Implementing Training and Skills Investment Policy for Effective Performance of Managerial Emergency Unit; Study in Sub-Saharan Africa

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Abstract— *The healthcare system of every environment is critical and sensitive, therefore it is important to have healthcare personnels that are up to date in their knowedge of the field, being expert and professionals in this field is not enough due to the dynamic nature of the environment, having impementation policy to acquire often and updated skills and training can not be over emphasize. The challenges encountered during this research is the poor management system and lack of implementation of some important policy as such, hence this research finds the indepth of issues arising due to lack of skills and adequate training, in Nigeria there are challenges with the management of the emergency units of the healthcare organizations; which was observed from the high mortality rate encountered at the emergency unit, lack of skills and training to render best services, patients leaving before being attended to due to high traffic inflow into the emergency unit andhealthcare givers poor turn around time to address emergency situations. Implementing the skills and training policy for often participation in its activities is a situation tourgently address so as to lead to resolution of issues arising, hence it is not enough to have qualify healthcare givers in the hospital without frequent training and skills acquisation policy implemented, to enable healthcare givers to continuely update their learning and knowledge of the field and cope with new diseases and infections arising as seen in the results, concluding with recommendations and advise on further studies.*

Keywords—Emergency, Training, Skills, Management, Team, Medical, Doctors, Plateau State Specialist Hospital.

I. INTRODUCTİON

Supic et al., 2010 carried out a research in the serbian among 107 managers of some general hospitals on the impact of training and managerial skills programme, the results therefore showed that having specific training programmes results to positive progressive and improvement results on the hospital management, as great improvement was recorded when before the training was compared to after the training [1]. The business dictionary defined training as the organized way of acquiring required knowledge and skills aimed at having the information and instructions needed to impact the improvement in performace of the recipient, hence training have direct reationship to skills and knowledge[2]. Giving the healthcare workers proper training will enable them to handleso many situations as they arise, in preperation to cope with rigourous events that come their way[3]. Training as a matter of fact provides the practical knowledge to theoritical knowledge being thought, that is why it is very important to train new employees that have just been given new jobs, as the under-study expperienced workers, they learn on the job and acquire skills[4].

In the year 2009, USAID carried out some research in the country Nigeria, using a sample size of about 110 healthcare personnels, it was discovered that 43% of the sample size have no training on how to get rid of waste with proper disposal, 80% do not wash their hands before or after giving injections, 37% did not receive vaccinations, 68% do not use disposal off-site methods of disposing and 20% burn the waste ruins in the air freely from an open hole.[5]. These ignorance is very dangerous in the healthcare sector, which is one of the most critical and sensitive sectors due to direct involvement of human lifes. Proper training will help

resolve these problems, the hospital environments needs to be highly secured and safe for patients to receive proper treatments[6].

The hospital's emergency unit is responsible to give that urgent initial treatments to patients suffering from severe sicknesses, in order to minimize the risk level the management are faced with, proper training must be given to the employees so that they can best on their games for the organizations. [7]

1.2Challenges faced PSSH Nigeria due to Lack of Training Policy

The plateau State Specialist Hospital Nigeria currently have no implemented policy of training framework for their employees, some of the healthcare givers have spent over ten years without any training to enhance their working performance, where as there are outburst of new infections and diseases arising, a critical example is the ebola virus that spread out into Africa and claimed so many lives of healthcare givers because they were not prepared nor did they have a formal training on what to do when such issues arise[8][5]. The treatment of ebola require healthcare givers to wear on them protective over-all dressed cloths, gloves, booths and face covers, A case study of Dr. Stella Ameyo Adadevoh who was the first medical doctor to come in contact with the laberian victim and carrier of the virus, Mr Sawyer, unfortunately she had no information on what type of strange disease it was perhaps due to lack of training to expect the worse in such a fast dynamic environment, she was a consultant at a hospital in one of the main cities in Nigeria Lagos, noticing some thing was unusual and strange about the situation, she then throw an act of whistle blowing because Nigeria did not have any Ebola situation as of then, hence herself and the team that where caring for the sick ebola victim were at great risk, as they did not know what they were dealing with[8]. The patience Mr Sawyer should not have been allowed on the plane to fly to Nigeria or any country at all if the right policies where put in place, lack of skills and training to handle such situation lead to the death of Dr. Stella because she contact the virus from the patient and also eleven members of her team members caring for the patient [9][5].

