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Re-imagining the need for good hospital services and health care administration in catholic hospitals in Africa: The Nigerian case

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Abstract: The importance of health care services and its management in Africa, particularly Nigeria today, and beyond cannot be overemphasized. This essay uses historical, pastoral and pragmatic approaches to revisits the place of healthcare policies and regulations in Nigeria as a case study. It stresses theologically, and pastorally the need for hospital coordinators to be acquainted with the fundamentals of health care administration, and ethics of organizations of hospital and health care services. These include acquaintance with medical-legal issues for the good of not only of the Church in Nigeria, but society at large.

Keywords: *Ethics and policies, Health care, Hospital administration, Management, Medical legal issues, Organization.*

1. Introduction

This article focuses theologically and pastorally on the need for good hospitals and health care services and administration in Nigeria and beyond. This essay reminds me of my times and years of services as a Hospital Administrator at a Catholic Hospital, St. Mary's Hospital Urua Akpan, Akwa Ibom State, Nigeria (CSN, *Health Summit*, 2013, p.191). That was between 1999 and 2002, before I was sent abroad, by my Bishop to specialize, rather, in biblical studies. Significantly, and in the realm of biblical studies, God's word, we find God's healing care and his tender love (Exod 15:26; Matt 8:16-17; Mk 1:32-34; Lk 4:40). God is the source of physical health (Job 5:18; Isa 53:5; Jer 33:6 and Hos 6:1). In God, witnessed in the Bible, we find divine mercy, compassion healing and solidarity with the poor, the down-trodden, and those with dry bones (Udoekpo, "Sickness," 2024). Life and good health stemmed from God (Gen 1:26-28; Exod 15:26; Ps 1, Ezek 37; 47, Daniel 3). We also find the healing and prophetic ministries of Christ his son (Matt 4:23; 9:35; Luke 4:18-19; 10:29; John 4; 5-6). Christ came that Lazarus (John 11:1-45) and all of us may have life (John 10:10), irrespective of our various dioceses, states, nations, gender and socio-political or cultural status (John Paul II, *Evangelium Vitae*, nos.1-4; Udoekpo, *Johannine Prophetic*, 2021, Udoekpo, *Israel Prophets*, 2018, Udoekpo, *Amos 5*, 2017, Umoh, 2021). His coming also serves as a reminder that by baptism we are all called to be prophetically and actively divine missionary instruments of healing services and health care administration (Udoekpo, "Ministry of the Royal Priesthood," 2023).

It is this healing mission of Christ, the healer of the poor, rich, aged and destitute that we embark on today in our various faith-based, health care facilities. It is a divinely inspired drive to affirm the dignity of the human person and the sacredness to life, that his Church exemplified in the Church's Catholic Social Teaching (CST), exemplified in the establishment of the first standard Catholic Sacred Heart Hospital at Lantoro in Abeokuta, Ogun State, in 1895 (128 years ago) and in the ministry of the Catholic Bishops' Conference of Nigeria (CBCN), particularly, in the role of the Health Department of the Catholic Secretariat of Nigeria (CSN, *Health Policy*, 2010, 8-10).

To nurture and persist in the good works the Lord had begun in us, in Nigeria, 128 years ago, and based on my experiences as a onetime Hospital Administrator, in Urua Akpan and Chaplain in Hospitals and nursing homes, hospices in the United States of America, I will briefly and practically discuss

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healthcare policies and regulations, fundamental of health care administration, organizations of hospital, as well as medical-legal issues for the good of not only the Church in Nigeria, but society at large.

2. Hospital and Hospital Services

2.1. Hospital --In Retrospect

When I was posted to St. Mary's Hospital Urua Akpan, in the late 1990s, as an Administrator, I became curious and passionate about the origin of Hospitals. I found out that in the ancient days, hospitals served different functions and provided different services, different from our today's modern hospital and clinic institutions, located especially in our various dioceses, in Nigeria. Services.

In the Middle Ages, and at different times, Hospitals were homes for the poor, the aged, and infirmed. It was a place of rest and hostels for pilgrims. Hospital schools were places where people lived in small community as well as institutions for the care of the sick and wounded. The very word "hospital" originates from the *Latin* word "*hospes*," which means a foreigner or stranger and a guest who is on a journey. Similar *Latin* noun, "*hospitium*" came to signify hospitality, that is, the relation between guest and shelterer. It came to represent friendliness, and hospitable reception. Others figuratively, read it as a guest-chamber, guest's lodging, an inn or "a place, or, an establishment where a guest is received," *Wikipedia*, "hospital"). In other words, the terms hospital, hostel, and hotel all derived from the common Latin root hospice. In its earliest, medieval form, Sakharkar confirms, the hospital was aimed at the care of the poor and the destitute, giving it the aura of an "almshouse" (Sakhakar, 2009, p.6).

