

The Influence of Engagement Practices on Health Care Service Delivery of University College Hospital (UCH) Ibadan

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Abstract

The survival and consequent perpetuation of a corporate organisation's business activities within a given community and its environs depend in part on how the organisation relates to its host community. Engagement practices are important tools for health care institutions in ensuring mutual trust and relationships with their immediate environment. Going by this, this study attempts to appraise the rate of indispensability of engagement practices in the tertiary level of the health care system, like the University College Hospital (UCH), Ibadan. The study is anchored on the situational theory of publics and symmetrical models, with a quantitative approach employed to establish the objectives. The study found that the engagement practices deployed by UCH vary in place, while their adoption was just at an average level, and patients' level of satisfaction with health care service delivery was just a little bit above average. The result of the study's null hypothesis, however, indicated that engagement practices did not significantly influence satisfaction with the health care service delivery of UCH, Ibadan. The p-value, which has a value of 120, is greater than the level of significance (0.05). The study concluded that engagement practices deployed by UCH, Ibadan are quite effective, the author, however, recommend that the engagement practices of the hospital should be reorganised, and adoption of engagement practices should concentrate on areas such as engaging the services of community members and patients' satisfaction with UCH health care service delivery.

Keywords: Engagement Practices, Health Care, Influence, Service Delivery

Introduction

Today's competitive business environment requires more than offering good products to excel in any industry. Relationships with consumers go a long way in creating the atmosphere of success that companies need to succeed in business. One crucial way of establishing a friendly atmosphere for businesses to thrive is through community engagement, and this consists of various strategies used by companies to establish and maintain a mutually beneficial relationship with the communities in which they operate (Webster, 1992).

In Public Relations, community engagement means hearing the voice of consumers and taking their feedback into account when making important decisions to create a mutually beneficial exchange. Going by this assertion, community engagement is the process by which an organisation works collaboratively with host communities to improve community ownership of programmes and services to address both supply and demand-side factors that contribute to poor performance in the community. Community engagement, according to Dagron (2009), is a process of developing relationships that enable stakeholders to work together to address health-related issues and promote well-being to achieve positive health impact and outcomes. Community engagement is both an outcome and a dynamic process which should result in trust, mobilised resources, and facilitation of sustainable collaborations to achieve better health and well-being outcomes (Dagron, 2009).

Mindful that communities are not always characterised by solidarity and unity, a good strategy for community engagement considers the problems of polarisation, marginalisation and distrust. Hence, community engagement must focus on inclusion, social cohesion and building trust (Haselock, 2010). There are undeniable benefits to

engaging communities in promoting health and well-being. At its core, community engagement enables changes in behaviour, environments, policies, programmes and practices within communities. There are different levels, depths and breadths of community engagement which determine the type and degree of involvement of the people (Dagron, 2009). According to the World Health Organisation, a health system consists of all organisations, people and actions whose primary intent is to promote, restore or maintain health. This includes efforts to influence determinants of health as well as more direct activities that improve health. A health system is, therefore, more than the pyramid of publicly owned facilities that deliver personal health services, but includes the institutions, people and resources involved in delivering health care to individuals (Dagron, 2009). As a tertiary health care provider in Nigeria, the University College Hospital (UCH) portrays itself as the flagship tertiary health care institution in Nigeria, offering world-class training, research and services. The University College Hospital (UCH) was strategically located in Ibadan, then the largest city in West Africa, which is also the seat of the first University in Nigeria. The physical development of the hospital commenced in 1953 in its present site and was formally commissioned after completion on 20 November 1957.

Engagement practices are important tools for health care institutions in ensuring mutual trust and relationships with their immediate environment. Tertiary health care providers like University College Hospital (UCH) Ibadan cannot but employ engagement practices in their operational activities. Going by this, this study endeavours to evaluate the influence of engagement practices on the health care service delivery of the University College Hospital, Ibadan, Oyo State.

Statement of the Problem

Engagement practices entail creating and sustaining environmentally friendly programmes and actions of mutual benefit to both the

organisation and its host community. Health care organisations that implement successful community engagement strategies can expand their approach to improving health in the communities they serve. At its core, community engagement can address socioeconomic issues that are the root causes of many health issues. As the first tertiary health institution in Nigeria, does University College Hospital (UCH), Ibadan employ engagement practices in its health care service delivery? This is a concern of empirical and systematic enquiry.