Another challenge of the emergency unit here is existance of a weak and poor management system team, that do not take value driven decisions on staff training leading to inadequate human resources without proper skills to carry out their studies effectively, PSSH do have shortage in their medical human power as well, it is the duty of the management to voice it out to the government [2] stated that opportunities to tackle the issue of man-power in the medical system can be resove when license are issued to more medical graduate of the population leading to returns in revenue generation on taxes because the process provides assessment of skills and involves training[10]. Clearly qualification can not replace training and skills acquisition, hence an emergency physician must be trainned oftenly to update the knwoledge of a divert environment[11][2].

Also there exist lack of trained medical emergency physician, who regardless of the medical qualification held must have specific knowledge on how to handle emergency situations effectively, the emergency unit is responsible for giving urgent medical attention to accident and emergncy victims, which pose a high level of uncertainty as there could be uncommon cases and divert accidents types, for the team to easily resolve these issues, they need constant training and acquisition of skills.When a government proposes to decentralize some functions of a medical organization in order to have a reform on finance, plans and man-power workforce of the medical team on education training as the case of England and such an attempts fails, there is an important lesson to learn on implementing policy process as it is a process that is important for its nation which when in a better situation leads to the improvement of the healthcare giver's skills to deliver enhanced care to the patients, these trainings therefore should extend to undergraduate as well as the postgraduaute universities and the hospitals involved with teaching[12].

Inadequate knowledge and training on how to use the facilities and equipments provided at the emergency department, especially those of the new technology age, because majority of the facilities are outdated, faulty and absent, there was need to make provisions for some new equipments but unforturnately most of these equipments are yet to be in use due to lack of understanding on how to operate them [13].There was a sad case which was witness by our team on the lost of a day old baby, who was placed on oxygen due to a pre-matured birth condition, when the oxygen he was placed on finished, the nurse could not replace the oxygen with a new on although there was presence of oxygen in the hospital, lack of this training and skills lead to the child's death, this challenge is causing high level of mortality, hence the policy implementation is very important.

Thelisted challenges above calls for urgent resolutions of the challenges the Plateau State Specialist Hospital is being faced with, and to eliminate theseproblems means implementing effective policies on training and skills improvement for the hospital so as to have a high-quality care delivery at the emergency unitof the hospital, which will generally lead to improvemnt in survival rate, reduction

in mortality rate, improve knowledge in healthcare service fied, high-quality care delivery and general improvement of the overall performance of the system [14]. The management must therefore look out for some important drawbacks on haiving these trainig shorts terms, lack of follow up with proper assessment, lack of supervising, consultations and exploring opportunities, eliminating these will lead to satisfaction in training as many of the healthcare givers agreed that the training program have helped them to deliver higher-quality services but having no good supervision and follow up is an issue they are faced with, therefore it is very important to increase and improve the length of training, guide the training process and focus on shaping the policy for a long term purpose for a continious training programs that are accredicted, within those programs that are specific in the training discipine and supervision on the job [3].

1.3 Importance of the Research

It is very important to implement the policy on training and skills acquisition in the hospital for its healthcare givers, this will give enlightenment and knowledge of the changing environment and its situations currently at the hospital's emergency unit of Plateau State Specialist Hospital, updating the qualified healthcare personnel in their specializations, empowering the management emergency team, therefore improving the system. This research shows the important of having this situation implemented as a policy because policies are difficult to over look or bypass but if it is left open to be decided by the hospital's management, they might focus on other problems in the hospital that might not be so important [15]. The important of this research lies in the re-direction of the focus of the management team to the important of acquiring skills and traing for the operations of the emergency unit of the hospital [16].

1.4 Research Hypotheses

In as much as the patients are vulnerable in the situation of emergency care needs, the healthcare givers are also highy vulnerable because they are directly exposed to the patients they care and treat and without the right knowledge on how to handle some cases, they could contact varrious type of infections and disease which in worst situations leads to death ; it is therefore very neccessary and important to obtain training and skills for the right knowledge to be implemented in practice and care giving by the healthcare givers towards making the emergency unit attain high performing, effectiveness and efficiency in rendering its services. Here we will form our hypothesis from the datas we have collected and have been analysed added with information gotten through personal observation in the hospital aided with interviews. Testing the datas helps us to validity the informations and then verify the results.To investigate, evaluate and input parameter changes. [15], said to ensure that patient safety is taken into consideration, all important steps toensure there is compliance, improvement and adherence to procedures.

