



PERCEPTION OF STAKEHOLDERS ON ROLE OF PRIMARY HEALTHCARE WORKERS IN ISI UZO LOCAL GOVERNMENT AREA OF ENUGU STATE

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Abstract

This article evaluated the perception of stakeholders on role of primary healthcare workers in Isi-Uzo Local Government Area of Enugu State. The study particularly examined the perceptions of community members, policymakers, professional bodies and patients on roles, responsibilities and effectiveness of health workers in primary healthcare delivery. The study as well assessed the self-perceptions of health workers about their roles, contributions and challenges in primary healthcare services. The study also identified areas of convergence and divergence among stakeholder perceptions and explored their implications for sustainable healthcare services in Isi LGA. Consequently, a total number of 399 respondents was selected for the study. Well-structured questionnaires, interview and personal observation facilitated data collection. Collected data were presented and analysed using tables, and percentages. Out of the 399 respondents selected, only 358 respondents responded to their questionnaires. The study revealed that the major proportion of respondents believe that there is primary health care (PHC) delivery; such as Community Mobilization and Advocacy; Health Promotion and Education; Disease Prevention and Control, Provision of Basic Curative Services and Maternal and Child Health Services. It also revealed a strong perception that primary health care workers have contributed immensely in primary health care delivery. Thus, there is a strong indication sustainable primary healthcare systems in Isi Uzo LGA with unanimous respondents' agreement on items like quality assurance, sustainable health care, availability of basic health services and maternal and Child health care improvement. The study recommended that Health workers educate the community on hygiene, sanitation and nutrition and noted the importance of public enlightenment program on health care intervention and periodic stakeholder-PHC interactive session that unveils the centrality of health workers in improving health services in Isi Uzo LGA.

Keywords: Diseases, Perception, Primary Health Care, Quality Assurance, Stakeholders

Introduction

Primary health care (PHC) is the cornerstone of equitable health systems and vehicle for attaining universal health coverage (UHC) (World Health Organization [WHO], 2018). PHC has been framed as people-centred, comprehensive care that emphasizes prevention, health promotion and first-contact services (Astana Declaration, 2018; WHO, 2008). Central to PHC's success are health workers; such as physicians, nurses, midwives, allied professionals and community health workers (CHWs). Stakeholder



perceptions of the roles, competencies and value of these workers shape policy, financing, community trust and service utilization. However, the effectiveness of PHC depends not only on infrastructure and resources but also on how stakeholders perceive the roles and performance of health workers. Stakeholders in this context include community members, facility health committees (FHCs), local government officials, civil society organizations and the health workers themselves. Their collective perceptions influence health-seeking behaviour, community participation and policy implementation at the grassroots level.

In Isi-Uzo LGA, these perceptions are shaped by the rural environment, socio-economic conditions and the health system's responsiveness to local needs. Some communities perceive health workers as dedicated, approachable and indispensable to rural survival. Others, however, associate them with absenteeism, poor attitude or insufficient service delivery due to irregular supervision, limited logistics and inadequate motivation. The diversity of these perceptions underscores the complexity of PHC delivery in resource-constrained settings.

According to Onwujekwe, Uzochukwu, Eze, Obikeze (2020), stakeholder perception directly affects the sustainability of primary healthcare initiatives. Positive perceptions enhance trust, cooperation and utilization of health services, while negative perceptions can lead to underuse of available facilities and reliance on traditional healers or patent medicine vendors. Similarly, Nnebue, Ebenebe, Adinma, Iyoke, Obionu, Ilika (2014) emphasize that community satisfaction with health workers' roles strongly correlates with perceived empathy, professionalism and service quality.

In Isi-Uzo, the role of PHC workers extends beyond clinical care, they are expected to function as health educators, mobilizers, record-keepers and liaisons between the community and government. Yet, gaps in stakeholder engagement and communication often lead to misunderstandings about their responsibilities and performance. Local government officials may attribute challenges to poor funding or systemic limitations, while communities focus on direct service encounters. This divergence of perspectives can either strengthen or weaken the delivery and acceptance of PHC services.

It is on this rationale that this study burdens the task of evaluating the perception of these Stakeholders on the role of Health Workers in Primary Healthcare in Isi-Uzo Local Government Area of Enugu state.