In the early Greek and Roman civilizations, following Sakhakar's narrative, the temples of gods were used as hospitals. These hospitals were not separate entities but formed an integral part of the temples. Like what we still find in some of our African communities today, in the Greco-Roman periods, little distinction was made between diseases and the supernatural powers that caused diseases, where mysticism and superstition saddle medical practice, where more soul healing than physical healing was practiced. The Greeks and Romans considered the temples of gods and their priests responsible for providing shelter and sustenance for the sick. Charity was the principal source for defraying illness cost for the poor. It was in Greece that Hippocrates- universally acknowledged as the father of western medicine (and cited in multiple places in our Catholic *Health Policy, 2010*) was born, in 40 BC.

With the advent and spread of Christianity there was an impetus to hospitals which became an integral part for the Church and its monasteries. Medicine was reverted to religion, the nuns and monks practicing it. Gradually, these Christian hospitals replaced those of Greece and Rome. During the Crusades (Christian expeditions recover the Holy land from Mohammedans, 1100 -1300 AD) over 19,000 hospitals were founded in Europe to carter for those suffering from war injuries and diseases. The Order of St. John, which is still active today, was one such sect, responsible for creating chains of hospitals and health care facilities. Subsequently, certain decrees issued by the Church stopped the monks from practicing medicine. In the 1163 AD, the Church formally restricted the clergy from working as physicians, and this restriction heralded the beginning of the end of hospitals towards the end of the Crusades (around 1300 AD).

In the Western world, the earliest hospitals founded include; Hotel Dieu in Paris (542 AD.), St. Bartholomew (1123 AD) in London. The Spanish built their first hospital in Mexico City in 1524, while in North America we had the Pennsylvania General hospital opened in 1751, Bellevue hospital New York in 1736 and Massachusetts hospital in 1811 AD. This was followed by establishment of hospitals in quick succession in different parts of the United States of America (Sakhakar, 2009, p.6).

As a health administrator or coordinator, in today's hospitals in Africa, Nigeria in particular, it may also be of value to keep the salient points of the 19th Century Hospital history in mind. It was in the middle of this century that modern hospital became common. This is the time of the arrival of Florence Nightingale who was sent to attend to the sick and the wounded during the Crimean war of 1853-1856 between the joint forces of Britain and France with Russia (does Crimea rings a bell today?). She later introduced nursing training program in Britain and in the United States of America. She revolutionized nursing training. The availability of well-trained nurses made hospitals and clinics much safer and more pleasant places to work. She was known for compassion, care and professionalism, a package needed to be delivered back home today in our various diocesan's hospitals, clinics and health care centers.

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With this development of professional nursing, adding to advancement in sciences, technology education, medical education, contribution of industrialists, roles of government and Church, today hospital remains the most complex and visited places in modern society and in the church in Africa, Nigeria in particular.

In Nigeria Catholic missionary services started around 1880 carrying with it health services. The missionary activities came holistically ministering to the totality of the human person, body mind and soul with special solidarity with the poor, the sick and the outcast. It was under this missionary umbrella that the first Catholic Sacred Heart Hospital (mentioned earlier), was established at Lantoro in Abeokuta, Ogun States, in 1895. This seems to be the seed of the several hospitals, clinics and health facilities we have in our various Archdioceses and dioceses in Nigeria today (CSN, *Health Policy*, 10).

Currently, hospital and clinics in our various places of administration and coordinating are not just a mere home for the poor and travelers or pilgrims as it was in the Middle Ages. In the Light of the World Health Organization's (WHO), view, hospital is a health care institution which provides patient treatment with specialized health science and auxiliary healthcare staff and medical equipment. It is an "integral part of a medical organization, the function of which is to provide the population, complete health care, both curative and preventive, and whose outpatient services reach out to the family and its home environment; the hospital is also center for the training of health workers and for biosocial research" and services (WHO, Report, 1963, n. 261; cf. Sakharkar, Principles, 2009, p.3.)

2.2. Services/Hospitals

Hospital services is a term that refers to medical and surgical services and the supporting laboratories, equipment and personnel that make up the medical and surgical mission of our hospitals or hospital systems and healthcare facilities.

There are many types of hospital services given in our various types of hospital and health institutions, where you belong. Some of you may be serving in dioceses that host General, Specialist or Teaching Hospital. In those general hospital, such as Mercy Hospital Abak/ or St. Mary's Urua Akpan as at then, etc—we find different specialist services provided to both adult and children under the same roof-complex, including; Medical, Surgery, Pediatrics, Gynae & Ob, Cardiology, Dermatology, Orthopedic and Ophthalmology.

In general hospitals there ought to be emergency departments to treat urgent health care problems ranging from fire, and accident victims to sudden illness. In Specialized Hospital if you find yourself supervising it, we usually have in there, a house trauma centers, rehabilitation hospitals, children's hospitals, senior's hospitals (geriatric) and psychiatric centers, eye center, and other facilities for cardiac disease, diabetes, and kidney diseases well, to name but a few.