H1: Management leadership directly affects the Traninig, Skills acquisition and MET system of the emergency unit of PSSH

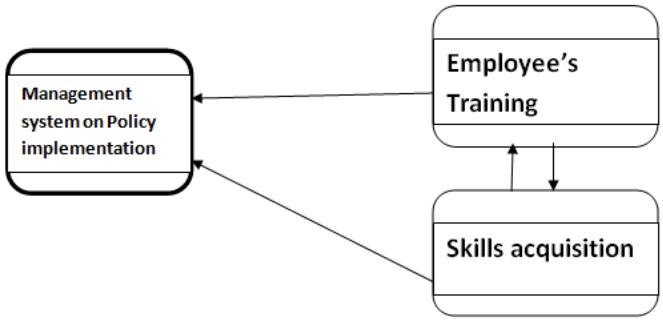
H2: Increased training for the ED staffs positively affects the MET system

H3: Skills scale positively affects the MET system, improving on the performance of the ED of PSSH

1.4.1 Hypothesis and Correspondence to Research Design Models

Employee's Model:

Dependent Variables
Independent Variable



II. METHOD

Information is gotten from the questionnaires distributed for the quantitative research approach, also through personal observations, interviews of healthcare personel, direct feedback from healthcare givers to view method for analyzing data from research design, population study, data collection procedure and instruments for data collection.

2.1 Research Design

Every research is centered on data, solid accurate data for that matter, the target here are response from all the healthcare givers at the emergency unit of PSSH to investigate the level at which they go for training and acquire skills with variable options weight as Strongly Disagree (S.D:1); Disagree (D:2); Neutral (N:3); Agree (A:4); Strongly Agree (S.A:5) used in the questionaires. Other datas were collected through personal observations, interviews, field test, statistical report, written reports, oral

reports, nterviews and questionnaires. The most important thing is for the collection instrument to be reliable, accurate and valid so as to meet up with the measures and values of the research design. In this case, the questionnaires were divided in three sections, general demographic, patients and healthcare personel sections.

2.2 Research Participants and Sampling Procedures

Concentrating on the emergency department to get feedbacks from the medical healthcare givers, which are the doctors, nurses, sub-staff, attendants and healthcare beneficiaries who are the patients and the relatives present to help the patients with personal and emotional support.Other samples are from interviews and personal observations.

III. RESULTS

The results are progressive and a good improvement is discovered when testing the data collected and taking measures of implementing the hypothesis, as from analyzing the information, the few pilot pogramme trainings shows that corrections were created to the means the hospital handle patient flow, giving a far better and clearer image of the emergency department, it's clear to grasp and identify areas that need improvement, with these scales we have a tendency were its' tested and derived from our results that we analyzed with the SPSS code. Leadership management, training and skills scales, beginning with the hospital creating a far better schedule and organized shifts that matches the arrival of the patients, so there'll be an efficient distribution of emergency attention, raising the structural settings thus on maximize the patient's output results, the extent of the response and performance has improved thanks to having the training and skills acquisition policy enforced.

Tables below shows knowledge analyzed from the employee's data collected, the correlations between the scales correlate considerably.The table one shows the correlation analysis of the health worker analysis knowledge for the dependent scale management and everyone its freelance scales training and skills. From the analysis the dimensions improvement correlate extremely with management scale with a price of .531** and extremely important at one %, conjointly skills scale correlate with the management scale with a price of .441** with likelihood of serious at .007, conjointly the training scale correlate with the skills scale with .486** with a big likelihood of .003, so we can conclude that our measurement scales are valid, implementing policy on training and skills acquisition on them can offer a top quality, effective and potency performance of the emergency department of PSSH, thus they must be enforced, as their correlation values considerably correlate.

