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ASSESSMENT OF FACTORS RESPONSIBLE FOR OUTSOURCING OF FACILITIES MANAGEMENT SERVICES IN THE PUBLIC HOSPITALS WITHIN KADUNA METROPOLIS

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Outsourcing is an increasingly popular strategy that healthcare organizations can use to control the rising costs of providing services. With outsourcing, an external contractor assumes responsibility for managing one or more of a healthcare organization's business, clinical, or hospitality services. Nigeria's public hospitals are not adequately equipped with the necessary best practice mechanisms to guide them in making right decisions regarding outsourcing of services while taking into consideration the likely risks that may be associated with such outsourcing transactions. This study assesses the factors responsible for outsourcing of Facilities Management Services in Public Hospitals within Kaduna Metropolis. The research was designed to assess the non-core facility management services outsourced in the selected hospitals. The population of the study were public hospitals within Kaduna metropolis. Convenience sampling technique was used in selecting the hospitals assessed. Data was collected using a well-structured questionnaires distributed to respondents. Descriptive statistics were utilized and data obtained was analysed with the aid of SPSS version 16. Results obtained from the analysis shows that though facility management services are outsourced in the assessed hospitals but it is as low as 29.63% while 62.965% of the services are being provided in-house and 7.41% are not rendered. Kaduna State Ministry of Health is encouraged to outsource more of the non-core services provided in-house in order to enable the state owned public hospitals focus more on their core services thereby improving their performance standard.

Keywords: assessment, facilities management services, hospitals, outsourcing, performance

INTRODUCTION

Outsourcing is a procurement option that involves the "contracting-out" of services that were previously performed in-house to an external service provider as a means of increasing organisational efficiency and effectiveness (Monczeka, Carter,Markham, Blascovich & Slaight 2005). It is a strategy that many public sector

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agencies are embracing as a way of improving value for money in providing public services. Outsourcing describes the use of external resources to execute operational tasks (Weiner & Seuring 2009). In other words, it is transfer of various elements of work previously carried out within the company to another third party company. This process allows focusing on top and main functions of the company, adapting to new technologies, improving the reliability and market reputation and significantly reducing production costs (Weiner & Seuring 2009).

Health sector are of the view that public health care institutions are turning to outsourcing in an effort to maintain high standard of care and reduce cost of health provision while addressing economic realities (Ikediashi, 2015). This study noted that even though outsourcing is one of the most researched areas in management studies, its impact on facilities management services provision in public hospital setting of a developing economy like Nigeria is largely unclear (Ikediashi, 2015). While the strategic importance of out-sourcing is generally recognized, little is understood about its practice. The decision matrix of strategic sourcing presented in this paper provides a useful management tool for selecting the appropriate sourcing strategy. In addition, the ensuing discussion on the implementation process offers insights into the strategic and operational issues related to put specific sourcing strategies into practice Ancarani & Capaldo (2011), this therefore emphasises the need for this research which is to make facilities management s services delivery sustainable in our hospitals. In specific terms, this study proposes to address this by first identifying the drivers of outsourcing and then conduct an empirical survey of facilities management services being outsourced in the hospitals.

There are so many hospitals in Nigeria cutting across public and private. It is not possible considering all the limitations outlined above to cover all the hospitals. This explains why the research focuses on public state hospitals who in any case, even though make up 65% of the nation's hospitals (Ademiluyi & Aluko-Arowolo, 2009) but have a controlling share of approximately 92% of patient population in Nigeria's hospitals. However the homogeneity of the structure and running of public hospitals in Nigeria means that the outcome of this research can be generalised to all public state owned hospitals in Kaduna state. This research is aimed at assessing the factors responsible for outsourcing of facilities management services in the public hospitals within Kaduna metropolis. The objectives are to identify the factors influencing decision to outsource facilities management services in the hospitals, examine the facilities management services being outsourced in the hospitals and assess the quality of outsourced services in public hospitals

LITERATURE REVIEW

Facilities management

Facilities management as an evolving profession has been described by Yiu (2008) as one faced with a serious identity crisis. This is because there seem to be no consensus yet on what could be regarded as a clear and acceptable definition of facilities management. Instead, many of the definitions provided by authors shows widespread variance on the understanding of what facilities management is, how it operates and to what extent it offers sustainable opportunities for businesses

(Noor & Pitt, 2009). A few of the definitions commonly cited in the FM literature is as follows:

According to Becker (1990), "FM is responsible for co-ordinating all efforts relating to planning, designing and managing buildings and their systems, equipment and furniture to enhance the organization's ability to compete successfully in a rapidly changing world." On its own part, IFMA (2007) defines facilities management as "The practice of coordinating the workplace with the people and work process of the organisation; integrating the principle of business administration and the behavioural and engineering sciences."