In our Teaching Hospitals, among other medical services, we have combined assistance to people, such as teaching health science to medical students. Additionally, we have our health centers, as well as our comprehensive and primary health care facilities; Maternity centers, Health clinics, community health centers, and training schools for nurses, Traditional Birth Attendants (TBA) and medical students.

Irrespective of our healthcare institutions, hospitals or healthcare facilities, some of which I have mentioned above, the traditional functions and services rendered in those hospitals and clinics under your dedicated care may include:

- Preventive and promotive services
- Domiciliary services
- Training and research services and health education
- Curative care/services
- Accident and emergency services/ Ambulance Services
- Disaster management
- Geriatric Services
- Physiotherapy

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- Laboratory Services
- Social Medical/Rehabilitative Services/ Physiotherapy
- Medical Record Keeping

Let me comment briefly on some of these services. First Preventive and promotive services often include immunization against preventable diseases, screening programs for detection of common health problems and health education that are morally sound, for personal hygiene, nutrition and management of chronic diseases. It is also community-based services. In fact, domiciliary service, where necessary, or applicable means, treating the patient at home. The advantage of this is it decreases the work load at hospital services and conserves scarce resources. However, the hospital administrators must ethically create a proper liaison with other auxiliary health clinic existing in those catchment areas.

By Training, Research and Health Education, we mean to remind ourselves that our hospitals or our health facilities have medical and paramedical personnel that need continuous training and lectures to supplement the practical demonstrations on our patient. This has to be encouraged. Research, of course, is an integral part of healthcare service. Research would help in new discoveries and improve services to our people, while Health education, with properly guided media communication help provides information to the people in the community to change of their healthcare worldviews. This is another way of preventing diseases and other forms of misinformation. (cf. Case of TBA in Urua Akpan Hospital under Dr. Maureen Brennan)

Regarding, Curative Care Services—this is an important aspect of our hospitals and healthcare facilities that include both outpatient and inpatients. Since outpatients are the first point of contact between the patients and the hospital, it should be well organized in our various places of work and dioceses. It should be well and efficiently staffed and equipped with laboratory, X-Ray, CT Scanners, Ultrasonographic equipment etc. The Pharmacy should be located nearby to minimize the patient discomfort and stress.

All the inpatient services/department, if possible, should be in one block with free communication with the supplies. The nursing station could be rightly placed and sufficient number of nurses made available for the present number of beds. I think the general nurse to patient ratio is 1:10, while the desirable number of patients per ward is 10-20 with one nursing unit. The Ward could be divided into two rooms with capacity of 10 beds each, or rooms with single, double or four bed capacity. In all cases, you have to be aware that adequate floor space per patient is needed to prevent cross infection. There should also be adequate toilet facilities (Siddiqui, Hospital *Administration*, 2016).

In our hospitals, if you have not had one, there is need for Accident and Emergency Services combine with effective Ambulance services to manage emergencies and provide timely care and services. Disaster management services which we often tend to neglect sometime is important in our hospitals for various types of natural and man-made disasters such as earthquake, fire, violent, *boko- haram*, arm robbers, to name but a few.

Geriatric Services for the seniors and aged parents, brothers and sisters are gradually becoming relevant in our culture and hospital (and for priests and religious etc). The more reason we need to pay closer attention to the instruction given in our national health policy regarding palliative and hospice cares. That document reminds us that with improvement in science and technology, environmental health, food production, education, nutrition and general levels of living, life expectancy has improved a lot. With such improvement and long life many seniors and older people many suffer chronic diseases which could be very debilitating and leading to eventual death. The document suggests that, for active and graceful aging, there is need for effective and preventive medical care in addition to family health provisions. As Africans who cherish family values and old age, the document went on to say that;

"While improvement in such proactive preventive and family health and active/healthy ageing should be encouraged and ensured from the Catholic health services, preparation must similarly be made to help those who were not able or successful with such active/healthy ageing programmes. Such people should receive hospice care in their terminal and such other similar illness episodes and so to avoid the misery and lack of pro-active care by the subjects' children and grandchildren" (CSN, *Health Policy*, 2010, 21).

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Ideally and scripturally the Church expects parents to raise their children well so that they in turn would take care of their ageing parents. But, in the circumstances where there is the need for hospice care in our diocesan clinics and hospitals, please, ensure that there is a provision of palliative/hospice care teams, in-patients' units, adequate personnel, proper protocols in place, and service programmes for home based-terminal illness care (CSN, *Health Policy*, 2010, 22).

Similarly, Social Medical, Rehabilitative and Physiotherapy Services are effective ways of promotive health in our various clinics and hospitals. This includes care for the disabled in leprosy center, and in those of amputees, deaf, blind and motherless babies. In other words, as you design and re-design your clinics and hospitals think of how to improve access to the services by those with all forms of disabilities.