The results from this research and study search and appraise the extent of management concerned within the MET system of PSSH, Plateau state, Nigeria, so as to extend the potency level of performance of the emergency department. due to the constraint of the case studied space of the hospital that is that the emergency department solely, two classes of sample size were thought of, and knowledge was extracted from each class that squares measure the staff and patients, but in this case we will consider information of the workers alone due to the training and skills scales focus. For the staff, random samples were collected from all classes of staffs at the emergency department, that concerned the doctors, nurses, laboratory technicians and sub-staffs.

For the finished questionnaires, the SPSS code was used to analyzed the collected knowledge and each came with a Cronbach's alpha figure higher than 0.6 that is that the least needed figure for a dependability check, the values for the check square measure 0.764 for the employee's knowledge severally, giving us a relief level of trust that we are able to trust the info collected and analyzed.

Table.1: Correlation of Management versus All Scales for Employee's Data

		Management	Training	Skills
Management	Pearson Correlation	1	.232	.441**
Training	Pearson Correlation	.232	1	.486**
Skills	Pearson Correlation	.441**	.486**	1

Table.2: Reliability Statistics Results

Cronbach's Alpha	N of Items
.773	11

The above table shows the cronbach's alpha is derived from here, when the reliability test is carried out, it is important to run this analysis after inputting the data, so as to know whether to continue with the data or not, the value of the cronbach's alpha should be greater than 6 at least to pass the reliability test. If the value is 7, it is adequate while for 8 is optimum. From the analysis one can easily know what question to extract from the research that are not so necessary.

Table.3:Factor Analysis for Dependent ManagementScaleEmployee's Response

Construct	Cronbach's alpha	KMO	Bartlett's Test	Determinate
MANAGEMENT	.609	.631	Sig= .001	Determinate= .292
	Factor Loading			
The Staff feel they are part of a team	.829			
The Staff are afraid to report their mistakes	-.660			
The Staff are well informed about all changes in ED plans	.791			
The Staff are motivated by ED management	.857			
The Staff feel they have a good hospital ED management	.671			
The Staff discuss ways to keep incidents from re-occurring negatively	.557			

KMO Kaiser-Meyer-Olkin: should have a value greater than 0.5 for the sample to be adequate, it statistics varies between the values 0 and 1, for the values closer to 1 i.e. for 0.5 to 1 indicates that patterns of correlations are relatively compact and we can expect to have reliable factors from the analysis but for values less than 0.5 and closer to 0 indicates diffusion in the pattern of correlations which means factor analysis is likely inappropriate and advised not to proceed with.

It's recommended values should be more than 0.5 to be acceptable, else collect more data for the analysis or rethink variables included [17]:

Communalities Values: these values under in KMO in these tables shows the communalities of all data of common appearance or shared variance, although after extraction some of the factors are discarded and some information lost and those retained factors communalities after the extraction [18].

Bartlett's Test: shows the significant values should be 0.05 or less to prove that R-matrix is not an identity matrix and indicates that there is some relationships between variables included in the analysis and that the analysis is appropriate.

Determinate Value: for the data variables to be reliable, the matrix value of the determinant should be greater than 0.00001, if value of found to be less, then we are advise to eliminate values that are highly correlate R > 0.8 the determinate value is found under the correlation matrix table.

Table.4: Factor Analysis on Independent Scale Training Employee's Response

Construct	Cronbach's alpha	KMO	Bartlett's Test	Determinate
TRAINING	609	500	Sig= .000	Determinate= .420
	Factor Loading			
The Staff report any harmful or foreseen harmful incidents	.712			
The Staff use shortcuts to get their work done faster	.816			
When one staff is very busy, another staff help out	.799			
The Staff get the training and knowledge they need to run the Emergency department	.902			

For this scale of analysis in the hypothesis at the above table 4.15, we considered data extracted from the employees only as data from the patients cannot be useful for this scale as the patients might not have the professional knowledge to understand the level of training of the employees to even be able to give a feedback, concerning their training abilities. So considering the data from the employees, the reliability test has a cronbach's alpha value of 0.609, this shows we can rely on the data, secondly KMO value of .500 which is acceptable as being valid for this analysis, thirdly the Bartlett's test significant value is .000, this shows that the training scale in this analysis is very significant and lastly the determinate value is .420 being above 0.00001 shows that the data is adequate and acceptable.

