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Workforce Capacity Building Strategies and Performance of Chukwuemeka Odumegwu Ojukwu University Teaching Hospital, Awka

Enemali, A.B.[1*] and Okeke, M-N. (Prof)[2]
Department Of Business Administration, Chukwuemeka Odumegwu Ojukwu University, Igbariam, Anambra Stat, Nigeria
Corresponding Email: bonaventure.enemali@gmail.com

ABSTRACT: This study investigated the influence of workforce capacity building strategies on the performance of healthcare workers at Chukwuemeka Odumegwu Ojukwu University Teaching Hospital (COOUTH), Awka. The research specifically, examined how training, performance management, coaching, mentoring, and overall workforce development impact staff performance, job satisfaction, and patient care quality. The study was anchored on Human Capital Theory, which posits that investment in education and professional development enhances employee productivity and organizational outcomes. A census design was adopted due to the manageable population of 890 staff. Using a mixed-methods approach, structured questionnaires were administered to all employees, with 857 valid responses returned. Key informant interviews and focus group discussions complemented the survey data. Instrument validity was established through expert review, while reliability testing using Cronbach's Alpha yielded a coefficient of 0.76. Data were analyzed using descriptive statistics, Chi-square, and simple regression analyses. Findings revealed that workforce capacity building strategies significantly influence healthcare worker performance and operational efficiency. On-the-job training and formal workshops were identified as particularly effective in enhancing professional growth and service delivery. However, challenges such as inadequate funding, limited time allocation, and weak mentorship structures constrained optimal outcomes. Although most respondents perceived alignment between capacity development initiatives and institutional goals, clearer integration was recommended to strengthen employee retention and patient outcomes. The study concludes that sustained and strategically aligned capacity building initiatives significantly improve healthcare worker performance, job satisfaction, and patient care quality at COOUTH. It recommends strengthening mentorship systems, expanding digital learning platforms, and improving resource allocation. The findings contribute to ongoing discourse on workforce development in tertiary healthcare institutions and provide practical guidance for hospital administrators and policymakers.

Keywords: Training, performance management, coaching, mentoring, health workers

INTRODUCTION

In many developing regions, including Anambra State in Nigeria, healthcare systems face significant challenges in managing and developing their workforce to meet growing demands for quality care (Akinyemi & Oladejo, 2020). Anambra State, located in South-East Nigeria, has seen considerable efforts in enhancing its healthcare infrastructure and services. For instance, the Chukwuemeka Odumegwu Ojukwu

University Teaching Hospital (COOUTH) stands out as a prominent institution in this region, serving as a central hub for healthcare delivery and medical education (Nwokolo, Okafor, & Eze, 2021). As a teaching hospital, COOUTH seems to be playing two critical roles: providing patient care and contributing to the education of future healthcare professionals. These roles necessitate a well-structured workforce capacity building strategies to ensure that both clinical services and educational objectives are met effectively (Ojo & Obi, 2020).

Besides, the effectiveness of workforce capacity building strategy is pivotal in shaping the performance of healthcare systems, particularly in settings like COOUTH, as the performance of healthcare systems can be heavily influenced by the strategies employed in workforce development. These strategies encompass recruitment, training, retention, and overall management of healthcare professionals (World Health Organization [WHO], 2022).

As workforce development in healthcare systems can be regarded as a critical component for ensuring the delivery of effective and efficient medical services, it has become expedient to examine these strategies within the context of Anambra State's healthcare environment. This study therefore aims to shed light on critical factors influencing healthcare delivery and educational outcomes which would yield findings that may inform policy decisions and strategic planning efforts, ultimately contributing to the advancement of healthcare services in Anambra State.

Chukwuemeka Odumegwu Ojukwu University Teaching Hospital (COOUTH) serves as a key player in the healthcare system of Anambra State. Established to provide comprehensive healthcare services and to train healthcare professionals, COOUTH is central to both patient care and medical education in the region (Kearney, Kelly, & Mills, 2022). As a teaching hospital, COOUTH has the dual responsibility of delivering high quality medical care and contributing to the education and training of future healthcare workers. This dual role places additional demands on the hospital's workforce capacity building strategies, making them a critical focus for improving overall healthcare performance (Cunningham, McKinney & Young, 2019).

However, Nigeria's healthcare system faces multifaceted challenges that significantly impact the quality of care delivered. One of the major issues is inadequate development and management of the healthcare workforce. Workforce development is crucial in addressing these challenges, particularly in regions like Anambra State, which, despite recent improvements, still grapples with significant healthcare delivery issues (Akinyemi & Oladejo, 2020). Inadequate staffing, insufficient training, and high turnover rates are common problems affecting the efficiency and effectiveness of healthcare services in Nigeria (Buchan, Duffield, & Jordan, 2020).

Effective workforce development is critical for optimizing healthcare system performance, particularly in regions with significant healthcare delivery challenges such as Anambra State, Nigeria. The Chukwuemeka Odumegwu Ojukwu University Teaching Hospital (COOUTH), as a pivotal healthcare and educational institution in the region, embodies the intersection of patient care and professional training. However, despite the crucial role of COOUTH in improving health outcomes and advancing medical education, there are substantial concerns regarding its workforce capacity building strategies and their impact

on overall performance. The problem of this study rests on the urgent need to assess and address the deficiencies in workforce at COOUTH. By identifying and analyzing these deficiencies, the study aims to offer practical recommendations to improve the hospital's workforce management, thereby enhancing its performance and ability to meet the healthcare needs of Anambra State.