Facilities management services
According to Price (2006): "The facility management (FM) industry can be broadly divided into three categories: facility managers, specialist consultants and service providers. Facility managers are responsible for particular facilities either for one organization or on behalf of a number of organizations and function largely at a strategic level. Specialist consultants provide targeted expertise in areas as diverse as architectural, structural, fit-out, services and landscape design, cost management, project management, environmental assessment, due diligence, energy planning and dispute resolution, and function largely at a tactical level.

Service providers include cleaning contractors, insurers, furniture suppliers, security, construction, catering, fleet management and a range of other support services, and function largely at an operational level." The description above could be further aligned into 11 competencies put forward by the International Facilities Management Association. According to IFMA (2011), they are communications, quality management, technology, operations and maintenance, human factors and finance and business. Others include emergency planning and business continuity, leadership and strategy, real estate and property management, project management, environmental stewardship and sustainability.

Outsourcing strategies in facilities management

According to Ikediashi and Mbamali (2014) Outsourcing has been variously defined by researchers as the procurement option that favours 'contracting out 'of services previously performed in-house to an external service provider as a means of increasing organizational efficiency and effectiveness. Their study further portray that outsourcing involves a legal relationship between an organization and an external provider for the purpose of contracting out services which were previously performed by in-house staff. Accordingly, Ancarani & Capaldo (2011) states the several strategies available for Facilities Management. These options include:

In-house:

This is where a service is provided by a dedicated resource directly employed by the organisation even though the monitoring and control of performance is conducted under the terms of conventional employer/employee relationship.

Outsourcing:

This is where a service is commissioned from an external supply organisation usually under the terms of a formal contractual arrangement based upon terms and conditions derived from a service level agreement.

Public private partnership (PPP):
A form of partnership or strategic alliance is formed between the organisation and service provider based on a sharing of the responsibility for the delivery and performance of the service, including the sharing of the profits.

Total facilities management (TFM):
Here a whole range of services are bundled together and externalized to a single supplier which becomes totally responsible for the delivery, monitoring, control and attainment of stated performance objectives in the contract.

According to Kurdia et al, (2011), most buildings nowadays are still practicing conventional management which includes a small organization or team in one department. They only pay attention towards the performance of the facilities and services of the building such as the maintenance department where they make sure all the equipment and services is functioning all the time. Facilities management can be used to help businesses maximize returns on investment and establish long term competitive advantages in the marketplace. It is necessary for business to achieve maximum output from their facilities in order to reduce building life-cycle costs and maximize profits. The traditional approach to outsourcing cannot be the best sourcing strategy under all circumstances. Out-tasking is an alternative option that may be more appropriate in specific situations. This latter approach is widely practiced in information technology and facilities management. While the strategic importance of out-tasking is generally recognized, little is understood about its practice. The decision matrix of strategic sourcing presented in this paper provides a useful management tool for selecting the appropriate sourcing strategy. In addition, the ensuing discussion on the implementation process offers insights into the strategic and operational issues related to put specific sourcing strategies into practice (Encon, Albert, 2004)

FM Services in hospitals management

Within the context of hospital management, FM has continued to live by its definition of creating the right enabling environment that supports the core mandate of rendering clinical and medical diagnostic services; which is why Shohet and Lavy (2004) considered healthcare FM as one of the key elements for the successful delivery of healthcare services. Essentially, one can contend that FM adds value to hospital through achievement of zero defects in the hospital's physical operations, especially in very delicate areas where very minute problems can have huge and devastating consequences and could be a matter of life and death. Other areas of benefit of FM services to healthcare delivery in hospitals include management of infrastructure facilities such as estate and property, indoor air, structure and fabric, water supply, electricity and telecommunication management referred to as hard FM; and catering, cleaning, waste management, security and laundry services described as soft FM (Liyanage and Egbu, 2008).