Additionally, an efficient Laboratory Services, with all necessary reagent and effective blood transfusion services is a prerequisite of any good and functioning hospital in our communities and dioceses. So also, is Medical Record Keeping/Services. You all know, no effective planning can be done in our hospitals, if the record keeping is poor. Record keeping has to be done manually or electronically, if we have to improve the health conditions of our communities. Other supporting services that need be provided in our diocesans hospitals and healthcare institutions include; Chaplaincy Services, House Keeping, Kitchen, Medical store, Laundry, Library, Security and Mortuary Services.

I strongly believe that as a coordinator or administrator of hospitals, clinic or health care facilities in your Archdiocese and dioceses, granted that all these services mentioned may vary considerably, but as the case may be, they must be organized under your, "Hippocratic-ally" and ethically well informed-administrative and coordinating leadership. That is, around the basic missions, or objectives, and laid down international, national health acts and ecclesiastical Healthcare policies and regulations of your/our institutions.

3. Health Care Policies and Regulations

3.1. Health and Its Importance

As coordinators, we must constantly keep in mind that the global humanity, especially Nigerians of over 200 million people have come to realize the importance of health as a fundamental human right. As documented in the *Webster Dictionary* health i*s* a "condition of being sound in body, mind and spirit, especially freedom from physical diseases and pain." The World Health Organization (WHO) sees it as "a state of complete physical, mental and social wellbeing and not merely an absence of disease or infirmity" (WHO, 1948).

The Church, as stated in article 2 of *Health Policy for the Catholic Church in Nigeria*, accepts this universal understanding of health as a state of complete physical, mental, social well-being and not merely the absence of disease or infirmity (CSN, *Health Policy*, p.1). Yet, it is important for us coordinators to know that the Church goes beyond this. In addition, she sees health as "a state of moral, spiritual, family and community wellbeing; of peace with oneself, with God and the entire persons and environment and around oneself. Everyone and everything around oneself have a place as well as role in it." (CSN, *Health Policy*, p. 2).

In other words, health coordinators' view of health in our Archdiocese and Dioceses must be Holistic; i.e., embrace it as biomedical, ecological, physiological concepts; appreciates effects of all sectors of the society on health (be it agriculture, animal husbandry, food, industry, education, housing, public works communication and other sectors); as well as recognize the social, economic, political and environmental influences on health. That is to say health is multidimensional (physical, mental, social, spiritual, emotional and vocational, socio-political and economical).

3.2. Healthcare and Economics

Permit me to say a word or two on "Healthcare and Economics" which is so dear to the heart of my Vice-Chancellor, Prof. Hyacinth E. Ichoku, who has spent most of his writing career raising awareness on the relationship between economics and healthcare.

In his 99th Inaugural Lecture at the University of Nigeria Nsukka titled "Health and Economic Development in Reverse Causality" he argues that summary intuition and scientific evidence produced in the 1980's suggest that improved income or economic growth leads to improved health of the population. As the standard of living of people improves, they tend to live healthier and longer lives.

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Thus, it is said that "The wealthier is the healthier"; implying that richer individuals tend to be healthier and richer nations tend to live healthier and longer lives. Part one of that lectures which forms a significant part of the author's research over the years, demonstrates that income (wealth) affects the health of people through the socioeconomic determinants of health. The socioeconomic context creates social stratification and assign individuals to different social positions. These social stratifications or socioeconomic position in turn create differential exposure to health conditions and differential vulnerability. They also determine the differential consequences of ill-health. Economic processes and political decisions condition the private resources available and shape the nature of infrastructure, including education, health services, environment, food, and housing quality that shape the individual's level of exposure to health risks and the ability to response to health needs (Ichoku, 99th Inaugural Lecture).

In as much as Ichoku's argument is true, it can also serve as a reminder to us all, coordinators of health services in our various dioceses, that, it is the special mission of the Church to provide health care services to the most vulnerable, the poor, the powerless and the disadvantaged our sour communities, in whose faces we can see best the suffering face of Christ (Matt 25:31-36). In other words, our health care services must be approached holistically.