It is imperative to note that the recruitment and retention of healthcare professionals in Anambra State are influenced by various factors, including competitive salary structures, career development opportunities, and working conditions. COOUTH struggles with attracting and retaining skilled personnel due to these challenges, impacting its ability to deliver consistent and high-quality care. Effective training programs are also essential for equipping healthcare workers with the necessary skills to meet evolving medical standards and practices. However, there are concerns about the adequacy of training programs at COOUTH, including the integration of new medical technologies and methodologies into the curriculum and the continuous professional development of existing staff. The lack of sufficient training opportunities can affect the competency of healthcare workers and their ability to provide optimal patient care. Job satisfaction is also another critical factor influencing workforce performance and retention. Poor working conditions, inadequate support systems, and limited career advancement opportunities contribute to lower job satisfaction among healthcare workers at COOUTH. This dissatisfaction can lead to burnout, reduced productivity, and higher turnover rates, further exacerbating staffing challenges.

Given these challenges, there is a critical need to evaluate the current workforce capacity building strategies at COOUTH and their impact on performance. Understanding the strengths and weaknesses of these strategies will provide valuable insights into how the hospital can enhance its workforce management practices to improve overall performance and patient outcomes. This evaluation will also contribute to the broader understanding of workforce capacity building strategy in similar healthcare settings across Nigeria and other developing regions.

The specific objectives of the study include: To determine the extent workforce training strategies influence the performance of healthcare workers in COOUTH; find out how workforce performance management systems influence the performance and efficiency of healthcare delivery in COOUTH; and evaluate the extent workforce coaching influence the performance of healthcare workers in COOUTH.

Hypothetically, the study stated in the null form that: Workforce training strategies has no significant relationship with the performance of healthcare workers in COOUTH; that there is no significant relationship between workforce performance system strategies and the performance and efficiency of healthcare delivery in COOUTH; and that Workforce coaching has no significant relationship with the performance of healthcare workers in COOUTH.

LITERATURE REVIEW

Conceptual Review

Workforce Capacity Building Strategy

Workforce capacity building strategy refers to a systematic approach used by organizations to enhance the skills, capabilities, and performance of their employees. In the context of healthcare, this encompasses various activities designed to recruit, train, and retain healthcare professionals to ensure they are equipped to meet the demands of modern medical practice. According to

Buchan, Duffield & Jordan. (2020), workforce capacity building in healthcare involves planning and implementing policies and programs that improve the competencies of healthcare workers, enhance job satisfaction, and ultimately lead to better patient care outcomes.

Workforce capacity building strategy at Chukwuemeka Odumegwu Ojukwu University Teaching Hospital (COOUTH) encompasses the specific actions and initiatives designed to enhance the skills, efficiency, and retention of healthcare professionals. Workforce capacity building strategies can be Defined as the structured processes used to attract and hire healthcare professionals, including recruitment campaigns, job postings, application processes, and selection procedures. For example, COOUTH's recruitment strategy may involve partnerships with medical schools and use of online job platforms to attract qualified candidates (Ojo & Obi, 2020). It can also be defined as formal educational activities aimed at improving staff skills and knowledge. This includes in-house training sessions, workshops, seminars, and continuing medical education (CME) opportunities provided to healthcare workers.

At COOUTH, this might involve specialized training for new medical technologies or advanced procedures (Dawson, Roos, & Hall, 2023). Workforce capacity building strategy also includes specific policies and practices aimed at keeping healthcare professionals within the organization. This could involve competitive salary packages, career development opportunities, mentoring programs, and work-life balance initiatives.

Components of Workforce Capacity Building Strategy

Coaching

Coaching is a pivotal component in enhancing the capacity of healthcare workers (Okunade, Adediran, Balogun, Maduka, & Adegoke, 2023), particularly in regions like Anambra State, Nigeria. It serves as a structured approach to professional development, aiming to improve individual performance and, by extension, the overall effectiveness of healthcare delivery. The integration of coaching into healthcare systems has been instrumental in addressing challenges such as skill gaps, inadequate professional development opportunities, and the need for continuous learning among healthcare professionals (Chirwa, C., Awoonor-Williams, J. K., & the AHI PHIT Partnership Collaborative, 2017). Coaching provides a platform for healthcare workers to receive personalized guidance, enhancing their clinical competencies and leadership skills. A study across five African countries, including Nigeria, highlighted that mentorship and coaching interventions led to improvements in clinical practice, data-driven decision-making, leadership, and staff satisfaction. These outcomes underscore the effectiveness of coaching as a strategy for strengthening healthcare systems. Therefore, Coaching stands out as a vital strategy in workforce capacity building within the healthcare systems as it can significantly enhance the competencies of healthcare workers, leading to improved healthcare delivery and outcomes in the state.