Table.5: Factor Analysis for Independent Scale Skills Employee's Response

Construct	Cronbach's alpha	KMO	Bartlett's Test	Determinate
SKILLS	609	.568	Sig= .025	Determinate= .754
	Factor Loading			
The Staff ideas and suggestions are highly regarded	.819			
Staff are treated fairly when they make mistakes	.752			
When one staff is very busy, another staff help out	.597			

From the above table, just like the training scale where we consider data extracted from the employees, same will be applied here on the skills scales for the same reason. The cronbach's alpha value for the reliability test is .609, being above 0.6, we can rely on the data and say it is reliable, then we consider the KMO value, which in this case is .568 showing that there exist a pattern of correlation between the variables and the data relatively compact as it is above the required least value of 0.5 for a reliable data, the significant value for the Bartlett's test is 0.25 against an standard value of at most 0.005, therefore we can say that for the skill scale, its analysis might not be very significant for the purpose of this research and lastly we look at the determinate value which we have to be .754 here, the value is good enough as it is above the required least value of 0.00001.

Table.6: Age Information

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18-29	6	16.7	16.7	16.7
	30-41	22	61.1	61.1	77.8
	42 years and above	8	22.2	22.2	100.0
	Total	36	100.0	100.0	

Table 4 shows that over 60% of the employees are in the age bracket of 30-41 years, hence they are vibrant and full of energy to participate in the training program effectively.

Table.7: Educational Level

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Secondary School	2	5.6	5.6	5.6
	College	2	5.6	5.6	11.1
	Tertiary	32	88.9	88.9	100.0
	Total	36	100.0	100.0	

The table above shows that majority of the healthcare givers have tertiary education qualification but then in a dynamic environment of today, this is not enough, the training and skills acquisition will help them be updated in their knowledge of the field, preparing them for the greater challenge ahead.

Table.8: Working Experience

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	below 1year	4	11.1	11.1	11.1
	1-5years	12	33.3	33.3	44.4
	6-10years	9	25.0	25.0	69.4
	11years and above	11	30.6	30.6	100.0
	Total	36	100.0	100.0	

Table 8 illustrate that there is high level of work experience of over 6 to over 11 years, unfortunately without training and updated knowledge, also From 6 years above, there are lots of job shift and changes that is why we obviously have a lower percentage of 25% for this range. The management has a lot of grounds to cover in order to keep their staff in and reduce job dissatisfaction and high job turnover, this affects the stability of the unit has lots of change of hand leads to high unfamiliarity and time to adjust to establish team cohesion. Training and skills investment is a form of motivation for the employees.

3.2 Recommended Implemented Results for PSSH

- Training and skills acquisition should be implemented as a policy with regulations on duration, supervision and follow-ups [19].
- The hospital management should increase the staffing capacity of the ED as human resources are the most important resources of every people oriented organization [20].
- Standard organized procedures should be implemented and duly followed in caring for emergency patients [21].
- The use of shortcuts to care for emergency patients must be done only by highly skillful and qualified trained healthcare personnel at only recommended times [22].
- Periodic and adequate training and knowledge must be made available to all healthcare personnel, as it is very important they are being updated on the latest in knowledge and new diseases discovered.
- The level of team cohesion among staff should be high, as it is important the staff bond closely or to a comfortable level so that they can conveniently walk together for a productive high performance, team building can be apply here.
- The bridge between the hospital management and the ED management should be narrowed to the minimum, for free and easy communication and coordination [23].
- There should be implemented policy to guide staff‘s working environment, hence equity must be applied to all staff especially when a policy is bridged, careless mistakes occurred.
- ED staffs must all be carried along and notified first on all changes concerning the department before other units of the hospital are informed, this is a sign of respect for the ED staffs.
- Unstructured problems as they occur must be changed with structured solutions to prevent re-occurrence and inability of countenance, and arrangement on future training [24].
- The hospital and ED management must motivate the ED staffs adequately in terms of rewards and wages for having excellent results from training programmes, to minimize staff turnover, job dissatisfaction and absenteeism.
- The staff’s ideas and suggestion towards positively improving the performance of the ED without any biased motives should be highly considered and recommended.
- The ED department must be equip with needed necessary facilities and equipments of advance life support machines that are up to date with required training for those to operate it [25].
- The ED staff must have the skills and training to behave professionally and being very supportive and responsive to the patients and their needs.
- Special and professionals trainings in some distinct areas must be employed to handle the area of pain management, emergency medicine doctor, triage doctor and nurse, protocol officer etc.
- Inspection, supervision, follow-up and regulations of the ED must be done periodically to make sure the ED adhere to the policies, laws and professional regulations that binds the healthcare practices at the emergency [27].
- Adequate training to receice calls via hotlines should be designed for the ED of PSSH, so that patients can reach and call for help at emergency situations.
- The ED should be equipped with ambulance and drivers for the ambulance should be employed to serve with proper training in its management [28].