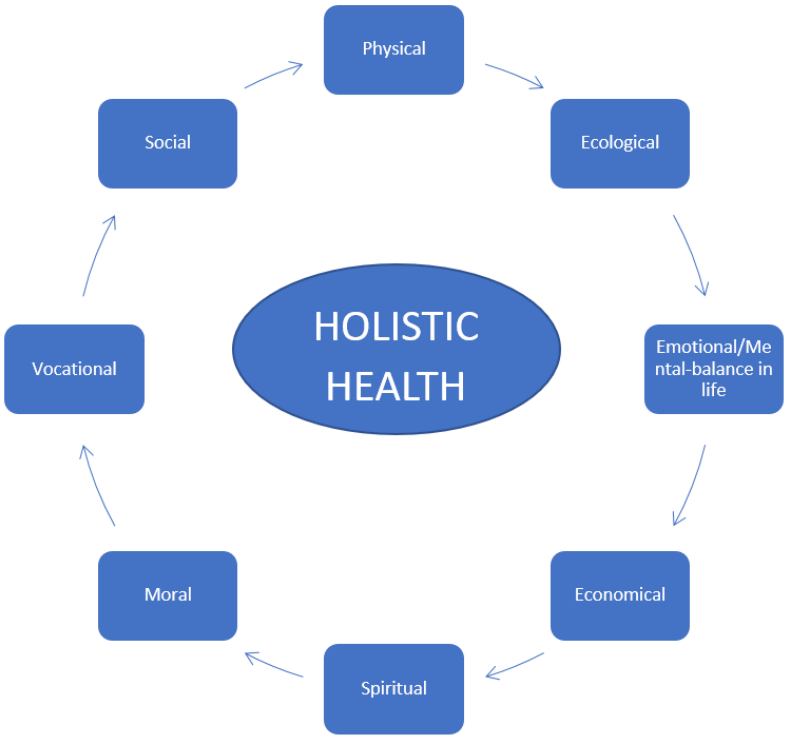

Figure 1.
Diagram for holistic health.

In addition to being fully aware of the holistic approach to health as a matter of policy and try to implement and regulate this in your areas of health care responsibilities, it is recommended that we, as stake holders in this nation- Nigeria, would also appreciate the role of government in our healthcare. This would require our familiarity with the 9 sections National Health ACT, 2014, the 2019 6 chapters National Health Promotion Policy (NHPP); the 10 chapters National Policy on HIV/AIDS (2009) and the Federal Government policies and responses on Covid-19. These government policies and Acts generally provide a framework for the regulation, development, improvement, promotion, management of health care system in our country of which we form a part. These documents also set government standards, principles and values for rendering health services in Nigeria.

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However, in the third of the six points of the "Church Policy Declaration," we are invited to acknowledge that;

> "While government have the global responsibility for the health of the public at large and bears the responsibility for the success or failure thereof… the church must work even much harder and in solidarity with government in this regard but also in utmost solidarity with the individuals, families and communities in this country for the attainment of those ends howsoever, appropriately, on their individual and varied corporate levels and forms, as possible (CSN, *Health Policy*, p.3).

In addition to the above mentioned/ summaries of governmental and church's healthcare policies, goals, objectives, guiding principles, some of which we have in our hands, or are there in our bookshelves, the Catholic Social Teaching and other relevant church teachings and documents must be our friends and companions (cf. *Compendium of the Social Doctrine of the Church*; John Paul II, *Gospel of Life*), as health care Coordinators/Administrators. This brings us to the fundamentals of Health Care Administration or Coordination.

4. Fundamental of Health Care Administration

In health care services the terms "administration" Management" and "coordination" have been used interchangeably to address or qualify some of us in this room. According to Sakharkar, BM. (2009) some people have tried to define administration and management as two distinct entities. To them, administration seems to connote some higher and broader function then managing. They continue to distinguish them without agreeing clearly on what the distinction is all about" (Principles, p.110). Management and administration Sakharkar, insists, "is not an academic discipline alone. It is a practice art and a science, calling for development of knowledge, skills and attitudes. Management and administration make use of organized knowledge, i.e., the management of science. Art is putting science to the best use of the enterprise. The science and art of management are not mutually exclusive, but complimentary.

In our healthcare facilities, and hospitals, management is also a key process. The function of management is to enable our patient, doctors, and nurses' team to do their job as easily, efficiently, economically, effectively and as humanly as possible so that they can develop a caring environment within the hospital. Management is the process of organizing, using and controlling human activities and other resources towards special end (Rhea, JC, Ott, JS, Shafritz, JM, Health Care, 1988). It is also a process whereby resources in terms of people, time, personnel, finances, equipment and facilities are mobilized, ideally in an efficient and effective manner to serve the purposes of healthcare institution (Siddiqui, *Hospital Administration*, p.8).

By resources here, I mean human beings, money, materials, machinery and methods. The principles of management include, unite of command, span of control, homogeneous assignment and delegation of authority, and while the main function of management include: planning, organizing, staffing, leading and controlling activities in the health institution.

Similarly, diocesan health services coordinators who are appointed by bishops and are accountable to them must be *professionally competent in health services management.* In fact, this is the key for coordinating and communicating all health matters in the diocese.

Recall, coordination basically means "facilitating different groups in an organization and orchestrate their effort to achieve the common goal of good patient care and efficient hospital operation," (Principles, p.116; Welcome, 2011, Nigerian Health Care System, p. 470). Remember that every individual and group in the hospital or organization contributes to the realization of the organization's goal, but none is able to realize them alone without the working of others. With division of labor and specialization of functions, the hospitals or clinics in our various Archdioceses, Dioceses and Congregations can only achieve its objectives only if its parts are coordinated into a cohesive whole. Thus, coordination is basic and fundamental to practice of management at all levels of healthcare services in our dioceses and pervades all functions in hospital administration (*Principles*, p.117).