Mentoring

Mentoring is a critical component of workforce capacity building in healthcare systems and it involves experienced professionals providing guidance, support, and feedback to less experienced colleagues, fostering their personal and professional development (Okoroafor, Ezeonwu, & Onyia-Pat, 2020). In the context of Anambra's healthcare system, mentoring plays vital role in enhancing the skills, knowledge, and

performance of healthcare workers, thereby improving the overall quality of healthcare delivery. Mentoring initiatives can be implemented to address the challenges faced by healthcare workers, such as skill gaps, inadequate professional development opportunities, and the need for continuous learning (Obi, Mbachu, &Uzochukwu, 2021). These initiatives can help bridge the gap between theoretical knowledge and practical application, ensuring that healthcare workers are well-equipped to meet the evolving health needs of the population (Anachuna, & Obi, 2021).

Human development

Human development is a comprehensive approach that focuses on expanding individual freedoms to lead long, healthy, and creative lives (UNDP, 2025). It emphasizes enhancing people's capabilities, allowing them to pursue goals they value and participate actively in shaping equitable and sustainable development (UNDP, 2025). In the context of Anambra State's healthcare system, human development plays pivotal role in building a competent and motivated workforce, ultimately improving healthcare delivery and outcomes. Human development is a vital strategy for workforce capacity building in Anambra's healthcare system (UNDP, 2025).

Recruitment

Recruitment refers to the process of attracting, selecting, and hiring qualified healthcare professionals. Effective recruitment strategies are crucial for ensuring that healthcare facilities, such as Chukwuemeka Odumegwu Ojukwu University Teaching Hospital (COOUTH), are staffed with skilled individuals who can meet the institution's needs and provide high-quality care (Ojo & Obi, 2020). Recruitment is the process of attracting, selecting, and hiring qualified candidates to fill job vacancies. A strategic approach to recruitment involves understanding the specific needs of the organization and targeting efforts to attract the right candidates. Effective recruitment strategies include developing clear job descriptions, utilizing various recruitment channels (e.g., job fairs, online platforms), and building partnerships with educational institutions (Nwokolo, Okafor, & Eze, 2021). Strategic recruitment ensures that the organization has the right mix of skills and experiences required for optimal performance.

Training

Another component of Workforce Capacity Building Strategy is Training. This refers to the educational activities designed to improve the skills and knowledge of healthcare staff. This includes formal training programs, continuing medical education (CME), and on-the-job training. Training is essential for keeping healthcare professionals updated with the latest medical advancements and improving their competency (Shamian, Buchan, & Kralj, 2021). These show that Training Programs entail the structured educational initiatives aimed at improving the skills and knowledge of healthcare staff, such as in-house training sessions, workshops, and professional development courses.

Retention

There is also another component of Workforce Capacity Building Strategy called Retention. This is the strategy of maintaining a stable workforce by minimizing turnover rates and improving job satisfaction. Effective retention strategies might include competitive salaries, career advancement opportunities, and supportive work environments (Buchan, Duffield & Jordan, 2020). Retention strategies aim to keep talented employees within the organization and minimize turnover rates. High turnover can lead to disruptions in service delivery and increased recruitment costs. Effective retention strategies include

offering competitive salaries and benefits, providing opportunities for career advancement, creating a supportive work environment, and recognizing employee achievements (Buchan, Duffield, & Jordan, 2022).

Healthcare System Performance

Healthcare system performance refers to the effectiveness and efficiency with which a healthcare system delivers services and achieves health outcomes. This includes the quality of care provided, the efficiency of service delivery, and the satisfaction of patients and staff. According to Shamian, Buchan, & Kralj (2021), performance can be measured through various indicators such as patient outcomes, operational efficiency, and the satisfaction levels of both patients and healthcare workers. The Healthcare system performance at COOUTH can be operationalized through a range of specific metrics and indicators that measure the effectiveness and efficiency of healthcare delivery.

Components of Healthcare System Performance

Patient Outcomes

This includes the measures of the results of healthcare interventions, including recovery rates, complication rates, and patient satisfaction. High patient outcomes indicate effective healthcare practices and the ability of the facility to provide quality care (Shamian, Buchan, & Kralj, 2021). Therefore, Patient Outcomes are the measures such as rates of recovery, patient survival rates, and the incidence of medical errors that reflect the quality of care provided (Buchan, Duffield & Jordan, 2020).

Operational Efficiency

This refers to the effective use of resources to achieve healthcare objectives. Metrics such as patient wait times, bed occupancy rates, and resource utilization help evaluate operational efficiency. Efficient operations contribute to better service delivery and reduced costs (Cunningham, McKinney & Young, 2019). These show that Operational Efficiency is among the metrics related to the efficiency of hospital operations, including patient wait times, bed occupancy rates, and the effectiveness of resource utilization.

Staff Satisfaction

This involves the level of contentment and engagement among healthcare workers. Higher staff satisfaction often correlates with improved job performance and lower turnover rates, which in turn affect the quality of patient care (Buchan, Duffield & Jordan, 2020). This implies that Staff Satisfaction encompass the indicators of employee satisfaction and morale, such as job satisfaction surveys, staff turnover rates, and the prevalence of workplace stress or burnout (Cunningham, McKinney & Young, 2019).