IV. DISCUSSION

The primary hypothesis is that the management leadership which might be distinguished from the secondary hypothesis of training and skills. Based on the results found within the analysis and victimisation of our hypothesis, we have a tendency to investigate some scales within our results with:

1) Management Emergency Team (Leadership) Scale: This scale focus alone on management problems with the importance, it's same to be the dependent scale during which the opposite scales area unit freelance to the ones analyzed, the Cronbach's alpha worth for the employee’s

knowledge is 0.609 and for the patient's knowledge is 0.764, the KMO worth is 0.664 and 0.500 for worker and patient's knowledge severally, whereas the significant levels are .000 and .000 for each class, this shows that the management scale is extremely vital and a necessary scale to live the performance of the MET system and PSSH impotence in relation to their training and skills acquisition policy implementation. The management scale additionally analyze the staffing problems with the department and therefore the management deficiency, thus it's over that management affects the performance of PSSH directly and therefore the state of affairs of PSSH impotence is extremely vital, as they are doing not have a proper MET system for the impotence of the informal management that accommodates the top doctor of the department, nurse and a few different doctors and nurse close informally to share concepts and organize a routine to run the department, sadly once would like arises and that they relate it to the hospital management, they hardly get response or feedback most times, and at those usually times they are being delayed for a feedback response, it's sometimes an awful long waiting time, as a result of they're regarded as not a proper structure on the hospital hierarchy structure. thus we are able to say the primary and major challenge of imposing this new proposed policy is due to the impotence of PSSH, [29,30,31] made us to understand that having lack of a proper management to regulate issues of the MET can result in poor performances.

2) Training Scale: For this scale, its' thought about knowledge extracted by the staff solely, as a result of the patients don't have the experience to actually decide the training ability of the staff as a result of the profession of the follow. thus from the information extracted by the staff on the programme, results to the KMO worth to be0.500 and therefore the vital worth is .000 that clearly shows its vital to the study and once the matrix was applied, it correlate and came back a determinate worth of 0.420 against a counseled worth of 0.00001. The training of the staff ought to be a lot of usually and updated because the health setting is dynamical and immensely. the shortage of standard and required training affects the performance of PSSH clearly and increase the potency and performance of the MET, then the training scale may be expressed.

3)Skills Scale: This scale because the immediate on top of are thought-about on the worker knowledge just for constant reason, thus the extraction from the correlational analysis shows a KMO worth of 0.560 and vital level of 0.25, which implies it's vital on the other hand not terribly vital as a result of the worth isn't thus near .000 then we have a tendency to noticed the skills scale varies directly with the management performance however reciprocally with the training of MET system of the PSSH. The determinate worth at matrix is 0.754.

V. CONCLUSİON

To expertise a high performance at the emergency unit to aid our organizations, then we have a tendency to implement all measures as found within the case of this analysis, it absolutely was discovered that from this analysis that almost all analysis look into raising the system already from ground and in use [32,33], that is extremely vital however this analysis stress the requirement to expand the MET system by adding some keys roles that don't exist within the emergency team particularly addition of the training and skill acquisition policy implemented [34,35]. To additionally emphasize on some vital problems solved is that the addition of a high skilled emergency doctor as adviced by World Health Organization, whose main job describtion is to attend to emergency issues within the hospital rather than reckoning on a general issues requiring the doctor's attention within the hospital, which can lead to being busy at different departments of the hospital, which could lead to negletion of some emergency cases, to additionally embody roles may be a sorting nurse with highly skilled tactics [36,37], to consistently avail treatment procedures to the patients, that's the foremost vital conditions, piriotizing critical conditions over others, then by rigorously accessing the patients and analyzing all their complaints, the nurse will be set most important classes by sorting priority, then adding also feature of a trained PSO, that's a patient safety officer who manages, lead and set guiding rules for the procedures of the emergency department operations by making certain valuable addition on safety measures and compliance to risk management [38,39]. This unit area summarize imperative desires at the Plateau State Specialist Hospital emergency department of Federal Republic of Nigeria.