RESEARCH METHODOLOGY

The research was conducted through administering of questionnaires and review of literature. The literature review was carried out through the use of books and journals to source for information on the subject matter. The targeted populations for this research were heads of works, directors of finance, heads of procurements,

directors of administration, hospital secretaries, medical directors and a chief medical director of state owned hospitals within Kaduna metropolis. The participants were selected through convenience sampling technique.

The total population for the study are thirty six (36) heads of various units in the assessed hospitals. According to (Rose 2015) an element can be selected from target population because of its convenience to researcher and its time and costs saving. In respect to these samples for this research were collected from the six state owned hospitals within Kaduna metropolis. In selecting each of the six (6) assessed hospitals, convenience sampling technique was used in selecting the respondents in the selected hospitals because it is convenience to researcher and its time and costs saving.

A well-structured questionnaire was designed with sections: A, B, C, D and E respectively and self-administered to heads of departments in the selected state owned hospitals within Kaduna metropolis. In analyzing the data for this study, descriptive statistics was used through the use of descriptive statistics with the aid of SPSS version 16. Results were presented by the use of Percentage Tool/Method, some of the questions in the questionnaire involve assessing some of the indices on a five (5) Likert's scale. That is Strongly Disagree, Disagree, Agree, and Strongly Agree and also Poor, Fair, Average, Good and Excellent.

The research question for this study therefore is: Why are public hospitals deciding to outsource facilities management services?

In order to address this question, the study addresses the following questions raised by the study:

1. What are the factors that influence the decision to outsource facilities management services?
2. What are the facilities management services being outsourced by the public hospitals?
3. What is the perception of users on the quality of services rendered by vendors in the hospitals?

Reliability and validity

Reliability according to Easterby-Smith et al. (2008) is the extent to which the data collection and analytical techniques yield consistent findings. Alpha values greater than 0.7 are regarded as sufficient (Pallant, 2004; Chan, 2005). To demonstrate the reliability of scales for ranking outsourcing decision, Cronbach's coefficient was used to examine the internal consistency of the scales. All the values were above the 0.7 threshold (see table below) indicating the scale for this study are reliable.

Reliability statistics result

Item description	Cronbach's alpha	Number of items
Outsourcing decision factors	0.780	31

DATA PRESENTATION AND DICUSSION

Table 1: The Respondents' position in the organization

S/No	Position	Responses (No)	Percentages of Responses (%)
1.	Chief Medical Director	1	3.13
2.	Medical Director	4	12.50
3.	Head of Administration	5	15.63
4.	Head of Finance	6	18.75
5.	Head of Works	5	15.63
6.	Head of Procurement	5	15.63
7.	Hospital Secretary	6	18.75
E	TOTAL	32	100

Table 1 shows that 3.13% of the respondents held the position of a Chief Medical Director, 12.50% were Medical Directors, Head of Administrations, Heads of Works and Heads of procurements covered 15.63% each while Heads of Finance and Hospital Secretary positions held 18.75% each.

Table 2: Respondents' professional affiliation

S/No	Profession	Responses (No)	Percentages of Responses (%)
1.	Medical Consultant	1	3.13
2.	Medical and Dental Council of Nigeria	4	12.50
3.	Public Administrator	5	15.63
4.	Accountant	4	12.50
5.	Business and finance	2	6.25
6.	Quantity Surveyor	4	12.50
7.	Purchasing and Supply	1	3.13
8.	Builder	2	6.25
9.	Civil Engineer	3	9.38
10.	Office Management	6	18.75
	TOTAL	32	100

Table 2 shows that 3.13% of the profession of the respondents was a Medical Consultant, 12.50% were registered with Medical and Dental Council of Nigeria, 15.63% were Public Administrators, 12.50, 6.25% and 12.50% were Accountants, Business Finance and Quantity Surveyors respectively. 3.13% had Purchasing and Supply. 6.25% of the respondents were Builders while 9.38% were also Civil Engineers. 18.75% were Office Managers.

Table 4.3: Respondents' academic qualification

S/No	Qualification	Responses (No)	Percentages of Responses (%)
1.	Higher National Diploma	8	25
2.	Bachelor of Science	11	34.37
3.	Masters of Science	9	28.13
4.	Doctorate Degree	1	3.13
5.	Postgraduate Diploma	3	9.38
	TOTAL	32	100

Table 4.3 reveals that 25% of the respondents have Higher National Diploma, 34.37% have Bachelor of Science, 28.13% had Masters of Science, 3.13% had Doctorate Degree while 9.38% had Postgraduate Diploma.