Educational Outcomes

This refers to measures related to the effectiveness of educational and training programs for healthcare professionals. This includes the performance of medical trainees, feedback from educational programs, and the success rates of certification exams (Kearney et al., 2022). These imply that Educational Outcomes for a teaching hospital like COOUTH, are performances in terms of educational outcomes which includes the quality of medical training provided to students and residents, as assessed through academic performance, feedback from trainees, and the success rates of graduates in their subsequent careers (Kearney et al., 2022).

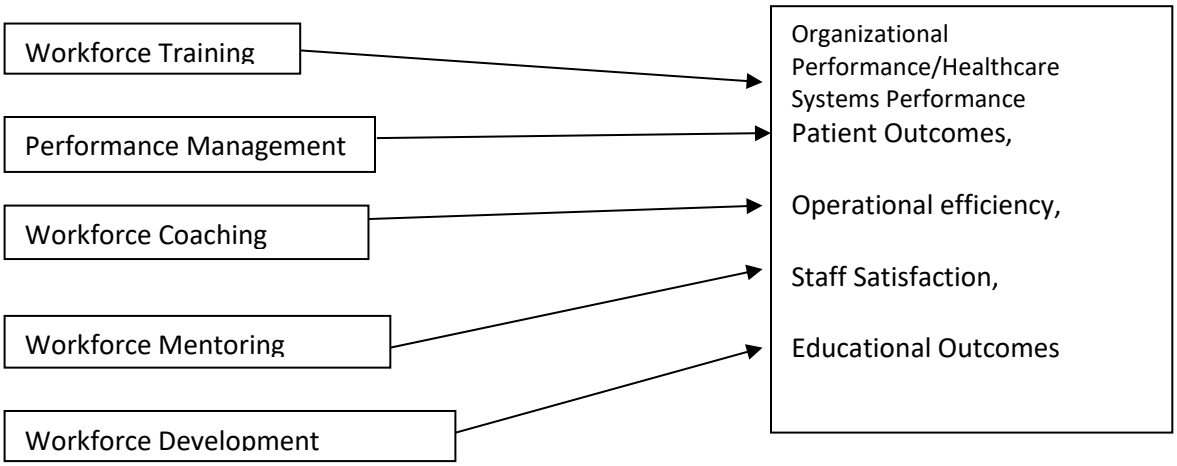


Figure 2.1: Conceptual Framework
Source: Researcher's Model

Theoretical Framework

This framework is anchored on the Human Capital Theory, Systems Theory, and Performance Management Theory.

Human Capital Theory

Human Capital Theory, initially developed by economists such as Gary Becker (1993) and Theodore Schultz (1961), posits that investments in education and training enhance an individual's productivity and economic value. Applied to healthcare, this theory suggests that investing in the education and training of healthcare professionals improves their skills and abilities, which in turn enhances their performance and contributes to better patient care and organizational outcomes. The theory emphasizes the value of investing in human resources through education and training to enhance individual productivity and economic value. In healthcare, this theory suggests that investments in the training and development of healthcare professionals lead to improved performance and better patient outcomes.

Human Capital Theory is applied to workforce development by focusing on the impact of education and training on employee performance. Investments in professional development are seen as essential for increasing the skill levels of healthcare workers, which in turn improves the quality of care provided (Becker, 1993).

Systems Theory

Systems Theory, as articulated by Ludwig von Bertalanffy (1968), views organizations as complex systems comprised of interrelated components that function together to achieve a common goal. This theory suggests that effective management of one component affects the entire system. In the context of healthcare, Systems Theory highlights the interconnectedness of various elements such as recruitment, training, retention, and performance management within the healthcare system. This perspective is valuable for understanding how different aspects of workforce development, such as recruitment, training, and performance management, interact and influence overall healthcare performance. An integrated approach, as suggested by Systems Theory, is essential for optimizing workforce capacity building strategies and improving healthcare outcomes.

In the context of healthcare, Systems Theory helps in understanding how different aspects of workforce development, such as recruitment, training, and performance management, interact and affect overall healthcare performance. It supports a holistic approach to managing healthcare systems, where changes in one area are considered in relation to their impact on the entire organization (von Bertalanffy, 1968).

Performance Management Theory

Performance Management Theory focuses on the processes and practices used to monitor, evaluate, and improve employee performance. However, it may be understood that the performance management theory does not have a single founder or propounder, as it has evolved over time through contributions from various scholars and practitioners. However, it has been argued that Frederick W. Taylor who is often referred to as the father of scientific management, laid the groundwork for systematic performance measurement and management by emphasizing efficiency and productivity (Taylor, 1911).

According to Armstrong and Baron (1998), effective performance management systems are essential for aligning individual goals with organizational objectives, providing feedback, and facilitating continuous improvement. The Theory includes setting performance expectations, providing regular feedback, and implementing performance improvement plans to align individual performance with organizational goals.

In healthcare settings, Performance Management Theory is used to establish effective performance appraisal systems, offer feedback, and create performance improvement plans. These practices are essential for ensuring that healthcare staff meet performance standards and contribute to improved patient care and organizational efficiency (Armstrong & Baron, 1998).

The integration of Human Capital Theory, Systems Theory, and Performance Management Theory provides a comprehensive framework for understanding the relationship between workforce capacity building strategies and healthcare performance at COOUTH. Human Capital Theory emphasizes the importance of investing in staff development, Systems Theory highlights the need for an integrated approach to managing various workforce components, and Performance Management Theory focuses on the processes for evaluating and enhancing performance.