Objectives of the Study

1. Identify the engagement practices deployed by the University College Hospital, Ibadan.
2. Ascertain the level of adoption of engagement practices with patients by the University College Hospital, Ibadan.
3. Ascertain the level of satisfaction with the University College Hospital, Ibadan, health care service delivery.

Research Questions

1. What engagement practices are deployed by the University College Hospital, Ibadan?
2. What is the level of adoption of engagement practices by the University College Hospital, Ibadan?
3. What is the level of satisfaction with the University College Hospital, Ibadan, health care service delivery?

Hypothesis

H01: There is no significant influence of engagement practices on satisfaction with health care service delivery of University College Hospital, Ibadan, Nigeria.

Scope of the Study

This study aims to investigate the level of influence of engagement practices on the health care service delivery of the University College

Hospital (UCH), Ibadan. In carrying out this study, the questionnaires were administered to the community leaders and patients of the University College Hospital (UCH), Ibadan. In addition, the researchers consulted some online sources and academic journals that provided relevant information to the investigation.

Significance of the Study

The study consolidates the assertion that engagement practices enhance the health care service delivery system. In addition, it will spur health institutions to apply enhanced engagement practices in health care service delivery systems. The study will also be of great academic benefit to scholars and students, as it will add to existing literature on the research topic. It will make Public Relations departments of tertiary health institutions more alive to their responsibilities and broaden the perception of management of health institutions on the need to acknowledge sustained engagement practices in health care service delivery.

Theoretical Framework

This study is hinged on two relevant theories, which include the Situational Theory of Publics and the Symmetrical Model.

Situational Theory of Publics

The situational theory of publics was developed by an author in 1968. He theorised that there are specific variables that determine a person's inclusion into one of four publics. These three variables are problem recognition, constraint recognition and level of involvement. By understanding a person's association with each variable, public relations professionals can classify that person into one of the four publics. Each of the four publics has a different way of gathering information about a situation (Maclygroup, 2021). The publics also have a different response to a situation after they process the information. The situational theory of publics is a communications

theory that states large groups of people can be divided into four publics based on their recognition and involvement with an organisation or issue (W.H.O, 2019). It helps explain why certain publics are active or passive in their search for information about a topic (W.H.O, 2019). It also helps explain the public's behaviour after they process information (W.H.O, 2019). The variables in the situational theory of publics explain why this theory can be used by public relations professionals when constructing a campaign (World Health Organisation Report, 2019).

The situational theory of publics is a useful theory for public relations professionals. By measuring the three variables among individuals, public relations professionals can put every individual within one of four groups. By knowing what type of people are most likely to be in what group, public relations professionals can then craft a message to motivate or inform that group of people. Because public relations professionals should be communicating with the most specific group of people, they can find the situational theory of publics a useful tool to use.

Given the notion that situational theory recognises unique characteristics of each group of people in an organisation, and the need to channel appropriate messages in appropriate language to each group for mutual understanding, situational theory is also relevant to this study, as engagement practices are concerned.

Symmetrical Model

Public relations is the spread of management of an organisation and the publics and the purpose is to establish a target public relationship of mutual trust (World Health Organisation Report, 2021). James E Grunig is a noted public relations theorist and has added new theories, which include four models of public relations in 1984 (World Health Organisation Report, 2021). One of the models of public relations is a

two-way symmetrical model, which is the best and ideal model among the other three models. The two-way symmetrical model emphasises dialogue, complete and accurate two-way communication (World Health Organisation Report, 2021). The main purpose is to promote mutual understanding between organisations and the publics; therefore, the result of communication is benefits to both sides (World Health Organisation Report, 2021). Furthermore, it emphasises that public relations works to be built based on the investigation and communication to resolve conflicts with strategies public through the dissemination of public relations media (World Health Organisation Report, 2021). Besides that, two-way symmetrical models express the meaning of emphasised morality, stressing the need to balance between the interests of social organisations and the publics (World Health Organisation Report, 2021). For example, some public relations departments are using a two-way symmetrical model rather than a two-way asymmetrical model to carry out the public relations activities (World Health Organisation Report, 2021).

