentives in some organization justifies that a significant and positive relationship exist between job security, job satisfaction and organization commitment which makes the permanent employees to have higher job satisfaction and are more committed to do their job than contract based employees.

Wiley [9] observed that job loss or threat to workers’ job security leads to psychological behaviours such as low self-confidence, anxiety, and low self-esteem which consequently affects their relationship with friends and families. Job insecurity affects organizational performance, since an unhealthy employees is not healthy for the organization.

A trend has been noted in Nigerian health system where threat of “sack” and “no work no pay” has been used during the union industrial crises and strike. NARD were threatened and some sacked in Lagos in March, 2012 and June, 2016 although they were recalled after all and recently in October, 2017 JUTH sacked NARD and Federal Ministry of Health released Circular with reference DHS/166/T2/220 dated 28th May, 2018 to all Chairmen of Tertiary Hospitals governing board to sack JOHESU members and employ new ones if they continue with the ongoing strike. This can affect the psychology of JOHESU / NARD members in line with the thought of Wiley [9] and also cause stress which could hamper the working relationship meant to exist among the hospital staff, between the staff and management, and more also to the patients in the hospital. [6, 8]

Internal security has generated tension of recent due to kidnapping and herdsmen menace. Daily Trust of July 18, 2017 reported that Medical doctors in Rivers State now live in fear as they have become targets of kidnappers having noted that five doctors were abducted within the last three months. Pulse Nig News on 21st March, 2016 reported that several health workers administering Polio vaccine in Chikun LGA of Kaduna State have been kidnapped. In June 8, 2016 the Cable reported that Gunmen kill the Acting Registrar of Medical Laboratory Science Council in Abuja. On February 23, 2018 the Nation online reported that an International Non-Governmental Organisation (NGO), Ethics Resource Centre Nigeria, on Friday expressed concern over the spate of alleged kidnappings and killings of medical and health workers in Nigeria. The internal security therefore demotivates healthcare professionals when it seems that internal security is not enough for their work.
Nigeria Sovereign Investment Authority (NSIA) in March 2018 invested US$10m to establish a world-class Cancer Treatment Center at the Lagos University Teaching Hospital (LUTH), and US$5m each in the Aminu Kano University Teaching Hospital and the Federal Medical Centre, Umuahia, to establish modern Diagnostic Centres. These Centers should be completed before the end of 2018 and this is a welcomed development for health needs of the citizen by Buhari administration.

The Buhari Administration has released the sum of N54 billion to settle outstanding pension arrears from 2014, 2015 and 2016, as well as clear pensions claims up to March 2017 and there is no doubt that Health professionals affected were involved. The Buhari Administration has also extended more than N1.9Trillion to State Governments, to enable them meet theirsalary and pension obligations, especially in the face of dwindling oil revenues over the last two years which also affects the health professionals within the states.

5.3 Belonging / love needs: Buhari administration should offer interaction with others, participation in work groups, good relation with supervisors.

A good interpersonal relationship among healthcare professionals reduces human errors in the management of patients. Interpersonal processes such as social relations and relational coordination are possible. The relationship may be based on inference, love, solidarity, regular business interaction and other forms of social commitment. This is expected among all healthcare workers with their central interest for the patients’ best outcome. A health system filled with crisis and professional rivalry creates atmosphere of poor patients’ outcome and must be addressed for the betterment of Nigerian Health System devoid of NMA and JOHESU brouhaha.

Intra / Inter- Professional relationship in health is of great importance in this area of discuss. Health services include all services dealing with the diagnosis and treatment of disease or the promotion, maintenance and restoration of health [10]. They include personal and non-personal health services. A way to look at services is to divide them into the following three broad sectors, recognizing that there some degree of overlap: service industries, ancillary and support services and services in the manufacturing industry.

More specifically, the service sectors include health care, hospitality, financial services, professional services, retail services and transportation. Health services are the most visible functions of any health system, both to users and the general public. Service provision refers to the way inputs such as money, human resource, equipment and drugs are combined to allow the delivery of health interventions. Improving access, coverage and quality of services therefore depends on the availability of these key resources; on the ways services are organized and managed and on the incentives influencing providers and users. In the healthcare business, effective management is needed to ensure that quality services are provided to those in need. [10, 11]

In a nutshell, all players in healthcare services are supposed to see themselves as partners in progress with team spirit with respect on one another capacity and profession, however the impasse on various professions of the healthcare professionals in Nigeria is worsome to the extent that NMA is calling JOHESU illegal body (The Nation, April, 17 2018; Leadership Newspaper, May 16, 2018) and vice - versa is very ugly trend that may prolong the underdevelopment of Nigerian Health System under Buhari administration.