Conceptual framework

The major concepts in this discourse are role of PHC workers and stakeholders' perception on role of PHC workers. Several authors argue that perception is shaped both by what workers actually do (their observable practices) and institutional arrangements (training, supervision, program design). There is a synthesis of



evidence on CHW programmes and it noted that stakeholder expectations vary widely by context. They document that mismatch between community expectations (often curative help, medicines) and formal job descriptions (which may emphasize health promotion or referrals) causes dissatisfaction and underutilization unless proactively managed. Their work advocates for participatory selection, locally-appropriate task design and visible links to facilities to manage perceptions (Lehmann & Sanders 2007)

Some influential conceptual workplaces trust at the centre: stakeholder perceptions mediate trust in health workers and the health system. Trust depends on competence, fairness, reliability and honesty; when stakeholders perceive PHC workers as competent, available and respectful, trust increases, leading to greater adherence and service use. Conversely, perceived incompetence or neglect damages social capital and uptake (Gilson, 2003).

Empirical studies on the other hand show that perceived competence, availability and community embeddedness are central determinants of positive stakeholder perceptions. (Mundagowa, 2024). However, WHO situates PHC workers (including community health workers, nurses, midwives and primary care clinicians) within health-systems frame; describing them as the bridge between communities and the formal health system expected to deliver promotive, preventive, curative and referral functions at the first contact. WHO guidance emphasizes PHC workers' role clarity, integration into the health system, supervision and community selection/engagement as core to how stakeholders come to view these workers (Perry, Zulliger & Rogers, 2014).

Theoretical framework

One of the major theories undergirding this study is stakeholder theory; which posits that organizations must consider the interests and perspectives of all stakeholders who affect or are affected by the organization's activities (Freeman, 1984). When applied to PHC, stakeholders include patients, families, community leaders, health workers, facility managers, local and national policymakers, donors and NGOs. Stakeholder salience (power, legitimacy, urgency) helps explain which actors' perceptions most strongly influence policy and resource allocation for PHC. The Implication is that the perceptions of health workers' roles are negotiated within a power-laden network where interventions to change perceptions must identify and engage high-salience stakeholders (Mitchell, Agle & Wood, 1997).

Another theory guiding this study is role theory; which stipulates how social roles are defined, communicated and enacted. Role theory distinguishes between role expectations, role performance and role conflict/ambiguity (Biddle, 1986). In PHC contexts, discrepancies between what communities expect (e.g., curative services) and the actual scope (such as, health promotion, referrals) can produce dissatisfaction and misperceptions. Clarifying job descriptions, community education



and participatory dialogue can reduce role conflict and align expectations with service design (Glenton, 2013). Shaping this study is also social ecological model (SEM). This model situates individual behaviour and perceptions within multiple nested levels such as individual, interpersonal, organizational, community and policy. Stakeholder perceptions are shaped by personal beliefs and experiences, social relationships, facility practices, community norms and the broader policy environment. Efforts to improve perceptions must address multiple levels simultaneously (e.g., training, facility operations, community campaigns, and reforms) (Bronfenbrenner, 1979). This study is as well undergirded by moral behaviour theories; health belief model and theory of planned behaviour.

These theories explain how perceptions of health services (including perceived benefits, barriers, subjective norms and perceived control) influence utilization (Ajzen, 1991). If stakeholders perceive health workers as competent and trustworthy, they are more likely to use PHC services. It implies that the Interventions that increase perceived benefits and reduce barriers can shift community perceptions and service uptake.

Statement of the Problem

Communities in Isi Uzo tend to view health workers as trusted sources of care and information, yet concerns persist about the competence, availability and attitudes of these health workers. Health workers themselves even perceive their contributions as undervalued, citing issues; such as limited resources, poor remuneration and weak recognition of their expanded roles, especially in low- and middle-income Isi Uzo communities (Lehmann & Sanders, 2007). Largely; it seems PHC workers are mainly conceived as instruments for delivering vertical programs like immunization and maternal-child health, rather than providers of comprehensive, people-centered healthcare. Indeed, the role of PHC workers appears to be considered from regulatory and programmatic lenses that may not align with community expectations or workers' own perceptions. Yet, these seeming public perceptions might be different from stakeholders' perceptions on the roles of these PHC workers in Isi Uzo LGA. Hence, the need to determine and assess stakeholders' perceptions on the role of these PHC workers towards ascertaining the cause of the underutilization of PHC services, fragmented service delivery, low morale and attrition among health workers and ineffective health policy implementation in Isi Uzo LGA of Enugu state. In this direction is too, the need to explore how different stakeholders perceive the role of health workers and how these perceptions influence health system performance in Isi Uzo LGA.

Objective of the study

The aim of the study is to evaluate the perception of Stakeholders on role of Primary Healthcare workers in Isi Uzo LGA of Enugu state. The study specifically;

1. examines the perceptions of community members and patients on role,



responsibilities and effectiveness of primary healthcare workers in Isi Uzo LGA of Enugu state.