Two-way symmetrical models are helpful to this study, considering their principle of two-way information flow between an organisation and its various publics, which engenders beneficial understanding, trust and harmonious relationships (World Health Organisation Report, 2021).

Literature Review

Primary Health Care (PHC) is the provision of basic essential health services (preventive, promotive, curative, and rehabilitative). It serves as the first point of access to health care by individuals, families, and communities, bringing health services as close as possible to homes and workplaces and has thus been described as the bedrock of Universal Health Coverage (UHC) (Audu, 2020). In Nigeria, PHC services are delivered by PHC Centres, Basic Health Clinics (BHC) and Comprehensive Health Centres (CHC), with over 30,000 of these

facilities spread across 9565 Wards in 774 Local Government Areas. With oversight by the Local Government Authorities (LGAs), the majority of these facilities are in the rural, underserved and hard-to-reach areas to ensure improved equity and access to health services (Alkali & Bello, 2020).

A review of PHC systems conducted by WHO in 2019 cited political will and good governance; promotion of health reforms; access to essential programmatic initiatives; strong partnerships between governments, civil societies, non-governmental organizations and private sectors; and good organizational management as the key enabling factors in PHC implementation (Shiffman & Smith, 2007)

The fundamental question in developing an effective community strategy is: What problem do we want to address using community engagement? Or stated in another way, how can community engagement serve as part of a larger solution to a problem? A community engagement strategy can address a wide range of concerns, issues, problems and challenges, such as behavioural, cultural and social conditions; health system determinants; prerequisites for health; and upstream driving forces (Astana, 2019).

Wherever there is a need to inform, consult, involve, collaborate or empower people to improve health and its determinants, community engagement principles and approaches are useful. It is important to underscore the importance of equity in community engagement. Many efforts that engage communities result in working with people who are more likely to participate because they have advantages, resources and support groups. It is of paramount importance that community engagement efforts strive toward inclusiveness and try to involve as many people as possible, especially those who are marginalised, vulnerable and excluded.

Generally, in Nigeria, it is believed that PHC facilities are meant for the rural and under-privileged populace, that the staff at the PHC facilities are less qualified compared to their colleagues at secondary and tertiary facilities and therefore quality of service must be poor. Therefore, individuals would rather patronise the secondary and tertiary health facilities for their health care needs (Alkali & Bello, 2020). Developing scalable, cost-effective, and efficient technological solutions to enhance the general health and well-being of individuals has become vital within today's digital economy (Stander & van Zyl, 2019). Positive organisational interventions that focus on harnessing and improving individuals' strengths to increase employees' well-being and organisational outcomes are examples that have begun to gain more attention (Winslow et al., 2017).

Designing these types of solutions requires designers to ensure that technological interventions (such as health apps and web-based platforms) are not only effective and usable but also have the potential to actively immerse consumers and users in their content (Couper et al., 2010). If individuals can actively engage with such technologically driven interventions, they could potentially reap all the associated physical and psychological health benefits that they may bring. However, it has been shown and argued that technologically driven interventions often do not fully engage people, thereby limiting the effectiveness thereof (Christensen et al., 2009).

Engagement Practices Strategies

1) Consultation: Consultation plays a major role in occupational health and safety in several separate areas of practice. First, governments and government bodies hold public consultations on regulatory changes to occupational health and safety acts, such as updates to safety standards. Second, both governmental agencies and for-profit private consultants will consult with workplaces to improve workplace occupational health and safety. Finally, employers will

consult with their employees or their representatives on matters of occupational health and safety. Consultations with employees generally require employers to seek feedback about current health and safety policies and to provide responses to that feedback. Employees are legally protected from punishment for any issue raised during a consultation. The specific rights to consultation possessed by employees may vary depending on their labour status. Consultations with employees are undertaken to gain an understanding of normal workplace functions through the inspection process or consultation with an employer (Adwan, 2005).

2) Improve Public Health: Community involvement in public health is a growing area of interest for many. As pointed out above, health care professionals who have a community-centred perspective are better able to treat their patients. There are many advocates for health care professionals to effectively get involved in the communities they serve (Dagron, 2009). However, the burden should not just rest on those in the healthcare field alone. Public health is a community-wide responsibility and, since health care often starts with education, the field presents ample opportunities for individuals or businesses to lend support. Partnering with local health care professionals and policy makers to help improve local services or education programmes could have significant benefits for communities. Getting involved in local public education is a good way to have long-lasting impacts on your community.