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REFERENCES

[1] Supic, T.Z., Bjegovic, V., Marinkovic, J., Milicevic, S.M. Vasic, V. Hospital Management Training and Improvement in Managerial Skills: Serbian Experience. *Health Policy*. 2010.96:80-89

[2] Emery H. J. C., Crutcher, A. R., Harrison, M.C.A. and Wright, H. (2006). Social rates of return to Investment in Skills Assessment and Residency Training of International Medical Graduates in Alberta. Health Policy, Vol 79, P. 165-174.

[3] Gao, X., Jackson, T., Chen, H., Liu, Y., Wang, R., Qian, M. and Huang, X. (2010). There is a long way to go: A nationwide survey of professional training for mental health practitioners in China. Health Policy. Vol 95. P. 74-81.

[4] Wardhani, V. A. Utarini, J. P. van Dijk, D. Post, and J. W. Groothoff. (2009). "Determinants of Quality Management Systems Implementation in Hospitals."Health Policy 89 (3): 239-51.

[5] Musa, I (2014) Appraisal of knowledge, attitude and practice of biomedical waste management among healthcare workers in Murtala Muhammad specialist hospital Kano state, Nigeria. A thesis submitted in partial fulfillment of the requirements of Cyprus International University for the Degree of Masters of Art. 2-3

[6] Griffith, J. R. and K. R. White. (1999). The well-managed healthcare organization Chicago Illinois: AUPHA hap: 13-22
Press.

[7] Black, J., and Miller, D. (2008).the Toyota Way to Healthcare Excellence: Increase Efficiency and Improve Quality with Lean,Chicago: Health Administration Press.

[8] Time Series Analysis of Emergency Unit (2005). The Guardian Nigeria Information

[9] Oladapo OT, Adetoro OO, Fakeye O, et al. National data system on near miss and maternal death: shifting from maternal
risk to public health impact in Nigeria. Repro Health 2009; 6:8.

[10] Griffith, J.R., and K. R. White. (2012). ''The Revolution in Hospital Management.'' Journal of Healthcare Management 50 (3):170-190.

[11] Stephen, H.T. (ed.) (2013).Management of pain in the emergency department: ISRN emergency medicine

[12] Ovseiko, V. P. and Buchan, M. A. (2015). Medical Workforce Education and Training: A Failed Decentralization Attempt to Reform Organization, Financing and Planning in England. Health Policy. Vol 119. P. 1545-1549

[13] Stein, K. (2001). Emergency medicine: Emergency department protocols: practical pain management

[14] World Health Organization. UNICEF, UNFPA and the World Bank. Trends in maternal mortality: 1990 to 2010. Geneva:
World Health Organization; 2012. WHO website. Available at: http://whqlibdoc.who.int/publications/2012/ 9789241503631_eng.pdf [accessed 02.02.15].

[15] Longo, D. R., Hewett, J. E.,Ge, B. and Schubert, S.(2005). "The Long Road to Patient Safety: A Status Report on Patient Safety Systems."JAMA 294 (22): 2858-65.

[16] Opiyo N, Were F, Govedi F, et al. Effect of newborn resuscitation training on health worker practices in Pumwani Hospital,
Kenya. PLoS One 2008;3(2):e1599.

[17] Mosley C, Dewhurst C, Molloy S, et al. What is the impact of structured resuscitation training on healthcare practitioners,
their clients and the wider service? A BEME systematic review: BEME Guide No. 20. Med Teach 2012;34(6):e349e85.
Skidmore MB, Urquhart H. Retention of skills in neonatal resuscitation. Pediatric Child Health 2001;6(1):31e5.

[18] Gill CJ, Guerina NG, Mulenga C, et al. Training Zambian traditional birth attendants to reduce neonatal mortality in the
Lufwanyama Neonatal Survival Project (LUNESP). Int J Gynaecol Obstet 2012;118(1):77e82.

[19] Senarath U, Fernando DN, Rodrigo I. Effect of training for care providers on practice of essential newborn care in hospitals
in Sri Lanka. J Obstet Gynecol Neonatal Nurs 2007;36 (6):531e41.