Table 4.4: Respondents' years in service

S/No	Years in Service	Responses (No)	Percentages of Responses (%)
1.	1- 5 Years	4	12.5
2.	6-10 Years	14	43.75
3.	11-20 Years	90	28.13
4.	21-30 Years	5	15.63
5.	TOTAL	32	100

Table 4.4 shows the respondents 'number of years in service. 12.5% are within 1-5 years in service, 43.75% are within 6-10 years in service, 28.13% are within 11-20 years in service while 15.63% are within 21-30 years in service.

Hospital Characteristics

This section was designed to inquire from the respondents, specific information about the ownership structure of the hospital they work. It also enquires about the category of the hospital as well as the kind of contractual arrangement the managements have with vendors. The results of the analysis are tabulated in table 4.5, 4.6 and 4.7 as shown below:

Table 4.5: Ownership structure of hospital

S/No	Ownership Structure	Responses (No)	Percentages of Responses (%)
1.	State	32	100
	TOTAL	32	100

Table 4.5 shows that 100% of the respondents work in State owned hospitals.

Table 4.6: Categorization of hospital

S/No	Category	Responses (No)	Percentages of Responses (%)
1.	Tertiary/ Teaching Hospital	1	3.13
2.	Secondary/ General Hospital	31	96.88
	TOTAL	32	100

Table 4.6 shows the categories of hospitals the respondents work. 3.13% of the respondents work in Tertiary/ Teaching Hospital while 96.88% work in Secondary/ General Hospitals.

Table 4.7: Contractual arrangements with vendors

S/No	Category	Responses (No)	Percentages of Responses (%)
1.	Managing Contractor	31	96.88
2.	Solely Government Funding	1	3.13
	TOTAL	32	100

Table 4.7 shows the contractual arrangement of the hospital managements and vendors. It shows that 96.88% arrangements are with Managing Contractors while 3.13% was solely government funding.

Table 4.8: Factors influencing decision to outsource FM services in table

Outsourcing Decision factors	Response					Sum	Mean	Standard Deviation	Ranking
	1	2	3	4	5				
Cost Related Factors									
To make cost transparent			1	5	26	153	4.80	4.80	3rd
To reduce investments in assets			4	12	16	140	4.38	4.43	5th
To reduce invested capital funds in non-core functions				4	28	156	4.88	4.88	1st
To access vendor's cost efficient system.			2	12	18	142	4.44	4.54	4th
To achieve cost reduction with enhanced performance of services				4	28	156	4.88	4.88	1st
To focus on core competencies				3	29	157	4.91	4.91	2nd
To improve on strategic positioning.			6	2	24	146	4.60	4.63	6th
To increase flexibility				2	30	158	4.94	4.94	1st
To multiply sourcing in case of uncertainties			6	12	14	136	4.25	4.32	7th
To handle varying demand more effectively			12	6	14	130	4.10	4.16	8th
Restricted by insufficiency in own resources			20	4	8	116	3.63	3.72	10th
To compare performance of in-house staff with vendor's workers			15	10	8	125	3.91	3.87	9th
To play along with the trend in privatization			2		30	156	4.88	4.89	3rd
To share risks				5	27	155	4.84	4.85	5th
To limit size of staff				4	28	156	4.88	4.89	4th
Innovation Related Factors									
To gain access to new products, services and technologies			2	5	25	151	4.72	4.75	4th
To obtain skills, expertise and ideas				5	27	155	4.84	4.86	3rd
To obtain technologies not available in-house				2	30	170	5.31	4.94	1st
To stimulate innovation among personnel			2	10	20	146	4.60	4.60	5th
To permit quicker response to new needs				4	28	156	4.88	4.89	2nd
Quality Related Factors									
To improve performance standard				2	30	158	4.94	4.94	1st
To improve quality of service to users				4	28	156	4.88	4.89	2nd
To improve mutual trust between hospital and customers			11	3	18	135	4.22	4.32	3rd
Time Related Factors									
To improve timely delivery of service				2	30	158	4.94	4.94	1st
There's not enough time to acquire tools and techniques in-house			6	5	21	143	4.47	4.54	3rd
To improve process responsiveness and cycle times				4	28	156	4.88	4.89	2nd
Service to Community									
To improve on stakeholders' satisfaction				4	28	156	4.88	4.89	1st
To improve customer relation				7	25	153	4.78	4.79	3rd
To improve labour relations				6	26	154	4.81	4.83	2nd
To improve on corporate social responsibility of the hospital			2	10	20	146	4.60	4.60	5th
To create jobs for local communities				12	20	148	4.63	4.65	4th