2. assesses the health workers' perception of their roles, contributions and challenges in primary healthcare services in Isi Uzo LGA of Enugu state.
3. analyses policymakers, donors and professional bodies' perceptions on roles of health workers in strengthening primary healthcare systems in Isi Uzo LGA of Enugu state.
4. identifies areas of convergence and divergence among stakeholder perceptions on roles of primary healthcare workers in Isi Uzo LGA of Enugu state.

Research Questions

The following research questions are formulated to guide this study.

1. What are the perceptions of community members and patients on roles, responsibilities and effectiveness of primary healthcare workers in Isi Uzo LGA of Enugu state?
2. How would one assess the health workers' perception of their roles, contributions and challenges in primary healthcare services in Isi Uzo LGA of Enugu state?
3. What are the policymakers, donors and professional bodies' perceptions on roles of health workers in strengthening primary healthcare systems in Isi Uzo LGA of Enugu state?
4. What are the areas of convergence and divergence among stakeholder perceptions on roles of primary healthcare workers in Isi Uzo LGA of Enugu state?

Significance of the study

This study will advance understanding of Stakeholder perceptions and shape acceptability and uptake of healthcare reforms. Evidence about how different stakeholder groups view health workers' roles will inform policy design (task-shifting, scope of practice, supervision, incentive structures), helping policymakers align workforce policies with community expectations and international PHC commitments. This supports implementation of global strategies on health workforce development. (WHO, 2008; WHO, 2016).

Understanding perceived strengths and gaps in contextual health workers' roles (e.g., clinical care, health promotion, referral, community outreach) points to specific quality improvement targets — training needs, supervision, supply chains or communication strategies — that directly affect service quality and patient outcomes.

Perceptions influence trust, utilization and adherence. Congruently, the research identifies perception-driven barriers (or enablers) to care-seeking and community participation; enabling interventions that build trust and improve the responsiveness of PHC services. By documenting what stakeholders expect health workers to do, the study can guide pre-service curricula, in-service training, competency frameworks



and continuing professional development so that education better matches community and system needs.

Stakeholder perceptions often reveal who is being served well and who is being left behind (e.g., rural populations, women, marginalized groups). The findings can therefore feed equity-focused planning, targeting resources and outreach where perceptions show unmet needs. (WHO, 2008).

Detailed perception data provide contextual evidence crucial for designing and adapting PHC interventions (such as community health worker programs, integration of services or new models of care), increasing the likelihood of successful implementation and scale-up. (Creswell & Creswell, 2018). The study, besides suggests stakeholder-relevant indicators and feedback mechanisms (community scorecards, patient satisfaction metrics) that make PHC performance measurement more meaningful and locally accountable. (WHO, 2008). Findings of this study will indeed identify hypotheses for quantitative testing (such as relationship between perceptions and utilization) and gaps requiring intervention studies, thus shaping a research agenda that links perception to outcomes.

Scope of the study

The study is delimited to the examination of how different stakeholders perceive and interpret the *roles* of health workers in the delivery of primary health care (PHC). This includes roles in clinical care, preventive services, health education, referral systems and community mobilization. The study does not extend to tertiary or specialized hospital services. The research focuses on key categories of stakeholders such as Community members/patients who utilize PHC services; Community leaders who influence local acceptance of health programs; Health workers themselves (e.g., nurses, midwives, community health extension workers); Health managers and policy makers in Isi Uzo local government and primary health authority level. The research assesses the extent to which stakeholders understand the *assigned roles* of health workers, Stakeholder satisfaction or dissatisfaction with these roles; Perceived challenges health workers face in fulfilling their responsibilities (such as lack of resources, inadequate training, workforce shortages); The implications of these perceptions for effective PHC delivery. The study will employ qualitative, quantitative, or mixed methods (e.g., interviews, questionnaires, focus group discussions) to capture diverse stakeholder views. It will not seek to measure *clinical outcomes* (such as morbidity or mortality rates), but rather the *social and perceptual dimensions* of PHC service delivery.

Research methodology

Descriptive survey design was adopted in this study. The design allowed the researcher to collect qualitative data from the rural dwellers across Isi Uzo Local Government Area. According to Creswell, 2014, descriptive surveys are effective for



gathering standardized responses from large samples, making them ideal for research that requires comparison across groups or categories. The data needed for this study is biometric (primary data) such as age, sex, educational qualification and population of the study area. These would be obtained through structured questionnaires distributed electronically and physically to selected respondents. The study is also shaped by secondary data collected from annual health reports and internet.