Empirical Review

Akinyemi, & Oladejo, (2020) worked on the topic "Effectiveness of Training Programs on Health Workers' Performance in Sub-Saharan Africa: A Case Study of Nigeria" The study employed a mixed-methods approach, combining quantitative surveys and qualitative interviews. Data were collected from healthcare workers in various hospitals in Nigeria, including Chukwuemeka Odumegwu Ojukwu University Teaching Hospitals (COOUTH). A total of 150 healthcare professionals participated in the survey, and 20 interviews were conducted with key stakeholders. The study found that structured training programs significantly improved healthcare workers' competencies and performance. The study recommended the implementation of regular, structured training programs tailored to specific needs, continuous professional development opportunities, and regular evaluation of training effectiveness to ensure alignment with healthcare goals

Ogunseye, (2020) studied the Performance-Based Financing as a Tool for Reforming Primary Health Care in Nigeria. The

Objectives of the study include to analyze the potential of performance-based financing (PBF) in reforming primary healthcare in Nigeria and to assess the impact of PBF on healthcare service delivery. The Methodology used was Content analysis of peer-reviewed and grey literature as well as an evaluation of PBF implementation in Nigeria's primary healthcare system. The study was able to establish that PBF improves accountability and service delivery and that the Challenges involved, include inadequate funding and resistance to change. The study concludes that PBF is a viable strategy for reforming primary healthcare in Nigeria. The study also recommended an increased funding for PBF initiatives and resistance through stakeholder engagement and training. The study basically focused on focuses on primary healthcare, which may differ from the hospital's services while the current study looked at strategies for improving healthcare delivery, relevant to the hospital's context.

Okoroafor (2022) assessed the Staffing Needs for Primary Health Care Centers in Cross River State, Nigeria, using a Workload Indicators of Staffing Need Study. The objectives were to determine staffing requirements for primary health care centers, analyze workload pressures and provide recommendations for staffing optimization. The methodology used was the Workload Indicators of Staffing Need (WISN) and data was collected from health facilities. The study revealed a significant understaffing in primary health care centers, High workload pressures on existing staff and need for strategic staffing and resource allocation. The study concludes that optimizing staffing based on workload indicators can improve healthcare delivery. The recommendations include: Implementing the Workload Indicators of Staffing Need (WISN) for staffing decisions, increasing recruitment to meet staffing needs and allocating resources based on workload assessments. This study specifically focused on primary health care centers, which may differ from the hospital's services while the current study focused on workforce capacity building strategies and performance in Anambra State health care systems.

Okoroafor and Christmals (2023) looked at Barriers, Promoters, and Strategies for Improving Task Shifting and Task Sharing Implementation in Nigeria: Qualitative Perspectives of Policymakers. The objectives include: Identifying barriers to task shifting and sharing in Nigeria, exploring strategies to improve implementation and Gathering perspectives from policymakers. The study utilized the Qualitative interviews with policymakers and Thematic analysis of responses. The study findings include: Staff shortages and inadequate training hinder task shifting, Mentoring and supportive supervision are crucial for success and need for policy alignment and resource allocation. The study concludes that Task shifting can enhance healthcare delivery if supported by adequate training and supervision. The study further recommends Increase staffing levels, Implementation of comprehensive training programs and strengthening of policy frameworks. The current study Emphasized the importance of training and supervision, relevant to the hospital's workforce development while this reviewed work focuses on task shifting, which may be applicable depending on the hospital's staffing structure

Olonade (2023) explored Workforce Planning and Organizational Effectiveness: Perspective from Osun State Civil Service. The objective was to investigate the relationship between workforce planning and organizational effectiveness in the civil service of Osun State, Nigeria. A quantitative research design employing surveys to collect data from civil servants. The study found out that Effective

workforce planning positively influences organizational effectiveness, that and Challenges include inadequate training, poor morale, and lack of career development opportunities. The study concludes that Strategic workforce planning is essential for enhancing organizational effectiveness in the public sector. The recommended developing comprehensive workforce planning frameworks, investing in continuous training and career development programs and Improving employee morale through recognition and reward systems. Both studies emphasize the importance of strategic workforce planning and training in improving organizational performance. Olonade's research focuses on the civil service, while the current study concentrates on a teaching hospital setting.

Dawson, Roos, & Hall, (2023) did a comparative study on evaluation of Performance Management Systems in Nigerian Healthcare Facilities. This study employed a comparative analysis, using both qualitative and quantitative data collected from performance management systems in various Nigerian healthcare facilities, including COOUTH. Surveys and performance data were collected from 220 healthcare professionals and administrators. The study found that well-structured performance management systems that included regular appraisals, feedback, and goal-setting were linked to improved employee performance and healthcare outcomes. Facilities with robust performance management practices had better patient care quality and operational efficiency. The research highlights the critical role of performance management systems in enhancing healthcare performance. Effective performance management practices contribute to better staff performance and improved patient care outcomes. The study recommended the implementation of comprehensive performance management systems, including regular performance reviews, clear goal-setting, and constructive feedback mechanisms to improve healthcare service quality (Dawson et al., 2023).