Table 4.8 listed out the factors such as cost, strategy, innovation, quality, and time related factors as well as service to community influence the decision to outsource FM Services in the assessed hospitals using a five (5) point Likert scale of 1=Strongly disagree, 2=Disagree, 3=Average, 4=Agree, 5= Strongly agree..

From the table, the highest ranked cost related factor is to reduce invested capital funds in non- core functions and to achieve cost reduction with enhanced performance of service both having the standard deviation of 4.88. The lowest ranked have the standard deviation of 4.43 which factor is to reduce investment in assets.

For strategy related factor, improving on strategic positioning is the highest rank with a standard deviation of 4.94 followed by focus on core competencies with the standard deviation of 4.91. The lowest ranked factor have a standard deviation of 3.72 which is restricted by insufficiency in own resource. Innovative related factor have the highest ranked factor with a standard deviation of 4.94 which is to obtain technologies not available in-house. The lowest rank under this factor is to stimulate innovation among personnel having a standard deviation of 4.60.

Quality related factor have the highest ranked standard deviation of 4.94 which is to improve performance standard. The 2nd ranked have the standard deviation of 4.89 which is to improve quality of service to users. The 3rd ranked factor is to improve mutual trust between hospital and customers with a standard deviation of 4.32.

To improve timely delivery of service is the highest ranked with 4.94 as standard deviation in time related factor. The lowest ranked is no enough time to acquire tools and techniques in-house with standard deviation of 4.89.

Service to community factors have the highest ranked with standard deviation 4.89 which is to improve stakeholders satisfaction. To improve social cooperate responsibility is the lowest ranked with a standard deviation of 4.60.

Table 4.9: Facilities management services being outsourced in table

Facilities Management Services	Outsource (%)	In- House (%)	Not Applicable (%)
Real Estate/ Property Management			
Real estate/property portfolio management	6.25	93.75	0
Leasing and sub-letting services	0	75	25
Retail outlets and space renting	21.88	78.12	0
Extension and alterations	87.50	12.50	0
Demolitions	88	22	0
Maintenance and Repairs			
Facility refurbishment	87.50	12.50	0
Plant maintenance and repairs	21.88	78.12	0
General cleaning services	6.25	93.75	0
Waste disposal and environmental management	6.25	93.75	0
Health and safety management	15.60	84.40	0
Landscaping maintenance	21.88	78.12	0
Administration Management and Office Services			
Security	12.50	87.50	0
Courier services	93.75	0	6.25
Storage and distribution of medical supplies	6.25	93.75	0

Table 4.9 Contd.: Facilities management services being outsourced in table

Reception and telephone operator	0	78.13	21.87
Public relation/liaison services	0	93.75	6.25
Travel arrangements	78.13	21.87	0
Car park maintenance	6.25	93.75	0
Purchasing and contract control and negotiation	78.13	0	6.25
Office furniture and stationary provision	93.75	6.25	0
Human resource management	0	100	0
Employee Support Services			
Child nursery administration	0	18.75	81.25
Recreations	0	93.75	6.25
Catering/Restroom management	87.50	12.50	0
Residential accommodation	6.25	93.75	0
Community affairs	0	93.75	6.25
Management of employees with special	0	87.50	12.50

Table 4.9 shows the outsourced FM services in based the respondents response are: extension and alteration with 87.5%, demolition 88%, facility refurbishment 87.5%. Courier service 93.75%, travel arrangement and Purchasing and contract control and negotiation with 78.13% respectively. Office furniture and stationary provision 93.75% while Catering/Restroom management had 87.50%.

Table 4.10 analyses the quality of the outsourced FM services in the assessed hospitals using a five (5) point Likert scale of 1=Strongly disagree, 2=Disagree, 3=Average, 4=Agree, 5= Strongly agree.