According to National Population (2006), the population of Isi Uzo as at 2006 was 148,418. This number must have increased; hence Jarabi (2012) stated that there is a constant amount of increase in the number of people per unit of time and that the growth assumes a geometric series with a growth rate of 2.5%. Growing by 2.5%, the contextual population might have increased to 231,481 in the year 2025. Random sampling technique was however deployed in line with Taro Yamane statistical formula. Yamane (1967) developed a statistical formula that is generally acceptable for the determination of sample size in relation to the population under study. This is so that inferences and conclusions reached after the survey can be generalized to the entire population from which the sample is got. Yamane statistical formula states that:

$$n = \frac{N}{1 + N(e)^2}$$

Where n = required sample size from the population under study

N = total population under study

e = precision or sampling error (0.05)

$N = 231,481$

$$1 + (231,481 \times 0.0025)$$

$$= 231,481$$

$$1 + 578.7025$$

$$n = 231,481$$

$$579.7025$$

$$n = 399.3$$

Consequently, a sample size of 399 respondents out of the entire population of 231,481 people would be the lowest acceptable number of respondents to maintain a 95% confidence level.

The instruments for data collection included direct observation, oral interview and questionnaires administration. Thus, a total of 399 questionnaires of four items were distributed among the selected respondents. These questions were grouped on their



relevance and relatedness to each of the research questions under examination. The questionnaires were structured with levels of responses such as; Strongly Agree (SA), Agree (A), Neutral (N), Disagree and (D) Strongly Disagree (SD). The number of questionnaires distributed in each community depended on the population and the level of economic activities in each area.

Results

Research question 1: What are the perceptions of community members and patients on roles, responsibilities and effectiveness of primary healthcare workers in Isi Uzo LGA of Enugu state?

Table 1: Perceptions of community members and patients on roles, responsibilities and effectiveness of primary healthcare workers in Isi Uzo LGA of Enugu state.

What are the perceptions of community members and patients on roles, responsibilities and effectiveness of primary healthcare workers in Isi Uzo LGA of Enugu state?	Strongly agree SA	Agree A	Neutral N	Disagree D	Strongly disagree SD	Total
Community Mobilization and Advocacy	143	98	61	19	37	358
Health Promotion and Education	122	76	84	32	44	358
Disease Prevention and Control	151	93	48	39	27	358
Provision of Basic Curative Services	134	129	32	41	22	358
Maternal and Child Health Services	101	107	83	38	29	358
Total	651	503	308	169	159	1790



Research question 2: How would one assess the health workers' perception of their roles, contributions and challenges in primary healthcare services in Isi Uzo LGA of Enugu state?

Table 2: Assessment of the health workers' perception of their roles, contributions and challenges in primary healthcare services in Isi Uzo LGA of Enugu state.

How would one assess the health workers' perception of their roles, contributions and challenges in primary healthcare services in Isi Uzo LGA of Enugu state?	Strongly agree SA	Agree A	Neutral N	Disagree D	Strongly disagree SD	Total
Essential health care	132	109	41	38	38	358
Referral services	173	36	95	21	33	358
Enlightenment programme	162	99	44	37	16	358
Basic Health Services	145	140	31	31	11	358
Maternal and Child Health Services	122	86	89	34	27	358
Total	651	503	308	169	159	1790



Research question 3: What are the policymakers, donors and professional bodies' perceptions on roles of health workers in strengthening primary healthcare systems in Isi Uzo LGA of Enugu state?

Table 3: Policymakers, donors and professional bodies' perceptions on roles of health workers in strengthening primary healthcare systems in Isi Uzo LGA of Enugu state.

What are the policymakers, donors and professional bodies' perceptions on roles of health workers in strengthening primary healthcare systems in Isi Uzo LGA of Enugu state?	Strongly agree SA	Agree A	Neutral N	Disagree D	Strongly disagree SD	Total
Advocacy	101	107	83	38	29	358
Policy making	122	76	84	32	44	358
Health Care Reforms	161	94	48	31	24	358
Donations	134	129	32	41	22	358
Promotion of quality assurance	123	96	78	39	22	358
Total	651	503	308	169	159	1790



Research question 4: What are the areas of convergence and divergence among stakeholder perceptions on roles of primary healthcare workers in Isi Uzo LGA of Enugu state?

Table 4: Areas of convergence and divergence among stakeholder perceptions on roles of primary healthcare workers in Isi Uzo LGA of Enugu state.