[20] Gulmezoglu, M.A., Lawrie, A.T., 2015. Impact of Training on Emergency Resuscitation Skills: Impact od Millennium Development Goals: Best Practice & Research Clinical Obstetrics and Gynaecology 29 (2015) 1119e1125

[21] R.F. Brown, et al., Patient centered communication skills training for oncologists: describing the content and efficacy of training, Commun. Educ. 59 (2010) 236–249.

[22] Black RS, Brocklehurst P. A systematic review of training in acute obstetric emergencies. BJOG 2003;110 (9):837e41

[23] Van Lonkhuijzen L, Dijkman A, van Roosmalen J, et al. A systematic review of the effectiveness of training in emergency
obstetric care in low-resource environments. BJOG 2010;117(7):777e87.

[24] Aroor AR, Saya RP, Attar NR, et al. Awareness about basic life support and emergency medical services and its associated
factors among students in a tertiary care hospital in South India. J Emerg Trauma Shock 2014;7(3):166e9.

[25] United Nations. Millennium Development Goal (MDG) 5. Available at:
http://www.un.org/millenniumgoals/maternal.
shtml[accessed 02.02.15]

[26] Carroll, R. (ed.). (2009). Risk Management Handbook for Health Care Organizations, Student Edition, 5th Edition. San Francisco: Jossey-Bass.Center for Health Care Strategies, Inc. Online information; (accessed November 2014) www.chcs.org/usr_doc/P4P_Resource_Paper.pdf.

[27] Opiyo N, English M. In-service training for health professionals to improve care of the seriously ill newborn or child in low and middle-income countries (Review). Cochrane Database Syst Rev 2010 Apr 14;(4). CD007071.

[28] White, R. K., Griffith, R. J. (ed) (2012). The Well-Managed Healthcare Organization: Health Administration Press. 141-167

[29] Spath, P. L. (ed.). (1997)Beyond Clinical Paths: Advanced Tools for Outcomes Management. Chicago: American Hospital Publishing: 5-8

[30] Spath, P. L. (2005). Leading Your Healthcare Organization to Excellence: A Guide to Using the Baldrige Criteria. Chicago: Health Administration

[31] Christianson, J. B., L. H. Warrick, F. E. Netting, F. G. Williams, W. Read, and J. Murphy.(1991). "Hospital Case Management: Bridging Acute and Long-Term Care." Health Affairs 10 (2): 173-184.

[32] Groszkruger, J. D .D. (2010) Perspectives on Healthcare Reform: A year later, what more do we know. American Society for Healthcare Risk Management. Online information http://www.ashrm.org/ashrm/education/development/journal/Journal%20Article_HealthcareReform.pdfAccessed 16 December, 2014)

[33] Hasselman, D. 2009. "Provider Incentive Programs: "An Opportunity for Medicaid to Improve Quality at the Point of Care." Institute of Medicine, Committee on Quality of Health Care in America.(2000). To Err is Human: Building a Safer Health System, edited by L. T. Kohn, J. M. Corrigan, and M. S. Donaldson, Washington, DC: National Academies Press.29-38.

[34] Kelly, D. L. 2006. Applying Quality Management in Healthcare: A Systems Approach, 2nd ed. Chicago: Health Administration Press: 136-143

[35] Williams, F. G., L. H. Warrick, J. B. Christianson, and F. E. Netting.(1993). "Critical Factors for Successful Hospital-Based Case Management."Health Care Management Review 18 (1): 63-70

[36] Lambert, M. J. (2004).Leading a Patient-safe Organization. Chicago: Health Administration Press: 243-251

[37] Proenca, E. J. (2007). "Team Dynamics and Team Empowerment in Health Care Organizations."Health Care Management. Review 32 (4): 370-78

[38] Schuster, M. A., E. A. McGlynn, C. R. Pham, M. D. Spar, and R. H. Brook.(2001). ''the Quality of Health Care in the United States: A Review of Articles Since (1987)''. Appendix A of Crossing the Quality Chasm: A New Health System for the 21st Century. Washington, DC: National Academies Press.

[39] Spear, S. J. (2005). ''Fixing Health Care from the Inside, Today.'' Harvard Business Review 83 (9): 78-91