Quality of outsourced FM services in the hospitals assessed, facility refurbishment and attitude of personnel have competence as highest ranked with standard deviation of 4.74, the lowest ranked quality factor here has a standard deviation of 4.12 which is responsiveness

For contract control and negotiation services, the highest ranked quality factor is competence with a standard deviation of 4.79 while the lowest ranked have a standard deviation of 4.49 which is attitude and courtesy of personnel.

Extension, demolition and alteration services have attitude and courtesy of personnel as the highest ranked quality factor with a standard deviation of 4.79, the lowest ranked factor here is 4.49 which is responsiveness.

Travel arrangement services have the highest ranked quality as competence with the standard deviation of 4.62 and lowest ranked factor as reliability and responsiveness with standard deviation of 4.27 respectively.

Catering services have the highest ranked factor as competence having the standard deviation of 4.79 and the lowest factor have standard deviation of 4.37 which is reliability.

Table 4.10: Quality of outsourced services in public hospitals

Facilities management services	Response					Sum	Mean	Standard Deviation	Ranking
	1	2	3	4	5				
Facility Refurbishment Services and their personnel									
Attitude and courtesy of personnel			4	18	10	134	4.19	4.24	3rd
Reliability(dependable and accurate service)			3	9	20	145	4.53	4.58	2nd
Responsiveness (provision of prompt service)			2	25	5	131	4.10	4.12	4th
Competence(possession of requisite skill)			4	2	26	150	4.69	4.74	1st
Control and Negotiation Services and their Personnel									
Attitude and courtesy of personnel			3	12	17	142	4.44	4.49	4th
Reliability(dependable and accurate service)			2	5	25	151	4.72	4.75	2nd
Responsiveness (provision of prompt service)				12	20	148	4.63	4.65	3rd
Competence(possession of requisite skill)				7	25	153	4.80	4.79	1st
Extension, demolition and Alteration services and their Personnel									
Attitude and courtesy of personnel			1	8	23	150	4.69	4.74	1st
Reliability(dependable and accurate service)			6	9	17	139	4.34	4.41	3rd
Responsiveness (provision of prompt service)			3	19	10	135	4.22	4.26	4th
Competence(possession of requisite skill)			5	9	18	141	4.41	4.47	2nd
Travels Arrangement Service and their Personnel									
Attitude and courtesy of personnel				14	18	146	4.56	4.59	2nd
Reliability(dependable and accurate service)			1	19	12	136	4.30	4.38	3rd
Responsiveness (provision of prompt service)				24	8	136	4.30	4.27	3rd
Competence(possession of requisite skill)				13	19	147	4.60	4.62	1st
Catering services and their personnel									
Attitude and courtesy of personnel			4	9	19	143	4.47	4.52	2nd
Reliability(dependable and accurate service)				21	11	139	4.34	4.37	4th
Responsiveness (provision of prompt service)			5	9	18	141	4.41	4.47	3rd
Competence(possession of requisite skill)				7	25	153	4.80	4.79	1st

CONCLUSION

In conclusion to this research, it was established though facility management services are outsourced but only 29.63% is outsourced. This results is justified by study carried out on outsourcing of facilities management in Nigerian hospitals by Ikediashi and Mbamali (2014) which shows that reducing invested capital funds in

non-core functions, improving on strategic positioning, obtaining technologies not available in-house, improving performance standard, improving timely delivery of service and improving on stakeholders 'satisfaction cannot be achieved maximally since the hospitals still render non-core services in house.

However, in order to improve the performance standard services rendered by the hospitals, highly competent and reliable vendors should be hired to deliver non-core Facility management services needed. Therefore Respondents in their study viewed Outsourcing as a strategic management option that has the potential to improve organisational efficiency and effective management of resources as well as increase users 'satisfaction about quality of services in hospitals. The study also provides hospital administrators and public managers with a list of prioritised factors for making rational informed decision about outsourcing of services in the hospitals.

RECOMMENDATIONS

In order to add value to the management of resources in public hospitals, this study therefore recommends the following:

1. Since this project is limited to assessing the factors responsible for outsourcing of non-core facilities management services in the public hospitals within Kaduna metropolis, the Kaduna State Ministry for Health is encouraged to outsource more of the non-core services provided in-house in order to enable the state owned public hospitals focus more on their core services thereby improving their performance standard.

2. Similar studies should be conducted in federal hospitals in state in order to make it possible in making comparison between outsourced non-core FM services provided in the state owned and federal hospitals.

3. Further research could be generalized in a lesser scale to other parts of Nigeria.

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