Oladigbolu, Okafor, Oluwaseyi, et al. (2025) studied the topic 'Community Pharmacy Workforce Willingness, Readiness, and Infrastructural Capacity to Deliver Vaccination Services in Nigeria. The objective of the study was to assess the willingness, readiness, and infrastructural capacity of community pharmacy workforce to deliver vaccination services in Nigeria. The methodology used was a cross-sectional survey conducted among community pharmacists across Nigeria. The key findings include: High levels of willingness among pharmacists to participate in vaccination services; Readiness being contingent upon adequate training and infrastructural support and significant regional disparities in infrastructural capacity. The study concludes that enhancing the role of community pharmacists in vaccination services requires targeted capacity-building initiatives and infrastructural improvements. The study further recommends the Implementation of standardized training programs for pharmacists, upgrading of infrastructure to support vaccination services and strengthening of policy frameworks to integrate pharmacists into national vaccination strategies.

METHODOLOGY

The study utilizes a mixed-methods research design, combining quantitative and qualitative methods. The Quantitative Method used descriptive survey. Instrument of structured questionnaire was developed to collect quantitative data from COOUTH staff. The survey targeted a representative sample of healthcare professionals at COOUTH,

including doctors, nurses, administrative staff, and support personnel. A stratified random sampling technique was used to ensure the inclusion of various departments and roles within the hospital. The Qualitative Methods were used to gather detailed insights through interviews and focus groups to understand the experiences, perceptions, and challenges faced by staff and management regarding workforce capacity building strategies. Each group included about 6-10 participants to facilitate effective discussion. The population of the study comprised all the staff employed by Chukwuemeka Odumegwu Ojukwu University Teaching Hospital Awka, Anambra State, comprising a total of 890 employees, according to data supplied by the hospital administration. A pre-test of the instrument was used to help establish its validity and reliability. While validity determines whether the said instrument correctly measures the concerned variable, reliability determines the consistency of results the application of such an instrument would give (Asika, 1991, p. 105). Quantitative data from surveys were analyzed using statistical techniques such as descriptive statistics, and cross-tabulation analysis. Statistical software such as SPSS were used to perform the data analysis, allowing for accurate and efficient handling of large datasets. Qualitative data from interviews and focus groups were analyzed using thematic analysis.

DATA PRESENTATION AND ANALYSIS

Response Rate

A total of 890 copies of the questionnaire were distributed to the respondents and total of 857 copies of the questionnaire were returned, representing 96% return rate which is illustrated in the table underneath.

Table 2
Questionnaire Distribution (Return Rate)

Description	Number of Questionnaires	Percentage (%)
Questionnaires Distributed	890	100%
Questionnaires Returned	857	96%
Questionnaires Not Returned	33	4%

Source: Field Survey (2025)

The 96% return rate signifies that the data collected is likely to be reliable and representative of the target population. With only 4% non-response, the potential for non-response bias is minimal, which strengthens the overall validity of the research findings.

Quantitative Data

Data from the Survey Design

Survey was used to interrogate the workforce capacity building strategies and performance of Anambra State health care systems through a systemic and objective sample. The survey was employed since it studies both large and small populations by selecting and studying samples chosen from the populations

Demographic Variables

Table 3: Age Distribution of Respondents

Age Group	Frequency	Percentage
Under 25	**50**	**5.8**
25–35	210	24.5
36–45	300	35.0
46–55	180	21.0
55 and above	117	13.7
Total	**857**	**100%**

Source: Field Survey (2025)

The dominant age group at COOUTH is 36–45 years, accounting for 35% of the respondents, followed by the 25–35 bracket (24.5%). This age profile reflects a mid-career workforce, which aligns with previous findings in healthcare workforce studies emphasizing the importance of engaging professionals during their most productive years for training and development (Mills et al., 2012). The relatively smaller proportion of younger staff (under 25) may indicate barriers to entry or a preference for more experienced hires in specialized healthcare settings, as suggested by Onyango & Ochieng (2018) who found that clinical roles often require significant prior qualifications or training. Moreover, the presence of 13.7% of employees aged 55 and above indicates a notable proportion nearing retirement. This is crucial for workforce planning and capacity building, since succession strategies and knowledge transfer mechanisms become critical in sustaining institutional memory and service quality (WHO, 2016).

Table 4: Gender Distribution of Respondents

Gender	Frequency	Percentage (%)
Male	400	47
Female	457	53
Total	**857**	**100**

Source: Field Survey (2025)

This table shows that Female employees slightly outnumber males (53.3% vs. 46.7%), which reflects global trends in the healthcare sector, particularly in nursing, allied health professions, and administrative roles (Buchan & Aiken, 2008). This gender composition has significant implications for workforce capacity building, as research suggests that training programs need to be gender-responsive to address unique challenges women face in healthcare, including balancing professional and familial responsibilities (George, 2007). Additionally, gender diversity enriches organizational culture and patient care outcomes, with multiple studies linking diverse healthcare

teams to improved problem-solving and patient satisfaction (Cohen & Bailey, 1997). Hence, COOUTH's workforce capacity strategies should emphasize inclusivity, ensuring equal access to professional development opportunities for all genders.