As professionally competent health care services managers and coordinators you are called to be knowledgeable of the following structures and working organograms, especially that of our diocesan health system, which must be at the tip of your fingers (CSN, *Health Policy*, p.37)

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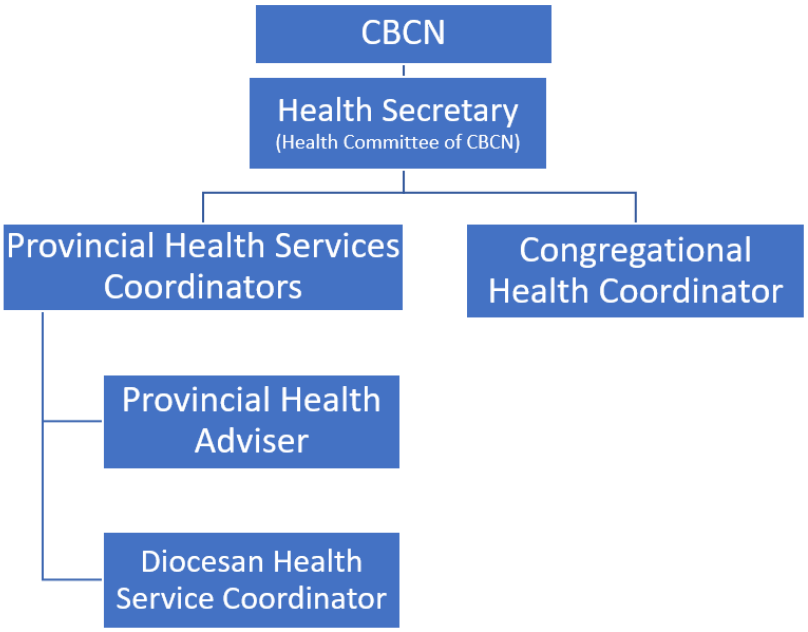

Figure 2.
Organogram at the national catholic health care system.
Source: Health policy p.32

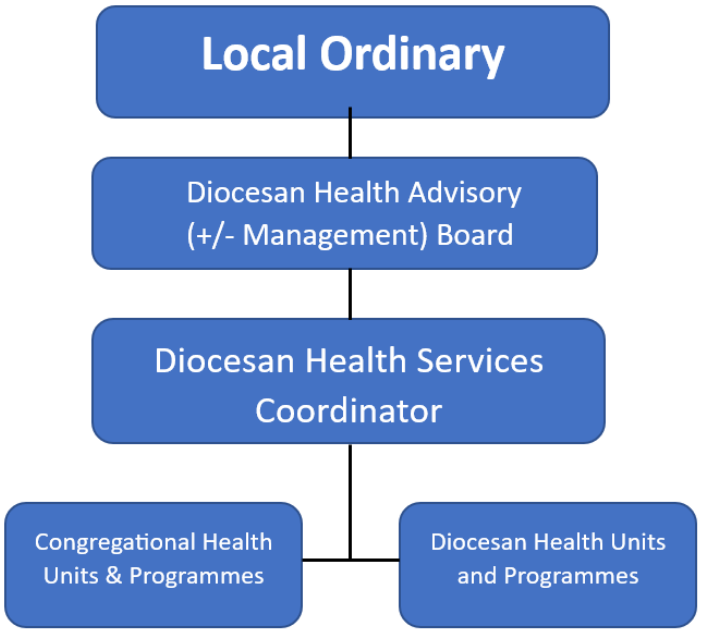

Figure 3.
Organogram at the diocesan level of the catholic health system.
Source: Health policy p.37.

In this diagram, evidently the Archbishop or the Bishop is the proprietor of the Catholic Hospitals in the diocese, with a diocesan Health Advisory Board composed of;

1. The Archbishop/Bishop as Chairman
2. Health Coordinator as Secretary

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3. One or more chairmen of all the Catholic Hospital Boards of management in the diocese
4. One or more medical superintendent of the Catholic hospital in the diocese
5. One or more administrators, managers or coordinators of the hospital management teams
6. Representatives of the Catholic professional health associations within the diocese
7. One or more matron of Catholic hospitals
8. Diocese religious congregational health services coordinator
9. Diocesan church and society coordinator
10. Representative of indigenous priests in the diocese
11. A senior Catholic Lawyer
12. Representative of the health science schools in the hospitals
13. One or two senior representatives of government Director of Secondary health care and other
14. A representative of the public as the bishop my choose (CSN, *Health Policy*, p.38).

The tenure of this board, that you are familiar with, is about three years and meets at least twice a year, and advises the bishop on health matters as well as promote healthcare facilities in the diocese as well as the implementation of health care policy of the CBCN/CSN in the diocese. The secretary of this board being also some of us gathered here, the Coordinators of Diocesan Health Services must also take their functions and roles seriously.