3) Enhance Environmental Management: Environmental management is another area proven to be enhanced through community involvement. Local governments and associations can be overwhelmed by the scale of environmental issues, and lending volunteer services will likely be welcomed by policymakers and residents. There is a positive correlation between community involvement and local biodiversity. These types of interventions can have cascading impacts

as improved environments can lead to better public health (often referred to as environmental health – a subfield of public health), local pride, and increases in tourism (Astana, 2021).

4) Information Sharing: Traditionally, an organisation's management distributed information along a well-defined, top-down channel. Today, due to the spread of social technologies, information can be shared with great ease and almost no effort. This ease of information sharing makes it very difficult to ensure that all information travels along the defined channels. Thus, many organisations that already use social technologies to a wider extent are facing the problem of how to adapt their policies to the new nature of information sharing. According to (Negrini, 2017), there are six different concepts of open information sharing:

- (i) Explaining Decisions:** This concept aims at explaining management decisions and strategies. Employees should not only understand management's behaviour but also comprehend the background of their decisions and strategies. This may strengthen their motivation. Using social technologies to explain decisions is a first step to openness and is already widespread. The intranet of many organisations has evolved into a corporate social network that includes internal weblogs. Employees can comment and discuss decisions made by their managers. Vice versa, the management can listen to staff opinions and take part in ongoing discussions.
- (ii) Mutual Report:** With mutual reporting, management and employees of an organisation regularly provide and update each other with information about current developments. Social technologies enable an interactive, two-way exchange of information. They can also be divided into individual communication channels to which executives and employees can subscribe.

- (iii) **Information Sharing with Partners:** Information exchange can include both internal and external information that staff or management exchange with external stakeholders of the organisation. The general aim is to build and maintain external relationships to obtain direct access to all relevant information.
- (iv) **Encourage Participation:** Employees, customers, partners or external supporters are invited to contribute their opinion, their own ideas or any other information. The information collected allows the organisation to assess its own performance from different perspectives and to build on the motivation and engagement of individuals who are willing to freely support the goals of the organisation.
- (v) **Outsource Problem Solving:** An open exchange with customers and business partners can generate ideas that help to improve the organisation's performance, to solve specific problems and to develop innovations. In recent years, a growing number of organisations have started to offer outside individuals the possibility to participate in open innovation projects. Examples of these open innovation projects are customers that suggest new products, external experts that solve existing problems and online communities that develop the company's design (Negrini, 2017).
- (vi) **Open Interfaces:** This last concept of open information sharing is different to the others because it does not focus on the exchange between people but on the exchange between computers. Open interfaces allow external actors to build on standardised processes of the organisation and enhance these processes by adding new components. They also allow the automatic exchange of information, which is often the basis for entirely new services.

There are infinite ways to get involved in your community. However, according to (Negrini, 2017) six different concepts of open information sharing. The first two concepts describe how organisations use social technologies for internal information sharing, while the latter three concepts refer to the information exchange with external partners, and the last concept focuses on the exchange between computers.

Methodology

In this study, the survey research design was applied. The population of the study included the community leaders (*Onireke, Ayeye, Dugbe, Inalnde, Ologuneru, Ageni*), being the geographical area where University College Hospital, Ibadan, Oyo State, Nigeria, is located and patients of University College Hospital. Their opinions were relevant in placing the study into perspective since they are in a better position to provide relevant answers to questions raised by this study. Convenience sampling was used for this research. The rationale for the choice of the Convenience sampling technique is that it helped to recruit respondents who are easily accessible and convenient to the researcher because the respondents (community leaders and patients) who filled the questionnaire were the ones available at the time the researcher was in the field. Therefore, 400 questionnaires were used to gather data from the respondents.

1. What engagement practices are deployed by the University College Hospital, Ibadan?

Table 1: Engagement Practices Deployed by University College Hospital, Ibadan.