Table 5: Departmental Distribution of Respondents

Department	Frequency	Percentage (%)
Medical/Clinical	500	58.4
Administrative	220	25.7
Support Services	120	14.0
Other	17	2.0
Total	**857**	**100**

Source: Field Survey (2025)

With 58.4% of staff working in Medical/clinical roles, the data highlight COOUTH's core function in delivering direct patient care, consistent with healthcare institutions worldwide where clinical professionals form the bulk of staff (WHO, 2016). This medical/clinical department consists of the medical doctors specialized in different areas, nurses, pharmacists, dieticians etc. The sizeable administrative and support services workforce (around 40%) underscores the complexity of hospital operations that extend beyond clinical duties, requiring multifaceted capacity building strategies. These consists of the Administration, records, Accounts, etc

Literature notes that effective hospital performance depends on strengthening both clinical competencies and administrative efficiency (Dillman et al., 2014). Capacity building initiatives should therefore adopt a dual focus: clinical training to improve patient care quality and administrative development to optimize resource management and operational workflows (Armstrong & Taylor, 2014).

Table 6: Years of Experience in Healthcare (N = 857)

Years of Experience	Frequency	Percentage (%)
Less than 1 year	50	5.8
1–5 years	180	21.0
6–10 years	250	29.2
11–15 years	200	23.4
More than 15 years	177	20.6
Total	**857**	**100**

This table shows that most respondents have substantial experience, with 73.2% reporting more than five years in healthcare. This seasoned workforce provides a strong foundation for advanced capacity building initiatives, as experienced employees often serve as informal mentors and contribute to organizational knowledge (Kaufman et al., 2014). However, literature also warns against complacency, emphasizing the need for continuous professional development to keep skills current in rapidly evolving healthcare environments (Caffarella & Daffron, 2013).

The presence of less experienced employees (under 5 years) suggests ongoing recruitment and turnover, making it essential to have onboarding and induction programs that facilitate swift integration and competency acquisition (Salas et al., 2012).

Discussion of Findings

Objective i: Workforce Training and Healthcare Worker Performance

The findings demonstrate that workforce training strategies have a significant and positive influence on healthcare worker performance at COOUTH. Quantitative results showed that 60.7% of respondents rated training initiatives as effective or very effective, with on-the-job training (70%) and formal workshops (52.5%) being the most accessed programs. These findings were further validated by hypothesis testing, where both the Chi-square and simple regression analyses confirmed that workforce training significantly predicts improvements in healthcare worker performance.

The dominance of experiential training supports Kolb's (1984) experiential learning theory, which emphasizes learning through practice and reflection. However, the relatively low participation in online learning (29.2%) suggests infrastructural and time-related constraints. While training initiatives are impactful, their full potential is yet to be realized, particularly in terms of flexible and technology-enabled learning options.

Objective ii: Workforce Performance Management and Healthcare Delivery Efficiency

The study found that workforce performance management systems significantly influence the performance and efficiency of healthcare delivery at COOUTH. Nearly half of the respondents reported receiving regular feedback, which contributes to improved accountability, motivation, and operational efficiency. The hypothesis testing results reinforced this finding, as both Chi-square and regression analyses showed a statistically significant and positive effect of performance management strategies on healthcare delivery efficiency.

Despite these positive outcomes, qualitative evidence revealed inconsistencies in feedback frequency and limited follow-up on appraisal outcomes. This suggests that while performance management systems are functional, their effectiveness is constrained by a lack of standardization and leadership-driven enforcement, consistent with Kotter's (1996) emphasis on leadership in sustaining performance systems.

Objective iii: Workforce Coaching and Healthcare Worker Performance

The findings indicate that workforce coaching has a significant positive effect on healthcare worker performance, although its implementation at COOUTH remains limited. Only 14% of respondents reported participating in coaching or mentorship-related programs. Nonetheless, both Chi-square and regression analyses confirmed that coaching significantly predicts healthcare worker performance, highlighting its potential value.

Qualitative findings revealed that coaching improves communication skills, professional confidence, and task performance. The low participation rate points to structural challenges, including time constraints and the absence of trained coaches, rather than a lack of effectiveness. This underscore coaching as a high-impact but underutilized workforce development strategy.

Analyzing the Hypotheses

All hypotheses were tested at 0.05 level of significance using the Chi-Square (χ^2) goodness-of-fit test. The decision rule is to Reject H0 if: χ^2calculated > χ^2table

Table 7: Relationship between Workforce Training And Healthcare Worker Performance (for $H_0$1)
(Source: Table 17 — Patient Care Quality)

Effect Level	Frequency
Very Positive	260
Positive	370
Neutral	120
Negative	70
Very Negative	37
Total	**857**

The chi-square test for Hypothesis One (H01), which states that workforce training strategies have no significant relationship with the performance of healthcare workers in COOUTH, yielded a calculated chi-square value of $\chi^2 = 456.86$, while the critical table value at 0.05 significance level and 4 degrees of freedom was $\chi^2 = 9.488$. Since the calculated value far exceeds the table value, the null hypothesis was rejected, indicating that workforce training strategies have a statistically significant relationship with the performance of healthcare workers in COOUTH.