Your role profiles if I am not mistaken include:

- Advising the local ordinary on health matters in the diocese
- Serving as secretary to diocesan health advisory board
- Representing the diocese (as you are doing today) at national health related meetings
- Ensuring that catholic ethics are maximally practiced and reflected in the hospitals in the diocese
- Networking with other coordinators, government and non-governmental organization and agencies
- Serving as resource person for all health matters in the diocese
- Receiving and forwarding reports including financial reports and statistical data from Catholic health units in the diocese to Heath Secretary
- Administering funding for health projects under the direction of the local ordinary
- Monitoring all health units to ensure compliance with the Nigerian Catholic Health Policy
- Convening meetings of the project coordinators of Catholic health units in the diocese
- Evaluating periodically, the activities of all the health services and progammes in the diocese
- Fostering particular concern for the Catholic character and spirit in each unit
- Collaborating with provincial and congregational health services coordinators in regard of all their particular health unit
- Liaising with other social services units and coordinators in regard of such health-related services; e.g., with the family and human life coordinator in relation with natural family planning training for all marriage preparation couples, services outside the hospitals (e.g., by the JDPC, etc.) in regard to the HIV/AIDs (Covid-19) pandemics, etc.

With the above, you have a lot in your plates, more than 15 different roles. You are to coordinate as well with the congregational health coordinator by attending to their reports before forwarding them to the local ordinary (CSN, *Health Policy*, p.40)

In fact, with all these and with my personal experiences as a one time, Class prefect, a soccer captain, a hospital chaplain, journal editor, chairman of boards, Bishop Secretary, School Manager, Parish priests, Boards secretaries, Seminary professor, Hospital Administrator, and now a Dean of a Faculty in Veritas there are always something common in the role profiles of a good and efficient leader, manager, administrator, or in this case, a diocesan health services care coordinator. Those things include;

- Their ability to see ahead and plan accordingly- planning for the future while managing the present

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- Their ability to produce and accept new and creative ideas from your colleagues in health care facilities and units under your supervision, i.e., being an agent of change, growth, unity, peace, love, faith, development, improvement, creativity and innovation
- Sometimes their willingness to take risks to get the new ideas accepted and implemented
- Their ability to coordinate all the units of hospitals, PHC programs, and clinics an health centers in your diocese, with integrity, bringing about harmony, synergy, collaboration, organization and allocating resources accordingly
- Their ability to analyze, synthesize and integrate diverse information
- Their sense of equity, fairness and social justice, in all dealings within and outside the hospital units
- Their demonstration of knowledge, skills and working experience in hospital organization,
- Their ability to delegate, making effective use of own time and that of others
- Their ability to inspire, motivate your colleagues in different hospital and clinic units of your diocese and beyond
- Their ability to accept corrections, review and evaluate, making adjustments as necessary
- And of course, thier ability to communicate and bring timely feedback to their superiors and bishops (Siddiqui, Hospital *Administration*, p.8).

This brings us to the last point; I would like to draw coordinators' attention to, on the Medical-legal issues

5. Medical -Legal Issues

As already listed above, one of the responsibilities of diocesan health coordinator is to monitor all health units to ensure compliance with the Nigerian Catholic Health Policy. Coordinators are to ensure that proprietors of our health institutions are liable to property according to the provision of the civil and ecclesiastical laws. For the proper running of those hospitals and clinics in catholic dioceses, in Nigeria, it is important that they are registered and professional staff like doctors, doctors, pathologists, pharmacists, technicians and others are properly licensed as provided in the law.

It is also aptly mentioned in the *Policy* that breach of confidentiality should be discouraged in catholic health institutions, especially as it relates to handling of patients' medical records, disclosure of patients' diagnosis and their identities and violation of their privacy or informed consent requirements of patients (CSN, *Health Policy*, p.63).

Other illegal and unethical areas that could attract litigation to our health care system, that coordinators may pro-actively work to prevent include

- Malpractices in the areas of diagnosis, treatment, drugs, surgery, appliances, mistaken identities of babies/corpses, nosocomial infections and iatrogenic injuries resulting from negligence—that is tissue or organ damage that is caused by necessary medical treatment, pharmacotherapy, or the application of medical devices that has nothing to do with the primary disease
- Employer's vicarious liability—that is lack of care of employer to the employee
- Occupiers/owners of premises liability
- Private practice by health workers
- Breach of contractual agreement of service employment, contract for service/supplies, professional consultancy
- Unauthorized bank loans/overdrafts
- Mortgages of properties
- Dealing in capital markets
- Employers'/employees' tax liability
- Abuse of patients and fellow staff, sexually and otherwise

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Furthermore, catholic hospitals and clinics should develop clear relationship with the local law enforcement agents, police, etc., in relation to patients whose care has legal implications (e.g., road traffic accident, gunshot injuries) in order to handle it expeditiously in the best ethical manner. In addition, catholic health care facilities should develop a good rapport with the community, the chiefs and the local people authorities, immigration and government social welfare departments (CSN *Health Policy*, p.64).