Engagement	N (%)	S (%)	ST (%)	R (%)	Std.	Mean	Deployed
Distributes souvenir such as calendars to the community leaders	26 8.3	146 46.6	141 45.0	0 0		.632	3.37

Communicates management decisions on current issues	199 63.6	114 36.4	0 0	0 0	.482	3.36
Dig borehole for the community where the The hospital is located	27	148	138	0	.635	3.35
Grade community roads	5 1.6	33 10.5	153 48.9	122 39.0	.705	3.25
Employ community members as hospital staff	40 12.8	119 38.0	154 49.2	0 0	.699	3.36
Engage the services of community members as contractors	63 20.1	85 27.2	86 27.5	79 25.2	1.075	2.58
Give gifts to the community leaders during festive period	56 17.9	105 33.5	62 19.8	90 28.8	1.085	2.59
Attends cultural programme organised by the community	69 22.0	115 36.7	63 20.1	66 21.1	1.052	2.40
Organises community based programmes	67 21.4	94 30.0	69 22.0	83 26.5	1.100	2.54

Average Mean: 2.87

Source: Field Survey, 2022

Key: Not Sure (NS) = 1, Not So Sure (NSS) = 2, Quite Sure (QS) = 3, Sure (HS) = 4

Decision Rule: 1.00 – 1.49 (SDA), 1.50 – 2.4 (D), 2.50 – 3.49 (A), 3.50 – 4.00 (SA)

2. What is the adoption level of engagement practices by UCH, Ibadan?

Table 2: Adoption level of engagement practices of University College Hospital, Ibadan

Engagement	N Level	S (%)	ST (%)	R (%)	Std. (%)	Mean
Consultation time with patient is fast	73 23.3	82 26.2	80 25.6	78 24.9	1.104	2.45
Consultation time with patient is satisfactory	53 16.9	112 35.8	67 21.4	81 25.9	1.052	2.66
Organises free health talks	71 22.7	104 33.2	71 22.7	67 21.4	1.063	2.76
Organises free medical check-ups	63 20.1	93 29.7	99 31.6	58 18.5	1.013	2.45
Distribute free nose Mask	66 21.1	76 24.3	84 26.8	87 27.8	1.104	2.65
Distribute free mosquito Nets	45 14.4	103 32.9	75 24.0	90 28.8	1.043	2.77
Organises free eye Tests	53 16.9	75 24.0	81 25.9	104 33.2	1.092	2.85
Average Mean:		2.61				

Key: Never (N) = 1, S (Seldom) = 2, Sometimes (ST) = 3, R (Regularly) = 4
Decision Rule: 1.00 – 1.49 (SDA), 1.50 – 2.4 (D), 2.50 – 3.49 (A), 3.50 – 4.00 (SA)

Source: Field Survey, 2022

3. What is the level of satisfaction with the UCH, Ibadan health care service delivery?

Table 3, Level of Satisfaction with University College Hospital Ibadan Health Care Services

Availability of drugs for 50	85	88	90	1.053	2.70
Purchase	16.0	27.2	28.1	28.8	
Promptness in attending 44	96	75	97	1.053	2.72
to patients in accident 14.1	30.7	24.0	31.0		
and emergency					
Promptness in attending 47	96	72	98	1.067	2.71
to patients in wards 15.0	30.7	23.0	31.3		
Promptness in attending 48	94	81	90	1.050	2.68
to patients in clinics 15.3	30.0	25.9	28.8		
Promptness in attending 57	96	77	83	1.067	2.59
to patients in 18.2	30.7	24.6	26.5		
laboratories					
Availability of hand 55	103	82	73	1.034	2.55
Gloves 17.6	32.9	26.2	23.3		
Availability of cotton 57	101	74	80	1.062	2.57
wool 18.2	32.3	23.6	25.6		
Availability of 68	93	68	84	1.106	2.54
Injections 21.7	29.7	21.7	26.8		
Average Mean:	2.58				

Key: Not Sure (NS) = 1, Not Satisfactory (NSF) = 2, Partially Satisfactory (PS) = 3, Highly Satisfactory Disagree (HS) = 4
Decision Rule: 1.00 – 1.49 (SDA), 1.50 – 2.4 (D), 2.50 – 3.49 (A), 3.50 – 4.00 (SA)

Source: Field Source, 2022

HO1: There is no significant influence of engagement practices on the health care service delivery of University College Hospital, Ibadan, Nigeria.