Table 8: Relationship between Performance Management And Operational Efficiency (for H02)
(Source: Table 17 — Operational Efficiency)

Impact Level	Frequency
Very Positive	220
Positive	340
Neutral	140
Negative	100
Very Negative	57
Total	**857**

For Hypothesis Two (H02), which states that there is no significant relationship between workforce performance management strategies and the performance/efficiency of healthcare delivery in COOUTH, the chi-square test produced a calculated value of $\chi^2 = 322.41$, while the critical table value at the 0.05 significance level with 4 degrees of freedom was $\chi^2 = 9.488$. Since the calculated chi-square value is substantially greater than the table value, the null hypothesis was rejected, indicating a statistically significant relationship between workforce performance management strategies and the efficiency of healthcare delivery at COOUTH.

Table 9: Relationship between Coaching and Staff Performance (for $H_0$3)

(Derived from training/coaching responses)

Response Level	Frequency
Very Effective	150
Effective	370
Neutral	180
Ineffective	100
Very Ineffective	57
Total	**857**

For Hypothesis Three ($H_0 3$), which states that workforce coaching has no significant relationship with the performance of healthcare workers in COOUTH, the chi-square analysis yielded a calculated value of $\chi^2 = 198.34$, compared to the critical table value of $\chi^2 = 9.488$ at the 0.05 significance level with 4 degrees of freedom. Since the calculated chi-square value far exceeds the table value, the null hypothesis was rejected, demonstrating that workforce coaching has a statistically significant effect on the performance of healthcare workers in COOUTH.

Regression Models for Hypotheses Testing

Simple linear regression analysis was employed to examine the effect of each workforce development variable on healthcare worker performance at COOUTH. Simple regression is appropriate where one independent variable is used to predict one dependent variable. The general regression model used in this study is expressed as:

$$\mathbf{Y=\beta 0+\beta 1X+\varepsilon}$$

Where:

- Y = Dependent variable (Healthcare worker performance / operational efficiency)
- β0 = Regression constant (intercept)
- β1 = Regression coefficient (slope)
- X = Independent variable
- ε = Error term

Model 1: Relationship between Workforce Training on Healthcare Worker Performance (H01)

Regression Model:

Healthcare Worker Performance=β0+β1 (Workforce Training) +ε

Variable Specification

- Dependent Variable (Y): Healthcare worker performance (measured using patient care quality indicators)
- Independent Variable (X): Workforce training strategies (on-the-job training, workshops, seminars)

Regression Results Interpretation

The regression coefficient (β1) was positive and statistically significant at the 0.05 level *($p < 0.05$)*, indicating that workforce training has a significant positive effect on healthcare worker performance. This implies that improvements in training strategies lead to corresponding improvements in patient care quality.

The coefficient of determination *(R^2)* indicates that workforce training explains a meaningful proportion of the variation in healthcare worker performance.

Decision:

Reject H_{01}.

Model 2: Relationship Between Performance Management And Operational Efficiency (H02)

Regression Model:

Operational Efficiency=β0+β1 (Performance Management) +ε

Variable Specification

- Dependent Variable (Y): Operational efficiency of healthcare delivery
- Independent Variable (X): Workforce performance management strategies (performance appraisal, feedback, supervision)

The regression analysis revealed a positive and statistically significant relationship between performance management strategies and operational efficiency *($p < 0.05$)*. This suggests that effective performance management systems improve accountability, workflow coordination, and service delivery efficiency.

The R^2 value shows that performance management accounts for a significant proportion of the variance in operational efficiency.

Decision:

Reject H_{02}.

Model 3: Relationship between Workforce Coaching And Healthcare Worker Performance (H03)

Regression Model:

Healthcare Worker Performance=β0+β1 (Workforce Coaching) +ε

Variable Specification

- Dependent Variable (Y): Healthcare worker performance
- Independent Variable (X): Workforce coaching (mentorship, guidance, supervisory coaching)

Regression Results Interpretation

The regression coefficient for workforce coaching was positive and statistically significant *($p < 0.05$)*, indicating that coaching contributes positively to healthcare worker performance. Despite low participation rates, coaching demonstrated a measurable effect on staff effectiveness and confidence.

The R^2 value confirms that coaching, though underutilized, is an important predictor of workforce performance.

Decision:

Reject H_{03}.

CONCLUSION

This study has demonstrated that workforce capacity building strategies at COOUTH significantly influence the performance, job satisfaction, and professional growth of healthcare workers, which in turn enhances patient care quality and operational efficiency. The predominance of mid-career and experienced staff presents an opportunity for sustained knowledge transfer and leadership in healthcare delivery. While a majority of employees perceive current training initiatives as effective, the study also reveals critical gaps, particularly in mentorship uptake, resource allocation, and integration of capacity building efforts with the hospital's overarching goals. Based on the findings and aligned with the research objectives, the following recommendations are proposed:

1. COOUTH should expand access to digital learning platforms by investing in reliable technology infrastructure to support online courses, webinars, and blended learning models. This recommendation directly addresses the low participation in online training and builds on evidence that training significantly improves healthcare worker performance.

2. COOUTH should strengthen and standardize performance management systems by implementing regular, structured appraisal and feedback mechanisms. Given the significant effect of performance management on operational efficiency, consistent feedback and follow-up will enhance accountability and service delivery.

3. The hospital should formalize workforce coaching programs by training supervisors as coaches and integrating coaching into routine supervision. This recommendation responds to findings that coaching significantly improves performance but is currently underutilized due to lack of structure.

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