6. Conclusion

So far, we have discussed basics or fundamentals of hospital services and administration in our various dioceses and or locations, especially in Nigeria. It was quite a pleasant trip. We historically reappraised the true meaning of hospital, types and services rendered, especially in Catholic health care institutions, as well embraced the holistic understanding of health. In addition, we discussed health care policies, in the states as well as those in the Catholic Church, emphasizing the catholic social teachings, in the light of Christ healing ministry, who came that we may have life (John 10:10). The role profiles of a well-trained, dedicated and experienced manager, administrator or health care services coordinators were highlighted as well as the organization structures of the different components of the health care system in the Nigerian Catholic Church, from national to diocesan levels. We finally discussed some basic medical – legal issues that health services coordinators must attained to, in order to avoid unnecessary litigation against our health institutions. Praying that all would join our coordinators to preach the gospel of life in the light of Christ's healing ministry and by how we diligently minister affordable health care services to everyone, especially to the poor and the marginalized in our different Archdioceses and Dioceses in Nigeria.

References

[1] Buchbinder, Sharon B. and Nancy H. Shanks eds., (2015). *Introduction to Health Care Management*. Third Edition. Burlington MA: Jones & Bartlett Learning.

[2] *Cassell's Latin Dictionary*, revised by J. Marchant & J. Charles,

[3] Catholic Secretariat of Nigeria. (2010). *Health Policy for the Catholic Church in Nigeria with Strategic Implementation Framework*. Abuja, Nigeria: Digital Frontiers.

[4] Catholic Secretariat of Nigeria. (2021). *Catholic Bishop's Conference of Nigeria: Handbook for Catholic Medical Practitioners*. Abuja, Nigeria: Catholic Secretariate of Nigeria.

[5] Catholic Secretariat of Nigeria. (2013). *National Catholic Health Summit: Celebrating 120 Years of Caring for Nigerians and the Flag-Off of Proactive Health Care Delivery Package for Nigerians*. Abuja; Catholic Secretariat.

[6] Federal Government of Nigeria. (2009). *National Policy on NIV/AIDS*. National Agency for the Control of AIDS.

[7] Federal Government of Nigeria. (2014). *National Health ACT, 2014*.

[8] Federal Ministry of Health (2019). National Health Promotion Policy

[9] John Paul II. (1995). *Encyclical Letter The Gospel of Life, Evangelium Vitae*. Vatican Translation. USA: Pauline Books.

[10] Hewan Hassan and Jwan Shakah.(2023). Principles of Health Administration, https://en.wikipedia.org/wiki/Hospital "Hospital" retrieved March 23, 2023.

[11] Ichoku, Hyacinth E.(2000). Health and Economic Development in Reverse Causality An Inaugural Lecture. 99th Inaurgual Lecture, University of Nigeri, Nsukka, Nigiera.

[12] Pontifical Council for Justice and Peace. (2004). Compendium of the Social Doctrine of the Church; Pontifical Council for Justice and Peace. Rome. Libreria Editrice Vaticana.

[13] Rhea, JC. Ott, JS, Shafritz, JM. (1988). *The Dictionary of Heath Care Management*, New York: Facts on File.

[14] Rovener, Julie. (2009). *Health Care Policy and Politics*. Washington DC: CQ Press.

[15] Sakharkar, BM. (2009). *Principles of Hospital Administration and Planning*. Second Edition. New Delhi; India: Jaypee Brothers Medical Publishers.

[16] Siddiqui, Muhammad Irfanullah. (2016). Hospital Administration and Management. DOI:10.13140/RG.2.1.2566.6327.

[17] Udoekpo, M. U. (2023). "A Study of the Ministry of the Royal Priesthood in Exodus 19:6 and Its Theological Expansion 1 Peter 2:5, 9–10." *European Journal of Theology and Philosophy*, *3*(1), 1–7. https://doi.org/10.24018/theology.2023.3.1.82

[18] Udoekpo, M. U. (2021). "Biblical Tradition in the Johannine Prophetic Shepherd-Leadership of Bishop Camillus Umoh,"in *That they May Have Life: A Festschrift in Honour of Most Rev. Dr. Camillus Raymond Umoh.* Edited by Idara Otu and Valentine Umoh. Abuja; Pauline Publications.
[19] Udoekpo, Michael Ufok (2018). *Israel's Prophets and the Prophetic Effect of Pope Francis. A Pastoral Companion*. Eugene; Oregon: Wipf & Stock.
[20] Udoekpo, Michael Ufok. (2017). *Rethinking the Prophetic of Worship in Amos 5 for Contemporary Nigeria and the USA*. Oregon: Pickwick Publications.
[21] Udoekpo, Michael Ufok. (2024). Sickness and the Power of Healing Prayer in 2 Kings 20:1–11 and Isaiah 38:1–22. Religions 15: 526. https://doi.org/10.3390/rel15050526.
[22] Umoh, Camillus Raymond. (2021). *That they May Have Life: Pastoral Letter*. Nigeria; Ikot Ekpene Diocese; Pax Media.
[23] Welcome, MO (2011). "The Nigerian Health Care System: Need for Integrating adequate medical intelligence and surveillance system." J Pharm Bioall Sci 2011; 3:470-8.
[24] WHO (1963). Technical Report Series No. 261, 1963

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