Model Summary

Model	R	R Square	Adjusted Square	R Std. Error of the Estimate
1	.057 ^a	.003	.000	.44916

a. Predictors: (Constant), engagement

ANOVA

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	.208	1	.208	1.031	.311 ^b
	Residual	62.741	311	.202		
	Total	62.949	312			

a. Dependent Variable: satisfaction

b. Predictors: (Constant), engagement

Coefficients

Model		Unstandardized Coefficients	Standardized Coefficients	t	Sig.
1	(Constant)	2.817		14.658	.000

engageme nt	-.075	.074	-.057	-1.015	.311
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a. Dependent Variable: satisfaction

Source: Field Survey, 2022

Discussion of Findings

The first research question of this study identified engagement practices deployed by UCH, Ibadan. The study found that fairly, the engagement practices deployed by UCH are in place. This could be justified at an average level of 2.87 on a scale of 1 to 4. Engagement practices deployed include distribution of souvenir such as calendars to the community leaders, communication of management decisions on current issues, digging borehole for the community where the hospital is located, grading of community roads, employment of community members as hospital staff, engagement of the services of community members as contractors, giving gifts to community leaders during festive periods, attendance of cultural programmes organised by the community, organizing community based programmes. Different studies conducted at different points in time by different scholars have reported that many of the items listed above could bring about community relations strategies (Ademolekun, & Ekundayo, 2002; Chukwu, 2000; Nwodu, 2007; Nwosu, 1996)

The second research question of this study has to do with the adoption level of engagement practices in the existing operations of UCH, Ibadan. The level of adoption of engagement practices by UCH, Ibadan was just at an average level. This was evidenced in the average mean score of 2.61 on a scale of 1 to 4. Just as it is in the first research question, all the factors in the items under adoption level of engagement practices, which include consultation time with patient is fast, consultation time with patient is satisfactory, organizing free health talks, free medical check-ups, distribution of free nose mask, free

mosquito nets, and free eye tests, culminated to this particular average mean score.

The third research question investigated the level of satisfaction with UCH health care service delivery. The satisfactory level was at 2.58, which indicates that it was just a little above the average level of a scale of 1 to 4. Some of the determinants that contributed to this average level of satisfaction were factors such as availability of drugs for purchase, promptness in attending to patients in accident and emergency, promptness in attending to patients in wards, promptness in attending to patients in clinics, promptness in attending to patients in laboratories, availability of hand gloves and availability of cotton wool and injections. Studies have shown that some of these items can determine the level of satisfaction with a hospital's health care service delivery (Chen & Goodson, 2010; Mohsin, 2021; Nwodu, 2009; Park, 2005).

One null hypothesis was tested in this study, and it says, "there is no significant influence of engagement practices on satisfaction with health care service delivery of University College Hospital, Ibadan, Nigeria". According to the hypothesis, satisfaction with UCH health care service delivery is unaffected by satisfaction. The p value, which has a value of 0.311, which is higher than the threshold of significance (0.05), is used to assess whether an independent variable will significantly affect the dependent variable, leading to this result. The researchers accepted the null hypothesis because of this hypothetical outcome. This is, however in contrary to Chukwu (2000) submission, whose findings contradicted this finding.

Conclusion and Recommendations

The study showed that engagement practices deployed by UCH, Ibadan, are quite effective because the findings in this study showed that the effectiveness was quite above average. It is also concluded in this study that the level of adoption of engagement practices by UCH,

Ibadan, is quite above the average level, while the satisfaction was just a little bit above average. Many factors were responsible for this. Factors such as availability of drugs for purchase, promptness in attending to patients in the accident and emergency, promptness in attending to patients in wards, promptness in attending to patients in clinics, promptness in attending to patients in laboratories, availability of hand gloves and availability of cotton wool and injections. Hypothetically, engagement practices do not significantly influence satisfaction with UCH health care service delivery.

Going by the findings of this study, the following recommendations are hereby postulated.

1. Engagement practices by UCH, Ibadan should be improved upon. This can be done in the areas of distributing toiletries to patients, providing speedy and timely consultation time with patients, among many others.
2. The management of UCH, Ibadan, should make the health and welfare of its patients its utmost priority.

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