What are the areas of convergence and divergence among stakeholder perceptions on roles of primary healthcare workers in Isi Uzo LGA of Enugu state?	Strongly agree SA	Agree A	Neutral N	Disagree D	Strongly disagree SD	Total
Quality Assurance	164	97	41	39	17	358
Health Care delivery	147	54	82	34	41	358
Health Care Sustainability	184	93	37	28	16	358
Provision of Basic Health Services	155	111	34	39	19	358
Maternal and Child Health Services	132	102	86	12	26	358
Total	651	503	308	169	159	1790

Conclusion

The study determined and assessed the perceptions of different stakeholders on roles of PHC workers in Isi Uzo LGA of Enugu state. The study discovered that stakeholders generally view PHC workers as health system reformers, health promoters and health educators. As much as there is great need to stabilize stakeholders' perceptions on the role of PHC workers, there is also need to facilitate the services of these healthcare workers via provision of adequate health education, health equipment, facilities and motivations.

Recommendations

Based on the findings, the study makes the following recommendations.

- Government should provide Stakeholder-relevant indicators and feedback mechanisms (community scorecards, patient satisfaction metrics) in Isi Uzo LGA in order to make PHC performance measurement more meaningful and locally accountable.
- Government should build trust between the local communities and health system via national reorientation and provision of quality PHC services and workers.
- There is need for government to sponsor Health workers' education of the local communities on hygiene, sanitation, and nutrition,



- Government and Non-Governmental Organizations (NGO) should embark on public enlightenment program to seek early health care intervention.
- There should be high encouragement of periodic stakeholder-PHC interactive session with the local communities to enhance the understanding of the roles of PHC workers and to advance the performance in the healthcare delivery.

References

Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Processes*, 50(2), 179–211.

Astana Declaration. (2018). Declaration of Astana: *Global Conference on Primary Health Care*. World Health Organization.

Biddle, B. J. (1986). Recent developments in role theory. *Annual Review of Sociology*, 12, 67–92.

Bronfenbrenner, U. (1979). *The Ecology of Human Development: Experiments by Nature and Design*. Harvard University Press.

Creswell, J. W., & Creswell, J. D. (2018). *Research design: Qualitative, quantitative, and mixed methods approaches* (5th ed.). SAGE Publications.

Enugu State Government. (2023). *Profile of Enugu State LGAs*. Enugu State

Freeman, R. E. (1984). Strategic management: *A stakeholder approach*. Pitman.

Gilson, L. (2003). *Trust and the development of health care as a social institution*. *Social Science & Medicine*, 56(7):1453–1468.

Glenton, C. (2013). The female community health worker programme in Ethiopia: perspectives of health workers and community members. *Human Resources for Health*, 11(1), 1–12.

Jarabi, B. (2012). *Population Projections: Background and First Steps*. Population Studies & Research Institute, University of Nairobi.

Lehmann, U., & Sanders, D. (2007). Community health workers: What do we know about them? *World Health Organization* (WHO Evidence and Information for Policy, Department of Human Resources for Health).

Manpower Nigeria. (2024). *Isi Uzo Local Government Area*. (Accessed on 19/09/2025)



Mitchell, R. K., Agle, B. R., & Wood, D. J. (1997). Toward a theory of stakeholder identification and salience. *Academy of Management Review*, 22(4), 853–886.

Mundagowa, P. T. (2024). *Stakeholder perspectives to inform the implementation of a [PHC/CHW] intervention* (BMJ Open / implementation study (accessed on 19/09/2025)

Nnebue, C. C., Ebenebe, U. E., Adinma, E. D., Iyoke, C. A., Obionu, C. N., & Ilika, A. L. (2014). *Clients' knowledge, perception and satisfaction with quality of maternal healthcare services at the primary health care level in Nnewi, Nigeria*. Nigerian Journal of Clinical Practice, 17(5), 594–601.

Onwujekwe, O., Uzochukwu, B., Eze, S., & Obikeze, E. (2020). *Improving availability and rational use of essential medicines through revolving drug funds in rural Nigeria: Perspectives of users and providers*. Health Policy and Planning.

Perry, H. B., Zulliger, R., & Rogers, M. M. (2014). Community health workers in low-, middle-, and high-income countries: An overview of their history, recent evolution, and current effectiveness. *Annual Review of Public Health*, 35(1), 399–421.

World Health Organization. (2006). *Constitution of the World Health Organization*. Basic Documents, 45th edition, Supplement, October 2006. Geneva: WHO Publication

World Health Organization. (2006). *Working Together for Health: The World Health Report 2006*. WHO Press.

World Health Organization. (2008). *Primary health care: Now more than ever*. World Health Report 2008. WHO.

World Health Organization. (2010). *Health systems financing: The path to universal coverage*.

World Health Report 2010. Geneva: WHO Publication

World Health Organization. (2016). *Global strategy on human resources for health: Workforce 2030*. WHO