A narrative where Nigerian medical doctors protest pay raise and other welfare for other health professionals, (Vanguard, May 11, 2018) the opposite is noticed abroad as Canadian doctors protest pay raise and request that other health professionals’ pay should be raised (CNBC, 2018). The NMA interferes with the government negotiation with other health workers which led the Minister of Labour, Dr Chris Ngige to warn Nigerian doctors to desist from negotiation processes (Guardian, May 22, 2018). This shows great intra / inter-professional rivalry which may last long as the health system in Nigeria stands at now and there is urgent need for a paradigm shift by the Buharigovernment.

5.4 Esteem needs: The Buhari administration should offer recognition, improve status, reduce challenges and encourage merit

More research would be conducted in this area as recognitions and merit is still not well noticed as nepotism and cases of certificate forgeries has been implicated in the Buhari government.

5.5 Self - actualization needs: Buhari governance should offer training, creativity, promotion and employee control over jobs

The Federal Government under Buhari led administration has disbursed N42.2 billion in UBE Matching Grants to 26 States and the FCT, N851.5 million Special Education Grant to 23 States and private providers of Special Education, and N2.2 billion Teachers Professional Development Fund to 33 States and the FCT.

The National Postgraduate College of Medical Laboratory Science (Establishment) Bill, 2018 (HB. 405) which is yet to be signed into law by Buhari led administration is among the bills that would empower medical laboratory professionals like other counter parts that attains consultancy status of their profession thereby discouraging medical laboratory science training.

Some legal issues and court judgments[12, 13] are not yet implemented thereby discouraging employee control over professional jobs in the healthcare sector.

Training has been documented in office of the head of service and in many health institutions however, the training has been one sided among health professionals as the trainings well documented is that of the training of Doctors and Nurses but
the training of other health professionals like Pharmacists, Medical Laboratory Scientists, Physiotherapists, Radiographers etc are still not clearly stated especially with the mention of professional Postgraduate training.

Treasury Single Account TSA system which was launched in 2012 by Past administration, but failed to gain attraction until President Buhari’s executive order in August2015 has made all MDAs inclusive of Health MDAs to implement it up to 92% as of May 2018 is a welcomed creativity.

The Benefits of Buhari administration TSA includes but not limited to:

a. Improving transparency and accountability in the management of all FGNN receipts by providing a consolidated view of Government’s cash flow;

b. Blocks the leakages and abuses which hitherto characterized Public Finance Management in Nigeria;

c. Ensures availability of funds for the execution of government policies, programmes and projects;

d. Controls aggregate cash flows within fiscal and monetary limits;

e. Improves management of domestic borrowing programme;

f. Enables investments of idle funds;

g. Eliminates double collection of Salaries and benefits from government by an individual when linked with BVN

TSA has improved the status of financial transactions in the health institutions and it would be good for improvement by the Buhari led administration.

VI. CONCLUSION

The healthcare workers in Nigeria has outgrown the physiological needs in the Maslow’s hierarchy of needs if one is gainfully employed, however the unlimited nature of needs has abated the incessant industrial disputes and disharmony which is continued in the President Buhari administration.

Corrupt behaviours which includes bribery, misappropriation, nepotism, fraud, embezzlement, extortion, favoritism, rigging of elections, and falsification of voters register, over-invoicing, money laundering, examination malpractices and even the present day cultism [14]and security challenges such as Gbokoharamism, Herdmanism, kidnapped and assassination exist in the current President Buhari administration and the health sector of this administration is not in isolation.

Though Buhari administration has done a lot in consideration of Maslow’s Hierarchy of Needs ranging from physiological, safety, belongings, esteem and self - actualization needs though a lot is still needed especially in the health sector and chance for another term could be an opportunity to accomplish the Maslow’s theory of hierarchy of needs among Nigerians and in Health sector in particular.

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